

The Impact of Traditional, Black, and Athlete-based Masculinity on Psychological Help-Seeking Among Black Men College Athletes

By

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Abstract

This study examined how conforming to traditional, Black, and athlete-based masculine norms impacts self-stigma of help-seeking. Social support was examined as a buffer between self-stigma and willingness to seek help. Participants were from NCAA Divisions I, II, and III men's sports teams. Hypotheses were 1) after accounting for control variables (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment, and knowing someone who has sought mental health treatment vs. not knowing someone), greater adherence to traditional masculine norms will positively predict self-stigma of help-seeking, 2) after accounting for control variables and traditional masculine norms, greater adherence to Black masculine norms and athlete-based masculine norms will positively predict more self-stigma of help-seeking, 3) greater self-stigma of help-seeking will predict less willingness to seek help, 4) social support related to help-seeking will moderate the relationship between self-stigma of help-seeking and willingness to seek help, such that 4a) among individuals with low social support related to help-seeking, there will be a significant, moderate, negative relationship between self-stigma of help-seeking and willingness to seek help and 4b) among individuals with high social support related to help-seeking, there will still be a significant, but small, negative relationship between self-stigma of help-seeking and willingness to seek help. A regression analysis was used to test hypotheses 1, 2, and 3, the Hayes (2013) PROCESS macro model was used to test hypothesis 4. Results revealed greater adherence to traditional, Black, and athlete-based masculine norms did not positively predict self-stigma of help-seeking. Greater self-stigma of help-seeking predicted less willingness to seek help and social support for help-seeking did not moderate the relationship between self-stigma of seeking help and willingness to seek help. Implications for future research and study limitations are discussed.

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CHAPTER 1: INTRODUCTION

College can be a stressful time for young adults. This time can also pose mental health challenges and/or concerns for college students. According to the American College of Health Association, in 2015, approximately 50% of college-attending adults met the diagnostic criteria for a mental disorder (Cheng et al., 2018). Among the college population, it has also been found that racially/ethnically diverse college students with higher levels of self-stigma of seeking psychological help are less likely to seek help and that racial/ethnic minority college students are less likely than their non-Hispanic White peers to use mental health services (Cheng et al., 2018). It has also been found that African-American and Asian American college students have less favorable help-seeking attitudes toward professional psychological services than their non-Hispanic White counterparts (Cheng et al., 2018).

While college is already stressful, being a student-athlete can bring about additional stressors. Unique stressors that are associated with intercollegiate athletic participation include extensive time demands, pressures to achieve, injuries, burn out, and conflict with teammates or coaches that may pose a risk for greater psychological distress for student-athletes, such as anxiety and depression (Collins et al., 2005), yet student-athletes still underutilize mental health services and have more negative attitudes toward help-seeking (Ramaeker & Petrie, 2019; Watson, 2005, 2006). National Collegiate Athletic Association (NCAA) Division I student-athletes have higher levels of stress and other behavioral health issues, including substance use/recreational drugs, compared to nonathletes and experience additional issues such as anxiety disorders and eating disorders (Sudano et al., 2016). Lopez and Levy (2013) identified barriers to help-seeking among student-athletes as lack of time to seek services, fear of stigma for seeking services, fear that teammates will find out they are in treatment and fear that they will be

considered weak. Student-athletes may also be less likely to admit to behavioral health issues and seek mental health care (Sudano et al., 2016).

Within the context of intercollegiate athletics, Black and/or African-American men tend to be overrepresented (Hodge et al., 2008). Combining the stress of being a student-athlete, there are also stressors of identifying as a Black man on a college campus (Bimper & Harrison, 2011). There is both a gender and race disparity when it comes to Black men seeking mental health resources. According to Heath et al. (2017), at least 70% of college men that experience mental health concerns do not seek counseling or other mental health resources. In addition, research has found that compared to their White counterparts and Black women, Black men are less likely to engage in help-seeking behaviors, particularly, related to psychological or mental health issues (Addis & Mahalik, 2003; Barksdale & Molock, 2008; Heath et al., 2017; Matthews & Hughes, 2001; Ward & Besson, 2012; Murray, 2001; Powell et al., 2016). Based on this information, we know that college students, student-athletes, and Black men are under stress and pressure in the collegiate arena, and therapy and/or counseling may be helpful. The problem lies in the harsh reality that not everyone seeks help. The question now is, how can we help this population or even get them to go to therapy? We must first identify and acknowledge the barriers associated with help-seeking. The current study examined the impact of adhering to Black masculine norms and athlete-based masculine norms on attitudes toward engaging in help-seeking behaviors and examined whether social support served as a buffer.

Definition of Terms

Athlete-based masculinity. Traditional messages of masculinity that are conveyed within the athletic domain (e.g., power, dominance, competition) and consist of norms, behaviors, and values that operate within sports that can influence the masculinity development of an athlete by conveying messages about what it means to be a man (Steinfeldt et al., 2011). In the current study, athlete-based masculinity was measured using the Athlete's Perception of Masculinity Scale (Jones, 2014).

Black masculinity. A more specified and population-specific definition of masculinity and manhood for Black men. Defined by personal aspirations, social consciousness, responsibility to themselves and others (Goodwill et al., 2019) also includes self, family, human community, spirituality, and humanism (Mincey et al., 2014). In the current study, Black masculinity was measured using the Masculinity Inventory Scale for Black Men—Black Masculinity subscale (Mincey et al., 2014).

Masculinity/traditional masculinity ideology. Traditional masculinity ideology can be defined as a common set of standards and expectations associated with the traditional male role throughout most of the world, describes beliefs about the norms for masculinity in a patriarchal society, and are an individual's internalization of cultural belief systems and attitudes toward masculinity and men's roles (Gerdes et al., 2018; Levant et al., 2009). In the current study, traditional masculinity was measured using the Male Role Norms Inventory-Short Form (Levant et al., 2012).

Self-stigma of help-seeking. Internalization of negative stereotypes about people who seek psychological help and may lead people to avoid seeking help due to affecting feelings of self-esteem and self-efficacy (Pattyn et al., 2014; Vogel et al., 2006). In the current study, self-

stigma of help-seeking was measured using the Self-Stigma of Seeking Help Scale (Vogel et al., 2006).

Social support related to help-seeking. The care or help from others that an individual can feel, notice, or accept, which affects a person's physical and mental health, and behavior patterns (Wang et al., 2014). In the current study, social support related to help-seeking was measured using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

The term *Black* is used mostly in reference to African-Americans in the United States and other people of African ancestry.

CHAPTER 2: LITERATURE REVIEW

College is a time of transition in a young person's life in which they encounter new experiences and life changes, as well as confront new stressors. Regardless of gender, race, or any additional intersecting identities, the mental health of the college student population as a whole is not something that has been taken lightly. Extensive research has been conducted examining college student mental health, as well as specific groups within this population including minority college students and student-athletes. Mental health, help-seeking and stigma literature has revealed gender and racial differences regarding factors that may increase or decrease the likelihood of engaging in help-seeking behaviors. While there is research examining these variables, there is still a gap in the literature on specific experiences of Black male student-athletes. In an effort to bring awareness to the unique experiences of this population, this study focused on the impact of masculinity and stigma toward help-seeking among Black male student-athletes and how social support impacts that relationship.

College Student Stress

Stress associated with being a Black college student. The college experience of Black men and women is often accompanied with stressors that are unique and may not be present for members of other racial groups. Some Black students are considered "first-generation" students in which they are one of the first of few people to attend college, so there is a pressure felt to succeed where others have failed or were not afforded the opportunity (Kimball & Freysinger, 2003). African-American students are more likely to drop out of college than their nonminority counterparts (Lindsey et al., 2011). As it relates to Black college men, internalized oppression may lead to lower achievement due to expectations being low (Pelzer, 2016). Minority status stress (MSS) describes the unique stressors experienced by minority students, which may include

experiences with racism and discrimination, insensitive comments, and questions of belonging on a college campus that are likely to heighten feelings of isolation and affect students' adjustment to college (Greer & Brown, 2011). Findings from studies have revealed that MSS is related to poorer mental health outcomes and that Black college students are more likely to experience MSS than other racial groups (Greer & Brown, 2011; McClain et al., 2016).

It is important to delineate the differences between the stressors associated with a Black student attending a Predominately White Institution (PWI) and a Historically Black College or University (HBCU). Researchers examining the experiences of Black men found acceptance, cultural conflict, racism/discrimination, and social support to be stressors experienced by this group at PWIs, whereas image and lack of resources for advancement were identified as stressors at HBCUs (Watkins et al., 2007). Identifying as a student-athlete, being first generation college students, money, and grades were stressors that overlapped between the two types of institutions that had an impact on Black men's health (Watkins et al., 2007). Both Black men and women attending PWIs are particularly prone to experiencing MSS compared to their HBCU counterparts (Greer & Brown, 2011). These findings unveil the unique stressors that Black college students experience along with the typical challenges faced by all college students.

Stress associated with being a student-athlete. College student-athletes have a college experience that is very different from non-athlete college students. In addition to the traditional college challenges of leaving home and adjusting to the college lifestyle, student-athletes must also face the challenge of living with the athletic stigma on campus and meeting athletic demands. College student athletes are expected to spend a great deal of their time in preparation for sport competition (Bimper & Harrison, 2011). In addition to meeting academic requirements

and fulfilling their role as a student, student-athletes' weekly schedules also consist of study time, group meetings, tutoring and test preparation, along with fulfilling athletic demands such as practicing, traveling for competitions, and being treated for injuries (Lopez & Levy, 2010). As a result, "lack of time" is a common reason why student-athletes do not utilize mental health resources on their campuses. Isolation from loved ones, pressure to excel, burnout, and conflict with teammates and coaches, have also been noted as stressors that student-athletes face (Barnard, 2016; Sudano, Collins, & Miles, 2017). Additional risk factors for college student-athletes include an increased risk for mental disorders, sport-related stress, increased levels of risk-taking behaviors associated with drinking alcohol, disordered eating, and head injuries, which can trigger depressed mood (Gulliver et al., 2012; Steinfeldt & Steinfeldt, 2012). Some researchers have even deemed college student-athletes as a vulnerable population due to the uniqueness of their experiences compared to non-athlete college students, particularly highlighting the significant differences in the development of student-athletes compared to their non-athlete peers (Barnard, 2016; Watson & Kissinger, 2007). It has been found that an estimated 15% of student-athletes experience psychological distress that requires clinical attention (Watson, 2005).

Stress associated with being a Black man student-athlete. Relating to addressing the intersectionalities of race and gender, Black student-athletes, specifically men, experience additional challenges. One would be remiss to not acknowledge race as it relates to the identity of Black male student-athletes. As a Black male student-athlete, the roles of athlete and "black" are both salient. The intersection of these identities has been described as a modern day "double consciousness," or the idea that Black people struggle with being a "negro" and an American (Du Bois, 1903). Bimper and Harrison (2011) further explained that identifying as both African-

American and an athlete are two dominant identities and self-concepts that African-American athletes may struggle to navigate. Black student-athletes may also face obstacles in the campus environment and in the classroom because of the duality of being both African-American and a college athlete. These students must also fend against the coupling of Black racial and dumb jock stereotypes. Being a Black student-athlete presents additional challenges, such as difficulties with faculty interactions, negative stereotyping of academic competencies, preparedness, athletic abilities, and personal dispositions accentuated by their athlete status (Bimper & Harrison, 2011). The Black student-athlete's plight is used to reinforce the pervasive stereotypic notions of Blacks as athletically superior but intellectually inferior to Whites. This poses as another stressor for Black male student-athletes (Johnson & Migliacio, 2009). The underrepresentation and overrepresentation of Blacks and Whites associated with specific sports contributes to a continuation of racial stereotypic beliefs about intellect and athletic ability with Black athletes being concentrated in sports such as basketball, baseball, football, and track and field events (Hodge, Harrison, Burden, & Dixson, 2008). Researchers contend that the pervasiveness of sport-related racial stereotypic beliefs about intellect and athleticism can do social and psychological harm to Black youth (Hodge et al., 2008).

The athlete can be identified as a symbol of success for many in the African-American community, which influences the identity formation of African-American boys to achieve this "African American Dream" (Johnson & Migliacio, 2009). From a young age, the connection for boys to professional sports and the general sports experience is more pronounced for African-American males, as sport is commonly identified as an avenue out of poverty for many Blacks (Johnson & Migliacio, 2009). Media portrayals also affect the Black community by creating a belief that the pursuit of sport offers boys a chance at being successful. Through interviews,

Kimball and Freysinger (2003) found that the African-Americans in their study disclosed an added pressure to succeed in their sport, as that was how many of them were admitted into their respective universities. This pressure can be viewed as an added stressor that many Black male student-athletes may face.

Barriers to Mental Health Care

Stigma is a well-documented global barrier to help-seeking behavior, engagement in care, and adherence to treatment across a range of health conditions (Stangl et al., 2019). Related to treatment avoidance, individuals wanting to avoid being labeled (Bathie & Pryor, 2011) has been found to be a barrier in engaging in help-seeking behaviors (Corrigan et al., 2012; Jennings et al., 2015). The negative association between stigma and formal help-seeking is generally stronger for specialist care than for general care, hence the emphasis on help-seeking related to psychological and/or mental health related issues (Pattyn et al., 2014).

Race and gender intersect with mental health and help-seeking stigma and women are more predisposed and have been found to seek help more than men (Brown et al., 2017; Cheng et al., 2018; Strangl et al., 2019). Many researchers have identified stigma as a primary barrier preventing all individuals, including Black men and student-athletes, from seeking mental health treatment (Campbell & Mowbray, 2016; Goodwill et al., 2018; Gulliver et al., 2012; Jones, 2016; Ward, & Besson, 2013). Cheng et al. (2018) found that college students with greater self-stigma were less likely to endorse favorable attitudes toward seeking professional psychological help, in particular, higher self-stigma was associated with less favorable attitudes toward seeking counseling. It is important to note that research shows that men are diagnosed more often with conduct disorders and complete suicide four times as often as women, relating to why stigma

towards help-seeking is an important issue to discuss (Addis & Mahalik, 2003; Levant et al., 2009).

Help-seeking barriers for students of color. Not only does stigma present as a barrier for people of color, but it also presents as a barrier for students of color compared to their White counterparts. Stigma has been noted as a major obstacle of mental health service use among African-Americans and researchers have identified stigma as a reason for the underutilization of mental health services among African-American college students (Masuda et al., 2012). Calloway, Kelly, and Ward-Smith (2012) sampled a group of Black, Asian, Hispanic, Pacific Islander, and White college students and identified stigma, confidentiality, self-reliance, treatment concerns, and lack of awareness of services as barriers to seeking help for psychological distress.

Help-seeking among men. A man's masculinity ideology or the normative prescriptions of masculinity can directly and indirectly influence men's health behaviors. Wade (2008) concluded that nontraditional masculinity was related to personal wellness. Gender has been found to be a moderator for the relationship between public stigma and self-disclosure among college students with mental illness (Brown et al., 2017). Researchers found that women are generally subjected to less mental illness-related stigma than men and are more likely to disclose a mental illness and seek assistance compared to men (Brown et al., 2017). Results from Bathje and Pryor's (2011) study revealed that women have stronger intentions to seek help and more positive attitudes toward seeking it, are less likely to manifest self-stigma, less likely to endorse stigmatized reactions, and indicate less perception of public stigma. Men are also less likely to seek out mental health treatment than women, and when they do, they may hold expectations or beliefs about seeking treatment that may be dangerous to their health (Levant et al., 2009). Men

are less likely than women to seek help for problems as diverse as depression, substance abuse, physical disabilities, and stressful life events (Addis & Mahalik, 2003).

Help-seeking barriers among Black men. When it comes to help-seeking among Black Americans, and specifically Black men, culture plays a major role in shaping beliefs, values and rule systems, problem-solving patterns, communication styles, and learned coping behaviors (Hines-Martin et al., 2003; Campbell & Long, 2014; Matthews & Hughes, 2001; Pedersen, 1986). Culture can also be considered when it comes to how people define and think about illness (Campbell & Long, 2014; Kleinman, 1992). As a result of this, culture can be viewed as a social determinant that affects the health and well-being of individuals and communities, relating to mental health and behavioral health (Murray, 2001). African-American men experience fewer symptoms of depression than White men, but African-American men tend to have more severe symptoms. Campbell and Long (2014) revealed that within the year 2012, only 7.4% of African-American men utilized any type of mental health service in response to problems with emotions, nerves, mental health, or drug or alcohol abuse compared to 12.2% of African-American women (Ward & Besson, 2012).

Help-seeking barriers among student-athletes. According to Watson (2005), college student-athletes reported more negative attitudes toward seeking professional psychological help and lower expectations for counseling when compared to non-athlete college students. Martin (2005) found that when compared with their peers in noncontact sports, student-athletes who played in physical contact sports such as football or wrestling reported significantly higher levels of negative attitudes toward seeking psychological help (Steinfeldt et al., 2009). Wasylikiw and Clairo (2018) also found that compared to non-athletes, athletes scored higher on masculinity and lower on willingness to seek help. Student-athletes have been found to report negative

attitudes about seeking help from others, and among men, the stigma toward seeking help is exacerbated by their athlete status (Martin, 2005; Martin et al., 1997; Steinfeldt et al., 2009; Watson, 2005, 2006). In particular, football players have been a hot topic for their outward expression of hypermasculinity, while the visible display of perceived weakness, including help-seeking for mental illness, is rejected and stigmatized (Smith, 2008). Jones (2016) also found higher levels of masculinity to be correlated with higher levels of averseness to help-seeking and negative perceptions of mental illness.

Sport psychology consultants are helping professionals who provide services including educating clients on the role of psychological factors in sports, exercise, and physical activities while also providing skill training on the mental, behavioral, psychosocial, and emotional aspect of sports and other physical activities (Association of Applied Sport Psychology, 2010).

Compared to female student-athletes, male student-athletes are more likely to stigmatize sport psychology consultants. Noncontact sport participants reported greater confidence in and held less negatively stigmatized views toward sport psychology consultation than other groups (Martin, 2005).

Stigma of Help-Seeking

In all the populations addressed above, stigma has been suggested to be an important factor in the help-seeking process with a small to moderate negative effect on help-seeking. Stigma is a well-documented global barrier to health-seeking behavior, engagement in care, and adherence to treatment across a range of health conditions and are cues that elicit stereotypes and knowledge structures that the general public learns about a marked social group (Corrigan, 2004; Stangl et al., 2019). Stigma has been suggested to be an important factor in the help-seeking process with a small to moderate negative effect on help-seeking. Two types of stigmas exist:

public stigma and self-stigma, and both can simultaneously have an impact on help-seeking (Corrigan, 2004). Researchers have found that the endorsement of public stigma and self-stigma were directly related to attitudes toward seeking counseling, specifically, those attitudes toward help-seeking were strongly related to intentions to seek counseling (Bathje & Pryor, 2011). It is also important to note the two types of stigmas most relevant to psychological care: mental illness and help-seeking. The current study examined help-seeking stigma, particularly one's self-stigma toward help-seeking. It is important to note the two constructs of public stigma: awareness and endorsement. Due to there not being one single measure to capture both constructs of public stigma (Bathje & Pryor, 2011), self-stigma was more closely examined and measured in the current study. Race and gender appear to intersect with mental health-related stigma, influencing its severity. Certain mental health concerns are perceived as masculine (e.g., addiction, antisocial personality disorder) and others as feminine (e.g., eating disorder), and public stigma towards issues perceived as masculine appears to be higher than towards those perceived as feminine (Stangl et al., 2019).

Public stigma of help-seeking. Public stigma is defined as an understanding of the general population's negative appraisal of people with social devalued attributes such as mental illness, the common stereotypes held by the general population, and refers to a set of prejudicial attitudes, discriminatory behaviors, and biased social structures that result when a sizable group endorses stigma about a subgroup, and what a naïve public does to the stigmatized group when they endorse the prejudice about that group (Brown et al., 2017; Corrigan et al., 2012; Corrigan, 2004; Mak et al., 2014). It can also be referred to as discrimination and devaluation by others and may lead individuals to avoid seeking help if they expect that others discriminate against and devalue service users (Pattyn et al., 2014). According to Vogel et al. (2006), public stigma

associated with help-seeking is an external form of stigma that denotes the perception held by society that individuals are undesirable or socially unacceptable if they were to seek help.

Among other forms of stigma, public stigma represents a barrier to community engagement, social relationships, and treatment-seeking among the population of people with a mental illness (Maier et al., 2014). As a result, many people keep their experiences with mental illness private, causing an emotional toll on the individual (Brown et al., 2017). Findings from researchers' studies revealed that public stigma is associated with mental illness disclosure among college students because it is associated with an increased perceived burden, particularly among men (Brown et al., 2017).

Self-stigma of help-seeking. Self-stigma associated with seeking help refers to the perception held by the individual that he or she is undesirable or socially unacceptable if they were to seek help, resulting in a reduction in one's self-esteem and self-reliance (Bathje & Pryor, 2011; Corrigan et al., 2012; Corrigan & Al-Khouja, 2018; Vogel et al., 2006; Jennings et al., 2015; Pattyn et al., 2014). Jennings and colleagues (2015) found that higher perceived stigma, self-stigma, and self-reliance were all related to a more negative attitude toward treatment-seeking. They concluded that when individuals perceive that others will view them negatively for seeking treatment, they may endorse similar stigmatizing beliefs toward themselves and prefer to handle their problems on their own rather than seeking treatment (Jennings et al., 2015). Fundamental suppositions of social psychological research on prejudice suggest why self-stigma would dissuade people from being labeled and seeking treatment. Research has also shown a significant relationship between shame and avoiding treatment. One study revealed research participants who expressed a sense of shame from personal experiences with mental illness were less likely to be involved in treatment (Corrigan, 2004). Stigma, in general, is

associated with an increased stress burden in various domains of one's life (Brown et al., 2017). It encompasses stereotypes (beliefs about a stigmatized group such as people with mental illness are dangerous or to blame for their illness), prejudice (agreement with stereotypes leading to emotional responses; "That's right—all people with mental illness are dangerous and I fear them."), and discrimination (the behavioral result of prejudice such as the landlord who will not rent to people with mental illness; Corrigan et al. 2012).

Masculinity

While stigma is viewed as a barrier for the general population engaging in help-seeking behaviors, masculinity also plays a role in help-seeking for men. Masculinity is the personification of a socially constructed set of behaviors and is often expressed by men through the mainstream and traditional ideals of accumulating wealth and material possessions and by gaining social power and positions of influence (Alexander, 2006; Kimmel, 2002; Martin & Harris, 2006). Socialized masculine norms are rules or standards that influence whether people view men's behaviors as "acceptable" or "unacceptable" and seeking help for psychological concerns may be incongruent with many masculine norms (Heath et al., 2017). Traditional masculinity ideology can be defined as a common set of standards and expectations associated with the traditional male role throughout most of the world, describes beliefs about the norms for masculinity in a patriarchal society, and are an individual's internalization of cultural belief systems and attitudes toward masculinity and men's roles (Gerdes et al., 2018; Levant et al., 2009). It is also a system of social beliefs regarding the expectations of how men 'should be' and influence how adults think, feel, and behave in gender-salient matters (Levant et al., 2009). Gender role conflict is defined as the cognitive conflict and negative emotions that result from defying or wanting to defy masculine norms or seeking help and occurs when adherence to

socialized gender roles results in restricting one's own behavior or emotions and devaluing dimensions of oneself or others such as emotionality (Levant et al., 2009; Yousaf et al., 2015). It is also associated with low help-seeking and subscribing to high traditional male norms. Wong et al. (2013) also note that perceived masculinity is "a construct that describes people's perceptions of how masculine a group of people is and is grounded in the stereotype literature on people's subjective notions of gender."

At an early age, many boys are taught to be physical, aggressive, homophobic, unemotional, and athletic (Whitson, 1990). Society as a whole also defines masculinity and what it means to be a man, which also influences boys and men. Throughout childhood and adolescence and throughout adulthood, men are socialized to society's traditional and hegemonic masculinity. Restriction of emotions tends to be one of the main tenants of traditional masculinity ideology and men who endorse traditional masculinity ideology have been found to experience higher levels of stress and anger (Levant et al., 2009; Levant et al., 2013). In a study reviewing masculinity attitudes, gender, and attitudes toward psychological help-seeking, researchers found that men's psychological help-seeking attitudes can be predicted from their attitudes about traditional masculinity norms and that they are more reluctant to seek psychological help in part due to their attitudes about how they think men should think and behave (Yousaf et al., 2015). Individuals who endorse traditional masculinity ideology are likely to conform to traditional masculine norms (Levant et al., 2009). According to Steinfeldt et al. (2009), traditional hegemonic masculinity norms include being strong and invulnerable, not expressing emotions, being resilient, and independent, and are a key influence on psychological help-seeking among men. A man's endorsement of traditional masculinity ideology can affect his appraisals and perceptions of events. For example, masculine gender role stress has been

found to predict increased anger, anxiety, and hostility and is associated with failing to engage in health-promoting behaviors with risky health habits (Levant et al., 2009).

Masculinity and help-seeking. Endorsement of traditional masculinity norms, including, being strong and invulnerable, not expressing emotions, being resilient, and being independent, is a key influence upon psychological help-seeking among men (Yousaf et al., 2015).

Researchers found a strong relationship between men's psychological help-seeking attitudes and adherence to traditional masculinity norms (Yousaf et al., 2015). Further affirming the idea that men's attitudes toward psychological help-seeking are more negative than women's (Yousaf et al., 2015). Findings from Steinfeldt et al.'s (2009) study revealed that men's psychological help-seeking attitudes can be predicted from their attitudes about traditional masculinity norms.

Levant has conducted extensive research on masculinity and help-seeking attitudes among men and has found various dimensions of masculinity used in research including traditional masculinity ideology, conformity to masculine norms, gender role stress, and gender role conflict (Levant et al., 2009; Levant et al., 2013). Prior research has focused on the relationship between gender role conflict and psychological variables. Overall, measures of gender role conflict, conformity to masculine norms, and traditional masculinity ideology have been used to examine the relationship between masculinity variables and attitudes toward seeking psychological help.

Self-stigma, gender role conflict, and conformity to traditional masculine norms act as barriers to men's psychological help-seeking. Self-stigma develops from public stigma, an internalization of the public's negative stereotypes and perceptions and viewing oneself negatively for seeking help (Vogel, 2011). A considerable amount of research has been conducted on the link between masculinity and self-stigma of help-seeking. The decision to seek

help varies because of the degree to which men endorse male norms that may or may not be congruent with help-seeking (Addis & Mahalik, 2003). Men who are more likely to self-stigmatize are less willing to seek counseling than men who are less likely to self-stigmatize and men's attitudes are linked more strongly to self-stigma, as compared to women's attitudes, due to gender role conflict (McCusker & Galupo, 2011; Nam et al., 2013). Data suggests that higher levels of male gender role conflict are linked to greater self-stigma in men and self-stigma has been found more strongly to relate to help-seeking attitudes than public stigma (Vogel et al., 2007). Heath et al. (2017) found that masculine norm adherence was linked to increased help-seeking self-stigma and self-disclosure risks, consistent with prior research. Certain mental health concerns are perceived as masculine (e.g., addiction, antisocial personality disorder) and others as feminine (e.g., eating disorder), and public stigma towards issues perceived as masculine appears to be higher than towards those perceived as feminine (Stangl et al., 2019). While examining the relationships of public and self-stigma in seeking mental health services, Bathje and Pryor (2011) compared women to men and found that women had stronger intentions to seek help and more positive attitudes toward seeking it and were less likely to manifest self-stigma. In Wasylikiw and Clairo's 2018 study, results revealed that intercollegiate athletes were more likely to endorse masculine norms which predicted less favorable attitudes toward help-seeking because of self-stigma. Hammer et al. (2013) also found that among male subgroups, masculine norms were linked to self-stigma and as a result, attitudes toward counseling. Consistent with previous research, Cole and Ingram (2020) found that self-stigma predicted decreased willingness to engage in professional help-seeking behaviors among college men due to the positive relationship between experiencing gender role conflict and holding increasingly self-stigmatizing views.

Black masculinity. Much of the prior research examining masculinity and help-seeking among men has focused on “traditional” or hegemonic masculinity ideology and not taken into account multicultural contexts or intersections within masculinity such as race, ethnicity, or sexual orientation. Heath et al. (2017) identified a limitation of their study as it not being generalizable to other groups of men, besides predominately white, heterosexual, college-aged men, and called for more studies to examine multicultural masculinity or the intersection of masculinity with other aspects of identity. Hammond and Mattis (2005) also called for a recommendation for more studies examining Black American masculinities. Griffith et al. (2012) examined gaps in the literature on masculinity and the health of men of color. Although masculinity comes in different forms and the idea of masculinity for Black men is similar to some traditional aspects of being a man, there are also ideas that are specific to being a Black man (Mincey et al., 2014). Masculinity norms can mitigate African-American men’s health help-seeking and most psychologically vulnerable African-American men may be at greatest risk for delayed help-seeking leading to depression (Powell et al., 2016). Men’s gender role conflict is a consequence of conforming to or deviating from traditional masculinity and research suggests that African-American men may experience higher levels of gender role conflict than European American men (Norwalk et al., 2011; O’Neil, 2008).

Prior research conducted on masculinity and manhood with a focus on Black men has found their ideas of manhood to be different from those of “traditional” male characteristics (Chaney, 2009; Hammond & Mattis, 2005; Hunter & Davis, 1992; Mincey et al., 2014). Vogel et al. (2011) found that endorsement of the dominant masculine ideals is related to higher levels of self-stigma and less favorable attitudes toward seeking help among men from diverse backgrounds. For this reason, researchers have called for masculinity research to take a further

look into multicultural forms of masculinity. Chaney (2009) suggested that “the model of hegemonic masculinity is not sufficient when trying to examine how Black men define or describe ‘manhood.’” Researchers found a positive association indicating that higher scores on the masculinity measures were associated with higher rates of the health outcome, a negative association indicated that higher scores on the masculinity measures were associated with lower rates of the health outcome among men of color compared to their White counterparts (Griffith et al., 2012). Twelve of the twenty-two studies that were reviewed included a review of a relationship between masculinity and some aspect of mental health, which was also the most common outcome in the studies.

Masculinity is often expressed by men through the mainstream and traditional ideals of accumulating wealth and material possessions and by gaining social power and positions of influence (Martin & Harris, 2006). Research conducted by Hunter and Davis (1992) found that Black men additionally defined manhood through self, family, human community, and spirituality and humanism. Researchers have also suggested that sports are effective mediums for African-American masculine expression (Martin & Harris, 2006). Additional descriptors of Black masculinity were found in Harper’s (2004) study in which Black college men described their masculinity through dating and pursuing romantic or sexual relationships with women, athletic activity, and competition. Mincey et al. (2015) also found that Black men described manhood as “taking care of business, handling responsibilities, and providing for family” (p. 325). Most Black college men in the study also identified with mainstream society or Black masculinity. Researchers found twelve subthemes that described the ways in which groups of people influenced masculinity for the Black male participants. The twelve subthemes were leadership, power, injustice, death, inspiration & admiration, family dynamics, violence,

compartmentalization, family & relationships, sacrifice, and morality & sexuality. Black males' cultural identity and masculinity are often tied to athletic participation and performance and their self-identity may be shaped by an overidentification to the athletic role (Beamon, 2012; Roberts-Douglass & Curtis-Boles, 2013). Researchers have identified different orientations through which African-American men express their masculinity. More precisely, the cool pose has been displayed in athletic contexts in which African-American men tend to express their masculinity (Boyd, 2003; Majors, 2001; Messner, 1992).

Wong et al. (2013) also examined college students' perceptions of Asian, Black, and White men's masculinity. Significant racial differences were found on the Perceived Masculinity Scale, particularly, Asian men were perceived as less masculine than Black and White men, and Black men were perceived as significantly more masculine than White men (Wong et al., 2013). These results may have implications for men conforming to their already-held stereotypical masculine beliefs, such that White American men tend to be stereotyped as lacking masculinity, whereas Black American men are stereotyped as hypermasculine. In this study, Black men were viewed as having larger physical attributes, which was associated with perceiving Black men as more masculine (providing support for the hypothesis that racial differences in perceived masculinity were mediated by stereotypes about men's physical attributes and physical/athletic abilities). Overall, Black men were perceived as having superior sexual/romantic abilities, equating to being more masculine (Wong et al., 2013).

As it relates to overall well-being and engaging in help-seeking behaviors, traditional masculinity and gender role conflict can lead to health deficiencies. Based on the research presented in this section, one may argue that it is important to differentiate "Black" masculine ideology from "traditional" ideology, as Black men value and view manhood in a different way

than men from other racial and ethnic groups. Understanding the contribution of Black masculine ideology on self-stigma of help-seeking that may be unique from traditional masculine ideology will assist in understanding the unique help-seeking barriers for Black men.

Athlete-based masculinity. Sports is a way in which boys and men personify their perceptions of manhood, but it is especially salient within Black culture (Connell & Messerschmidt, 2005; Martin & Harris, 2006; Roberts-Douglass & Curtis-Boles, 2013). Boys and men learn masculine norms through various socialization activities including sports and also learn to internalize traditional male language and become socialized with hegemonic masculine attitudes such as homophobia and sexism (Connell, 1995; Estler & Nelson, 2005; Fine, 1987; Oriard, 1984; Whitson, 1990). “When sports first gained cultural recognition, it served as a mechanism of masculinization and as a way to assure heterosexuality in male youth” (Adams et al., 2010, p. 279). Sport provides a cultural avenue for men to share mutual experiences with other males that are often based on hegemonic masculinity (Harvey, 1999).

Griffin (1998) stated that participation in sports reinforces hegemonic masculinity among men by defining and reinforcing traditional conceptions of masculinity, providing contexts for male bonding and intimacy, reinforcing male privilege and female subordination, establishing status among males, and reinforcing heterosexuality. As introduced above, athletics play a major role in the way Black men construct their masculine identities (Goodwill et al., 2018). It is important to note that inspiration & admiration, injustice, family dynamics, and violence were subthemes that were highlighted in the athlete domain (Goodwill et al., 2018).

While simply identifying as a man has implications for conforming to traditional masculine norms, so does engaging in sports and athletics. Sports culture emphasizes aggression, competition, physical strength, and stoicism that are all qualities that are like the types of

masculine norms that are most admired in U.S. society. Steinfeldt and Steinfeldt (2012) examined the relationship between conformity to masculine norms and help-seeking stigma within the context of college football. Within their sample of 245 college football players, it was found that players with the lowest levels of conformity to masculine norms had lower levels of self-stigma toward help-seeking and players with the highest levels of conformity to masculine norms had higher levels of self-stigma toward help-seeking. Hegemonic masculinity, particularly related to sports, may contribute to the stigma associated with help-seeking among athletes (Steinfeldt et al, 2009). Specifically, the sport of football promotes hegemonic masculinity by placing value on physically aggressive and combative behaviors. Researchers surveyed a sample of college football players and found gender role conflict to be significantly correlated with athletic identity and stigma for receiving professional psychological help. Higher gender role conflict is related to a stronger identification with the athlete role and a higher level of the perceived stigma associated with seeking professional psychological help. It was also found that athletic identity significantly correlated with stigma, specifically, players who more strongly identified with the athlete role acknowledged greater stigma associated with seeking professional psychological help. Overall, Steinfeldt et al. (2009) found that higher levels of gender role conflict led to higher levels of athletic identity and higher levels of stigma.

Ramaeker and Petrie (2019) surveyed male athletes from NCAA Division I institutions from the following sports teams: football, track, baseball, soccer, and swimming, and compared them to non-athlete male undergraduate students. Consistent with prior research, results revealed that athletes scored significantly higher than non-athletes on conformity to masculine norms. Athletes also reported higher gender role conflict than did non-athletes. There was a specific emphasis on achieving success through competition and more restriction of affectionate behavior

with other men. Overall, male athletes endorsed greater overall conformity to masculine norms and total conflict-related to gender roles than non-athletes, athletes reported greater emphasis on winning and achieving success through competition, and among both groups, stronger conformity to masculine norms was associated with higher levels of self-stigma and less favorable attitudes toward help-seeking (Ramaecker & Petrie, 2019).

Among the intersectionalities of a Black man student-athlete, it is important to consider the concept of athletic identity and exactly what it means to an individual to be an athlete. Athletic identity is defined as the extent to which individuals delineate themselves as athletes and is comprised of the cognitive, affective, behavioral, and social obligations associated with identifying with the athletic role (Beamon, 2012; Petrie et al., 2014). Relating to athletic identity among Black male athletes, they tend to overemphasize the role of athletics and nurture one identity, that is, the athletic identity, specifically, minority males involved in the sports of football and basketball (Beamon, 2012). Beamon (2012) also posits that Black males are socialized intensely into sports by family, peers, media, and community, and there tends to be an overemphasis on sports amongst African-Americans in general, as discussed in the Black Masculinity section. This is important to address, as the multiple identities of being a Black man addressed in the current study: being a man, being Black, and being a student-athlete can impact their attitudes toward engaging in help-seeking behaviors.

Social Support

Given the many factors that may deter people from engaging in help-seeking behaviors, it is important to also understand factors that may support help-seeking. Social support is seen as mediating or buffering the relationship between stressful life events and psychological distress (Greenley et al., 1987). Related to help-seeking, having social support can be viewed as a buffer

to the effects of help-seeking stigma. Research has shown that several factors including demographic background, personality, social relationships, and attitudes all impact people's decisions about seeking help and their ability to secure assistance (Brown, 1978). Specifically, social support has been identified as a factor that can buffer the effects of stigma related to seeking help for mental illness or engaging in help-seeking behaviors and relates to their intentions to seek help (Muscarelli & Fleming, 2019). Perceived social support is defined as an individual's assessment of availability and quality of social support from close relationships and has been found to be one of the most important protective factors for college students and is also the care or help from others that an individual can feel, notice, or accept. Social support affects a person's physical and mental health and behavior patterns (Mushonga & Henneberger, 2019; Shelton et al., 2017; Wang et al., 2019). Individuals with high levels of social support generally are psychologically and physically healthier than those with low levels of support, perhaps owing to the health-sustaining or stress-reducing functions of social support (Petrie et al., 2014). Integration in a supportive environment may enhance the effects of friends' and relatives' influences either to use or not to use mental health services (Greenley et al., 1987). Moreover, there is extensive research that supports the idea that receiving support or encouragement from one's friends and/or family members increases the likelihood of an individual engaging in help-seeking behaviors (Barksdale & Molock, 2008; Chen et al., 2016; Clark-Hitt et al., 2012; Downs & Eisenberg, 2012; Muscarelli & Fleming, 2019; Rickwood et al., 2015; Vogel et al., 2007). In all the studies previously referenced, likelihood and attitudes toward engaging in mental health or psychological services were examined. Specifically, Clark-Hitt and colleagues (2012) examined encouragement and support to engage in mental health services and help-seeking from one's colleagues. Downs and Eisenberg (2012) examined the impact of social

support from family, friends, and community members on individuals' likelihood to seek mental health treatment. Results revealed that 64.1% of college students reported encouragement from others was an important factor in them seeking help (Downs & Eisenberg, 2012). Muscari and Fleming (2019) provided evidence for the idea that social support networks remain influential in encouraging professional help-seeking. Results from their study showed that individuals receiving support from their romantic partners increased treatment engagement and confidence in treatment (Muscari & Fleming, 2019). Rickwood et al. (2015) examined social support from friends and family members to engage in in-person mental health services and found the support from family played a dominant factor in one seeking services. Vogel et al. (2007) took it a step further and examined the impact of support from one's family and the likelihood of one seeking professional psychological help and also found that participants were more likely to seek help if they knew someone that also received mental health and/or help-seeking treatment.

The Current Study

The evidence has been laid out for the argument that Black men student-athletes experience multiple stressors that can be detrimental to their mental health and that adherence to various forms of masculine norms can impact their willingness to engage in help-seeking. It is important for researchers to continue to explore the relationship between conforming to masculine norms and help-seeking among men, Black men, male athletes, and Black male student-athletes. There is extensive research supporting the claim that stigma prevents help-seeking and that support from family and/or close friends can increase the likelihood of engaging in help-seeking behaviors. After conducting extensive research on all variables in the current study, not one study has been found to examine how conforming to Black masculinity, traditional masculinity, and athlete-based masculinity impacts self-stigma or willingness to seek

help among Black male student-athletes or how social support changes that relationship. Researchers have emphasized the importance of studying specific forms of masculinity instead of assuming that all forms of masculinity are equal. As of 2011, 1% of articles published in the *Psychology of Men and Masculinity* from 2000-2008 included a focus on sports, leading to Wong et al. (2011) to focus on college football masculinity to address the gap in the literature on diverse masculinities. Results from the current study will assist clinicians in developing ways to increase the frequency that this specific population may be willing to engage in help-seeking behaviors. The purpose of the current study was to examine whether traditional masculinity, Black masculinity, and athlete-based masculinity were associated with higher self-stigma of help-seeking; examine the role that self-stigma played in willingness to seek help and examine if social support served as a buffer between help-seeking self-stigma and willingness to seek help. As mentioned in previous sections, gaps in the literature did not specifically address the impact of athlete-based masculinity and Black masculinity on help-seeking among Black male student-athletes and how social support impacts that relationship. This study sought to highlight the uniqueness of the population of Black male student-athletes and answer questions relating to their engagement in help-seeking behaviors.

Research questions for the current study were: 1) what role does adherence to Black masculinity and athletic masculinity play in help-seeking self-stigma, 2) what role does self-stigma of help-seeking play in willingness to engage in help-seeking behaviors, and 3) does social support moderate the relationship between self-stigma of seeking help and willingness to seek help?

Proposed hypotheses were:

1. After accounting for control variables (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone), greater adherence to traditional masculine norms will positively predict self-stigma of help-seeking.
2. After accounting for control variables and traditional masculine norms, greater adherence to Black masculine norms and athlete-based masculine norms will positively predict more self-stigma of help-seeking,
3. Greater self-stigma of help-seeking will predict less willingness to seek help.
4. Social support related to help-seeking will moderate the relationship self-stigma of help-seeking and willingness to seek help.
 - a. Among individuals with low social support related to help-seeking, there will be a significant, moderate, negative relationship between self-stigma of help-seeking and willingness to seek help.
 - b. Among individuals with high social support related to help-seeking, there will still be a significant, but small, negative relationship between self-stigma of help-seeking and willingness to seek help.

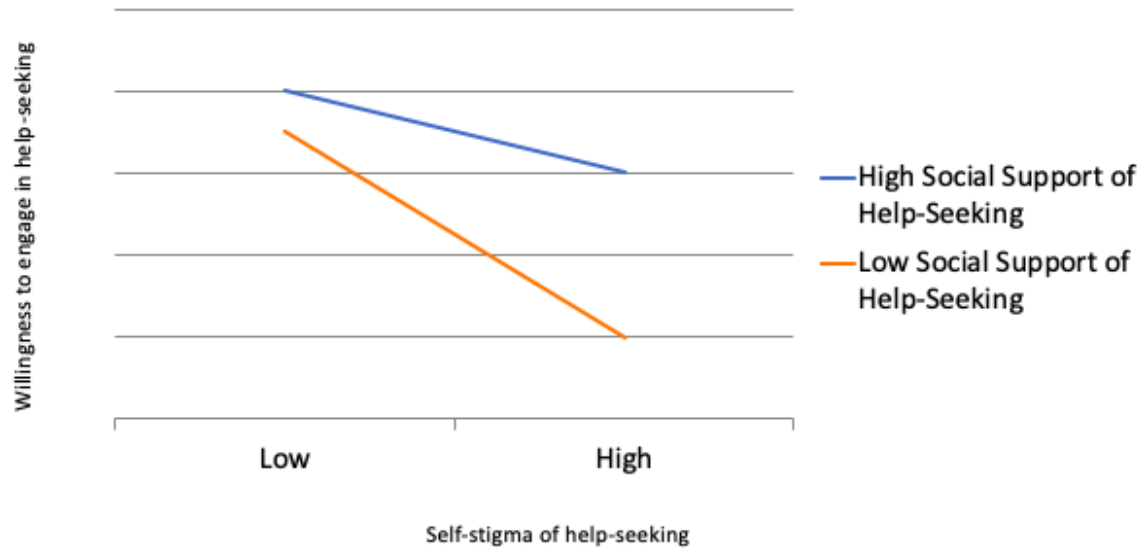
Figure 1. Hypothesized moderation model (hypothesis 4).



1

Note. ¹ Will account for traditional, Black, and athlete-based masculinity.

Figure 2. Potential buffering effect



CHAPTER 3: METHOD

Participants

The participants for the current study included individuals that identified as undergraduate Black men student-athletes from NCAA Divisions I, II, and III institutions. Participants were required to be at least 18 years of age and identified as Black and/or African-American to participate. Exclusion criteria included members of intramural sports if not also an NCAA athlete. Only NCAA varsity athletes were invited to participate. In order to calculate the sample size needed for the regression analyses, a Pearson's r of -0.31 was converted to Cohen's f , then squared, resulting in a total sample size of 60. This procedure was followed by Steinfeldt and Steinfeldt (2010), who also conducted a hierarchical multiple regression analysis examining the relationship between gender role conflict, athletic identity, and help-seeking among male athletes. However, a larger sample size was needed to conduct the moderation analysis. Based on tests run, the results suggested that a total of 84 participants were required to demonstrate enough power to find statistical significance. Therefore, a total of 87 participants were recruited to ensure adequate power.

During data collection, a total of 172 participants initiated participation in the study. Of these, 58 participants did not meet eligibility criteria and 22 participants ended their participation early. After removing participants for the following above reasons, 87 participants remained.

Of the final participant sample ($N = 87$) for the study, participants were all male (100%) and predominately heterosexual (97.7%). Regarding sport participation, 50.6% endorsed participation in football, 25.3% in track & field, 13.8% in basketball, 4.6% in baseball, 2.3% in soccer, 1.1% in wrestling, and 1.1% endorsed participation in both sports football and track & field; 69% of participants engaged in a contact sport (football, basketball, soccer, and wrestling)

and 29.9% engaged in non-contact sports (track & field and baseball). Ages for the final sample ranged from 18 to 26; 10.3% were first years, 23% were sophomores, 24.1% were juniors, 24.1% were seniors, 2.3% were 5th years, and 16.1% were graduate students. The final sample identified as Black and/or African-American (98.9%) and/or multiracial Black (1.1%); 9.2% identified as international students, 32.2% as first-generation college students, and 26.4% reported attending a Historically Black College or University (HBCU); 71.3% were part of a Division I athletic program, 19.5% were Division II, and 9.2% were Division III. Twenty-three percent of participants reported receiving prior mental health treatment and 60.9% reported knowing someone that has received mental health treatment.

Measures

Demographic Questionnaire. A demographic questionnaire (Appendix A) was provided for the purpose of this study and was used to gather information on various demographic information. It is 10 questions and includes participant age, race, gender identity, sexual orientation, sport involvement, division level, conference, and classification.

Traditional Masculine Norms. The Male Role Norms Inventory-Very Brief (McDermott et al., 2019) was used to measure the endorsement of traditional masculinity ideologies. This 5-item scale has response options ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating more traditional masculinity. The total sum score was used. Example items include “A man should always be the boss” and “Men should watch football games instead of soap operas.” It is important to note that one item from the scale was removed due to low reliability. That item was “Men should not be too quick to tell others that they care about them.” As a result, the Cronbach’s alpha changed from .592 to .659, therefore, improving the scale’s reliability. The MRNI-VB was found to have a Cronbach’s alpha ranging

from .78 to .84 and convergent validity when measuring masculinity for college and community men (McDermott et al., 2019).

Black Masculine Norms. The Masculinity Inventory Scale for Black Men—Black Masculinity subscale (Mincey et al., 2014) was used to measure Black men’s masculinity ideals. The “Black masculinity” subscale consists of 10-items with response options ranging from 1 (*strongly agree*) to 5 (*strongly disagree*) with higher mean scores on each subscale indicating a higher endorsement of that type of masculinity. Scale items were reverse scored in analysis to remove ambiguity regarding interpretation of data, such that higher scores will indicate greater adherence to Black masculinity. Example items include “I have to prove stereotypes about Black men wrong” and “It’s hard overcoming how we’re viewed as Black men.” The BMIS was found to have a Cronbach’s alpha of .87 for the Black masculinity subscale and overall Masculinity Inventory Scale for Black Men (Mincey et al., 2014).

Self-Stigma of Help-Seeking. The Self-Stigma of Seeking Help Scale (Vogel et al., 2006) was used to assess help-seeking self-stigma. This 10-item scale has response options ranging from 1 (*strongly disagree*) to 3 (*agree and disagree equally*) to 5 (*strongly agree*). Example items include “I would feel inadequate if I went to a therapist for psychological help” and “My self-confidence would remain the same if I sought help for a problem I could not solve. [reverse scored]” The SSOSH was found to have an internal consistency of .91, test-retest reliability of .72, and concurrent validity of .71 with the Attitudes Toward Seeking Professional Psychological Help measure (Vogel et al., 2006). Higher scores indicated a greater self-stigma of help-seeking.

Intentions to Seek Counseling. The 10-item Psychological and Interpersonal Concerns (PIC) subscale from the 17-item Intentions to Seek Counseling Inventory was used to measure

participants intentions seek counseling for concerns such as loneliness, depression, and feelings of inferiority (Cash et al., 1975). This scale has response options ranging from 1 (*very unlikely*) to 4 (*very likely*) with participants rating their likelihood of seeking help if they were experiencing each problem such as depression. The ISCI was found to have an internal consistency of .90 and demonstrated predictive evidence of validity (Cash et al., 1975).

Athlete-Based Masculine Norms. The Athlete's Perception of Masculinity Scale (Jones, 2014) was used to assess athlete's perception of masculinity. This 9-item scale asks participants to rate their attitudes on a 5-point Likert scale with responses ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Scores range from 9 to 45, with higher scores indicating greater levels of athlete-based masculinity. Example items include "Aggression makes me a good athlete" and "Only tough men should play high collision sports." The APMS was found to have internal consistency of .86 with face and content validity for the scale satisfied.

Social Support for Help-Seeking. The participants' perceptions of the social norms of those close to them for seeking mental health services was measured with the question developed by Bayer and Peay (1997). They asked participants to report their agreement from 1 (*strongly agree*) to 5 (*strongly disagree*) with the statement, "People who are important to me would think that I should seek help from a mental health professional if I were experiencing a personal problem." In the proposed study, scaling of 1 (*strongly disagree*) to 5 (*strongly agree*) was used so that higher scores indicate higher social support for help-seeking. Bayer and Peay (1997) found that this item uniquely predicted help-seeking intent such that those who were likely to seek help answered this question more favorably.

Procedures

Data were collected through voluntary participation through an online Qualtrics survey. Students were recruited from NCAA DI, DII, and DIII institutions throughout the United States by the researcher contacting team personnel and asking to share the survey link with players during an allotted time outside of practice or during monthly Student-Athlete Advisory Committee (SAAC) meetings or additional leadership program meetings. Upon completing the informed consent, participants were presented with a demographics questionnaire. Next, they completed a series of questionnaires. Due to low recruitment during the first phase of data collection, recruitment expanded to social media platforms such as Facebook, Twitter, Instagram, and GroupMe, along with listservs of sport psychology professionals asking them to share the survey with their respective student-athletes. All surveys were anonymous.

CHAPTER 4: RESULTS

Analyses

To test hypotheses 1, 2, and 3, a hierarchical multiple regression analysis with self-stigma of help-seeking as the outcome variable was used. In Step 1, 3 dummy-coded control variables were entered (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone). To test hypothesis 1, traditional masculine norms was added in Step 2. To test hypothesis 2, Black masculine norms and athlete-based masculine norms were both added in Step 3. Because regression analyses can be impacted by non-normality, I first examined the regression residuals for skewness and kurtosis using an alpha level of .01 ($z = 2.58$) as indicated for moderate sample sizes (Tabachnick & Fidell, 2013). Standardized residuals of self-stigma for help-seeking were positively skewed ($z = .753$) and leptokurtotic ($z = 1.03$).

A moderation analysis using the Hayes (2017) process macro (model 1) was used to test hypothesis 4. If the moderation effect is statistically significant, the relationship between self-stigma of help-seeking and willingness to seek help will be tested at two levels of social support for help-seeking: 1 standard deviation below the sample mean (low social support for help-seeking) and 1 standard deviation above the sample mean (high social support for help-seeking).

Descriptive Statistics

Scale scores were computed for the six continuous variables of interest. Descriptive statistics are summarized in Table 1.

Table 1

Descriptive Statistics

Variable	<i>Minimum</i>	<i>Maximum</i>	<i>M</i>	<i>SD</i>
Traditional Masculinity	6.00	27.00	16.62	4.34

Athlete's Perception of Masculinity	13.00	45.00	31.99	6.32
Self-Stigma of Help-Seeking	1.43	4.29	2.52	0.57
Intentions to Seek Counseling	1.00	6.00	3.22	1.29
Black Masculinity	1.10	4.60	2.21	0.53
Social Support for Help-Seeking	1.00	5.00	3.15	1.09

Correlation Statistics

Correlation statistics were computed for the six variables of interest and their relationship to each other. Results revealed four significant correlations. There was a correlation between traditional masculinity and athlete-based masculinity, $r = .317$, $n = 87$, $p = .003$. There was a correlation between Black masculinity and self-stigma of help-seeking $r = -.215$, $n = 87$, $p = .046$. There was a correlation between self-stigma of help-seeking and athlete-based masculinity, $r = .303$, $n = 87$, $p = .004$, and between self-stigma of help-seeking and intentions to seek counseling, $r = -.296$, $n = 87$, $p = .005$. Correlation statistics are summarized in Table 2.

Table 2

Correlation Statistics

		Traditional Masculinity	Black Masculinity	Help-seeking Stigma	Athlete-based Masculinity	Intentions to Seek Counseling	Social Support for Help-Seeking
Traditional Masculinity	Pearson Correlation	1	-.158	.124	.317***	.030	-.054
Black Masculinity	Pearson Correlation	-.158	1	-.215*	-.285**	.101	-.136
Help-seeking Stigma	Pearson Correlation	.124	-.215*	1	.303**	-.296**	-.005
Athlete-based Masculinity	Pearson Correlation	.317**	-.285**	.303**	1	-.151	-.178
Intentions to Seek Counseling	Pearson Correlation	.030	.101	-.296**	-.151	1	.109
Social Support for	Pearson Correlation	-.054	-.136	-.005	-.178	.109	1

*Note. Correlation is significant at the 0.05 level (2-tailed).
Correlation is significant at the 0.01 level (2-tailed).
N = 87.*

Instrument Reliability

Instrument reliability for the continuous variables of interest was tested with Cronbach’s alpha. The internal consistency of the constructs ranged from good for self-stigma of help-seeking ($\alpha = .77$), traditional masculinity ($\alpha = .66$), athlete’s perception of masculinity ($\alpha = .83$), Black masculinity ($\alpha = .86$), and excellent for intentions to seek counseling ($\alpha = .92$). As mentioned in previous sections, one item was removed from the measure of traditional masculinity due to low reliability. That item was “Men should not be too quick to tell others that they care about them.” As a result, the Cronbach’s alpha changed from .592 to .659, therefore, improving the scale’s reliability. Interpretations are based on generally accepted criteria (DeVellis, 2012). Reliability coefficients are presented in Table 3.

Table 3

Reliability Coefficients

Variable	N of Items	Cronbach’s alpha	Interpretation
Traditional Masculinity	4	.659	Questionable
Athlete's Perception of Masculinity	9	.826	Good
Self-Stigma of Help-Seeking	7	.771	Good
Intentions to Seek Counseling	10	.918	Excellent
Black Masculinity	10	.861	Good

Note. The reliability of social support for help seeking could not be computed because the variable was measured by only one item. Interpretations are based on generally accepted criteria (DeVellis, 2012).

Hierarchical Linear Regression Analysis

H₁: After accounting for control variables (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone), greater adherence to traditional masculine norms will positively predict self-stigma of help-seeking.

H₂: After accounting for control variables and traditional masculine norms, greater adherence to Black masculine norms and athlete-based masculine norms will positively predict more self-stigma of help-seeking.

Hypotheses 1 and 2 were tested with hierarchical multiple linear regression. In Step 1 of the model, the control variables (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone) were entered.

The regression coefficients for the model are presented in Table 3.

Table 4

Regression Coefficients

Step	Variable	<i>B</i>	<i>SE B</i>	β	<i>T</i>	<i>p</i>
1	Sport Type	0.01	0.14	0.09	.082	.935
	Previous Treatment	-0.14	0.15	-0.10	-0.89	.376
	Other Treatment	-0.26	0.13	-0.22	-2.01	.048*
2	Sport Type	-0.01	0.00	-0.01	-0.04	.969
	Previous Treatment	-0.12	0.15	-0.09	-0.77	.441
	Other Treatment	-0.27	0.13	-0.23	-2.09	.039
	Traditional Masculine Norms	0.17	0.01	0.13	1.18	.243
3	Sport Type	.006	0.14	0.00	0.04	.967
	Previous Treatment	-0.13	0.15	-0.09	-0.86	.391
	Other Treatment	-0.25	0.13	-0.21	-1.94	.056

Traditional Masculine Norms	0.01	0.01	0.11	0.99	.325
Black Masculine Norms	-0.19	0.12	-0.18	-1.65	.103
Athlete-based Masculine Norms	0.02	0.01	0.20	1.73	.088

Note. * $p < .05$, Dependent variable = *Self-stigma of Help-Seeking*

$N = 87$.

For the purpose of interpreting results, the following categorical variables were dummy coded: classification (1 = freshman, 2 = sophomore, 3 = junior, 4 = senior, 5 = 5th year, 6 = graduate, 7 = transfer, 8 = other), international student status (0 = no, 1 = yes), first generation status (0 = no, 1 = yes), attendance at an HBCU (0 = no, 1 = yes), NCAA division level (1 = Division I, 2 = Division II, 3 = Division III), prior mental health treatment (0 = no, 1 = yes), and knowing someone who has received mental health treatment (0 = no, 1 = yes). Step 1 of the model was statistically significant, $F(3, 82) = 1.99, p = .048, R^2 = .068$. Knowing someone that received mental health treatment was a significant predictor ($\beta = -0.22, t = -2.01, p = .048$). When traditional masculine norms was added to the model in Step 2, the model was not found to be statistically significant ($\beta = 0.13, t = 1.18, p = .243$). There was not a significant F-change, $F(1, 81) = 1.39, p = .243, R^2 = .084$. Therefore, H_1 was not supported, and the null hypothesis was not rejected. In Step 3 of the model, Black masculine norms and athlete-based masculine norms were added. The overall model was significant $F(2, 79) = 2.67, p = .021$. There was also a significant F-change, $F(2, 79) = 4.02, p = .022, R^2 = .085$. However, H_2 was not supported, and the null hypothesis was not rejected. There was no significant relationship between Black masculine norms and self-stigma of help-seeking ($\beta = -0.18, t = -1.65, p = .103$). There was also no significant relationship between athlete-based masculine norms and self-stigma of help-seeking ($\beta = 0.20, t = 1.73, p = .088$). Overall, Black masculinity and athlete-based masculinity did not account for a significant amount of additional variance compared to traditional

masculinity while considering the control variables, sport type, previous mental health treatment, and knowing someone that has received mental health treatment.

Process Macro Model 1 Analysis

A moderation analysis (Model 1) was conducted with the Hayes Process Macro (2017). The predictor variable was self-stigma of help-seeking. The moderator variable was social support. The outcome variable was willingness to seek help. The ANOVA for the model was statistically significant, $F(3, 83) = 3.36, p = .0227, R^2 = .11$, but social support did not moderate the relationship between self-stigma of seeking help and willingness to seek help. Moreover, the change in $R^2 (.099)$ when the interaction term was added, was not statistically significant, $F(1, 83) = .8606, p = .3563$. Therefore, the related alternative hypotheses were not supported. Regression coefficients from the moderation analysis are presented in Table 5.

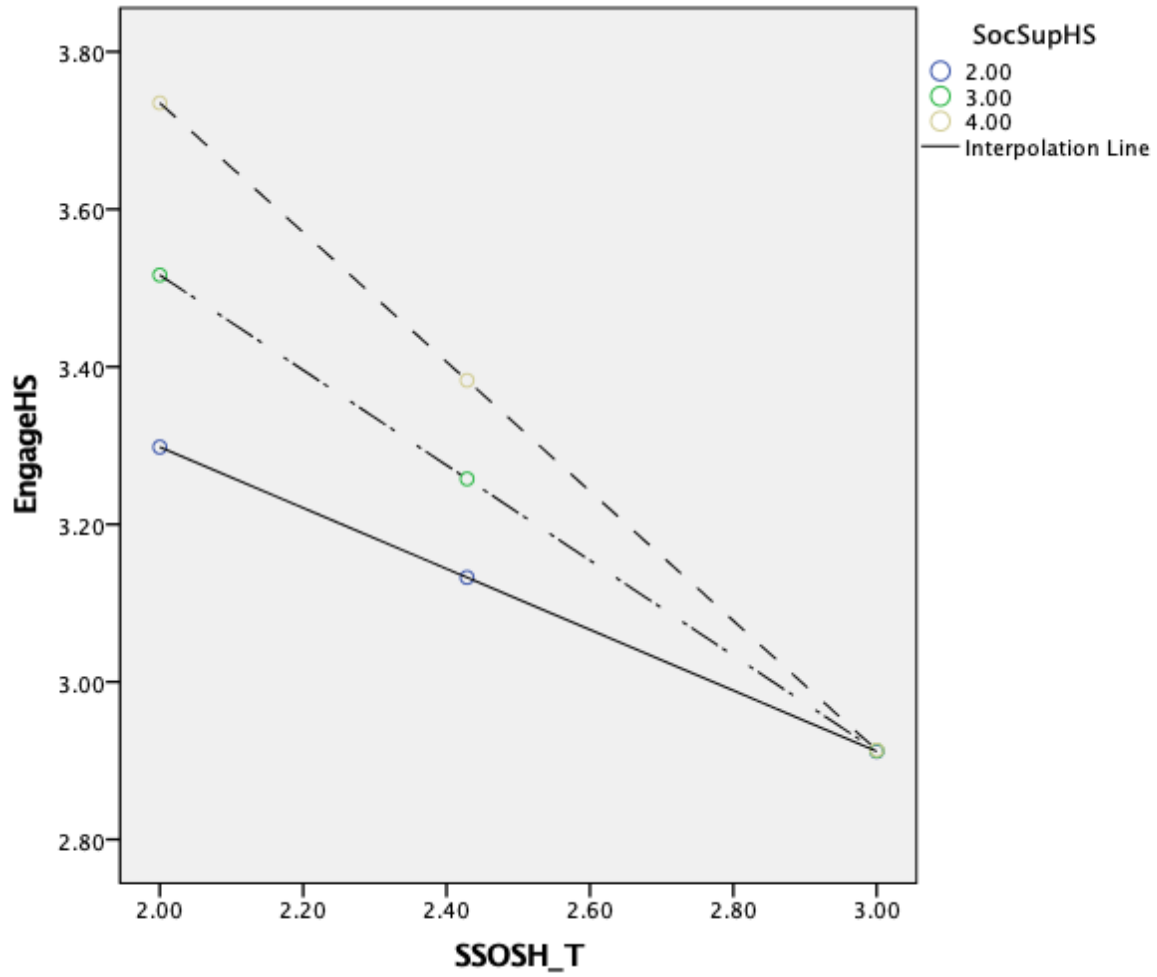
Table 5

Moderation Analysis: The impact of social support on the relationship between self-stigma of help-seeking and willingness to seek help

OUTCOME VARIABLE: Willingness to engage in help-seeking behaviors							
Model Summary							
	R	R-sq	MSE	F	df1	df2	p
	.3290	.1082	1.5264	3.3578	3.0000	83.0000	.0027
Model							
	coeff	se	t	p	LLCI	ULCI	
Constant	2.7630	1.9966	1.3839	.1701	-1.2080	6.7341	
SSOSH_T	-.0491	.8026	.0611	.9514	-1.5473	1.6454	
SocSupHS	.6538	.5813	1.1247	.2640	-.5024	1.8100	
Int_1	-.2177	.2346	-.9277	.3563	-.6843	.2490	

Figure 1

Graph of Moderation Analysis



CHAPTER 5: DISCUSSION

When examining the previously proposed hypotheses for the present study, mixed results emerged. Hypotheses one, two and four were not supported, whereas hypothesis three was supported. Specifically, after accounting for control variables (contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone), greater adherence to traditional masculine norms did not positively predict self-stigma of help-seeking. The results from the current study do not align with previous literature in which researchers found a strong relationship between men's psychological help-seeking attitudes and adherence to traditional masculinity norms (Yousaf et al., 2015) and masculine norm adherence being linked to increased help-seeking self-stigma (Heath et al., 2017). In their study, researchers found endorsement of traditional masculinity norms to be a key influence upon psychological help-seeking among men (Yousaf et al., 2015). In Wasylkiw and Clairo's 2018 study, results revealed that intercollegiate athletes were more likely to endorse masculine norms which predicted less favorable attitudes toward help-seeking because of self-stigma. Hammer et al. (2013) also found that among male subgroups, masculine norms were linked to self-stigma and as a result, attitudes toward counseling.

After accounting for control variables and traditional masculine norms, adherence to Black masculine norms and athlete-based masculine norms did not account for a significant amount of additional variance in self-stigma of help-seeking. Therefore, hypothesis two of the current study was not supported. Based on review of past and current literature, the impact of athlete-based masculinity and Black masculinity on help-seeking among Black male student-athletes has never been researched, therefore, there are no findings to compare to the findings of

the current study examining hypothesis two. Most of previous research examined the variables in the current study separately, but not their unique contributions when examined together. While Mincey et al. (2014) acknowledged that there are specific ideas that contribute to what it means to be a Black man, many researchers identified lack of cultural factors or intersecting identities as limitations of their studies examining masculinity and called for more studies examining Black American masculinity (Hammond & Mattis, 2005; Heath et al., 2017). Within the Black/African-American community, men personify their perceptions of manhood through sports (Connell & Messerschmidt, 2005; Martin & Harris, 2006; Roberts-Douglass & Curtis-Boles, 2013; Goodwill et al., 2018), and those that are involved in sports tend to overemphasize the role of athletics and nurture one identity, typically the athletic identity (Beamon, 2012). In addition, research has shown that athletics and participation in sports plays a major role in the way Black men construct their masculine identities and personify their perceptions of manhood and is especially salient within Black culture (Connell & Messerschmidt, 2005; Martin & Harris, 2006; Beamon, 2012; Roberts-Douglass & Curtis-Boles, 2013). Given the specificity of the population sample of the current study, it is possible that the participants connected more to their identities as an athlete and Black man more than a man in general.

As anticipated, greater self-stigma of help-seeking predicted less willingness to seek help. Aligned with findings from previous research, hypothesis three of the current study was supported. Self-stigma is generally defined as the perception or belief that individuals will endorse stigmatizing and negative beliefs about themselves for seeking help and has been documented as a barrier to help-seeking (Corigan, 2004; Bathie & Pryor, 2011; Vogel, 2011; Corrigan et al., 2012; Lopez & Levy, 2013; Pattyn et al., 2014; Jennings et al., 2015; Stangl et al., 2019). Specifically, Jennings et al. (2015) found that when individuals perceive that others

will view them negatively for seeking treatment, they may endorse similar stigmatizing beliefs toward themselves and prefer to handle their problems on their own rather than seeking treatment. Respective to the population examined in the current study, self-stigma was identified as a barrier to help-seeking among the student-athlete population (Lopez & Levy, 2013). Greater endorsement of self-stigma was correlated to less favorable attitudes and willingness to seek professional psychological help among the general college student population (Cheng et al., 2018) and African-American college students (Calloway et al., 2012; Masuda et al., 2012).

Lastly, hypothesis four of the current study was not supported. Social support for help-seeking did not moderate the relationship between self-stigma of seeking help and willingness to seek help. This finding was incongruent with research that supports the idea that receiving support or encouragement from one's friends and/or family members increases the likelihood of an individual engaging in help-seeking behaviors (Clark-Hitt et al., 2012; Muscari & Fleming, 2019; Chen et al., 2016; Barksdsale & Molock, 2008; Vogel et al., 2007; Downs & Eisenberg, 2012; Rickwood et al., 2015). Downs and Eisenberg (2012) examined the impact of social support from family, friends, and community members on individuals' likelihood to seek mental health treatment and found that 64.1% of college students reported encouragement from others was an important factor in them seeking help (Downs & Eisenberg, 2012). Muscari and Fleming (2019) also provided evidence for the idea that social support networks remain influential in encouraging professional help-seeking. Although previous research indicated that social support related to help-seeking can serve as a moderator between self-stigma of help-seeking and willingness to seek help (Clark-Hitt et al., 2012; Muscari & Fleming, 2019; Chen et al., 2016; Barksdsale & Molock, 2008; Vogel et al., 2007; Downs & Eisenberg, 2012; Rickwood et al., 2015), findings from the current study did not reveal that. It is possible that there are unknown

factors that play a more important role in encouraging seeking help in this specific population. Perhaps researchers that are interested in examining the same or additional variables, could use a mixed methods design and include qualitative data.

Implications

The results of the current study present several implications. It highlighted the importance of acknowledging an individual's intersecting identities that come together to make up the whole being. From a clinical standpoint and orienting from a multicultural perspective, considering cultural factors, the current study provides evidence of the importance of acknowledging the various identities of Black men college athletes. It specifically focused on the intersection of both identities: being an athlete and a Black man. Another implication of the study is that self-stigma reduces willingness to seek help. As a result of this finding, sport psychologists and athletic mental health clinicians can use the results of this study to design interventions and implement programming that aim to educate all student-athletes across all sports about help-seeking and aid in de-stigmatizing engaging in help-seeking behaviors. Negative stereotypes and stigmas regarding seeking mental health and/or psychological services can be diminished through education and positive communication about services, which would positively enhance the experience of student-athletes contemplating seeking services (Lopez & Levy, 2013). It would also be advantageous to have distinct programming for specific groups such as Black/African-American male student-athletes and all male sports on account of conforming to Black masculine norms and athlete-based masculine norms being significantly correlated, suggesting the salience of those two intersecting identities. Additionally, researchers may need to identify other factors that may influence self-stigma due to the results indicating no form of masculinity that was measured predicting self-stigma. There may also be ways in which

masculinity influences help-seeking other than through self-stigma, which should be further explored.

These implications are not only for mental health therapists that work with college athletes, but also youth and professional athletes, and applicable to work with Black men in general. The results from the study can also provide insight into distinct stressors or presenting concerns that may appear when working with this specific population.

Limitations and Future Research

There are limitations that are notable to mention when examining this study. For instance, there were no validity/attention checks in the study. Attention checks help researchers identify and screen careless and/or invalid respondents prior to conducting analyses. By incorporating attention checks into a study, the validity and reliability of the experiment can be increased. By ensuring adequate validity, one can contend that their measure is accurately measuring what was intended to be measured. The 5-item Male Role Norms Inventory-Very Brief (McDermott et al., 2019) was used to measure the endorsement of traditional masculinity ideologies in the current study. The item “Men should not be too quick to tell others that they care about them” was removed from the scale due to low reliability. As a result, the Cronbach’s alpha changed from .592 to .659, therefore, improving the scale’s reliability. However, this reliability may have been inadequate in examining the effect of these constructs. According to McDermott et al. (2019), the MRNI-VB exhibits internal consistency reliability and represents the shortest measure of traditional masculinity in adults. In their study, the MRNI-VB was found to be an acceptable fit and revealed good measurement model fit, given the population measured, with a Cronbach’s alpha of .926 (McDermott et al., 2019). Researchers also highlighted a limitation of the measure and called for future researchers to examine the psychometric properties of the MRNI-VB as it

relates to racial diversity and examining traditional masculinity using the scale in different languages and cultures (McDermott et al., 2019).

It is also important to note additional limitations of the current study. There was no compensation for participation which may have had an impact on participants' motivation to respond to survey items. Due to NCAA rules at the time of data collection, which did not allow college athletes to receive compensation, there could not be any provided to the participants of the study, potentially decreasing motivation for participants to answer carefully, truthfully, and accurately.

Small sample size of the current study also poses as a limitation. The minimum was met in order to meet in power analysis, but smaller effects could not be detected. Having a small sample size may make it difficult to determine if a particular outcome is a true finding. The Hawthorne effect presents itself as a limitation in the study. This phenomenon occurs when participants behave differently when they are aware that they are being observed (Landsberger, 1958). It is possible that participants in the current study responded in a way that they thought they were expected to respond instead of how they actually felt.

Another factor that serves as a limitation for the current study is not examining a specific form of social support when examining if social support related to help-seeking would moderate the relationship between self-stigma of help-seeking and willingness to seek help. In the current study, social support was measured by participants responding in a Likert-scale manner to the statement "People who are important to me would think that I should seek help from a mental health professional if I were experiencing a personal problem" (Bayer & Peay, 1997; Vogel et al., 2007). Other researchers that examined the impact of social support on help-seeking examined specific types of social support such as receiving support from one's friends and/or

family members (Clark-Hitt et al., 2012; Rickwood et al., 2015), colleagues (Clark-Hitt et al., 2012), romantic partners (Muscari & Fleming, 2019), and even friends, family members, and community members (Rickwood, Mazzer, & Telford, 2015). This relates to the final limitation of the study, which is that by using only a single item to measure social support, it was limited in its ability to fully capture the construct.

Directions for future research include examining the same variables among men and women athletes, Black female athletes vs. Black male athletes, or athletes vs. non-athletes. This would provide additional information about how holding multiple identities can impact one's definition of and internalization of masculine ideals and how that relates to help-seeking. This information would assist in developing programs and services for college students. Given that more than half of African-American male student-athletes participate in revenue-generating sports (Martin & Harris, 2006), it would be helpful for mental health providers working with this population to acknowledge cultural barriers and validate the client's decision to seek help.

Additional suggestions include having a larger sample size, constructing a mixed methods design so that more information can be captured through both quantitative and qualitative data, including validity checks, examining a specific form of social support or different moderating variable, and if measuring social support, using a different construct. Findings from the study can help expand our understanding of and implications of masculinity socialization and suggest ways that providers can serve as a resource to athletic administrators, coaches, faculty, staff, and student-athletes. There must also be continued discussion and social justice activism among student-athletes, coaches, and athletic administrators around gender-related issues and cultural/identity barriers that exist when suggesting professional psychological help to Black men college athletes.

Conclusion

In closing, the findings from this study suggest that greater adherence to traditional, Black, and athlete-based masculine norms do not predict self-stigma of help-seeking after accounting for contact vs. non-contact sports, prior mental health treatment vs. no prior mental health treatment and knowing someone who has sought mental health treatment vs. not knowing someone. Social support was not found to moderate the relationship between self-stigma of seeking help and willingness to seek help.

Researchers have called for more diversity in research relating to masculinity and help-seeking. This study responded to that call by examining three different forms of masculinity and its impact on help-seeking among a very specific population, Black-identifying male college athletes. Currently, there is still much left to explore on help-seeking behaviors and how masculinity and social support impact help-seeking among this population. Continued research in these areas is needed to determine best practices in serving diverse student-athlete populations and providing culturally competent, equitable care.

CHAPTER 6: REFERENCES

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