

The Association of Athletic Identity on an Athlete's Self-Stigma for Seeking Psychological Help

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Abstract

Mental health concerns are still a challenge for intercollegiate student-athletes and professionals (e.g., social workers and athletic trainers) working with them. One critical area is the stigma of mental health that may affect an intercollegiate student-athlete whose identity is that of an athlete. Does a student-athlete with moderate to high athletic identity self-stigmatize themselves for psychological concerns which may prevent them from seeking assistance? This study explores the association between an intercollegiate student-athlete with athletic identity and their self-stigma for seeking psychological help. This quantitative, cross-sectional study included voluntary collegiate student-athletes aged 18 years or older (N=37). Descriptive statistics were utilized to describe the characteristics of the participants. Selected questions from a combination of the Athletic Identity Measurement Scale and the Self-Stigma for Seeking Psychological Help Scale were utilized for this study. Two independent sample t-tests comparing the mean scores between genders reported that 1) there was not a statistically significant association between a male student-athlete considering himself an athlete more than a female student-athlete, and 2) there was a statistically significant association that male student-athletes having a higher belief that sport is the most important part of their lives than female student-athletes. Three Pearson correlation tests reported 1) a weak, positive correlation between a student-athlete feeling depressed if they were injured and could not compete in sport and feeling inadequate going to a therapist for psychological help; 2) a weak, positive correlation between a student-athlete who consider themselves an athlete would feel worse about themselves if they could not solve their own problems; and 3) a strong, positive correlation between a student-athlete who most of their friends are student-athletes and feeling inferior to ask a therapist for help. This study recommends performing an Athletic Identity Measurement Scale on student-athletes at their pre-participation physical examination which would assist the social worker and/or athletic trainer to identify a student-athlete with moderate to high athletic identity and approaching that student-athlete following an injury for psychological assistance because of the mental health stigma that some student-athletes may hold.

Keywords: athletic identity, self-stigma for seeking psychological help, pre-participation screening

Recent data on the state of mental health in the United States reported that 20% of adults experienced a mental illness in 2019, 4.58% of adults have serious thoughts of suicide, and 15% of youth experienced a major depressive episode in the past year (Reinert et al., 2022). Additionally, more than half of adults with a mental health illness do not receive treatment (27 million U.S. adults), and that 60% of youth with major depression do not receive any mental health treatment (Reinert et al., 2022).

Given that athletes are part of society, it stands to reason that athletes are at risk of developing mental health disorders. The concern for mental health and wellness has been growing for athletes at the intercollegiate and secondary school levels, as well as their parents, athletic trainers, team physicians, counselors, coaches, administrators, and the media. Studies have reported that student-athletes experience the same rates of mental health concerns, one in every 4-5 adolescents and adults, as the general population (Neal et al., 2013; NCAA, 2014; Neal, 2014; Neal et al., 2015; Schinke, 2017; Reardon et al., 2019; Neal, 2021). A meta-analysis conducted with current and former elite athletes suggests the prevalence of mental health symptoms and disorders may be slightly higher than the general population (Gouttebauge et al., 2019).

There are unique stressors of being a collegiate student-athlete, with special considerations for identifying potential psychological concerns (Neal et al., 2013; Sudano & Miles, 2017). Intercollegiate student-athletes of color are at an even greater risk of poor mental health (Kroschus et al., 2023). Athletes who identify as LBGTQ+ suffer higher rates of internalized negative stress as a result of structural and institutionalized discrimination which contributes to the

stress on their overall mental health and wellness (Cartwright & Neal, 2022).

Athletes do not acquire an immunity against mental health disorders because of their participation and are at risk to develop mental health challenges following injury (Neal et al. 2013; Neal, 2014; Neal et al., 2015; Neal, 2021; NCAA, 2014) including PTSD (Lynch, 2021; Brassil & Salvatore, 2018; Padaki et al., 2018; Wentzel & Zhu, 2013). Research has also reported that an athlete witnessing another athlete being injured during a practice or game may result in a negative psychological response (Appaneal et al., 2007; Day & Schubart, 2012). Additionally, the psychosocial aspects of returning to sport following a serious injury report that a need for autonomy and relatedness are beneficial to successful outcomes and enhance well-being in the athlete (Podlog & Eklund, 2007). Athletes also exhibit various skills in coping with stressful situations and injuries, with male athletes exhibiting more positive coping skills than female athletes, and that more skilled competitors demonstrate more positive coping skills than less skilled competitors (Polenske et al., 2022).

There is variability on how mental health services are provided to NCAA Division I student-athletes (Sudano & Miles, 2017). Student-athletes can be asked mental health questions during their intake health history questionnaire (Conley et al., 2014). Some universities may choose to use the PHQ-9 to screen for depression (Kroenke et al., 2001) and/or the GAD-7 for generalized anxiety (Spitzer et al., 2006), along with the Mental Health-Related Survey by Carroll and McGinley (2001), to determine if a student-athlete has or is at risk for a psychological concern.

The purpose of this study was to determine the association of an athlete's

athlete identity for self-stigmatizing to seeking psychological help. This study will build upon the recognition of student-athlete psychological concerns by examining the influence of athletic identity on self-stigma of an athlete for seeking psychological help. The study's results recommend utilizing the Athletic Identity Measurement Scale as part of the pre-participation physical examination health history questionnaire to identify student-athletes who report moderate to high athletic identity who are at risk for psychological concerns because of a threat to their personal identity as an athlete due to a time-loss injury or lack of playing time.

Literature Review

Athletic Identity

The issue of possessing and displaying athletic identity for a student-athlete has been an area of interest for researchers for 30 years (Brewer et al., 1993; Brewer & Cornelius, 2001; Lochbaum et al., 2022). It is well established that athletes have the same rates of mental health concerns as their non-athletic peers, and that being an athlete is an identity that some student-athletes adopt (Neal et al., 2013). Another study noted the challenges an athlete faces to their identity following their career termination, including low self-esteem, loneliness, lack of self-confidence, and longer adjustment period post sports life (Erpic et al., 2004). Brewer et al. (1993 & 2001) suggested that athletic identity was stronger in males than females. However, other research has not demonstrated that males have a stronger athletic identity than females (Fraser et al., 2008). Padaki (2018) reported no significant difference in levels of athletic identity amongst females and males. Rajan and Varma (2022) reported that

males demonstrated higher athletic identity measurement scores versus females in their study. However, irrespective of gender, athletes aspiring to participate in collegiate sports and having past sports participation experience displayed higher and stronger athletic identities (Wiechman & Williams, 1997).

The research on athletic identity has demonstrated that higher degrees of athletic identity relate to a higher motivation and commitment to a sport by the student-athlete (Lochbaum et al., 2022). Brewer and his colleagues (1993) introduced and popularized the term “athletic identity” with both negative (not desired) and positive (desired) factors related to a high athletic identity. The Athlete Identity Measurement Scale has been a popular instrument to measure athletic identity (Mitchell et al., 2014; Stokowski et al., 2022). Brewer and Cornelius (2001) developed the 7-item Athlete Identity Measurement Scale from the original 10-item Athletic Identity Measurement Scale (Brewer et al., 1993). The 7-item instrument identifies athletic identity in three areas, social identity as an athlete, exclusivity as an athlete, and negative affectivity of being an athlete (Brewer & Cornelius, 2001).

Self-Stigma to Seeking Psychological Help

Public stigma perceptions of experiencing a psychological concern contributes to an individual to not seek assistance for their mental health disorder (Vogel et al., 2007). This leads an individual to hide their psychological challenges from others which limits their willingness to seek help with a psychological concern (Vogel et al., 2007). Dr. David Vogel’s research associated with seeking psychological help has reported that self-stigma is a critical factor

in an individual to not seek assistance for their psychological concerns and to not participate in therapy (Vogel & Wester, 2003; Vogel et al., 2005; Vogel & Webster et al., 2006; Vogel, Wade, & Haake, 2006; Vogel et al., 2007). This work has led Vogel to collaborate with Nathaniel Wade and Shawn Haake (Vogel, Wade, & Haake, 2006) in developing the 10-item Self-Stigma of Seeking Help Scale.

Vogel et al. (2006) and Vogel, Wade, and Hackler (2007) reported that men reported a higher self-stigma associated to seeking psychological services compared to females. Moreland et al. (2018) also reported that male athletes are less likely to be willing to seek mental health services than female athletes.

Attitudes are the strongest indicator of actual intent to seek counseling is consistent with previous attitude on counseling (Vogel & Wester, 2003). Vogel and Wester’s (2003) study suggest individuals need to be better informed about the nature of counseling (i.e., a safe environment to discuss emotional and personal issues) and what occurs in counseling and why it is potentially efficacious.

Some studies suggest that it is not general distress per se that leads to seeking psychological help, but an intense problem that the person is experiencing is the reason for seeking psychological help (Vogel et al., 2005). Athletes feel capable of hiding mental health problems from team members through a combination of mental health stigma, poor team relationships or cohesion, athlete family history and culture, and perceived coach attitudes towards mental health stigma (McCabe et al., 2023). Additionally, an athlete is more likely to engage in help-seeking behavior if they were referred by a coach rather than a teammate or peer (McCabe et al., 2023).

Methods

Research Design

This study received approval from a university’s institutional review board. The researcher utilized an undifferentiated cross-sectional, in-person quantitative survey designed to gather data from NAIA collegiate student-athletes at one institution. The researcher utilized a quantitative paper-based survey to gather data. The surveys were kept in a locked cabinet until data analysis was performed and then destroyed by the researcher.

Sampling

The study utilized a non-probability cluster sampling because the researcher could not determine the probability that an individual within this sampling frame would choose to participate in the study, and that sample size was not randomized nor technically unbiased. The study sampling frame was known so any individual who met the criteria was recruited for the study. The study was practical in that student-athletes are conveniently available at one institution and were the focus of the study. The sampling frame of this research project were all student-athletes at a NAIA member institution during the fall semester. A student-athlete is identified as a college student who is presently attending courses at a university and at the same time competing on an intercollegiate athletic team. There are approximately 500 student-athletes at this institution. The study included all potential student-athletes listed above regardless of age, sex, class rank, or sport.

From this sampling frame, recruitment of potential subjects was made in two approaches: 1) through the athletic training staff at the start of the fall se-

mester to contact the researcher (email, phone number, and office address provided on the flyer) to volunteer to participate in the study and receive the consent form and perform the paper survey in person, and 2) recruitment of student-athletes at the institution to contact the researcher to voluntarily participate in the study through announcements by faculty in health and human performance courses in which student-athletes attend at the start of the fall semester. The researcher distributed the consent form and paper survey to participants who volunteered for the study and collected them in a one-time event. No personal identifiable information was on the surveys. The researcher provided the consent form statement and the paper survey to subjects who volunteered to participate during the first two months of the fall semester. There was a total of 37 completed surveys. Lochbaum et al. (2022) reported that the Athletic Identity Measurement Scale total score and positive factors for in-person data collection was greater than when the Athletic Identity Measurement Scale was not performed in-person.

Participants

Voluntary student-athletes aged 18-years-old or older and attending an NAIA member institution participated in the study (N=37). The data for all participants was used in this study. Participants were 18 to 22 years old. The mean age of participants was 19.49 with a Standard Deviation of 1.592. More males completed the survey (81.1%, 18.9% female). The disparity in 30 out of the 37 participants being male student-athletes volunteering in the study was the demographics of the pool of potential participants, as male student-athletes were more prevalent than females in health and human performance

courses where recruitment took place. The largest percentage of participants were freshmen (45.9%, 13.5% sophomores, 13.5% juniors, 10.8% seniors, and 16.2% fifth year students). Participants indicated which NAIA athletic team they were affiliated with (37.8% football, 24.3% were student-athletes in the sports of baseball, male basketball, and female lacrosse respectively, 21.6% student-athletes from the sports of female ice hockey, female track, male track, and volleyball respectively, and 16.3% student-athletes in the sports of male ice hockey, female soccer, and male soccer respectively). (See Table 1).

Measures and Instruments

The measurements used in this study utilized two standardized instruments, the Athletic Identity Measurement Scale, and the Self-Stigma for Seeking Psychological Help Scale. The first seven items on the survey were the Athletic Identity Measurement Scale, the independent variable for the study measuring athletic identity, survey items 1-7. The final 10 items on the survey were the Self-Stigma for Seeking Psychological Help Scale, measuring the dependent variable of self-stigma for seeking psychological help, survey items 8-17, for a total of 17 items in the research project survey.

Independent Variable: Athletic Identity

The scale used to measure the independent variable, athletic identity, was the 7-item Athletic Identity Measurement Scale (Brewer & Cornelius, 2001). Athletic identity's operational definition is the degree to which an individual identifies with the athletic role (Smith et al., 1998). The Athletic Identity Measurement Scale's level of measurement is a 7-item, 7-point instrument quantitatively measured on an interval scale

of measurement. Response categories are 1= strongly disagree, 2= disagree, 3= somewhat disagree, 4= neutral, 5= somewhat agree, 6= agree, 7= strongly agree. The Athletic Identity Measurement Scale total scores range from a low of 7 up to the highest score of 49 (Ohji et al., 2021). The Athletic Identity Measurement Scale has been found to be a psychometrically sound measure of validity and reliability (Brewer & Cornelius, 2001; Lochbaum et al., 2022; Brewer et al., 1993; Palermo et al., 2023; Visek et al., 2007). The internal consistencies of the scale are .81 to .93 (Brewer & Cornelius, 2001).

The questions used from the Athletic Identity Measurement Scale in this study are:

1. I consider myself an athlete (survey question #1)
2. Most of my friends are athletes (survey question #3)
3. Sport is the most important part of my life (survey question #4)
4. I would be very depressed if I were injured and could not compete in sport (survey question #7)

Dependent Variable: Self-Stigma for Seeking Psychological Help

The scale used to measure the dependent variable, self-stigma for seeking psychological help, was the 10-item Self-Stigma for Seeking Psychological Help Scale (Vogel, Wade, & Haake, 2006). Self-stigma for seeking psychological help's operational definition will be the reduction of an individual's self-worth by the individual self-labeling themselves as someone who is socially unacceptable, lowering an individual's self-concept, self-esteem, and self-efficacy if they were to seek treatment, therefore making the individual feel inferior or inadequate (Vogel, Wester, et al., 2006). The Self-Stigma for Seeking Psychological Help Scale's level of mea-

surement is a 10-item, 5-point instrument quantitatively measured. The level of measurement for the Self-Stigma for Seeking Psychological Help Scale is interval. The response categories are a five-point scale with 1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree on various statements related to self-stigma for seeking psycho-

logical help. The Self-Stigma for Seeking Psychological Help Scale has been found to be a psychometrically sound measure of validity and reliability (Vogel, Wade, & Haake, 2006). The internal consistencies of the scale were .91 (Vogel, Wade, & Haake, 2006).

The questions from the Self-Stigma for Seeking Psychological Help Scale

used for this study were:

1. I would feel inadequate if I went to a therapist for psychological help (survey question #8)
2. It would make me feel inferior to ask a therapist for help (survey question #13)
3. I would feel worse about myself if I could not solve my own problems

Table 1

Descriptive Statistics: Age, Gender, Class Rank, Sport (N = 37)

Variable	Frequency	Percent	Min	Max	Mean	Std. Deviation
Age	37	100	18	22	19.49	1.592
18	16	43.2				
19	5	13.5				
20	5	13.5				
21	4	10.8				
22	7	18.9				
Gender						
Male	30	81.1				
Female	7	18.9				
Class Rank						
Freshman	17	45.9				
Sophomore	5	13.5				
Junior	5	13.5				
Senior	4	10.8				
5 th Year	6	16.2				
Sport						
Football	14	37.8				
Baseball	3	8.1				
Male Bb.	3	8.1				
Fem. Ice Hky.	1	2.7				
Male Ice Hky.	2	5.4				
Female Lax	3	8.1				
Female Soccer	2	5.4				
Male Soccer	2	5.4				
Softball	4	10.8				
Female Track	1	2.7				
Male Track	1	2.7				
Volleyball	1	2.7				

Table 2

Results of Independent Sample T-Test: Gender and Perception of an Athlete's Identity as an Athlete

	Gender						t	p	df
	Male			Female					
	M	SD	n	M	SD	n			
Considered themselves as athletes	6.83	.46	30	6.14	1.15	7	1.23	.26	35

(survey question #17)

There were five hypotheses explored in this study:

1. Male athletes consider themselves athletes more than female athletes do; the independent variable is gender, and the dependent variable is considering themselves an athlete.
2. Males have a higher belief that sport is the most important part of their lives than female athletes; the independent variable is gender, and the dependent variable is believing that sport is the most important part of their lives.
3. Athletes who feel very depressed if injured and could not compete in sport would feel more inadequate if they went to a therapist for psychological help; the independent variable is feeling depressed following an injury and could not compete in sport, and the dependent variable is feeling of inadequacy going to a therapist for psychological help.
4. Athletes who consider themselves

athletes would feel worse about themselves if they could not solve their problems on their own; the independent variable is athletes who consider themselves athletes, and the dependent variable is feeling worse about themselves if they could not solve their problems on their own.

5. Athletes who most of their friends are athletes will feel inferior if they ask a therapist for help; the independent variable is athletes who most of their friends are athletes, and the dependent variable is feeling inferior if they ask a therapist for help.

Data Collection

Data was collected in an undifferentiated, cross-sectional method as there is no specific timing of the independent variable (athletic identity) intervention being administered and the survey was only administered once. Once stu-

dent-athletes identified themselves as voluntary participants, they received a consent form and paper survey from the researcher. The survey is a combination of the 7-item Athletic Identity Measurement Scale and the 10-item Self-Stigma of Seeking Psychological Help Scale, resulting in a 17-item survey utilizing answers in a Likert-Scale format. Consent was assumed when the participant returned their completed survey, as the informed consent statement is on the front cover of the survey for the participant to read prior to completing their survey.

Data Analysis

The researcher utilized descriptive statistics to provide details about the sample data and overall survey results. The researcher utilized inferential statistics to infer information from the sample data. For this study, the independent variable was athletic identity, and the dependent variable was self-stig-

Table 3

Results of Independent Sample T-Test: Gender and Belief that Sport is the Most Important part of One's Life

	Gender						t	p	df
	Male			Female					
	M	SD	n	M	SD	n			
Belief that sport was the most important part of their life	5.03	1.03	30	3.57	1.13	7	3.31	.00	35

Table 4

Results of Pearson Correlation Coefficient Test: Athletes Who Feel Very Depressed if They Were Injured and Could Not Compete in Sport Would Feeling More Inadequate if They Went to a Therapist for Psychological Help

		I would very depressed if I were injured and could not compete in sport	I would feel inadequate if went to a therapist for psychological help
I would be very depressed if I were injured and could not compete in sport	Pearson Correlation (r)	1.00	.27**
	Sig. (2-tailed) (p)		.08
	N	37	37
I would feel inadequate if I went to a therapist for psychological help	Pearson Correlation (r)	.27**	1.00
	Sig. (2-tailed) (p)	.08	
	N	37	37

** Correlation is significant at the 0.01 level (2-tailed)

matizing for seeking psychological help. Data was analyzed with the Statistical Package for Social Sciences (SPSS) 22.0. The five hypotheses tested in this study used descriptive and inferential statistics. For the first two hypotheses, an Independent Samples T-test was used. Hypotheses 3-5 were analyzed with the use of a Pearson Correlation test.

Results

Hypothesis One: Male athletes consider themselves athletes more than female athletes

An Independent Samples T-test was run comparing gender and the subject's self-perception that they identified as an athlete. There was no significant difference between male athletes who considered themselves as an athlete ($M = 6.83$, $SD = .46$, $N = 30$) and female athletes ($M = 6.14$, $SD = 1.15$, $N = 7$) who considered themselves as an athlete; $t(35) = 1.23$, $p = .26$. This result suggests there is not a statistically significant association between a male athlete considering himself an athlete more than a female athlete does (See Table 2).

Hypothesis Two: Males have a higher belief that sport is the most important part of their lives than female athletes

An Independent Samples T-test was run comparing gender and the subject's belief that sport was the most important part of their lives. There was a significant difference between male athletes ($M = 5.03$, $SD = 1.03$, $N = 30$) and female athletes ($M = 3.57$, $SD = 1.13$, $N = 7$) who believed that sport was the most important part of their lives; $t(35) = 3.31$, $p = .00$ (See Table 3). This result suggests there is a statistically significant association between male athletes having a higher belief that sport is the most important part of their lives than female athletes (See Table 3).

Hypothesis Three: Athletes who feel depressed if injured and could not compete in sport will feel more inadequate if they went to a therapist for psychological help

Validity measurements of hypothesis three are established by the dependent variable of the Athletic Identity Measurement Scale (Brewer & Cornelius, 2001) question on the survey, "I would be very depressed if I

were injured and could not compete in sport", and the dependent variable of Self-Stigma for Seeking Psychological Help Scale (Vogel, Wade, & Haake, 2006) question on the survey, "I would feel inadequate if I went to a therapist for psychological help". A Pearson Correlation coefficient was computed to assess the linear relationship between an athlete feeling very depressed if they were injured and could not compete and feelings of inadequacy if they went to a therapist for psychological help (See Table 4).

Table 4 summarized the relationship between variables in hypothesis three. The correlation indicated a weak, positive correlation between an athlete being very depressed if injured and could not compete in sport and feeling inadequate going to a therapist for psychological help ($r = .27$, $p = .08$).

Hypothesis Four: Athletes who consider themselves athletes would feel worse about themselves if they could not solve their own problems

Validity measurements of hypothesis four is established by the dependent

Table 5

Results of Pearson Correlation Coefficient Test: Athlete Who Consider Themselves as an Athlete Would Feel Worse About Themselves if They Could Not Solve Their Own Problems

		I consider myself an athlete	I would feel worse about myself if I could not solve my own problems
I consider myself an athlete	Pearson Correlation (r)	1.00	.03**
	Sig. (2-tailed) (p)		.86
	N	37	37
I would feel worse about myself if I could not solve my own problems	Pearson Correlation (r)	.03**	1.00
	Sig. (2-tailed) (p)	.86	
	N	37	37

** Correlation is significant at the 0.01 level (2-tailed)

variable of the Athletic Identity Measurement Scale (Brewer & Cornelius, 2001) question on the survey, “I consider myself an athlete”, and the dependent variable of Self-Stigma for Seeking Psychological Help Scale (Vogel, Wade, & Haake, 2006) question on the survey, “I would feel worse about myself if I could not solve my own problems”. A Pearson Correlation coefficient was computed to assess the linear relationship between an athlete identifying themselves as an athlete and feeling worse about themselves if they could not solve their own problems. (See Table 5)

Table 5 summarized the relationship between variables in hypothesis four. The correlation indicated there was a weak, positive correlation between an athlete identifying themselves as an athlete and being unable to solve their own problems. ($r = .03$, $p = .86$).

Hypothesis Five: Athletes who most of their friends are athletes will feel inferior to ask a therapist for help

Validity measurements of hypothesis five is established by the dependent variable of the Athletic Identity Measurement Scale (Brewer & Cornelius, 2001) question on the survey, “Most of

my friends are athletes”, and the dependent variable of Self-Stigma for Seeking Psychological Help Scale (Vogel, Wade, & Haake, 2006) question on the survey, “It would make me feel inferior to ask a therapist for help”. A Pearson Correlation coefficient was computed to assess the linear relation between an athlete who most friends are athletes and feeling inferior to ask a therapist for help. (See Table 6)

Table 6 summarized the relationship between variables in hypothesis five. The correlation indicated there is a strong, positive correlation between an athlete who most of their friends are athletes and feeling inferior to ask a therapist for help ($r = .09$, $p = .61$).

Discussion

In review of the data analysis, interesting findings emerged. Hypothesis one, male athletes consider themselves athletes more than female athletes do, the results indicated there was not a statistically significant association between a male athlete considering himself an athlete more than a female athlete. This result did not confirm the hypothesis and offers a counter-point to

the stereotypical belief that males think of themselves as athletes more than female athletes do. Thus, both male and female athletes have athletic identity on various levels that the social worker and athletic trainer should measure and factor in whenever either gender gets injured which may threaten their athletic identity. This result confirms what other research has reported that males do not have a stronger athletic identity than females (Fraser et al., 2008; Padaki, 2018). What this cross-sectional study reports are that athletes, regardless of gender, aspired to participate in collegiate sports, and having past sports participation experience usually at the secondary school level, displayed higher and stronger athletic identities (Wiechman & Williams, 1997).

Hypothesis two, males have a higher belief that sport is the most important part of their lives than female athletes, was confirmed through this study, as the result suggested there was a statistically significant association between male athletes having a higher belief that sport is the most important part of their lives than female athletes. This result suggests that male athletes have a

Table 6

Results of Pearson Correlation Coefficient Test: Athletes Who Most of Their Friends are Athletes Will Feel Inferior to Ask a Therapist for Help

		Most of my friends are athletes	I would make me feel inferior to ask a therapist for help
Most of my friends are athletes	Pearson Correlation (r)	1.00	.09**
	Sig. (2-tailed) (p)		.61
	N	37	37
I would make me feel inferior to ask a therapist for help	Pearson Correlation (r)	.09**	1.00
	Sig. (2-tailed) (p)	.61	
	N	37	37

** Correlation is significant at the 0.01 level (2-tailed)

higher degree of value for sport than female athletes and should be noted when working with both genders whenever an athlete becomes injured or has been demoted in their playing status. This result is consistent with Brewer et al. (1993 & 2001) and Rajan and Varma (2022) studies that report that males demonstrated higher athletic identity measurement scores versus females.

Hypothesis three, athletes who feel depressed if injured and could not compete in sport will feel more inadequate if they went to a therapist for psychological help, was confirmed as results indicated that there was a weak, positive correlation between an athlete being very depressed if injured and could not compete in sport and feeling inadequate going to a therapist for psychological help. While a study reports that while the stronger an individual identifies as an athlete the more likely they are to recover and continue their sport after an injury, an injury can emotionally impact an athlete's self-worth (Dacus et al., 2023). The results of this study suggest that while an athlete is impacted emotionally following an injury, they are reluctant to seek psychological assistance. Thus, the social worker and ath-

letic trainer working with athletes who sustain a time-loss injury be prepared to empathically approach that athlete to start a conversation on seeking psychological help for their injury as they recover physically.

Hypothesis four, athletes who consider themselves athletes would feel worse about themselves if they could not solve their own problems, was confirmed as results indicated there was a weak, positive correlation between an athlete identifying themselves as an athlete and being unable to solve their own problems. Attitude on the intent to seek counseling is consistent with any previous attitude on counseling by the athlete (Vogel & Wester, 2003). As Vogel and Wester's study (2003) suggest, an athlete needs to be better informed about the nature of counseling and what occurs in counseling and why it is potentially effective in addressing a problem that the athlete feels they are unable to solve. The problem the athlete experiences may traverse the spectrum of general distresses of life (e.g., academics, daily schedule) or sports participation stressors (e.g., competition, conditioning, injury), to an intense problem that the person is experiencing (e.g.,

mental health disorder, post or recent traumatic events), which may influence the reason for an athlete to seek psychological help (Vogel et al., 2005). Reflecting on Vogel's work of public and individual stigma surrounding seeking psychological help, the social worker working with athletes may want to approach an athlete who is experiencing stressors in their lives such as physical injury, demotion on the team, academic stressors, relationship issues, and/or financial or family challenges in order to provide psychological assistance to the athlete as they navigate these various and, at times, comorbid problems as the athlete may not seek assistance on their own.

Hypothesis five, athletes who most of their friends are athletes will feel inferior if they ask a therapist for help, was confirmed as the results indicated that there was a strong, positive correlation between an athlete who most of their friends are athletes and feeling inferior if they ask a therapist for help. Vogel's work in self-stigma in seeking psychological help reports the harmful public stigma surrounding seeking assistance for a mental health issue (Vogel et al., 2007). Having more friends who are

also teammates and/or athletes from different sports than not, the individual athlete suggests that social support from those teammates is critical in reducing the stigma of seeking psychological help and encouraging those needing assistance to go for help. An educational component on mental health and wellness for all student-athletes that normalizes mental health concerns and provides information on supporting teammates needing assistance may be developed to address this finding of the study.

Limitations

The main limitation of this study was the small sample size of 37 participants. The study was unable to create a large sample size for data collection as participation in the survey was voluntary. Additionally, the survey results in gender heavily weighed male (81.1%). Future studies of this nature will hopefully include more female student-athlete participation. Other limitations of this study were selection of subjects and social desirability bias. Selection of subjects participating in the study that may have an on-going mental health disorder was a limitation, as some student-athletes who may be experiencing a mental health issue at the time of recruitment chose not to participate. Social desirability bias limitation is a reasonable assumption as some subjects may have answered in such a fashion to make themselves appear not to have a psychological need.

Conclusion

The conclusion of this study is that providing a measurable tool such as the Athletic Identity Measurement Scale to the recognition of athletic identity levels in athletes would be beneficial to the social worker and/or athletic trainer work-

ing with intercollegiate student-athletes who are attempting to recognize potential mental health concerns in this population. More social workers are being involved in intercollegiate athletics and utilizing this scale as a screening tool to identify a student-athlete with moderate to high athletic identity that can be used to start discussions with the student-athlete whenever their athletic identity is threatened by sustaining a time-loss injury, demotion in playing time, personal issues, and/or whenever the student-athlete's normal behavior patterns change to encourage psychological help.

More university sports medicine departments are utilizing mental health screening tools with student-athletes such as the PHQ-9 and GAD. Adding the Athletic Identity Measurement Scale could provide insight into a student-athlete's identity as an athlete as motivation to abstain from seeking psychological help, if in need, for fear of mental health self-stigma. Establishing an Athletic Identity Measurement Scale baseline for an athlete, particularly if the total score is in the 30s or 40s (on a scale of 7-49) would alert the social worker or athletic trainer to a student-athlete with significant athletic identity and develop a protocol to approach that individual athlete for psychological assistance in the event of a time-loss injury or other life stressor they may experience.

The Athletic Identity Measurement Scale is a useful tool for social workers to incorporate into their mental health and wellness measurement portfolio for student-athletes. By identifying an athlete with moderate to high athletic identity, the social worker can approach that athlete following a time-loss injury that threatens their athletic identity, or following a significant life stressor that threatens their mental health and well-being where that athlete may be reticent

to seek psychological help due to public and/or self-stigma regarding mental health challenges.

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