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Understanding Gender Differences in Collegiate Student-Athletes' Help-Seeking Behaviors and Attitudes toward Counseling

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Abstract: This study investigated specific factors that may impact attitudes and expectations about counseling by assessing athletic identity, attitudes toward help-seeking behavior, and expectations about counseling of 408 university student athletes. Participants were 414 athletes from a Northeastern university in the USA ($M = 19.72$, $SD = 1.34$). Measures were the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS), the Athletic Identity Measurement Scale (AIMS), and the Expectations about Counseling Questionnaire (EAC). Data indicated significant differences between males and females on the ATSPPHS ($F(1, 404) = 40.47$, $p = .001$); the AIMS, ($F(1, 404) = 15.17$, $p = .001$), and the EAC ($F(1, 403) = 13.05$, $p = .001$). For both male ($\beta = -0.205$) and female ($\beta = -0.232$) student athletes, expectations about counseling were a significant predictor of attitudes toward counseling. However, athletic identity did not contribute significantly to the variability in attitude scores in this sample. Given these findings, it will be important for professional personnel addressing student athletes to consider presenting the information about counseling services in a gender-specific manner. In addition, it would be helpful for programming on counseling services for student athletes to address the counseling process and how one participates in counseling.

Keywords: Student Athletes, Help Seeking, Attitudes about Counseling

There are many people who experience psychological distress and never seek mental health treatment. In fact, it has been suggested that less than one-third of individuals who experience psychological distress seek help from a mental health professional (Andrews, Issakidis, and Carter 2001). This could be because society often considers counseling to be a last resort, something to be used only after other support resources have failed (Angermeyer et al. 1999). On this basis, research that seeks to identify and explain factors underlying the reluctance to utilize psychological services is warranted.

The stigma associated with both mental illness and with seeking treatment are the most frequently cited reasons for not seeking mental health services (Corrigan 2004; Vogel, Wade, and Hackler 2007; Vogel, Wester, and Larson 2007). It seems that the concern of being judged negatively by others gets in the way of people seeking help, despite the potential consequence of not doing so. Vogel, Wade, et al. (2007) reported that a perception of stigma associated with mental illness was related to the self-stigma associated with seeking counseling. This self-stigma negatively influenced individuals' attitudes toward counseling and thus impacted their willingness to seek help (Vogel, Wade, and Hackler 2007). As a result, it seems that psychological treatment will continue to be avoided as long as these stigmatizing risks outweigh the perceived benefits of feeling better.

The above scenario is reflected in research on student athletes in which participants identified lack of time to seek services, fear of stigma, fear that their teammates will find out, and fear of being viewed as weak, as reasons they do not seek mental health services (Lopez and Levy 2013). Gulliver, Griffiths, and Christensen (2012) reported that over 40 percent of the barriers to seeking help for mental health problems identified by athletes related to stigma and/or the embarrassment of seeking help. This was especially the case for non-sport-related concerns

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such as depression. Athletes stated that they would not want these people to find out that they were seeking help for a mental health problem because they would not want it to be a sign of “weakness” or inability to cope (Gulliver, Griffiths, and Christensen 2012). It seems that student athletes are greatly concerned with the perceptions of others, particularly their coaches, teammates, and athletic staff (Gulliver, Griffiths, and Christensen 2012; Lopez and Levy 2013). This sport culture of “no pain, no gain,” “showing no weakness,” “toughing it out,” and “sucking it up” increases the avoidance of help seeking and influences student-athletes’ attitudes about counseling and seeking services. Gulliver, Griffiths, and Christensen (2012) found that athletes were concerned that others would think that they were not coping effectively or were weak, with one participant stating, “That’s the thing with athletes, like you’re not really supposed to show your weaknesses kind of thing, ‘cause that like lets your competitors know, so that’s why a lot of the time you wouldn’t go see the psychologist or whatever, just ‘cause that becomes your weakness” (Gulliver, Griffiths, and Christensen 2012, 6).

Student athletes as a group tend to maintain a negative attitude toward psychologists and therefore tend to underutilize services (Lopez and Levy 2013; Steinfeldt et al. 2009; Watson 2005, 2006). While their nonathlete peers also experience negative attitudes toward psychologists and help seeking, athletes’ negative attitudes can be heightened as a result of the fear of being stigmatized by teammates, coaches, student peers, and fans (Watson 2005). Lopez and Levy (2013) found that student athletes appeared to be concerned with the perceptions of others and that this fear served as a strong barrier to seeking treatment. This underutilization of counseling services by collegiate student athletes may be problematic because of the unique issues and stressors that student athletes face.

Athletics can serve as a buffer for student athletes experiencing greater distress. The involvement of organized sports can have both physical and mental health benefits such as improved self-esteem and decreased social anxiety, depression, and stress (Proctor and Boan-Lenzo 2010). However, this is not the case for all student athletes. While student athletes experience the same academic, social, and personal struggles and worries as other college students, they must also manage the stress of performance, their physical health and injury, and the time management concerns brought upon by practice, work-outs, games, and travel. The combination of these additional factors could lead to emotional, physical, or developmental difficulties for some collegiate student athletes. This might not only impact their athletic performance, but also their academics, social relationships, and their own mental health. Thus it seems that athletics could both be a buffer and a detriment to the mental health of a student athlete depending on the individual, their history, predisposition, ability to cope, and experience.

Research on counseling expectations has generally found that those who expect counseling to be a positive, successful experience and have positive expectations about their counselor have more positive attitudes toward help-seeking behaviors (Anderson et al. 2013; Kakhnovets 2011; Patterson, Anderson, and Wei 2014; Watson 2005). Thus it can be assumed that if one has negative expectations about counseling (as research has demonstrated for athletes), such as feeling like counseling will not be helpful or that the counselor will not understand them, one will have more negative attitudes toward help-seeking behaviors and will be more resistant to engage in help-seeking behaviors. Watson (2005) reported significant differences in attitudes and expectations about counseling between athletes and nonathletes, specifically that athletes have less positive attitudes toward help-seeking behaviors than nonathletes.

Limitations of the above and other research with athletes are evident. For example, much data are based on qualitative, interview style, self-report of athletes. Furthermore, “athletes” are often poorly defined, often including all individuals who participate in sport, an approach that permits classification as an “athlete” even when that role may not be the most salient in a participant’s life or the one with which s/he most readily identifies (Lantz and Schroeder 1999). A more reasonable approach is one in which the *importance* of athletic identity (i.e. extent to which one identifies with the athletic role) is the basis for inclusion in comparison groups. Such

an approach emphasizes the strength and exclusivity of identity with the athletic role as a factor impacting one's attitudes and expectations about counseling. An individual's athletic identity provides a framework for interpreting information, determines how s/he copes with situations, and promotes behavior consistent with the athlete role (Heird and Steinfeldt 2013). Thus, athletic identity could be an important factor in determining a student athlete's views on counseling. For example, Steinfeldt et al. (2009) found that college football players with higher levels of athletic identity reported higher levels of stigma toward seeking professional psychological help and lower levels of help seeking.

The current research hopes to further expand on Watson's research by investigating what athlete specific factors may impact on their attitudes and expectations about counseling along with examining the influence of athletic identity. Watson's research focused on whether one participates in sports or not and did not measure how much one identifies with the athletic role. Watson's research was unique as it focused primarily on the attitudes toward help-seeking behavior held by student athletes toward counseling services and started to examine barriers to help seeking for student athletes. The current research hopes to further examine barriers to their seeking counseling services, which might lead to the development of more effective programming to promote the utilization of counseling services. It was hypothesized that collegiate student athletes with positive expectations about counseling would have more positive attitudes toward help seeking than those with less positive expectations. It was also hypothesized that athletes high in athletic identity would have more negative attitudes toward help seeking than those low in athletic identity.

Method

Participants

Four hundred and fourteen athletes from a Northeastern university in the United States of America participated in this study. Participants were between the ages of eighteen and twenty-five ($M = 19.72$, $SD = 1.34$). There were 215 female athletes, 195 male athletes, and 4 athletes that checked on the questionnaire that they were transgendered. Out of 215 female participants, 211 participants were included in this analysis because of missing data. Out of 195 male participants, 193 participants were included in this analysis because of missing data. The missing data was a result of either participants not completing a measure or as a result of the participant skipping a question on the measures. Athletes that participated in men's and women's tennis ($n = 21$), women's gymnastics ($n = 18$), men's and women's basketball ($n = 22$), baseball ($n = 27$), football ($n = 80$), men's and women's golf ($n = 15$), field hockey ($n = 17$), men's and women's soccer ($n = 44$), men's and women's swimming and diving ($n = 39$), softball ($n = 23$), men's and women's track and field ($n = 41$), women's lacrosse ($n = 22$), women's rugby ($n = 31$), and women's volleyball ($n = 14$) were included in this study. Of note, all athletic teams participated at the Division II level. There were 153 freshmen, 108 sophomores, 87 juniors, 64 seniors, and 2 graduate students. The majority of the participants were Caucasian ($n = 349$), with forty-five African Americans, five Hispanics, twelve that indicated multi-racial, and two that indicated a race of "other." Forty of the participants indicated that they received services at the university counseling center and seventy-seven indicated that they have received counseling services in another setting.

Measures

Participants completed a battery of questionnaires that assessed: (a) demographic information, (b) expectations about counseling, (c) attitudes toward seeking help, (d) social stigma for receiving help, and (e) athletic identity. The participants also completed one additional measure that included open-ended questions addressing previous counseling experiences.

Demographic information. Participants were asked to provide information regarding gender identity, race, age, year in school, what sport they are playing, and number of years playing sports.

Expectations about counseling. The Expectations About Counseling Questionnaire—Brief Form (Tinsley 1982; EAC-B) consists of sixty-six items scored on a seven-point Likert-type scale, with responses ranging from *not true* (1) to *definitely true* (7). Each item is prefaced with either “I expect to...” or “I expect the counselor to...” The sixty-six items are placed into seventeen scales that make up the four factors of expectancies: Personal Commitment (subscales: Responsibility, Openness to New Experiences, Motivation, Attractiveness, Immediacy, Concreteness, and Outcome); Facilitative Conditions (subscales: Acceptance, Confrontation, Genuineness, Trustworthiness, Tolerance, and Concreteness); Counselor Expertise (subscales: Directiveness, Empathy, and Expertise); and Nurturance (subscales: Acceptance, Self-disclosure, Nurturance, and Attractiveness). Both a total score and the four factor scores were used for the purposes of this study, with higher scores indicating higher expectancies. Tinsley, Workman, and Kass (1980) reported reliability coefficients for the factors of Personal Commitment ($\alpha = 0.97$), Facilitative Conditions ($\alpha = 0.97$), Counselor Expertise ($\alpha = 0.84$), and Nurturance ($\alpha = 0.72$).

Attitudes toward seeking help. The Attitudes Toward Seeking Professional Psychological Help Scale—Short Form (Fischer and Farina 1995; ATSPPHS-SF) consists of ten items scored on a four-point Likert-type scale, with responses ranging from one (*disagree*) to four (*agree*). Five of the ten items need reverse scoring. Items are scored and summed to provide an overall score, with higher scores indicating more negative attitudes toward seeking professional help. Based on the longer twenty-nine-item ATSPPH scale (Fischer and Turner 1970), this shortened version was developed with college students and demonstrated internal consistency of 0.84, one-month test-retest reliability of 0.80, convergent validity (correlation of 0.87 with the longer scale), and criterion-related validity (correlations with previous therapy-seeking behavior; Fischer and Farina 1995).

Athletic identity. The Athletic Identity Measurement Scale (AIMS) was designed to measure the extent to which participants identified with the athletic role. Participants rated their agreement with ten statements on a scale of one (*strongly disagree*) to seven (*strongly agree*). Items are scored and summed to provide a composite athletic identity index, with high scores indicating stronger athletic identity. The AIMS has demonstrated high internal consistency (alphas = 0.93, 0.87, 0.81) as well as sufficient test-retest reliability ($r = 0.89$) over a fourteen-day period (Brewer, Raalte, and Linder 1993). Significant correlations were reported with similar measures, such as the Perceived Importance Profile ($r = 0.83$; Fox 1987), and nonsignificant correlations were found with dissimilar assessments, such as the global physical self-worth subscale of the Physical Self-Perception Profile ($r = 0.11$; Fox and Corbin 1989) and the Rosenberg Self-Esteem Scale ($r = 0.01$; Rosenbreg 1965).

Procedures

Following IRB approval, coaches of all of the varsity athletic teams at the college were contacted to seek permission to use their athletes for this research study. A time and location was scheduled with the coach to administer the questionnaires to the athletes. At the meeting with the athletes, informed consent was secured. The athletes were told that their participation in this study was completely voluntary and if they do not wish to take part in the study at any time during the process that they were free to withdraw at any time with no negative consequences. The participants were then asked to complete and sign the informed consent form if they wished to participate in the study. The informed consent forms were then collected and the questionnaires handed out. The participants were asked to follow all of the instructions on the questionnaires and to complete all of the questions. They were also told that if they had any questions or did not understand something to please ask the researcher. The questionnaires took about twenty to thirty minutes to complete. Once completed, questionnaires were collected. This process was done with

each sport team. To ensure and protect the participants' confidentiality, the participants' were instructed to not include their names or other identifying information on the questionnaires. Once the packets were completed, they were placed in a sealed envelope and placed in a locked filing cabinet.

Analyses

Statistical software SPSS v21.0 was used for data analyses. Descriptive statistics, frequencies, and Pearson correlations were used to explore the relationships among the measured variables. A one-way analysis of variance (ANOVA) was conducted to determine if there were significant differences between male and female participants on all measured variables. To assess relationships among the ATSPPHS, AIMS, and EAC total, multiple regression analyses were used. Multiple regression analyses were used to assess the relationships among ATSPPHS and the four factors of the EAC (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance).

Results

Significant differences were observed between males and females on the ATSPPHS, ($F(1, 404) = 40.47, p = .001$); the AIMS, ($F(1, 404) = 15.17, p = .001$); and the total score for EAC ($F(1, 403) = 13.05, p = .001$) (see Table 1 for descriptive data). Given the significant gender differences between the variables and support from previous research (Kakhnovets 2011; Maniar et al. 2001; Martin 2005) that has found significant gender differences in athletes in terms of their views on counseling and help seeking behaviors, subsequent analyses were run separately for men and women in this study.

Table 1: One-Way Analysis of Variance on Participants' Gender on the Variables Used

Variable	M		SD		F	sig
	Male	Female	Male	Female		
ATSPPHS	25.78	22.46	5.30	5.22	40.47	0.001
AIMS	52.63	48.78	10.00	9.89	15.17	0.001
EACtotal	313.01	331.38	56.13	46.06	13.05	0.001
Pers Comm.	4.73	5.38	1.07	0.89	43.98	0.001
Fac Cond.	5.31	5.83	1.02	0.86	31.15	0.001
Coun Exp.	4.80	4.73	1.05	1.02	0.48	0.490
Nurt Fact.	4.88	5.17	0.99	0.93	9.23	0.002

Note. ATSPPHS = Attitudes Toward Seeking Professional Psychological Help; AIMS = Athletic Identity;

EAC Total = Expectations About Counseling Total Score; Pers Comm. = Personal Commitment Factor;

Fac Cond. = Facilitative Condition Factor; Coun Exp = Counselor Expertise Factor; Nurt Fact. = Nurturance Factor.

Source: Author's Present Study

Female Athletes

It was predicted that those female athletes high in athletic identity would have more negative attitudes toward help seeking than those low in athletic identity, and that those with positive expectations about counseling would have more positive attitudes toward help seeking than those with less positive expectations. Table 2 presents the means and standard deviations for the ATSPPHS, AIMS, EAC total, and the four factors of the EAC for female participants, as well as intercorrelations among these variables. As can be seen in this table, there is a significant negative correlation between ATSPPHS and the EAC total ($r = -0.211, p = 0.001$), the Personal Commitment Factor ($r = -0.380, p = 0.001$), The Facilitative Conditions Factor ($r = -0.213, p = 0.001$), and the Nurturance Factor ($r = -0.182, p = 0.001$). As participants' attitudes toward

seeking psychological help were more negative (higher scores on the ATSPPHS), their expectations about counseling decreased or were more negative (lower scores on the EAC total). Thus, as an individual had more negative attitudes toward seeking help: one felt uninvolved, less motivated, and expected a poorer outcome (Personal Commitment Factor); one expected the counseling process to be an unsafe environment with little trust in the counselor (Facilitative Conditions Factor); expected the counselor to not be supportive and accepting (Nurturance Factor); and expected the counselor to not understand their problems and not be able to help solve his/her problems (Counselor Expertise Factor). A significant positive correlation between AIMS and the EAC total ($r = 0.163, p = 0.001$), the Facilitative Conditions Factor ($r = 0.151, p = 0.001$), and the Counseling Expertise Factor ($r = 0.184, p = 0.001$) was also observed, indicating that higher scores on athletic identity (i.e. participants identified more strongly with the athletic role), were associated with higher expectancies about counseling, expecting the counseling process to be a safe environment with an understanding that the counselor will offer appropriate challenges (Facilitative Factor), and that the counselor will understand their feelings and tell them exactly what to do (Counselor Expertise Factor).

Table 2: Intercorrelations between Attitudes Toward Seeking Psychological Help scores, Athletic Identity scores, the total score for Expectations about Counseling (EAC-B), and the four factors of the EAC-B (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance) and their Means and Standard Deviations for Female Athletes

Measure	1	2	3	4	5	6	7	M	SD
Female Athletes (n = 211)									
1. ATSPPHS	–							22.46	5.22
2. AIMS	0.085	–						48.78	9.89
3. EAC Total	-0.211*	0.163*	–					331.38	46.06
4. Pers Comm.	-0.380*	0.079	0.828*	–				5.38	0.89
5. Fac. Cond.	-0.213*	0.151*	0.889*	0.674*	–			5.83	0.86
6. Coun Exp.	-0.049	0.184*	0.805*	0.443*	0.673*	–		4.73	1.02
7. Nurt Fact.	-0.182*	0.110	0.884*	0.647*	0.853*	0.786*	–	5.17	0.93

Note. * $p < 0.01$; ATSPPHS = Attitudes Toward Seeking Professional Psychological Help; AIMS = Athletic Identity; EAC Total = Expectations About Counseling Total Score; Pers Comm. = Personal Commitment Factor; Fac Cond. = Facilitative Condition Factor; Coun Exp = Counselor Expertise Factor; Nurt Fact. = Nurturance Factor.

Source: Author's Present Study

To determine whether one of more of these variables were predictive of attitudes toward seeking psychology help, ATSPPHS was first regressed on AIMS and EAC total for female athletes. The two factor model produced $F(2, 208) = 6.57, p = 0.002$, accounting for 5.9 percent of the variability in ATSPPHS scores ($R^2 = 0.059$). The total score for the EAC was the only significant predictor of attitudes toward seeking help scores in this sample (see Table 3). Athletic identity did not significantly contribute to the variability in attitudes scores in this sample.

Table 3: Summary of Simultaneous Regression Analysis for Variables Predicting a Female Athlete's Attitudes toward Seeking Psychological Help (N = 211)

Measure	B	SE B	β
Athletic Identity	0.065	0.036	0.123
EAC-B Total	-0.026	0.008	-0.232*

Source: Author's Present Study

* $p < 0.01$.

Since EAC total was a significant predictor of attitudes toward counseling, ATSPPHS was regressed on the four factors of the EAC (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance) for female athletes. The four factor model produced

$F(4, 206) = 10.04, p = 0.001$, accounting for 16.3 percent of the variability in the ATSPPHS ($R^2 = 0.163$). The Personal Commitment factor was the only significant predictor of attitudes toward seeking help scores in this sample (see Table 4). The Facilitative Conditions, Counselor Expertise, and Nurture factors did not significantly contribute to the variability in attitudes scores in this sample.

Table 4: Summary of Simultaneous Regression Analysis for Variables Predicting a Female Athlete's Attitudes toward Seeking Psychological Help (N = 211)

Measure	B	SE B	β
Personal Commitment	-2.516	0.523	-0.427*
Facilitative Conditions	-0.147	0.782	-0.024
Counselor Expertise	0.884	0.533	0.173
Nurture	-0.116	0.848	-0.021

Source: Author's Present Study

* $p < 0.01$.

Male Athletes

Table 5 presents the means and standard deviations for ATSPPHS, AIMS, EAC total, and the four factors of the EAC (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurture) for the male participants, as well as intercorrelations among these variables. As can be seen in this table, there is a significant negative correlation between ATSPPHS and the EAC total ($r = -0.205, p = 0.004$), the Personal Commitment Factor ($r = -0.278, p = 0.001$), the Facilitative Conditions Factor ($r = -0.245, p = 0.043$), and the Nurture Factor ($r = -0.183, p = 0.011$). As participants' scores on the ATSPPHS increased (i.e. attitudes toward seeking psychological help were more negative), their expectations about counseling decreased or were more negative (lower scores on the EAC total).

Table 5: Intercorrelations between Attitudes Toward Seeking Psychological Help scores, Athletic Identity scores, the total score for Expectations about Counseling (EAC-B), and the four factors of the EAC-B (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurture) and their Means and Standard Deviations for Male Athletes

Measure	1	2	3	4	5	6	7	M	SD
Male Athletes (n = 193)									
1. ATSPPHS	–							25.78	5.31
2. AIMS	-0.020	–						52.54	9.95
3. EAC Total	-0.205**	0.082	–					313.01	56.13
4. Pers Comm.	-0.278**	0.101	0.903**	–				4.73	1.07
5. Fac. Cond.	-0.145*	0.033	0.891**	0.714**	–			5.31	1.02
6. Coun Exp.	-0.127	0.055	0.860**	0.688**	0.758**	–		4.80	1.05
7. Nurt Fact.	-0.183*	0.036	0.864**	0.739**	0.841**	0.799**	–	4.88	0.99

Source: Author's Present Study

* $p < 0.05$. ** $p < 0.01$.

It was predicted that those male athletes high in athletic identity would have more negative attitudes toward help seeking than those low in athletic identity, and that those with positive expectations about counseling would have more positive attitudes toward help seeking than those with negative expectations. To determine whether one or more of these variables were predictive of attitudes toward seeking psychology help, ATSPPHS was first regressed on, AIMS and EAC total for male athletes. The two factor model produced $F(2, 191) = 4.21, p = 0.016$, accounting for 4.2 percent of the variability in the ATSPPHS ($R^2 = 0.042$). The total score for the EAC was

the only significant predictor of attitudes toward seeking help scores in this sample (see Table 6). Athletic identity did not significantly contribute to the variability in attitudes scores in this sample.

Table 6: Summary of Simultaneous Regression Analysis for Variables Predicting a Male Athlete’s Attitudes toward Seeking Psychological Help (N = 193)

Measure	B	SE B	β
Athletic Identity	-0.001	0.038	-0.002
EAC-B Total	-0.019	0.007	-0.205*

Source: Author’s Present Study
* $p < 0.01$.

Since the total score for the EAC was a significant predictor of attitudes toward counseling, ATSPPHS was regressed on the four factors of the EAC (Personal Commitment, Facilitative Conditions, Counselor Expertise, and Nurturance). The four factor model produced $F(4, 189) = 4.59, p = 0.001$, accounting for 8.9 percent of the variability in ATSPHHS ($R^2 = 0.089$). The Personal Commitment factor was the only significant predictor of attitudes toward seeking help scores in this sample (see Table 7). The Facilitative Conditions, Counseling Expertise, and Nurturance factors did not significantly contribute to the variability in attitudes scores in this sample.

Table 7: Summary of Simultaneous Regression Analysis for Variables Predicting a Male Athlete’s Attitudes toward Seeking Psychological Help (N = 193)

Measure	B	SE B	β
Personal Commitment	-1.797	2.007	-0.363*
Facilitative Conditions	0.543	0.704	0.105
Counselor Expertise	0.634	0.614	0.126
Nurturance	-0.553	0.806	-0.102

Source: Author’s Present Study
* $p < 0.01$.

Discussion

The purpose of the current research was to investigate what athlete-specific factors might impact the attitudes and expectations of athletes toward help seeking and counseling. Consistent with previous research (Watson 2005), results demonstrated that for both men and women, expectations about counseling significantly predicted one’s attitudes toward seeking professional help. Therefore, if a student athlete has poor expectations about counseling, it will negatively impact her or his attitudes toward seeking help. It was also found that one’s personal commitment to counseling (i.e. expectation that one will need to take responsibility in counseling, be involved in the process, and expect a good outcome) predicted one’s attitudes toward seeking help. Hence, one could conclude that if one felt uninvolved, less motivated, and expected a poorer outcome in counseling, he or she would have a more negative attitude toward seeking help.

Results also indicated that there was a significant difference between men and women on attitudes toward seeking professional help, expectations about counseling, and athletic identity which prompted the analyses for this study to be run separately for men and women. One significant gender effect was that for women, athletic identity was significantly related to expectations about counseling. In short, those who identified more strongly with the athletic role reported higher expectancies about counseling, also expecting the counseling process to be a safe environment. They expected that the counselor will offer appropriate challenges and that the counselor will understand their feelings and tell them exactly what to do. Also, counter to our

prediction—and to Watson's (2005, 2006) findings—that athletes high in athletic identity would have more negative attitudes toward help seeking than those low in athletic identity, it was found that athletic identity did not relate to one's attitudes toward seeking professional help. Thus it would seem that one's identification with being an athlete does not significantly influence one's attitude toward seeking help for this sample population. One possible explanation for this finding could be that the sport culture of “no pain, no gain,” “showing no weakness,” “toughing it out,” and “sucking it up” is more influential than necessarily one's identification with the athlete role in predicting and influencing one's attitude toward seeking help. This would be consistent with previous research (Gulliver, Griffiths, and Christensen 2012; Lopez and Levy 2013) that found that athletes listed stigma and the embarrassment of seeking help as reasons for not seeking help.

These findings must be interpreted within the context of the study's limitations. Arguably the most significant limitation was that athletes completed the questionnaires with their teammates which could have had an impact on their responses. For example, a participant may be embarrassed by her answers, so she might have answered in a more socially appropriate manner. Athletes may also respond in the context of being a team member rather than in the context of being an individual when completing the questionnaires with their teammates. Future research should control for this, and possibly have the athletes complete the questionnaires individually. Another limitation of this study is that student athletes from the various teams took the measures at different times throughout the school year. Thus, some student athletes completed the questionnaires during the fall semester while others completed them at the start of the spring semester. As a result, some athletes could have had exposure to counseling or counseling services throughout the semester while others would not have had that opportunity if they took the measures closer to the start of the fall semester. Information on when they had exposure to counseling (if they had exposure) was not collected; thus, we were unable to control for this in the analyses. Future research should try to have all student athletes complete the questionnaires around the same time of year. It should also examine the influence of previous counseling experiences on expectations about counseling and attitudes about seeking help along with when they had contact with counseling services. Participating in counseling previously could either positively or negatively impact these attitudes and expectations depending on the athletes' experience. Also, given the data was collected through self-report, interpretations based on the data are made carefully. Despite the limitations, this study provides important information to college counselors, student affairs professionals, and athletic departments as they continue to work to address the mental health needs of their student athletes.

Implications for Practice

While the mental health needs of student athletes are starting to gain some recognition and attention by the NCAA and athletic departments, there is still a knowledge gap in relation to the best ways to educate student athletes about mental health and to promote mental health services. The above findings assist in this mission by expanding on previous research on student athletes by identifying specific factors that impact athletes' expectations about counseling and attitudes about seeking professional help. In addition to being aware of the sports culture and special needs of student athletes, it will be important for counselors and student affairs professionals to take the factors found in this study, particularly gender differences, into consideration when creating programming for student athletes. Female athletes with a stronger athletic identity tended to have higher expectations about counseling. When doing programming for female athletes, presenters may want to focus on exploring and discussing these expectations so as to provide accurate information about what the counseling process looks like. Discussing these expectations could also influence one's attitude toward seeking help for both male and female athletes.

It would also be helpful for programming to address and explain the counseling process and how one participates in counseling. Specifically, education about counseling should address

myths and misconceptions about counseling along with providing clarity as to what occurs in a counseling session. In addition, education focusing on one's involvement in the counseling process (i.e. taking responsibility in counseling, ways to participate in the process, etc) can positively influence student athletes' commitment to counseling and attitudes toward seeking help. It will be important to also include coaches in this education and programing, as coaches are often first to know a student athlete may be struggling. Professionals can partner with coaches to come to practices or team meetings to provide information about mental health and counseling services. Having the support and encouragement of coaches to seek help could help reduce the stigma around mental health and help seeking. If student athletes feel like their coaches would not treat or view them differently, they may feel like it is more acceptable for them to seek counseling.

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