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HÖGSKOLAN I HALMSTAD
- VI SER MÖJLIGHETERNA

# SWEDISH PLAYERS' TRANSITION FROM JUNIOR TO SENIOR FOOTBALL IN RELATION TO PERCEIVED HEALTH AND ATHLETIC IDENTITY


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Abstract

The objectives of this study concerning Swedish players' transition from junior to senior football were to examine: (1) transition, perceived health, and athletic identity variables, as well as the relationship between them; (2) how transition, perceived health, and athletic identity variables contribute to: (a) healthy sport participation; (b) unhealthy sport participation; (c) quality of adjustment on the senior level of football; (d) life satisfaction. The theoretical frameworks included: the developmental model on transitions faced by athletes; the career transition model; the perceived health and sport/exercise participation model; the circle of health model. The participants (n = 126) were Swedish adolescent football players at local, national or international competitive levels. Three instruments were used in regard of the quantitative approach: the Transition Monitoring Survey; the Perceived Health and Sport Participation Profile; the Athletic Identity Measurement Scale. The transition variables were examined and several relationships were discovered between transition and perceived health variables, and athletic identity. Four multiple regression analyses showed that satisfaction with different spheres of life and coping strategies are significant positive predictors of healthy sport participation. Athletic identity, personal resources, and environmental pressure are significant positive predictors of unhealthy sport participation. In addition, environmental support was revealed to be a significant negative predictor of unhealthy sport participation. Importance of different aspects of sport and satisfaction with sport participation are significant positive predictors of the quality of adjustment on the senior level of sports, whereas importance of different spheres of life and athletic identity are significant negative predictors. Importance of different spheres of life and healthy sport participation are significant positive predictors of life satisfaction. The results are discussed in relation to theoretical frameworks and previous research.

*Key words*: Adolescence, athletic identity, football players, perceived health, transition from junior to senior sport

Eriksson, C. (2010). *Svenska spelares övergång från junior till seniorfotboll i relation till upplevd hälsa och idrottsidentitet.* (Magisteruppsats i idrottspsykologi 91-120hp). Sektionen för Hälsa och Samhälle. Högskolan i Halmstad.

## Sammanfattning

Syftena med föreliggande studie angående svenska spelares övergång från junior till seniorfotboll var att undersöka: (1) övergångs-, upplevd hälsa- och idrottsidentitetsvariabler, såväl som förhållandet mellan dem; (2) hur övergångs-, upplevd hälsa- och idrottsidentitetsvariabler bidrar till: (a) ett hälsosamt idrottsdeltagande; (b) ett ohälsosamt idrottsdeltagande; (c) idrottarnas anpassning till seniornivån i fotboll; (d) livstillfredsställelse. De teoretiska referensramarna inkluderade: the developmental model on transitions faced by athletes; the career transition model; the perceived health and sport/exercise participation model; the circle of health model. Deltagarna (n = 126) bestod av svenska ungdomsfotbollsspelare på lokal, nationell och internationell tävlingsnivå. Tre mätinstrument användes med tanke på den kvantitativa utgångspunkten: Enkäten Karriärövergången från Junior till Senioridrott; Upplevd Hälsa & Idrottsdeltagande Profil; Athletic Identity Measurement Scale. Övergångsvariablerna undersöktes och flera samband upptäcktes mellan övergångs- och upplevd hälsavariabler och idrottsidentitet. Fyra multipla regressionsanalyser visade att tillfredsställelse med olika delar av livet och copingstrategier är positivt signifikanta faktorer som bidrar till ett hälsosamt idrottsdeltagande. Idrottsidentitet, personlighetsfaktorer och tidigare erfarenheter, samt press från omgivningen är positivt signifikanta faktorer som bidrar till ett ohälsosamt idrottsdeltagande. Dessutom så upptäcktes support från omgivningen att vara en negativt signifikant faktor som bidrar till ett ohälsosamt idrottsdeltagande. Hur viktiga olika delar av idrotten är och tillfredsställelsen med idrottsdeltagandet är positivt signifikanta faktorer som bidrar till idrottarens anpassning till seniornivån, då däremot hur viktiga olika delar av livet är och idrottsidentiteten är negativt signifikanta faktorer. Hur viktiga olika delar av livet är och ett hälsosamt idrottsdeltagande är positivt signifikanta faktorer som bidrar till livstillfredsställelse. Resultaten diskuteras i förhållande till de teoretiska referensramarna och tidigare forskning.

*Nyckelord*: Fotbollsspelare, idrottsidentitet, ungdomar, upplevd hälsa, övergången från junior till senioridrott

# Introduction

"We had between seven to ten practices a week . . . so I chose to step down . . . and then I played more for the fun of it"

The quotation originates from an athlete's statement in Eriksson's (2009) study on athletic career development in relation to health issues, and highlights important key factors in an unsuccessful process of advancing from junior to senior level in competitive sports. Adolescent years were very important for sport continuation into high-level performance, since a majority of the participants in Eriksson's study (2009) were unsuccessful in their attempt to advance from junior to senior level in competitive sport. The athletes failed to cope with the demands of the transition. Moreover, the study concluded that athletes' perceived health is important to their athletic career development. At the same time, athletes seem to be unaware of health issues in early career stages until the day that they are faced with challenges. Furthermore, the challenges drained the athletes' health, which ultimately made them decrease their level of sport participation in order to enhance health. Health is definitely a crucial internal resource for athletes to cope with career demands in order to reach their sport related goals (Stambulova, 2010). In addition, Stambulova (2009) mentioned that one of the most difficult transitions to cope with is the transition from junior to senior sport, and a lot of athletes fail to cope with the transition demands. For those athletes who are successful it can take up to four years to complete the transition. A successful transition occurs when an athlete is able to develop and use the necessary resources to meet the transition barriers in the coping process. Indeed, it seems like the transition from junior to senior is very crucial in an athletic career. For this reason, the future study in mind will focus on this transition in relation to health issues. The present study will also spotlight football, since this sport involves the largest amount of athletes among adolescence in Sweden (Riksidrottsförbundet, 2005).

The purpose of the present study is to examine Swedish players transition from junior to senior football in relation to their perceived health and athletic identity.

## *Key terms definition*

### *Athletic career*

"Athletic career is a term for a multiyear sport activity, voluntarily chosen by the person and aimed at achieving his or her individual peak in athletic performance in one or several sport events (Alfermann & Stambulova, 2007, p. 713). "Career" relates only to competitive sports, but on all its levels. Depending on the highest level of sport competitions achieved by the athlete, an athletic career can be local, national, or international". Furthermore, an athletic career can be defined as "a succession of stages and transitions that includes an athlete's initiation into and continued participation in organized competitive sport that is terminated with the athlete's (in)voluntary but definitive discontinuation of participation in organized competitive sport" (Wylleman, Theeboom, & Lavallee, 2004, p. 511).

### *Athletic career transition*

According to Schlossberg (1981, p. 5), a *transition* is "an event or nonevent [which] results in a change in assumptions about oneself and the world and thus requires a corresponding change in one's behaviour and relationships" (as cited in Alfermann & Stambulova, 2007). A transition in an athletic career comes with a set of specific demands related to practice, competitions, communication, and lifestyle that athletes have to cope with to continue successfully in sport or to adjust to the post-career. The transition is a turning phase in the course of the athletic career that can be either nonnormative or normative. *Nonnormative*

*transitions* are idiosyncratic and less predictable events that do not occur in a set of plan or schedule, such as being struck by an injury or changing team. *Normative transitions* are predictable to an athlete, such as the transition from junior to senior (Alfermann & Stambulova, 2007).

*Transition from junior to senior sport*

The transition from junior to senior level in sport is a normative athletic career transition, and begins when athletes start to participate in adult (senior) competitions. The transition marks the entry into mastery stage and can take one year up to four years for an athlete to complete (Stambulova, 2009).

*Perceived health*

The World Health Organization (WHO, 2006, p. 1) defines *health* as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Further on, health is a "resource for everyday life, not the objective for living. It is a positive concept emphasizing social and personal resources as well as physical capacities" (WHO, 1998, p. 1). In addition, Biddle and Mutrie (2007) suggest that health is a broad concept, which might include for example a "spiritual" dimension. How you define health and what aspect you think is important depends on the situation you are in (Ewles & Simnett, 2003). Therefore the health definition is highly possible to change whenever the situation changes. People's definition of health is also shaped by knowledge, experience, values, and expectations. These definitions imply a subjective view on health, i.e., a *perceived health* that goes beyond simply the medical health status of people. It is the subjective appraisal of one's health situation that could influence choices and contribute to life quality and satisfaction. For example, it might influence an athlete's decision whether or not to put their health on risk in sport (Gestranius, 2006).

*Athletic identity*

Brewer, Van Raalte and Lindner (1993, p. 237), define *athletic identity* as "the degree to which an individual identifies with the athlete role".

*Theoretical frameworks*

Turning to theories, there is no existing unified theoretical framework on athletic career transition in relation to health issues. Therefore, the present paper searched for existing theories in the separate fields of career transition in sports, and health. The search led to the findings of the below explained models.

*Developmental model on transitions faced by athletes*

The transition from junior to senior is a part of the athletic career development context, though, there also exist non-athletic contexts in an athlete's development. Wyllemann and Lavallee's (2004) developmental model on transitions faced by athletes (see Figure 1) has a "beginning-to-end" perspective, which involves the interactive and developmental nature of normative transitions at the athletic, psychological, social, academic, and vocational level. The first layer of the model represents the career stages and normative transitions of the athletic development. The transitions include: transition into organized competitive sports at about age six to seven; transition into an intensive level of training and competitions at about age twelve to thirteen; transition into highest level of training and competition at about age eighteen or nineteen; transition out of competitive sports. The second layer is about normative transitions at a psychological level, and the developmental stages of childhood, adolescence, and adulthood. The third layer of the model is about changes in the social development in

relation to the athletic involvement, and what is important to the athlete, concerning family, peers and coach. The fourth layer reflects the academic and vocational development. The academic level involves primary, secondary, and higher education transitions. Vocational transitions involve the stages from athletic career to professional occupation.

| Age | 10 | 15 | 20 | 25 | 30 | 35 |
|---|---|---|---|---|---|---|
| **Athletic Level** | Initiation | Development | | Mastery | | Discontinuation |
| **Psychological Level** | Childhood | Adolescence | | Adulthood | | |
| **Psychosocial Level** | Parents Siblings Peers | Peers Coach Parents | | Partner Coach | | Family (Coach) |
| **Academic Vocational Level** | Primary education | Secondary education | Higher education | Vocational training Professional occupation | | |

*Figure 1.* A developmental model on transitions faced by athletes (Wylleman & Lavallee, 2004). The dotted lines indicate an approximation of the age where the transition occurs.

*The athletic career transition model*

Stambulova's (2003) athletic career transition model (see Figure 2) views each transition as a process with its own demands, resources, barriers, coping, outcomes, and long-term consequences. In each of the different transitions an athlete faces specific demands that he or she has to cope with in order to make a successful transition.

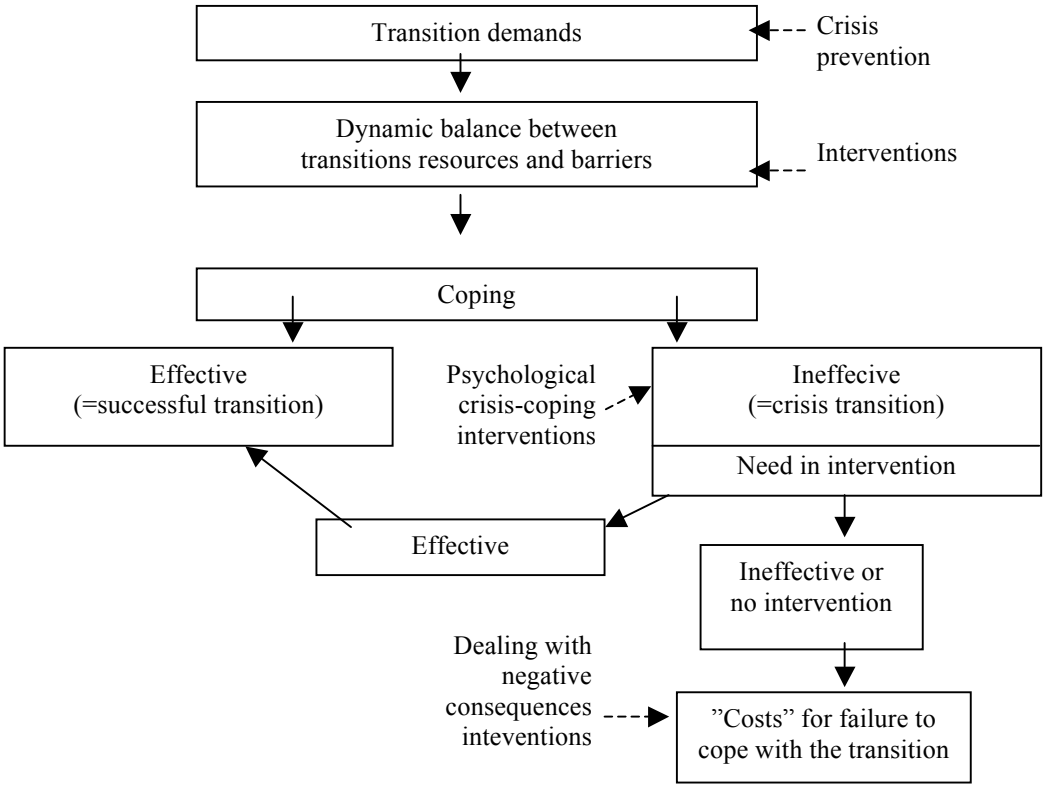


*Figure 2.* The athletic career transition model (Stambulova, 2003).

The outcome of coping with the demands depends on the dynamic balance between the coping resources and barriers. An athlete's coping resources include factors that facilitate the process, such as knowledge, motivation, and social support. Barriers include factors that interfere with effective coping, such as lack of necessary skills, and/or if the athlete has a hard time combining sport with education or work. The outcome will be either a successful transition or a crisis-transition. A successful transition is due to successful coping with the demands and barriers. A crisis-transition is due to ineffective coping by the athlete. When a crisis-transition is imminent there is a need for psychological intervention/counselling. The model suggests three kinds of transition interventions to avoid or to deal with the costs of a crisis-transition. First, there are crisis-prevention interventions that should be used to prepare an athlete for an upcoming transition. Second, there are crisis-coping interventions that should be used when an athlete experiences a crisis, to analyze and to find the best way to cope with the crisis. Third, there are dealing-with-negative-consequences interventions that should be used when the athlete has to deal with the costs of unsuccessful coping. These "costs" of an unsuccessful coping and intervention could be injuries, overtraining, illnesses, etc.

*Perceived health and sport/exercise participation model*

Stambulova, Johnson, Lindwall and Hinic's (2006) model is the most specific model that relates perceived health and sport participation. Figure 3 presents the modified version of the perceived health and sport/exercise participation model.

First of all, the model postulates that there are two health related tendencies in sport/exercise participation, which together develop a continuum. One pole of this continuum is *healthy sport/exercise participation,* and the opposite pole is *unhealthy sport/exercise participation.* Each particular athlete or exerciser at the moment can be in any point of this continuum but in total tends to be more to one of the poles, i.e. to healthy or unhealthy sport/exercise participation.

Second, the model predicts that healthy sport/exercise participation involves *perception of health as a goal* in sport/exercise (on the basic values/beliefs/attitudes level), using *health enhancing strategies* helping to accumulate health (on the behavioural level), perception of *health as a benefit of sport/exercise participation, high perceived health* and *satisfaction with sport/exercise participation* (on the appraisal level). Alternatively, the model predicts that *unhealthy sport/exercise participation* involves *perception of health as a mean* in sport/exercise (on the basic values/beliefs/attitudes level), *a lack of using health enhancing strategies* that in fact means *draining health* (on the behavioural level), perception of *health as a cost of sport/exercise participation, low perceived health* and *dissatisfaction with sport/exercise participation* (on the appraisal level). Additional factors influencing preference of healthy or unhealthy sport/exercise participation include: *an overlap between the images of an athlete/exerciser and a healthy person, goal orientation, physical self-perception profile, self-esteem, and athletic identity (for athletes).*

Third, the model emphasizes the importance of micro- and macro- social influences on the athlete/exercisers' factual preference of healthy or unhealthy sport/exercise participation and also on their possible shifts from one tendency to the other.

Fourth, the model predicts potential outcomes of healthy and unhealthy sport/exercise participation. Clear dominance of the healthy tendency most probably leads to continuation of sport/exercise participation while a dominance of the unhealthy tendency most probably leads to sport/exercise dropout. But any of the dominant tendencies might be reversed, i.e., the athlete/exerciser might make a shift from unhealthy to healthy sport/exercise participation, and also vice versa.

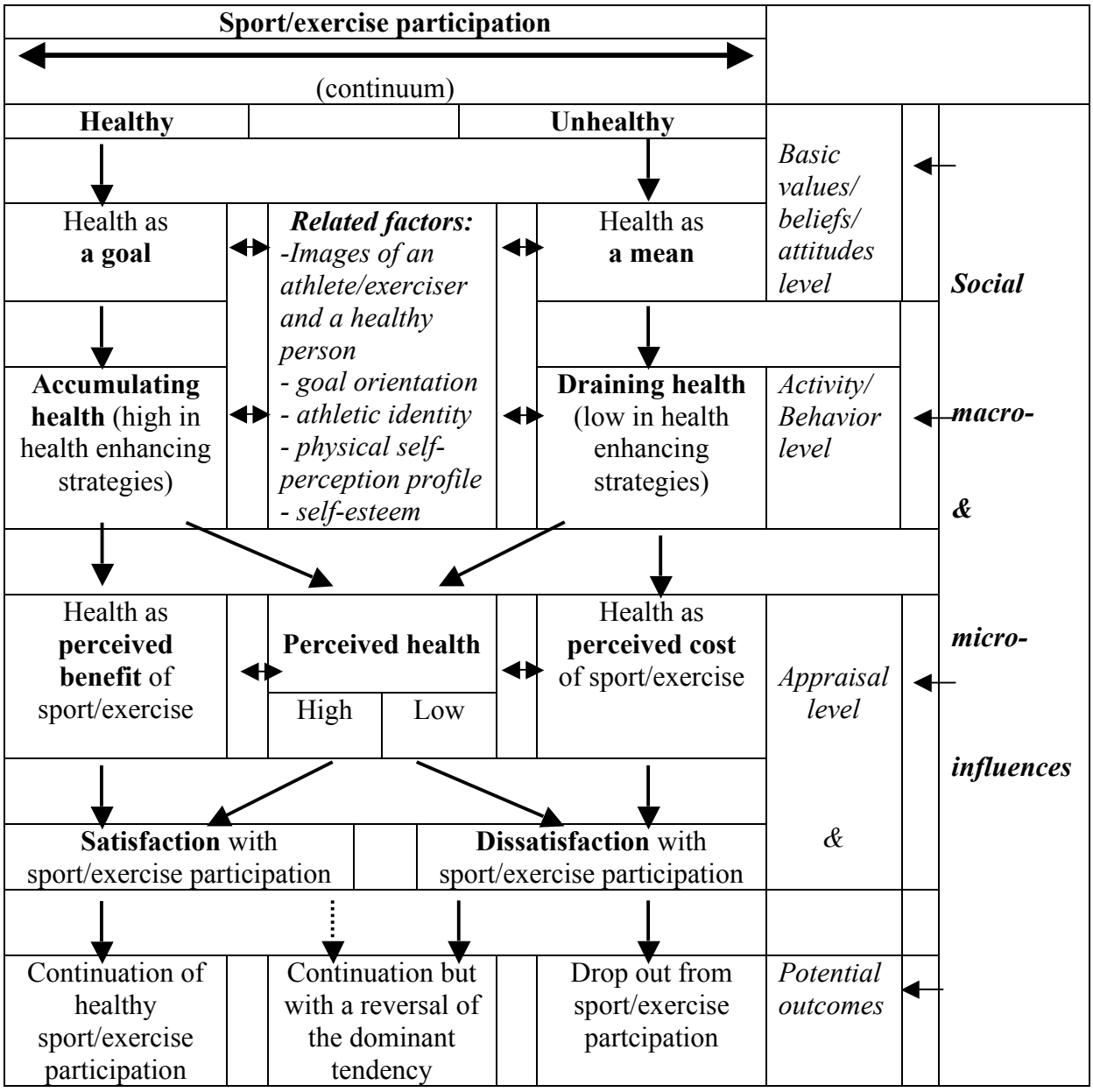


*Figure 3*. Perceived Health and Sport/Exercise Participation model (Stambulova, Johnson, Lindwall, & Hinic, 2006).

*The circle of health model*

The above-mentioned models are supposed to represent the holistic view adopted by the present study. The following model maintains the holistic view and stresses upon the importance of balance in life. In the circle of health model (see Figure 4) by Coleen (2003), balance, harmony, and mind-body integration have been mixed with traditional views on health (e.g., physical, mental, social, well-being etc.) According to the model, health involves optimal functioning, well-being, and quality of life. Health also consists of subjective and objective factors such as physical, mental, spiritual, social, and role functioning. The *balance* of the model includes physical, mental, as well as spiritual dimensions. The model states that activity and performance, and renewal and recovery are equally important to health. Balancing these two areas functions as a way of getting optimal function, well-being, and quality of life. The light (right) side of the model represents activity and performance, "giving out", taking part in activities. The dark (left) side of the model represents renewal and

recovery, “taking in”, relaxing. Balancing these two sides should give a promising development of an individual’s health.


*Figure 4.* The Circle of Health model (Coleen, 2003).

*Previous research*

*Transition from junior to senior*

The transition from junior to senior sports is well known as a difficult transition for athletes. In Sweden 41% of all athletes in competitive sports drop out between the ages of 13 to 20 years old (Trondman, 2005). In a study concerning sport-high schools with a focus on developing talented juniors into senior athletes, the results showed that 36% never advanced to elite level, and 20% never even competed at senior level (Jonsson, 2000). Only 18% won a medal in a Swedish championship competition, 2% received a medal at a European championship competition, and 4,5% placed themselves in the top ten at a World championship competition or in the Olympics. Turning to international research by Koukouris (1991), the drop out rate in Greece between the ages of 18 and 23 was 73,4% among high-level athletes. Johnston and Embrey (2000) acknowledged the difficult question about why only a few athletes progress from junior to senior level. Some of the factors that have an impact are type of training, perceptions of what elite is, expectations from parents, coach demands, and emphasis on winning. Dunn and Jenkin (1984) mentioned behaviour by coaches, inadequate coaching instruction, conflicting circumstances and interests, as important factors to the drop out phenomena. Research among Swedish ex-athletes in the ages 13 to 20 years old reported that lack of interest, other hobbies, and lack of time contributed to termination of sport participation (Riksidrottsförbundet, 2005). Research by Soberlak and Côté (2003) mentioned the fact that the amount of deliberate practice, that is, a highly structured activity where the explicit goal is to improve performance (Ericsson, Krampe, & Tesch-Römer, 1993), increases during adolescent years. At the same time, the amount of deliberate play decreases dramatically to little or non at all. Deliberate play falls on a continuum between free play (i.e., young children playing with toys) and deliberate practice. Soberlak and Côté’s (2003) study examined elite ice hockey players’ development (6-20 years old) and concluded that deliberate play was very important, especially for developing intrinsic motivation. The study also highlights the problem about specialising in a specific sport very early in life (see also Baker, Côté, & Abernethy, 2003; Côté, Lidor, & Hackfort, 2009).

The advancement to a new level of competition involves increased demands (Bloom, 1985). For example as noticed above, talented individuals often have high expectations from

coaches. This applies not only to an athletic context, but also to a non-athletic context, such as playing the piano to become a musician. Athletes are expected to put all other activities aside to focus on their development. A great amount of their time is devoted to the field of talent. The process of becoming fully attained is long and difficult, and a lot of athletes fail to cope with the transition demands. The basic developmental tasks/demands the individual has to cope with includes: balancing sport goals with other life goals and to reorganize one's lifestyle, searching for one's individual path in sport, coping with the pressure of selections, winning prestige/glory among peers and judges, and coping with possible interpersonal relationship problems (e.g., athlete-coach) (Stambulova, 1994). When beginning the transition from junior to senior sports the athletes' main life goals are subordinated to sport goals in order to concentrate all efforts to adapt to the new level of competitiveness (Stambulova, 1994). Consequently, athletes have to sacrifice in other spheres of life, such as family and friends, and work/studies to concentrate on their sport (Stambulova, 2009).

As previously mentioned, the transition can last up to four years and it makes it quite easy for a coach to reject a player from the squad, which can in the end result in sport termination. The figures mentioned above are evidence of the fact that only a small group of people get the chance of continued sport participation to become a professional athlete. Some individuals mature earlier than others, and this gives them advantages (Stambulova, 2009). They can participate in senior competitions and even go win them. One problem is how to treat these "unusual" athletes (the rapid-progress problem). Whether to treat them like the rest of the team or to give them more advanced tasks. Furthermore, athletes who got the advantage of being noticed early will also get the opportunity to sign professional contracts long before other age mates have matured (the one-sided development problem). Those athletes who did not receive as much attention will have stalled their development or even terminated their sport participation. There is also a dilemma with early recognition (the early social recognition problem) of gifted athletes that receives a lot of attention, which will spread jealousy among teammates (if playing in team sports). In turn, the athlete has high expectations from others, which will work as a barrier in the transition (Stambulova, 2009).

Team sport research (Bruner, Munroe-Chandler, & Spink, 2008; Cacija, 2007) with players in the transition from junior to senior sports revealed important within sport and outside sport challenges. The within sport challenges concerned performance issues, and a different team atmosphere. The outside sport challenges were related to social changes, for example peers and family. Athletes also experienced a hard time combining sport with other activities, and also social and mental difficulties.

Important research regarding the transition from junior to senior sports has been performed at Halmstad University (Ekengren, 2002; Vujic, 2004; Cacija, 2007; Alge, 2008; Franck & Tuovila, 2008; Franck, 2009). Early qualitative studies (Ekengren, 2002; Vujic, 2004) concluded that a successful transition involves a balance between resources (internal and external) and demands. Even though it is not exactly the same balance as Coleen (2003) mention (recovery vs. activity), the important key word to notice is *balance*. Based on the previous research, the Transition Monitoring Survey (TMS; Stambulova, Weibull, Franck & Tuovila, 2008, 2009) was developed and used by resent quantitative studies on the transition from junior to senior sports. Franck and Tuovila (2008) examined one athlete group in the beginning and one in the middle of the transition from junior to senior sports. Significant demanding tasks perceived by athletes were increasing physical condition, improving mental skills, and performing better in competition. Interestingly, the coping strategy most used by the athletes was "I try to give 100% in each practice and competition", but they also recognized that it is difficult to do that. Putting in that much effort every time also requires a lot of recovery. Perceived barriers by athletes were foremost opponents, and financial issues (see also Alge, 2008). Social support from team, family, and coach are environmental factors

that have shown to be important resources in coping with transition demands, whereas self-expectations and sport motivation are important personal factors. In addition, current health was revealed to be one of the strongest personal resources (Franck & Tuovila, 2008). Moreover, Franck (2009) found that team sport athletes in the transition from junior to senior sports typically perceive sport as very important, have high sport satisfaction, and do not perceive the demands as challenging as an individual athlete would (Franck, 2009). Furthermore, athletes perceive high pressure from coach, teammates, and club/federation, but also have high support from family and friends. The athletes used coping strategies to a great extent, and had clear goals, which they prioritized. Moreover, the athletes had high sport motivation and felt that they always gave 100% in practice and competition. Athletic identity and task orientation were both shown to be related to the importance of different life aspects and pressure. High ego orientation and physical self-value help athletes feel adjusted to the senior level of sport. Furthermore, the athletes demonstrated a relationship between demands and stress levels as well as with the need for additional help/support. Athletes' stress level correlated negatively with the importance of different aspects of their life and also positively with pressure (Franck, 2009).

Despite the extensive research, career studies focus mainly on career stages and transitions, combining sport and other activities. Health is considered only as a resource in coping with career demands. There is a lack of studies considering careers, especially in elite sports, from a health related perspective (Stambulova, 2010). Further on, the present study will focus on the health aspect.

*Health*

According to health literature (Leifer & Hartston, 2004), adolescence can be divided into three phases: early (10 to 13 years old), middle (14 to 16 years old), and late adolescence (17 to 20 years old). Each of the phases differs greatly from others, and has its own set of challenges in relation to physical growth, goals, and health concerns.

Concerning adolescence, there are six categories that are unfavourable to health in this age group: behaviour that cause unintentional and intentional injuries such as car accidents, homicide, and suicide; drug and alcohol use; sexual behaviours that result in sexual transmitted diseases, including unintended pregnancy; tobacco use; dietary behaviours contributing to adult morbidity and mortality; physical inactivity (Baumert, Henderson, & Thompson, 1998). In general, adolescent athletes are healthier than non-athletes, especially regarding eating habits and drug-abuse. Athletes do also feel much happier, since they are less likely to have a feeling of hopelessness than non-athletes. But athletes are much more likely to put themselves at risk for accidental injuries when more often exceeding speed limits and riding the bicycle without a helmet. This could be seen as a thrill-seeking behaviour, though athletes wear seatbelt in a greater frequency than non-athletes (Baumert, Henderson, & Thompson, 1998). Furthermore, increased physical activity has proven to have positive effects on adolescent's social and athletic self-perception (Stein, Fisher, Berkey, & Colditz, 2007). In addition, a decrease in physical activity has a negative effect on social and athletic self-perception. Therefore, it should be important to assist adolescents in the transition from junior to senior to prevent drop out.

As a negative aspect of health, stress is often an issue to conduct research on. Scanlan, Stein and Ravizza (1991) found five main sources of stress for athletes: negative aspects of competition, negative significant-other relationships, demands or costs of sport participation, personal struggles, and traumatic experiences. The conclusion they made was that there are individual differences to elite athletes' sources of stress, and they experience stress from both competition and non-competition. Competition-related stressors were similar among elite and youth athletes. Similar findings were presented by Noblet and Gifford (2002), and some of

the non-competition stressors were: a lack of feedback, difficulty of balancing sports and study commitments, and job insecurity. Moreover, Hanton and Fletcher (2005) addressed major organizational stressors, for example position insecurity, economics, and advancement and development of the career. Ambiguous selection criteria, perceived unfairness and inappropriate or prolonged selection process, or late selection are those factors concerning the selection process that can cause stress. Several of these issues have been presented in the section concerning the transition from junior to senior sport, implementing that athletes in the transition from junior to senior sports experience the same stressors as a lot of other athletes do (see for example Franck & Tuovila, 2008).

Injury is a very important issue to consider in an athletes' career. Risk factors to sport related injuries are type of sport, equipment, and individual physical and psychological characteristics (Johnson, 2007). Johnson (2007) reviewed the existing theoretical approaches and empirical findings, and revealed that different psychosocial factors such as anxiety, emotional state, life changes, coping resources, and social support are directly or indirectly linked to injury outcome. In addition, team athletes face more difficult injuries than individual athletes, and recovery from injury is perceived as a large stress factor (Franck, 2009).

Alvmyren's (2006) study on athletes' perceived health, goal orientation, athletic identity, self-esteem, physical self-perception and sport satisfaction found that social influences on athletes contributed more to unhealthy than to healthy sport participation. Pressure from others to put their health at risk contributed to unhealthy sport participation among athletes. The opposite counts for healthy sport participation, which was associated with no pressure from others to put their health at risk. Furthermore, health enhancing strategies were shown to contribute to both healthy and unhealthy sport participation. Alvmyren (2006) also mentioned that athletes with health enhancing strategies might have more positive experiences from sport participation. Moreover, the theoretical framework of the study included the perceived health and sport/exercise participation model (Stambulova et al., 2006, see also Alvmyren 2005; Gestranius, 2006; Gestranius, 2008), and concluded that healthy sport participation contributed to satisfaction with health and sport participation. Moreover, unhealthy sport participation was associated with dissatisfaction with health and sport participation. Gestranius' (2006; 2008) research revealed that sport satisfaction and perceived health was positively correlated with health as a goal, accumulating health, health as a benefit of sport participation, and overall healthy sport participation. Having health as a mean was negatively correlated with sport satisfaction. Health as a mean was also shown to be the opposite pole of having health as a goal, since they correlated negatively.

Despite all of the above mentioned, research on positive health effects of competitive sport involvement, and conditions for a long-lasting career is in minority (Stambulova, 2010).

*Athletic identity*

In Alvmyren's study (2006) athletic participants on competitive level demonstrated a relatively high athletic identity. Furthermore, Richard's (2007) study showed that football players have high athletic identity, as team athletes in general have compared to individual athletes (Franck, 2009).

A high athletic identity is a factor that can create a strong sense of self in an athlete (Brewer et al., 1993). Furthermore, a possibility is that a high athletic identity engages an athlete in a long-term commitment, and will have positive effects on performance on high competitive level, health and fitness. The football players of Richard's (2007) study experienced positive feelings related to their athletic role when they were successful, and when they had fun. The negative experiences related to their role included pressure, failure, and demands. Stephan and Brewer (2007) examined factors that maintain or strengthens athletes' athletic identity. The results showed that social reinforcement could create social

isolation to the sense of being an athlete (i.e., athletes existing in a social network of peers and teammates which strengthens the athletic identity). Furthermore, sport becomes a strong part of athletes because their day-to-day involvement in sport activities. Physical performance in itself could also work as self-affirmation in being an athlete and strengthen the athletic identity.

A high athletic identity could also be one factor that engages individuals in a sport activity to the extent that they jeopardize their physical health (Brewer et al., 1993). This was supported by Alvmyren's study (2006), where a high athletic identity was shown to be related to unhealthy sport participation. Developing a high and exclusive athletic identity can also be dangerous concerning the ageing body-self if the end of a playing career, and an increased likelihood of injury is seen as age related (Pheonix, Faulkner, & Sparkes, 2005). Athletes then view the ageing process as negative, and this will increase the chances of a crisis transition. Moreover, several different athletic career transitions such as being deselected from a team or an injury also oppose a threat if encountered by athletes with a high athletic identity (Brewer et al., 1993). Athletes see these kinds of transitions as very negative because it could mean the end of their athletic career. This would ultimately result in a disrupted self-definition, and might even end up in a global self-crisis (Stephan & Brewer, 2007).

The fact that a high athletic identity can have both positive and negative influences is supported by Gestranius (2006). Her study found that a high athletic identity contributes to both healthy and unhealthy sport participation. Research (Lau, Cheung & Ransdell, 2007; Visek, Hurst, Maxwell, & Watson II, 2008) addressed the importance of cross-cultural differences concerning athletic identity (e.g., collective vs. individualist societies), and the importance of appropriate intervention strategies for athletes who are faced with a transition.

*Summary and objectives*

A previous study showed the importance of athletic career development in relation to health issues (Eriksson, 2009). Despite this, research on positive health effects of competitive sport involvement, and conditions for a long-lasting career is in minority (Stambulova, 2010). When examining previous research, the career transition from junior to senior sports seems to be extremely important for continuation of competitive sport involvement. At the same time health research in relation to the transition is non-existing. In addition, athletic identity has shown to influence both health and sport commitment. Therefore, the objectives of the present study concerning Swedish players' transition from junior to senior football are to examine: 1) transition, perceived health, and athletic identity variables, as well as the relationship between them; 2) how transition, perceived health, and athletic identity variables contribute to:

(a) healthy sport participation
(b) unhealthy sport participation
(c) quality of adjustment on the senior level of football
(d) life satisfaction

## Method

*Participants*

Participants in the present study were 126 football players (110 male, 16 female) defined by the following criteria (a) having football as their main sport (b) being in the transition from junior to senior sport (i.e., junior sport athletes who take part in senior practice and/or competition). The age of the participants ranged from 15 to 21 years old (M = 17.5, SD = 1.0). Among the participants, 54 had started their transition less than 12 months ago, 35 had started their transition between 1-2 years ago, and 37 had started their transition more than 2

years ago. Seventy of the participants competed on an international level, 15 competed on a national level, and 40 competed on a local level. Furthermore, 122 of the participants were studying at high school or college/university, whereas 12 participants were working from one up to 20 hours per week.

*Instruments*

Six participants were recruited from a high school with specialization on football for a pilot test of the instrument package. During the pilot test the informants had the possibility to ask questions, and to write down or verbally explain their viewpoint of the instrument package to the author. The time for completing the test-package was estimated to approximately twenty minutes. Based on the pilot test some minor changes were done concerning the background information in the TMS and the PHSPP. Participants in the main study were presented with a package of three instruments (see Appendix 1).

*The Transition Monitoring Survey* (TMS; © Stambulova, Weibull, Franck, & Tuovila, 2009; see in Franck & Tuovila, 2008) is based on the Athletic Career Transition Model (Stambulova, 2003), the Developmental model of transition faced by athletes (Wylleman & Lavallee, 2004) and previous qualitative research on the transition from junior to senior sports conducted at Halmstad University. The TMS has been used in Swedish studies (Franck & Tuovila, 2008; Franck, 2009) and showed acceptable psychometric values. The TMS is structured in three parts.

The first part, entitled *Introduction,* examines general background information such as age, gender, sport event, and level of competition. Concerning how long ago the athlete started the transition, there are four alternatives for the athlete to use: less than 6 month ago; between 6 and 12 months ago; between 1 and 2 years ago; more than 2 years ago. There are four options for the question about how many hours per week the athlete spends on his or her sport: less than 10 hours; between 10 and 14 hours; between 15 and 18 hours; more then 18 hours per week. The athlete also has the option to state if the usual hours they spend on their sport are different at the moment. There is a question if the athlete is a student and also a question if the athlete is working and, if so, how many hours per week.

The second part, entitled *Current situation in sport and life,* concerns how important, and how satisfied the athlete is with different spheres of life (e.g., sport, family, friends) and sport situations (e.g., competition, recovery etc.) The scales range from 1-10 where 1 = very low and 10 = very high. The athlete had the option to use n/a (not applicable) if any aspect was not relevant.

The third part, entitled *The Transition process,* presents different aspects of a transition process as subscales (i.e., transition demands; coping strategies; environmental support; environmental pressure; personal resources; current stress level; current need for additional help/support). Transition demands subscale (question 13) consists of 17 items, and the athlete must evaluate to what extent he/she currently needs to improve in various areas such as mental abilities and self-control during competition in order to adjust to the senior level. The scale ranges from 1-10, where 1 = no need and 10 = very strong need. Coping strategies (question 14) includes 21 items and the athlete has to evaluate to what extent he/she currently is using coping strategies, for example “I try to learn from others”. A scale from 1-10 is used, where 1 = not at all and 10 = use it very much. Environmental support (question 15) consists of 7 items. The athlete is supposed to evaluate how much support he/she receives (e.g., from family) on a scale from 1-10, where 1 = very low and 10 = very high. Environmental pressure (question 16) consists of 7 items, and the athlete is supposed to evaluate how much pressure he/she perceives (e.g., from coach). Personal resources (question 17) consist of 12 items (e.g., sport motivation and self-confidence). Questions 16 and 17 have the same structure as question 15. In question 18, the athlete should estimate to what extent he/she currently feels

adjusted on the senior level in sport on a scale from 0-100 %, where 0% = not at all adjusted and 100% = completely adjusted. Current stress level and current need for additional help/support (question 19) has two subscales. First, the athlete is supposed to evaluate how much he/she perceives stress in different spheres of sport and life on a scale from 1-10, where 1 = very low and 10 = very high. Second, the athlete should evaluate how much additional help/support he/she needs to cope with the stress on a scale from 1-10, where 1 = no need and 10 = very strong need. The TMS ends with two questions about received help from a sport psychologist. In the subscales on transition demands, environmental support, environmental pressure, personal resources, current stress level and current need for additional help/support the athlete can choose the option (not applicable) if he/she feels that an item is not relevant.

*The perceived health and sport participation profile* (PHSPP; Stambulova, Johnson, Lindwall, & Hinic, 2006) was developed and modified in previous studies at Halmstad University (Alvmyren, 2006; Gestranius, 2006) to better understand athletes' perception of health in relation to their sport participation. The present study uses the latest version of the PHSPP (Gestranius, 2006). The questionnaire is structured according to the perceived health and sport/exercise participation model (Stambulova et al., 2006) and previous qualitative research on perceived health (Alvmyren, 2005). The PHSPP consists of two parts.

The first part, entitled *Background information,* asked the athlete how important sports currently were to him or her. The athlete should choose between four options, from "Hobby/spare-time activity with small meaning" to "The most important activity in life". Next, the athlete was requested to evaluate how much he or she agrees, on a scale from 1-6 (1 = strongly disagree, 6 = strongly agree) with the statement "Competitive athletes are healthy people". A question about the athlete's future plans was included in this part, whether the athlete was going to continue or to drop out from sports. If the athlete chose the option "My future plans are to continue in sport for as long as I can" he/she was directed to answer a follow up question about what he or she thinks he/she has to do in order to continue successfully. The follow up question included four options, for example "I have to focus more on my health", and the athlete was permitted to choose more than one option. If the athlete chose the option "My future plans are to drop out from sport soon" he/she was requested to state the reason/reasons for the potential drop out. This question was also a multiple-choice question with five options, for example "I want to do other things", and the fifth being to write an open answer. The athlete was permitted to choose more than one option.

The second part, entitled *Perceived health and sport participation,* consists of 30 statements concerned with the athlete's health in relation to sport participation. For example, a statement could be: "Maintaining health is one of my main goals in sport". The athlete should evaluate how much he or she agrees or disagrees with each statement on a 6-point Likert scale, where 1 = strongly disagree and 6 = strongly agree.

*The athletic identity measurement scale* (AIMS; Brewer, Van Raalte, & Linder, 1993) includes ten statements that measure the strength and exclusivity of identification with the athletic role, and are evaluated on a seven-point Likert scale. "Practice/sports is the most valuable part of my life" is an example of a statement. High scores on the AIMS indicate high athletic identity. The AIMS is a valid and reliable means of assessing athletic identity in both men and women. The Swedish version of AIMS has been used in several studies (e.g., Gestranius, 2006; Richard, 2008; Franck, 2009) and showed acceptable psychometric values.

*Procedure*

The participants in the present study were selected out of a convenience sampling. First, e-mails were sent out to contact persons for under-21 teams in elite football clubs and to high schools with a specialization in football. The team/schools were selected because they had potential participants that met the criteria. The team/schools were located within and nearby

the region of Halland, Sweden. The e-mail included information about and the purpose of the study, and the inclusion criteria. Second, further contact was developed with interested coaches and teachers, either through phone or e-mail. Third, data was collected in two ways: by the author in person with printed instrument packages, and by post with a contact person. When the author in person collected the data, a place and time was set with the contact person convenient to the team/school. During the survey the informants had the possibility to ask questions. The data collection was organized before, during or after the athletes' training/class. If the questionnaires were sent by post, the contact person organized the participants in mind to conduct the survey, and returned them completed by post again. The coaches/teachers were informed about the study, and agreed by e-mail for the athletes to participate. The participants of the study were given instructions regarding the survey, short information about the aim of the study, and that they were guaranteed confidentiality by anonymous treatment of the data. They were also informed about their voluntary participation and that they could withdraw from the study at any time. Attached to each front page with the above-mentioned information was an informed consent that the participant had to sign before conducting the survey.

*Analyses*

Data was analysed in five steps using SPSS 16.0 with regard of the two objectives of the study.

Step 1: Descriptive statistics were computed for the background information from part one of the TMS and part one of the PHSPP. Descriptive statistics (means and standard deviation) were also computed for all items of the TMS, PHSPP, and for AIMS total (presented as *athletic identity* in the results part).

Step 2: The means were calculated for all TMS subscales (the abbreviations used in the correlation and regression tables are shown in the parenthesis): *importance of different spheres of life (Importance life), importance of different aspects of sport (Importance sport), satisfaction with different spheres of life (Satisfaction life), satisfaction with different aspects of sport (Satisfaction sport), transition demands (Demands), coping strategies (Coping), environmental support (Support), environmental pressure (Pressure), personal resources (Resources), quality of adjustment to the senior level of sport (Adjustment), current stress level (Stress), current need for additional help/support (Help/support).*

Step 3: The means were calculated for all PHSPP subscales (the abbreviations used in the correlation and regression tables are shown in the parenthesis): *health as a goal (Goal), health as a mean (Mean), health accumulating strategies (Accumulating), just draining health (Draining), health as a benefit (Benefit), health as a cost (Cost), perceived health (Perceived), satisfaction with sport participation (Sport satisfaction), social influences stimulating healthy sport participation (Social healthy), social influences stimulating unhealthy sport participation (Social unhealthy),* and the transformed component variables of *healthy sport participation (Healthy sport)* and *unhealthy sport participation (Unhealthy sport).*

Step 4: Correlation analyses (Pearsons *r*) were conducted, in regard of objective (1), to examine the relationship between TMS and PHSPP subscales, and AIMS total. The correlations were considered significant if the p-value was under 0.05.

Step 5: In regard of the correlation analysis and the intention to examine objective (2), four multiple regression analyses using backwards elimination were conducted.

To examine objective (2a) one multiple regression analysis was conducted: (R1) with *healthy sport participation* as criterion variable and all eleven of the TMS component variables and AIMS total as independent variables.

To examine objective (2b) one multiple regression analysis was conducted: (R2) with *unhealthy sport participation* as criterion variable and all eleven of the TMS component variables and AIMS total as independent variables.

To examine objective (2c) one multiple regression analysis was conducted: (R3) with *quality of adjustment on the senior level of sport* as criterion variable and the PHSPP component variables of *healthy sport participation*, *unhealthy sport participation*, *perceived health*, *satisfaction with sport participation*, and the TMS component variables of *importance of different spheres of life*, *importance of different aspects of sport*, *satisfaction with different spheres of life*, *satisfaction with different aspects of sport*, *coping strategies*, *environmental support*, *personal resources*, and AIMS total as independent variables.

To examine objective (2d) one multiple regression analysis was conducted: (R4) with *satisfaction with different spheres of life* (life satisfaction) as criterion variable and all eleven of the TMS component variables, and the PHSPP component variables of *healthy sport participation*, *unhealthy sport participation*, and AIMS total as independent variables. The multiple regressions were considered significant if the p-value was under 0.05.

## Results

*Descriptive statistics*

The motivation to establish on the senior level of sports was high (M = 9.10, SD = 1.33), and the participants did spend a significant amount of time on training hours (<10h = 12, 10-14h = 69, 15-18h = 35, >18h = 9). Eight participants were spending fewer hours on practice due to sport related injury, rehabilitation, personal medical issues or school. To 13 of the participants sport was a hobby, 70 considered sport as one of the most important things, and for 43 athletes sport was the most important thing. Furthermore, 122 of the participants were going to continue with sports for as long as possible, and the athletes stated what they needed to do in order to continue successfully in sport. Eleven percent of the answers were focused on no need to do anything special, 29% revealed a need to focus more on health, and 31% revealed a need to focus more on results. In addition, 29% of the answers were focused on the athletes' own suggestions on what they believed that they had to improve in order to continue with success (see Table 1). In total, 48 participants gave their own suggestions.

Table 1.
*Athletes' improvement for continuation*

| Improvement | (*n* =) |
|---|---|
| Practice harder to improve/develop (e.g., physics, technique) | 26 |
| Believe/Keep on doing what I do | 5 |
| Focus on results/Be the best | 4 |
| Be more motivated | 4 |
| Avoid injuries | 2 |
| Improve health | 2 |
| Lower demands/More fun | 2 |
| Put higher demands on myself | 1 |
| Work with goals | 1 |
| Keep up with everything I must do | 1 |

Four individuals were thinking of ending their sport career in a near future because football was not fun anymore, they were not progressing, or due to other reasons (e.g., travel around the world). Competitive athletes were considered as healthy people (M = 4.81, SD =

1.04). Twenty-two participants had received help from a sport psychology consultant, and their evaluation of the outcome was well (M = 6.57, SD = 1.44).

The descriptive statistics for the items of the TMS and AIMS total can be found in Appendix 2 (Table 1 and 4), as well as the TMS and PHSPP component variables (subscales means) (Table 2 and 3). The results demonstrate that sports, family and friends were the most important parts of the athletes' lives. Those were also the parts of their lives that they were the most satisfied with, including girl/boyfriend. Different aspects of sport were equally very important, with competitions being the most important. The athletes were also very satisfied with the competition aspect of sport. Furthermore, the athletes felt like they had to improve their physical condition to a great extent, which can also be seen in Table 1, concerning the athletes' improvement for continuation. The most used coping strategies were "I try to give 100% in each practice and competition" together with "I try to keep good relationships", and "I persist in my tasks in spite of fatigue, pain or failures". The least used coping strategy was "Being in difficulty, I search for help of other people". The athletes got the most support from their families, with teammates, practice conditions and team cohesion coming next. The coach was the one who put the most pressure on the athletes, but also teammates were perceived as putting a lot of pressure onto them. The athletes' sport motivation and self-expectations were personal resources that were very much valued. Most personal resources were seen as important except from former injuries. The average for quality of adjustment to the senior level of sport was 72% (SD = 16.1). "Combining sport with other activities", "Sport practice", "Sport competition" and "Injury rehabilitation" was perceived as most stressful, and the athletes felt that they needed the most help/support for rehabilitation from injury.

Different spheres of life and aspects of sports were both very important, as well as the satisfaction was very high. In addition, the transition demands were in total perceived as moderate by the athletes. The athletes used coping strategies to a great extent, and the personal resources were perceived as very high. Moreover, the athletes perceived more support than pressure from their environment. The athletes current stress level was moderate, as well as their current need for additional help/support.

The athletes used health as a goal rather than a mean to their sport participation. In addition, the athletes viewed health as a benefit rather than a cost of sport participation. High perceived health and high sport satisfaction characterized the athletes. Social influences stimulating healthy sport participation were more present than social influences stimulating unhealthy sport participation. Furthermore, the athletes of the present study were involved in healthy sport participation to a greater extent than unhealthy sport participation. To conclude, the athletes demonstrated a high athletic identity (M = 5.58, SD = .89).

*Correlation analyses (Pearson's r)*

The results of the correlation analysis between TMS and PHSPP component variables (subscales means) and AIMS total can be found in Appendix 3, Table 1. The correlation analysis revealed several relationships between TMS and PHSPP component variables and AIMS total. The correlations found were used as a basis for the multiple regression analyses expressed below.

*Multiple regression analyses*

(R1) The regression analysis showed that *satisfaction with different spheres of life*, *coping strategies*, *environmental support*, and *personal resources* together explain 37% of the total variance in the variable *healthy sport participation*, $R^2$ adj. = .371, F(4, 112) = 18.105, $p$ = .001. The significant predictors were *satisfaction with different spheres of life* (β = .236, $p$<.01) and *coping strategies* (β = .421, $p$<.001).

(R2) The regression analysis showed that *athletic identity*, *importance of different aspects of sport*, *environmental support*, *environmental pressure*, *personal resources*, *current stress level* and *current need for additional help/support* together explain 37% of the total variance in the variable *unhealthy sport participation*, $R^2$ adj. = .374, F(7, 109) = 10.901, $p$ = .001. The significant predictors were *athletic identity* (β = .284, $p$<.01), *personal resources* (β = .205, $p$<.05), *environmental support* (β = -.165, $p$<.05) and *environmental pressure* (β = .251, $p$<.01).

(R3) The regression analysis showed that *importance of different spheres of life*, *importance of different aspects of sport*, *personal resources*, *satisfaction with sport participation* and *athletic identity* together explain 13% of the total variance in the variable *quality of adjustment on the senior level of sport*, $R^2$adj. = .131, F(5, 111) = 4.498, $p$ = .001. The significant predictors were *satisfaction with sport participation* (β = .186, $p$<.05), *importance of different spheres of life* (β = -.187, $p$<.05), *importance of different aspects of sport* (β = .244, $p$<.05) and *athletic identity* (β = -.328, $p$<.01).

(R4) The regression analysis showed that *environmental support, importance of different spheres of life, satisfaction with sport participation* and *healthy sport participation*, together explain 38% of the total variance in the variable *life satisfaction*, $R^2$ adj. = .375, F(4, 112) = 18.369, $p$ = .001. The significant predictors were *importance of different spheres of life* (β = .466, $p$<.001) and *healthy sport participation* (β = .195, $p$<.05).

## Discussion

The objectives of the present study concerning Swedish players' transition from junior to senior football were to examine: 1) transition, perceived health, and athletic identity variables, as well as the relationship between them; 2) how transition, perceived health, and athletic identity variables contribute to:

(a) healthy sport participation
(b) unhealthy sport participation
(c) quality of adjustment on the senior level of football
(d) life satisfaction

### *Summary of research findings*

Examining the transition variables revealed that importance and satisfaction of different aspects of sports and life were high, especially concerning football and family. The athletes perceived the transition demands as quite moderate, though they were not very cohesive about what was demanding. Furthermore, coping strategies were used to a great extent by the athletes. The athletes also perceived a lot of support from their families, and less support from the coach. The opposite counts for pressure, where the coach was a strong item and the family was not. Moreover, sport motivation and self-expectations were strong personal resources. Current stress levels and current need for additional help/support were moderate, with injury rehabilitation being the thing that the athletes wanted the most help with.

Characteristically for the athletes was that they perceived health as a goal and a benefit to their sport participation, and used health accumulating strategies. In addition, they had high perceived health. Furthermore, the athletes perceived more social influences stimulating healthy than unhealthy sport participation. Conclusively, the athletes demonstrated healthy sport participation. In addition, the athletes had a strong athletic identity.

The correlations of the transition, perceived health, and athletic identity variables showed a number of interesting relationships. For example, a clear pattern could be seen where specific transition variables correlated with healthy or unhealthy sport participation. This and more will be discussed later. Moreover, the correlations were used as a basis for the

multiple regression analyses. The multiple regression analyses showed that satisfaction with different spheres of life and coping strategies could predict healthy sport participation. A high satisfaction with life and a high use of coping strategies therefore are important to be involved in healthy sport participation. In addition, athletic identity, personal resources, environmental support and environmental pressure could predict unhealthy sport participation. Athletes who demonstrate a high athletic identity, have a lot of perceived personal resources, and perceive high pressure from their environment could be involved in unhealthy sport participation. The environment showed to be very important since low environmental support at the same time contributes to unhealthy sport participation. Furthermore, the quality of adjustment on the senior level of sports can be predicted by importance of different spheres of life, importance of different aspects of sport, satisfaction with sport participation, and athletic identity. If an athlete see sport as very important and is satisfied with his or her sport participation, the perceived quality of adjustment should be high. In addition, the athlete should consider different spheres of life as less important. The athletic identity, though, should be low in order for the quality of adjustment to be high, which contradicts the need for the athlete to see sport as very important. Furthermore, the regression analysis showed that life satisfaction could be predicted by importance of different spheres of life and healthy sport participation. In order for an athlete to feel a high life satisfaction, life in general should be considered as important. In addition, healthy sport participation contributes to a satisfaction with life for an athlete.

*The transition from junior to senior sports*

A majority of the participants in the present study started their transition from junior to senior football less than twelve months ago, but there was also a wide difference that could be explained by the big span in age of the participants. Young football players that recently started their transition, and older players that has been in the transition for a while. This supports the fact that the transition from junior to senior sport can take a long time to get through, and is one of the most difficult transitions to cope with (Stambulova, 2009). The athletes were highly motivated to establish on the senior level of football. This was also reflected in the amount of time they did spend on practice, and the fact that football was one of the most important things to them. Most of these adolescent years are also studying years where the athletes have much schoolwork. The athletes thought that school was important but not as important as football, and they were only moderately satisfied with it. In addition, different aspects of football were very important and the satisfaction was high as well. This could be explained with the high athletic identity that the athletes demonstrated. Football was a big part in their lives and therefore they might not put as much attention on school. Few athletes did have work, and the importance and satisfaction rate was moderate as well.

So far, when examining the items of the transition there is a clear similarity to Franck's (2009; see also Franck & Tuovila, 2008) previous study. This strengthens the findings of the studies performed with the TMS in regard of the transition from junior to senior sport. Furthermore, the results revealed that the athletes only perceived the transition demands as moderate, which supports Franck's (2009) discovery concerning team sport athletes. At the same time the athletes varied in their perception of what aspects of football were demanding. The finding was not surprising when studying previous research (Dunn & Jenkin, 1984; Johnston & Embrey, 2000), that is, when examining a big sample with a lot of individual differences there could be a large variety in the perception by athletes. Franck's (2009; see also Franck & Tuovila, 2008) results also illustrated the same thing. Furthermore, the three most used and the two least used coping strategies were the same as in the previous study by Franck (2009), demonstrating that athletes often try to do their best, and learn much from others. At the same time they prefer to solve a problem by themselves, and do not want to find help among others. It was also revealed that athletes are not good at planning their time.

The athletes felt much support from their families, which could be explained by the fact that most of them probably still live at home. This also could explain why their financial situation was not perceived as pressuring. Furthermore, the coach did put the most pressure on the athletes with teammates being the second most pressuring environmental factor, as been mentioned in previous research (Johnston & Embrey, 2000). In addition, teammates were one factor that gave much support to the athletes in regard of the environment. At the same time, team cohesion was perceived as high among the football players. Since football very much is a social sport, environmental support and pressure are important factors to examine. The athletes in the present study overall perceived more support than pressure from the environment, which is positive. It should also be mentioned that the standard deviation was quite high concerning the environmental pressure, which could be explained by the different surroundings football players can be in (i.e., different clubs etc.).

The athletes thought of themselves as having a high degree of different personal resources, which is also supported by earlier research (Franck & Tuovila, 2008; Franck, 2009). Interestingly, former injuries were not seen as an immense personal resource. This could be explained by the fact that athletes connect injury with pain or the struggle of getting back to practice (i.e., not a pleasant experience). Furthermore, the stress levels of different aspects of football were not perceived as high, though the athletes had a hard time combining football with other life activities, as in previous studies (Bruner, Munroe-Chandler, & Spink, 2008; Cacija, 2007). Despite this, it was injury rehabilitation that the athletes perceived that they needed the most additional help with. This could also explain why athletes do not see former injuries as a personal resource, since recovery from injury is perceived as a large stress factor (Franck, 2009). Yet again it should be mentioned that individual differences are apparent, but this time concerning what is stressful to the athletes, and what they needed extra help with. This is also demonstrated in earlier research (Franck & Tuovila, 2008; Franck, 2009). Conclusively, the athletes demonstrated a high satisfaction in general, a high use of coping strategies, and much environmental support. At the same time they did not perceive very high demands or stress levels. This might reflect upon the high quality of adjustment on the senior level of football that the athletes demonstrated.

One hundred and twenty-two participants were planning to continue with football, and did know what they wanted or needed to improve in order to be successful. A major part of the improvements included physical aspects, which is also reflected in the high score of the item “physical condition” concerning transition demands. Very few improvements were focused on psychological issues, though mental skills were one of the transition demands that the athletes wanted to improve. This implies that athletes are not really aware of what they can do to improve their mental skills, nor the advantage of having high mental skills. Furthermore, the athletes’ different improvements highlight the diversity among the participants, which could be explained by the different levels of sport participation they were involved in. The reason to why some athletes were thinking of ending their football involvement supports the fact that the drop out rate is high during adolescent years (Riksidrottsförbundet, 2005). Only one athlete mentioned improved health as need for successful continuation, and the perceived health among the athletes will now be discussed.

*Perceived health*

The participants in the present study considered competitive athletes as healthy people. Current health was also perceived as an important personal resource for the adjustment on senior level of football, in line with previous studies (Franck, 2009; Franck & Tuovila, 2008). As been demonstrated in previous studies (Gestranius, 2006; Gestranius, 2008), athletes saw health as a goal rather than a mean of their sport participation. They used more health accumulating strategies, than just drained their health. Furthermore, health was perceived as a

benefit of sport participation rather than a cost. This implies that adolescent athletes playing football do not differ from other sports/athletes, since the result from the present study was similar to previous research. In addition, athletes experienced social influences stimulating somewhat more healthy than unhealthy sport participation. This is a positive finding since football is very much a social sport, as expressed above. Moreover, the athletes demonstrated high perceived health and high satisfaction with their sport participation, as in previous studies (Gestranius, 2006; Gestranius, 2008). It should be clarified once again though, that the present study uses a more specific sample of athletes/participants than the previous studies mentioned above. Interestingly, the mean for healthy and unhealthy sport participation sends a clear message. The mean for healthy sport participation was almost twice as high as for unhealthy sport participation, and it was a very cohesive score for the athletes. Further on, the perceived health variables will be discussed in relation to the transition variables.

*The relationship between the transition and perceived health*

The results demonstrated an interesting structure concerning the relationship between the transition from junior to senior football and perceived health. A specific pattern of transition variables was related to healthy and unhealthy variables of the PHSPP. Health as a goal, accumulating health strategies, and health as benefit of sport participation (i.e., healthy sport participation) were positively related to transition variables such as importance and satisfaction with life and football, coping strategies, and personal resources. In contrast, health as a mean, just draining health, and health as a cost of sport participation (i.e., unhealthy sport participation) correlated positively with transition variables such as transition demands, environmental pressure, current stress level, and current need for additional help/support. Negative transition variables such as current stress level and similar factors also occur as challenging and/or to have a negative affect on team and individual athletes in previous research (Bruner et al., 2008; Cacija, 2007; Noblet & Gifford, 2002; Scanlan et al., 1991). Moreover, the above mentioned correlations are again confirmed when studying the two perceived health variables of healthy and unhealthy sport participation. The variable of healthy sport participation was related to the positive transition variables such as satisfaction with football and life, and coping strategies. In addition, the variable of unhealthy sport participation was associated with negative transition variables such as environmental pressure, and current stress level. Conclusively, transition variables that would seem to enhance the transition process were in fact positively related to healthy sport participation. In contrast, transition variables that would seem as challenging and would decrease the transition process are positively related to unhealthy sport participation. Exactly the same pattern was demonstrated for social influences stimulating healthy and unhealthy sport participation. Social influences seem to be a very important aspect, which can be considered as understandable since a team sport was examined.

The results revealed that perceived health correlated negatively with three transition variables, that is, transition demands, current stress level, and current need for additional help/support. Therefore, the higher perceived health an athlete has the lower he or she perceive transition demands and related stress, hence, the athlete perceive less need for additional help. Furthermore, satisfaction with sport participation was most logically positively related to the transition variables of life and football satisfaction. In addition, it was not related to the importance of life and sports. This means that an athlete does not have to see different aspects of life and football as important in order to be satisfied. In addition, the use of coping strategies, environmental support, and personal resources also were positively related to satisfaction with sport participation. This relationship might be because high use of coping strategies, much environmental support, and if you perceive your personal resources as many, suggests that an athlete would be successful in his/her sport participation and most

likely would be satisfied with it. The importance of coping strategies is mentioned in previous research (Franck, 2009; Johnson, 2007; Stambulova, 2000). Furthermore, environmental pressure showed a significant relationship with satisfaction with sport participation. The relationship was positive which should mean that both high support and pressure from others could give a high satisfaction with sport participation.

In the present study transition demands was shown to have a relationship with just draining health, seeing health as a cost of sport participation, social influences stimulating unhealthy sport participation, and a negative relationship with perceived health as mentioned above. Therefore, demands might put an athlete's health under risk, that is, being a barrier for healthy sport participation. Current stress level also demonstrated relationships with the above mentioned perceived health variables, which confirms previous research and its findings on stress (Hanton & Fletcher, 2005; Noblet & Gifford, 2002; Scanlan et al., 1991). Furthermore, coping seems to be very important for perceived health and for sport participation overall, as mentioned above. Coping strategies was shown to relate to each and every perceived health variable.

The present study revealed relationships between having accumulating health strategies and both environmental pressure and current need for additional help/support. This suggests that the athletes' strategies might not be effective enough, and therefore perceive a need for additional help. These results could also be explained with differences concerning the participants' sport involvement. Even though the athletes practice the same sport, the difference in competitive level and how long ago the transition started could have an impact. The environmental pressure could for example be different between athletes competing at an international level and those competing on local level. In addition, athletes who recently started their transition might not experience that much environmental pressure as those athletes being in the final phase of the transition. Franck and Tuovila (2008) in fact discovered differences within the transition from junior to senior sports, depending how long ago the athlete started the transition.

*The role of athletic identity*

The athletes in the present study demonstrated a high athletic identity, as in line with previous studies on football players (Richard, 2007). Athletic identity was shown to correlate positively with importance of different aspects of football. This is understandable since an athlete with a high athletic identity considers sports as very important (Stephan & Brewer, 2007). There was also a positive correlation with satisfaction with different aspects of football, which means that a high athletic identity implies a high satisfaction with football as well. Furthermore, the positive relationship with personal resources would suggest that an athlete who thinks high of his/her own capacity also has a strong athletic identity. This could explain why coping strategies also was positively related to athletic identity. The use of coping increased together with high athletic identity, which would seem necessary in order to meet the demands that come together with putting a lot of effort into something. Despite this, current need for additional support was also related to athletic identity. That is, athletes who demonstrate a high athletic identity also feel a need for additional help. This means that the athletes' use of coping strategies was not enough, and they need more support/help.

Athletic identity's positive correlation with specific perceived health variables was somewhat ambiguous. First, it correlated with having health as a mean of sport participation, just draining health, and seeing health as a cost of sport participation. Second, it correlated with having accumulating health strategies and perceiving health as a benefit. Finally, athletic identity also correlated positively with the variables of healthy and unhealthy sport participation. This actually supports previous studies (Brewer et al., 1993; Gestranius, 2006) where athletic identity was seen as both positive and negative to health. The results also

demonstrated that athletic identity is related to social influences stimulating unhealthy sport participation. This partly supports the fact that an athlete's social network with peers and teammates could influence and strengthen the identification with the athletic role (Stephan & Brewer, 2007).

*Healthy/unhealthy sport participation*

Four factors were shown to explain a great part of healthy sport participation. Out of the four factors, satisfaction with different spheres of life and coping strategies were found to be significant predictors. Moreover, if an athlete were satisfied with life, he/she would also be involved in healthy sport participation (i.e., having health as a goal, using accumulating health strategies, etc.). Using coping strategies to a great extent would help an athlete to cope with life and sports demands, which would consequently result in healthy sport participation. The variable of coping strategies was the strongest predictor indicating the importance for an athlete to deal with demands in order to be healthy.

Seven factors were revealed as to explain a great part of unhealthy sport participation. Out of the seven factors, athletic identity, personal resources, environmental support, and environmental pressure were found to be significant predictors. A high athletic identity was hereby proven to contribute to unhealthy sport participation supporting previous research (Alvmyren, 2006; Brewer et al., 1993). The predictor of environmental pressure can be explained by the atmosphere football players are involved in. Pressure can be experienced from several directions such as a coach or teammates. Therefore, it is difficult for a team sport athlete to avoid, and it will contribute to unhealthy sport participation. In addition, personal resources were found to be a predictor. An athlete who has high confidence (being overconfident) in himself/herself might want to enter unhealthy sport situations/participation he/she is not ready for (i.e., a risky sport situation). Personal resources were also related to athletic identity, which might have an influence on this. The last predictor was environmental support, which was a negative predictor meaning that low environmental support would result in unhealthy sport participation. In contrast, high environmental support would result in decreased unhealthy sport participation. As mentioned before, the environment is clearly an important factor, which seems natural since football is very much a team sport.

*The quality of adjustment on the senior level of football*

As in line with previous research (Franck, 2009), athletic identity was shown to be a predictor, with one exception. Athletic identity was in the present study a negative predictor, which implies that if an athlete has a strong athletic identity he or she would feel a low quality of adjustment. Perhaps an athlete who has a strong athletic identity might be less satisfied with the quality of adjustment since he or she might have higher expectations on their sport participation. When an athlete is into sport to that extent he/she might want to get as much out of it as possible, and therefore might not be easily satisfied. All in all, it can be concluded that athletic identity has a negative influence on players' adjustment, which adds to the perception of athletic identity as a negative factor (Alvmyren, 2006; Brewer et al., 1993; Pheonix et al., 2005). In addition, importance of different aspects of sport was revealed to be a significant positive predictor. Since the results demonstrated a positive correlation between athletic identity and importance of sport, the result from the regression analysis was surprising. Perhaps this means that an athlete should see sport as important but not to the extent that it will jeopardize the individual well-being, that is, if athletic identity is seen as to have a negative impact on sport participation. Furthermore, importance of different spheres of life was shown to be a negative predictor. This should mean that for an athlete to perceive a high quality of adjustment on the senior level of sport he or she should consider sport as very important, and life in general less important. At the same time athletic identity could be low.

This contradicts the need for high sport importance, since a high athletic identity implies that you see sports as important. Maybe it could be that seeing sport as important is not the same as having a strong sense of self as an athlete (Brewer et al., 1993). The fourth and last predictor (positive) was sport satisfaction. This seems logical since the players' sport participation was very much focused on getting adjusted to the senior level of sport, as demonstrated by the high motivation to establish on the senior level on football (i.e., a high devotion to football). But as mentioned before, it should not be to the extent that it will jeopardize the players well-being.

All in all, the strongest significant predictors were importance of different aspects of sport, and athletic identity. This implies that the sport aspect should be important for an athlete to focus on, in a proper way, in order to perceive a high quality of adjustment on the senior level of football.

*Life satisfaction*

Four factors showed to be able to explain life satisfaction, with importance of different spheres of life and healthy sport participation being the two positive significant predictors. It seems natural that an athlete needs to see life as important in order to prioritize life spheres, and to be satisfied in the end. The variable of importance of different spheres of life was also the strongest predictor indicating the importance for an athlete to prioritize life spheres in order to be satisfied in his or her aim to live a meaningful life. Furthermore, healthy sport participation is important for life satisfaction among athletes in the transition from junior to senior football, though, it is not necessary for an athlete to be satisfied with their sport participation in order to be satisfied with life. This partly supports the thought that it is the subjective appraisal of one's health situation that could influence choices and in the end contribute to life quality and satisfaction (Gestranius, 2006). Conclusively, the connection between healthy sport participation and positive life outcomes is demonstrated once again.

*Results in relation to the theoretical frameworks*

As in line with the *developmental model on transitions faced by athletes* (Wyllemann & Lavallee, 2004), the athletes in the present study were in adolescence, and/or in the transition to adulthood. Concerning the athletic development, they were in the transition from the development stage to the mastery stage. Hence, much is happening in and around the athletes' lives. A majority of the athletes were studying, which seems natural concerning their age. When examining the athletes at a psychosocial level, family and friends were revealed to be very important. Family and teammates (could be seen as friends) were also very good environmental support for the athletes. The coach was a factor that gave support, but also put a lot of pressure on the athletes. Moreover, the factors that play an important part at the psychosocial level seemed to be accordingly to the model. Furthermore, the athletes' development into the mastery stage seemed to be progressing well since the quality of adjustment on the senior level of football was high. All in all, the results gave much support to the model.

According to the *career transition model* (Stambulova, 2003), each transition is a process with its own demands, resources, barriers, coping, outcomes, and long-term consequences. In addition, the athlete needs to cope with the demands in order to have a successful transition. The athletes in the present study perceived moderate transition demands. At the same time they scored high on coping strategies. Therefore the balance between the coping resources and barriers would be a positive one. Hence, a successful outcome of coping with the transition demands would happen, and a successful transition would be the result. In addition, coping strategies were found to be a positive predictor of healthy sport participation, which implies that coping serves as an important factor on more than only the athletic level. A

few athletes were injured at the time and four athletes were not going to continue with playing football. The injured athletes also experience a non-normative transition, which adds up with a lot of different demands (Alfermann & Stambulova, 2007). They could use some additional psychological counselling in order to cope successfully with those specific demands. Whether the injuries were a result of previous unsuccessful coping or merely a coincidence is unknown. Furthermore, the athletes who were not going to continue with football reported that is was not fun anymore, they were not progressing, etc. A need for psychological counselling would be a good idea in regard of these athletes in order to deal with the perceived negative consequences of their sport participation, and to turn it into a successful transition in the end.

According to the *perceived health and sport participation model* (Stambulova et al., 2006), health as a goal, accumulating health strategies, and health as benefit of sport participation should represent a healthy side of the continuum. The correlation test revealed that these variables were related to transition variables such as satisfaction with life and sports, coping strategies, and personal resources. In contrast, health as a mean, just draining health, and health as a cost of sport participation should represent an unhealthy side of the model continuum. These variables correlated with transition variables such as transition demands, environmental pressure, current stress level, and current need for additional help. These results demonstrate that a specific pattern exists, where specific transition variables are related to specific perceived health variables, either healthy or unhealthy. As previously mentioned when studying the two perceived health variables of healthy and unhealthy sport participation, a clear structure could be noticed which further supports the above mentioned pattern. Conclusively, a clear pattern can be detected about what transition variables are related to healthy and unhealthy sport participation concerning the transition from junior to senior sports. Moreover, the athletes in the present study were very much satisfied with their sport participation, which according to the model should be due to the high perceived health and healthy sport participation. Consequently, most of the athletes were going to continue with sports. In addition, the social influences stimulating the athletes were mostly that of that kind, which will influence healthy sport participation. All of the above mentioned supports the perceived health and sport participation model and also connects it to transition variables. The role of athletic identity as a related factor was also immense. In the present study it was shown to predict unhealthy sport participation, which supports earlier research (Alvmyren, 2006). Furthermore, the present study demonstrated smaller differences between opposite variables of the continuum than previous studies (Gestranius, 2006; Gestranius, 2008). As expressed above, there are also some confusing correlations in the results. This might be an effect of the participants being young. The athletes were still in a developmental stage in both football, and life in general. They might not be sure of what football gives them, how it affects them, and how much they consider their health as important. More mature athletes might know better what their sport participation means to them, and perhaps value health in another way.

In line with the *circle of health model* (Coleen, 2003), the present paper tried to adopt a holistic view on health. This would include the balance of what would give an optimal functioning, well-being and quality of life. Since the perceived health and life satisfaction were high among the athletes, one could argue that they were actually having a good balance in life. In addition, the athletes scored high on several items that could be referred to as physical, mental, spiritual, social, and role functioning (see also WHO, 2006) (i.e., current physical condition, current mental abilities, current communication abilities, environmental support, relationships in your sport). Furthermore, life satisfaction was found to contribute to healthy sport participation. At the same time, healthy sport participation was found to contribute to life satisfaction. One could argue that it works like a positive spiral where one

contributes to the other, and vice versa. The problem would be getting into this positive spiral, or avoiding a disruption of it. One way of getting into it would be to balance "activity and performance" and "renewal and recovery", that is, balancing resources and barriers. Since, both satisfaction with sport practice, sport competition, and sport recovery was high, the athletes would have a promising development of their health.

*Conclusive remarks*

The football players in the present study were very much into their sport participation, as demonstrated by the high athletic identity. Though they prioritized football, the satisfaction with other spheres of life was also high, as can be explained by having balance in life. Athletic identity was found to be a negative predictor of the quality of adjustment on the senior level of sports, indicating that a high athletic identity might jeopardize the individual well-being and transition process. In addition, life satisfaction was discovered to predict healthy sport participation. This was in fact what the results revealed, that the football players were involved in healthy sport participation. Despite the turbulent years of being in adolescence, and the struggle to make a successful transition to the senior level of football, their life satisfaction was high as well as the quality of adjustment on the senior level of football. Furthermore, the athletes felt like they wanted/needed to improve on a physical and psychological level. Despite this, they only mentioned physical aspects when explaining exactly what they wanted/needed to improve in order to continue successfully. This implies that athletes in the transition from junior to senior football are not really aware of how to improve their psychological skills, hence, its possibilities. In addition, specific improvement concerning health was also rare, which generate the same argument. All in all, the athletes in the present study seemed to be on their way to a successful transition, since they demonstrated such healthy sport participation and felt close to be adjusted on the senior level of football. Why then, do the statistics tell us that so many players drop out in adolescence (Jonsson, 2005; Koukouris, 1991; Riksidrottsförbundet, 2005; Trondman, 2005)? Definitely, more research needs to be executed in order to reveal the underlying reasons. Despite the fact that the athletes demonstrated such healthy sport participation and felt close to be adjusted to the senior level of football, they perceived that they needed more help and there was a lack of awareness concerning psychological and health related issues.

*Methodological reflections*

No other study has ever tried to examine the different areas of transition and perceived health together before. In addition, athletic identity has proven to be an important factor influencing both sport participation and perceived health, and was therefore added into the purpose of the study. Furthermore, a quantitative approach was chosen for the present study since there obviously was a need for more quantitative studies concerning both transition and perceived health. The quantitative approach gives the advantage of sampling a bigger part of the population to get more statistical answers. Moreover, at Halmstad University the TMS and the PHSPP have been developed, but as mentioned above, they have never been used together in a study before. In contrast to the TMS and the AIMS, the PHSPP has received some questionable psychometric values during its development. Still, no changes were made because of the time limit, and making good changes would have taken too much time. In addition, a cross-sectional approach was chosen because of the time limit, and the fact that a longitudinal study would have been impossible to conduct. A limitation of having a cross-sectional approach concerns not knowing how previous experiences of the participants affected the results.

The instrument package consisted of three questionnaires. The time for filling in the instrument package varied a lot. The question is whether a big instrument package like this

could have made some participants loose their interest and ended up not finishing it properly. Furthermore, some of the instrument packages were sent by mail. These participants did not have the possibility to ask questions to the author of the present paper. The solution was to give as much information as possible to the coach or team leader who would see to that the participants filled out the instrument package correctly. Then the participants could ask his or her question(s) to them. The instrument package itself also contained information about how to fill in the different scales.

The present study used a sample of both male and female football players. Unfortunately, there were an uneven number of men and women, which might influence the result. Furthermore, the sample is on the edge of being too small to be able to use multiple regression analyses. This kind of analyses requires a big sample when having several independent variables (Tabachnick & Fidell, 2007). This should be taken into consideration when studying the results of the analyses. The collected sample of participants of the present study was also limited to a certain region of convenience. Football clubs and schools in and around the Swedish west coast region was targeted, and the results should be carefully considered if generalized to bigger populations.

The participants were informed about the ethical issues when conducting research. For example, they were informed about the voluntary participation and that the data collected would be treated anonymously.

*Practical implications*

The results in the present study could be used in several ways to help adolescent athletes in the transition from junior to senior football. Coaches in football should, if possible, implement a more holistic view of the athletes' development. Life satisfaction and healthy sport participation should be considered as much as the athletes physical and technical development. If the coach is not able to do this he or she should consider hiring a sport psychology consultant to work with the athletes. The sport psychologist should help the athletes with getting a balance in life, where high life satisfaction and health is promoted and closely connected to different aspects of the transition. In addition, the athletic identity of the athletes should be closely monitored since it could play an important role on both transition outcome, and perceived health. Ultimately this could decrease the drop-out rate among adolescent football players. Elite football clubs or schools with a specialization on football should consider the results of the present study in order to make the transition on to senior level of football successful. The aim should be to keep as many adolescent playing football as possible, and in healthy sport participation.

*Directions for future research*

Early research has only examined transitions and health separately, hence, the present study examined unexplored ground. Therefore there is a need for more quantitative and qualitative, and longitudinal studies, concerning the transition from junior to senior sports in relation to health. Other factors than athletic identity should be examined in relation to the transition and health, such as self-esteem or physical self-perception. It would also be beneficial to the athletic climate if other sports than football were examined. Other transitions relation to perceived health and athletic identity should also be examined. Furthermore, other distinctions could be made such as between men and women, between elite and amateur athletes. It should also be considered whether to incorporate the TMS and the PHSPP into one single instrument, since these two areas proved to be related in many ways. Conclusively, future research needs to further examine positive health effects of competitive sport involvement, and conditions for a long-lasting career (Stambulova, 2010).

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Content of appendices

**Steget från junior- till seniorfotbollsspelare i relation till hälsa.**

Hej, jag heter Christoffer Eriksson och läser Idrottsvetenskap med inriktning på psykologi vid Högskolan i Halmstad. Denna undersökning ingår i min högskoleuppsats där syftet är att undersöka övergången från junior- till seniorfotbollsspelare i relation till hälsa. Du är inbjuden att delta i denna undersökning genom att besvara följande tre frågeformulär.

Frågeformulären handlar om hur du ser på dig själv i förhållande till karriärövergången från junior till senior, upplevd hälsa och din idrottsidentitet. Oftast kommer du att läsa ett antal påståenden som du ska ta ställning till. Var vänlig ringa in, eller markera, den siffra för varje påstående som bäst överensstämmer med dig. Om inget alternativ överensstämmer med dig, markera det alternativ, den siffra, som är närmast. Markera endast en siffra, eller ruta, för varje påstående. Det finns inga rätta eller felaktiga svar, eftersom vi alla är olika. Det är just dina uppfattningar om dig själv som vi är intresserade av. Försök svara så ärligt och spontant som möjligt (sitt inte och fundera länge på ett påstående utan svara det som känns rätt när du läser påståendet). För undersökningens skull är det viktigt att du svarar på alla påståenden. Dina svar kommer att behandlas anonymt, dvs. det är bara ansvariga för undersökningen som kommer ta del av dina svar. All insamlad information kommer att presenteras på gruppnivå, så det finns ingen som kommer att kunna se vad just du har svarat på frågorna. Denna undersökning är frivillig och du har rätt att avsluta din medverkan när som helst. Ställ gärna frågor till undersökningsledaren om det är något du undrar över.

*Med vänlig hälsning*

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Informerat Samtycke

Jag bekräftar att:

- Jag har blivit informerad om hur mina svar kommer behandlas.
- Jag deltar frivilligt och kan dra mig ur studien när som helst.
- Jag har möjlighet till att ställa frågor och få dem besvarade.

Jag är villig att delta i denna studie för att undersöka övergången från junior- till seniorfotboll i relation till hälsa.

Ort, Datum:_____

Namnteckning:_____

Namnförtydligande: _____

**Enkäten Karriärövergången från Junior till Senioridrott**



Den här enkäten är designad att utvärdera idrottares övergångsprocess från junior till senioridrott. Om du går med på att delta, var vänlig och besvara frågorna nedan. Dina svar kommer att behandlas konfidentiellt.

## I. Introduktion

1. Ålder: _____

2. Kön: □ Man □ Kvinna

3. Idrott: □ Individuell □ Lag
   Var vänlig och specificera vilken idrott du utövar: _____

4. Var vänlig och markera den högsta tävlingsnivån du har deltagit på som junioridrottare:

□ Lokal (t.ex. distrikt, region tävlingar)
□ Nationell (t.ex. nationella tävlingar)
□ International (t.ex. internationella tävlingar)

5. För hur länge sedan började du delta i tävlingar på seniornivå i din idrott eller spela matcher med ditt seniorlag?

□ Har inte påbörjat övergången
□ Mindre än för 6 månader sedan
□ Mellan 6 och 12 månader sen
□ Mellan 1 och 2 år sedan
□ Mer än 2 år sedan

6. Hur motiverad är du att etablera dig själv på seniornivån i din idrott?

1 2 3 4 5 6 7 8 9 10

Inte alls Väldigt mycket

7. Hur många timmar per vecka lägger du vanligtvis ned på idrott (inkluderat idrottsträningar, övrig träning och tävlingar)?

□ Mindre än 10 timmar per vecka
□ Mellan 10 och 14 timmar per vecka
□ Mellan 15 och 18 timmar per vecka
□ Mer än 18 timmar per vecka

8. Om du för tillfället lägger ned mindre tid på din idrott än vanligt t.ex. på grund av skada, lågsäsong mm, var vänlig kryssa för här: □ Specificera, varför:_____

9. Går du i skola t.ex. gymnasiet eller universitet/högskola?

□ Ja □ Nej

10. Om du arbetar, var vänlig kryssa för här: □
    Specificera, timmar/vecka: _____

## II. Nuvarande situation i idrott och ditt liv

11. Nedan finns en lista på olika områden i idrottande ungdomars liv. Var vänlig och gå igenom listan i mittenkolumnen och utvärdera varje område två gånger. Utvärdera **betydelsen** varje område har för dig i nuläget i den vänstra kolumnen; i den högra kolumnen anger du hur **tillfredställd** du är med varje område. Använd en 10-gradig skala för båda utvärderingarna, där 1 = väldigt låg; 10 = väldigt hög. Använd alternativet i/a (inte aktuellt) om ett listat området inte berör dig.

| **Betydelse** Väldigt hög → Väldigt låg | | **Tillfredsställelse** Väldigt låg → Väldigt hög |
|---|---|---|
| 10 9 8 7 6 5 4 3 2 1 i/a | Idrott | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Studier | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Arbete | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Familj | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Vänner | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Flick/pojkvän | i/a 1 2 3 4 5 6 7 8 9 10 |

12. Var vänlig och genomför utvärderingarna på samma sätt här som på nr. 12. Här handlar det om olika delar av ditt idrottsliv**.** Använd alternativet i/a (inte aktuellt) om ett listat området inte berör dig.

| **Betydelse** Väldigt hög → Väldigt låg | | **Tillfredsställelse** Väldigt låg → Väldigt hög |
|---|---|---|
| 10 9 8 7 6 5 4 3 2 1 i/a | Idrottsträning | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Tävlingar/matcher | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Återhämtning | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Relationer inom idrotten | i/a 1 2 3 4 5 6 7 8 9 10 |

## III. Övergångsprocessen

13. Hur mycket **behöver du i nuläget förbättra dig** i följande områden för att anpassa dig till seniornivån i din idrott? Använd en 10-gradig skala där 1 = inget behov; 10 = väldigt stort behov. Använd alternativet i/a (inte aktuellt) om ett listat området inte berör dig.

| Hur mycket behöver du i nuläget förbättra: | Väldigt litet behov | | | | | | | | | Väldigt stort behov |
|---|---|---|---|---|---|---|---|---|---|---|
| **Idrottsträning** | | | | | | | | | | |
| o Tekniska färdigheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Fysiska förmåga | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Taktiska färdigheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Mentala färdigheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Kommunikationsfärdigheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Tävlingar/matcher** | | | | | | | | | | |
| o Förberedelse för tävlingar/matcher | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Självkontroll under tävlingar | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Prestationer i tävlingar | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Analys efter tävlingar | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Återhämtning/rehabilitering** | | | | | | | | | | |
| o Återhämtning mellan träningar | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Återhämtning efter tävlingar/matcher | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Rehabilitering efter skada | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Rehabilitering efter överträning | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Relationer/kommunikation** | | | | | | | | | | |
| o Tränare | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Lagkamrater/partners/träningskompisar | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| **Livsstil** | | | | | | | | | | |
| o Kombinera idrott med skola/arbete | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Kombinera idrott med fritid | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

14. I vilken utsträckning använder du dig i nuläget av de **copingstrategier** (vad du gör för att hantera övergången till senioridrott) i listan nedan för att anpassa dig till seniornivån i din idrott. Var vänlig och använd en 10-gradig skala: 1 = inte alls; 10 = väldigt mycket.

| | Inte alls | | | | | | | | | Väldigt mycket |
|---|---|---|---|---|---|---|---|---|---|---|
| o Jag har klara mål i idrotten | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag har klara mål i livet utanför idrotten | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag prioriterar idrottsmålen | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag planerar min utveckling i idrotten | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag planerar min tid för varje dag | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker hitta en bra balans mellan idrott och andra områden i mitt liv | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker bibehålla goda relationer med människor omkring mig | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker tänka positivt i alla situationer | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker ge 100 % i varje träning och tävling | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag fokuserar på min återhämtning/återställa min energi | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag fortsätter kämpa trots motgångar | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker ha tålamod och se mina framsteg som en stegvis process | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag förlitar mig mest på mig själv när det gäller att lösa mina problem | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o När jag befinner mig i svårigheter söker jag hjälp hos andra | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker förutse svårigheter och vara förberedd i förväg | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker lära mig från mina tidigare erfarenheter i idrotten/livet | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker lära från andra | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o När jag befinner mig i en stressfull situation uttrycker jag mina negativa känslor | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o När jag befinner mig i en stressfull situation försöker jag håll mig lugn och analysera situationen | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag sysselsätter mig med olika aktiviteter (t.ex. musik, internet, shopping m.m. ) för att tänka mindre på svårigheter i idrotten | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| o Jag försöker undvika svåra och stressfulla situationer | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

15. Nedan finns en lista av olika **faktorer i omgivningen**. Värderar faktorn t.ex. det stöd du får från din tränare på en 10-gradig skala, 1 = Väldigt lite och 10 = Väldigt mycket. Använd alternativ i/a (inte aktuellt) om ett listat område inte berör dig. När det gäller ”stöd”, var vänlig och förstå det som både stöd i form av instruktioner och/eller emotionellt stöd från andra människor/organisationer.

| | Väldigt lite | | | | | | | | | Väldigt mycket |
|---|---|---|---|---|---|---|---|---|---|---|
| Tränarens stöd | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Familjens stöd | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Lagkamraters stöd | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Klubb/Förbunds stöd | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Medias stöd | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Väldigt dålig | | | | | | | | | Mycket bra | |
| Förutsättningar för träning | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Sammanhållning | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

16. Nedan finns en lista av olika **faktorer i omgivningen**. Värderar faktorn t.ex. de krav du upplever från din tränare på en 10-gradig skala, 1 = Väldigt lite och 10 = Väldigt mycket. Använd alternativ i/a (inte aktuellt) om ett listat område inte berör dig. När det gäller ”press”, var vänlig förstå det som både höga förväntningar och/eller kritiska kommentarer från andra människor.

| | Väldigt lite | | | | | | | | | Väldigt mycket |
|---|---|---|---|---|---|---|---|---|---|---|
| Tränarens krav | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Familjens krav | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Lagkamraters krav | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Klubb/förbunds krav | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Medias krav | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Motståndares press | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Väldigt dålig | | | | | | | | | Väldigt bra | |
| Finansiell situation | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

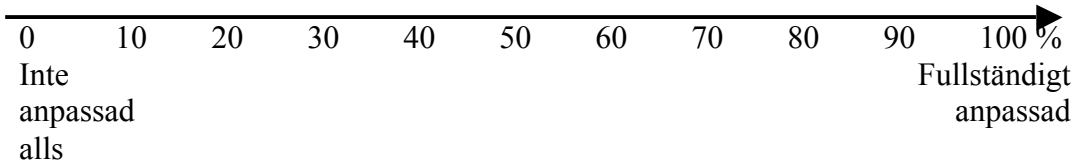
17. Nedan finns en lista av olika **personlighetsfaktorer och tidigare erfarenheter** som kan påverka din anpassning till senior nivån**.** Värderar faktorn på en 10-gradig skala, t.ex. 1 = Väldigt låg och 10 = Väldigt hög. Använd alternativet i/a (inte aktuellt) om ett listat området inte berör dig.

| | Väldigt låg | | | | | | | | | Väldigt hög |
|---|---|---|---|---|---|---|---|---|---|---|
| Din idrottsmotivation | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Dina förväntningar på dig själv | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Ditt självförtroende | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| | Väldigt dålig | | | | | | | | | Mycket bra |
|---|---|---|---|---|---|---|---|---|---|---|
| Din nuvarande hälsa | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Din nuvarande fysiska form | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Din nuvarande tekniska förmåga | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Din nuvarande taktiska förmåga | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Din nuvarande mentala förmåga | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Din nuvarande kommunikationsförmåga | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Dina tidigare idrottsliga erfarenheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Dina tidigare livserfarenheter | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

| | Väldigt lätta | | | | | | | | | Väldigt svåra |
|---|---|---|---|---|---|---|---|---|---|---|
| Dina tidigare skador | i/a | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

18. Hur anpassad känner du dig i nuläget som senioridrottare i din idrott? Använd skalan från 0 till 100 %, där 0 betyder att du inte alls känner dig anpassad till seniornivån i din idrott och 100 % betyder att du känner dig fullständigt anpassad.



19. Var vänlig utvärdera **stressnivån** som du för nuvarande upplever i varje område i den vänstra kolumnen med en 10-gradig skala (1 = väldigt låg; 10 = väldigt hög). Var vänlig utvärdera hur mycket extra **hjälp /stöd du behöver** i de listade områdena av idrott och liv i den högra kolumnen med en 10-gradig skala (1 = inget behov; 10 = väldigt stort behov). Använd alternativet i/a (inte aktuellt) om ett listat området inte berör dig.

| **Din upplevda stress** | | **Ditt upplevda behov av extra hjälp/stöd** |
|---|---|---|
| Väldigt hög 10 9 8 7 6 5 4 3 2 1 Väldigt låg | Idrottsträning | Inget behov 1 2 3 4 5 6 7 8 9 10 Väldigt stort behov |
| 10 9 8 7 6 5 4 3 2 1 | Idrottstävlingar/match | 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 | Återhämtning inom idrott | 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 i/a | Rehabilitering av skada | i/a 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 | Relationer inom din idrott | 1 2 3 4 5 6 7 8 9 10 |
| 10 9 8 7 6 5 4 3 2 1 | Kombinera idrott med andra aktiviteter i ditt liv | 1 2 3 4 5 6 7 8 9 10 |

20. Har du fått någon hjälp av en idrottspsykologisk rådgivare att anpassa dig till seniornivån i din idrott under de senaste 6 månaderna?
□ Ja □ Nej

21. Om ja, var vänlig och utvärdera hur mycket arbetet med den idrottspsykologiska rådgivaren hjälpte dig att anpassa dig till seniornivån i din idrott:

1 2 3 4 5 6 7 8 9 10

Inte alls Väldigt mycket

# Upplevd Hälsa & Idrottsdeltagande Profil (UH&IP)

Vänligen fyll i bakgrundsinformationen (del 1) och läs sedan påståenden i del 2. Värdera därefter hur mycket du håller med varje påstående, enligt en 6-gradig skala från 1 = instämmer inte alls till 6 = instämmer helt (ringa in ditt val på skalan).

**Del 1. Bakgrunds information**

1.1. Vad är idrott för dig just nu? (Vänligen välj **ett** alternativ)

❒ Hobby/fritidsaktivitet med liten betydelse
❒ Hobby/fritidsaktivitet med medelstor betydelse
❒ En av de viktigaste aktiviteterna i livet
❒ Den allra viktigaste aktiviteten i livet

1.2. Hur mycket håller du med om följande påstående:
" Tävlingsidrottare är hälsosamma personer" ?

| 1<br>Instämmer inte alls | 2 | 3 | 4 | 5 | 6<br>Instämmer helt |
|---|---|---|---|---|---|

1.3. Mina framtidsplaner är: (välj a **eller** b)

a) att fortsätta idrotta så länge jag kan

b) att sluta idrotta inom en snar framtid

Om du nyss valde svar (a) gå vidare till fråga 1.4a och hoppa över 1.4b.
Om du nyss valde svar (b) gå direkt till fråga 1.4b.

1.4a. För att kunna fortsätta idrotta med framgång tror jag att: (du kan välja fler en ett svar)

❒ jag inte behöver göra något speciellt
❒ jag måste fokusera mer på min hälsa
❒ jag måste fokusera mer på resultat
❒ jag måste göra följande (skriv ditt eget svar)_____

1.4b. Jag tror jag kommer att sluta idrotta inom en snar framtid på grund av: (du kan välja fler en ett svar)

❒ att det inte längre är roligt
❒ att jag vill göra andra saker
❒ hälsomässiga skäl (till exempel skador)
❒ att jag inte gör framsteg gällande resultat
❒ andra orsaker (skriv ditt eget svar)_____

**Del 2. Upplevd hälsa och idrottsdeltagande**

| | 1 Instämmer inte alls | 2 | 3 | 4 | 5 | 6 Instämmer helt |
|---|---|---|---|---|---|---|
| 1. Andra människor i min idrottsomgivning bryr sig om mitt hälsotillstånd | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Jag skulle aldrig riskera min hälsa för att uppnå idrottsliga mål | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Jag tror att min hälsa kunde vara bättre om jag inte idrottade | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Ibland tränar jag för hårt även om jag vet att det inte är bra för min hälsa | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Jag är nöjd med min nuvarande hälsa | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Min idrottsomgivning stödjer hälsosamt idrottsdeltagande | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Jag tycker att jag försämrar min hälsa genom idrott | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. Idrotten hjälper mig att må bra psykiskt | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. Att bibehålla hälsan är ett av mina huvudmål inom idrotten | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. Oftast mår jag fysiskt bra | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. Min idrottsomgivning stimulerar till beteenden som kan riskera hälsan | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Jag är mån om min hälsa | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. En av orsakerna till att jag idrottar är att det håller mig frisk | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Jag är nöjd med vad jag har uppnått inom idrotten | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Idrotten hjälper mig att må fysiskt bra | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Jag har upplevt påtryckningar från andra att tävla när jag varit sjuk eller skadad | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Att vara tävlingsidrottare är viktigare för mig än att ha hälsan | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Min idrott är riskabel för hälsan | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. Jag anser att mitt idrottsdeltagande påverkar min hälsa positivt | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. Oftast mår jag psykiskt bra | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 21. Jag har strategier för att förebygga överträning | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. Andra ger mig sitt stöd då jag inte vill riskera hälsan inom idrott | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. Jag är beredd att riskera hälsan för att uppnå mina idrottsliga mål | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Idrottsdeltagande försämrar min fysiska hälsa | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. Jag är nöjd med min kompetens och mina färdigheter inom min idrott | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Jag har upplevt påtryckningar från andra att träna när jag varit sjuk eller skadad | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. Jag anser att mitt idrottsdeltagande påverkar min hälsa negativt | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. Jag anser att det är OK att delta i idrottstävlingar även om jag är sjuk eller skadad | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. Jag har strategier för att undvika idrottsskador | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. Generellt sett är jag nöjd med min idrottskarriär | 1 | 2 | 3 | 4 | 5 | 6 |

**Athletic Identity Measurement Scale (AIMS)**
(Brewer, Van Raalte, & Linder, 1993)

Detta är ett frågeformulär som handlar om idrottsidentitet och hur DU ser på träning/motion. Var vänlig ringa in den siffra för varje påstående som bäst överensstämmer med Dig. Glöm inte att svara på ALLA påståenden. Det finns inga rätta eller felaktiga svar.

| | Stämmer precis | | | | | | Stämmer inte alls |
|---|---|---|---|---|---|---|---|
| 1. Jag betraktar mig själv som en idrottare/träningstyp | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Jag har många mål som har samband med mitt tränande/idrottande | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. De flesta av mina vänner idrottar/tränar | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Träning/idrott är den viktigaste delen av mitt liv | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. Jag tänker mer på träning/idrott än på någonting annat | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. Jag behöver kunna träna och tävla för att känna mig nöjd med mig själv | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. Andra människor betraktar mig i huvudsak som en träningstyp/idrottstyp | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. Jag känner mig missnöjd med mig själv när jag presterar dåligt i min idrott | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. Träning/idrott är det enda viktiga i mitt liv | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. Jag sku1le bli mycket deprimerad om jag blev skadad så att jag inte kunde fortsätta träna/idrotta | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Tack för din medverkan! ☺

Table 1.
*Means and standard deviations for TMS variables*

| Variables | M | SD |
|---|---|---|
| *Importance of different spheres of life* | | |
| Sport | 9.11 | 1.28 |
| Studies | 7.19 | 2.03 |
| Work | 6.41 | 2.23 |
| Family | 9.27 | 1.14 |
| Friends | 8.90 | 1.49 |
| Girl/boyfriend | 7.78 | 2.29 |
| *Satisfaction with different spheres of life* | | |
| Sport | 8.44 | 1.64 |
| Studies | 5.15 | 2.52 |
| Work | 5.41 | 2.54 |
| Family | 8.69 | 1.45 |
| Friends | 8.67 | 1.61 |
| Girl/boyfriend | 8.00 | 2.51 |
| *Importance of different aspects in sport* | | |
| Sport practice | 8.89 | 1.36 |
| Competitions | 9.45 | .88 |
| Recovery | 8.12 | 1.83 |
| Relations within sport | 8.52 | 1.60 |
| *Satisfaction of different aspects in sport* | | |
| Sport practice | 8.21 | 1.71 |
| Competitions | 8.90 | 1.50 |
| Recovery | 7.19 | 1.92 |
| Relations within sport | 8.24 | 1.79 |
| *Transition demands* | | |
| Technical skills | 5.42 | 2.23 |
| Physical condition | 6.18 | 2.13 |
| Tactical skills | 5.03 | 2.08 |
| Mental skills | 5.62 | 2.49 |
| Communication skills | 4.66 | 2.11 |
| Preparation for a competition/game | 4.90 | 2.38 |
| Self-control during competition | 4.32 | 2.30 |
| Performance in competition | 5.30 | 2.24 |
| Analysis after competition | 5.48 | 2.38 |
| Recovery between practices | 5.49 | 2.27 |
| Recovery after competition/game | 5.56 | 2.45 |
| Rehabilitation after injury | 5.39 | 2.80 |
| Rehabilitation after overtraining | 5.33 | 2.65 |
| Relationship with coach | 5.16 | 2.79 |
| Relationship with sport peers | 4.42 | 2.87 |
| Combining sport with school/work | 5.30 | 2.94 |

| | | |
|---|---|---|
| Combining sport with spare time | 4.90 | 2.82 |
| | | |
| *Coping strategies* | | |
| I have clear goals in sport | 7.60 | 2.21 |
| I have clear goals in life | 6.29 | 2.56 |
| I prioritize sport goals | 7.64 | 2.07 |
| I plan my development in sport | 6.63 | 2.51 |
| I plan my time for every day | 5.54 | 2.64 |
| I try to find a good balance between sport and other areas of my life | 7.21 | 2.07 |
| I try to keep good relationships with people around me | 8.50 | 1.52 |
| I try to think positive in all situations | 7.11 | 2.15 |
| I try to give 100% in each practice and competition | 8.58 | 1.58 |
| I focus on my recovery/energy restoration | 6.75 | 2.03 |
| I persist in my tasks in spite of fatigue, pain or failures | 8.20 | 1.68 |
| I try to be patient and to see my progress as a step-by-step process | 7.25 | 1.90 |
| I rely mostly on myself in solving my problems | 7.79 | 1.65 |
| Being in a difficulty, I search for help of other people | 4.97 | 2.43 |
| I try to anticipate difficulties and be prepared in advance | 6.26 | 2.22 |
| I try to learn from my previous experiences in sport/life | 7.66 | 1.59 |
| I try to learn from others | 7.82 | 1.80 |
| Being in a stressful situation I express my negative feelings | 5.51 | 2.37 |
| Being in a stressful situation, I am trying to keep my head cool and to analyze the situation | 6.17 | 2.33 |
| I make myself busy with different activities (e.g., music, internet, shopping) to think less about difficulties in sport | 6.68 | 2.56 |
| I try to avoid difficulties and stressful situations | 6.65 | 2.26 |
| | | |
| *Environmental support* | | |
| Coach | 6.60 | 2.18 |
| Family | 8.88 | 1.63 |
| Teammates | 7.68 | 1.69 |
| Club/Federation | 6.36 | 2.36 |
| Media | 4.90 | 2.68 |
| Practice conditions | 7.90 | 1.84 |
| Team cohesion | 7.95 | 1.71 |

| | | |
|---|---|---|
| *Environmental pressure* | | |
| Coach | 7.30 | 1.78 |
| Family | 5.71 | 2.48 |
| Teammates | 6.84 | 2.06 |
| Club/Federation | 6.50 | 2.25 |
| Media | 4.82 | 2.59 |
| Opponents | 5.51 | 2.07 |
| Financial situation | 5.91 | 2.45 |
| | | |
| *Personal resources* | | |
| Sport motivation | 8.46 | 1.67 |
| Self-expectations | 8.78 | 1.45 |
| Self-confidence | 6.98 | 2.30 |
| Current health | 7.94 | 1.75 |
| Current physical condition | 7.20 | 1.78 |
| Current technical abilities | 6.90 | 1.81 |
| Current tactical abilities | 7.33 | 1.56 |
| Current mental abilities | 6.94 | 2.03 |
| Current communication abilities | 7.37 | 1.65 |
| Former experiences in sport | 7.31 | 1.62 |
| Former experiences in life | 7.20 | 1.71 |
| Former injuries | 4.76 | 2.54 |
| | | |
| Quality of adjustment to the senior level of sport | 7.20 | 1.61 |
| | | |
| *Current stress level* | | |
| Sport practice | 4.97 | 2.20 |
| Sport competitions/games | 4.94 | 2.11 |
| Sport recovery | 4.10 | 2.09 |
| Injury rehabilitation | 4.97 | 2.51 |
| Relationships in your sport | 3.85 | 2.26 |
| Combining sport with other life activities | 5.00 | 2.63 |
| | | |
| *Current need of additional help/support* | | |
| Sport practice | 4.17 | 2.35 |
| Sport competitions/games | 4.41 | 2.48 |
| Sport recovery | 4.43 | 2.57 |
| Injury rehabilitation | 5.75 | 2.74 |
| Relationships in your sport | 3.90 | 2.66 |
| Combining sport with other life activities | 4.33 | 2.87 |

Table 2.
*Means and standard deviations for TMS component variables (subscales means)*

| Variables | M | SD |
|---|---|---|
| | | |
| Importance of different spheres of life | 8.32 | 1.00 |
| Satisfaction with different spheres of life | 7.54 | 1.15 |
| Importance of different aspects in sport | 8.75 | 1.00 |
| Satisfaction with different aspects in sport | 8.13 | 1.25 |

| | | |
|---|---|---|
| Transition demands | 5.19 | 1.51 |
| Coping strategies | 7.00 | 1.12 |
| Environmental support | 7.35 | 1.24 |
| Environmental pressure | 6.19 | 1.32 |
| Personal resources | 7.28 | .98 |
| Current stress level | 4.59 | 1.75 |
| Current need of additional help/support | 4.39 | 2.14 |

Table 3.
*Means and standard deviations for PHSPP component variables (subscales means)*

| Variables | M | SD |
|---|---|---|
| Health as a goal | 3.66 | 1.14 |
| Health as a mean | 3.21 | 1.15 |
| Health accumulating strategies | 3.64 | 1.04 |
| Just draining health | 2.84 | 1.04 |
| Health as a benefit | 4.98 | .81 |
| Health as a cost | 1.95 | 1.21 |
| Perceived health | 4.71 | .89 |
| Satisfaction with sport participation | 4.12 | 1.15 |
| Social influences stimulating healthy sport participation | 4.17 | .96 |
| Social influences stimulating unhealthy sport participation | 3.15 | 1.21 |
| Healthy sport participation | 4.11 | .69 |
| Unhealthy sport participation | 2.79 | .92 |

Table 4.
*Means and standard deviations for athletic identity*

| Variables | M | SD |
|---|---|---|
| Athletic identity | 5.58 | .89 |