EXPERIENCES OF BLACK STUDENT ATHLETES IN THE ADVENT OF THE

COVID-19 GLOBAL PANDEMIC: A QUALITATIVE STUDY

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On January 30, 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus (COVID-19) a public health emergency of international concern. In March 2020, the United States government imposed impactful safety and confinement measures issued by the Centers for Disease Control and Prevention (CDC) all over the country to prevent community transmission of COVID-19. Institutions of higher education rapidly transitioned to online learning and eliminated in-person engagements in the spring of 2020 as a result of the COVID-19 outbreak. The National Collegiate Athletic Association (NCAA) followed a similar trajectory by shutting down all athletic activities due to the global pandemic. While college students in general notably experienced increased pandemic related distress and mental health concerns (e.g., depression, anxiety) during the early stages of the global pandemic, the disruption of collegiate sport competitions and seasons uniquely and significantly impacted collegiate student athletes and their overall well-being. In this qualitative study, I sought to document and understand the narrative of Black student athletes' experiences of stress and coping during the first two months of the COVID-19 global pandemic and cancellation of collegiate sports. Through reflexive thematic analysis, I found that psychosocial resources such as avoidance, acceptance, mindful self-compassion, health and wellness, and social support, emerged as important coping skills for the athletes in the present sample. Practical implications for athletes, coaches, support staff, mental health providers, and administrative leaders within college athletics are identified and discussed.

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GLOBAL PANDEMIC: A QUALITATIVE STUDY

Introduction

In March, 2020, the COVID-19 pandemic led to the shutdown of universities and

colleges, their athletic departments, and the entire collegiate sport system within the United

States. As a result, hundreds of thousands of student athletes were affected. Universities and

colleges closed their doors, moving classes online and sending students, including athletes, away

from campuses to live with family, friends, or by themselves. Further, the NCAA, in an

unprecedented move, cancelled all remaining sport seasons. College student athletes, who were

already at a high risk for mental health concerns prior to the pandemic (Liu & Yue, 2020;

Stambulova et al., 2020), were faced with a global health pandemic, disruptions in their daily

academic lives, cessation of their physical/sport training, and the disruption/loss of a primary

identity, all of which could exacerbate these concerns. Thus, understanding the psychological

distress that student athletes might have experienced during the initial phase of the pandemic,

and examining how they were coping with the changes in their lives, was needed.

Athlete Mental Health

Compared to nonathletes, elite athletes may experience mental health concerns (i.e.,

anxiety, depression) at similar levels (Rice et al., 2016). However, other research suggests

athletes' prevalence may be somewhat lower than nonathletes due to the protective effect that

sport may provide, such as engagement in regular physical activity and built-in social support

networks (Alamdarloo et al., 2019). Whether slightly higher or slightly lower than nonathletes,

athletes report mental health concerns across many areas, including depression, anxiety, eating

disorders, and substance use (Siefken et al., 2019; Moreland et al., 2019; Moore, 2017; Sutcliffe

& Greenberger, 2020). For example, approximately 35% of elite athletes (i.e., collegiate, professional) suffer from disordered eating, burnout, depression and/or anxiety (Chang et al., 2020). Additionally, 30% of women and 25% of men who are collegiate student athletes report having anxiety (Chang et al., 2020). In terms of help-seeking, only 10% of college athletes with known mental health conditions seek care or treatment from a mental health professional (Chang et al., 2020; Schinke et al., 2018; Gouttebarge & Kerkhoffs, 2018).

Increasing evidence points to a range of both athlete-specific and general risk factors associated with adverse mental health in elite athletes (Rice et al., 2016; Reardon et al., 2019). For example, athlete-specific risk indicators include sport-related injury and limited time to recover, constant performance appraisals that may affect their position on their teams, overtraining, limited privacy from the press and public, and sport type (e.g., individual sports conferring a higher risk that team sports; Sarkar & Fletcher, 2014). General risk indicators include major negative life events, low social support, and impaired sleep, to name a few (Rice et al., 2016). In addition, athletes who hold historically minoritized identities must navigate socially based stressors, such as racist or sexist policies, laws, or practices. Collectively, these risk factors may affect the severity and onset of particular mental health symptoms. Moreover, the salience of particular risk factors may vary across the phases of athletes' careers. For example, in junior development years, supportive relationships with parents and coaches are imperative to athlete wellbeing (Pensgaard & Duda, 2003). When athletes move into more elite levels of training and competition and are committed to their sports, in addition to the coaching relationship, environmental and training demands become increasingly relevant (Reardon et al., 2019). This can include extended travel away from home and exposure to unfamiliar training environments (Kristiansen & Roberts, 2010).

Over the last decade, individual athletes (e.g., Michael Phelps, Kevin Love, Serena Williams) have become increasingly open about their mental health, sharing their lived experiences through social media, podcasts, documentaries, blog posts, and articles in different media outlets. Their stories have ranged from the stigma of mental health, to what their diagnoses were, to how they sought help, to how they found relief through treatment. In response to the documented prevalence of athletes' mental health concerns and to their captivating stories, sport organizations, from the professional to collegiate levels (e.g., NCAA, NBA), have focused on increasing mental health literacy among coaches and players and providing athletes with access to competent treatment and help. For example, the NCAA, through a multidisciplinary task force comprised of psychologists, physicians, athletic trainers, athletic directors, coaches, and community members, published a guide to mental health best practices. Furthermore, the National Basketball Players' Association created a mental health task force to oversee player well-being, which has transformed its Rookie Transition Program to place a greater emphasis on mental health education for athletes (NCAA, 2016; Taylor, 2021).

Athlete Mental Health: COVID-19 Global Pandemic

COVID-19 affected individuals' mental health and psychological well-being, generally resulting in higher levels of distress and more negative mood states (Talevi et al., 2020; Usher et al., 2020; Zhai & Du, 2020). Athletes were no exception (Pfefferbaum, 2020). Whether at the collegiate, professional, or elite level, the COVID-19 pandemic and subsequent quarantines prevented athletes' sport participation and impeded their ability to train for their sports in suitable environments. This sudden and unexpected interruption in training and pause to all competition schedules forced athletes into what became a temporary retirement. Thus, they had to set new training goals based on when they thought that sport activities might resume and, for

some, they had to contemplate an unforeseen and abrupt end to their athletic careers. These disruptions resulted in increased levels of stress that were associated with emotional, cognitive, and behavioral distress (Samuel et al., 2020).

Within the first two months of the beginning of the pandemic, a national sample of collegiate athletes ($N = 5,755$; 66.7% women) revealed that 54% of surveyed athletes had moved out of their current housing because of pandemic related changes (Slavin et al., in press). Further, 26.5% ($N = 1,526$) and 10.6% ($n = 612$) endorsed clinical levels of depression and stress, respectively; 25.1% ($n = 1,443$) and 69.7% ($n = 4,014$) reported subclinical levels (Slavin et al., in press). Few athletes (2.3%–17.1%) reported counseling use before or after the onset of COVID-19. Those who did seek counseling reported higher levels of depression and stress than those who never sought services (Slavin et al., in press). The female athletes reported higher rates of depression, stress, and counseling use than the male athletes, though there were no differences among racial/ethnic groups (Slavin et al., in press).

During a similar timeframe after the start of the pandemic, the NCAA surveyed student athletes who were drawn from all three Division ($N = 37,658$; 52% women). Overall, the athletes reported mental health concerns at rates 1.5 to 2.5 times higher than what had been found in pre-pandemic surveys on athlete mental health (NCAA, 2020b). Specifically, the athletes reported frequent feelings of being overwhelmed (47% of women, 29% of men), sleep difficulties (41% of women, 30% of men), and mental exhaustion (37% of women, 25% of men); no differences in prevalence rates existed based on race (NCAA, 2020b). Varying degrees of loneliness, sense of loss, anxiety, hopelessness, and anger were also reported. Some reported feeling so depressed that it was difficult to function (9% of women, 7% of men). Most respondents (80%) reported that they were living away from campus with family members and were unable to train due to

local regulations and lack of access to facilities and equipment (NCAA, 2020b). Limited access to enough food (as well as healthy food options), unstable housing situations, and lack of knowledge about how to access medical and mental health support locally were challenges as well (NCAA, 2020b). Of these challenges, food insecurity was particularly salient for Black male athletes (NCAA, 2020b).

The COVID-19 outbreak, and disruption of sports, had major implications for athletes in terms of their mental health and overall well-being (e.g., Slavin et al., in press; NCAA, 2020b). Initial research suggests that athletes coped with the pandemic and sport disruptions, and the stress that resulted, in four key ways (Pété et al., 2022). In a sample of 526 French athletes (271 women; $M_{age} = 21.87$ years; SD = 8.66; no specific data on race/ethnicity were provided) who, prior to the pandemic, had been competing at national, international, and elite levels, latent profile analysis and multivariate ANOVAs identified four coping profiles (i.e., self-reliant, engaged, avoidant, active and social). These coping profiles differentiated among athletes' anxiety, stress appraisals, social support, and interpersonal coping (Pété et al., 2022). The engaged coping profile (i.e., high levels of cognitive restructuring and problem solving, moderate levels of distraction), as well as the active and social profiles (i.e., high levels of cognitive restructuring, problem solving, and distraction, moderate levels of support seeking) were associated with low to moderate levels of anxiety, the most adaptive stress appraisals, and protective social environments (i.e., interpersonal coping, social support). Athletes with these profiles appraised the COVID-19 situation as more controllable and as a challenge. They also reported the greatest social support availability and satisfaction, and appeared the most inclined to utilize their social resources (Pété et al., 2022). The athletes with the avoidant coping profile

reported higher levels of anxiety and appeared less able to regulate responses to stressful situations at individual and interpersonal levels compared to the others (Pété et al., 2022).

In another study examining the coping strategies used by elite athletes in the early months of this global pandemic, Makarowski et al. (2020) identified gender specific strategies in regard to how the athletes were coping with stress. Based within a sample of 1,032 male and female elite athletes from Poland, Romania, and Slovakia., the athletes completed measures of perceived stress and coping. Overall, the athletes reported employing strategies such as denial (e.g., rejecting the facts of a situation), emotional expression (e.g., focusing on and releasing what one is feeling), substance use (e.g., alcohol consumption), and acceptance (e.g., acknowledging painful experiences as a part of life) to cope with the global pandemic and subsequent cancellation of sports. Furthermore, the male athletes were more likely to have used self-blame, whereas the female athletes reported more use of disengagement techniques (e.g., watching television). Makarowski et al.'s (2020) findings highlight the fact that athletes engaged in both adaptive (e.g., acceptance) and maladaptive (e.g., denial, substance abuse) coping strategies to try to reduce the stress they were experiencing in conjunction with the pandemic and cancellation of sports.

Some studies of athletes' mental health and well-being during COVID-19 have explored differences between genders, and many have found that female athletes report higher levels of mental health concerns compared to male athletes (Bowes et al., 2020; di Fronso et al., 2020; Håkansson et al., 2020; Kaçoğlu et al., 2021; Pons et al., 2020; Ruffault et al., 2020). For example, in a sample of Italian athletes who were competing at various levels, women reported higher perceived stress and dysfunctional psychobiosocial states as compared to men, as well as lower levels of depression and anxiety (di Fronso et al., 2020). Among elite Swedish athletes,

women reported feeling worse psychologically during the pandemic than did men (Håkansson et al., 2020). Bowes et al., (2020) surveyed elite female athletes from various countries and sports (ages 18-34) about their experiences during the COVID-19 lockdown and how they felt they compared to their male counterparts. The women felt that they had been impacted more so than male athletes in terms of access to training facilities and resources while in confinement. Pons et al., (2020) note that this finding, as well as the findings that women were financially impacted and resumed sport activity later than men, likely contributed to the gender differences found in regard to the impact of COVID-19 on athletes' lives.

Black Athletes: Pandemic Stressors, Mental Health, and Coping

Collective trauma in the form of a public health crises presents considerable and disproportionate mental health challenges to Black Americans (Feist-Price & Wright, 2003; Whitehead et al., 2014). For example, counties with a predominantly Black population had three times the rate of COVID-19 infections and six times the rate of deaths compared to predominantly White counties in the early stages of the pandemic (Laurencin & McClinton, 2020). These higher rates are thought to result from higher levels of poverty, limited health care access, higher rates of comorbid chronic illnesses, and more individuals with jobs in service industries (Laurencin & McClinton, 2020; Scott, 2020). Data from fourteen states revealed that, although Black Americans make up 13% of the United States population, over 30% had been diagnosed with COVID-19 infections (Poteat et al., 2020). Moreover, racial and ethnic minorities historically have received a lower quality of healthcare, which has contributed to more distrust, less willingness to access healthcare, and possibly the higher COVID-19 rates in Black Americans (Lopez et al., 2021).

At a broader, societal level, from the start of the COVID-19 pandemic and into the summer and the fall of 2020, unemployment rates increased disproportionately for Black and Latinx communities, as well as for women (Greene & McCargo, 2020; U.S. Bureau of Labor Statistics, 2021). Increased unemployment led to increased rates of poverty and food insecurity (U.S. Bureau of Labor Statistics, 2021). The effects that COVID-19 had on historically marginalized communities amplified existing racial inequalities in health and health care access, poverty, employment, housing, and food insecurity fueled by longstanding systemic racism (U.S. Bureau of Labor Statistics, 2021; Chen & Krieger, 2021; Millett et al., 2020).

According to Moore, Petrie, and Slavin (2022), Black student athletes were disproportionately more likely to have experienced COVID-19 events than other athletes, which is consistent with what was occurring in the broader society. Specifically, compared to White student athletes, Black student athletes were 1.25 times more likely to have been required to leave their campus housing. Moreover, Black student athletes were 1.33 times more likely to have been diagnosed with COVID-19 than White student athletes.

Understanding the factors that predict risk, resilience, and coping in African Americans requires an appreciation of the cultural beliefs, behaviors, and practices unique to this population. The worldview of African Americans is grounded in a strong spiritual belief system, extended familial and fictive kinship bonds, a collective social orientation, and affective expressiveness (Grills, 2002; Holloway, 1990; Mattis et al., 2004; Nobles, 2004; Utsey et al., 2008). There is sufficient empirical evidence linking the cultural beliefs, behaviors, and practices of African Americans to effective coping strategies that result in positive adaptive outcomes in situations of disaster, identity-based stress (e.g., racism), risk, and adversity (e.g., Genero, 1998; Haight, 1998; Harvey & Hill, 2004; Hill, 1999; Johnson, 1995; Taylor et. Al., 2004; Utsey et al., 2000).

It appears that these cultural resources shape and influence coping schemata and cognitive strategies, thereby facilitating the preferred coping responses of African Americans during times of stress and adversity. These culture-specific coping approaches are conceptually derived from strategies borne out of centuries of negotiating racism and oppression, a firm spiritual orientation, and supportive social networks.

African Americans have relied on spiritual coping, which represents the degree to which beliefs about God or a higher power are used in managing adversity (Utsey et al., 2000). Faith based coping enhances resilience by providing a basis for optimism and the ability to recover from adversity (Barbarin, 1993). Moreover, Black Americans have historically engaged in collective coping, which is a group centered strategy whereby individuals rely on their family and social networks for managing crisis situations. Similarly, ritual coping represents an African American cultural practice where rites and rituals are used as a means of providing structure to spiritual expression (e.g., celebrating events, acknowledging the presence of ancestors; Utsey et al., 2008). Ritual coping is conceptually similar to spiritual coping, but differs in that the former is an active expression of the latter (Utsey et al., 2008). Cognitive and emotional regulation coping are adaptive strategies that have evolved out of centuries of oppression during which Black Americans faced severe consequences for the open expression of emotion (Utsey et al., 2000). In a cognitive and emotional regulation response to adversity, the individual evaluates the level of risk and adversity in an effort to regulate their emotional response to the situation. These coping strategies are not exclusive to African Americans; they represent a common cultural framework shared by many persons of African descent (Utsey et al., 2000).

Engagement through the church is a longstanding form of coping for Black Americans, historically having been used to cope with societal racism and oppression. During the initial

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months of the COVID-19 pandemic, this approach to coping was limited in many places as local restrictions on large gatherings reduced physical access to churches (DeSouza et al., 2021). Many Black Americans continued to try to find ways to connect with their spirituality and social communities while protecting loved ones from infection (Mercier et al., 2022). Additionally, Outley et al. (2020) found Black Americans in the general population used humor—often on social media platforms like Twitter—in response to stress and uncertainty associated with the COVID-19 global pandemic.

Moreover, college athletes generally face a unique set of stressors that increased their vulnerability for experiencing mental health concerns. The changes that occurred within the higher education system and to collegiate sports during the onset of the COVID-19 global pandemic likely exacerbated athletes' risk for psychological distress. Collegiate athletes operate in highly structured, demanding, and competitive environments, and are strongly aligned with their identity as athletes. Thus, as a result of these twin stressors, athletes experienced disruptions in their lives and losses of identity that were distressing. How they coped with such changes and stressors has been minimally studied (Abbey et al., 2022; Moore et al., 2022). To date, no study has examined the experiences of Black collegiate athletes despite that—like African Americans nationwide—they have been disproportionately affected by the pandemic (Moore et al., 2022). Thus, my purpose for this research study was to document and understand how Black collegiate athletes were coping during the first two months of the COVID-19 pandemic and subsequent cancellation of collegiate sports. Through an open-ended question, male and female Black collegiate athletes were given the opportunity to share how they approached coping with the stress they were experiencing during this key point in time.

Method

Participants

Black/African American collegiate athletes (N = 746; M_{age} = 19.83 years, SD = 1.28 years) participated. Athletes were evenly distributed across year in school and across gender (men = 52.2%). Participants predominantly came from NCAA Division I athletic departments. The athletes participated across 22 different sports. See Table 1 for a detailed description of the sample demographics.

Instruments

Demographics

Athletes provided information regarding their age, race, gender (e.g., woman, transgender, nonbinary, etc.), year in school, NCAA Division level (I, II, or III), and sport played.

Coping

Participants responded to one open-ended question about how they had been coping amid the COVID-19 pandemic and the cancellation of collegiate sports. Specifically, they were presented with the following prompt: "Briefly describe how you have been coping with the changes that have happened in your life since the emergence of the COVID-19 virus and the cancellation of all collegiate sports. Please type in your response below."

Procedure

Data for this study were drawn from a parent study on collegiate student athletes' psychological well-being during COVID-19; the data collection for this study occurred from mid-April 2020 to mid-May 2020. Through NCAA Division I, II, and II athletic departments, the

survey for the parent study was disseminated to their student athletes using their preferred modes of communication (e.g., email, Teamworks). Each message contained a brief description of the larger study (examination of student athletes' psychological well-being during COVID-19), the voluntary nature of the study, the time commitment (10-15 minutes), and the link to the survey, which was hosted on Qualtrics. Once on the website, student athletes provided consent and then completed the parent survey, which included their responses to the prompt on how they had been coping. At the end of the survey, they were given the opportunity to enter a random drawing for one of four $200 Amazon egift cards. Because it was not possible to monitor the number of messages that were sent to student athletes across all the participating athletic departments nor determine the number of student athletes who actually received the message, a specific response rate could not be determined.

Data collection occurred from mid-April to mid-May 2020. For context, in the week before the survey started, the United States became the global leader in COVID-19–related deaths. Moreover, racial disparities in COVID-19 related deaths were reported by the Chicago Tribune as 68% of COVID-19 related deaths were among Chicago's Black community (CDC, 2021). Moreover, states were changing their quarantine status during April and May, with some reopening and then reclosing (CDC, 2021). The week before our data collection closed, the unemployment rate in the United States reached 14.7% (CDC, 2021).

Data Analysis

Overall, 1076 Black collegiate athletes responded and contributed to the larger study. Of these participants, 566 (52.6%) identified as men and 507 (47.1%) as women; 3 (0.3%) identified as non-binary. From the 1076, 746 (69.3%) of the student athletes provided interpretable responses to the open-ended question on how they were coping during the COVID-19 pandemic.

Written responses ranged from one word to 208 words. Student athletes provided a total of 14,7333 words to describe their coping with COVID-19.

Data were analyzed by a research team of three coders with backgrounds in sport, exercise, and performance psychology. I used reflexive thematic analysis to analyze and interpret the aggregate data (Braun & Clarke, 2006; Braun et al., 2016; Braun & Clarke, 2019). This approach is independent of theory and epistemology, and can be flexibly applied across theoretical, epistemological, and ontological perspectives to provide a detailed and complex account of the data (Braun & Clarke, 2006). Specifically, I employed a social constructivist lens (i.e., patterns were identified as socially produced) to examine the ways in which the student athletes' realities, meanings, and experiences embodied a range of social narratives (Braun & Clarke, 2006). From this constructivist framework, the thematic analysis occurred primarily at the latent (i.e., versus semantic) level to analyze the underlying meaning behind the athletes' responses and uncover broader meanings, assumptions, and conceptualizations identified and examined (Braun et al., 2016). When responses were brief or lacking sufficient context, I analyzed responses at the semantic level.

I conducted the thematic analysis through a comprehensive inductive and deductive process following the six phases put forth by Braun et al. (2016), including familiarization, coding, theme development, theme refinement, naming, and writing. Consistent with previous qualitative research (e.g., Stirling et al., 2012), familiarization occurred via a process of reviewing data from the athletes' written responses to increase familiarity with their statements and take note of initial impressions and interpretive ideas. Following familiarization, I engaged in systematic and thorough coding of the data to capture the identified meanings in the data that related to my research question and built a foundation for subsequent stages of the thematic

analysis. To accomplish this, I read the data closely and then labeled relevant pieces with a code (i.e., a word or short phrase that captures the salient attributes captured in the data; Saldaña, 2016). Consistent with recommended best practice in thematic analysis (Braun et al., 2016), the complete data set was reviewed at least twice during the coding phase to ensure the identified codes were coherent and robust. A data-driven approach was taken during this phase in the process to allow codes to emerge naturally from the qualitative responses, without conscious influence from existing theories, models, or research.

During theme development, I sorted initial codes into broader potential themes and sub-themes according to patterns of similarity within the codes and the identification of important understandings related to the research question. I grouped together codes that reflected the identified themes. When the codes were new, distinct, and salient, I created new themes and/or subthemes, thus reflecting an inductive process. Codes that emerged in a significant portion of the athlete's responses were retained for consideration as a theme. During theme refinement, a co-coder (white cisgender female) reviewed the identified codes and independently created her own thematic structure, which was then compared to mine; coding discrepancies were reconciled through discussion until intercoder consensus was reached (Campbell et al., 2013). Once the first author and co-coder had reached agreement, a "critical friend" (white cisgender male) reviewed the thematic structure and provided suggestions. This feedback led to extensive rethinking. Based on the extensiveness of the comments, the "critical friend" became a co-coder and independently reviewed the data, starting at the familiarization phase and working forward. Once he had developed his own coding structure, he shared that with the first author and they reviewed it together.

Because of the extensiveness of the changes that resulted from the re-coding of the data,

the first co-coder was then given the newly developed thematic structure, which positioned her as a second critical friend for this analysis process. She reviewed the modified thematic structure, providing feedback and suggestions that, through discussion with the other two coders, led to consistency of codes, themes, and subthemes. They then engaged in multiple rounds of individual analysis and collaborative meetings to define and refine the primary themes and subthemes. Through this iterative process, the coders identified six primary themes that captured Black student athletes' experiences of the COVID-19 pandemic, and the impact that the pandemic had on their lives. At that point, the identified theme structure was retained. This review process was done with openness by completing two checks: (a) determining that the analysis fit well and the data were not misrepresented (i.e., via poor coding), and (b) determining that the themes and the narrative they generated sufficiently addressed the research question.

Additionally, I used memoing throughout the familiarization, coding, and theme development stages in order to extract meaning from the data and to facilitate reflection and open communication between me and the other two coders as we discussed and critiqued interpretations to reach a consensus (Birks et al., 2008). For example, I noted that the athletes were holding on to their faith and spirituality, relying on a more collective process of healing than is generally promoted in individual psychotherapy. This note was key in our identifying the subtheme of faith as a means of social support. The themes were reviewed by the analytic team and determined to both sufficiently capture the data and answer the research question. We then named the themes and organized them into a comprehensive analytic narrative (i.e., descriptive and interpretative commentary presented to the reader; Braun et al., 2016).

Trustworthiness

Trustworthiness replaces the ideas of reliability and validity in quantitative analyses to ensure the soundness of the data, as well as its credibility, transferability, dependability, and confirmability (Shenton, 2004). I attended to each in this study. First, I used established methods of thematic analysis (e.g., Braun et al., 2016). I, along with the co-coders/critical friends, were familiar with the collegiate sport culture due to their own personal athletic backgrounds and professional experiences as sport psychology consultants. Second, participant anonymity encouraged honest responding, and discussions and debriefings among the analytic team throughout the thematic analysis process challenged assumptions they may have held. For example, a co-coder challenged the first author's initial assumptions that the athletes' discussions of sleeping reflected a singular approach to coping; as a result, sleeping was then conceptualized as a form of avoidance as well as a mechanism for the student athletes to maintain their health. Third, the use of a reflexivity statement (detailed below) helped ensure credibility. Provision of background data to establish study context as well as the inclusion of a sample representing multiple sports, levels (i.e., divisions) of collegiate competition, and universities helped ensure transferability. I addressed dependability via detailed description of procedures and data analysis to inform replication. Finally, I addressed confirmability through recognition of the study's limitations and by exploring biases and assumptions with the co-coder and critical friends through reflective commentary.

Reflexivity Statement

In qualitative analyses, the subjectivity of the researchers can influence the study being conducted, and the identity variables (e.g., race, gender) and experiences of the data analysts can affect the way research is conducted and how data are interpreted (Sparkes & Smith, 2013). All

members of the analytic team self-identify as cisgender; two as women and one as a man. Two identify as White; the lead author identifies as a Black woman. The researchers range in age from mid-20s to late-50s, and all have been lifelong participants in sports, from high school/club to NCAA Division I levels in team (e.g., basketball, softball, volleyball) sports. All three have training and educational backgrounds in sport psychology and counseling psychology; one is a licensed psychologist and two are doctoral-level trainees in psychology; two are Certified Mental Performance Consultants (AASP). The co-coders have previous qualitative research experience with student athletes. Moreover, the male co-coder was the lead investigator of the parent study, and thus has extensive knowledge of its aims and content. These identities and experiences helped the researchers understand and interpret the participants' experiences. For example, as former athletes, they could relate to participants' relationships to exercise and the importance of having an athlete identity. The diversity across race, gender, and age among the analytic team members allowed the data to be interpreted through multiple intersectional lenses with the intention of minimizing biases.

Results and Discussion

The results of the thematic analysis yielded 746 codes, which the analytic team subsequently organized into 23 subthemes and 6 higher order domains (see Table 2). Although the athletes were asked specifically to comment on how they were coping, they also explained how they had been affected, which often served as an introduction to descriptions of what they were doing to take care of themselves. Thus, the six higher order themes were: 1) the effects of covid-19 and cancellation of sports (five subthemes); 2) avoidance (five subthemes); 3) mindful self-compassion (three subthemes); 4) acceptance (three subthemes); 5) social support (three

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subthemes); and 6) health and wellness (four subthemes). Each domain, and respective

subthemes, is described in detail below.

The Effects of COVID-19 and Cancellation of Sports

The athletes described not only how they were internally affected (e.g., well-being), but

identified the areas of their lives that were disrupted, such as school and family. When COVID-

19 was declared a global pandemic, colleges and universities across the United States took safety

measures such closing campuses and moving classes to an online/virtual format (Sahu, 2020) in

order to slow the spread of the virus and protect students and staff. Similar to their nonathlete

peers, the athletes experienced these school-related changes as stressful and disruptive, noting

that managing classes and schoolwork online was challenging, particularly in relation to staying

motivated and focused. Yet, for the athletes, how the school closures affected them were often

tied into the cancelation of their sports;

> My life changed a lot because my job closed and my season was cancelled so the two
> things outside of school that kept me busy were gone…it was my last year of school so a
> lot of things I expected to do did not happen and I likely won't get to in the future.
> (female, cross country)

A female student athlete (soccer) spoke more to the effects on sports being cancelled:

> I think it sucks that this is happening right now. I couldn't end school how I would've
> ideally wanted to surrounded by all the people that I love. We were putting in so much
> work in the spring, had spring games lined up and didn't even get a chance to play
> them…mainly it's been hard being taken away from your daily living and schedule.

Another athlete (female, track and field) discussed how she, as a first-year student, had been

affected:

> It's been really tough. For someone coming into college as a freshman, you believe you
> have something to prove. To the coaches that recruited you, to yourself, and your friends
> and family. It's hard training for a sport like track then when you feel like you're ready, it
> all gets taken away.

This intersection of school closings and sport cancelations speaks to the salience of athletic identities within collegiate sports (Costa et al., 2020), and how that identity frames what the athletes' experience. Athletic identity is the extent to which a person identifies with their role as an athlete (Brewer et al., 1993), often to the exclusion of other salient identities, such as student. The athletes appeared to stay connected to this role during the initial mandated quarantine period—some even utilized the time to engage in regular training for their sport, which likely kept them immersed in this role. The athletes also intended to return to play as soon as they were allowed, which seemed to reflect their strong athletic identities and the importance of sport in their lives.

Existing scholarship demonstrates male football players at PWIs reported significantly higher levels of athletic identity, which indicates that they see their role of athlete as more important to them than do players at HBCUs (Steinfeldt et al., 2010). Endorsing a strong athletic identity, particularly in a predominantly White environment, may indicate an internalization of the perception that being an athlete is highly valuable for Black athletes. Although African American males are underrepresented in most traditional venues of upward socioeconomic mobility, they are significantly overrepresented in sports like football (Sellers et al., 2002). Additionally, because negative perceptions of football players (e.g., only on campus to play football) paradoxically exist alongside the accolades and fame that these high-profile student-athletes receive for their athletic exploits, a highly salient athletic identity may indicate that African American football players at PWIs are subscribing to and/or internalizing the societal perception of the "archetypal African American male football or basketball player" (Simons et al., 2007).

For many athletes, campus closures also meant returning home to live with family, which presented a number of challenges for them, ranging from loss of independence to increased household responsibilities. Another female track and field athlete shared:

> I have had to move home and stay with my family. I have had to assume different responsibilities. Such as a lot of cleaning and caring for my siblings rather than just myself. A lot more cooking. I have had to workout by myself a lot and do a lot of things on my own being that they aren't of interest to people around me. I also tested positive for covid-19 so my family and I have been quarantined for almost a month.

Other challenges included physical limitations within the home ("I have moved back home to a very crowded space, currently living in the dining room [made a makeshift room]. I work every day so it's something to look forward to getting out this tiny space." (female, track and field)), and relational concerns ("It has been a difficult time, coping this [sic] all of the changes. I have been experiencing personal issues with my family, prior to COVID-19, and the cancellation and isolation has amplified those problems." (female, track and field)). But even when athletes returned to a home environment that they viewed as positive, being home challenged their emerging adult identity as a male football player described:

> Being home to see family was cool, but I still don't like being at my home for very long periods of time. Ever since I left for college, being back home doesn't feel the same because I feel like a bird that finally left its nest, and it's kind of weird to return to the nest for too long sometimes because I'm so use to this new college adult life. So I returned back to my apartment in my college city because I enjoy my own space and daily routine.

For some, going home was not an option, so they remained in their housing near their schools, which presented its own challenges:

> I feel like I've been more lonely. I moved back to my college apartment because my at home situation isn't the best. But I feel like I spend so much time in my room, alone or on my phone. I find it difficult to find motivation in a lot of things (including school and exercising) but I end up doing it! I just struggle with finding a system that works for me right now, and it stresses me out because I always feel like I'm forgetting things or I'm behind on something. (female, volleyball)

Returning home following the closure of college and university campuses was challenging for most students (Hall & Zygmunt, 2021), serving as a "developmental boomerang" (Hall & Zygmunt, 2021) that has resulted in decreases in college students' feelings of independence (Son et al., 2020).

Like nonathlete college students (Son et al., 2020; Kim et al., 2021), the athletes shared how their experiences were negatively affecting their psychological well-being. Although none wrote about a specific mental health concern, they reported experiencing a range of emotions that varied in intensity over time. As a female volleyball player described:

> Due to COVID-19, I have been having a roller coaster of emotions. One day/week I'll be super motivated and or happy. Other weeks, it's extremely hard for me to find my reason why to do certain activities, like school work, working out etc. I have had mental break downs since the outbreak and a lot of stress due to the switch to online school.

Others reported being unhappy or sad ("In the beginning I was unsure for what to expect. As the first month went on I became down and sad." and "I currently have not felt happy.") and feeling isolated from others ("It has been extremely tough dealing with the feelings of loneliness and isolation." and "For a long period after the cancellation, I isolated from everything, and I felt more alone than I ever had in a long time."). For one student athlete, the heightened anxiety she experienced overwhelmed her: "I had my first panic attack ever. I was so scared. I thought I was going to die." (female, track and field).

Although not mentioned by many, some did comment on the financial stressors they were experiencing. Like college nonathletes, disruptions in work undermined their financial capacities to cover tuition, rent, and other basic needs (Molock & Parchem, 2020). The athletes shared how, "The situation is tough, a lot of wants with limited finances is the hardest experience." (male, track and field), and they were "*struggling financially.*" (female basketball). Some of the financial struggles seemed related to having lost jobs or, upon returning home, having to work to

help their families as parents or other adults in the home were becoming ill or losing their own jobs (Janning et al., 2022; Son et al., 2020).

Avoidance

Many of the athletes shared that, during this initial phase of the pandemic, they engaged in behaviors specifically to avoid thinking about, feeling, or engaging in difficult behaviors in relation to COVID-19 and the cancellation of sports. Although disengagement coping strategies have historically been viewed as maladaptive (e.g., avoidance), distraction can be an effective coping strategy, particularly over the short term (Waugh et al., 2020). When navigating a traumatic event, individuals may use avoidance to reduce their immediate distress and suffering, especially when the trauma, stressor, or event is severe and they believe there is little they can do to actively cope with, or change, the situation (Brooks et al., 2019). However, use of this coping strategy over longer periods of time has been associated with decreased psychological health in general population (Blalock & Joiner, 2000; Brooks et al., 2019) and among college students (Penland et al., 2000; Newman et al., 2011).

Not surprisingly, given this generations' connectedness to social media (Berryman et al., 2018) the athletes engaged, and avoided, through the use of many different platforms. For example, the athletes preoccupied themselves with social media ("Tiktok.") and video games ("Playing a lot of video games."). Others shared that they watched television and movies as a way to escape ("I have been watching tv and trying to keep my mind off what's going on around me."). Although not specific in their descriptions, several athletes commented on a general approach of compartmentalizing their thoughts and just not thinking about their situation ("I try not to think about the negativity of the situation in order to not feel overwhelmed."). A female volleyball player, worked to minimize her exposure to pandemic related information in hopes of

reducing how overloaded she felt: "I also am trying not to look at the news as much as I was everyday due to it overloading me with stress." Other athletes avoided thinking about how the pandemic had affected them and their sports. For example, a female volleyball student athlete shared, "I try not to think about it most of the time. I avoid checking the season schedule to see where we might have been on a particular day."

Many of the athletes said that they used keeping themselves busy as a way to avoid distressing emotions and excessive worry. For example, a male baseball player wrote: "Just trying to keep myself busy and out of my head as much as possible. Finding ways not to think about what I'm missing out…" A female track and field athlete emphasized, "I have been trying to keep busy. Since school has finished I have a lot of extra tome in my hands. I'm just making sure I…find something to do to fill the rest of my time." However, some athletes acknowledged that this approach, though wanted, was hard to do: "Trying to stay busy and occupied has been hard since I don't have a car and I can't hangout with my friends." (female, track and field). Finally, the athletes avoided, as many individuals do (Vlahoyiannis, 2021), through sleeping: "I haven't really been coping, I've just been laying in bed and sleeping all day to pass the time." (female, track and field). Although Black college students generally rely on planful problem-solving and more confrontive, and ruminative, coping strategies (e.g., persistent, repetitive, or passive focus on negative emotions and symptoms; Stroebe et al., 2007), than they do avoidance (Hoggard et al., 2012), the athletes in my sample did use avoidant approaches, which may have been prompted by all that was unknown at the beginning of the pandemic (e.g., how was the virus transmitted, how severely ill would people get). Because the data were collected early in the pandemic, it is unknown if these approaches were just used in the short-term or if they extended longer into the pandemic where such strategies may become more problematic.

Although such avoidance can be beneficial in the short-term, longstanding or ongoing use of this coping strategy may be detrimental. Existing research suggests Black college students rely on planful problem-solving and more confrontive, and ruminative coping strategies during stressful events (Stroebe et al., 2007). While avoidance coping strategies are highlighted in the literature, they are minimal compared to what participants in the current study seem to report. It is plausible that the pandemic disrupted participants' ability to engage in, or effectively use, typically adaptive coping strategies and distress was exacerbated by fears for the safety of other Black Americans (Mercier et al., 2022). Given that the data for this study was collected within the first two months of the pandemic, it makes sense that student athletes reported more avoidance based coping strategies.

Mindful Self-Compassion

Self-compassion, which is comprised of common humanity, self-kindness, and being present (Neff, 2003a), is an effective approach to minimizing psychological distress and coping effectively with negative life events (Neff, 2003a). The student athletes, though perhaps never formally trained in self-compassion, described engaging in behaviors and adopting perspectives to the pandemic that mapped onto its three dimensions: Common Humanity, Practicing Self-Kindness, and Being Present. In essence, self-compassion involves directing the same kind of care, kindness, and compassion toward oneself that one conveys toward loved ones who are suffering. According to Neff (2003a), self-compassion involves "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's experience is part of the common human experience" (p. 224).

Neff (2003a) has suggested that people believe that their distress, lived experiences, thoughts, feelings, etc. are personal and unique, and they are alone in their own wretchedness. Yet, the reality of the human condition is quite different; everyone experiences problems and suffering. Understanding that one is not alone in their experience can help to reduce feelings of isolation and distress, and promote adaptive coping (Neff, 2003a). Student athletes in the present study acknowledged this reality. A male basketball student athlete reported, "I know that everyone is suffering during the times of COVID-19 so I'm not alone." A female softball student athlete shared more broadly on this idea:

> For a long period after the cancellation, I isolated from everything, and I felt more alone than I ever had in a long time. But I also in my mind I thought it was selfish for me to feel this way because there are hundreds of thousands of student-athletes like me who are going through the same thing. The only reason I have coped with this whole ordeal, was because I knew that in this time of crisis, there is a certain sense of unity that is outspoken by almost all programs in the NCAA. With that I tell myself that we are all going to get better, and we should all continue to look forward to what's ahead of us.

This understanding of a common humanity extended not just to other athletes, but to a broad unity among people around the world: "It's been hard, but I realize the whole world is going through this. My situation could be a lot worse than most. I'm thankful for being healthy." (male, baseball).

Although not as extensive as their descriptions of common humanity, the athletes shared approaches to coping that represented self-kindness. Treating oneself kindly can manifest in overt actions, such as taking time off to give oneself a break emotionally ("Giving myself some alone time to adjust to how I'm feeling and my emotions toward the COVID-19." (female, track and field)), or in internal acts of kindness, such as engaging in self-talk that is positive, encouraging, and forgiving ("I try to be more patient with myself and others as well as give myself grace when feeling anxious." (female, volleyball)). For these athletes, extending

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compassion, patience, and grace towards themselves seemed to generate space to better understand, and accept, their emotional experiences as they related to the pandemic and cancellation of sports.

Being mindful involves not attaching to, or engaging with, thoughts and feelings with judgment, and thus being able to remain in the present moment. Being in the present moment is also a core characteristic when athletes are in "flow" (Brown & Ryan, 2003), a state often associated with peak performances and heightened levels of motivation. Thus, it is not surprising that the student athletes described approaches that fell within this dimension. Many student athletes reported they were coping with the global pandemic and cancellation of sports "one day at a time," or "taking it day by day," or were "going with life." These choice phrases seem to represent the student athlete's present-focus.

The athletes also described how they were intentionally engaging in activities, such as yoga and meditation, to be more aware or mindful of their present thoughts and feelings. A female volleyball player wrote:

> I have been doing yoga once a week to help ground me and let go off stress. I have also started to sleep mediations to help me fall asleep. I have been thinking a lot about the fall of 2020 and what the possibilities are for my well-being and my collegiate experience. Yoga once a week and sleep meditating helps me let go of those thoughts and for a few moments and get back to what my current health is and what I am feeling.

Although similar to the idea of "just staying busy," being mindful represents a more intentional, directed way of coping as illustrated by a female basketball player: "I'm just trying to take each day one day at a time. I have also been paying more attention to my behavior and trying to be more honest with myself."

The findings from my study are consistent with the view that self-compassion is multifaceted, and it involves extending kindness toward oneself, viewing one's experiences as

reflective of the larger human experience, and having a balanced awareness of one's painful emotions and cognitions as opposed to judging oneself, separating oneself from others, and overidentifying with one's own painful feelings and thoughts (Neff 2003a, b). Further, for Black Americans, reducing self-coldness in the face of difficulty (i.e., bringing kindness to oneself) has been suggested as a promising, individual-level wellness strategy (Watson-Singleton et al., 2021). Further, participation in Cognitively-Based Compassion Training (CBCT) has led to reductions in self-criticism, which in turn, has been associated with the amelioration of depressive symptoms in a clinical sample of African Americans (Johnson et al., 2018). Thus, based within current research and the experiences of these Black student athletes, bolstering mindful self-compassion may be an effective approach for increasing overall psychological well-being and effective coping among African Americans.

Acceptance

Acceptance-based coping, which is related to and draws from mindfulness and compassion-based approaches, can be framed as adapting to seemingly unchangeable events in order to maintain psychological well-being and capacity to act (Nakamura & Orth, 2005). In contrast to control-based strategies, individuals accept and experience their emotions fully, without attempting to alter, avoid, or control them (Hayes et al., 1999). Thus, acceptance-based coping entails changing how one *relates* to stressors or to uncontrollable events (e.g., fear, worry) by becoming nonjudgmentally aware of the flux of internal states that arise in response to them (e.g., fears, doubts, self-blame) in an accepting and planful manner (e.g., Linehan et al., 2006). The idea is not to strive to change, distract from, or otherwise divert from spontaneous physical or emotional responses.

Moving into acceptance during times of disaster represents the deeply human desire to make sense and meaning of the world (Polizzi et al., 2020). Research on how people have coped in the aftermath of other disasters (e.g., 9/11) suggests that people who find meaning in the midst of a disaster, such as by aligning with their personal values (e.g., friendship, social bonds, spiritual and religious pursuits, kindness to others, compassion) and responsibilities, while also acknowledging the emotional weight of the disaster, experience lower rates of psychological complications and increased resilience (Eakman et al., 2016). Others reported a sense of control, self-esteem, and belonging that came from providing emotional and practical support to family, friends, and the larger community. They also interpreted their actions positively (Eakman et al., 2016). Identifying deeper motivations and values so individuals can pursue meaningful goals and activities under the darkest of circumstances can result in a resilient outcome in the long-term (Hayes et al., 2012).

Although student athletes experienced disappointment and psychological distress in the immediate aftermath of their seasons being cancelled (Moore et al., 2022; Slavin et al., in press), they also were beginning to shift their perspectives on the pandemic and the measures that had been taken in the name of public safety (e.g., shutting down sports). It was as if they had been able to "zoom out" in order to take a broader, and less personalized view of what was happening in the world as a result of the pandemic. For example, the athletes commented that "It's been rough coming to terms with it but I have just come to a understanding that this is what is best to keep everyone safe," (female, basketball) and "I have been coping by realizing that these things had to be done to ensure public safety." (female, cross country). For other athletes, this shift in perspective meant focusing on what was under their control ("Been controlling what I can control." and "Accepting that we can't have control over anything and just have to control what

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we can and be flexible."), something that athletes do to stay present, and perform better, in their

sports (Englert, 2017). A female track and field student athlete shared: "There is nothing much

that can be changed about the situation as most things are out of my control, so it has kind of

forced me to adapt quickly to the change."

For some athletes, gratitude was a clear part of their shifting perspective. A female

volleyball student athlete noted:

> It's been difficult because several of my friends did not get to experience their senior
> season and that is something that is so important. I was lucky enough to have my senior
> season because of our fall season and for that I am grateful.

A female soccer player explained, "How I manage to move on every day is be thankful that I'm

safe and lucky because someone wasn't lucky enough to be safe and hasn't catch the virus."

Studies have shown that gratitude is a predictor of well-being (e.g., Hill & Allemand, 2011;

Martínez-Martí et al., 2010; Nelson, 2009; Wood et al., 2007). Fredrickson et al. (2004)

suggested that gratitude, like other positive emotions, may broaden the scope of cognition and

enable flexible thinking, which facilitates effective methods of coping with stress and adversity

and leads to improved coping skills over time. In addition, grateful people tend to focus on the

positive aspects of life (Adler & Fagley, 2005), which may be reflected in their use of more

active and adaptive coping strategies. These responses illustrate some student athletes' ability to

set their experience in a larger context, ultimately shifting their perspective on the COVID-19

global pandemic and cancellation of collegiate sports.

Physical and psychological routines are normal, and effective, components of how

athletes' ready themselves to train and compete (Gould et al., 2009). Thus, it is not surprising

that they developed routines within the realities of the pandemic to cope and manage their

psychological wellbeing. The lives of collegiate athletes generally are highly structured, with set

schedules of how, where, and when they spend their time. When collegiate sports were

cancelled, this structure disappeared. Athletes had to develop their own routines if they were

going to have structure and direction in their lives to be motivated to complete their academic

responsibilities in the semester and continue to train for their sports. As a female track and field

student athlete explained:

> I've tried to develop a sort of routine of doing things so that I don't fall into a routine of doing nothing. If I fell into a routine of doing nothing, going back to school in the fall would be an incredibly hard transition. My current routine doesn't have structured times of doing things but it's just things I want to do during the day. It includes a workout and post work out smoothie, reading my Bible, and other small things that might occupy my time that day.

For this participant, it was crucial to maintain a sense of consistency, not just in relation to her

current well-being, but also to help her make a successful return to sport in the fall. In

developing new routines, athletes relied on what they knew: "Since the emergence of COVID-

19, I've just been trying to be productive and get things done. I have been trying to stick to a

routine that most resembles my normal day-to-day life before COVID-19." (female, tennis).

For some, the COVID-19 global pandemic and cancellation of sports offered time to look

beyond their athletic identity as they focused their time and attention into new areas of life. The

athletes discussed how they were considering what life would be like after the pandemic ("I've

been attempting to mentally just buckle down and make sure mentally I stay locked into my

goals and equip myself for the journey ahead whatever that looks like." (male, track and field)

and "I've been thinking about the future a lot and I have a lot of 'what if' question in my head."

(male, football)) and what they might do when they graduate ("I'm now looking towards

opportunities to coach." (female, track and field)). Still others expanded their identities by

engaging in creative endeavors that they most likely would not have been doing had their sport

seasons not been cancelled ("I recently started getting back into old hobbies, like drawing and

painting;" and "getting back into art has been something that is helping me cope with the changes in my life."). For one male cross country athlete, spending time being creative was a useful strategy to protect his wellbeing:

> Aside from finishing the semester, I have been spending more time on creative pursuits. I've been writing more. I started a podcast that I keep up with weekly. I try to keep myself busy in as positive a way as possible.

Others coped by spending time learning something new, as one male track and field athlete shared, "I have been coping by directing my grief about the situation and turning that energy into new interest and hobbies to grow beyond the situation." Acceptance-based coping entails changing how one *relates* to stressors or to uncontrollable events (Linehan et al., 2006). The participants described an active and intentional engagement in activities, responsibilities, and facets of their lives unrelated to sport, shifting perspectives, and developing new life foci. Much of the coping that occurred within this theme represented expanding identities, and thus "decentralizing" the athletic identity. Having a new life focus appears central in how athletes cope, such as in navigating and managing their retirement from sport and experiencing higher levels of psychological well-being in the process (Park et al., 2013; Shander & Petrie, 2021; Warriner & Lavallee, 2008).

Social Support

Social support, defined as the appraisal, belonging, and tangible support received from one's social network, is a key psychosocial resource that is associated with psychological well-being (Lincoln et al., 2005). For example, social support has been associated with decreased symptoms of anxiety, depression, and stress (Lewis et al., 2012; Lincoln et al., 2005). Social support has also proven to facilitate use of adaptive coping behaviors, such as confronting problems directly and use of positive reappraisal (Marroquín et al., 2017). Coping studies

conducted with Black Americans documented a cultural preference for collective coping (i.e., group centered activities and social support; Utsey et al., 2007) and the use of religion or spirituality (Utsey et al., 2007; Ward et al., 2013). Of note, Black Americans may employ social support as a means of coping, specifically in response to human disasters (Ali et al., 2017; Lincoln et al., 2005).

The most shared sources of support were the student athletes' family and friends, who they noted provided comfort and security. For example, athletes reported "cherishing this time with my family that I would not normally get," "keeping in touch with my friends," and "talking to my mother about the situation." As a female basketball athlete said: "Talking to friends and family more often to help express what (I) have felt with the changes that have recently happened." Similarly, a female cheer athlete wrote: "I have been coping by staying in touch with friends and family and sharing my emotions and having conversations with them." For these student athletes, reaching out, staying connected, being vulnerable, and sharing their emotions with their family and friends appeared supportive and effective.

Although such support typically is associated with that received from family and friends, as noted by athletes in the present sample, support during this pandemic also resided within their faith and traditional counseling. Religious coping employs religious-based rituals and practices to make sense of and respond to distressing life events or transitions (Bhui et al., 2008; Pargament et al., 2011). For these Black athletes, like Black Americans in general, spirituality, religious faith, and a connection to God, were all part of feeling supported during the pandemic (DeRossett et al., 2021; Bruce, 2020). For example, 67% of African Americans in the United States identify as Protestant, which includes Historically Black Protestant and Evangelical Protestant (Pew Research Center, 2009). Further, 75% of Black Americans describe religion as

"very important" in their lives and attend religious services more often when compared to other racial/ethnic groups (Pew Research, 2009; Avent & Cashwell, 2015). Although not all Black Americans currently attend church, there is a historical and vast influence of religion and spirituality in Black communities (Boyd-Franklin, 2010). In the African American community, individuals who engage in religious coping are less likely to experience clinical symptoms of depression or anxiety (McRae et al., 1998; Carey & Anderson-Scott, 1998). Throughout the COVID-19 pandemic, faith has been identified as a key coping strategy for Black Americans as it helps them feel psychologically supported (DeRossett et al., 2021; Bruce, 2020).

In their narratives, many student athletes described prayer and closeness to a higher power (e.g., God) as a powerful source of support during the COVID-19 pandemic and cancellation of sport, writing that they were "praying a lot and letting God direct my path," "reading the bible," and "digging deeper into my Faith in God." A female track and field student athlete elaborated:

> My biggest coping mechanism is my faith in god. I tend to look to go to him for everything that bothers or empowers me…I feel like the only way to live happily through this time is getting closer to the lord.

With the restrictions on social gatherings that were in place in the beginning phase of the pandemic, some athletes had to seek this resource virtually: "I have been…listening to my church online. That helps me realize that everything happens for a reason and there are positives with everything that is going on right now." (female, volleyball). Across all the athletes who described faith as a source of support, they used language consistent with monotheism.

Five athletes shared that they sought professional psychological support to help them during the early stages of the COVID-19 global pandemic which, like most healthcare at the beginning of the pandemic (Di Carlo et al., 2021), was offered via telehealth. A female track and

field athlete shared: "I see a therapist once a week through Zoom, that I was seeing prior to COVID-19, which helps to a degree." Yet, not all athletes viewed mental health counselors as a first line of support, which may reflect the ongoing stigma that exists among athletes regarding such care. A female soccer player's comment illustrated this reality:

> I generally try to be more open about how I feel and speak with parents or friends. If it gets worse, I'll carve out time for myself aside from daily tasks. If it continues to worsen, I return to journaling. At it's worse, I reach out to my counselor.

The general lack of reliance on professional mental health care also may reflect the historical underutilization by the black community. This underutilization exists for African American college students as well as they continue to experience barriers to psychological treatment (e.g., stigma, mistrust, lack of culturally appropriate care; Anderson, 2018). Moreover, a lack of culturally validated treatments has resulted in higher dropout rates because of decreased trust in mental health treatment and providers (Hines et al., 2017; Otado et al., 2015).

Social support was important to these athletes in coping with the pandemic and cancellation of collegiate sports and took several different forms. The support may have helped them be more resilient in regards to the effects of pandemic stress (Settles & Buchanan, 2014), and the relationships they described with parents and friends may have provided them with needed emotional outlets (Rodriguez-Llanes et al., 2013). Establishing new bonds and reviving or reinvigorating existing ones can alleviates anxiety, stress, and sadness and set the stage for prosocial behavior and empathy (Alloway et al., 2014) as well as the experience of positive emotions that facilitate effective coping and recovery.

Health and Wellness

Consistent with their lived experiences, the student athletes described coping with the stress of the pandemic by continuing to engage in activities that incorporated physical activity,

sleeping, and eating (Sokić et al., 2021). In addition, the athletes stated that they tried to follow health and safety guidelines put out by the United States government, which included staying indoors, wearing a mask, and staying six feet away from others (CDC, 2020). Finally, a few noted that the cancellation from sports was, in itself, a means of coping, providing them with a respite from the physical and time demands that come with competing at the collegiate level.

To address the growing public health crisis created by the COVID-19 pandemic, governments introduced responsive measures and regulations to reduce disease transmission [e.g., social distancing, handwashing, self-isolation (WHO, 2020)]. Student athletes acknowledged that following such protocols helped them feel safer and less stressed. For example, a male cross country student athlete wrote, "I hope that I will be safe and not contract the virus, I have been staying indoors for most of the time." Another student athlete shared, "Isolated and keeping 6ft from everybody and washing my hands and not touching everything and my face." (male, football). Further, another male football student athlete shared:

> I've been following protocol, and my family and I have been doing everything we can to prevent anyone of us from getting it. I am disappointed that we can't go to school on time, but I know that if we do what the government say we'll be back on the field in no time.

This participant expressed trust in government leadership, which helped in his coping. Emerging theoretical and empirical evidence suggests that trust in government is crucial to public's compliance with social policies that rely on their behavioral responses (Chanley et al., 2000). Trust in government represents the confidence or satisfaction of people with government performance and the perceived credibility of government (Bouckaert & Van de Walle, 2003; Christensen & Laegreid, 2005; Uslaner, 2018; Zmerli & Van der Meer, 2017).

Exercise not only resolves problems associated with physical inactivity (e.g., high blood pressure, heart disease), but also sustains mental health (Cooney et al., 2013; Kadariva et al.,

2019). Longitudinal and cross-sectional studies have reported that even during the COVID-19-induced quarantine period, the relationship between exercise and mental health continued. According to Wolf et al.'s (2021) systematic review, people who were engaged in regular physical activity or exercise and maintained their physical activity routines showed less depression and anxiety symptoms than those who did not. Thus, the athletes' engagement in physical activity was important not only for staying fit for their return to sport, but likely helped them psychologically. For example, the athletes described exercise as a form of self-care: "I've been trying to find ways to continue working out. Working out is an outlet for me especially during tough times," (female, volleyball); and "Working out bettered my emotions," (female, track and field); and "Clearing my head with exercise." (female, track and field). The athletes also engaged in forms of exercise that fell outside of their training regimen for sport: "I have also gone outside and relaxed as well as gone for a walk/ runs to clear my mind," (female, volleyball); "I have been working out every day and doing yoga to keep me sane," (female, soccer); and "I ride my bike as a way to take a break from overwhelming feelings." (female, volleyball).

Exercising also helped the athletes continue to train for their eventual return to sport, which was a primary motivator for student athletes (Meza & Lopez, 2021), and consistent with having a strong athletic identity. A female track and field athlete summed it up:

> Continuing to train and setting goals for myself while at home has helped me cope with the implications COVID-19 has had on my life. By training and pushing myself, I have something to look forward to and I feel better knowing I am investing in the athlete/person I would like to become in the future.

For this participant, exercise as a means of training and staying engaged in her sport met her psychological and athletic training needs. Other participants trained as if they were in season ("I act like I'm in spring ball I lift and train at least 4 to 5 days a week," and "I've been doing what I

can to substitute the workouts that I would normally do at football. I refuse to lose everything

I've gained from the program."). Notably, a female soccer student athlete said: "The best way of

coping with the cancellation of all collegiate sports has been acting like we will return any given

day. Meaning I train myself as hard as possible and do my best to have a consistent schedule." A

number of athletes maintained momentum and motivation for exercise during the lockdown by

focusing on details of their sport and training that they may not normally have time to emphasize

as noted by a male football player: "I have been taking this time to correct muscular and strength

imbalances in my body, and other minute tweaks that can lead to injury."

The athletes also identified healthy eating and sleeping as adaptive behaviors.

Maintaining adequate nutrition is an effective way to prevent adverse mental health

consequences, especially during distressing times (Muscaritoli, 2021). A female basketball

student athlete reported, "I try to eat healthy and drink lots of water because it makes me feel

better." Sleep has also been associated with psychological well-being (Pandi-Perumal & Kramer,

2010; Gold & Sylvia, 2016). While quality sleep seemed to decline in the overall general

population during this COVID-19 lockdown (Morin et al., 2020; Altena et al., 2020; Cellini et

al., 2020; Wright et al., 2020; Dai et al., 2021), some of the athletes said they were committed to

obtaining needed sleep each night: "I have also started to sleep mediations to help me fall

asleep," (female, volleyball) and "Just trying to focus and get proper rest." (male, football).

Consistent with now having more time in their schedules, athletes said that they were getting

more sleep than their pre-pandemic routines may have allowed ("Finally getting enough sleep."

and "Getting a lot of sleep.").

The silver lining of the pandemic was that, for some athletes, it offered a respite from the

demands of their sports. For some, the pandemic gave them time to reflect on their participation

in sport, acknowledging relief: "I am super happy I don't have to do track anymore. I basically got to stop early!" (female, track and field). Another female track and field student athlete reported the cancellation of sport gave her time to properly recover from an injury: "I've been using this time to de-stress from everything that was going on in my life…I feel relaxed and my body has had time to recover my injuries since our season was cancelled." A female volleyball player wrote: "honestly the break was much needed for my mental and physical health." Collegiate sport has become an almost year-round endeavor for athletes, so they often have little time for rest and recovery, thus burnout may occur. Athlete burnout is characterized by feelings of physical and emotional exhaustion a reduced sense of accomplishment in sport, and sport devaluation (Raedeke & Smith, 2001), and associated with reduced performance levels, dropout from sport, physical illness and depression (De Francisco et al., 2016; Raedeke et al., 2002). Thus, for some athletes, this break from sport may have helped them recover and return to school more refreshed and ready to train and compete in the fall.

Summary of Findings

Although not the primary focus of my study, the athletes' responses on how they were coping also revealed that they, like college students in general, were experiencing distress and mental health concerns (e.g., depression, anxiety) during the early stages of the global pandemic (Son et al., 2020; Kim et al., 2021). For example, Kim et al. (2021) found symptoms of depression and alcohol abuse were greater among Black student athletes and female student athletes. It deserves noting that Black Americans have suffered especially high rates of COVID-19 infection and mortality (Abedi et al., 2020), as well as disproportional rates of unemployment during the pandemic (Couch et al., 2020). Thus, illness and economic risk factors for depression were likely more severe among Black students. Black Americans have also been historically

underserved by mental healthcare services within both the student and general population

(Eisenberg et al., 2011; Lê Cook et al., 2017), which could have amplified risk for depression

during the pandemic. A multitude of systemic influences likely contribute to racial disparities in

COVID-19's mental health impact, and the present findings call for close examination of

universities and athletic departments' support of Black student athletes during the pandemic and

beyond.

Although athletes in my study did not discuss diagnosable disorders per se, they

described experiencing feelings of loneliness, frustration, confusion, isolation, sadness, loss, and

fluctuating levels of motivation, many of which are symptoms of various psychological disorders

(e.g., depression, anxiety). They also shared how their academic engagement, social

relationships, and financial security were affected in the immediate aftermath of the pandemic

and cancellation of collegiate sports. Such effects are similar to what samples of other college

students, and, in particular, Black adults in non-athlete samples, have reported (e.g., access to

and trust in healthcare systems, financial strain; Novacek et al., 2020). Unique to my sample, the

Black student athletes described changes in their athletic identity, which manifested in increased

training, decreased athletic activity, and/or mixed feeling surrounding sport (e.g., burnout,

frustration).

The athletes' descriptions of their coping indicated that they were engaging in a number

of different coping behaviors that ranged from avoidance to active, social, and wellness based.

Given the timing of when data were collected (i.e., within one to two months from the start of the

pandemic), their engagement in some avoidance coping is neither surprising nor particularly

problematic if used just within the short term (Chao, 2011). In terms of their more active

approaches to coping, the athletes described behaviors, perspectives, and strategies that aligned

with established psychological theories and interventions, such as mindful self-compassion, acceptance, and social support. Without having been previously trained in these approaches to coping, these Black athletes drew upon past sport experiences (e.g., maintaining healthy eating and exercise) and adopted perspectives that helped them be connected to others, stay in the present moment, be kind to themselves, practice gratitude, and take a broader perspective in their lives that extended beyond just being an athlete.

In seeking support, the athletes relied on family, friends, and their faith. Many of the athletes shared how connecting with their social networks and faith communities helped reduce feelings of loneliness and isolation in these early months of the COVID-19 global pandemic. This cultural preference for collective coping (e.g., group centered activities and social support; Utsey et al., 2007) is common among Black Americans, specifically in response to human disasters (Ali et al., 2017; Lincoln et al., 2005). Further, African Americans have demonstrated a long-standing commitment to religion, particularly Christianity, and their faith communities and churches as resources for coping with psychological distress (Avent & Cashwell, 2015), sometimes eschewing more formal psychological services.

Moreover, the Black athletes indicated they tried to keep themselves healthy (e.g., exercise, sleep, eating) to cope in the initial months of the global pandemic. They seemed to engage in activities that they do every day as athletes in order to manage pandemic related stressors. Black student athletes in this study also reported extending beyond their athletic identities in order to connect with other areas of their life in order to cope with psychological distress resulting from crisis (e.g., engaging in new or existing hobbies, finding new foci).

Limitations and Directions for Future Research

Although the present study had many strengths, including a large, diverse sample and the collection of data in the immediate aftermath of the onset of the COVID-19 pandemic and cancellation of collegiate sports, limitations exist that warrant discussion. First, although appropriate for my research question, I examined the athletes' coping at a single point in time and thus cannot comment about how athletes' coping may have evolved over time as NCAA policies about returning to sport and athletic eligibility were presented, societal events occurred (e.g., murder of George Floyd), and vaccines became widely available in the United States. Although all would be salient to collegiate athletes, the "Racial Reckoning Summer of 2020" would have been particularly so for Black athletes. From late May until the end of June 2020, roughly 20 million people in the United States participated in demonstrations over the death of George Floyd, Ahmaud Aubrey, and Breonna Taylor. Further, during this time, systemic racism was finally classified by many as a public health crisis. Structural racism fortifies and informs policies that perpetuate racial disparities in health outcomes, inequalities in health determinants, such as housing, education, and healthcare, as well as through the discriminatory policing of Black Americans. Beyond the physical harm and death wrought by police violence, it also contributes to negative health outcomes, such as psychological stress (Alang et al., 2017; McLeod et al., 2020). For Black collegiate athletes, particularly those who were vocal about, and involved in, the social justice and racial inequality movement, their coping may have shifted. For example, they may have identified more active, societally focused forms of coping, such as reflection, empowerment, and activism (Szymanski, 2012; Szymanski & Lewis, 2015).

Second, given the nationally based sample and reliance on an open-ended question to solicit the athletes' responses regarding their coping, I was unable to follow-up or probe their

initial statements as would have been possible within a semi-structured interview format. Thus, there was a trade-off in terms of the broad (and at times deep) array of responses from hundreds of Black athletes and the deep (yet potentially narrow) responses that may have emerged from interviewing 12-16 athletes. In future studies, adding qualitative interviews of some athletes from such a larger group would have complimented, and added depth and nuance, to these findings. Third, although the qualitative design allowed for a rich and broad description of how Black athletes were affected and how they were coping, I was not able to examine how such coping may have been related to, or influenced, their future mental health and/or psychological well-being. To understand how, over time, the reported coping strategies and resources might contribute to Black student athletes experiencing lower levels of distress, longitudinal designs would be required so as to follow the athletes as the pandemic unfolded and continued to affect them.

Implications

    Keeping in mind these limitations and directions for future research, my findings have practical implications for understanding and supporting the needs of Black student athletes. The athletes provided personal accounts, and robust descriptions, of their experiences during the early stages of the COVID-19 global pandemic, including how they were affected psychologically, physically, and academically, and how they were attempting to cope with this disruption to their lives.

    1. Athletic departments and universities should continue investing in mental health resources for athletes. Many athletic departments have limited sport psychology professionals that are trained specifically in mental health and who understand the context of elite athletics. As the NCAA, and other professional sports medicine organizations (e.g., National Athletic Trainers

Association), have begun to publicly emphasize programming and messaging around mental health, athletic departments must follow through and invest in the resources and personnel to support their student athletes.

2.   Athletic departments should seek to hire more Black/African American individuals throughout the department including, but not limited to, coaches, sport psychologists/mental health professionals, support staff, and academic advisors. There remains a disproportionately low representation of Black people in leadership positions within athletic departments, which ultimately allows organizations and systems to continue perpetuating prejudice ideologies and discriminatory policies (Bonilla-Silva, 2017). Further, greater representation among healthcare providers may reduce stigma associated with seeking psychological counseling and make it easier to Black athletes to obtain the assistance they need.

3.   Athletic departments and universities may consider liaison relationships with student services departments and organizations (e.g., offices of spirituality, Black Student Union) to meet the needs of all their athletes more fully. Although many NCAA athletic departments have myriad internal resources to address athletes' academic and psychological needs (Drew & Petrie, in press; Kiefer & Petrie, in press), as illustrated in my study, the needs and coping of Black athletes extend outside of traditional counseling frameworks. This approach also offers other members of the university community to experience and view Black student athletes holistically, beyond the context of sport performance, and bring their areas of expertise to bear for them.

4.   The use of telehealth interventions for the delivery of mental health care increased substantively during the COVID-19 global pandemic (Di Carlo et al., 2021). Athletes in my study noted that, when they did seek counseling, they did so through this platform. Thus, moving forward, athletic departments may want to consider how they can continue to offer

mental health services through this modality, which may be viewed as more convenient and practical in the busy lives of student athletes.

5.   Mental health providers must be aware of the historical mistrust of public officials and medical providers that may heighten the emotional needs of Black Americans. Therefore, ensuring that treatment is collaborative to increase patient buy-in is vital (Hall, 2020; Bentham et al., 2011). They must also be aware of differences in symptom expression of mental health diagnoses in Black Americans (Kirmayer & Young, 1998). Additionally, assessment and treatment approaches should enhance protective factors, including mindful self-compassion and social support. Practitioners may consider increasing or promoting group psychotherapy services to Black students, as this specific modality may mirror forms of social coping this population gravitates toward. Clinicians must also be willing to discuss other relevant issues such as minority stress, perceived discrimination and level of acculturation (Myers et al., 2015).

6.   It would be valuable for Black student athletes if college coaches and administrators encouraged and supported athletes' continual development of multidimensional identities. As athletes spent less time than usual engaging in sport-related activities and more time engaging in other endeavors, they generally seemed satisfied and even grateful for the opportunity to pursue new activities and focus on other areas of their lives that they valued (or came to value) during the pandemic. College athletic departments and coaches might find it beneficial to support athletes in finding balance in their lives rather than overidentifying with their athletic identities and having them focus all of their time on sport. In order to support and encourage life balance, it could be valuable to introduce (or, re-introduce) life skills courses to student athletes that focus on relevant and beneficial topics such as stress management and transitioning out of college (Forester et al., 2020; Narvarro, 2014). Leadership literature indicates the promotion of well-

rounded individuals can be achieved using a transformational leadership approach (Bass, 1985). This is a person-centered coaching approach in which coaches strive to empower, inspire, and challenge athletes to achieve their potential (Bass & Rigio, 2006; Turnnidge & Cote, 2017). By integrating transformational coaching strategies such as idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration (the 4 I's; Turnnidge & Cote, 2017), coaches can support athletes' development as individuals without taking significant time or focus away from athletic development.

7.   Although the suspension of organized sport globally has been shown to have negatively impacted mental health (Uroh & Adewunmi, 2021; Woodford & Bussey, 2021), some athletes also experienced the reprieve from sport demands as positive. Detachment from sport, whereby athletes receive a physical, cognitive, and emotional break from sport demands, can act as a buffer against the negative effects of these demands (i.e., burnout, drop out; Balk et al., 2017). As such, while it is possible that feelings of burnout may have been impacted by increased stress levels associated with the COVID-19 change-event (e.g. Di Fronso et al., 2022), athletes may also have experienced benefits associated with the enforced break from organized sport. Therefore, sport organizations and staff may consider intentional breaks from the intensity of sport demands in order to counteract maladaptive responses to sport, such as athlete burnout.

8.   Coaches and training personnel may consider involving student athletes in structuring their training or having more autonomy in certain areas of their athletic development. During the early stages of the stay in place orders brought on by the COVID-19 pandemic, the lack of structure that is typically so prevalent in collegiate athletes' lives appeared to impact the athletes' motivation to train for their respective sports. The value of autonomy was apparent in the

athletes' responses as some athletes thrived when they were able to create their own daily schedule.

Conclusion

In the first few months following the novel coronavirus (COVID-19) pandemic took a toll on collegiate sports, as all sport activities, including competitions, were shut down. During this time, college athletes' academic and sport lives were disrupted, affecting them physically and psychologically, and requiring them to cope with these stressors outside of their normal structure. The Black athletes in my sample described how they were affected, which ranged from school, work, psychological well-being, athletic identity, friends and family, and economic distress. They also described how they had been using different approaches and behaviors to cope with the disruptions to their lives. Such coping ranged from avoidance, acceptance, mindful self-compassion, health and wellness, and social support. This study offers important considerations that need to occur at the system level in order to foster a healthy and positive environment for Black collegiate athletes as they continue to navigate the impact of the COVID-19 global pandemic.

As researchers have noted (Graupensperger et al., 2020; Schinke et al., 2020), the COVID-19 global pandemic and its ripple effects (e.g., social distancing, sport cancellations, quarantining), have affected athletes' psychological well-being. My study extends on these findings by documenting how athletes were attempting to cope and providing directions for how sports medicine professionals may better assist Black athletes during times of crisis. Thus, the professionals who support them as student athletes and as young adults (e.g., sport psychology professionals, athletic trainers, coaches, faculty, academic counselors) must be aware of the specific vulnerabilities of these individuals and how they are being affected. These personnel

need to be ready to provide general assistance and support (e.g., mental health counseling), but also to tailor that to the expressed needs of Black student athletes. For example, integrating spirituality and modalities of treatment that incorporate social support (e.g., group psychotherapy) mirror reflect the learning gained from narratives of the present sample about the experiences and coping of Black athletes. As the pandemic unfolds and continues to affect the lives and livelihoods of collegiate athletes, researchers will need to examine how athletes' psychological well-being and coping may adapt over time and if the types of coping shared by these Black athletes has positive effects in terms of their longer-term mental health.

Table 1

*Student Athlete Demographics (*N *= 746)*

	Variable	*n*	%
	NCAA Division I	598	80.2
NCAA Division	NCAA Division II	70	9.4
	NCAA Division III	78	10.5
	Man	389	52.2
Gender	Woman	353	47.4
	Nonbinary	3	0.4
	Freshman	211	28.3
	Sophomore	182	24.4
Year in School	Junior	125	16.8
	Senior	25	3.4
	5th Year	18	2.4
	Basketball	161	21.6
	Beach volleyball	0	0
	Bowling	2	0.3
	Cross country	12	1.6
Sport Played	Fencing	1	0.1
	Field hockey	1	0.1
	Football	207	27.8
	Golf	2	0.3

(table continues)

Variable	n	%
Gymnastics	10	1.3
Ice hockey	0	0
Lacrosse	9	1.2
Rifle	0	0
Rowing	4	0.5
Skiing	0	0
Soccer	66	8.9
Softball	12	1.6
Swimming and diving	10	1.3
Tennis	6	8.1
Track and field	151	20.2
Volleyball	41	5.5
Water Polo	2	0.3
Wrestling	6	8.1
Equestrian	0	0
Rugby	0	0
Triathlon	0	0
Cheer	12	1.6
Other	11	1.5

Table 2

Themes and Subthemes

Theme	Subtheme
1) The Effects of COVID-19 and Cancellation of Sports	1) School and Work 2) Mental Health and Psychological Well-Being 3) Athlete Identity 4) Family and Friends 5) Financial Stressors
2) Avoidance	1) Social Media and Television 2) Compartmentalizing 3) Eating 4) Sleeping 5) Staying Busy

Theme	Subtheme
3) Mindful Self-Compassion	1) Common Humanity 2) Practicing Self-Kindness 3) Being Present
4) Acceptance	1) Developing a New Perspective 2) Developing and Maintaining Routines 3) Developing a New Life Focus
5) Social Support	1) Family and Friends 2) Faith 3) Therapy
6) Health and Wellness	1) Following Safety Guidelines 2) Engaging in Physical Activity 3) Engaging in Healthy Sleeping and Eating Behaviors 4) Taking a Break from Sport

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APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Age What is your age? ▼ 18 (1) ... 30+ (13)

Gender What is your gender?
- o   Man (1)
- o   Woman (2)
- o   Nonbinary (3)
- o   Transgender (4)
- o   Prefer not to disclose (5)
- o   Prefer to self-identify (specify): (6)

_____

Hisp Are you of Hispanic, Latino or Spanish origin?
- o   Yes (1)
- o   No (2)

Race/Eth What is your race/ethnicity?
- o   Caucasian/White (1)
- o   African American/Black (2)
- o   Native American/Alaska Native (3)
- o   Asian/Asian American/Pacific Islander (4)
- o   Prefer not to disclose (5)
- o   Prefer to self-identify (specify): (6)

_____

Relationship What is your relationship status?
- o   Single, not in a romantic relationship (1)
- o   Single, currently in a romantic relationship (2)
- o   Married (3)
- o   Divorced, not in a romantic relationship (4)
- o   Divorced, currently in a romantic relationship (5)
- o   Other (specify): (6) _____

Major What is your academic major? ▼ Accounting (1) ... OTHER (106)
If other, please specify:_____

Sport What sport did you play as a varsity athlete at your university? ▼ Baseball (1) ...
Wrestling (23)

Year Including all junior colleges/colleges/universities you have attended, what is your current
academic year of study? ▼ 1 (1) ... 6 (6)

Eligibility Including all junior colleges/colleges/universities you have attended, what is your
current year of athletic eligibility? ▼ 1 (1) ... 6 (6)

Division At what NCAA Division level does your college/university compete?
- o   Division I (1)

In what Division I conference, does your college/university compete?

▼ America East Conference (1) ... Western Athletic Conference (32)

o   Division II (2)
In what Division II conference, does your college/university compete?

▼ California Collegiate Athletic Association (1) ... Sunshine State Conference (23)

o   Division III (3)
In what Division II conference, does your college/university compete?

▼ California Collegiate Athletic Association (1) ... Sunshine State Conference (23)

What is the name of the college/university where you compete as a student athlete (PLEASE PROVIDE THE FULL NAME OF YOUR COLLEGE/UNIVERSITY)?

APPENDIX B

MEASURES

CopingOpen Briefly describe how you have been coping with the changes that have happened in your life since the emergence of the COVID-19 virus and the cancellation of all collegiate sports. Please type in your response below.

_____

_____

_____

_____

_____

APPENDIX C

EXTENDED LITERATURE REVIEW

Stress and Coping

Psychological stress is multifaceted and usually stems from a disconnect—or disequilibrium—between one's available resources and the demands they face (Lazarus, 1966; Folkman et al., 1986). Stress can occur from contextual factors (e.g., work), impending threats, and future worries, to existing harm and ongoing challenges. Chronic experiences of stress can lead to concerning psychological and physiological outcomes (e.g., increased anxiety; Segrin, 1999; Hudd et al., 2000). Coping refers to how individuals attempt to manage experiences of stress (Carver & Connor-Smith, 2010; Lazarus & Folkman, 1984). The degree to which people cope effectively with stressful life events is a primary determinant of their subjective well-being (Park et al., 2010).

Although individual coping strategies are related to psychological distress (Montero-Marin et al., 2014), they are rarely used in isolation from other methods (Park et al., 2010). Thus, individual adaptive and maladaptive coping strategies may be better understood when organized into conceptualizations of an approach coping style (i.e., implementing direct action to eliminate a stressor; Eisenberg et al., 2012) and an avoidant coping style (i.e., taking direct action to avoid a stressor; Eisenberg et al., 2012; Taylor & Stanton, 2007). Approach coping may be further organized into self-sufficient coping (e.g., planning, problem solving) and socially supported coping (e.g., seeking advice from others; Litman, 2006). Although generally related to negative outcomes, including more stress (Chao, 2011), avoidant coping may offer short-term psychological benefit in some limited situations (Allman et al., 2009; Taylor & Stanton, 2007). Although mixed, findings on social coping suggest social support buffers the negative relationship between stress and well-being, whereas self-sufficient coping maintains this association (Chao, 2011).

While research on adaptation to stress caused by disease outbreak is limited, the coping processes discussed in relation to other mass traumas are generally relevant to the current COVID-19 global pandemic (e.g., Bonanno et al., 2008). Fear and worry appear to be particularly strong contributors to maladaptive responses during disease outbreaks (e.g., Bonanno et al., 2008; Xu et al., 2011), which is especially concerning given that fear-driven behaviors (e.g., fleeing home, stockpiling goods, using unsafe cleaning practices) can accelerate the spread of disease, disrupt medical treatment, decrease availability of food and medical supplies, and ignite fear and panic (Shultz et al., 2016). Coping strategies that reduce fear and worry (e.g., acceptance) as well as enhancing resilience and recovery may set the stage for posttraumatic growth following crisis by helping people acquire wisdom from adversity, strengthen relationships with loved ones, foster acceptance of life's uncertainties, and facilitate openness to new experiences (Calhoun & Tedeschi, 1999).

Disaster Characteristics and Psychological Impact

A disaster can cause collective stress for many people (Kinston & Rosser, 1974; Taylor, 1987). To understand the impact of the COVID-19 pandemic, it is important to clarify what "disasters'' are and further classify pandemics. The international spread of COVID-19 has commonly been referred to in the media as a "global crisis" (WHO, 2020). In a review of studies that measured the relationship between mental illness and individuals' experiences during times of disaster, situations were considered disasters if they met the following criteria: had a relatively sudden and clear onset; were caused by external, unintentional forces; and significantly impacted a group of people (Rubonis & Bickman, 1991). Due to all of the possible ways in which victims can be impacted by a disaster, the psychological impact of these crisis events is an area of concern when it comes to mitigating disaster-related challenges.

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Particular psychological responses have been found to occur at different phases of a crisis (Tyhurst, 1951; Glass, 1959). Individuals respond to disasters differently based upon the type and phase of the disaster they are experiencing, combined with their individual traits and experiences (North et al., 2021). For instance, during the impact phase of a crisis situation, general responses from a meta-analysis include remaining calm, collected, and busy (12–25% of people), feeling shocked (75% of people), or exhibiting inappropriate behavior, confusion, anxiety, and hysteria (12–25% of people; Tyhurst, 1951). This differs from the post-impact phase of disaster events, during which grief and depression are more common (Tyhurst, 1951). While this differentiation provides general response trends across disaster situations, the psychological impact of disasters can differ based on individual factors. For instance, those with an internal locus of control appear to cope better with crisis compared to those with an external locus of control (Rotter, 1966; Bandura, 1997; Perrin et al., 2009).

Understanding the psychological challenges suffered by disaster victims is important in order to understand the psychological effects of disasters and to inform the design of practical interventions and implementation of governmental policy (Rubonis & Bickman, 1991). A widely endorsed response to disaster is psychological first aid (PFA), which aims to reduce stress and improve coping skills in crisis situations (Institute of Medicine, 2003; Snider, van Ommeren, & Schafer, 2011). Key components of PFA include the assessment of a person's ability to function, triage, intervention, and provision of resources (Everly & Flynn, 2005; Everly & Lating, 2017). These steps are designed to be taught to and implemented by those who are assisting others during crisis regardless of their psychology training or counseling background. While PFA has been found to increase personal feelings of strength and preparedness, improve community resilience, and reduce acute anxiety (Everly et al., 2016; Everly et al., 2014; McCabe et al.

2014), it is important to continue to gather information about individual responses to particular disasters in order to further refine these programs (Sim & Chua, 2004). Additional considerations should be given to communities at higher risk for adverse impact.

Pandemic Characteristics and Psychological Impact

Pandemics such as COVID-19 are disasters with natural causes (rather than industrial or humanistic) and people as their element (i.e., the means through which they occur and spread; Taylor, 1987). These disasters impact more people worldwide than natural or human-caused disasters (International Federation of Red Cross and Red Crescent Societies, 2000; Norris et al., 2006). They can lead to region-wide reactions of panic, and community-wide grief due to shared loss of lives (Ramalingaswami, 2001; van Bortel et al., 2016). Pandemics generally have a pattern of escalating threat (peak harm or loss followed by a gradual decline of the threat), which distinguishes them from more rapid and short-lived disasters (e.g., terrorist attacks, earthquakes).

The social and political response to an pandemics is also unique, as quarantining in place is often suggested or required in order to limit further spread of the disease (Khan, 2004). This near-global approach of distancing from others was also implemented throughout the COVID-19 pandemic, thus limiting interactions to only those considered to be "essential" and leading to mass cancellation of in-person events and gatherings (CDC, 2020). Quarantining often results in confinement and inability to interact with others, which can lead to feelings of loneliness and isolation (Hawryluck et al., 2004). Beyond these commonly reported feelings, individuals who must adjust their lifestyles due to a pandemic demonstrate a range of responses. The cognitions, emotions, and behaviors people experience during crisis can vary between individuals. In a study of 72 Chinese undergraduates (31 men, 41 women; $M_{age} = 21.14$ years; SD = 5.99) shortly after the outbreak of severe acute respiratory syndrome (SARS) in 2003, changes in state anxiety and

coping responses were reported each week for four weeks during the SARS outbreak (Cheng & Cheung, 2005). Hierarchical linear modeling showed a sharp increase in anxiety around the time of initial outbreak, which could be predicted from individuals' trait anxiety. While anxiety remained higher than usual over the course of the study, over the last three weeks there was a trend of gradual decline in anxiety. Additionally, greater avoidance behaviors such as avoiding were predictive of lower state anxiety. Contrarily, hygiene behaviors such as wearing a mask and hand washing were predictive of increased state anxiety during the epidemic. The researchers posited that due to the largely uncontrollable nature of an epidemic like SARS, a more adaptive and stress-reducing approach might be to avoid the situation when possible as opposed to carrying out potentially futile behaviors to try to change the course of the event (Cheng & Cheung, 2005; Lefcourt, 1992). Thus, a person's desire to control the situation could impact their psychological and emotional response to a disaster or crisis.

In a unique study of positive mental health effects of the 2003 SARS epidemic, Lau, Yang, Pang, and Wing (2005) explored changes in social support and mental health among adults in Hong Kong. Participants ($N = 818$, 407 men, 411 women) were asked to compare their experiences in the two months before and after the initial outbreak of the 2003 SARS epidemic. Overall, there appeared to be positive improvements in social support and mental health habits: 28.4% reported increased support from friends, 39.1% reported increased support from family, 35.3% reported sharing feelings more often with family (and 22% with others), and 64.7% reported caring more about family members' feelings. Additionally, nearly 66% of participants reported they were paying greater attention to their mental health, and 35% to 40% reported they were spending more time resting, relaxing, and exercising (Lau et al., 2005).

Demographic Factors and Psychological Impact of Disasters

The influence of demographic factors on responses during an epidemic have varied. For instance, Chinese adults 60 years or older reported higher levels of depression compared to adults 35–59 during the 2003 SARS outbreak (Lee et al., 2006). Furthermore, males were found to be less likely than females to share their feelings with others when feeling down during the SARS epidemic (Lau et al., 2005), highlighting a gender difference in behavioral coping responses.

Racial/ethnic minority groups and those of lower socioeconomic status may be at increased risk of negative psychological impact resulting from an epidemic (Perrin et al., 2009). This is an area of limited empirical study but seems to be a strong possibility considering the increased effects of epidemics on these communities. For instance, during the influenza outbreak of 2009, Native Americans died at a rate four times greater than the national rate (CDC, 2009). During the current pandemic, a disproportionate number of Black Americans have been diagnosed with COVID-19 and have died from the virus at greater rates than white Americans (Dyer, 2020; CDC, 2020). Black-majority counties have three times the number of COVID-19 cases and nearly six times the number of COVID-19 deaths compared to White majority counties in the United States (Williams, 2020). In their study of college students during the COVID-19 pandemic, Clabaugh, Duque, and Fields (2021) found that students of color (approximately 28 percent of total respondents) reported greater concerns about their academic careers in the future as compared to White students and felt that they would be more effected by the virus if they were to contract it. However, students of color reported less frequent engagement in risk management behaviors, such as hand washing. Demographic characteristics such as age, gender, and race/ethnicity must continue to be considered due to their impact on individuals' experiences.

Collective Trauma and Minority Stress

Collective trauma refers to a psychological reaction among a group of people to a traumatic event with a transformative impact on society and potential for negative psychological consequences (Somasundaram, 2014). Given widespread social and economic consequences, the COVID-19 pandemic can be best understood as an enduring form of collective trauma (Masiero et al., 2020). Likewise, historically and concurrently with the pandemic, Black Americans have experienced collective trauma and adverse psychological consequences attributable to systemic racism (Comas-Díaz et al., 2019; Pieterse et al., 2012). Although everyone experiences stress, unique stress can originate from navigating systems just described. Researchers have repeatedly found that traditionally marginalized community members experience stressors that members from privileged groups do not experience (Meyer, 2003). The concept of minority stress stems from several social and psychological theoretical orientations and can be described as a relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members (Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1989). Underlying this concept are assumptions that stressors are unique (not experienced by majority populations), chronic (recurring), and socially based (related to social and cultural structures, power and privilege, and institutional structures) (Meyer, 2003).

The minority stress model, which is used frequently within social science and public health research, was designed to help healthcare practitioners and social scientists better understand the lived experiences of people of marginalized populations. The model posits that within the social structure of a particular culture or society, oppressed groups experience greater incidents of minority stress (based on race, sexuality, gender, disability, etc.) in the form of prejudice and discrimination. As a result of these unique, systemically-based, stressors, members of oppressed communities experience higher levels of, and more extreme forms of,

negative health outcomes than majority group communities that perpetuates large health disparities (Ramirez & Paz Galupo, 2019). Minority stress theory proposes that such health disparities can be explained in large part by stressors that are induced by structural inequities and hostile systems that can result in a lifetime of harassment, maltreatment, discrimination, and victimization (Meyer, 2003).

Minority stress has been conceptualized as existing along a continuum, from distal to proximal (Ramirez & Paz Galupo, 2019). Distal stressors refer to events and experiences that are outside the person, such as life events, chronic strains, everyday discrimination or microaggressions (referred to as daily hassles in general stress research; Ramirez & Paz Galupo, 2019) and even nonevents (these are anticipated life course events that have been thwarted; Meyer, Ouellette, Haile, & McFarlane, 2011). Distal minority stressors are interpreted as outside stressors that include instances of harassment and victimization, and are viewed as stressful due to their external impact on the individual (Meyer, 2003). For example, workplace discrimination (Barron & Hebl, 2013; Elmslie & Tebaldi, 2007), housing discrimination, and biased medical and mental health care (Foglia & Fredriksen-Goldsen, 2014) are all distal stressors that are more frequently experienced by individuals of minority populations, and can ultimately perpetuate health and mental health disparities (Ramirez & Paz Galupo, 2019). Distal stressors also encompass microaggressions, which are subtle, unconscious, and often unintentional acts and exchanges of discrimination targeted towards minority persons (Nadal, 2013). Microaggressions may include insults, invalidations, and assaults that have discriminatory messages or motivations behind them (Nadal, 2013). Although microaggressions are more subtle than overt forms of prejudice and discrimination, they have been linked to mental health disparities for minority individuals (Sue, 2010).

Proximal stressors, on the other hand, refer to events and experiences that are part of the general socialization process and result in the internalization of ideas, beliefs, expectations that are represented through cognitive schema (Ramirez & Paz Galupo, 2019). For example, through socialization, marginalized groups may come to internalize sexist or racist attitudes, expect rejection and/or discrimination, or believe they must hide their identities (e.g., sexual, gender). These stressors are more dependent upon self-identity and take the form of internal processes following perceived stressful events (Meyer, 2003). The rate of exposure to distal and proximal stressors are much higher among minority groups than among majority individuals (Ramirez & Paz Galupo, 2019). Numerous studies have confirmed that minority individuals continue to face high rates of distal and proximal stressors (i.e., social rejection, housing discrimination, and employment discrimination) (Ramirez & Paz Galupo, 2019). In turn, the minority stress model states that these proximal and distal stressors lead to adverse health outcomes, such as depression, anxiety, substance use disorders, suicide, and various physical health outcomes that are responsive to stress (Fredriksen, Goldsen, Kim, & Barkan, 2012).

Findings from research based within the minority stress model have been consistent in illustrating that discrimination negatively impacts both the physical and mental health of minority groups (Pascoe & Richman, 2009). Although most stressful experiences do not increase vulnerability to illness, certain kinds of stressors—those that are uncontrollable and unpredictable—are particularly harmful to health. These characteristics of stress are common to discrimination experiences (Williams & Mohammed, 2009). Along these lines, recent research on the psychological implications of perceiving discrimination applies a stress and coping framework (e.g., Major, Quinton, & McCoy, 2002; Major, Quinton, & Schmader, 2003) to understand the responses of the targets of prejudice and discrimination. Similarly, physical

health outcomes linked to discrimination have also been characterized as a stress response (e.g., Clark, Anderson, Clark, & Williams, 1999). These models conceptualize discrimination as a social stressor that sets into motion a process of physiological responses (e.g., elevated blood pressure, heart rate, cortisol secretions), and these heightened physiological responses over time can have downstream effects on health. Ambulatory blood pressure studies indicate that perceived racism may influence cardiovascular disease risk through its effects on nocturnal blood pressure recovery (Brondolo et al., 2008) and higher systolic and diastolic blood pressure throughout the day (Steffen, McNeilly, Anderson, & Sherwood, 2003). General perceived discrimination (i.e., not necessarily race based) has also been found to predict steeper systolic blood pressure trajectories over the course of the day (Pascoe & Richman, 2008). These findings are important because numerous studies have found that exaggerated cardiovascular responses to stress are a mediator for coronary heart disease and hypertension (e.g., Marshall, Barnett, & Sayer, 1997; Cohen, Kaplan, & Munck, 1994; Marsland, Manuck, Wood, Rabin, Muldoon, & Cohen, 1995; Mays, Cochran, & Barnes, 2007).

Evidence also suggests that repeated exposure to discrimination may work in ways that prepare the body to be more physically reactive in stressful or potentially stressful social situations (Guyll, Matthews, & Bromberger, 2001). Similarly, Gee, Spencer, Chen, and Takeuchi (2007) have proposed that routine discrimination can become a chronic stressor that may erode an individual's protective resources and increase vulnerability to physical illness. As with other forms of cumulative stress, perceived discrimination may lead to wear and tear on the body (e.g., Seeman, Singer, Rowe, Horwitz, & McEwen, 1997).

Additionally, researchers have observed racial minorities may approach social interactions with a high degree of anxiety due to anticipation of discrimination (Tan, Treharne,

Ellis, Schmidt, & Veale, 2019). Studies have also asserted that Black individuals display

vigilance after exposure to prejudice, actively scanning the social environment for potential

threats (Pascoe & Richman, 2009). Such vigilance is emotionally and cognitively draining.

Racism has been linked to psychological symptoms including high rates of alcohol consumption,

low self-esteem, and depression (Guyll, Matthews, & Bromberger, 2001). These findings

corroborate the minority stress theory by demonstrating that distal and proximal stressors are

associated with mental health disparities among racial minorities (Tan et al., 2019).

The goal of the minority stress model is to widen the lens in which researchers think

about and study the effects of stress within marginalized communities, making sure there is focus

on how discrimination (e.g., racism) plays a key role in explaining health disparities. This

conceptualization prompts investigators to better understand, and consider the effects of,

systems, institutions, and socialization in addition to individual differences when studying the

health of individuals with minority identities. As researchers begin to apply the minority stress

model, they are documenting that exposure to incidents of stress, prejudice, and discrimination

related to one's oppressed identity, leads to serious negative consequences for both physical and

mental health (Pascoe & Richman, 2009).

Consequentially, African Americans experience minority stress, or distress occurring due

to stigmatization rooted in conflict between dominant and minoritized group values (Meyer,

1995), and racial health disparities with specific regard to COVID-19. This unique intersection

of global crisis and minority stress represents a novel manifestation of social stressors for the

Black community.

Coping Strategies Amongst Black Americans

Eurocentric conceptualizations of coping emphasize the individual and the environment.

This often results in narrow examinations of coping amongst Black Americans and little examination of culturally relevant coping, or coping informed by cultural context, which miss cultural preferences for collective coping (Kuo, 2011; Utsey et al., 2007). Coping studies conducted with Black Americans documented a cultural preference for collective coping (i.e., group centered activities and social support; Utsey et al., 2007) and the use of religion or spirituality (Utsey et al., 2007; Ward et al., 2013). Key studies have identified specific practices of the Black spiritual experience as having therapeutic functions: 1) articulation of suffering, 2) location of persecutors, 3) provision of asylum, and 4) validation of experiences (McRae, Carey, & Anderson-Scott,1998). Avent and Cashwell (2015) addressed the common purposes of religious and mental health institutions, such as accessing the power of community narrative or the telling of shared stories.

Black Americans also employ an array of context-dependent coping strategies. For example, although African Americans may employ socially supported coping in response to general stressors and trauma (e.g., religion; Ward et al., 2013), a mixture of self-sufficient and avoidant coping may be utilized in response to minority stress (Pearson et al., 2014). Notably, Black Americans may employ social support as a means of coping, specifically in response to human disasters (Ali et al., 2017; Lincoln et al., 2005).

Some studies of coping with minority stress among Black Americans have found self-sufficient coping may signify increased levels of anxiety (Greer & Cavalhieri, 2019) and depression (Matthews et al., 2013). However, specific expressions of self-sufficient coping, such as problem-solving strategies (West et al., 2010) and persistent effort targeting mastery (Matthews et al., 2013), have been associated with lower levels of depressive symptoms. Importantly, collective coping (Utsey et al., 2007) and coping that emphasized

interconnectedness (Greer & Cavalhieri, 2019) have been linked with a higher quality of life. In response to gendered racism among Black women, avoidant coping has been found to be associated with psychological distress (Szymanski & Lewis, 2016). Qualitatively, specific expressions of self-sufficient coping (e.g., positive health behaviors, socially supported coping, spiritual and/or religious practices) has provided greater relief from stress related to racial discrimination and structural racism among Black men (Hudson et al., 2016).

Public Health Challenges as Unique Stressor for Black Americans

Collective trauma in the form of a public health crises presents considerable and disproportionate mental health challenges to Black Americans (Feist-Price & Wright, 2003; Whitehead et al., 2014). In addition to higher rates of infection and poorer outcomes (Fitzpatrick et al., 2004), African Americans living with HIV/AIDS, for example, reported greater symptoms of anxiety and depression than their non-Black counterparts (Felker-Kantor et al., 2019; Kong et al., 2012). Black communities are at greater risk for adverse health consequences associated with COVID-19 (Boyraz & Legros, 2020) due to pervasive systemic racism, particularly in healthcare. For example, fewer hospital beds and physicians in predominantly Black counties leave preexisting medical conditions untreated (Reed, 2020). Compared to their White counterparts, COVID-19 infection and mortality rates among African Americans are higher (Pirtle, 2020; Raifman & Raifman, 2020) due to structural inequities, existing health disparities (Khunti et al., 2020), and overrepresentation in essential worker status (Rogers et al., 2020). The confluence of the COVID-19 pandemic and other collective traumas, without identifiable endpoints, that disproportionately impact minoritized communities (e.g., anti-Black racism, police violence, natural disasters associated with climate change; Silver et al., 2020) may exacerbate minority stress and, therefore, uniquely impact the psychological distress of Black

individuals in the United States (Watson et al., 2020).

<center>Athlete Mental Health and Well-Being</center>

Some studies have revealed that athletes experience mental health challenges similar to the general population (Gouttebarge & Kerkhoffs, 2018; Schinke et al., 2018; Pillay et al., 2020). In the last decade, sport organizations have become increasingly aware of, and focused on, athletes' mental health (NCAA, 2016). Research has demonstrated that athletes are not immune to psychological stress and experience high levels of mental health concerns (Rice et al., 2016). Further, individual athletes have taken to social media, and been interviewed by journalists, to discuss their lived experiences around mental health, ranging from stigma to seeking help to finding relief through treatment. In response, sport organizations, from the professional to collegiate levels (e.g., NCAA, NBA) are working actively to increase mental health literacy among coaches and players and provide their athletes with access to competent treatment and help. For example, the NCAA through a multidisciplinary task force comprised of psychologists, physicians, athletic trainers, athletic directors, coaches, and community members, published a guide to mental health best practices and the National Basketball Players' Association has created a mental health task force to oversee player well-being (NCAA, 2016).

Mental health plays a key role in determining individuals' overall well-being and performance, and athletes are no exception (Brewer & Petrie, 2014). As such, sport psychology practitioners who have the appropriate background and training in mental health services are becoming increasingly involved in addressing athletes' psychological concerns (Petrie & Harmison, 2012), including symptoms related to depression, anxiety, eating disorders, and substance abuse, as well as general interpersonal problems, such as coping with relationships and family concerns. Much of this reasoning stems from attention to ways in which performance

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concerns may be the outcome of some unidentified psychological distress. Increasingly competitive international sport has led to increased pressure on elite, Olympic, and professional athletes. Increasing training loads and performance demands present potential threats to athlete mental health. The various high performance sport contexts contain a unique range of stressors, such as competitive factors (e.g., performance expectation), personal stressors (e.g., family issues), and organizational considerations (e.g., travel) and that potentially increase athletes' risk for mental health concerns (Sarkar & Fletcher, 2014; Rice et al., 2016).

Increasing evidence points to a range of both athlete specific and general risk factors associated with adverse mental health in elite athletes. Athlete-specific risk indicators for mental health concerns include sports-related injury, performance appraisal, overtraining, and sport type (e.g. individual sports conferring a higher risk that team sports) (Sarkar & Fletcher, 2014;). General risk indicators include major negative life events, low social support, and impaired sleep (Rice et al., 2016). These risk factors may impact the severity and onset of particular mental health symptoms. Moreover, the salience of particular risk factors may vary across career phases. For example, in junior development years, supportive relationships with parents and coaches are imperative to athlete wellbeing (Pensgaard & Duda, 2003). In elite performance, in addition to the coaching relationship, environmental and training demands become more relevant to mental health issues and wellbeing (Reardon et al., 2019). Such demands include extended travel away from home and exposure to unfamiliar training environments (Kristiansen & Roberts, 2010), which can ultimately threaten motivation and consistent performance (Hobfoll & Freedy, 1993).

Mental health in elite athletes has also gained increased attention in applied and research settings in the last years (Schinke, Stambulova, Si, & Moore, 2017). Moesch (2018) determined

athletes with good mental health experience higher chances of performing well, particularly over the long term, and have reduced risk of experiencing career-ending issues (e.g., injury). However, recent studies on mental health in elite athletes have revealed that the culture of mental toughness promotes underdiagnosing compared to the general population (Schinke et al., 2018). Many athletes who exhibit these mental health symptoms, such as distress, burnout, depression, sleep disturbance, adverse feelings or thoughts, and drug abuse (Gouttebarge & Kerkhoffs, 2018), hide it from their teammates and coaches.

Athletes and Minority Stress

Elite athletes who hold minoritized identities are not immune to societal and institutional racism, discrimination, and oppression. An increasing number of athletes are utilizing their professional platforms to promote social justice efforts and awareness. In addition to experiencing these socially-based stressors outside of the sport environment, athletes who hold marginalized identities may very likely experience similar stressors within their sport system. Athletes who engage in advocacy and activism efforts may experience additional pressures from members within their sport environment (e.g., team owners, coaches, fans), as well as pushback from forces outside of the sport system (e.g., social media).

The minority stress model provides a suitable theoretical perspective or framework to appropriately address pertinent issues related to providing sport psychology services to athletes of color. Multicultural concepts including, but not limited to, identity, acculturation/enculturation, generalizations, and stereotyping has not been applied to the conceptualization and understanding of mental health issues in athletes of color. Issues in sport psychology including changes in the population, female athletes of color, and the need for sport psychologists of color need further discussion and research (Kontos & Breland-Noble, 2002).

Elite athletes experience a unique range of stressors that may potentially increase their vulnerability to mental health. Key factors include the psychological impacts of injury, overtraining and burnout; intense public and media scrutiny; and managing ongoing competitive pressures to perform (Rice et al., 2016). The intense mental and physical demands placed on elite athletes are a unique aspect of a sporting career, and have been found to increase their susceptibility to certain mental health problems and risk-taking behaviors (Reardon et al., 2019). As physical training must be balanced with adequate recovery to see progress, psychological demands must also be balanced with strategies to support mental health (Kontos & Breland-Noble, 2002).

While the influence of external stressors that may interfere with training and performance are increasingly documented (Rushall, 1990), discussions of minority stress in sport, and in sport psychology, are scarce and often overlooked (Lee, Lombera, & Larsen, 2019). The minority stress model offers practical suggestions for sport psychology practitioners to help their clients with marginalized identities to cope with minority stress. This support involves both individual and system level strategies for coping with unique athlete stressors, as well as the chronic and socially based minority stressors (Lee, Lombera, & Larsen, 2019).

Psychological Distress and the COVID-19 Pandemic

Early in the COVID-19 pandemic, preliminary research documented heightened posttraumatic stress (Sun et al., 2020), anxiety, and depression (Robinson & Daly, 2020) in the United States and abroad. In Spring 2020, during the first wave of COVID-19 infection in the United States, Americans were three times more likely to screen positive for anxiety and depressive disorders compared to the same time frame in 2019 (Twenge & Joiner, 2020). Moreover, rates of psychological distress by state increased as COVID-19 cases increased

(Holingue et al., 2020). Fear of COVID-19, in particular, may facilitate anxious and depressive symptoms, especially in geographic locations where COVID-19 infection rates are higher (Fitzpatrick et al., 2020) or perhaps among groups at higher risk of infection and death.

Several existing studies demonstrated that those who have been exposed to the risk of infection may develop pervasive fears about their health, worries to infect others and fear infecting family members (Wang et al., 2020; Rubin & Wessely, 2020). Additionally, Duan and Zhu (2020), reported that these individuals are more vulnerable than others to manifest worries if they experienced physical symptoms potentially linked to the infection and fear that symptoms are directly associated to actively having the infection even several months after the exposure. Social isolation related to restrictions and lockdown measures are also associated with feelings of uncertainty for the future, fear of new and unknown infective agents resulting in abnormally increased anxiety (Xiang et al., 2020; Rubin & Wessely, 2020). Anxiety may be directly related to sensorial deprivation and pervasive loneliness; in this case first insomnia but later depression and post-traumatic stress occurred Rubin & Wessely, 2020). In addition, anxiety is closely associated with fatigue and reduced performance in healthcare workers while boredom and loneliness are directly related to anger, frustration and sufferings linked to quarantine restrictions (Rubin & Wessely, 2020).

Additional psychological effects associated with pervasive anxiety in a pandemic period may include the perceived lower social support, separation from loved ones, loss of freedom, uncertainty, and boredom (Khan et al., 2020). Distress, boredom, social isolation and frustration are directly related to confinement, abnormally reduced social physical contact with others, and loss of usual habits (Xiang et al., 2020). As reported by Duan and Zhu (2020), frustration and pervasive loneliness seem to originate from the inhibition from daily activities, interruption of

social necessities, and not taking part in social networking activities. Both frustration and loneliness seem to derive from the inhibition from daily activities, interruption of social necessities, inability to take part in social networking activities enhancing the risk of hopelessness (Khan et al., 2020).

Psychological Distress and the COVID-19 Pandemic for Black Americans

With regard to the COVID-19 pandemic, on average, initial rates of psychological distress appeared to peak in March 2020 and return to baseline by June 2020 (Daly & Robinson, 2021). In June 2020, Black Americans were more likely to think about their mental health and seek counseling in response to the COVID-19 pandemic as compared to White Americans (Newall & Machi, 2020). Cobb et al. (2021) found the health threat of COVID-19 in tandem with the expectation of racial discrimination in medical settings compounded psychological distress among Black adults, and perhaps served as a catalyst for this awareness and help-seeking. Although emerging scholarship suggests differential psychological outcomes among Black and White Americans with regard to the COVID-19 pandemic (e.g., Newall & Machi, 2020), data is limited, results are mixed, and few studies have exclusively included Black participants or attended to the concurrent role of minority stress and coping with such stress.

Coping With Pandemic Related Psychological Distress Amongst Black Americans

Although prior research suggested both the importance and usefulness of socially supported coping for Black Americans in response to minority stress (Greer & Cavalhieri, 2019; Utsey et al., 2007; Ward et al., 2013), as well as human disasters and trauma (Ali et al., 2017; Lincoln et al., 2005), there is limited information specific to the unique psychological stressors and experiences of the COVID-19 pandemic (e.g., limited social contact and connection due to physical distancing guidelines, closure of buildings of worship). With regard to the COVID-19

pandemic, avoiding the news, following a routine, spending time outdoors, and a healthy diet were associated with lower anxiety and depressive symptoms (Fullana et al., 2020). Garfin (2020) also suggested mindful technology use may be a helpful means of coping with the COVID-19 pandemic. Relatedly, Outley et al. (2020) suggested African American participants used humor, often on social media platforms like Twitter, in response to stress and uncertainty associated with COVID-19.

Somewhat consistent with previous literature, Mercier et al. (2022) identified self-sufficient coping may be related to lower levels of depressive symptoms during this global crisis. For example, Black Americans have engaged in sanitation practices, scheduling, limiting social engagements, and a heightened awareness of the possibilities for contracting and transmitting illness (Mercier et al., 2022), all of which could be consistent with active coping and planning associated with self-sufficient coping (Allman et al., 2009; Litman, 2006). Self-sufficient coping may be reflective of underlying personal control and mastery over a given circumstance, which has been shown to relate to more positive mental and physical health (Taylor & Stanton, 2007). Contrary to previous literature, self-sufficient coping during the COVID-19 global pandemic has not been significantly associated with symptoms of anxiety or stress for African Americans (Mercier et al., 2022). However, in combination with the lack of significant associations between socially supported coping and psychological distress, this could be consistent with previous speculation that approach-oriented coping is most effective when implemented in situations that are amenable to change (Taylor & Stanton, 2007), a dynamic inconsistent with that of COVID-19 and the systemic racism driving inequities in African Americans' rates of infection and death. An interpretation of this finding may be that systemic racism within the COVID-19 pandemic limits access to collective coping strategies for Black Americans, resulting in employment of

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accessible and individualist coping. Although these coping strategies are accessible and provide some protection, they promote conformity to and reinforce individualism, a value consistent with Whiteness and White Supremacy that may impact minority stress for Black Americans.

Furthermore, African Americans have endorsed coping strategies that may offer perceived short-term relief (e.g., cooking, reading, listening to music), but could, long-term, facilitate distraction from overcoming the difficulties of the pandemic directly; thus, representing an avoidant coping style and generating associated outcomes consistent with that coping style (Allman et al., 2009; Taylor & Stanton, 2007). These findings extend previous findings around the implementation of avoidant coping styles (Chao, 2011; Main et al., 2011; Taylor & Stanton, 2007), particularly amongst African Americans and in the context of minority stress. Although it may exacerbate psychological distress, avoidant coping may be adaptive among Black Americans to manage effects of circumstances unable to be directly addressed (e.g., systemic racism; Szymanski & Lewis, 2016; West et al., 2010).

Studies have simultaneously reported markedly reduced social connection as well as increased attempts at facilitating connection with others via the internet (Mercier et al., 2022). Thus, these few, online social interactions in which participants engaged may be more difficult to obtain or less useful than the social support that occurs organically in group-centered, collective coping activities that are generally preferred among Black Americans (Utsey et al., 2007). Online social interactions may be less effective than offline interactions (Trepte et al., 2015; Utz & Breuer, 2017). Notably, access to collective forms of religious coping strategies commonly used in response to anti-Black racism, was limited in many places during the COVID-19 pandemic as local restrictions on large gatherings reduced physical access to churches (DeSouza et al., 2021). Generally, coping styles implemented in the United States and specifically by African

Americans, as well as the interconnection of those styles with pandemic-related psychological distress, remain understudied.

<p style="text-align:center">Psychological Distress and the COVID-19 Pandemic for College Students</p>

The college student population already exhibits high levels of psychological distress, which has worsened as a result of the pandemic. Current college student health data from the United States suggests that rates of depression and anxiety have increased consistently over the past decade (Center for Collegiate Mental Health, 2018; Duffy et al., 2019), with 15.6% of undergraduate students and 13% of graduate students experiencing depression and/or anxiety (Auerbach et al., 2018; Eisenberg et al., 2007b). Additionally, 5.0 million young adults reportedly experienced a major depressive episode in 2019 (SAMHSA, 2019); depression rates increased 63% for this age group from 2009 to 2017 (Twenge et al., 2019). Among college students, 24.3% (13% male; 28.4% female) were diagnosed by a professional with anxiety and 20% (11.7% male; 22.5% female) with depression (ACHA-NCHA II, 2019). Despite these high levels of psychological distress in this cohort, the use of mental health counseling remains low (SAMSHA, 2018). Among young adults aged 18 to 25 years, 10.3% and 1.7%, respectively, sought outpatient or inpatient mental health services (SAMSHA, 2019). A study of 7,143 Chinese college students identified the presence of mild to severe anxiety in a quarter (24.9%) of their sample, noting that the severity of anxiety symptoms were positively correlated to academic changes, economic effect, and impacts on daily life due to the COVID-19 outbreak (Hess, 2020). Among another sample of 66 students, a high prevalence (84.9%) of pandemic related worries and increases in negative emotions were noted, including stress (28.8%), anxiety (45.5%) and depression (22.7%; Hess, 2020).

Along with many others, this specific population faced unexpected stress due to COVID-

19 as they were suddenly relocated. Due to the COVID-19 global pandemic, many American residential universities moved classes online, sent students away from on-campus residential facilities, and shut down or minimized capacity of residence halls to protect students, employees, and staff against COVID-19 (Hess, 2020). The stresses of quarantine and social isolation have negative psychological effects, including heightened stress and anxiety (Brooks et al., 2020; Pfefferbaum & North, 2020; Tsamakis et al., 2020). In addition to disease-related concerns for themselves and for their loved ones, the disruption of daily life and routine during stressful events may lead to functional impairment and post-traumatic stress outcomes for university students (Pat-Horenczyk et al., 2006). Preliminary evidence also indicates that college students reporting increased anxiety during initial COVID-19 outbreaks were concerned not only about the infection itself, but about the economic and academic impact of COVID-19 on their futures (Cao et al., 2020).

Moreover, in a study of American college students, 295 participants completed a questionnaire during the COVID-19 pandemic (April-May 2020) which measured academic concerns, emotional well-being, personality, and perceptions and behaviors related to COVID-19 (Clabaugh et al., 2021). Females (who represented 80 percent of the respondents) reported higher levels of distraction in their home learning environments compared to males, as well as more perceived stress, worse coping, a more severe perspective on the pandemic, and greater engagement in risk management behaviors. The researchers surmised that female participants' increased perceived stress and coping abilities may be a result of social expectations that women take on domestic and caretaking roles at home (on top of their other commitments) as compared to men (Clabaugh et al., 2021).

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When confronted with stress, individuals seek support from social networks, hobbies, and leisure activities (Kitzrow, 2003). However, during this initial March period of COVID-19 precautions, stay at home orders removed many entertainment and hobby outlets for stress, further isolating students. Given the activities that can be safely indulged in at home, media use seems to be a common and prolific avenue for stress reduction, as well as one that can be safely engaged in while social distancing. A survey of young adults in the United Kingdom with mental health needs found that media outlets were a critical source of coping for those especially negatively impacted by the lack of social contact and support (Young Minds, 2020). Thus, media use may be an important avenue of coping with stress and anxiety for college students, particularly one that can be utilized while remaining at home.

The NCAA's Response to the COVID-19 Global Pandemic

The onset of the COVID-19 crisis led organizations and institutions to make major changes to reduce the spread of the virus. COVID-19 had a jarring impact in major sports leagues in the United States (e.g., NBA, WNBA, MB, NHL, NFL, ATP, PGA), the Olympic Games, and collegiate sports in the United States. The response of professional sports organizations that were in-season at the time of COVID-19 generally involved terminating competition and developing contingency plans for seasons that may be impacted later in 2020 and into 2021. The COVID-19 pandemic also dealt a major blow to international sport, as the 2020 Summer Olympic Games set to take place in Tokyo were postponed until July 2021 (International Olympic Committee, 2020). The postponement of the Olympic Games also had some impact on qualification for the Games (International Olympic Committee, 2020).

Similarly, the COVID-19 crisis and the resulting response of the NCAA and its member institutions were unprecedented and disrupted college student athletes' regular engagement in

their sports. The NCAA's initial response to COVID-19 took place in early March 2020 with the

formation of the COVID-19 Advisory Panel. This panel—consisting of NCAA chief medical

officer, seven experts (medical, public health, security), and four former or current student

athletes—was developed to provide the association's members with the most up-to-date

information, address major questions, and provide recommendations to the NCAA Board of

Governors. In early March, the advisory panel suggested that athletic events not be cancelled;

however, within two weeks this perspective changed as COVID-19 cases and deaths increased

rapidly throughout the country. On March 19th, the NCAA cancelled all upcoming winter 2019-

2020 and spring 2020 sport championships—including the highly profitable NCAA men's and

women's basketball tournaments (Hale, 2020). By cancelling all remaining championships, all

sports were rendered out-of-season for the remainder of the 2019- 2020 academic year. Further,

due to social distancing measures and moratoriums on group gatherings, athletes could not

partake in supervised physical workouts (NCAA, 2019). As a result, NCAA athletes were only

allowed to participate in up to eight hours per week of "virtual nonphysical countable athletically

related activities" for the remainder of the season (NCAA, 2020a). Many collegiate student

athletes relocated to live with family members at this point, as all academic and athletic

commitments were occurring virtually (NCAA, 2020c; Petrie et al., 2020).

The following timeline represents statements and actions regarding COVID-19 within

collegiate athletics during the first few months of the pandemic, according to the NCAA website

and a timeline from ESPN (Hale, 2021). The dates within the following timeline reflect how

quickly decisions and resulting changes took place within the NCAA in March 2020, as the

shutdown of college sports began:

- March 6, 2020: The COVID-19 Advisory Panel reported that they did not recommend cancellation of or public spacing at athletic events.

- March 10, 2020: The NCAA reported that member schools and conferences could "make their own decisions" regarding competitions in the face of global public health concerns.

- March 11, 2020: NCAA determined that upcoming championships, including men's and women's basketball tournaments, would be carried out with only essential staff and limited family attendance (per recommendation of COVID-19 Advisory Panel, who released a similar statement earlier on this day).

- March 12, 2020: NCAA cancelled 2020 Division I men's and women's basketball tournaments, as well as all other winter and spring NCAA championships.

- March 19, 2020: NCAA member schools launched #UnitedAsOne campaign online to promote unity and support between athletic programs (led by individuals within athletic departments' digital and social media factions).

- March 26, 2020: NCAA Board of Governors unanimously voted to distribute $225 million to Division I member schools in June 2020 "to specifically focus on supporting college athletes." Originally, the NCAA had budgeted to distribute approximately $600 million to Division I schools, beginning in April 2020.

Impact of the COVID-19 Global Pandemic on Collegiate Student Athletes

The COVID-19 pandemic generally led to logistical changes in many athletes' lives. For instance, at the beginning of the pandemic, a survey of Division I NCAA athletes revealed that 54% of the athletes surveyed had moved out of their current housing because of pandemic related changes (Petrie et al., 2020). In a survey given by the NCAA to assess student athletes' situations and well-being at the start of the pandemic, most respondents reported that

they were living away from campus with family members and were unable to train due to local regulations and lack of access to facilities and equipment (NCAA, 2020b). Limited access to enough food (and healthy food options), unstable housing situations, and lack of knowledge about how to access medical and mental health support locally appeared to plague some student athletes during this time as well.

Impact on Sport Training and Physical Activity

The pandemic appeared to cause changes in many athletes' training regimes and their general engagement in physical activity. In their survey administered early in the pandemic, Petrie and colleagues (2020) found that 89% of the NCAA Division I athletes reportedly engaged in regular vigorous activity, often for more than an hour a day. While the athletes were reportedly engaging in physical activity, they also reported many barriers to training. Further, many surveys of athletes over the course of the pandemic reflected that there was a reduction in frequency and time spent training. For instance, in a survey of high school (22%) and collegiate (78%) athletes from various countries, only 2.1% respondents reported being able to maintain their training regime (Izzicupo et al., 2021). In a sample consisting mostly of collegiate athletes in the United States (88% of respondents), most reported lower training frequency throughout the week and reduced time spent training. Seventy-nine percent of the athletes reported a training frequency of 5-6 days per week prior to COVID-19, with that number dropping to 46% during the pandemic as many reported training fewer days per week (Jagim et al., 2020). There was also a reduction in the amount of time athletes spent training. Athletes spent less time engaging in strength and conditioning, mobility/flexibility, and sport-specific training, though the biggest drop was in the time spent in sport-specific training (6.5 fewer hours than prior to the pandemic).

Moe than half (66%) of these athletes reported lower training satisfaction since the pandemic began. In a sample of elite female athletes representative of various countries and sports, 76% reported a decrease in training with many reporting changes to the nature of their training as well (Bowes et al., 2020). The pandemic-related changes to athletes' training appeared to impact athletes differently depending on their personalities and appraisals. Among Olympic and Paralympic athletes surveyed during the pandemic, neuroticism and psychological inflexibility were positively associated with the belief that the pandemic had greatly impacted the

athletes' training routines (Clemente-Suárez et al., 2020).

Impact on Access to Training Resources

The decrease in training and physical activity that impacted many athletes during the pandemic can be partially attributed to changes in their access to resources. First, due to physical distancing measures that were taken to reduce the spread of COVID-19, many athletes were forced to relocate away from their usual training facilities and as a result did not have the same access to coaches and support staff. Many also had limited access to equipment and training facilities, due to relocation and/or facility closures because of the pandemic. When NCAA college athletes were asked about barriers to training, local regulations, facility closures, and lack of access to necessary resources were by far the greatest barriers (Petrie et al., 2020). Most elite female athletes from different countries (94%) reported that their access to equipment had been impacted by COVID-19, with some highlighting that their male counterparts had received more support in regard to equipment access (Bowes et al., 2020).

Beyond having limited or altered access to equipment and facilities, athletes also reported that a lack of access to their coaches (in-person or virtually) was a barrier to their training (NCAA, 2020c). While social distancing measures led many athletes to have to train on their own, many continued to receive programming and support from coaches. For instance, in a sample of student athletes in the United States, 84% reported that they were training alone and 94% were still receiving guidance from their sport coach or strength and conditioning coach (Jagim, 2020). In May 2020, coaches from various levels of competition and different countries were surveyed about the activities that they were implementing (or not implementing) during the pandemic. Twenty-eight percent of the coaches reported that they did not implement any technical training activities with their athletes, and fifty-eight percent of the coaches reported that

they did not prepare any tactical content for their athletes during the pandemic (Peña et al., 2021). These coaches cited the ever-changing landscape and not knowing, creating and inability to appropriately plan and periodize an athlete's training (Peña et al., 2021). Lastly, coaches preferred synchronous communication when it came to technical (28%) and physical fitness content (40%), while tactical content was conducted live a bit more often (Peña et al., 2021).

Nonetheless, it appeared that athletes were in communication with coaches during the pandemic and were satisfied with the support they received. For instance, more than half of NCAA respondents reported that their coaches communicated with them weekly and 82% reported feeling positive about the support they were receiving from their coaches during the pandemic (NCAA, 2020b). Among a sample of high school and college athletes, 76% reported that they were receiving support from coaches during the pandemic, with individual sport athletes reporting more support from coaches than team sport athletes (Izzicupo et al., 2021). Similar trends were seen among high-level female athletes: about 74% percent reported that they were receiving "adequate support" (Bowes et al., 2020). However, while many athletes felt supported and connected to their coaches, this was not true for everyone as some felt their coaches were not providing enough support or they simply had not heard from their coaches at all since the pandemic began (Bowes et al., 2020).

Student Athletes' Initial Responses to Changes

Student athletes had to restructure their sports life including their training habits, goals, mindsets, source of motivation and their social connection with the team in addition to adjusting to the online mode of academic learning and athletic training. While dealing with these unexpected and abrupt changes in their athletic and student life, they also managed the uncertainty of the future of their athletic career. A global sense of threat, social isolation, and

uncertainty about the future can cause anxiety, depression, and chronic stress (Makarowski et al., 2020). The unwanted social isolation, lack of clear and definite schedules as to when tournaments will resume, and the lack of competition readiness brought about by limitations in physical and skills training put student athletes into an array of emotional and mental challenges.

Upon first learning that competition and sport participation was being cancelled or paused, student athletes commonly reported feeling confused, disappointed, and/or relieved (Oblinger-Peters & Krenn, 2020; Whitcomb-Khan et al., 2021). Feelings of confusion were typically tied to a sense of uncertainty, which is a very different experience compared to the plans, schedules, and programming high-level athletes are often accustomed to (Schinke et al., 2020). Athletes also experienced disappointment that they had trained and prepared for competitions that were cancelled or postponed for unknown periods of time, and some reported relief because the changes would afford them more time to train and prepare if they felt they needed it (Oblinger-Peters & Krenn, 2020). Practitioners also reported that changes to calendars and daily life left athletes with decreased sleep and appetite, increased rumination and loneliness, and fear that they might lose their opportunity to compete altogether (Schinke et al., 2020). Others felt that the time off form sport afforded them the opportunity to improve upon their weaker sport skills, and it also gave them more time to integrate sport psychology interventions to a greater degree. This aligned with suggestions that were given by kinesiology experts and sport professionals regarding strategies for team sport athletes in isolation due to COVID-19 that athletes utilize the "window of opportunity" to effectively recover from stress, injury, and accumulated physical loads, implement injury prevention training, and integrate developmental programs for certain physical abilities (Jukic et al., 2020).

Psychological Distress and the COVID-19 Pandemic for Collegiate Student Athletes

Beyond their initial emotional reactions to pandemic-related changes, athletes often reported a decline in mental health and well-being during mass quarantine (in most countries, this lockdown began March 2020). Recent research on stay at home orders as a result of the coronavirus have shown that athletes experience negative psychological effects (Dong & Bouey, 2020; Toresdahl & Asif, 2020). The NCAA reported that based on the survey administered at the beginning of the pandemic, athletes reported mental health concerns at rates 1.5 to 2.5 times higher than what is typically reported by NCAA collegiate athletes (NCAA, 2020b). Specifically, at that time, NCAA athletes commonly reported frequent feelings of being overwhelmed (47% of women, 29% of men), sleep difficulties (41% of women, 30% of men), and mental exhaustion (37% of women, 25% of men). Varying degrees of loneliness, sense of loss, overwhelming anxiety, hopelessness, and anger were also reported, and some reported feeling so depressed that it was difficult to function (9% of women, 7% of men). Further, 26% of NCAA athletes reported subclinical levels of depression, while 21% reported clinical levels (Petrie et al., 2020). Many experienced psychological distress (69% moderate, 10% high), and less than half of respondents reported that they were satisfied with life at the time (40%). There was also a nine percent reduction in the number of athletes who continued to receive mental health counseling after the onset of the pandemic (Petrie et al., 2020).

Over the course of the pandemic, particularly during the period of mass quarantine when sports were shut down, athletes of various levels and nationalities reported a range of mental health experiences. A sample of competitive boxers from the United Kingdom reported increases in anger, depression, confusion, tension, and fatigue, and a decrease in vigor (Roberts & Lane, 2021). Many (70%) of the boxers reported depressive symptoms during the early stages of COVID-19, which researchers suggested is a substantial percentage in comparison to prior

studies using the same model to assess depressive symptoms in a large population (25% of that population reported depressive symptoms; Lane et al., 2017; Roberts, & Lane, 2021). In a sample of Norwegian Olympic, Paralympic, elite, and semi-elite athletes (N = 184; average age = 26.9), insomnia (38%) and depression (22%) were the mental health challenges that most plagued the athletes (more than anxiety, eating disorders, and gambling; Pensgaard et al., 2021). Pandemic related concerns (e.g., worry about loved ones contracting the virus, financial concerns) were associated with greater anxiety, depressive symptoms, and insomnia.

Moreover, 46% of elite adult Swedish athletes (N = 327; 58% over 25 years old; 118 female, 192 male, 17 no gender reported) reported feeling slightly psychologically worse during the pandemic, and 6% reported feeling much worse (Håkansson et al., 2020). Athletes who reported symptoms of anxiety and/or depression were also more likely to report being in a worse psychological mood as a result of COVID-19 and more likely to worry about their futures in sport. A survey of elite Romanian athletes (N = 249; average age = 21.2; 58% female, 42% male) conducted in March April 2020 demonstrated that trait anxiety, depression, and vulnerability contributed to the increase of intensity of the negative impact of the COVID-19 pandemic, and the negative impact of the COVID-19 pandemic had a decreasing effect on quality of life (Cosma et al., 2021).

Other studies conducted during the pandemic did not demonstrate the same decline in mental health in samples of high-level athletes. Leguizamo et al. (2020) and colleagues found "relatively low," non-pathological levels of stress, anxiety, and depressive symptoms in a sample of high-level athletes (N = 310; average age = 22.3 years, range = 18-49 years; 141 women, 169 men) as well as ideal mood profiles associated with high-level performance (e.g., low tension, depression, anger, fatigue, and high vigor).

Qualitative interviews conducted with athletes during the pandemic allowed for nuanced understandings of athletes' experiences of the pandemic and the challenges they faced. Based on interviews with eight athletes (5 female, 3 male) from the United Kingdom who competed at the international or Olympic level, the researchers described the period of mass quarantine as a critical pause based on the way that the athletes' lives came to a standstill and because the changes they were making were temporary (Whitcomb-Khan et al., 2021). The athletes' experiences reflected four distinct stages: (a) COVID-19 as a threat to the athletes' goals, (b) ongoing consequences of COVID-19 in athletes' personal and professional lives, (c) attempting to overcome the negative impact of COVID-19, and (d) reflecting on and adapting to the consequences of COVID-19. Various challenges impacted the athletes throughout these stages, including the abrupt end of sport, an uncomfortable lack of control, missing friends and teammates, pressure that they put on themselves, guilt they experienced for not training as much as they believed they should, and uncertainty around their athletic careers (Whitcomb-Khan et al., 2021). Further, the athletes reported a sense of loss in regard to athletic conditioning, athletic identity, motivation, and routine.

In another study of competitive athletes, loss was a common theme that emerged from the interviews, with the athletes describing loss of sport, support (including support in regard to sport training), and identity during the pandemic. A second theme that emerged was incongruence, or dissonance between their typically structured environments and the "relatively aimless" nature of the COVID-19 mass quarantine. This incongruence was psychologically challenging for the athletes and often led to distress, ruminations, negative emotions, and loss of motivation (Gupta & McCarthy, 2021).

Iancheva et al. (2020) likewise posited that confinement during the pandemic has led to

several psychological reactions among athletes such as depression, increased anxiety, problems with motivation, aggressive reactions, loneliness, lethargy, mentally exhaustion, and a sense of loss. Athletes are not also spared from experiencing COVID-19 related loss and grief. Having a family member, friend, or close acquaintance become seriously ill or die due to COVID-19 can result to a range of physical, cognitive, emotional, and behavioral symptoms as well as potential modifications in their identity and motivation, both in life and in the sport domain. A loss in the support resource in an athlete's career might significantly impair athletes' ability to maintain their regular activity and their motivation to participate in their sport (Samuel et al., 2020). which led to changes in their mental health, well-being, and their need to implement coping strategies.

Athletic identity has also been studied during the pandemic. In a sample of Division II, III, and NAIA collegiate athletes, the athletes were surveyed just prior to the COVID-19 pandemic (February 2020) and during the pandemic (April 2020; Graupensperger et al., 2020). Participants demonstrated decreases (43%), increases (29%), and no changes (28%) in athletic identity in that time (Graupensperger et al., 2020). In this study, perceived social support from teammates was associated with athletic identity staying the same or increasing, which in turn was tied to positive psychological well-being and lower depression. In Costa's aforementioned study of Italian athletes and athletic identity, those athletes who reported higher athletic identity also tended to ruminate and catastrophize more during the pandemic than athletes who reported lower athletic identity (2020). The researchers noted that this was a novel finding, and speculated that it was a demonstration of athletes' responses as a result of being away from their typical training and sport environments. Response patterns in research conducted with Nigerian athletes (amateur and professional) also reported higher athletic identity yielded less psychological distress (Uroh & Adewunmi, 2021). The researchers expressed that increasing athletic identity may have been a

means of avoiding anxiety and psychological distress, as it has been found in other studies that increased self-identity leads to reduced anxiety levels (Masten et al., 2006).

Coping With Pandemic Related Psychological Distress Amongst Collegiate Student Athletes

Athletes have implemented various strategies in an effort to cope   with challenges brought on by the pandemic. The perceived ability to cope with the COVID-19 pandemic and the accompanying challenges have been associated with decreased risk anxiety, depression, and insomnia symptoms among elite athletes (Pensgaard et al., 2021). In multiple studies of athletes during the pandemic, a qualitative approach was taken in order to identify coping strategies that they implemented and found helpful. In one such study of 21 Austrian Olympic athletes (8 female, 13 male) and six male coaches, the athletes reportedly dealt with the postponement of the Olympics by distancing from their sports, practicing cognitive reframing, appealing for acceptance (e.g., claiming to stay positive), and developing training plans for the future (Oblinger-Peters & Krenn, 2020). In a similar qualitative study of eight British elite athletes (5 female, 3 male), the athletes described the following strategies as being helpful during mass quarantine: gaining acceptance over the situation, broadening their identities by trying new activities, and developing new routines to provide structure (Whitcomb-Khan et al., 2021).

Additionally, in a study of 44 elite boxers (11 female, 33 male) from the United Kingdom, the athletes responded to open-ended questions regarding the strategies they used to regulate their mood states during the pandemic. They described appraising COVID-19 as an opportunity to train, continuing to exercise and train, and focusing on goals as ways that they regulated their mood states (Roberts, & Lane, 2021). Perceived social support also appeared to be valuable to the athletes; they reported that experiencing feelings of togetherness and maintaining relationships through communication with other athletes and coaches were helpful

in regulating their moods during mass quarantine. Athletes also identified emotional suppression (e.g., "not thinking about it") and eating more frequently as behaviors that they had attempted to regulate their moods during the pandemic. Researchers noted the more positive responses that some of the boxers had during such a restrictive time, "adapting training and creating a more positive attitude (Robert & Lane, 2021).

Another study conducted by Iancheva et al. (2020) investigated how 199 student athletes from Bulgaria and Russia managed to cope with the situation of self-isolation, transition to remote education, and lack of competitive sports. Active planning, cognitive restructuring and emotional calming were dominant coping strategies that surfaced. Athletes focused on looking into the good that can come out of the bad situation, learning something new, and modifying

their goals (Iancheva et al., 2020). Blocking their negative thoughts by being preoccupied with important tasks to do helped them keep a positive mindset and counter the lack of productivity (Iancheva et al., 2020). They showed a low tendency to seek social support from their coaches, mental health professionals, parents, and friends to cope with the problem. Mental withdrawal received the lowest score which was viewed by the researchers as their refusal to give up their goals as student athletes. For high-performance athletes, the use of coping strategies such as cognitive restructuring and emotional calming was associated with lower levels of negative emotional states (Leguizamo et al., 2021).

Makarowski et al. (2020) also found a majority of elite athlete experienced low stress levels during the pandemic. Male and female martial arts athletes used a moderate to high level of acceptance as an adaptive coping strategy and low levels of maladaptive coping strategies such as denial, substance use, self-blame, and behavioral disengagement to lower their levels of stress. It was also confirmed in the study that martial arts athletes less frequently used problem-

focused coping strategies such as active coping and planning during the height of the pandemic. Interestingly, researchers who surveyed 175 Olympic and Paralympic athletes from several sport disciplines, who had been confined in Spain due to government enforced lockdown found out that Olympic and Paralympic athletes showed negative perceptions of the confinement with regards to their workouts, but not to their performance. Also, no significant impact of the quarantine in the anxiety responses of the athletes was evident. This could be attributed to the well-developed coping skills and the previous experiences of these high-performance athletes in managing their anxiety during competitions (Clemente-Suárez et al., 2020).

Other studies of athletes have addressed certain behaviors and foci that had changed since the start of the COVID-19 pandemic, and particularly behaviors that have been previously identified as means of coping with challenges. For instance, Martínez-González and colleagues (2021) studied changes in athletes' goals through surveys given before and during the mass quarantine; goal setting is a coping mechanism in that it is a problem-solving approach to dealing with challenges. The researchers surveyed university student athletes in Spain (50% female, 50% male), and found a general decrease in autonomous goals (i.e., goals that are driven by intrinsic desire or identified regulation) when assessed prior to and during the mass quarantine (Martínez-González et al., 2021). Controlled goals, or those that are driven by external factors or negative feelings, did not change between the two time points. Further, the researchers found that more resilient athletes showed increases in controlled goals and as a result, demonstrated an increase in subjective vitality (the opposite pattern took place among less resilient athletes). In a study of elite Swedish athletes, 7% reported that they gambled more and 16% reported that they consumed more alcohol than usual during the pandemic (Håkansson et al., 2020). While not directly discussed in the study as coping mechanisms, problematic substance use and behavioral

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addictions such as gambling are often seen as a result of maladaptive coping in response to challenging emotions (Blaszczynski et al., 1990; Metzger et al., 2017).

<p align="center">Differences in Coping Styles</p>

Athletes differed in their approaches to coping and regulating emotions during the COVID-19 pandemic based on gender and competition level. Among Italian athletes (610 women, 515 men; M_{age} = 27.47) of various sports and levels, their approaches to cognitively regulating their emotions during COVID-19 varied by gender, level of competition the interaction of gender and sport type, and the interaction of gender and level of competition (Costa et al., 2020). Specifically, women reported "putting things into perspective" and ruminating more than men, while men reported more planning and blaming of others. Elite athletes reported more planning and acceptance, while non-elite athletes reported more self-blame. Women competing in individual sports, and men competing in team sports, reported more catastrophizing, while elite men and women both reported more acceptance compared to their non-elite counterparts. Finally, athletes with stronger athletic identities eportedly ruminated and catastrophized more than those with lower athletic identities (Costa et al., 2020).

In another study conducted during the pandemic, Polish potential Olympians (29 women, 28 men; M_{age} = 26.61) and physical education students (26 women, 28 men; M_{age} = 25.69) were surveyed about their strategies for coping with stress (Szczypińska et al., 2021). Male Olympic hopefuls reported using positive re-evaluation and active coping more than students, and were less likely to practice self-blame or use psychoactive substances to cope. Female Olympic hopefuls reported using positive re-evaluation, active coping, and acceptance more than students, and were less likely to use denial (an avoidant coping strategy).

Finally, Pété and colleagues (2021) identified coping profiles of French athletes based on

their responses to multiple questionnaires that assessed their coping strategies during the pandemic. Based on their responses, they divided the athletes into four coping profiles: selfreliant copers, avoidant copers, engaged copers, and active and social copers. Self-reliant and avoidant coping were considered maladaptive, while engaged, active, and social coping were considered adaptive due to the implementation of strategies that "reduce...the effects of stressful situations on well-being and health (Pété et al., 2021, p. 2). The majority of participants who fell into either of the two adaptive coping profiles were those competing at the highest levels (international and elite) and with the most years of sport experience, supporting the notion that high level athletes are generally more equipped to cope with challenges. Still, more information is needed to understand the direct and indirect effects of psychological distress experienced and coping resources used by Black student athletes.