



MECHANISMS FOR DEVELOPING PSYCHOLOGICAL RESONANCE IN ATHLETIC PERFORMANCE

Sattorov Mirshod Erkinovich

Asia International University

Associate Professor, Department of Physical Culture,

PhD in Pedagogical Sciences.

mishas9804@gmail.com

Orcid: 0000-0003-2904-0623

ARTICLE INFO:

Received: 29.09.2026

Revised: 30.09.2026

Accepted: 01.10.2026

KEY WORDS:

*psychological
resonance, sport
psychology, emotional
synchrony, collective
efficacy, shared mental
model,
psychophysiological
synchrony, team trust,
shared flow.*

ABSTRACT

This article clarifies the concept of psychological resonance in athletic performance and systematizes the multilevel mechanisms through which it may be developed. Psychological resonance is defined as a dynamic functional state in which the emotional states, motivational orientations, situation-related cognitions, psychophysiological activation, and movement rhythms of athletes, coaches, and teammates become functionally aligned with competitive task demands. Theoretical-integrative analysis was used to compare research on collective efficacy, emotional contagion and interpersonal emotion regulation, shared mental models, psychophysiological synchrony, movement coordination, psychological safety, trust, and shared flow. Published quantitative evidence included a pooled effect for shared-mental-model interventions ($g = .61$, 95% CI [.41, .82]), indirect effects of perceived emotional synchrony and shared flow on collective efficacy ($\kappa^2 = .21$ and $.15$, respectively), and within-match associations between team confidence and subsequent perceived performance ($\beta = .20-.36$). Seven interconnected mechanisms were identified: emotional induction and regulation, motivational-value alignment, cognitive-tactical alignment, psychophysiological synchrony, sensorimotor coordination, social identification and trust, and performance-based feedback. A six-stage protocol integrating diagnosis, shared purpose, role clarity, rhythmic and synchronized exercises, pressure scenarios, brief team



reflection, and monitoring is proposed. The model offers a testable framework for jointly examining stable performance, collective efficacy, shared flow, and athlete well-being without treating synchrony itself as an unconditional marker of effectiveness.

INTRODUCTION

Performance in contemporary sport is determined not only by an athlete's physical preparation or individual psychological qualities, but also by the way the athlete coordinates with the coach, teammates, and the competitive environment. Under high pressure, one of two teams with similar technical capacities may rapidly coordinate movement, decisions, and emotional tone, whereas the other may quickly experience disorganization, mutual blame, or a sharp decline in collective performance. The association between team cohesion and success, and the roles of shared mental models and collective efficacy in coordination, are well established in sport psychology [1, 2]. However, these constructs describe only separate aspects of the multilayered alignment that occurs in athlete–athlete and coach–athlete systems.

Although the term ‘psychological resonance’ is frequently used in popular discourse, sport psychology currently lacks both a single operational definition and a validated measurement scale for the construct. It is therefore scientifically unjustified to equate it with the mystical idea of ‘being on the same wavelength’ or simply with a positive mood. In this article, resonance is not treated as a metaphor borrowed from physics. Instead, it is interpreted as the integrated outcome of several observable processes: emotional convergence, interpersonal emotion regulation, a shared situation model, alignment in heart-rate and activation dynamics, movement coordination, trust, and feedback.

The aim of this study was to provide a theoretical foundation for psychological resonance in athletic performance, systematize the mechanisms through which it develops, and propose a testable applied model for training. Three objectives followed from this aim: first, to identify criteria that distinguish resonance from team cohesion, shared flow, and synchrony; second, to integrate its mechanisms at the micro, meso, and team levels; and third, to develop a diagnostic and developmental protocol.

MATERIALS AND METHODS

The study employed a theoretical-integrative review design. The analysis included peer-reviewed works published from 2000 to 2026 in sport psychology, team dynamics, and movement coordination that addressed potential components of psychological resonance. Sources were purposively grouped into the following categories: team cohesion and performance; social identification and shared flow; emotional contagion and interpersonal emotion regulation; shared mental models; psychophysiological synchrony; sensorimotor coordination; and coaching style, trust, and psychological safety.



The analysis proceeded in four stages: (1) identifying the theoretical content and measurement indicators of each construct; (2) comparing similarities and differences across constructs; (3) developing an integrative model based on the logic of ‘condition–mechanism–state–outcome’; and (4) deriving diagnostic criteria and a training protocol from the model. This method does not replace a systematic review or meta-analysis; its purpose is to integrate dispersed empirical findings into a new, testable explanatory model.

Only sample sizes, standardized effects, confidence intervals, and regression coefficients reported in the original sources were extracted; no values were recalculated. Team-intervention studies not directly related to sport were used only to delimit a plausible range of effects. The pilot criteria presented in this article are neither empirical findings nor universal norms; they are decision rules to be preregistered and tested against real data in future research.

RESULTS

Quantitative Evidence Anchors in the Published Literature

Because no validated normative scale for psychological resonance currently exists, the most credible quantitative findings concerning its component mechanisms were extracted separately. These indicators are not results of a new experiment conducted for this article; they are evidence anchors drawn from published research.

Table 1. Published empirical indicators related to mechanisms of psychological resonance

Research focus	Sample and design	Main indicator	Scientific interpretation
Development of shared mental models [10]	36 randomized laboratory/field experiments; 6,209 participants; 1,912 teams; 131 effects	$g = .61$; 95% CI [.41, .82]; prediction interval [−.66, 1.89]	A moderate-to-large pooled effect, but evidence quality was low and findings were heterogeneous
Emotional synchrony, shared flow, and collective efficacy [3]	276 students; team sports and group physical activity; cross-sectional mediation analysis	Emotional synchrony $\kappa^2 = .21$; shared flow $\kappa^2 = .15$	Indirect effects from social identification to efficacy were in the small-to-moderate range



Research focus	Sample design and	Main indicator	Scientific interpretation
Interpersonal emotion regulation [4]	451 adolescent athletes; 38 teams; Bayesian multilevel model	Other-supportive strategies were positively associated with enjoyment and commitment	Emotional support should be evaluated through motivational outcomes, not mood alone
Within-match team confidence and performance [14]	Two field studies, each with 10 male soccer teams; N = 134 and N = 125	Halftime collective efficacy → second-half performance: $\beta = .36$ and $\beta = .20$	Measures taken closer in time to performance were more informative than general pre-match confidence

Source: Synthesized by the author from data reported in [3, 4, 10, 14].

Conceptual Boundaries of Psychological Resonance

The analysis defines psychological resonance as a dynamic and task-dependent functional state in athletic performance in which participants' emotional tone, action-related meanings, mental representations of the situation, psychophysiological activation, and practical actions become mutually aligned to the extent that they serve a shared objective. The key criterion is not 'sameness' but 'functional compatibility.' For example, a defender and an attacker need not have identical feelings, roles, or movement trajectories; resonance may arise when their different activities complement the same tactical task.

Psychological resonance differs from team cohesion in its short-term and situation-sensitive nature. Cohesion is a relatively stable tendency of a team to maintain unity [1], whereas resonance may intensify, decline, and recover during a particular training or match episode. Nor is it identical to shared flow: shared flow involves complete task absorption and optimal experience, whereas resonance also encompasses the alignment processes that may lead to flow. Social identification has been shown to influence collective efficacy through shared flow and emotional synchrony [3]. Resonance should therefore be understood not as a new label for a single construct, but as their functional integration.

At the same time, not every form of synchrony is beneficial. Anxiety, blame, or hopelessness can also spread rapidly through a team and produce 'negative resonance.' Post-game collective emotions have strongly predicted individual athletes' emotions in soccer teams [5], while



convergence in certain emotions during and after play has been identified in doubles table tennis [6]. The positive value of resonance should therefore be evaluated not by emotional similarity alone, but by its task appropriateness, controllability, and contribution to stable performance.

Mechanisms Underlying the Development of Psychological Resonance

The first mechanism is emotional induction and interpersonal regulation. Through facial expression, vocal tone, posture, brief verbal cues, and movement tempo, athletes can recognize and alter their teammates' affective states. In a multilevel study of adolescent athletes, strategies intended to improve another person's emotions were positively associated with sport enjoyment and commitment [4]. Thus, short, pre-agreed cues such as 'settle,' 'keep going,' or 'next play' can function as micromechanisms that redirect individual emotion toward the team task.

The second mechanism is motivational-value alignment. A shared objective is internalized only when it is personally meaningful to the athlete and does not conflict with the needs for autonomy, competence, and relatedness [15]. A coach's exclusive emphasis on results may produce short-term mobilization, but stable resonance requires the athlete to understand the objective, have some influence over it, and perceive the value of their role. Transformational leadership has been linked to task cohesion through personal sacrifice and sacrifice for teammates [11]. Accordingly, what matters is not a shared slogan, but alignment between personal and collective meanings.

The third mechanism is cognitive-tactical alignment. Shared mental models enable participants to understand quickly what should be done, when, where, and why [2]. In elite sport practice, developing a shared mental model has involved discussing the coach's initial vision with athletes, allocating roles, testing different scenarios, and updating the model through feedback [9]. A meta-analysis of randomized studies also indicates that targeted interventions can strengthen shared mental models [10]. Cognitive alignment does not eliminate communication; instead, it reduces the need for excessive explanation under pressure.

The fourth mechanism is psychophysiological synchrony, referring to temporal alignment among team members' heart rate, heart-rate variability, breathing, and activation dynamics. In a naturalistic observation across nine volleyball training sessions, emotional and physiological synchrony were not directly related to one another, although each was differently associated with performance indicators [7]. This finding shows that resonance cannot be reduced to a single biomarker. Psychophysiological synchrony becomes meaningful only when interpreted together with task context, time, and subjective experience.

The fifth mechanism is sensorimotor coordination and mutual compensation. From an ecological-dynamic perspective, team synergy emerges when participants' degrees of freedom become interdependent and others adapt to a change by one athlete [8]. This is not mechanical uniformity; different roles instead compensate for one another according to context. Small-sided games with variable constraints, time pressure, and unexpected situations may develop



coordination because they teach athletes to use a teammate's movement rather than depend on a fixed script.

The sixth mechanism is social identification, trust, and psychological safety. When an athlete experiences the self not only as 'I' but also as 'we,' shared goals and emotional experience become more salient [3]. To prevent identification from becoming blind conformity, however, athletes must be able to voice errors, doubts, and suggestions without punishment. Applying the concept of psychological safety mechanically to high-performance sport requires caution [13], although evidence indicates that trust strengthens the relationship between transformational leadership and cohesion [12]. Constructive resonance therefore does not mean that 'everyone agrees'; it also includes the capacity to resolve disagreement in a task-functional manner.

The seventh mechanism is performance-based feedback and recursive reinforcement. The relationship between collective confidence and performance is bidirectional: confidence during a match alters subsequent performance, while evaluations of performance alter later confidence [14]. Instead of reducing post-competition analysis to 'we won' or 'we lost,' a brief review of which cues, decisions, and forms of mutual support worked can strengthen resonance for future situations. Poorly delivered feedback may instead intensify negative emotional contagion; coaches have acknowledged that stress can reduce the quality of their communication and perceived effectiveness [17].

Table 2. Mechanisms of psychological resonance and their practical indicators

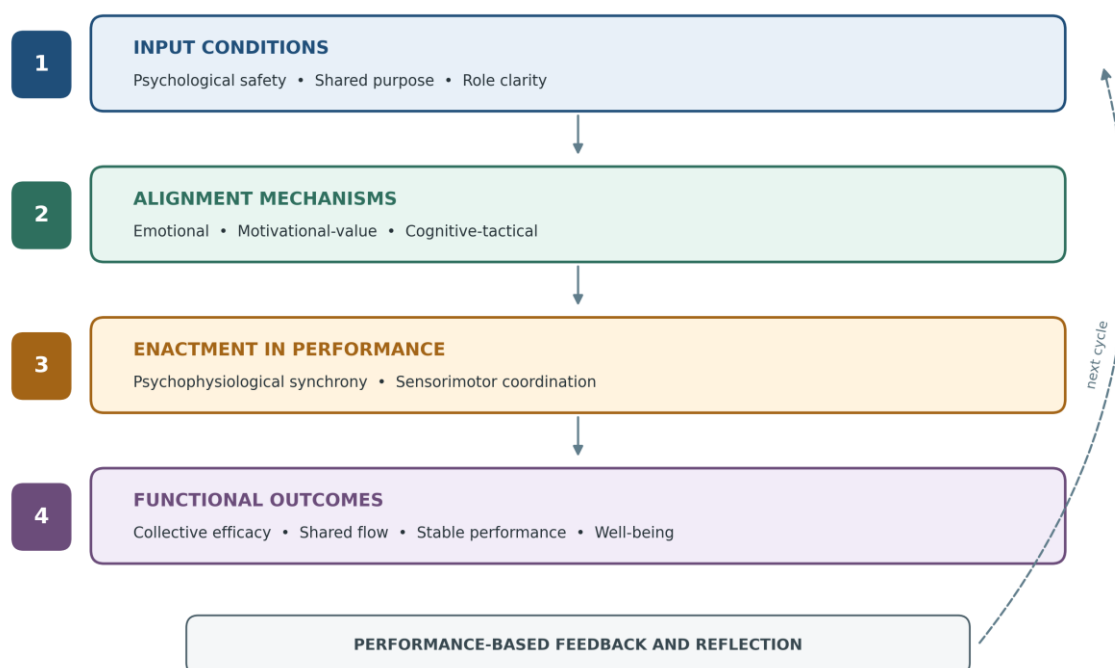
Mechanism	Observable indicator	Development method	Primary risk
Emotional regulation	Accurate emotion labeling; brief supportive cue; rapid recovery from negative affect	Emotional check-in; 'next play' cue; breathing alignment	Contagion of negative affect or enforced positivity
Motivational-value alignment	Link between personal and team goals; participation and responsibility	Joint goal setting; autonomy-supportive questions	External pressure and false agreement
Cognitive-tactical alignment	Similar situation interpretation; rapid articulation of roles and priorities	Video scenarios; role map; 'if-then' rules	Excessively rigid tactical scheme



Mechanism	Observable indicator	Development method	Primary risk
Psychophysiological synchrony	Task-appropriate convergence in activation dynamics; aligned recovery	Shared breathing; visualization; heart-rate monitoring	Treating synchrony as a cause or objective in itself
Sensorimotor coordination	Aligned timing, distance, and direction; mutual compensation	Small-sided games; paired rhythmic drills; variable constraints	Mechanical imitation and loss of individuality
Identification and trust	‘We’ language; asking for help; discussing errors openly	Team values; role exchange; psychologically safe reflection	In-group bias or suppression of criticism
Feedback	Rapid recovery after an episode; reuse of effective cues	Three-question debrief; video feedback; micro-goal	Outcome-based blame and overanalysis

Source: Author’s theoretical synthesis based on sources [1–17].

Figure 1. An integrative model of psychological resonance in athletic performance



Source: Developed by the author.

Conditions and Dynamics of Resonance

The proposed model treats resonance not as a fixed condition, but as a cycle that changes over time. In the first stage, psychological safety, a shared objective, and role clarity establish the input conditions. In the second stage, emotional, motivational, and cognitive alignment is activated. In the third stage, psychophysiological and sensorimotor synchrony emerges while the task is being performed. In the fourth stage, outcomes such as collective efficacy, shared flow, stable performance, and well-being are observed. In the fifth stage, the outcome and reflection modify the input conditions for the next cycle.

The strength and usefulness of resonance depend on several moderators. In interdependent team sports, cognitive and movement alignment may carry greater importance; in individual sports, alignment within the coach–athlete dyad, internal rhythm, and the competition plan may be more prominent. As competitive pressure increases, pre-agreed cues and roles become more important. Yet excessive activation, sleep deprivation, pain, or impaired recovery may limit functional resonance even when a subjective sense of ‘unity’ is present.

Cultural context is also important: open communication and discussion of errors may be difficult in a highly hierarchical team, whereas ‘we’ identification may develop more quickly in a collectivist environment. Rather than transferring the same intervention to every team, the intervention should be adapted to age, gender, skill level, sport, leadership style, and phase of the season.



A Model for Assessing Psychological Resonance

Psychological resonance should be assessed through a multimethod design rather than a single ready-made scale. At the subjective level, brief 0–10 items may be used after each training session or match: ‘we understood the situation in a similar way,’ ‘my teammates’ emotional signals helped me,’ ‘our actions complemented one another,’ ‘we recovered quickly after an error,’ and ‘I felt a shared purpose.’ These items are not a new psychometric scale; they are preliminary monitoring tools whose factor structure and reliability require subsequent validation.

At the team level, agreement among participants should be calculated alongside the mean response. A high average score may not represent a genuinely shared state when ratings differ sharply across team members. Cognitive alignment may be assessed through similarity of responses to tactical scenarios, role clarity, and decision time; emotional alignment through time-series affect ratings and verbal or bodily cues; sensorimotor coordination through trajectories, timing, and mutual compensation; and the physiological layer through heart rate and heart-rate variability.

The most important methodological requirement is to interpret synchrony together with performance. Uniformly high heart rates may indicate either effective team mobilization or collective panic. A resonance index should therefore combine at least four sources: subjective alignment, observed communication, movement coordination, and task performance. In longitudinal research, these indicators should be measured repeatedly within training episodes and analyzed using multilevel or dynamic time-series models.

A feasibility pilot may include 4–6 teams and approximately 60–90 athletes, but such a sample is not sufficient for definitive conclusions about intervention effectiveness. A confirmatory cluster trial must use simulation-based power analysis that accounts for the number of teams, within-team correlation, and the expected effect. Reports should present mean $\pm$ SD or median [IQR], Hedges’ g for change with a 95% confidence interval, and team-level variance separately.

Realistic Decision Ranges for Pilot Monitoring

The ranges below are not established norms. They are proposed as conservative practical criteria for tracking change relative to a team’s own baseline during a 6–8-week pilot program. Direction of change, effect size, within-team agreement, and simultaneous improvement in task performance are more important than an absolute score.



Table 3. Expected practical ranges for 6–8-week pilot monitoring

Indicator	Calculation	Practical signal	Safeguard
Subjective alignment	Team mean across five 0–10 items after each session	+0.5–1.0 points relative to baseline or $d = .30$ –.60	Not considered positive if the mean rises while within-team dispersion increases sharply
Tactical decision agreement	Proportion of identical priority decisions across 8–10 ‘if–then’ scenarios	+10–15 percentage points from baseline; at least 75–80% at completion	Verify with video episodes that identical answers do not reflect rote memorization
Post-error recovery	Median time required to regain the agreed position or rhythm after an error	15–25% reduction over 6–8 weeks	Faster recovery must not come at the cost of repeated errors or unsafe decisions
Supportive communication	Ratio of constructive to blaming or disorganizing cues coded from video	At least 1.5:1 or a 25% improvement from baseline	Artificial positivity and concealment of problems are not coded as support
Sensorimotor stability	Timing error or coefficient of variation in movement intervals	10–15% reduction in variability from baseline	Use a sport- and task-speed-specific baseline
Task performance	Sport-specific errors, accurate decisions, or effective episodes per 10 opportunities	8–15% fewer errors or 8–12% more effective episodes	Account for opponent strength, load, and match context

Note: The ranges are adapted from published effects [3, 10, 14] and the logic of pilot monitoring; they are neither validated norms nor empirical results obtained in this study.

A Six-Stage Protocol for Developing Psychological Resonance



The following protocol is recommended for coaches and sport psychologists. It is organized not as a one-off motivational talk, but as a diagnosis–practice–feedback cycle.

Table 4. A six-stage applied protocol for developing psychological resonance

Stage	Main objective	Applied method	Brief criterion
1. Baseline diagnosis	Identify the team's emotional climate, trust, role clarity, and coordination points	Brief survey; interview; training video; critical-episode map	Strengths and two priority problems are specified
2. Shared meaning	Link the team objective to personal values and roles	'How do we play?' workshop; goal–role matrix	Each athlete states their contribution in one sentence
3. Shared code	Agree on brief cues for decisions and emotional recovery under pressure	3–5 keywords; hand signal; 'if–then' scenarios	Cues are understood consistently and are not excessive
4. Synchronized practice	Develop rhythm, timing, attention, and mutual compensation	Paired rhythmic drill; small-sided game; shared breathing and visualization	Alignment is maintained as speed increases
5. Pressure simulation	Restore resonance after an error, deficit, or under time pressure	Critical scenario; unexpected constraint; timeout protocol	Post-error recovery time decreases
6. Reflection and monitoring	Reinforce effective mechanisms and detect negative resonance early	Three questions: What worked? What broke down? What comes next?	One clear conclusion and the next micro-goal are recorded

Source: Developed by the author.

Three safeguards are essential when applying the protocol. First, synchronization must not erase individual differences: different activation levels or emotion-regulation styles may serve the task equally well. Second, coaches should not use monitoring data to punish athletes or label them as 'not a team fit.' Third, heart-rate and other biometric data must be collected on the basis of voluntary consent, confidentiality, and a clearly specified purpose.



At least four measurement points are proposed for evaluating applied effects: baseline, protocol midpoint, post-protocol, and a 4–6-week follow-up. Outcome criteria should include not only win percentage but also post-error recovery time, decision agreement, collective efficacy, sport enjoyment, emotional exhaustion, and post-injury adaptation. This approach does not position athletic performance and psychological well-being as competing objectives.

DISCUSSION

The proposed model explains psychological resonance not as a distinct ‘magical’ state in athletic performance, but as a system of interacting mechanisms. Its principal theoretical contribution has three parts. First, emotional, cognitive, physiological, and movement layers are linked to a single functional outcome. Second, positive and negative forms of resonance are distinguished: emotional or physiological similarity does not by itself signify effectiveness. Third, resonance is interpreted as a dynamic feedback cycle, explaining how it may be lost and restored during competition.

The model is consistent with integrative approaches to team dynamics. Cohesion, shared mental models, and collective efficacy interact [2]; shared flow and emotional synchrony may explain the pathway from identification to collective efficacy [3]; and team synergy emerges through mutual compensation among different participants [8]. Psychological resonance does not replace these constructs. Rather, it proposes a higher-order hypothesis about the conditions under which they become an integrated functional system.

The main conclusion from the quantitative evidence is that plausible effects are real but not uniform. Although the pooled effect of shared-mental-model interventions was $g = .61$, the prediction interval extended from $-.66$ to 1.89 [10]. An improvement of 0.6 SD therefore cannot be guaranteed in every team. Likewise, within-match collective efficacy in soccer was associated with subsequent performance in the range $\beta = .20-.36$ [14]. Pilot monitoring should consequently treat a small-to-moderate change, concordant movement across several indicators, and context-appropriate task performance as realistic criteria of success.

At the same time, conceptual breadth is a major limitation. If every positive team process is labeled ‘resonance,’ the concept becomes an unfalsifiable metaphor. To reduce this risk, future research should identify necessary and sufficient indicators of resonance, test its discriminant validity against related constructs, and specify null hypotheses. For example, studies could test how the resonance index and performance change when emotional synchrony is high but tactical alignment is low.

Future empirical designs should account for athletes nested within teams and use repeated measurement over time. Actor–partner models could test how one athlete’s emotion and regulation strategy affect another; dynamic structural equation models could examine the confidence–performance–confidence cycle; and cross-recurrence analysis could assess temporal alignment in heart rate or movement trajectories. Intervention research should compare passive



control, active control, and resonance-protocol groups, use preregistered hypotheses, and integrate quantitative and qualitative data.

CONCLUSION

Psychological resonance is a dynamic state in which the emotional, motivational, cognitive, psychophysiological, and sensorimotor processes of athletes, coaches, and teams become functionally aligned with a shared task. It cannot be equated with mood, cohesion, flow, or heart-rate synchrony alone. The theoretical synthesis identified emotional regulation, motivational-value alignment, shared mental models, psychophysiological synchrony, movement synergy, identification and trust, and performance-based feedback as its seven principal mechanisms.

Developing resonance does not require forcing a team to ‘think alike.’ It requires creating opportunities to understand a shared objective, clarify roles, regulate emotional signals, make joint decisions under pressure, and learn constructively from performance. The proposed six-stage protocol integrates diagnosis, shared meaning, a shared code, synchronized practice, pressure simulation, and reflection. Its effectiveness should be tested experimentally across sports and skill levels, while athlete well-being and data privacy are monitored alongside performance.

PRACTICAL RECOMMENDATIONS

- Use a 60–90-second emotional check-in at the beginning of training to identify the team’s overall activation state.
- Define 3–5 brief tactical and emotional recovery cues for the team and select them together with the athletes.
- At least once each week, conduct a scenario that simulates errors, falling behind, or time pressure.
- Limit the post-competition debrief to three questions: What worked? Where did the breakdown occur? What will we change next time?
- Triangulate subjective ratings with video, movement, and performance data; do not base decisions on a single biomarker.
- Use resonance indicators for team learning and psychological support, not for selection or punishment.

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