“MAN UP!”: EXPLORING INTERSECTIONS OF SPORT PARTICIPATION, 
MASCULINITY, PSYCHOLOGICAL DISTRESS, 
AND HELP-SEEKING ATTITUDES

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Dissertation Prepared for the Degree of

DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2016

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Contemporary masculinity research has focused on the ways in which socialized masculine ideologies influence, especially negatively, the lives of men. Adherence to traditional masculine norms has been inversely associated with psychological help-seeking yet positively related to psychological distress and substance use. Though sport has been conceptualized as an environment in which masculine ideologies (e.g., emphasis on competition) are learned and reinforced, few studies have quantitatively explored how, or if, masculinity differs in athletes and nonathletes.

Using a sample of male collegiate athletes \( n = 220 \) and nonathletes \( n = 205 \), this study explored: (a) differences in masculinity between athletes and nonathletes; (b) relations between masculinity and psychological/behavioral outcomes (e.g., depression, substance abuse) in athletes and nonathletes; and (c) the mediational role of self-stigma in the relation between masculinity and help-seeking in athletes and nonathletes. Athletes endorsed greater conformity to masculine norms (CMN) and experienced greater gender role conflict (GRC) than nonathlete peers. Masculinity variables also predicted depressive symptomology and alcohol use in both groups, though accounted for greater variance in nonathletes. Furthermore, self-stigma mediated the relationship between CMN and help-seeking intentions for both athlete and nonathlete men. Clinical implications of these findings and potential directions for future research are discussed.
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ACKNOWLEDGEMENTS

First and foremost, I would like to acknowledge the unparalleled mentorship of Trent Petrie whose guidance, commitment, support and patience was instrumental in the completion of this project. Similarly, I want to acknowledge Ed Watkins and Adriel Boals who generously offered their time and expertise throughout the duration of the study.

On a more personal note, I am forever grateful for my family and friends, whose unconditional love and unyielding support allowed me to clarify my vision(s), endure the rigors of graduate school and pursue my dreams. In particular, Christen, Valerie, and Joe: thank you from the bottom of my heart.

Lastly, I would like to acknowledge the Association for Applied Sport Psychology for providing the funding that made this study possible.
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CHAPTER 1

INTRODUCTION

The study of men and masculinity is a domain of empirical and clinical importance (Levant, 2011; Levant & Pollack, 1995; O’Neil, 2008), and has focused on how socialized masculine ideologies influence, particularly negatively, the lives of men (Smiler, 2004). Greater adherence to traditional masculine norms has been inversely associated with life satisfaction and psychological help seeking yet positively related to psychological distress and substance use (e.g., Blazina & Watkins, 1996; Pederson & Vogel, 2007; Schopp, Good, Barker, Mazurek, Hathaway, 2006). Recently, researchers have become interested in understanding how men express their masculinity in different contexts or environments, such as sports. Despite the theoretical perspective that sport environments reinforce traditional masculine ideals, few studies have (a) quantitatively explored how, or if, the expression of masculinity differs between male athletes and non-athletes (e.g., Andre & Holland, 1995; Gage, 2008), and (b) investigated the intersection of masculinity, mental health (e.g., depression, substance use) and psychological help seeking in male athletes.

Masculinity and the Lives of Men

*Gender role conflict.* Gender role conflict refers to a “psychological state in which socialized gender roles have negative consequences for the person or others” (O’Neil, 2008, p. 362), and is represented along four dimensions (O’Neil, 1981): (a) restricted emotionality (RE; i.e., hesitancy and fear regarding the expression of emotions); (b) restrictive affectionate behavior between men (RABBM; i.e., restrictions related to expressing one’s emotions to, or touching other men); (c) success, power and competition (SPC; i.e., emphasis on success through competition); and (d) conflict between work and family relations (CBWFR; i.e., restrictions
regarding balancing work, school and family relationships). It is through these conflicts that men are expected to experience significant negative consequences as a result of devaluation (i.e., lowering of status or positive regard), restriction (i.e., controlling one’s behavior or limiting personal potential), and/or personal violations (i.e., victimization or harassment).

Research examining the effects of GRC have reported associations with psychological (e.g., depression; Shepard, 2002), interpersonal (e.g., loneliness; Blazina, Settle, & Eddins, 2008), and behavioral (e.g., alcohol usage; Blazina & Watkins, 1996) concerns, across different groups of men, including gay (Simonsen, Blazina, & Watkins, 2000), Latino (Fragoso & Kashubeck, 2000), and African-American men (Wester, Vogel, Wei, & McLain, 2006). For example, in a sample of 148 male undergraduates, Blazina and Watkins (1996) found that both RE and CBFWR were associated with a greater endorsement of depressive and anxious symptoms; SPC, RE, and CBFWR were related to a greater propensity to experience and express anger. Furthermore, the men who expressed higher levels of conflict related to success, power, and competition reported more alcohol use. The relation between GRC and substance use may represent men’s attempts to cope with negative affect in light of restrictive norms regarding emotional expression (Uy, Massoth, & Gottdiener, 2014).

*Conformity to masculine norms.* In his model of gender norms, Mahalik (2000) has contended that although men learn gender appropriate norms through general socialization processes, the costs and/or benefits of both conformity, and nonconformity, to these norms is largely dependent on context. For instance, conforming to the masculine norm of emotional control may be beneficial in making financial decisions in business, yet may hinder emotional intimacy and lead to dissatisfaction in romantic relationships. Relatedly, different environments or cultures may value unique conformity patterns, such as sports’ emphasis on competition.
Thus, this contextual perspective emphasizes the importance of exploring the ways in which conformity, and nonconformity, influence the experience of men across environments, cultures, and situations.

A number of studies (e.g., Iwamoto, Liao, & Liu, 2010; Magovcevic & Addis, 2008; Mahalik, Pierre, & Wan, 2006; Mahalik et al., 2003; Wong, Owen, & Shea, 2012) have explored the relations between CMN and psychological distress. In a sample of 269 male graduate and undergraduate students, Mahalik et al. (2003) found that the men’s endorsement of masculine norms concerning the use of violence, demonstration of dominance and self-reliance were related to greater psychological distress as measured by the Global Severity Index of the Brief Symptom Inventory. Further, Syzdek and Addis (2010) explored the unique contribution of CMN to depressive symptoms in a sample of sixty-nine recently unemployed men and found that adherence to emotional regulation contributed uniquely to their depressive symptoms after controlling for their attributional style. Studies also have confirmed relations between conformity to masculine norms and problematic behaviors such as substance use (e.g., Iwamoto & Smiler, 2013; Liu & Iwamoto, 2007), unhealthy cardiac behaviors (e.g., Morrison, 2012) and violence (e.g., Amato, 2012). For example, Iwamoto and Smiler (2013) assessed the conformity–alcohol used connection in a sample of male high school students, finding that the norms of risk-taking, sexual activity with multiple partners (i.e., “playboy”), and the preservation of heterosexual image were key. Overall, the findings from these studies suggest that greater conformity to masculine norms may lead to increased psychological distress or problematic behaviors across different subsets of men.
Men, Masculinity and Help-Seeking.

Men consistently seek professional medical and psychological help less frequently than women (e.g., Carragher, Adamson, Bunting & McCann, 2010). Relatedly, men, compared to women, often report less favorable attitudes toward seeking psychological services (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011), a significant predictor of help-seeking behaviors (Cepeda-Benito & Short, 1998). Explanations for gender differences in help seeking attitudes and behaviors have largely centered on the influence of masculine ideologies, which is supported by inverse relations between masculinity (i.e., GRC, CMN) and help-seeking attitudes (e.g., Good & Wood, 1995; Good et al., 2006; Groeschel, Wester, & Sedivy, 2010; Levant, Wimer, Williams, Smalley, & Noran, 2009). In comparing norms and role-conflicts, research has demonstrated that CMN is a stronger predictor of help-seeking attitudes than GRC; that is, by ignoring or declining help, men demonstrate conformity to dominant masculine ideologies such as physical prowess (e.g., overcoming illness) and increased risk-taking (Good et al., 2006; Levant et al., 2009). Thus, men who adhere to traditional masculine ideologies may not only be at greater risk of experiencing distress, but may also be less likely to seek assistance.

In comparison to women, men are more likely to perceive being stigmatized if they receive psychological care (Martin, Wrisberg, Beitel, & Lounsberry, 1997; Pepin, Segel, & Coolidge, 2009), and report being less willing to endure stigmatization associated with seeking such services (MacKenzie, Knox, Gekoski, & Macaulay, 2004), resulting in a potential psychosocial barrier to receiving assistance. In fact, stigma may mediate the relation between masculinity (i.e., GRC, CMN) and attitudes toward help seeking (e.g., Levant et al., 2013; Pederson & Vogel, 2007; Sheperd & Rickard, 2012; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). For example, in a sample of male undergraduates, Pederson and Vogel (2007)
found that self-stigma partially mediated the effect of GRC on help seeking attitudes, suggesting that men who experienced GRC were more likely to report self-stigma and subsequently, endorse less favorable attitudes regarding psychological help-seeking. Given the influence of dominant norms that reward self-reliance and emotional restriction, yet stigmatize help seeking, some men may maintain negative views toward seeking psychological help and that these views would be a barrier to seeking assistance.

Men, Masculinity and Sport.

Sport is a social context in which men and boys both define and act out their masculinity (e.g., Connell, 2005; Kimmel, 2012; Messner, 1992; 2002; Messner & Sabo, 1990; Overman, 2009; Sabo & Runfola, 1980). As a fundamentally gender-segregated and thus, masculine institution, organized sports are grounded in traditional masculine scripts. Organized sports inherently place men in direct physical competition, where men who demonstrate greater prowess are considered “winners,” garnering greater social status and power. Conversely, men who are less successful, or worse yet, do not participate at all, may be labeled “losers,” and experience social isolation or devaluation (Stein & Hoffman, 1980). Sport also teaches and reinforces strict adherence to traditional masculine norms (e.g., Messner 1990a; Steinfeldt, et al., 2011), including denial of pain (Sabo, 1992) and using one’s body as an instrument of violence (Messner, 1990b). It is through these experiences that both men and boys exposed to sport environments may come to idealize unhealthy masculine ideologies that ultimately have costs to their health and well-being (Connell & Messerschmidt, 2005).

Although conceptualized as a hyper-masculine environment, few studies have quantitatively explored the gendered experiences of male athletes (e.g., Andre & Holland, 1995; Gage, 2008; Lantz & Schroeder, 1999) or the intersection of psychological distress/negative
outcomes and masculinity in male athletes (Locke & Mahalik, 2005; Steinfeldt, Wong, Hagan, Hoag, & Steinfeldt, 2011). For example, Locke and Mahalik (2005) found that sport participation was not related to the acceptance of rape myths, sexual activity or alcohol use in a sample of undergraduate male athletes and non-athletes; athletes scored higher than nonathletes only on the norm of winning. However, using a sample of collegiate football players, Steinfeldt, Wong et al. (2011) conducted a contextual (i.e., expression of emotion within football vs. outside of football) examination of GRC and life satisfaction. They found that the football players who felt restricted in their ability to engage in affectionate behavior with their teammates reported less life satisfaction. Despite connections between masculinity variables (i.e., GRC and CMN) and psychological distress found in the general population, findings related to differences in male athletes and non-athletes’ endorsement of traditional masculine norms and how these norms may relate to negative psychological outcomes for male athletes have been inconsistent.

In line with help-seeking behaviors and attitudes in non-athlete populations, male athletes endorse less positive views toward psychological services than female athletes (e.g., Martin, 2005; Martin, Wrisberg, Beitel, & Lounsbury, 1997; Wrisberg, Simpson, Loberg, Withycombe, & Reed, 2009). Explanations for these differences, much like in non-athlete populations, have focused on the role of masculine norms, specifically the emphasis on displaying physical toughness and an unwillingness to demonstrate vulnerability (e.g., physical injury, psychological difficulties; Addis & Mahalik, 2003; Courtenay, 2000). Yet, few studies have directly examined this explanation (e.g. Steinfeldt & Steinfeldt, 2010; 2012; Steinfeldt, Steinfeldt, England & Speight, 2009). For example, Steinfeldt and Steinfeldt (2010) explored the relations between GRC and help-seeking using a sample of male high school football players and found that the athletes who reported greater emotional restriction maintained more negative views toward
seeking psychological help. Similarly, Steinfeldt and Steinfeldt (2012) reported that collegiate football players who endorsed higher levels of CMN also reported experiencing more stigma toward psychological help-seeking. Thus, male athletes, who hold more rigid masculine ideologies, may not only be vulnerable to experiencing greater psychological distress or adopting problematic behaviors, but may also be less likely to seek help for such distress.

Study Purpose and Aims.

Masculine ideologies appear to influence men’s values, emotions and behaviors, often in negative ways. Adherence to traditional masculine ideologies and norms have been linked to negative psychological and behavioral consequences, such as greater psychological distress, increased substance use, and less willingness to seek psychological help (e.g., Blazina & Watkins, 1996; Good & Wood, 1995; Levant et al., 2009; Pederson & Vogel, 2007). Though sport environments are uniquely masculine arenas where men learn and express their gender ideologies, few studies have examined male athletes across multiple sports or used multidimensional measures of masculinity. Thus, the purpose of this study was to explore the masculine ideologies (i.e., GRC and CMN) of male athletes and non-athletes, and how these ideologies relate to health outcomes (i.e., depression, substance use) and help-seeking attitudes and intentions. Specifically, this study (a) assessed differences in masculine ideologies (i.e., GRC, CMN) between male athletes and non-athletes; (b) explored the relations between sport variables (i.e., sport type, time in sport, competitive level) and masculine ideologies; (c) explore the relations between masculine ideologies and psychological/behavioral outcomes in athletes and non-athletes (e.g., depression, substance abuse); and (d) determine if self-stigma mediates the relation between masculine ideologies and attitudes toward psychological help seeking in male athletes and non-athletes.
Based on previous research (e.g., Blazina & Watkins, 1996; Mahalik et al., 2003; Messner, 1992; Shepard, 2002; Steinfeldt & Steinfeldt, 2012; Vogel et al., 2011; Watson, 2005), I hypothesized that:

1. Compared to non-athletes, athletes will report greater CMN, specifically regarding winning, self-reliance, and emotional control, and greater GRC, specifically in regards to Success, Power and Competition, Restrictive Emotionality, and Restricted Affectionate Behavior Between Men.

2. Athletes and non-athletes who express greater masculine ideologies, as measured by total scores on the CMN and GRC, will endorse higher levels of depressive symptomology and substance use/abuse.

3. Self-stigma will mediate the relation(s) between masculine ideologies and attitudes toward psychological help seeking for both athletes and non-athletes. I expect the mediational effects to be stronger for athletes than nonathletes.
CHAPTER 2

METHOD

Participants

Male athlete \((n = 220)\) and nonathlete \((n = 205)\) undergraduates, drawn from two different NCAA Division I universities located in the Southcentral, and Mid-Atlantic regions of the United States participated.

*Athletes.* \(M_{\text{age}} = 20.03\ (SD = 1.38)\) years. The majority identified as White \((n = 120, 54.5\%)\), followed by Black/African American \((n = 79, 35.9\%)\), and “Other” \((n = 9, 4.1\%)\); 22 \((10.1\%)\) identified as being of Hispanic origin. Two hundred seventeen \((98.6\%)\) identified as heterosexual; 90 \((40.9\%)\) indicated that they were in a romantic relationship and 130 \((59.1\%)\) said they were single. Regarding year in college there were 52 \((23.6\%)\) freshman, 47 \((21.4\%)\) sophomores, 52 \((23.6\%)\) juniors, and 69 \((31.4\%)\) seniors. Only 2 \((.9\%)\) and 1 \((.5\%)\), respectively, had previous military service or been in a social fraternity. \(M_{\text{gpa}} = 3.09\ (SD = .48)\).

Seventy-five \((34.1\%)\) identified football as their primary sport, followed by track and field \((n = 46; 20.9\%)\), baseball \((n = 24; 10.9\%)\), soccer \((n = 19; 8.6\%)\), and swimming and diving \((n = 17; 7.7\%)\). Mean years of sport participation was 8.97 \((SD = 5.17)\); mean playing at their current university was 2.27 \((SD = 1.77)\). Regarding athletic scholarships, 96 \((43.6\%)\) received full funding, 78 \((35.5\%)\) partial funding, and 45 \((20.5\%)\) no funding. Additionally, 125 \((56.8\%)\) athletes reported being starters, 51 \((23.2\%)\) starter/reserves, and 43 \((19.5\%)\) reserves.

*Nonathletes.* \(M_{\text{age}} = 21.40\ (SD = 3.89)\) years. The majority identified as White \((n = 125; 61\%)\), followed by Black/African-American \((n = 27; 13.2\%)\), and “Other” \((n = 23; 11.2\%)\); 55 \((26.9\%)\) reported being of Hispanic origin. One hundred eighty-four \((89.8\%)\) identified their sexual orientation as being heterosexual, 18 \((8.9\%)\) identified as homosexual, and 2 \((1.0\%)\)
identified as equally homosexual and heterosexual; 62 (30.2%) indicated that they were in a romantic relationship and 137 (66.8%) said they were single. The mean reported GPA was 3.01 (SD = .69). Regarding year in college there were 64 (31.2%) freshman, 41 (20.0%) sophomores, 50 (24.4%) juniors, 32 seniors (15.6%), and 18 (8.8%) in their fifth year or above. Only 18 (8.8%) reported current or previous military service and 17 (8.3%) indicated that they were, or had been, a member of a social fraternity. M_{gpa} = 3.01 (SD = .69).

Instruments

Demographics. Participants provided information regarding their age, race, year in school, relationship status (i.e., single, married, committed), cumulative grade point average, and whether or not they played on an NCAA athletic team. Additionally, all participants indicated if they had served in the military and/or been a member of a university social fraternity. If they responded “Yes,” they provided information regarding how many months they had been a member and if they lived in the fraternity currently or had in the past. Regarding military service, if yes, they indicated in which branch they served, length of service, previous deployment, and the nature of their deployment (Riggs & Campbell, 2013). The student-athletes also provided information regarding their primary sport, total years of participation in current sport and in college, athletic scholarship status, and playing status.

Athletic identity. The 6-item athletic identity factor from the Athletic and Academic Identity Scale (AAIS; Yukhymenko-Lescroart, 2014) measures the degree to which being an athlete is a central part of one’s sense of self. On items such as “Being proud to be an athlete,” individuals respond on a 6-point scale ranging from 1, (not central to my sense of self) to 6 (very central to my sense of self). Total score is the sum of the individual items; scores can range from 6 (low centrality) to 36 (high centrality). Among male and female college student-athletes,
Yukhynenko-Lescroart (2014) reported an omega coefficient of .93. The scale’s content validity was demonstrated by a scale-level content validity index value of .98; factorial invariance across competitive level and gender, provided additional support for the scale’s validity (Yukhynenko-Lescroart, 2014). In the present study, Cronbach’s alpha was .97.

**Conformity to masculine norms.** The 46-item Conformity to Masculine Norms Inventory (CMNI-46; Parent & Moradi, 2009; Parent, Moradi, Rummell & Tokar, 2011) assesses individuals’ behavioral, cognitive and emotional conformity to dominant masculine norms, including: emotional control (6 items; emotional restriction and suppression), winning (6 items; drive to win), playboy (4 items; desire for multiple or noncommitted sexual relationships), violence (6 items; proclivity for physical violence), self-reliance (5 items; aversion to asking for assistance), risk-taking (5 items; penchant for high risk behaviors), power over women (4 items; perceived control over women), primacy of work (4 items; viewing work as a major focus of life) and heterosexual self-presentation (6 items; aversion to the prospect of being gay, or being thought of as gay). The men responded to each item on a four-point scale, ranging from 0 (strongly disagree) to 3 (strongly agree). An overall total score, as well as a total score for each dimension, is the average of those items; higher scores indicate a greater conformity. Internal consistency reliabilities among male undergraduates and collegiate football players have ranged from .73 to .91 (Parent & Moradi, 2009; Steinfeldt & Steinfeldt, 2012). Previous studies with male undergraduates (e.g., Iwamoto et al., 2011;) and male athletes (e.g., Steinfeldt & Steinfeldt, 2012) have supported the scale’s factor structure. Further, Parent and Moradi (2011) provided support for the scale’s construct validity. In the current study, Cronbach alphas ranged from .72 to .88.
Gender role conflict. The 37-item Gender Role Conflict Scale (GRCS; O’Neil, Helms, Gable, David, & Wrightsman, 1986) measures men’s experience of psychological distress and masculine role conflict as a result of their adherence to restrictive gender roles, including conflict between work and family relations (CBWFR; 6 items; restrictions in balancing work, school, family relations), restrictive and affectionate behavior between men (RABBM; 8 items; restrictions in expressing one’s feelings and thoughts with other men and difficulty touching other men), restrictive emotionality (RE; 10 items; restrictions and fears about expressing one’s feelings), and success, power and competition (SPC; 13 items; personal attitudes about success through competitions and power). The men responded to each item on a six-point scale that ranged from 1 (strongly disagree) to 6 (strongly agree). An overall total score, as well as a total score for each dimension, is the mean of the respective items; higher scores indicate greater levels of conflict. In samples of male undergraduates (Good, Robertson, Fitzgerald, Stevens, & Bartels, 1996) and collegiate athletes (Steinfeldt, Wong et al., 2011) Cronbach’s alphas have ranged from .74 to .89. Extensive validity of the GRCS has been supported through significant correlations with the Brannon Masculinity Scale (e.g., Good et al., 1996), the Male Role Norm Scale (O’Neil, 2008) and the Conformity to Masculine Norms Inventory (Mahalik et al., 2003). In the current study, Cronbach alphas ranged from .82 to .92.

Depression. The 20-item Center for Epidemiological Studies Depression Scale - Revised (CESD-R; Eaton, Smith, Ybarra, Muntaner, & Tien, 2004) measures cognitive, affective, somatic and behavioral symptoms associated with depression. The men indicated the frequency with which they experienced a series of symptoms (e.g., “I was bothered by things that usually don’t bother me”) over the past two weeks on a scale ranging from 0 (rarely or none of the time – less than 1 day) to 4 (nearly every day for 2 weeks). Total score is the sum of the items, and
ranges from 0 (no symptoms) to 60 (high level of symptoms). Among 243 undergraduate students, Van Dam and Earlywine (2011) reported a Cronbach’s alpha of .93. Eaton et al. (2004) have provided extensive information regarding the scale’s reliability and validity. Cronbach’s alpha in the present study was .93.

Alcohol use. The 10-item Alcohol Use Disorders Identification Test (AUDIT; Babor, Higgins-Riddle, Saunders, & Monteiro, 2001) assesses alcohol consumption, drinking behavior/dependence, and alcohol–related problems. Eight items are scored on a 5-point scale, ranging from 0 to 4; terms associated with each point vary based on question. Two items measuring negative consequences associated with alcohol consumption are scored on a 3-point scale including 0 (no), 2 (Yes, but not in the last year), and 4 (Yes, during the last year). Cronbach’s alphas have ranged from .81 among undergraduates (Kokotailo et al., 2004) to .79 among collegiate athletes (Martens, Watson, & Beck, 2006). Extensive data regarding the scale’s validity has been reported (Hays, Merz, & Nicholas, 1995; Kokotailo et al., 2004). Cronbach’s alpha in the current study was .81.

Self-stigma. The 10-item Self-Stigma of Seeking Help (SSOSH; Vogel, Wade, & Haake, 2006) assesses the degree to which individuals view seeking professional psychological help as socially unacceptable. On items such as “I would feel inadequate if I went to a therapist for psychological help,” the men responded from 1 (strongly disagree) to 5 (strongly agree). Total score is the sum of the items and can range from 10 (low stigma) to 50 (high stigma). Cronbach’s alphas have ranged from .71 to .89 in samples of male undergraduates (e.g., Shepard & Rickard, 2012) and collegiate football players (e.g., Steinfeldt & Steinfeldt, 2012). Vogel et al. (2006) provided support for the scale’s validity. Cronbach’s alpha in the present study was .84.
Attitudes toward seeking psychological help. The 10-item Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF; Fischer & Farina, 1995) assesses individuals’ attitudes toward seeking psychological help. On items such as “If I believed I was having a mental breakdown, my first inclination would be to get professional attention,” the men responded from 0 (disagree) to 3 (agree). Total score is the sum of the items and can range from 0 (negative views about seeking help) to 30 (positive views about seeking help). Cronbach’s alphas have ranged from .77 to .84 in samples of male and female undergraduates (e.g., Constantine, 2002; Elhai, Schweinle, & Anderson, 2008; Fischer & Farina, 1995, Komiya, Good, & Sherrod, 2000). The short- and long-forms of the measure correlated significantly (r = .87; Fischer & Farina, 1995). Additionally, higher scores have been inversely related to measures of stigma toward seeking psychological treatment, yet positively related to intentions to seek psychological treatment, and anticipated utility of mental health treatment (Constantine, 2000; Komiya et al., 2000; Vogel, Wester, Wei, & Boysen, 2005). Cronbach’s alpha in the current study was .80.

Intention to seek help. The 17-item Intentions to Seek Counseling Inventory (ISCI; Cash, Begley, McCown, & Weise, 1975; Cepeda-Benito & Short, 1998) assessed participants’ intentions to seek counseling with regard to a variety of problems (e.g., “choosing a major”, “loneliness”, “relationship difficulties”). On a 4-point scale ranging from 1 (very unlikely) to 4 (very likely) the men rated their likelihood of seeking help from a university counseling center if they were experiencing each listed problem. Total score is the sum of scores across the 17 identified problems; higher scores indicate greater likelihood of seeking psychological help. Kelly and Achter (1995) reported a Cronbach’s alpha of .84 with male and female undergraduates. Several studies (Kelly & Achter, 1995; Lannin, Guyl, Vogel, & Madon, 2013;
Vogel et al., 2006) have provided support for the scale’s validity. Cronbach’s alpha in the current study was .93.

Procedure

Prior to data collection, approval from the university’s Institutional Review Board (IRB) for human subjects research was obtained (see Appendix A). Following approval, researchers recruited student-athlete from two different NCAA Division I universities to participate in a study on mental health and help-seeking in male athletes that was funded by a grant from the Association of Applied Sport Psychology (AASP). In team meetings, student-athletes were provided a pen-and-paper version of the consent form and questionnaire to complete (see Appendix D); the questionnaire took roughly 20 minutes to finish. Student-athletes did not provide any identifying information (e.g., name, birthdate) on the questionnaire, and were provided $10.00 as compensation for their participation.

Male nonathletes were recruited through undergraduate psychology classes to participate in a study on mental health and help-seeking in collegiate male athletes and non-athletes. Participants anonymously completed the questionnaires online through a secure website; prior to starting they read the consent form. The questionnaire took 20 minutes to complete. The students received extra course credit for their participation.

Data Analysis

First, data were screened for missing values (Schlomer, Bauman, & Card, 2010); across all the individual questionnaire items, missing values ranged from .2% to 3.8%. Data were found to be missing completely at random. Given the low percentage of missing values per item, mean substitution was used to replace missing data. Next, I examined the distributive properties (i.e., skew, kurtosis, outliers) of continuous measures. Two participants were removed due to extreme
outliers on multiple questionnaires. The distributive properties of continuous variables were approximately normal with the exception of the CESD-R and AUDIT. Consequently, they were transformed using a logarithmic function (Tabachnick & Fiddell, 2007). Finally, the athletes and nonathletes were compared on their athletic identity scores. Consistent with their sport participation status, the athletes \((M=32.34, SD = 4.68)\) reported greater centrality of the athletic role compared to the nonathletes \((M=18.83, SD = 8.98)\), \(t(298.84) = 19.17, p = <.001\).

To test the first hypothesis, I conducted two Multivariate Analyses of Variance (MANOVAs) with sport participation (i.e., athlete vs. non-athlete) as the independent variable (IV). One analysis used CMNI-46 factor scores as dependent variables; GRCS factor scores were used as the dependent variables in the second MANOVA. Follow-up ANOVAs were conducted as needed. Alpha level was set at .01 for all analyses.

For the second hypothesis, I conducted four multiple regressions with the masculinity factors serving as the predictors and either the depression or alcohol measure serving as the criterion. Prior to conducting the regression analyses, I examined the Pearson-product moment correlations between masculinity variables (i.e., CMNI-46 factor scores, GRCS factor scores) and the measures of depression (i.e., CESD-R) and alcohol use (i.e., AUDIT) for the athletes and nonathletes (see Table 3 and Table 4). Masculinity variables that were correlated significantly with CES-D scores or AUDIT scores were used in the regression analyses. The regression analyses were run separately for the athletes and nonathletes. Alpha level was set to .01.

For the third hypothesis I used path analysis to examine the relations of the two masculinity constructs and stigma, attitudes and intentions. I used the MPLUS 6 software package (Muthén & Muthén, 2010) to perform the path analysis, with maximum likelihood (ML) as the estimation procedure. The proposed model (see Figure 1) was tested separately for athletes
and nonathletes. The adequacy of the model was assessed through three fit indices: Comparative Fit Index (CFI; values greater than .95) was used to assess incremental model fit; Root Mean-Square Error of Approximation (RMSEA; values less than .06) and Standardized Root Mean Square Residual (SRMR; values less than .08; Hu & Bentler, 1999) tested absolute fit.

I evaluated the indirect effects between variables using a bootstrapping procedure. Through MPLUS 6, I created 10,000 bootstrap samples of the data, leading to bias-corrected confidence intervals for the indirect effects of model variables (Shrout & Bolger, 2002). Bootstrapping represents a more robust method of assessing indirect effects because it does not require multivariate normality. However, in not requiring normal distributions, the resulting confidence intervals do no provide exact p values; reporting the corresponding 95% confidence intervals conveys significance of indirect effects. For the path analysis, alpha level was at .05.
CHAPTER 3
RESULTS

Effects of Sport Participation

*Conformity to Masculine Norms.* The MANOVA examining hypothesis 1 reached significance for sport participation status, Wilk’s $\lambda F(9, 413) = 31.24$, $p = < .001$, partial $\eta^2 = .41$. Follow-up ANOVAs indicated significant effects for CMNI total score, $F(1,421) = 100.85$, $p = < .001$, partial $\eta^2 = .19$, as well as Winning, $F(1,421) = 200.02$, $p = < .001$, partial $\eta^2 = .32$, Heterosexual Self-Presentation, $F(1,421) = 100.51$, $p = < .001$, partial $\eta^2 = .19$, Power Over Women, $F(1,421) = 87.34$, $p = < .001$, partial $\eta^2 = .17$, and Primacy of Work, $F(1,421) = 14.89$, $p = < .001$, partial $\eta^2 = .03$. For each variable, athletes scored significantly higher than their nonathlete counterparts, indicating stronger endorsement of that norm (see Table 1).

*Gender Role Conflict.* The second MANOVA revealed a significant multivariate effect of sport participation status, Wilk’s $\lambda F(4, 418) = 18.17$, $p = < .001$, partial $\eta^2 = .15$. Follow-up univariate ANOVAs indicated significant group differences in total GRC, $F(1, 421) = 23.27$, $p = < .001$, SPC, $F(1,421) = 51.38$, $p = < .001$, partial $\eta^2 = .11$ and RABBM, $F(1,421) = 20.68$, $p = < .001$, partial $\eta^2 = .05$. In each case, the athletes reported higher scores than their nonathlete counterparts, indicating more overall conflict related to their gender roles, greater emphasis on achieving success through competition, and more restriction of affectionate behavior with other men (see Table 1).

Masculinity and Depression

*Nonathletes.* Pearson product moment correlations between CMNI and GRCS subscales and the transformed nonathlete CESD-R total scores are presented in Table 2. For the regression analysis, only the CMNI and GRCS subscales that had significant bivariate relations with
depression were included. The regression model, which included three predictors, was significant, \( F(3, 199) = 20.27, p = .001, \text{Adj. } R^2 = .234 \). In the full model, the GRCS subscale CBWF \( (\beta = .37, p = <.001) \), as well as the CMNI factors of Self-Reliance \( (\beta = .25, p = <.001) \), were significant predictors of CESD-R scores; the GRCS factor RE \( (\beta = .04, p = .614) \) did not contribute significantly when considered with the other two variables. Nonathlete men who reported experiencing greater conflict between work and family relationships, and were more averse to asking for assistance from others, had higher levels of depressive symptomatology.

**Athletes.** Pearson product moment correlations between CMNI and GRCS subscales and the transformed athlete CESD-R total scores are presented in Table 2. The resulting regression model, which was comprised of three variables, accounted for a significant proportion of variance in depression scores, Adj. \( R^2 = .135, F(3, 216) = 12.14, p = <.001 \). In the full model, only CBWF \( (\beta = .37, p = <.001) \) was a significant predictor of athlete CESD-R scores; both RE \( (\beta = -.02, p = .819) \), and Self-Reliance \( (\beta = .07, p = .326) \) were nonsignificant when considered together. These results suggest that male athletes who indicated experiencing greater conflict between their work and family relationships also reported higher and/or more frequent depressive symptoms.

**Masculinity and Alcohol Use**

**Nonathletes.** Pearson product moment correlations between CMNI and GRCS subscales and the transformed nonathlete AUDIT total scores are presented in Table 2. The resulting regression model, which was comprised of two variables, accounted for a significant proportion of variance in alcohol use scores, Adj. \( R^2 = .206, F(2, 200) = 27.26, p = <.001 \). In the full model, only the CMNI subscale Playboy \( (\beta = .423, p = <.001) \) was a significant predictor of alcohol use; Risk-Taking \( (\beta = .14, p = .031) \) did not reach the .01 level of significance when considered
simultaneously. This finding indicates that nonathlete men who endorse a greater desire for noncommittal sexual activity with multiple partners also reported greater and more frequent alcohol use.

**Athletes.** Pearson product moment correlations between CMNI and GRCS subscales and the transformed athlete AUDIT total scores are presented in Table 2. The resulting regression model, which was comprised of two variables, was significant, Adj. $R^2 = .072$, $F(2, 217) = 9.52$, $p = <.001$. In the full model, both Risk-Taking ($\beta = .20, p = .003$) and Violence ($\beta = .19, p = .004$) were significant predictors of athlete alcohol use. These results suggest that male athletes who reported a tendency to engage in high risk behaviors and indicated a proclivity for physical violence were more likely to use alcohol.

**Masculinity, Self-Stigma, and Help-Seeking**

**Nonathletes.** To evaluate the study’s third hypothesis, path analysis was utilized to explore the relations between masculinity variables (i.e., CMNI and GRC total scores), self-stigma, and help-seeking. Pearson-product moment intercorrelations as well as means and standard deviations for the nonathlete variables are presented in Table 3. The hypothesized model (see Figure 2) demonstrated a good fit with the data, $\chi^2(4, N = 203) = 10.32, p = .035$; CFI = .952; SRMR = .037; RMSEA = .088, 90% CI = .021, .156. CMN ($\beta = .43, SE = .06, p <.001$), but not GRC ($\beta = .05, SE = .72, p = .49$), was a significant predictor of Stigma, accounting for 21% of the variance. As expected, CMN ($\beta = -.27, SE = .07, p = <.001$) and stigma ($\beta = -.36, SE = .06, p = <.001$) had significant negative relations with the nonathletes’ attitudes toward seeking professional help ($R^2 = .29$). Finally, the nonathletes’ Attitudes ($\beta = .24, SE = .07, p = <.001$) were directly related to their intentions to seek counseling, explaining 5% of the variance.
Regarding the variables’ indirect effects, which were obtained through bootstrapping procedures, CMN demonstrated indirect effects on nonathletes’ intentions to seek counseling through both stigma ($\beta = -.04$, $SE = .02$, 95% CI [-.06, -.02]) and attitudes toward help-seeking ($\beta = -.06$, $SE = .03$, 95% CI [-.12, -.01]). Furthermore, stigma had a significant indirect effect on intentions through attitudes toward help-seeking ($\beta = -.14$, $SE = .05$, 95% CI [-.15, -.02]). No other indirect effects were significant.

**Athletes.** Pearson-product moment intercorrelations as well as means and standard deviations for the athlete variables are presented in Table 3. The hypothesized model (see Figure 3) demonstrated a good fit with the data, $\chi^2(4, N = 220) = 7.32$, $p = .11$; CFI = .979; SRMR = .031; RMSEA = .063, 90% CI = .000, .132. CMN ($\beta = .36$, $SE = .07$, $p < .001$), but not GRC ($\beta = .09$, $SE = .07$, $p = .167$), was significantly associated with stigma and accounted for 16% of the variance. Similarly, both stigma ($\beta = -.43$, $SE = .05$, $p < .001$) and CMN ($\beta = -.31$, $SE = .06$, $p < .001$) demonstrated significant relations with athletes’ negative attitudes toward help-seeking, explaining 38% of the variance. Attitudes toward help-seeking, in turn, was a significant predictor of intentions to seek counseling ($\beta = .29$, $SE = .06$, $p < .001$) and accounted for 8% of the variance.

Concerning variable’s indirect effects, which were obtained through bootstrapping procedures, CMN demonstrated significant indirect effects on intentions to seek counseling through its associations with both stigma ($\beta = -.04$, $SE = .02$, 95% CI [-.08, -.01]), and attitudes toward help seeking ($\beta = -.09$, $SE = .03$, 95% CI [-.14, -.04]). Additionally, stigma was also found to have a significant indirect effect on intentions to seek counseling through attitudes toward help-seeking, ($\beta = -.13$, $SE = .03$, 95% CI [-.20, -.05]). No other indirect effects were significant.
CHAPTER 4
DISCUSSION

Sport Participation and Masculinity

The male athletes endorsed greater overall CMN and GRC than the nonathletes, offering empirical support for the theoretical conceptualization of sport as an environment where traditional masculine norms are taught, enacted and reinforced (Messner, 1992; Sabo, 1990). Organized sport is a domain in which competition establishes a physical and social hierarchy, particularly for men (Messner, 1992). Thus, when men compete for status (e.g., playing time) and resources (e.g., athletic scholarships) within environments that reinforce hegemonic masculinity (i.e., sport), greater adherence to masculine norms may serve as a means to elevate themselves and/or devalue others. For example, male athletes who conform to risk-taking and self-reliance norms by playing despite physical injury may be lauded by spectators, coaches, and teammates as “tough” or “intense,” thus elevating their status.

As hypothesized, athletes, compared to nonathletes, reported greater emphasis on winning and achieving success through competition. The sport environment is inherently competitive; athletes and teams want to perform at their best and beat their opponents. Theoretically, being immersed in sport may lead athletes to adopt values that equate success with winning, which serves to validate their masculinity (Harris, 1995; Messner, 1990a). Furthermore, their desire to compete (and win) has likely been reinforced tangibly (e.g., awards) and intangibly (e.g., higher social status, praise). Thus, playing sports, particularly from adolescence through college, serves as a powerful socialization experience about competition and winning. Boys and men who do not adequately conform to these norms may be stigmatized (e.g.,
ostracized by teammates), receive fewer rewards (e.g., loss of playing time), and/or be discouraged from participation altogether.

Male athletes’ tendency to be less affectionate with men as well as their need to present themselves as heterosexual may reflect homophobic attitudes that exist within the sport environment (Anderson, 2002; Messner, 1992). Verbal and/or behavioral expression of affection between men is frequently associated with homosexuality, leading some male athletes to outwardly deny any sexual component within their male relationships (e.g., use of the phrase “No homo” after an expression of affection; Kimmel & Messner, 2001). Male athletes also endorse negative attitudes toward gay men, view homosexuality as reflecting weakness, and use homophobic epithets to degrade opponents (Anderson, 2005; Muir & Seitz, 2004; Roper & Holloran, 2007). Thus, male athletes’ tendency to limit their expressions of affection and care may reflect their desire to present themselves as heterosexual in order to avoid or minimize potential negative perceptions from, or reactions by, teammates (e.g., isolation, stigmatization; Anderson, 2005). In fact, Pronger (1990) coined the term “heteromasculinity” to reflect male athletes’ desires to overtly present themselves as both masculine and heterosexual and thus gain acceptance in team-based sport environments.

Inconsistent with my hypotheses, the two groups did not differ on the norms of self-reliance, emotional control, and restricted emotionality. Researchers have argued that sport reinforces strict adherence to emotional stoicism and does not value help-seeking (Curry, 1991; Mahalik & Addis, 2003; Messner, 1995; Sabo, 1992). Yet, messages about being self-reliant and able to control emotions may be such an entrenched part of the general socialization process for men that they represent universal, shared experiences within Western societies, so much so that being a part of the sport environment does not add appreciably to the development of these
norms. In fact, explicit and implicit messages regarding emotional control and aversion to seeking help are among the most prominent and earliest ones boys receive (e.g., Chaplin, Cole, & Zahn-Waxler, 2005; Cole, Zahn-Waxler, & Smith, 1994).

Masculinity and Depression

As hypothesized, masculinity variables (i.e., CBFWR, self-reliance, RE) were associated with depression for both the athletes and nonathletes, which is consistent with previous literature (e.g., Blazina & Watkins, 1996; Good & Wood, 1995; Mahalik et al., 2003). Conflict between work and family relations was a significant predictor of depressive symptomology in both the athletes and nonathletes, suggesting that, independent of sport participation, men who prioritize work or school over other aspects of life report greater depressive symptomology (e.g., Mahalik & Cournoyer, 2000; Sharpe & Heppner, 1991). By prioritizing work, men may focus less on self-care or fostering the interpersonal relationships and social support that could buffer the negative effects of stress (Cohen & Willis, 1985; Lakey & Cronin, 2008; Thoits, 1985). Athletes’ risk, however, may be particularly due to a lack of time spent in self-care. Athletes have significant time restrictions and often are expected by coaches to make sport their top priority; a “more is better” mentality characteristic of the sport environment (Cosh & Tully, 2013). Thus, athletes are expected to spend most of their time devoted to their sports, pushing themselves physically and psychologically no matter the personal cost. The National Collegiate Athletic Association (NCAA) appears to be aware of how such pressures likely influences athletes’ mental health, identifying better management and prioritization of time as possible solutions (NCAA, 2014).

Restricted emotionality was associated with depressive symptomology at the bivariate level, but was not significant in the regression analysis. This finding contradicts research that has
supported robust relations between these variables (see O’Neil, 2008), though most of these studies considered gender role conflict independent of gendered role conformity. In my study, RE was associated with both CBFWR and self-reliance in both groups of men, suggesting a degree of social disconnection, either as a result of prioritizing other aspects of one’s life (e.g., school/work) or difficulty reaching out to others. However, in comparison to RE, self-reliance and CBWFR may represent more pervasive social disengagement (e.g., aversion to seeking any help vs. difficulty seeking emotional support), and thus be more salient in understanding men’s depressive symptomatology.

These variables, however, explained greater variance in the depressive symptomology of the nonathletes than the athletes (23.4% vs. 13.5%), indicating that masculinity may be more salient with respect to their experience of depression. Because male athletes are thought to embody societal definitions of masculinity and are immersed in hyper-masculine environments (Messner, 1992), they may perceive fewer threats to their masculine identity. However, the competitive nature of the sport environment, in which men are in constant competition for status and resources, may offer unique threats that affect athletes’ athletic identity and self-concept. Thus, for athletes, sport stressors, such as increased time constraints, physical pain, performance decrements, and/or recent athletic injury, may be particularly influential in their experience of depression (Brewer, 2001; Etzel, Waton, Visek, & Maniar, 2006; Hammond, Gialloreto, Kubas, & Davis, 2013; Yang et al., 2007). To clarify their influences, future studies should explore masculinity’s contribution to depressive symptomology relative to sport-specific stressors and coping resources.
Masculinity and Alcohol Use

As hypothesized, masculinity variables predicted alcohol use in the nonathletes ($R^2 = .21$) and athletes ($R^2 = .07$). This difference in explained variance may be due to the unique ways that athletes and nonathletes demonstrate their masculinity. Specifically, alcohol use and sport participation have traditionally been viewed as overt symbols of masculinity, such that drinking in excess (Lemle & Mishkind, 1989; Young, Morales, McCabe, Boyd, & D’Arcy, 2005) or participating at higher competitive sport levels (Messner, 1992) are associated with being more of a “man.” Thus, for nonathletes drinking may serve as a primary avenue for demonstrating their masculinity to others, whereas athletes’ manliness is perceived through their sport accomplishments, making alcohol consumption as less salient feature in their gender identity.

For nonathletes, only the norm of being sexually promiscuous significantly predicted alcohol use. For men who desire multiple sexual partners, alcohol use and social drinking activities may facilitate their advances and/or provide opportunities to engage in sexual manipulation that ultimately leads to more sex (Johnson & Sheets, 2004; Zamboanga, Iwamoto, Pesigan, & Tomaso, 2015). Iwamoto and Smiler (2013), however, found that the relation between adolescent’s sexual promiscuity and alcohol use was partially mediated by peer pressure. Similar to previous researchers (e.g., Mahalik et al., 2003; Smiler, 2012), they argued that men’s desire for multiple sexual partners represents a heightened desire to “prove” their masculinity, which suggests men are concerned with the perceptions of their friends (i.e., peer pressure). It would then make sense that when immersed in environments where alcohol use is common (e.g., college campuses), male nonathletes endorsing conformity in this domain may engage in greater alcohol use to “prove” their masculinity and, in part, be viewed positively by their peers.
Concerning the athletes, engaging in risky behaviors and a greater endorsement of violence were significantly associated with alcohol use, which is consistent with previous studies that have reported connections between episodes of heavy episodic drinking and violence (e.g., Leichliter, Meilman, & Presley, 1998; Martens, Cox, & Beck, 2003; Sonderlund et al., 2014). Relations between alcohol use and violence may be particularly relevant for team sport athletes (e.g., football), where peer pressures and the desire to bond and socialize with teammates may make these behaviors seem more acceptable (and “masculine;” Dunning, 1986; Brenner & Swanik, 2007). Furthermore, sport environments may promote these norms’ acceptability by rewarding athletes who take physical (e.g., playing despite pain) and sport-related (e.g., attempting a difficult play) risks and elevating male athletes who demonstrate aggression during competitions (Curry, 1998; Messner, 1990; Pappas, McKenry, & Carlett, 2004; Sabo, 1992). Yet, given the small amount of variance accounted for by these variables, masculinity clearly is not the only salient factor influencing athletes’ alcohol use. For instance, Martens et al. (2011) found that sport specific drinking motives (e.g., drinking following victories) accounted for 19% of the variance in athletes’ alcohol use after controlling for general drinking motives (e.g., coping, pleasure). Thus, to better understand athletes’ alcohol use, researchers might consider their masculinity in relation to their motives for drinking.

Masculinity, Self-Stigma, and Help-Seeking

For both groups of men, CMN was associated with greater self-stigma and less favorable attitudes toward help-seeking, which is consistent with previous studies of racially diverse male nonathletes (Levant et al., 2009; Vogel et al., 2011). Further, the men’s conformity to masculine norms were related, indirectly through their effects on stigma and help-seeking attitudes, to having lower intentions to seek mental health assistance in the future. Both athletes and
nonathletes who indicated greater conformity to masculine norms endorsed fewer intentions to seek counseling as a result of increased self-stigma and more negative attitudes toward help-seeking. Although slight differences in variance explained were noted across the two samples, masculinity’s relation to help-seeking intentions was similar. These findings suggest that exposure to sport environments does not exert a unique influence on the way(s) in which masculinity relates to men’s help-seeking attitudes and intentions, pointing to a robust influence of general masculine socialization processes.

Although previous research (e.g., Shepard & Rickard, 2012; Steinfeldt et al., 2009) has reported significant relations between GRC and self-stigma as well as mediational effects of GRC on help-seeking attitudes in nonathlete college-aged men (e.g., Pederson & Vogel, 2007), it was not directly or indirectly associated with the athletes’ or nonathletes’ help-seeking. These studies (e.g., Shepard & Rickard, 2012; Steinfeldt et al., 2009), however, did not examine GRC in conjunction with CMN. In one study that did, Levant et al. (2009) found that only CMN contributed uniquely to the variance in men’s attitudes toward help-seeking. Taken together, masculinity’s influence on men’s help-seeking may be best understood through norm conformity, as opposed to the conflict they experience from following traditional gender roles.

The process of seeking help is frequently viewed as incongruent with traditional masculine norms related to independence, stoicism, and a sense of control. By seeking help from others, men are inherently acknowledging their difficulties and the inability to manage these difficulties independently, characteristics that are commonly associated with weakness and femininity. Thus, in considering to seek help, men are confronted with the decision to not seek help and preserve their masculine identity despite potential negative consequences (e.g., exacerbation of
difficulties), or seek help that may result in social or personal devaluation (e.g., being viewed as weak; Addis & Mahalik, 2003; Courtenay, 2000).

Consistent with extant literature (Vogel & Pederson, 2007; Vogel et al., 2011; Vogel, Wade, & Haake, 2006), self-stigma mediated the relations between men’s conformity to masculine norms and their attitudes toward help-seeking, such that more self-stigma was associated with poorer attitudes. Further, stigma’s effects extended all the way to the men’s intentions to seek counseling, lowering the likelihood that they would seek services. Given that the process of help-seeking is seen by many men as incongruent with masculine norms, men who endorse greater conformity may view themselves as unacceptable (i.e., experience self-stigma) as a result of engaging in help-seeking behaviors (i.e., violating masculine norms). Thus, to avoid such dissonance, men may adopt less favorable attitudes toward help-seeking and endorse fewer intentions to seek counseling. Doing so allows them to preserve a positive sense of their masculine selves and thus minimize threats to self-worth. Even though previous studies have found that athletes, in comparison to nonathletes, perceive greater stigmatization as a result of seeking psychological services and express being less willing to endure the stigma associated with seeking-help (Linder, Brewer, Van Raalte, & Delange, 1991; Linder, Pillow, & Reno, 1989; Van Raatle, Brewer, Brewer, & Linder, 1992), stigma’s relation to attitudes and intentions were relatively similar across the two samples. Although athletes may be particularly sensitive to stigmatization, the current findings underscore the pervasiveness of societal messages regarding the unacceptability of help-seeking that all men receive, irrespective of their involvement in sport. In receiving these messages, men (and boys) are both overtly and covertly dissuaded from seeking assistance from others in order to establish and/or uphold their masculine status and retain a societally-sanctioned view of self.
Limitations, Implications, and Future Research

The current study had several limitations that warrant discussion. First, data were based on self-report and were collected at a single point in time. Thus, the potential for response bias existed as did the inability to determine temporality among the variables. Even so, surveys were completed anonymously and the relations among the variables were as expected based on theory and previous research. Second, because athlete data were collected at only two NCAA Division I institutions, generalizability is an issue. In future studies, researchers might consider sampling from schools in different regions of the U.S. and examining how men’s masculinity norms and their willingness to seek help might change over the course of their tenure in college. Third, although significant, the masculinity variables accounted for relatively small amounts of the variance in the men’s depressive symptoms (i.e., 14% to 24%), alcohol use (i.e., 7% to 21%) and intentions to seek help (i.e., 5% to 8%). Future studies will need to consider other variables, such as time constraints, group-specific norms, perceived social support, and medical concerns (e.g., chronic pain) that also may play a role in better determining men’s mental health and willingness to seek help.

Given the pervasive sense of stigma associated with men’s help-seeking and its relation to men having a negative attitude about psychological help, clinicians should acknowledge these challenges and reinforce their clients’ decisions to seek help (e.g., commenting on courage associated with their attendance). Additionally, mental health professionals working with college-aged male athletes and nonathletes suffering from depression may wish to explore how they are balancing work responsibilities with having positive, supportive relationships and engaging in sufficient self-care. In doing so, professionals can collaborate with their clients to identify ways to develop more balance in these areas and thus more social support in their lives.
Concerning substance use, clinicians may wish to explore ways in which client’s can develop more flexible, healthier ways to enact their gender or gain acceptance from others. For example, clinicians may explore with their clients situations or contexts where masculine conformity may be beneficial and instances where it may be detrimental. The use of men only psychotherapy or support groups may be especially valuable in this aim by offering a safe and supportive environment in which they can explore the influence of societal masculine messages as well as learn and practice new ways of connecting with others.

A primary finding from my study was that CMN, but not GRC, influenced men’s help-seeking attitudes and intentions, regardless of their involvement in sport. Thus, programming at colleges and universities may target men who endorse greater conformity and focus on increasing flexibility in their adherence to masculine norms to destigmatize help-seeking and foster positive attitudes toward psychological services. Such programs may focus on identifying the contexts in which conformity may (e.g., emotional control in sport) or may not (e.g., emotional control in interpersonal relationships) be advantageous in order to help men better understand the complex relations between masculine conformity and its potential consequences. By increasing this understanding, men may be able to develop more flexible and patterns of conformity and make help-seeking a more viable options for men experiencing challenges.

Summary

This study expanded extant theoretical and empirical literature by exploring the intersections of sport, masculinity, and mental health. As hypothesized, male athletes endorsed greater CMN and GRC than nonathletes, suggesting that sport represents an influential masculine socializing environment. Masculinity variables also predicted depression and substance use for both athletes and nonathletes, though relations were stronger for the latter. In
regard to help-seeking, CMN, but not GRC, was associated with less favorable attitudes toward help-seeking and self-stigma; CMN also had indirect effects on intentions to seek counseling through self-stigma and attitudes toward help-seeking. The relations to intentions to seek help were consistent for both athletes and nonathletes, underscoring the pervasive nature of general societal messages regarding men seeking help.
Table 1.

Means and Standard Deviations of CMNI and GRCS Total and Factor Scores

<table>
<thead>
<tr>
<th>Variables</th>
<th>Athletes</th>
<th>Nonathletes</th>
<th>F-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMNI</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emotional Control</td>
<td>1.59 (.54)</td>
<td>1.51 (.67)</td>
<td>1.88</td>
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<tr>
<td>Winning</td>
<td>2.28 (.49)</td>
<td>1.53 (.60)</td>
<td>200.02*</td>
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<td>Playboy</td>
<td>1.26 (.67)</td>
<td>1.14 (.67)</td>
<td>3.30</td>
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<td>Violence</td>
<td>1.87 (.51)</td>
<td>1.79 (.63)</td>
<td>1.81</td>
</tr>
<tr>
<td>Self-Reliance</td>
<td>1.32 (.51)</td>
<td>1.43 (.60)</td>
<td>4.63</td>
</tr>
<tr>
<td>Risk-Taking</td>
<td>1.50 (.44)</td>
<td>1.38 (.51)</td>
<td>5.88</td>
</tr>
<tr>
<td>Power Over Women</td>
<td>1.21 (.48)</td>
<td>.75 (.55)</td>
<td>87.34*</td>
</tr>
<tr>
<td>Primacy of Work</td>
<td>1.57 (.51)</td>
<td>1.37 (.56)</td>
<td>14.89*</td>
</tr>
<tr>
<td>Heterosexual Self-Presentation</td>
<td>1.90 (.64)</td>
<td>1.26 (.67)</td>
<td>100.51*</td>
</tr>
<tr>
<td>CMNI Total</td>
<td>1.65 (.26)</td>
<td>1.38(29)</td>
<td>100.85*</td>
</tr>
<tr>
<td>GRCS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>RE</td>
<td>3.39 (.95)</td>
<td>3.24 (1.00)</td>
<td>.90</td>
</tr>
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<td>RABBM</td>
<td>3.39 (1.07)</td>
<td>2.92 (1.08)</td>
<td>20.69*</td>
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<tr>
<td>SPC</td>
<td>4.38 (.79)</td>
<td>3.79 (.88)</td>
<td>51.38*</td>
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<td>CBWFR</td>
<td>3.61 (.96)</td>
<td>3.59 (1.05)</td>
<td>.04</td>
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<tr>
<td>GRC Total</td>
<td>3.76 (.69)</td>
<td>3.42 (.74)</td>
<td>23.27*</td>
</tr>
</tbody>
</table>

Note. CMNI = Conformity to Masculine Norms Inventory-46. GRCS = Gender Role Conflict Scale. RE = Restricted Emotionality, RABBM = Restricted Affectionate Behavior Between Men, SPC = Success, Power, and Competition, CBWFR = Conflict Between Work and Family Relations. CMNI total and factor scores are represented as mean of items; scores range from 0, low conformity to 3, high conformity. GRCS total and factor scores are represented as mean of items; scores range from 1, low conflict to 6, high conflict. Results yielded a significant multivariate effect of athletic participation status on CMNI scores Wilk’s $\lambda F(9, 413) = 31.24, p = <.001$; partial $\eta^2 = .41$, and GRCS scores, Wilk’s $\lambda F(4, 418) = 18.17, p = <.001$partial $\eta^2 = .15$. Bonferoni-adjusted significance levels were used to account for multiple univariate group mean comparisons.

* $p = <.01$
### Table 2.

**Intercorrelation Matrix of Masculinity Variables, Alcohol Use, and Depression**

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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<th>10</th>
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<th>12</th>
<th>13</th>
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</thead>
<tbody>
<tr>
<td>1. EC</td>
<td>-</td>
<td>.13</td>
<td>.26</td>
<td>.07</td>
<td>.42</td>
<td>.01</td>
<td>.23</td>
<td>.11</td>
<td>.16</td>
<td>.55</td>
<td>.25</td>
<td>.19</td>
<td>.15</td>
<td>.05</td>
<td>.02</td>
</tr>
<tr>
<td>2. Win</td>
<td>.21</td>
<td>-</td>
<td>.09</td>
<td>.20</td>
<td>.09</td>
<td>.17</td>
<td>.14</td>
<td>.15</td>
<td>.36</td>
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<td>.12</td>
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<td>-.12</td>
</tr>
<tr>
<td>3. Play</td>
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<td>.14</td>
<td>-</td>
<td>.05</td>
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<td>.18</td>
<td>.15</td>
<td>.09</td>
<td>.10</td>
<td>.02</td>
<td>.16</td>
<td>.07</td>
</tr>
<tr>
<td>4. Violence</td>
<td>.13</td>
<td>.13</td>
<td>.11</td>
<td>-</td>
<td>.15</td>
<td>.09</td>
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<td>.00</td>
<td>.23</td>
<td>.06</td>
<td>.21</td>
<td>-.01</td>
</tr>
<tr>
<td>5. S-R</td>
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<td>.10</td>
<td>.02</td>
<td>.05</td>
<td>-</td>
<td>.12</td>
<td>.16</td>
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<td>.12</td>
<td>.32</td>
<td>.08</td>
<td>.13</td>
<td>.32</td>
<td>.12</td>
<td>.18</td>
</tr>
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<td>6. R-T</td>
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<td>.08</td>
<td>.14</td>
<td>.17</td>
<td>-.03</td>
<td>-</td>
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<td>-.04</td>
<td>-.04</td>
<td>.06</td>
<td>-.02</td>
<td>.21</td>
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<td>7. PoW</td>
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<td>.14</td>
<td>.04</td>
<td>.26</td>
<td>-</td>
<td>.07</td>
<td>.33</td>
<td>.17</td>
<td>.19</td>
<td>.18</td>
<td>.09</td>
<td>.01</td>
<td>.07</td>
</tr>
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<td>.11</td>
<td>.07</td>
<td>-.08</td>
<td>.02</td>
<td>.11</td>
<td>.17</td>
<td>-</td>
<td>.10</td>
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<td>.16</td>
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<td>-.10</td>
<td>-.00</td>
</tr>
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<td>9. Hetero SP</td>
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<td>-.08</td>
<td>.24</td>
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<td>.03</td>
<td>.55</td>
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<td>-</td>
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<td>-.00</td>
<td>-.06</td>
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<td>10. RE</td>
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<td>.25</td>
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<td>-</td>
<td>.46</td>
<td>.41</td>
<td>.47</td>
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<td>11. RABBM</td>
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<td>.12</td>
<td>.07</td>
<td>.15</td>
<td>.10</td>
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<td>.42</td>
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<td>.52</td>
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<td>-</td>
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<td>12. SPC</td>
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<td>-.00</td>
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<td>.11</td>
</tr>
<tr>
<td>13. CBWFR</td>
<td>.11</td>
<td>.07</td>
<td>.10</td>
<td>-.14</td>
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<td>.08</td>
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<td>15. Depression</td>
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<td>.03</td>
<td>.15</td>
<td>.42</td>
<td>.19</td>
<td>-</td>
</tr>
</tbody>
</table>

**Note.** EC = CMNI Emotional Control subscale; Win = CMNI Winning subscale; Play = CMNI Playboy subscale; Violence = CMNI Violence subscale; S-R = CMNI Self-Reliance subscale; R-T = CMNI Risk-Taking subscale; PoW = CMNI Power over Women subscale; Work = CMNI Primacy of Work subscale; Hetero SP = CMNI Heterosexual Self-Presentation subscale; RE = GRCS Restricted Emotionality; RABBM = GRCS Restriction Affection Behavior Between Men; SPC = GRCS Success, Power, and Competition; CBWFR = GRCS Conflict Between Work and Family Relations; Alcohol = transformed AUDIT total score; Depression = transformed CESD-R total score. Correlations for the nonathlete sample (N = 203) are displayed below the diagonal; nonathlete correlations from .19 to .24 are significant p = <.01; correlations at .25 or above are significant at p = <.001. Correlations for the athlete sample (N = 220) are displayed above the diagonal; athlete correlations from .18 to .24 are significant p = <.01; correlations at .25 or above are significant at p = <.001.
Table 3.

Descriptive Statistics and Intercorrelation Matrix of Model Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
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<th>5</th>
<th>M</th>
<th>SD</th>
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<td>6.79</td>
<td>5.51</td>
<td>11.03</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Note. Conformity to Masculine Norms = Conformity to Masculine Norms-46; Gender Role Conflict = Gender Role Conflict Scale; Stigma = Self-Stigma of Seeking Psychological Help scale; Attitudes = Attitudes Toward Seeking Professional Psychological Help Scale – Short Form; Intentions = Intentions to Seek Counseling Inventory. CMNI total and factor scores are represented as mean of items; scores range from 0, low conformity to 3, high conformity. GRCS total and factor scores are represented as mean of items; scores range from 1, low conflict to 6, high conflict. Correlations for the nonathlete sample (N = 203) are displayed below the diagonal; nonathlete correlations from .19 to .24 are significant p = <.01; correlations at .25 or above are significant at p = <.001. Correlations for the athlete sample (N = 220) are displayed above the diagonal; athlete correlations at .25 or above are significant at p = <.001.
Figure 1.

Hypothesized Structural Model.

Note. Conformity to Masculine Norms = Conformity to Masculine Norms Inventory-46; Gender Role Conflict = Gender Role Conflict Scale; Stigma = Self-Stigma of Seeking Help scale; Attitudes Toward Help-Seeking = Attitude Toward Seeking Professional Psychological Help Scale – Short Form; Intentions to Seek Counseling = Intentions to Seek Counseling Inventory.
Figure 2.

Observed Structural Model (Nonathletes)

Note. Conformity to Masculine Norms = Mean of Conformity to Masculine Norms Inventory–46 items; Gender Role Conflict = Mean of Gender Role Conflict Scale items; Stigma = Total score of Self-Stigma of Seeking Help scale; Attitudes = Total score of the Attitude Toward Seeking Professional Psychological Help Scale – Short Form; Intentions = Total score of Intentions to Seek Counseling Inventory. Test of the hypothesized structural model resulted in an adequate fit with the data, $\chi^2(4, N = 203) = 10.32, p = .035; CFI = .952; SRMR = .037; RMSEA = .088, 90\% CI = .021, .156.$

* $p < .05$. ** $p < .01$. *** $p < .001$
Figure 3.

Observed Structural Model (Athletes)

Note. Conformity to Masculine Norms = Mean of Conformity to Masculine Norms Inventory-46 items; Gender Role Conflict = Mean of Gender Role Conflict Scale items; Stigma = Total score of Self-Stigma of Seeking Help scale; Attitudes = Total score of the Attitude Toward Seeking Professional Psychological Help Scale – Short Form; Intentions = Total score of Intentions to Seek Counseling Inventory. Test of the proposed structural model resulted in a good fit with the data, $\chi^2(4, N = 220) = 7.32, p = .11; CFI = .979; SRMR = .031; RMSEA = .063, 90\% CI = .000, .132$.

* $p = <.05$. ** $p = <.01$. *** $p = <.00$
APPENDIX A
IRB APPROVAL
March 23, 2015

Dr. Trent A. Petrie  
Department of Psychology  
University of North Texas  

Re: Human Subjects Application No. 15-073

Dear Dr. Petrie:

As permitted by federal law and regulations governing the use of human subjects in research projects (45 CFR 46), the UNT Institutional Review Board has reviewed your proposed project titled “Psychological Well-Being and the Help Seeking Attitudes and Behaviors of Male and Female Collegiate Athletes: A Preliminary Longitudinal Investigation of Psychosocial Risk Factors.” The risks inherent in this research are minimal, and the potential benefits to the subject outweigh those risks. The submitted protocol is hereby approved for the use of human subjects in this study. **Federal Policy 45 CFR 46.109(e) stipulates that IRB approval is for one year only, March 23, 2015 to March 22, 2016.**

Enclosed are the consent documents with stamped IRB approval. Please copy and use this form only for your study subjects.

It is your responsibility according to U.S. Department of Health and Human Services regulations to submit annual and terminal progress reports to the IRB for this project. The IRB must also review this project prior to any modifications.

Please contact Jordan Harmon, Research Compliance Analyst II at 940-565-4258, if you wish to make changes or need additional information.

Sincerely,

Chad Triulson, Ph.D.  
Professor  
Chair, Institutional Review Board

CT: jh
APPENDIX B
INFORMED CONSENTS
Informed Consent Form (Nonathletes)

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** Psychological Well-Being and the Help Seeking Attitudes and Behaviors of Male and Female Collegiate Athletes: A Preliminary Longitudinal Investigation of Psychosocial Risk Factors

**Investigator:** Trent A. Petrie, Ph.D., University of North Texas (UNT) Department of Psychology.

**Purpose of the Study:** You are being asked to participate in the first phase of a longitudinal research study that is designed to determine how multiple biological (e.g., sleep patterns), social (e.g., social support), and psychological (e.g., gender roles) factors may influence individual’s psychological well-being. Furthermore, we are interested in determining how these factors may influence individuals’ attitudes toward seeking help for psychological concerns (e.g., depression) and their previous experience in seeking such professional psychological help.

**Study Procedures:** For this study, you will be asked to complete several questionnaires that are designed to assess attitudes, beliefs and experiences about your psychological well-being and help-seeking behaviors. You also will be asked to provide contact information (i.e., permanent email and phone number) because you may be asked to participate in follow-up studies related to these issues in the future. It will take approximately 40 minutes to complete the questionnaires.

**Foreseeable Risks:** The potential risks involved in this study are minimal. You may experience some psychological discomfort answering some of the questions that are personal in nature.

**Benefits to the Subjects or Others:** This study is not expected to be of any direct benefit to you, but we hope to learn more about how a variety of psychological, biological and social factors may influence the psychological health and well-being of student-athletes. Furthermore, we hope to determine these factors may enhance or hinder individuals’ psychological help-seeking behavior. Such information is important for developing effective psychological programming to improve the psychological well-being of college students and increase the likelihood that they will seek help for any psychological concerns they have.

**Compensation for Participants:** You will receive extra credit that can be applied to applicable courses at the University of North Texas as compensation for your participation. Non-research extra-credit will also be available to students who chose not to participate that is equivalent to the amount of time and effort that is required to participate this study.

**Procedures for Maintaining Confidentiality of Research Records:** Upon beginning the study, you will be assigned a unique identification number that will be associated with your questionnaire responses; your name will not be associated directly with your responses on the questionnaires as all identifying information will be kept separate from survey results. Data collected from this study only will be reported in the aggregate with no names or identifying information associated with them. Thus, the confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

**Questions about the Study:** If you have any questions about the study, you may contact Dr. Trent Petrie at Trent.Petrie@unt.edu
Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants’ Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Dr. Trent Petrie (or one of his designates) has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- Your decision whether to participate or to withdraw from the study will have no effect on your standing as an athlete at your university.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you may receive a copy of this form upon request.

________________________
Printed Name of Participant

________________________  ____________
Signature of Participant Date

For the Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

________________________  ____________
Signature of Investigator or Designee Date
Title of Study: Psychological Well-Being and the Help Seeking Attitudes and Behaviors of Male and Female Collegiate Athletes: A Preliminary Longitudinal Investigation of Psychosocial Risk Factors

Investigator: Trent A. Petrie, Ph.D., University of North Texas (UNT) Department of Psychology.

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Study Procedures: For this study, you will be asked to complete several questionnaires that are designed to assess attitudes, beliefs and experiences about your psychological well-being and help-seeking behaviors. You also will be asked to provide contact information (i.e., permanent email and phone number) because you may be asked to participate in follow-up studies related to these issues in the future. It will take approximately 40 minutes to complete the questionnaires.

Foreseeable Risks: The potential risks involved in this study are minimal. You may experience some psychological discomfort answering some of the questions that are personal in nature.

Benefits to the Subjects or Others: This study is not expected to be of any direct benefit to you, but we hope to learn more about how a variety of psychological, biological and social factors may influence the psychological health and well-being of student-athletes. Furthermore, we hope to determine these factors may enhance or hinder individuals’ psychological help-seeking behavior. Such information is important for developing effective psychological programming to improve the psychological well-being of college students and increase the likelihood that they will seek help for any psychological concerns they have.

Compensation for Participants: You will receive $10 cash payment following the completion of the questionnaires.

Procedures for Maintaining Confidentiality of Research Records: Upon beginning the study, you will be assigned a unique identification number that will be associated with your questionnaire responses; your name will not be associated directly with your responses on the questionnaires. Data collected from this study only will be reported in the aggregate with no names or identifying information associated with them. Thus, the confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

Questions about the Study: If you have any questions about the study, you may contact Dr. Trent Petrie at Trent.Petrie@unt.edu
**Review for the Protection of Participants:** This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

**Research Participants’ Rights:**

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Dr. Trent Petrie (or one of his designates) has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- Your decision whether to participate or to withdraw from the study will have no effect on your standing as an athlete at your university.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you may receive a copy of this form upon request.

______________________________
Printed Name of Participant

______________________________ Date
Signature of Participant

---

For the Investigator or Designee:

I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

______________________________ Date
Signature of Investigator or Designee
Demographic Questionnaire
Please answer the following questions honestly. There are no “right” or “wrong” answers, so just do the best that you can.

Background Information

1. Age: ______

2. Race:
   ____ White
   ____ Black/African American
   ____ American Indian/Native Alaskan
   ____ Chinese
   ____ Vietnamese
   ____ Samoan
   ____ Multiracial
   ____ Other: ____________________________

3. Are you of Hispanic, Latino or Spanish origin?
   ____ No, not of Hispanic, Latino, or Spanish origin
   ____ Yes, Mexican, Mexican American, Chicano
   ____ Yes, Puetro Rican
   ____ Yes, Cuban
   ____ Other

4. Relationship status:
   ____ Single (Never married)
   ____ Married
   ____ Cohabiting
   ____ Separated
   ____ Committed relationship
   ____ Divorced

5. Please check the statement that best describes your sexual orientation.
   ____ Exclusively heterosexual
   ____ Predominately heterosexual, only incidentally homosexual
   ____ Predominately heterosexual, but more than incidentally homosexual
   ____ Equally heterosexual and homosexual
   ____ Predominately homosexual, but more than incidentally heterosexual
   ____ Predominately homosexual, only incidentally heterosexual
   ____ Exclusively homosexual

6. Current year in college:
   ____ 1st
   ____ 2nd
   ____ 3rd
   ____ 4th
   ____ 5th Year or above

<table>
<thead>
<tr>
<th>Masculine Environments</th>
</tr>
</thead>
</table>

8. Are you currently a member of a social fraternity?
   ____ Yes
   ____ No

**If you answered NO to #8, please skip to question #12.**

9. For how many months have you been a member of your current fraternity? _______

10. Do you currently live in your fraternity house?
    ____ Yes
    ____ No
    ____ No, there is no option to live at my fraternity house at my college/university

11. Have you ever lived in your fraternity house?
    ____ Yes
    ____ No
    ____ No, there was no option to live at my fraternity house at my college/university

<table>
<thead>
<tr>
<th>Sport Participation Status</th>
</tr>
</thead>
</table>

12. Did you participate as a part a NCAA sponsored varsity sport at your current college/university within the last year?
    ____ Yes
    ____ No

13. Have you ever participated as a part a NCAA sponsored varsity sport at your college/university?
    ____ Yes
    ____ No
Athletic Participation Information

14. In what primary sport do you/did you participate?
   _____ Cross Country  _____ Ice Hockey
   _____ Football        _____ Rifle
   _____ Soccer          _____ Skiing
   _____ Water Polo      _____ Swimming & Diving
   _____ Basketball      _____ Track and Field
   _____ Fencing         _____ Wrestling
   _____ Gymnastics      _____ Baseball
   _____ Golf            _____ Lacrosse
   _____ Tennis          _____ Volleyball

   Other:_______________________

15. For how many total years have you been participating in your primary sport? ______

16. In college, how many years have you/did you participate in your primary sport? ______

17. What is/was your NCAA competition level?
   a. Division I
   b. Division II
   c. Division III

18. What is/was your athletic scholarship status?
   a. Full athletic scholarship
   b. Partial athletic scholarship
   c. No athletic scholarship

19. Which choice best describes your current, or previous playing status?
   a. Starter
   b. Occasional Starter/Key reserve
   c. Reserve

Nonathlete Participant Information

20. Did you participate in school sponsored sports when attending high school?
   _____ Yes
   _____ No

   If NO, please skip to question #24.
21. In which school sponsored sport(s) did you participate? (Check all that apply)

- Cross Country
- Football
- Soccer
- Water Polo
- Basketball
- Fencing
- Gymnastics
- Golf
- Tennis

- Ice Hockey
- Rifle
- Skiing
- Swimming & Diving
- Track and Field
- Wrestling
- Baseball
- Lacrosse
- Volleyball

Other: ____________________

22. For each sport in which you participated, what was the highest competitive level at which you played?

- Varsity
- Junior Varsity
- Freshman

23. For each sport in which you participated, which choice best describes your playing status?

- Starter
- Occasional Starter/Key reserve
- Reserve

24. In the last year, have you participated in intramural or organized recreational sports (i.e., clubs) at your college/university?

- Yes
- No

25. In the last year, have you participated in a competitive club or select sport at your college/university?

- Yes
- No

If NO to both #24 and #25, please skip to PAGE #6.

26. On average, how many hours per week do you spend practicing or competing in your sport?

_____
27. Which of the following best describes your intramural or recreational sport participation?
   _____ Exclusively men’s only
   _____ Primarily men’s only, but some co-ed
   _____ Primarily co-ed, but some men’s only
   _____ Exclusively co-ed
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