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The Challenge to Care in a Premier League Football Club.

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Keywords; Care; Elite Football; Coaching; Noddings; Micro-Politics

The Challenge to Care in a Premier League Football Club.

Elite men's football in the UK has previously been portrayed as a harsh and competitive micro-political environment. This environment has been described as 'uncaring'. Paradoxically, care has been identified as an essential aspect of coaching pedagogy. Thus, this study drew upon the experience of a case-study strength and conditioning coach to explore care in a Premier League Football Club. Specifically, a naturally occurring reflective diary served as a primary data source. Findings revealed that the coach '*cared for*' an athlete through a 'rules based' approach, which thus far has not been described within coaching research. The narrative presented also suggested that care was constrained by the competitive context in which the coach operates. This context requires coaches to '*care about*' results, and the associated implications for their own careers and other individuals around the club e.g. staff and supporters. Thus, this caring relationship was situated and influenced by wider contextual influences. This study should prompt significant consideration by coaches who might examine how their care is influenced by social, economic and micro-political factors, whilst simultaneously providing novel insights for coaching researchers who may further consider 'rule based' approaches to care.

Keywords: Care; Elite Football; Coaching; Noddings; Micro-Politics

Introduction

In 1988, Nel Noddings drew on feminist theory, to argue that care should be at the heart of relationships between teachers and students. Noddings' seminal work argued that caring relationships, which are nurturing, shared, dialogic and maternal, are essential to pedagogical activity. Previously, care was typically associated with female dominated areas such as nursing and had not been appreciated outside those domains. More recently, a small number of studies has similarly identified caring relationships in sport coaching (e.g. Annerstedt & Lindgren, 2014; Jones, 2009). Given their pedagogical role (Armour, 2014), it is perhaps not surprising that coaches have caring relationships with

their participants. For example, Knust and Fisher (2015, p. 99) describe how exemplary US college coaches:

Saw their role as a caring transitional parent, someone who took responsibility for the growth and development of young adults during the period of time they had influence over them.

This thinking influenced Cronin and Armour (2015) who explored the experiences of elite youth coaches, and argued that due to the pedagogical role of coaches, care should be an essential aspect of youth performance coaching. Moreover, that article posited that care is situated within the broader world that coaches inhabit. This point has recently been reinforced by a report, which following media accounts of high profile scandals, has questioned the caring practice in elite sport in the UK (Grey-Thompson, 2017). Grey-Thompson's report argued that caring practice needs to be reviewed because it is essential that high performance cultures put "people – their safety, wellbeing and welfare – at the centre of what sport does" (Grey-Thompson, 2017, p. 4).

The elite football (soccer) environment in the U.K. has been viewed as a challenging context to work within. Ethnographic studies have provided relativist tales wherein football coaches have experienced difficult and unpleasant working relations with colleagues (e.g. Morton, 2014). For instance, a case study has portrayed the elite adult football context as "cut-throat, competitive, and at times uncaring" (Potrac, Jones, Gilbourne, & Nelson, 2012, p. 79). Elite male football has also been described as an arena dominated by traditional values, characterized by authoritarianism, hierarchical deference, and masculinity (Cushion & Jones, 2006). Roderick (2006) similarly describes elite football as competitive, volatile and ruthless. Furthermore, authors have alluded to the notion of 'micro-politics', whereby individuals contend with organizational contexts that are vulnerable to frequently conflicting motivations,

ideologies and goals (Ball, 2012; Kelchtermans & Ballet, 2002; Potrac, Jones, Gilbourne, & Nelson, 2012). Calculating ‘power-plays’ have been identified between staff members and in some cases these have led to conflict (Potrac & Jones, 2009; Potrac, Jones, Gilbourne, & Nelson, 2012; Thompson, Potrac, & Jones, 2013). As such, the day-to-day environment in football has been described as ‘volatile’ for staff such as coaches, who are often not on secure or lucrative contracts (Morton, 2014). It therefore appears that there may be a paradox in elite adult football, in that caring relationships are important in elite sport (Grey-Thompson, 2017; Annerstedt & Lindgren, 2014; Knust & Fisher, 2015), yet case studies (e.g. Thompson, Potrac, & Jones, 2013) allude to a harsh, competitive, and micro-political world. This paradox is further reinforced by Roderick and Schumacker (2017, p. 171) who lament that at many football clubs it is likely that “there’ll be no professional care”.

This paper explores the paradox of how coaches care in elite football. It does so through a case study that uses an interpretivist approach to describe and analyse the problematic experiences of a strength-and-conditioning coach who worked with an injured athlete. Strength and conditioning coaching is a common practice in elite sport and is primarily concerned with the physical development of athletes. Although largely informed by physiological and biomechanical disciplines, strength and conditioning coaches have social interactions with athletes and work in power laden and complex coaching contexts (Gearity & Mills, 2012). With this in mind, the forthcoming narrative is situated within the micro-political world of a Premier League Football Club and, therefore, contributes to literature committed to sharing ‘real world’ accounts of practice. Moreover, by situating care theory within the challenging everyday micro-political ‘realities’ of elite football coaching, the discussion that follows provides a novel and critical consideration of care.

Theoretical Framework: Noddings' Care Theory

As mentioned above, Noddings' care theory has been used by researchers to explore care in coaching. For instance, Cronin, Walsh, Quayle, Whittaker, and Whitehead, (2018) recently drew upon Noddings' care theory to illustrate caring in netball settings that aim to increased participation levels. Knust and Fisher (2015) utilised Noddings' work to explore the practices of coaches in high performance sport setting. These authors, and others, have drawn upon several key concepts from Noddings work. Firstly, Noddings' (1988, p. 219) '*caring for*' concept, utilises a feminist approach to conceive of care as a nurturing relationship where a carer (e.g. a coach) shows devotion and a desire to serve the "needs, wants, and initiations of the" cared for individual (e.g. an athlete). More specifically, Noddings argues that '*caring for*' involves a carer providing sustained attention and empathetic concern to a cared for individual. Noddings (2013) terms this sustained attention, *engrossment*. Secondly, Noddings (2013) argues that caring for an individual requires *motivational displacement*. Motivational displacement occurs when a carer has both the desire and capacity to serve the needs of the other, even if the needs of the other conflict with the carer's own desires. Finally, *reciprocity* is central to Nodding's relational notion of a caring. Specifically, care can only be confirmed when the 'cared for' receives and acknowledges it. At the simplest level, reciprocity can occur through a smile, or 'thank you'. While simple, such actions are nonetheless important because they confirm the relationship as caring, consensual and the care as welcome. Thus, through these concepts, Noddings characterises '*caring for*' as a relational, dialogical, nurturing activity that focuses on the needs of the cared for.

In addition, to the 'caring for' concept, Noddings' also advocates '*caring about*' as a different form of care. For Noddings, caring about involves concern and can be an emotional activity. Nonetheless, 'caring about' an individual or an entity does not have the sustained attention associated with engrossment or the committed actions associated with motivational displacement. Moreover, caring about may be a somewhat distanced and limited concern and thus the relationship between the carer and the one or thing care about, may not be dialogical or reciprocal. In her broader work Noddings (2002a; 1999), argues that caring about is important. She provides examples where individuals may care about people who suffer through disasters such as famine in foreign countries (Noddings, 1984). Through these examples, she illustrates that individuals may laudably donate to charity because they have an affective care about the people suffering. Nonetheless, 'caring about' those suffering can be a somewhat distanced and limited form of care when compared to the 'care for' approach that is enacted by aid workers and families 'on the ground' in these distanced countries.

Other perspectives on care such as Michael Slote's (2007) virtuous approach have also been developed. To date, however, these have not been utilised in coaching and thus, Noddings' care theory remains the predominant theory used in coaching research. This is not surprising because the dyadic and affective relationship that Noddings' advocates, has many parallels with extant coaching research. For instance, Jowett's coach-athlete relationship dyad model (2007) promulgates the importance of communication and closeness between coaches and athletes. Similarly, much research has positioned coaching as a pedagogical activity (Armour, 2014; Cronin & Armour, 2015; Jones, 2006), and again this resonates with Noddings' conception of care. That said, while coaching research has explored dyadic caring relationships, elite sport coaching takes place in competitive micro-political contexts (Potrac & Jones, 2009).

Yet research has not explored how the contextualised sport coaching setting influences dyadic caring relationships. It is therefore important that this study examines how caring relationships, as conceived by Noddings, not only occur between players and coaches, but how these relationships occur within challenging situated contexts.

Methodology

The study was guided by an interpretivist approach that considers “the social world as complex and that people (e.g. coaches, athletes, and coach educators, researchers and their research participants), define their own meanings within respective social, political and cultural settings” (Potrac, et al., 2014, p. 32). From this perspective, a relativist epistemology that values individual meaning making, and temporal, situated and shared understandings was adopted. Additionally, a constructivist ontology that considers reality as local, and socially developed also informed the study. Consistent with these positions, we value the interpretations of participants and also that of the researchers. We are, however, simultaneously mindful of how our influence within the process could subsume the experiences of the participant. Accordingly, in the following section, data collection, analysis, and representation processes are outlined with acknowledgement of how our positions influenced the study.

Methods

A narrative case study approach is used in this study to both describe and elucidate caring in an elite sports coaching context. This approach is justified on the basis that case studies can provide empirically derived insights from complex social situations (Baxter & Jack, 2008; Flyvbjerg, 2006). Case studies have been used in both early and more recent psychological studies on coach-athlete relations (Jowett & Meek, 2000;

Lorimor & Holland-Smith, 2012). Likewise, Armour and colleagues (2014) utilise a range of case studies to illustrate the multidisciplinary nature of sport pedagogy. In addition, narrative approaches may provide thick description that can facilitate analytical generalisability wherein both researchers and readers use their natural attitude to consider the relationship between the case, context, and theoretical insights presented (Sparkes & Smith, 2009; Stake, 1995). For example, sociological and philosophical informed work has derived valuable insights from examining the experiences of case study coaches through narrative vignettes (e.g. Cronin & Armour, 2013; Kuklick, Gearity, Thompson, & Neelis, 2015; Norman & Rankin-Wright, 2016). Narrative case studies are therefore a useful means of generating knowledge about, and for, the complex world of coaching (Nelson, et al., 2013; Huggan, Nelson, & Potrac, 2015)¹. Moreover, much, though not all of this narrative case study work, has adopted an interpretivist approach, which is similar to this study and sees knowledge as co-constructed, and interpreted by participants and researchers within specific social environments (Altheide & Johnson, 1994).

The participant and background to the study

The genesis of this study occurred through a convenient sample prompted by an informal social interaction at a sport coaching conference between the authors and the participant; 'Dave' (a pseudonym). As part of an everyday 'lunchtime conversation', we discussed the latest football news. Consistent with the characterization of coaches as story tellers (Douglas & Carless, 2008), Dave began to share his experiences of elite

¹ For further details on the narrative turn in sport coaching, see Denison (2016), Douglas and Carless (2008), Smith (2010) and Smith (2016).

football. Dave's experiences were evocative and generated an empathetic and emotional response from the authors. Moreover, the story moved the authors and appeared to be both a convenient and critical sample that would add to extant coaching theory, and illuminate 'what is going on' (Sparkes & Smith, 2014) in the world of elite football coaching. At that point, Dave professed that the experiences were 'all written down' as part of his naturally occurring 'reflective diary', which he was willing to share.

Following the preliminary conversation with Dave, institutional ethical approval was sought and provided to explore the pre-existing diary as a source of data. At the time of the reflection, Dave was an accredited strength and conditioning coach with approximately seven years of experience and was working as the 'Lead Strength and Conditioning Coach' at a Premier League Football Club. Here, in conjunction with the other support staff at the club, his role involved working with injured players. In addition to his role at the club he was also completing a PhD in applied exercise physiology where his research related to the effectiveness of the wider training approaches used by the football club.

Data Collection and Analysis

Subsequent to informed consent, the participant provided the diary to the researchers. The document contained 30 pages and totalled 8725 words and recounted some of his experiences over a given season. Dave had completed the diary as part of his self-initiated continuous professional development. The reflective diary compiled by the practitioner used a dual-staged approach and was originally constructed using guidelines outlined by Knowles, Tyler, Gilbourne and Eubank (2006). Consistent with the interpretivist stance of this study, the diary was not a notation of his daily coaching

sessions. Rather it contained personal reflections upon critical incidents that Dave had deemed significant (Peel, Cropley, Hanton, & Fleming, 2013). The incidents contained clear narrations and provided subjective, temporal and situated accounts of practice that shed light on “underlying trends, motives and structures” (O’Gorman & Greenough, 2016, p. 812). It is important to note that these subjective accounts are not considered realist tales. Rather it is acknowledged that the diary is but one relativist account of an experience, which may have been viewed differently by others involved in the incidents.

Upon receipt of the diaries, data analysis commenced by using a collaborative approach as outlined by Buford-May and Pattillo-McCoy (2000). Specifically, the authors began analysis by individually reading and re-reading the diaries. During this phase, author 1 was immersed in the data and notes were made. Notes were made in the margins of the word processed text and were made using the comment function in word. These were attached to sections of text which author 1 deemed meaningful (Saldaña, 2013). Author 1 then summarised the notes at the end of the document. For example, the following section of text was noted as ‘reflection prompted by literature’:

part of my philosophy was always to design evidence based training interventions that I could measure accurately, to look at information objectively and to avoid ‘frilly’ types of training of course. Therefore ‘stream-lining’ training programmes to 3 or 4 key exercises done well, and reliable and valid measurements of progress was essential. At the time as part of my continued professional development I was also reading for a post graduate qualification and was therefore engaging with more academic literature that looked at a range of areas within training and recovery. In particular, I had come across a number of journal articles that looked at neuromuscular fatigue following different types of training. This prompted me to investigate Dave’s injury further.

In this manner, an emic approach influenced the study as the notes were grounded and bounded by Dave's experiences, but were influenced by the subjective interpretation of the researcher.

Following this first step, and consistent with collaborative methodology of Buford-May and Pattillo-McCoy (2000), notes were later shared in an initial dialogical meeting with Author 3. The meeting began with the question; "Do you see what I see?" The answer to this question was inevitably 'yes and no', and therefore the meeting continued by researchers sharing their understanding of what the participant experienced. This highlights the interpretative influence of the researchers. The meeting progressed to the point whereby researchers negotiated potential insights. The researchers pre-existing understanding of theory and practice guided this etic conversation. This conversation was "messy" because, inevitably, researchers examined data through their own theoretical lens and whilst much common ground was found, some concepts and interpretations were rejected in favour of those deemed to have greater relevance. For example, we considered whether Dave's story was primarily about a coach reflecting. We also debated whether the story primarily concerned micro-politics. The researchers debated these perspectives but did not fixate on them because although they are present in the piece, in the opinion of the researchers the issue of care had greater verisimilitude. This process generated a focus on care in a football world. This decision reflects the interpretative influence of the researchers. Other researchers may have interpreted the data differently, but nonetheless the findings reflect our double hermeneutic.

Using a progressive approach (Knowles, Borrie, & Telfer, 2005), two ‘inter-views’ (Schostak, 2005) with the participant were held. Consistent with the epistemology and ontology espoused earlier, these discussions were collaborative in nature and flexible in terms of content. The interviews were guided by the research aim of exploring the paradox of how coaches care in a football world and also by the data in the diary. For example, open questions were asked including; 1) can you tell me about your relationship with the player, 2) can you elaborate on when the injury reoccurred; and 3) what is your relationship like now? Author 1 who has a coaching background and author 3 who has a sport science and football background conducted the ‘inter-views’. This was deemed appropriate because author 1 has theoretical knowledge of care in coaching, while author 3 has experience of strength and conditioning in elite level football. The interviews provided opportunities to gather information about Dave’s sporting and employment background. Additionally, they provided space and time for Dave to elucidate further his understanding of the incidents. Data generated through the interviews were added to the diary and developed a larger corpus of data that contributed to the construction of the narratives to come. On average, the two discussions lasted 93 minutes. Contextual description and critical explanation that was not explicit in the existing diary was gained during these interviews (Purdy & Potrac, 2014). In this way, Dave as a situated individual, continued to reveal and make sense of his experience alongside the research team.

Following each ‘inter-view’, the researchers repeated the collaborative approach of Buford-May and Pattillo-McCoy (2000) by author 1 individually analysing the interview data and then meeting to share notes. Data was once again analysed using a coding process where author 1 identified meaningful units of text and wrote theorising

comments in the margins (Saldaña, 2013). Once again, the notes were brought to a meeting where the interpretations of author 1 were critically discussed and potential theoretical explanations of care were advanced. For example, the following section was discussed under the notion of ‘multidisciplinary caring’:

The new guy took on the role of overseeing the conditioning of the injured player. I watched from afar and noticed that he was doing huge volumes of training, lots of jogging outside, weights 5 times a week and as it progressed more and more speed and agility drills (without the ball). I must admit, I thought it was good. Simple but effective. Before we had lots of staff trying to make their own stamp on the programme. The amount of people trying to stamp their authority tended to increase as the profile and value of the player increased! And they did not really know what impact their session had on another person’s session.

At this point, the researchers felt Noddings’ concepts provided insight into Dave’s case. In this manner, and following consideration of the diary and interviews, the researchers generated three collaborative and consensual conclusions (to follow), which again reflects the double hermeneutic role of the researchers. These themes were shared with the participant as part of a member reflection process (Smith & McGannon, 2017). This was not an attempt to verify and check themes with an objective notion of validity in mind, rather it was a collaborative opportunity to elucidate any further points. Indeed, the participant did add extra description of his relationships with players e.g. describing a night socialising with the player. Thus, although the study began with a coincidental encounter, it continued through meaningful and purposeful interaction, where both the researcher and the participant co-created knowledge by drawing upon the skills, interpretations and experiences of the other (Guba & Lincoln, 1994).

Representation of the data and ethical considerations

With brevity, clarity and connectedness in mind, the authors constructed the four narrative vignettes to represent Dave's experiences. This was done, in order to reduce the large corpus of data to salient and pertinent themes, while simultaneously retaining description of character, plot and context as features that help readers to connect with Dave's story. The vignettes are largely based upon Dave's diary but do contain edits, clarifications, and elucidations aimed to tell Dave's experience. Such an approach to representing diaries is not new (Knowles, Katz, & Gilbourne, 2012) and is consistent with other work that argues narratives are an effective means of representing complex and situated experiences (Gilbourne, Jones, & Jordan, 2014; Smith, Tomasone, Latimer-Cheung, & Martin Ginis, 2015). Nonetheless, it is important to note that although Dave's story is presented through his voice, the researchers are omnipresent in representing his story. What was included and what was not included from the diary, was a decision made by the researchers, and reflects the research aim to explore the paradox of how coaches care in a challenging social context.

From an ethical perspective, it is pertinent to note that institutional approval was sought and provided to utilise the diary, conduct the interviews and represent the story. Key to this was a recognition that the story is not solely Dave's, nor the authors, but also features other characters e.g. players, fellow coaches. Anonymity was therefore ensured for Dave and others by using pseudonyms and obscuring some information e.g. the size of the club, the outcome of the season, medical details etc. Dave, confirmed his satisfaction with the use of pseudonyms and obscuring identifiable data as part of the member reflection process.

The findings and the discussions that follow the vignettes explicate three theoretical themes which are derived from analysis by researchers. Between the

narratives and the discussion, researchers acted as both storytellers (the narratives) and story analysers (findings) (Sparkes & Smith, 2014; Holley & Colyar, 2009). Once again, the study embraces a double hermeneutic wherein researchers make sense of a participant who also makes sense of his own experience. Mindful of our subjectivities, the authors urge readers to embrace the text as connoisseurs that cast a sceptical eye on the relativist tale and interpretation that follows, while simultaneously being open to the perspectives provided (Sparkes & Smith, 2014). In this sense, readers may judge the paper using their own natural attitude and consider the relevance of care concepts to their own words (Smith, 2018).

The Narrative Vignettes; Dave's Story in his voice

The player was now 5 months' post operation and was on course to make a return to play in the coming months. Over this period, we had spent a lot of one-on-one time together. We shared common interests, funny stories and 'banter' in between the countless reps and sets in the gym. Trips to the local swimming pool in his 'high-end' footballers' car blurred the lines between my usual professional interactions with a player. We listened to music on the way to the leisure centre and chatted in the reception area over coffee when we were done. I was even invited on a night out with him and his mates, something that was typically frowned upon by the other non-playing staff. But, the amount of time we had spent together meant that our relationship was different to that of other players in the team who I saw every day, yet knew nothing about. I could call him a 'friend'. We had been on a long journey, from the operating table, through some uncertain times to a place where there was now light at the end of the tunnel.

Usually with a 'high profile player' like this, there is a bit more pressure to get him back playing as soon as possible. A group of the medical and sports science staff who had been working with the athlete met up to discuss his progress and to plan for the next training cycle. As the meeting started, this time it felt different, there was a bit more urgency than normal. Probably because we were close to the bottom of the league and he was arguably our best player up until he got injured. During the meeting, it was decided that whilst a number of different types of training would be used, the focus in the next 4 weeks was to work on strengthening through three 'resistance-training' sessions each week. It was also important to rebuild the muscle on the injured side that had been lost as a result of the reduced amount of training he had done in the recent months.

The first few sessions of the new training cycle in the gym went really well, the volume and intensity had progressed gradually from the previous cycle and his technique and form were still good. Unfortunately, in the second week the player reported to training with a swollen joint. This was a problem as it meant that all training load had to be stopped until the swelling had subsided, thus, reducing the training time and elongating the recovery process. At this point, a staff meeting was called to understand why this was happening. Going into the meeting, I was afraid, it might be me? I could be the scapegoat in this situation. Sure enough, as I was walking into the meeting room I heard a murmur from the back "it's them bloody 'squats'". I chose to pretend not to hear by attending to an email on my phone. I began questioning myself, did I increase the training too much too soon? But, then again it could be any number of things. As everyone finished shuffling into the room the head of department began to discuss the potential causes of this reaction to the training programme. Physios, sports scientists, strength, and conditioning coaches discussed the many variables in the

training programme that could be at fault. Considering that we just changed about 6 of them in the past 2 weeks it was difficult to pinpoint the problem. We introduced the player to training with the football coaches again too, which is by its very nature an uncontrollable and unpredictable environment. One of the physios began to argue it was the gym training; “I’ve seen it before, the squatting was the cause of most problems”. It was difficult not to take it as a personal insult, but without any further ‘evidence’ for this claim, the resistance-training got removed from the programme with not much interrogation.

As the strength-and-conditioning coach, I was in charge of the resistance-training component of the programme, so I knew that if anyone should counter this assumption it should have been me. I should have stood up for myself! But I had learned that if a junior member of staff spoke ‘out of turn’, questioned someone in a higher position, or even suggested that they might be ‘wrong’, then you better watch out as you would soon ‘know your place’. This would usually mean that any autonomy that you had would be removed to let you know that they weren’t happy. There would be no invite to the next planning meeting, or you would be landed with a list of diminishing ‘odd jobs’ to do. This was a way of making sure people knew where you stood in the pecking order. I had realised that in this club, the blame culture usually involved a fall guy. In most situations, the loser was someone who was lower in the food-chain. You are particularly vulnerable if you don’t fit in with the crowd, or conform to the social norms and ‘banter’ of the other staff. The industry’ cultivates this culture. If we lose enough games the manager will get the sack and the support staff can change very quickly. So I reverted to the default position that I had been maintaining for some time

know. I kept my mouth shut. Staying ‘under the radar’ was sometimes the best approach. But, I knew there was more to it than this simplistic answer.

Responding

Instead of making a rant at a senior member of staff in a meeting with absolutely no evidence, I decided to look back at the organisation of training and the training load from the previous weeks. That evening when I went home, I decided to look back at the information we had collected on the player from the previous weeks. We had been collecting copious amounts of data on sleep quality, player perceived exertion, soreness scores, heart rate data and metrics such as distance ran in training. I too had kept detailed records of what he was doing in the gym and was constantly checking his other data on a daily basis. Looking at all of the data in one go can be little overwhelming, so I concerned myself with the simple data first, how much was he lifting in the gym? Did this suddenly increase? How much volume of training was he doing elsewhere, did it dramatically increase? From this, I could see the athlete had undergone a linear periodisation of resistance-training load across the previous 4 weeks with no adverse reaction. Therefore, the problem is not likely to be the resistance training. It took me most of the night but after looking back at the other training it was apparent that the organisation of training had got ‘shuffled’ due to last minute changes with the ‘first team’ and also the duration of sports training with the football coaches was significantly higher than what we originally discussed. An easy mistake I suppose when there are multiple staff and players from 3 different teams working in the same environment each day. So it appeared the effusion could have been because of an increase in overall ‘training-load’ from other elements of the programme or the way the training was organised.

The morning after my evening of retrospective number crunching, I approached the head physiotherapist at breakfast. He was an approachable person and was what I would call a 'numbers person'. Typically he was interested in data and what was more, he didn't get involved in the 'micro-politics', which was good. And so, I suggested that instead of cutting out the resistance-training completely we could re-organise the training so that the 'resistance-training' component would always be secondary in the day and we could prioritize the other training. When I showed him what I had been looking at the night before he was open to the idea that it was perhaps the sudden increase in training volume and not the 'bloody squats' per-se. This would also give the athlete the maximum amount of time (~4 to 5 hours) to rest and (or) get the effusion down (if he gets one). It was a win-win and he agreed to go with my idea. The following week we implemented our new training system. In the new organisation of training, I publicized that the training volume, and duration of training were paramount. I also highlighted that if it was a 45 minute session then it should be a 45-minute session! The following week the player reported to training and adhered to the next training arrangement. Lo and behold, the player had no adverse effects and reported feeling great. For the next few weeks, everything was going according to plan until disaster struck.

Five weeks later

He looked sharp, leaner than ever before and he could not wait to get back playing. We decided that we needed to conduct a formal battery of fitness tests to see where he was in comparison to when he was fit. Following the assessments and a look at the data it appeared almost all testing scores were close to what they were prior to injury. Whilst the majority of results were 'good' and he looked like he could go back playing, the strength assessments showed us that the muscles on the injured side were still not

completely right. This was taken into consideration by the medical team and it was recommended that he should start to progressively train with the main group of players but continue to strengthen his leg twice per week for the next 4 weeks

At the next resistance training sessions he arrived into the gym session clearly exhausted from the morning training session with the football coaches. So I said, “go and have a break, play some darts, chill out for an hour or so and come and get me when you’re ready to start, I’ll be in my office”. I could sense that his mind was on returning to full fitness and getting on the pitch. It was not on doing gym work. Eventually, he popped his head into my office, showered, shaven and ready to go home. I said “are we not doing a weights session”? He replied sheepishly, “sorry can I give it a miss, I’m really tired from this morning’s session and I’ve got to go and meet the misses”. Reluctantly, I knew ‘the horse had bolted’. His mind was elsewhere and I said, “ok but you must make the session on Thursday”. It felt like he had moved on now, and was in a different mind-set where he was ready to go back into full time training with the 1st team on a daily basis. On Thursday, he turned up for our agreed session in the gym. We were doing our normal strengthening exercises, but he could only do 2 reps. He said he was tired. Previously he could do 6-8 reps with good form and through full range. So, at lunch I asked the training analyst, how long was the session this morning? The 60-minute morning football session had morphed into a full training session with the 1st team. One of the other players had stepped out of training with a slight injury so he joined in, full contact and almost 2 hours later he arrived into the changing rooms (with a smile on his face and covered in mud). There was a feeling amongst the players and staff that he was going to come back and ‘save our season’.

Then, the worst case scenario happened. It had all been going so well. I had Wednesday off but the injured players were in for their usual light training session with the physio team (under water jogging, massage and cryotherapy). I arrived into work on Thursday about 7.30am and started the day with my usual routine of stocking the 'protein fridge'. I bumped into one of the physios in the corridor who said,

"I take it you heard"?

'Heard what?' I replied.

"He re-ruptured yesterday, training with the team"

I was in shock! It felt like I had been punched in the gut. During the last 6 months we had spent a lot of time together. This made it even more difficult to take. I felt really sorry for him. I was distraught but could only imagine how he must have felt. We all knew that he would be in rehab for months, he would have to watch the rest of the team train, and play, it must have been horrendous for him. He would be in rehab for at least another 7 months. His career was on hold, again! He would have to watch the rest of the team train, and play. He was back to square one! I felt so sorry for him.

Dave's own inquest

Immediately I began questioning myself. Maybe it was me? Maybe resistance training wasn't the panacea and maybe the isokinetic machine 'spits out' random information that pushes our goals in the wrong direction? Maybe, I should have changed my reps and sets. Maybe I was going too easy on him in the gym? Maybe he should have been doing more controlled running outside without the ball? I also wondered if the player blamed me. I wondered about what he thought. The coaches are under real pressure to keep us in the league, all of our jobs could be on the line. Did this cause us to rush things

and did it increase the risk of re-injury? The ever increasing financial pressure and uncertainty inevitably changes human behaviour.

The team had been losing games. Relegation loomed. I got the feeling he thought he was coming back to 'save our season'. Maybe he shouldn't have been going outside with the coaches? Maybe I should have stood up to the coaches? I should have said "no". I should have told them that "he must only do a light training session in the morning so that he can come to the gym in the afternoon". But at some unconscious level, a part of me was afraid of what would happen if I stood up to the coaches? This was different to airing my opinions to the medical staff. It was at a higher level and quite frankly I felt like it wasn't my duty to oppose the coaches. What would happen if he doesn't make his comeback in time to 'save our season'? In the football world, there is real pressure, people's jobs are on the line, and backroom staff have children to feed and mortgages to pay. We needed to stay up. So I kept my head down and like I did many times before, I said nothing.

Findings and Discussion; Academic Voices

Theme 1: Care through rule-based activity; extending Noddings' maternal notion of care.

To us as academics, it was apparent from Dave's reflections that to some extent he was attempting to *care for* the player. In his role of strength-and-conditioning coach, he had worked with the player daily for six months. He spent a lot of one to one time in the gym and leisure centre. He got to know the player well, in between sets, and was concerned about his health. His coaching practice was affective and service-based. He 'cared about' the athlete's progress, and 'cared for' his health. He was engrossed

(Noddings, 1988) in the player's progress, collecting information on his needs such as sleep. He had the player's needs in mind on a daily basis and invested emotion and time in serving the needs of the athlete. When the muscle was re-ruptured, Dave was distraught; "I felt like I had been punched in the gut". His motivation had displaced (Noddings, 2013). Thus, although, Dave was coaching an experienced adult professional in the political world of elite football, he attempted to engage in caring acts that had *some* characteristics of Noddings' (1988) pedagogical caring relation and some elements of *caring for* e.g. engrossment.

Despite the above, Dave's story is not completely consistent with Noddings' care ethic. Dave's care does not appear to be based on sharing emotions with the athlete, or empowering the athlete. As the player got closer to a return to fitness, Dave's care does not seem to be accepted by the athlete who began to prioritise the football sessions.

He replied sheepishly, "sorry can I give it a miss, I'm really tired from this morning's session and I've got to go and meet the misses". Reluctantly, I knew 'the horse had bolted'. His mind was elsewhere

Moreover, to our knowledge, the athlete does not reciprocate care by ensuring that Dave is protected from the accusations of his fellow coaches (Gordon, Benner, & Noddings, 1996). Thus, Dave's case is an example rather than exemplar account of 'caring for'. Indeed, Dave's case does not wholly reflect the maternal nurturing associated with Noddings view of care. Rather, Dave's care is characterised by 'care full' diagnosis, logical plans and direct instructions. He attempted to enact care that was rooted in scientific principles, statistical analysis, and mathematically determined work-rest ratios. This approach is not congruent with Noddings' maternal approach to 'caring for'. Yet, Dave demonstrated engrossment and motivational displacement. Therefore, we

posit, that Dave ‘cared for’ the athlete by using scientific informed measurements and logical rules.

Thus far, the coaching literature has not documented accounts of ‘rule based’ care. Moreover the rule based approach, which Dave enacts, is in contrast to the nurturing servitude associated with Noddings’ view of care that has been previously described in the coaching literature (Cronin & Armour, 2015; Jones & Corsby, 2015). These articles describe Noddings’ conception of care as maternal. Indeed, Noddings’ view of care was heavily influenced by the work of Gilligan (1993) who wrote from a feminist perspective, and advocated greater emphasis on nurturing relations. From Nodding’s and Gilligan’s perspectives, to care is to feel, speak, listen, provide compassion, empathise, empower and nurture, rather than engage in the detached and scientific practice that Dave employed. More specifically, Gilligan (1993) argued that logical rule based interactions are often focused on justice rather than care. Gilligan sees this as problematic on the basis that the ‘universal rule’ and justice approach to relationships are gendered and characteristics such as maternal care are therefore undervalued. Gilligan therefore sees a contradiction between the maternal servitude that Noddings’ advocates, and systematic control and dictating of training programmes that Dave implemented. Upon, reading Dave’s story, however, we as researchers have begun to question the dichotomy between a feminine maternal notion of care and logical rule based activities. Perhaps, Dave’s case illustrates that rule based practice is not the antithesis of care, but is a different mode of care. To care may mean to study, diagnose, prescribe, and to monitor. These actions could be a different means of caring for someone, than the dialogical maternal care advocated by Noddings. We therefore posit that systematic and scientifically informed practice can be a different, not necessarily

better or worse, means of caring for athletes. Given the increasing proliferation of sport science in elite sport, this mode of care is worthy of further consideration.

Theme 2: Caring for athletes and caring about outcomes

Although a caring relationship occurs between two individuals, it is important to note that care occurs in specific social contexts. Hence, it is important to recognise that Dave's story may be shaped by a multitude of specific inter-related contextual factors (e.g. the ever-demanding competitive schedule, increasing levels of media attention, scrutiny from fans and club owners, and the unpredictability of success, unstable employment conditions, and the aggressive blame culture). With this in mind, it is pertinent to examine Dave's care within the context of the club.

Dave's story adds to extant literature which portrays football coaching as a micro political activity (Potrac & Jones, 2009; Potrac, Jones, Gilbourne, and Nelson, 2012). The coaches, including Dave, choose to care about winning and the consequences of losing, their own positions, and their own power.

In the football world, there is real pressure, people's jobs are on the line, and backroom staff have children to feed and mortgages to pay. We needed to stay up.

I had learned that if a junior member of staff spoke 'out of turn', questioned someone in higher position, or even suggested that they might be 'wrong', then you better watch out as you would soon 'know your place'

Similarly, from Dave's perspective the athlete himself cared about the team, and the sporting and financial implications of losing, to the point that he did not take care of his own recovery. Such an observation may not be surprising to those familiar with the recently depicted micro-political world of elite football and its competitive economy (Thompson, Potrac, & Jones, 2013; Potrac, Jones, Gilbourne, & Nelson, 2012).

Nonetheless, we do not make this observation with the intention of ascribing machiavellian motives to Dave or his fellow coaches. Rather, we acknowledge that the coaches in Dave's story may have cared about the team performance for commendable reasons e.g. the employment of many people are at stake if the team is relegated. Contrariwise, it could be contended that Dave's actions, and inactions, illustrate a concern for his own benefit above the health of the athlete:

I kept my mouth shut. Staying 'under the radar' was sometimes the best approach.

Could I have done more? ...Maybe I should have stood up to the coaches?

Therefore, we refrain from judging those within Dave's story and instead propose that coaching researchers and governing bodies need to consider care in the context of a competitive economic, political and social world. From this perspective, it is clear that there are many competing factors in the football environment and coaches need to consider not only *how* they care but also *what* they care about in such contexts. This is the crux of Dave's story. Any attempt to care for a player, either through a Noddings' maternal approach or through a scientific rules based approach, occurs in a given social context. As such, other interests, concerns and motives may both positively and negatively influence the care that can be provided and the relationships that develop. For example, at a simple level, the caring relationship that Dave developed was influenced by the location of the swimming pool. This provided time for Dave and the player to talk, listen to music, and 'become friends'. At a more complex level, social, political and economic concerns also influenced how coaches, including Dave, cared for the player. These social, political and economic factors may even have influenced how the player received this care. Therefore, it is important to remember that *caring for* is

not an isolated activity. Rather *caring for* is accompanied by other concerns that individuals such as coaches, may *care about*.

Theme 3: Care occurs with others

Jones and Corsby (2015) posit that other individuals who inhabit a given social context such as fellow coaches and players can influence a coach's actions e.g. the previous actions of an opposition goalkeeper will influence the instructions a coach provides prior to a penalty shootout. Similarly, Dave's story illustrates that although caring should be at the heart of pedagogical endeavours (Noddings, 1988), care given by any particular coach can be defined, limited or enabled by the other actors within a given social context (e.g. players). For example, initially, Dave felt that others were using him as a 'scapegoat'; "Sure enough, as I was walking into the meeting room I heard a murmur from the back 'it's them bloody 'squats'". At first, it appeared that this accusation would limit Dave's ability to care for the player. In response, Dave enlisted the support of other staff to enable him to care for the player in a rule based and logical manner:

I approached the head physiotherapist at breakfast. He was an approachable person and was what I would call a 'numbers person'. Typically he was interested in data and what was more, he didn't get involved in the micro-politics, which was good. And so, I suggested that instead of cutting out the resistance-training completely we could re-organise the training so that the 'resistance-training' component would always be secondary in the day and we could prioritize the other training.

Jones and Corsby (2015, p. 440) have utilised Garfinkel's (1967) ethnomethodology to declare that, "all human action rests on the primordial fact that persons are able to both make sense of and act on a shared understanding of circumstances and context". With this in mind, we observe that for coaches to care in football, they need to share an understanding of care with athletes themselves. For instance, through open and shared

dialogue, coaches can assess the interests, aspirations and abilities of athletes. This dialogue is necessary in order to design integrated training programmes that enable athletes to “fulfil their potential with dignity” (Alexander, 2013, p. 490). Indeed, appropriate modes of care, such as Dave’s scientific approach, may not be identified, provided, or received without the cooperation and communication of athletes.

Communication has long been identified as a key aspect of care by Noddings (2005) who calls on those involved in care to embrace authentic dialogue that involves genuinely listening to individuals in need of care. Specifically, Noddings laments incidents of little real dialogue where actors only listen as part of an attempt to illicit coercive agreement for a pre-determined decision. Based on Dave’s story, we would similarly argue that in order to care in a complex coaching environment, there is a need to genuinely listen to and involve athletes, so that the athlete receives and accepts an appropriate form of care.

In a complex multidisciplinary world of elite football, others beyond the athlete such as medical staff, sport specific coaches, sport psychologists, and sports scientists also have a role in the assessment, monitoring, and care of athletes. Based upon Dave’s story, we also extend the notion of authentic caring dialogue by asserting that coaches may care best through integrated approaches with fellow staff. This is consistent with a concept of a caring climate or ‘web of care’ wherein athletes are surrounded by staff and teammates who care about and for them (Gano-Overway, 2014). Indeed, the caring climate suggests that caring practice may be learned and reinforced through socialisation processes. This does, however, require powerful coaches to model, draw attention to, and reinforce caring practice. We are therefore not sure that Dave was right

to “stay under the radar” and to operate outside of the initial meeting on his own. Of course, in the micro-political world of elite football that Dave describes, individuals are under pressure to establish powerful positions that maintain status, and this manifested itself in Dave’s decision to ‘stay quiet’. While perhaps acceptable in the short term, the micro-political relations and uncaring environment of this particular football context may have led to an athlete receiving inappropriate, inconsistent or fragmented care. Moreover, the competitive environment led to a fragmented and siloed training programme whereby the football, medical, and strength and conditioning staffs worked in isolation, and at times, in opposition to each other. Thus, although his actions are understandable in the context of a ‘blame culture’, it appears that Dave’s attempts to care may have been more effective if he had communicated and ensured a collaborative approach to care between the football and strength and conditioning staffs (Cronin & Armour, 2015). We therefore agree with previous literature (e.g. Alexander, 2013) which argues that we should not view caring as a uniformly and universally implemented act. Rather caring should be conceived as a relational and situated activity. Carers should collaboratively consider, discuss, and implement care through dialogue with fellow staff and players. In this manner, care can be reactive, integrated and personalised to the needs of athletes. Indeed, Dave’s story suggests that coaches should work together to care in different ways, for different people, and in different contexts.

Conclusion

Dave’s story illustrates that caring in this elite football context, a) occurs in different forms; b) is influenced, enabled and constrained by the social environment in which it is set; and c) is relational as it requires athletes to receive care and other actors to

collaborate. These conclusions are novel and illustrate that coaches and medical practitioners should conceive of caring as part of their pedagogical role. The conclusions also situate and extend Noddings' conceptions of care in the complex environment of elite football. This is significant because future research on care should not only use Noddings' maternal dyadic notions of care, but also recognise that care may be 'rules based', and that caring relationships are situated within a given social context. Moreover, it is hoped that the narrative provided (Dave's Story) prompts coaches to consider *what* they care about in their world, and *how* they care for others.

For researchers, this article provides a starting point to further explore care in football coaching. Such work appears to be necessary given international media reports and a government report into care in elite sport contexts in the UK (Grey-Thompson, 2017). Indeed, future research should continue to afford space to the voices of those who are, and are not, cared for i.e. players themselves, as a means of describing and analysing how care is understood, enacted, constrained, and enabled in elite football contexts. To that end, rich contextualised case studies of care would be of benefit to practitioners as reference material that prompt reflection. Furthermore, case study accounts of care, would also benefit researchers to further problematize care. Following this, we consider that appreciative inquiry may offer a methodological framework for researchers and practitioners to collaboratively develop best practice guidelines, and to implement and evaluate caring interventions. Evaluating caring practice will be challenging however, because care will always be relational, contextual, and multidisciplinary. Thus, researchers from disciplines such as psychology, medicine and sociology may need to collaboratively work with coach educators and regulators to

consider how caring climates (Gano-Overway, 2014) can be developed in football clubs.

Finally, on the notion of a culture of care, we also suggest that researchers could further consider how professional and high performance contexts define and enact their 'duty of care'. Indeed, as suggested by a reviewer of this article, the concept of a 'social contract' may serve as a theoretical framework for such work. With this in mind, it is worth considering how the privilege of playing professional football, may be used by clubs and coaches to override the rights of individuals. Football clubs are power-laden environments (Cushion & Jones, 2006), and thus we need to consider how power influences the care of payers and staff alike. Critical philosophical and sociological work that explores power and care may also inspire and inform coaches and coach educators to ensure that their practice is "first and foremost about human flourishing" (Alexander, 2013, p. 488).

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