

Countertransference and the Self-Aware Sport Psychologist: Attitudes and Patterns of Professional Practice

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The literature in psychotherapy and sport psychology has supported the importance of self-awareness and countertransference management (Ellis, 2001; Leahy, 2001; Van Raalte & Andersen, 2000) and its applicability in all psychological settings (Hayes, 2004). This study was an audit of (n = 58) accredited UK sport psychology practitioners that explored the importance they attached to self-awareness and their behavior in practice that supported the management of these concerns. Results indicated that practitioners regarded self-insight and self-integration as important (Mdn = 4), but relied upon themselves and informal peer networks rather than regular supervision for professional support. Most practitioners never (Mdn=1) used counseling or therapy for personal support. Recommendations are made for piloting post-accreditation professional supervision in sport psychology and developing the provision of general counseling and sport psychology sessions for trainees.

There have been growing concerns within sport psychology that the traditional approach to research and practice has paid “maximal attention to the intervention (treatment) and minimal attention to the human deliverer of that intervention” (Andersen, 2000, p. xiv). In marked contrast, the literature and training in psychotherapy and counseling has paid considerable attention to developing self-aware practitioners through training, individual counseling, and ongoing supervision throughout professional practice (Hayes, 2004; Leahy, 2001; Rowan & Jacobs, 2002). While the sport psychology literature has supported the notion of a self-aware sport psychologist, there has been no evidence to date that has informed us how sport psychologists develop and maintain their self-awareness in professional practice.

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Counseling, Psychotherapy, and Sport Psychology

Approaches and research from counseling and psychotherapy are relevant to sport psychology because of the overlaps and similarities between the two professions. Petitpas, Danish, and Giges (1999) compared sport psychology to counseling psychology and found many similarities between the sports and counseling disciplines, including the process and relationship phases of goal setting, skill development, and hopefully the successful achievement of the goal. Petitpas et al. also stated that counseling psychology has an optimistic outlook and that this optimism and focus on human potential are similar to most approaches to sport psychology. Both have a shared aim of developing personal well-being, whether in a sporting or general context. Both involve forming close working relationships and interactions with clients and the process of defining and reaching goals set by and with the client.

In the UK, both accrediting sport psychology bodies have identified the role of counselor as being integral to the work of a sport psychologist. Specifically, the British Association of Sport and Exercise Sciences (BASES) competency requirements for sport psychology supervised experience (Oct 2004) stated “BASES continues to place an emphasis on the role of sport and/or exercise psychologist as a counselor” (section 3, p. 20). The British Psychological Society (BPS), Division of Sport and Exercise Psychology (DSEP) website (2005) emphasized the role of the practitioner as a counselor in working with injured athletes. They also included the role of practitioners in advising young athletes on a variety of emotional problems in a sport setting.

The Importance of Self-Awareness

The importance of developing self-aware sport psychologists has been most recently set out by Anderson, Knowles, and Gilbourne (2004), specifically through reflective practice. They emphasized the growing importance attached to the sport psychologist—athlete relationship in the literature (Andersen, 2000; Petitpas et al., 1999; Poczwadowski, Sherman, & Henschen, 1998) and that through reflective practice, significant benefits could be gained in self-management, personal growth, and effective consultation. Anderson, Knowles, and Gilbourne (2004) identified personal journal writing, supervision, and professional sharing through conferences and journals as the main mechanisms for conducting reflective practice. They also acknowledged the problems of reflective practice when conducted alone: that the practitioner is limited by their own self-knowledge and does not have the resource of another trusted, well-intentioned and skilled practitioner to offer challenge and support.

Petitpas et al. (1999) outlined the importance of self-awareness in the practitioner-athlete relationship in successful sport psychology delivery, supported by previous research (Danish, 1985; Orlick & Partington, 1987). They advocated the importance of self-knowledge and the examination of many of the assumptions that practitioners hold about themselves and the world. Giges (1998) also supported this in particular to ensure that practitioners meet the client’s goals and needs, rather than their own. Further, Poczwadowski et al. (1998), in a review of 11 factors for effective delivery and evaluation of sport psychology services, cited the importance of self-awareness and suggested self-management strategies that included supervision with a supervisor or colleague as well as personal therapy.

Self-awareness is vital for effective professional practice in avoiding the acting out of countertransference. In order to fully understand this phenomenon, the concept of transference must be clarified. Transference occurs when emotions and thoughts that relate originally to an important previous relationship, are triggered by a current person, situation, or relationship. For example, a supportive sport psychologist may evoke a very warm liking from an athlete because she reminds him of his close relationship to his mother. This emotional response may be triggered by very subtle behaviors, such as a gesture or the use of a particular phrase that is reminiscent of the parent child relationship. Andersen and Williams-Rice (1996) identified the frequency and importance of transference and countertransference occurrences in sport and give the example of the coach who becomes a father figure to an athlete.

Countertransference refers specifically to the direction of the transference from practitioner to client. It occurs when thoughts and feelings in the sport psychologist are evoked by the client. Disproportionately strong positive or negative feelings can also be a sign of countertransference, and Strean and Strean (1998) highlighted that if practitioners are not aware of negative feelings toward clients, or have no way of talking about them and working with them, they are likely to repress them, and their feelings may come out in other ways, for example labeling someone a "difficult client." The danger is that without self-awareness of potential countertransference the sport psychologist/athlete relationship will be compromised. Andersen and Williams-Rice (1996) expressed surprise at the lack of attention given to these phenomena in the applied psychology literature. This situation has not changed in the ten years since their 1996 paper, apart from work that has involved Andersen himself (Van Raalte & Andersen, 2000; Price & Andersen, 2000), with only infrequent journal discussion on countertransference that has been confined to *The Sport Psychologist* (Petitpas et al., 1999; Poczwardowski et al., 1998; Strean & Strean, 1998). Moreover, Anderson et al.'s (2004) paper that was devoted to reflective practice and growing professional self-awareness makes no mention of the issues of transference and countertransference.

From the classical psychoanalytic standpoint (Freud, 1912/1959), a countertransferential response is viewed as being a negative aspect of the therapeutic relationship, as it means that the therapist is responding from his or her own personal history, rather than from a more objective stance. However, other definitions from a psychoanalytic perspective (Racker, 1957) have included the possibility that the therapist's countertransferential responses can also give the therapist valuable insight into client dynamics, and how the client operates with humankind in general. This broader definition also requires a great deal of training in self-awareness from the therapist to decide how to synthesize his or her reactions into a coherent response that benefits the client.

Psychotherapy writers and researchers from all theoretical backgrounds have advocated the importance of countertransference management for effective and safe professional practice (Rowan & Jacobs, 2002). Writing from a psychoanalytic background, in a summary of his countertransference research across all psychological frameworks, Hayes (2004) explained that countertransference is simply a feature of being human and that we all have unresolved emotional conflicts that are likely to be triggered by present day experiences and relationships. Albert Ellis (2001), the founder of Rational Emotive Behavior Therapy (REBT), confirmed that countertransference was an important concept from a cognitive-behavioral

perspective that can lead to practitioners having distorted views of their clients that can negatively affect the process and outcome of therapy.

Ellis' observations are important because he comes from the approach that has arguably been most prevalent in sport psychology interventions and practice (Hill, 2001), especially in models of psychological skills training (Anderson, Miles, Mahoney, & Robinson, 2002). Yet he challenged the traditional cognitive-behavioral belief that behavior is not influenced by unconscious inner thoughts and feelings (Hill, 2001). In so doing, he underlined the importance that cognitive-behavioral therapists and sport psychologists need to attach to countertransference management.

Hayes (2004) recognized that research in countertransference is problematic, as much of the activity takes place internally, with only an experienced supervisor having the ability to recognize practitioner blind spots and countertransferential behavior. An important research tool in this area is the Countertransference Factors Inventory (CFI), developed by Van Wagoner, Gelso, Hayes, and Diemer (1991) and Hayes, Gelso, Van Wagoner, and Diemer (1991). The CFI was based on the opinions of 33 published psychologists with specific expertise in countertransference. In Hayes et al. (1991) they were asked to identify the practitioner characteristics that they deemed most important for the successful management of countertransference, from an inventory of 50 items, on a five point Likert scale between *not important* and *very important*. The 50 CFI items were grouped as five factors: self-insight, self-integration, empathy, anxiety management, and conceptual skills. Based on the responses of the experts, Hayes et al. (1991) identified self-insight and self-integration as being the most important for practitioners to successfully manage their countertransference. Van Wagoner et al.'s (1991) research invited experienced psychotherapists to use the CFI to rate either an excellent therapist with whose work they were familiar or a notionally average therapist who would be in the middle of a normal distribution of therapists in general. The authors found that excellent therapists were rated significantly more positively across all five factors of the CFI than therapists in general. Extremely high internal consistency was reported with alphas ranging between .88 (conceptual skills) and .92 (empathy).

While the CFI was specifically designed to provide an inventory of practitioner characteristics in relation to countertransference management, the five factors that make up the scale are all important skill sets for the overall task of being an effective therapist and applied psychologist; however, the focus on countertransference was justifiable because the CFI was specifically designed and validated to address this area (Van Wagoner et al., 1991).

Strategies for Managing Countertransference

In counseling and psychotherapy, supervision and personal therapy are key mechanisms through which practitioners develop and maintain their self-awareness and countertransference management skills. Typically these mechanisms continue after accreditation and throughout professional practice (Rowan & Jacobs, 2004).

Supervision

Supervision in all forms of psychotherapy has explicitly included a focus on ensuring that the practitioner's personal issues do not negatively impinge on the therapeutic

relationship, as well as supporting the practitioner's technical interventions (Van Raalte & Andersen, 2000). The role of supervision within UK sport psychology has been less clearly defined than in counseling or psychotherapy. Supervision has been most frequently referred to within the process of Supervised Experience that lies at the heart of BASES accreditation. Supervised Experience is a process of developing proficiencies in a variety of areas, including technical skills, basic counseling skills, and reflective skills under the guidance of a BASES accredited sport psychologist. Self-awareness has not been explicitly highlighted as an outcome of this supervisory process, and indeed post accreditation, there have been no requirements for practitioners to receive any form of supervision, whether for case management or for self-management. This has been mirrored in the BPS DSEP where there are no requirements for supervision either for entry to the section or to retain membership. This approach differs from the clinical psychology and counseling psychology divisions of the BPS.

Research by Anderson et al. (2002) provided a model to evaluate consultant effectiveness that concentrated on the external skills and delivery of the service and focused less on the internal world and need for supervision of the sport psychology practitioner. In contrast Anderson, Knowles, and Gilbourne (2004) focused on using reflective structures and techniques to support self-management. These authors argued that by increasing knowledge of the self in a practice setting, practitioners could become more athlete centered, and more effective in their practice delivery. They clearly advocated supervision and mentoring structures to support reflective practice; this appears to be the first call for ongoing supervision in the literature from a UK sport psychology perspective.

Post accreditation, there seems to be uncertainty about whether to embrace supervision as an ethical and effective support mechanism. Practitioners from North America and Australia have advocated the importance of ongoing supervision (Andersen & Williams-Rice, 1996; Pocwardowski et al., 1998; Van Raalte & Andersen, 2000), whereas in UK sport psychology no one has argued against supervision, but only recently has anyone argued for it (Anderson et al., 2004). This raised the research question as to the importance accredited UK sport psychology practitioners attach to supervision and how much they actually use it.

Personal Counseling/Therapy for Practitioner Self-Awareness

Developing self-awareness through individual therapy is expected practice and an accreditation requirement for psychodynamic and humanistic psychotherapy practitioners, both in training and on an ongoing basis. The United Kingdom Council for Psychotherapy (UKCP) and the British Association for Counseling and Psychotherapy (BACP) have both set requirements of personal therapy as a prerequisite for accreditation, with 40 hours set as a minimum by the BACP. The UKCP also requires that cognitive and behavioral therapists have adequate arrangements for managing their own issues. Rowan and Jacobs (2002) also detailed that personal therapy is a prerequisite for being a registered counseling psychologist with the British Psychological Society.

In contrast, in the sport psychology literature, despite the growing emphasis placed on the practitioners' self-awareness and management of his/her countertransference, there have been no calls for the use of individual therapy or counseling as

a means of supporting the achievement of these important ends. The expectation, therefore, was that the majority of UK sport psychology practitioners would not use individual counseling and therapy to support themselves professionally or personally.

Rationale

The research literature in psychotherapy has demonstrated the importance of countertransference management (Ellis, 2001; Freud, 1912/1959), its applicability in all psychological settings (Hayes, 2004), and has measured countertransference management skills with individual therapists (Van Wagoner et al., 1991; Hayes et al., 1991). Some sections of the sport psychology literature have expounded the importance of countertransference management, self-awareness, and reflective practice. To date, all mentions of countertransference management in the sport psychology literature appear to have come from Australian and American practitioners (Andersen & Williams-Rice, 1996; Petitpas et al., 1999; Poczwardowski et al., 1998; Streaan & Streaan, 1998; Van Raalte & Andersen, 2000). This gave rise to two questions. First, how important is self-awareness, and specifically, countertransference management to UK sport psychologists? Second, what mechanisms do they use in practice to support and develop their self-awareness and countertransference management? An audit of UK sport psychology attitudes and practice was undertaken to provide answers to these questions.

Method

Participants

All ($n = 127$) BASES accredited applied sport psychologists were approached. Of these 41% responded ($n = 58$; 37 male, 21 female), with a mean experience of 10 years in applied practice. All ($n = 67$) BPS chartered psychologists who published their details on the BPS website and were members of the then Sport and Exercise Section were approached. Of the ($n = 14$) BPS respondents, ($n = 8$) were also BASES accredited; only ($n = 6$) were solely accredited through the BPS.

Instrumentation

The Practitioner Self-Awareness and Support questionnaire (PSAS) is a 21-item instrument in two parts. Part One used the two most important factors of self-insight and self-integration from the CFI (Hayes et al., 1991; Van Wagoner et al., 1991). Within each factor, the top seven items were chosen, with an expert rating of 4.2 or higher on a five-point Likert scale of importance for the successful management of countertransference. The stem was changed to assess the importance sport psychology practitioners attach to these characteristics in their applied practice. Internal consistency was computed with Cronbach's alpha, which revealed values for self-insight of .84 and for self-integration of .65. While noting the lower alpha values than in the original study (self-insight .91; self-integration .91, Van Wagoner et al., 1991), these levels remain within acceptable limits.

The following instructions were used:

Below are a number of statements that relate to how you manage yourself in your practice. Please reflect on the importance of each of these to your own practice, and highlight one option from the five alternatives presented:

How important is it that you . . .

1. Sort out how your feelings relate to client's feelings.

A five-point Likert scale between 1 (*not important*) and 5 (*very important*) was applied to each statement.

Self-Insight (Items 1-7). Van Wagoner et al. (1991) defined self-insight as “the extent to which a therapist is aware of one’s own feelings and understands their basis” (p. 412). This was encapsulated by items 2 “have the capability to reflect on your feelings” and 3, “have awareness of your personal areas of unresolved conflict.”

Self-Integration (Items 8-14). Self-Integration focused on the therapist’s sense of self and security in him/herself. From a humanistic perspective, this might be described as the ability to operate from an adult position and be able to meet one’s own needs as well as those of others (PSAS item 9). Managing “your need for approval” (PSAS item 14) is a good example of self-integrated behavior.

The PSAS Part two focused on the mechanisms practitioners used to develop and manage self-awareness and reflected current practice within counseling and psychotherapy where the mechanisms of individual therapy and supervision are at the heart of professional practice (Rowan & Jacobs, 2002). The PSAS Part two aimed to access current sport psychology practice in respect of these mechanisms. Items 15 to 18 used a five-point Likert scale between 1 (*never*) and 5 (*always*) to rate how frequently they used a variety of strategies to manage their personal and professional issues and thus develop self-awareness. Items 19 and 20 asked their actual frequency of use of professional supervision (19) and personal counseling or therapy (20) over the preceding 12 months. The five-point scale used for these questions was “0; 1-5; 6-10; 11-15; more than 15 times.”

Item 21 asked respondents to identify the frequency of supervision they believed appropriate during initial training, prior to professional accreditation, and after professional accreditation. The five-point Likert scale used was between 1 (*never*), 2 (*when needed -ad hoc*), 3 (*monthly*), 4 (*every other week*), and 5 (*weekly*).

Procedure

The questionnaire was piloted using 5 BASES accredited sport psychologists and 5 sport psychology Msc. students. Their feedback resulted in no change to part one and a modification to part two whereby a greater emphasis was given to the methods practitioners used to support themselves. Contact details for the BPS and BASES accredited UK sport psychologists were supplied by the BPS website and the BASES office. Participants were initially e-mailed with the covering letter (that also acted as the research participant information sheet), outlining the purpose of the research and requesting their assistance. The consent form and questionnaire were

also included. These were all followed up by postal questionnaires that included stamped addressed return envelopes. All printed questionnaire returns were index numbered to avoid duplication in data processing. All questionnaire responses and Likert scales were coded numerically to allow for statistical analysis.

Data Analysis

Demographic and other personal data was also recorded and numbered to indicate categories. All data was initially entered onto Excel for computing the adapted CFI factor scores prior to being entered into the Statistical Package for the Social Sciences (SPSS). This paper seeks to present an audit of current practice among a sample of UK sport psychologists. Part one was analyzed using means, standard deviations, and medians to ascertain perceived attitudes toward professional practice. Internal consistency for part one was established by calculation of Cronbach's alpha values for self-insight and self-integration. Part two was analyzed using percentage frequencies and medians to establish the variety of behaviors currently employed by sport psychology practitioners.

Results

Table 1 shows Self-Insight and Self-Integration scores by item and the subscale means of ($M = 3.9$) for self-insight and ($M = 4.0$) for self-integration. The participants rated both of the subscales as important ($Mdn = 4$). Within the self-insight subscale, the highest rated items were "Have the capability to reflect on your feelings" ($M = 4.2$) and "Understand how your feelings influence and motivate you in your client work" ($M = 4.2$). Within Self-integration, "Distinguish between client's needs and your needs" rated ($M = 4.7$) and "Recognize boundaries between yourself and others" rated ($M = 4.5$).

Tables 2 and 3 show the results of part 2 of the PSAS that focused on patterns of usage of professional supervision, individual therapy, and other means of personal and professional support. The results from items 15 and 16 (Table 2) show that professional issues arose occasionally ($Mdn = 3$) and personal issues arose seldom ($Mdn = 2$). Practitioners responded to these professional and personal issues in very similar ways.

When personal issues arose, practitioners occasionally ($Mdn = 3$) took them to professional supervision, never ($Mdn = 1$) worked on them in individual counseling/therapy and often ($Mdn = 4$) worked them out on their own or talked to professional colleagues. The sampled sport psychologists often ($Mdn = 4$) kept personal issues separate from their professional practice. The median responses for professional issues were identical to those for personal issues as set out above.

In relation to the frequency of professional supervision (Table 3), while 13% used professional supervision more than six times, 87% used it five times or less, and 36% received no professional supervision at all during the past 12 months. Personal counseling or therapy was not used at all in the past 12 months by over 70% of participants.

Table 1 PSAS Part 1: Importance Attached to Self-Insight and Self-Integration (Items 1-14)

Subscale	Item	M	SD	Mdn	Range
Self-insight	1. Have awareness of your own feelings elicited by clients.	3.8	1.2	4	1-5
	2. Have the capability to reflect on your feelings.	4.3	0.8	4	2-5
	3. Have awareness of your personal areas of unresolved conflict.	3.6	1.3	4	1-5
	4. Have awareness of fantasies triggered by client.	3.5	1.2	4	1-5
	5. Recognize own negative feelings.	4.0	1.0	4	1-5
	6. Understand how your feelings influence and motivate you in your client work.	4.2	0.8	4	2-5
	7. Are willing to consider yourself as a possible impediment to the client.	4.0	0.8	4	2-5
	Total	3.9	0.7	4	1.9-5
Self-integration	8. Sort out how your feelings relate to client's feelings.	3.5	1.1	4	1-5
	9. Distinguish between client's needs and your needs.	4.6	0.7	5	2-5
	10. Restrain from excessively identifying with client's conflicts.	3.8	1.1	4	1-5
	11. Recognize boundaries between yourself and others.	4.5	0.9	5	1-5
	12. Possess a firm observing ego.	3.3	1.2	3	1-5
	13. Possesses a stable sense of identity.	4.0	0.8	4	2-5
	14. Manage your need for approval.	3.7	0.9	4	1-5
	Total	4.0	0.6	4	2.6-5

Note. 1: Not important, 2: Slightly important, 3: Somewhat important, 4: Important, 5: Very important.

Table 2 PSAS Part 2: Practitioner Personal and Professional Support Responses (Items 15-18)

Item	Responses by Percentage					Median
	Never	Seldom	Occasionally	Often	Always	
15. How often do personal issues arise that affect your practice?	3	50	43	2	2	2
16. How often do professional issues arise that affect your practice?	2	26	57	16	0	3
17. When/If such personal (Item 15) issues arise, how do you support yourself in addressing them?						
a. I work it out on my own.	2	9	35	49	5	4
b. I talk to professional colleagues.	3	9	37	47	4	4
c. I take it to professional supervision.	25	21	31	21	2	3
d. I work on it in individual counseling/therapy.	59	31	4	4	0	1
e. I keep personal issues separate from my professional practice.	2	4	8	56	30	4
18. When/If such professional (Item 16) issues arise, how do you support yourself in addressing them?						
a. I work it out on my own.	4	11	34	48	3	4
b. I talk to professional colleagues.	2	2	14	66	16	4
c. I take it to professional supervision.	20	20	26	30	4	3
d. I work on it in individual counseling/therapy.	60	30	8	2	0	1

Table 3 Part 2: Practitioner Frequency of Use of Professional Supervision and Personal Counseling (Items 19-21)

Item	Responses by Percentage					Median
	0	1-5	6-10	11-15	>15	
19. How many times have you received professional supervision for yourself in the past 12 months?	31	50	14	3	2	1-5
20. How many times have you received personal counseling/therapy for yourself in the past 12 months?	74	15	9	2	0	Never
21. Do you believe that professional supervision is important for practitioner self-management in your field of work?						
a. During initial training	Never	When Needed Hoc	Monthly	Every Other Week	Weekly	Median
	0	10	38	26	26	Every Other Week
b. Prior to professional accreditation	0	24	57	19	0	Monthly
c. After professional accreditation	0	71	24	5	0	When Needed

Practitioner Beliefs Around Supervision

A range of beliefs was reported for appropriate supervision levels. Supervision was advocated every other week during training ($Mdn = 4$), on a monthly basis prior to accreditation ($Mdn = 3$), and on a “when needed – ad hoc” basis after accreditation ($Mdn = 2$).

Discussion

This research aimed to explore two questions. First, how important was self-awareness and specifically countertransference management to UK sport psychologists? Second, what mechanisms did they use in practice to support and develop their self-awareness and countertransference management? The results from part one of the PSAS suggest that sport psychologists attached importance in their practice to the items on the self-insight ($M = 3.9$) and self-integration ($M = 4.0$) subscales (Mdn for both = 4: Important). These subscales can be used as indicators of practitioner attitudes to self-awareness and countertransference management (Hayes et al., 1991; Van Wagoner et al., 1991).

The 33 countertransference experts in Hayes et al. (1991) attached a mean importance of ($M = 4.5$) to both factors of self-insight and self-integration, as measured by the top seven rated items that were used in this research. The higher means given by the 33 experts is perhaps explainable by the greater attention given to countertransference management and self knowledge in psychotherapy training and practice. Nevertheless it is still clear that the sport psychologists surveyed held attitudes in this area that are consistent with recommendations in the sport psychology and psychotherapy literature, that self-awareness is important in applied practice (Giges, 1998; Hayes et al., 1991; Petitpas et al., 1999; Streat & Streat 1998; Van Wagoner et al., 1991).

However, close scrutiny of the results from part two raises a number of questions around the consistency between theory and practice. Despite Anderson et al.'s (2004) assertion that “The use of a supervisor within reflective practice fits comfortably with the recognized need for appropriate supervision and mentorship for practicing applied sport psychologists” (p. 195), the data indicated that UK sport psychologists did not have regular and frequent supervision. Thirty-three percent of the sample had never received professional supervision, and 50% had received supervision between one and five times in the past 12 months. Importantly, these results when looked at in combination with the recent findings from the USA (Watson, Zizzi, Etzel, & Lubker, 2004), that less than 10% of the certified sport psychologists sampled were receiving supervision, highlight this as a potentially universal concern. This raises the concern that many sport psychologists in both the USA and the UK operate without the professional challenge, support, and safety net that supervision can provide. Moreover in consideration of items 15 and 16, it is surprising that personal (item 15) and professional (item 16) issues were reported as having a limited impact on their practice, which could be interpreted as symptomatic of having a lack of self-awareness. It could be hypothesized that with more frequent supervision, self-awareness would be heightened and these responses might be different (Andersen & Williams-Rice, 1996; Pocwardowski et al., 1998; Van Raalte & Andersen, 2000).

In addressing both personal and professional issues, the sport psychologists placed a high reliance on themselves: “I work it out on my own” (Mdn = often) for personal issues (Q17a) and (Mdn = often) for professional issues (Q18a). While self-reliance is a vital skill for all psychological practitioners, resolving personal and professional problems in isolation gives us cause for concern, especially when combined with the low usage of supervision and individual therapy. In this setting, it is difficult to see how complex and subtle practitioner issues such as countertransference and over-identification can be satisfactorily moderated to reduce their negative impact on clients.

The support method most frequently used for professional (Q18b) issues was the informal network of talking to “professional colleagues” (Mdn = often). Personal (Q17b) issues were also frequently addressed in this way (Mdn = often). While further research would be helpful to explore the nature of these informal networks, we might conjecture that they are in part indicative of the groupings of sport psychologists that centre on university sport science and psychology departments (60% of respondents to the research were based in institutions of higher education).

Informal discussions with professional colleagues are clearly an improvement on the purely stand-alone approach as they give a second opinion about an issue, take the practitioner out of isolation, and may provide new ideas in relation to interventions. However, this approach is completely inadequate as a foundation for ensuring ethical practice in relation to self-awareness as its efficacy is undermined by several factors. First, frequency of contact is a factor. In an informal setting this is influenced by whether practitioners raise an issue and if a colleague is available for discussion. Second, the skills, training, and personality of the colleague is an issue. In particular, this relates to the psychological skills needed to identify and work with a colleague’s self-awareness and countertransference management. Peer supervision in counseling and psychotherapy can be effective when both parties are trained in working with countertransference and already bring well-developed self-awareness (Rowan & Jacobs, 2002); in sport psychology, this is unlikely to be the case. Third, the type of relationship that exists between the two practitioners is a factor. Unless both have had previous experiences of exploring and sharing their personal issues, it is unlikely that a relationship can develop that encourages discussion at this level.

This informal peer support approach is matched by 71% of respondents who believed that ongoing professional supervision is only needed on a “when needed, ad hoc” basis. Yet the whole point of professional supervision is not just to provide a first aid service when a practitioner is struggling, but to provide a robust framework of challenge and support that nurtures the practitioner’s ongoing development and ensures effective professional practice. Any model that implicitly or explicitly suggests that practitioners are finished with supervision after accreditation ignores the reality of human thought, emotion, and existence: We continue to struggle with our self-awareness and countertransference for as long as we practice (Hayes, 2004).

Seventy-four percent of sport psychologists had never engaged in individual counseling or therapy in the past 12 months. Clearly, individual counseling was not a regular part of most sport psychologists’ professional practices. In most frameworks of individual counseling and therapy, it is unethical to practice without having engaged in some form of regular personal therapy (Rowan & Jacobs,

2002). It would be a step too far to suggest that sport psychologists are unethical if they have not undertaken their own path of self-discovery through counseling, but it is an anomaly that counseling and psychotherapy currently have a limited part to play in sport psychology training and practice. The absence of counseling and psychotherapy within the typical culture of sport psychology makes self-awareness and countertransference management more difficult

Introducing counseling or therapy into training or CPD may have been problematic in the past, as it would have run counter to the historical culture of sport psychology in this country. UK sport psychology has been based firmly in the sport science departments of universities and has been guided by the principles of quantitative and quantifiable positivist science (Martens, 1987) with until recently (Anderson et al., 2004) little emphasis on self-examination and reflection. The positivist approach would have been mirrored by the historical cultural resistance to receiving counseling and therapy in the UK, where according to research commissioned by the British Association for Counseling and Psychotherapy (BACP, 2004), the stiff upper lip represented the cultural norm until the middle and latter parts of the twentieth century. However, this research has evidence of a change in attitudes toward self-examination and emotional expression; 9 out of 10 respondents believed that it is more acceptable to talk about problems today than in the past, and 83% of respondents either have had, or would consider having, counseling or psychotherapy. Additionally the growth in usage of life coaching and management coaching in the UK ("Winning Ways," 2006; Jarvis, 2005), both forms of outcome focused counseling, show a much greater acceptance for accessing counseling in a variety of settings.

This change in climate should allow the sport psychology governing bodies and university departments to recognize this cultural opportunity and theoretical imperative to take a lead and embrace counseling and psychotherapy as a means to greater self-awareness and safer practice.

Recommendations

The introduction of general counseling sessions could initially be made available as an "encouraged" option for trainee sport psychologists at the Postgraduate level, as a part of a professional practice module that could include reflective practice. This option could turn to a requirement as the culture evolved and self exploration became more accepted within sport psychology. Levels of acceptance are important as counseling is a process in which the client's active involvement is a requirement for any useful outcome. Another possibility would be to require all trainee sport psychologists to receive a number of individual sport psychology sessions. This would give the trainee an experience of being a client in a sport psychology relationship, as well as the possibility of developing some self-awareness in a sport context. Trainees are likely to be more motivated to engage in these processes and to receive benefits for themselves and their chosen sporting activities.

In order to provide effective psychological supervision, supervisors need to be trained in identifying and working with their supervisees' self-awareness and countertransference management. Such a training program would increase the sophistication of the supervision being offered to cover both the supervisee's self-awareness and their programs of sport psychology intervention, thus raising the quality of

service provided to athletes (Andersen & Williams-Rice, 1996; Pocwardowski et al., 1998; Van Raalte & Andersen, 2000; Watson et al., 2004).

Post-accreditation supervision could be piloted with volunteers initially. Detailed consideration would need to be given to (a) the availability of potential supervisors who were both BASES accredited and trained in psychological supervision; (b) whether group or individual supervision was offered; (c) the model(s) and scope of the supervision; (d) how supervisor/supervisee relationships fitted in with, or were separate from, existing academic departmental hierarchies and relationships; (e) frequency of supervision required; (f) payments to supervisors and costs to supervisees. Review and feedback after an initial pilot period could then be used to develop the program and ensure that it met the needs of practitioners and supervisors in providing a better client service.

Sport psychology is an evolving profession in its infancy, with fewer than 250 BASES and BPS accredited applied practitioners in the UK. Over the past 10 years, sport psychology in this country has become more open to ideographic study (Sparkes, 1996, 1998, 2002), case study approaches (Anderson et al., 2002), and the importance of self-reflection (Anderson et al., 2004). The profession now has an opportunity to further evolve by initiating programs of supervision and increased practitioner self-awareness and thus be in the forefront of the helping professions in ensuring psychological excellence and integrity in its practitioners.

Limitations

This study focuses only on sport psychologists and lacks detailed comparisons with other applied psychological practitioners. Future research should include these populations to foster comparisons. The term “sport psychology” has been used throughout and is intended to include exercise psychology. A limitation of this approach is that there are aspects of exercise psychology that are distinct from sport psychology, however, in terms of countertransference management and self-awareness, we believe the practitioner requirements are the same.

Future Directions

Future work could focus on defining and developing the provision of supervision that covers both technical and psychological supervision. There are several questions that need to be answered: First, where can practitioners go now to access psychological supervision? Second, what is the training route for sport psychologists to become skilled enough to offer psychological supervision? Third, what contribution to sport psychology practice can be made by supervisors whose background is in psychotherapy and counseling psychology? What training might they require to become more skilled to address the sport specific domain of sport psychology?

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