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INTERCOLLEGIATE ATHLETES' PERCEPTIONS ON SPORT PSYCHOLOGY CONSULTING

By

Melissa Altmix

B.S., Southern Illinois University, 2009

A Research Paper Submitted in Partial Fulfillment of the Requirements for the Masters of Science in Education Degree

> Department of Kinesiology in the Graduate School Southern Illinois University Carbondale May 2011

RESEARCH PAPER APPROVAL

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for the Degree of

Masters of Science

Department of Kinesiology

Approved by:

Julie A. Partridge, Ph.D., Chair

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Graduate School Southern Illinois University Carbondale April 12, 2011

AN ABSTRACT OF THE RESEARCH PAPER OF

MELISSA ALTMIX, for the Master of Science degree in EDUCATION, presented on May 15, 2011 at Southern Illinois University Carbondale.

TITLE: INTERCOLLEGIATE ATHLETES' PERCEPTIONS OF SPORT PSYCHOLOGY CONSULTING

MAJOR PROFESSOR: Julie A. Partridge Ph.D.

The purpose of this research was to explore intercollegiate athletes' perceptions of sport psychology consultation. It was predicted that the female athletes in the study would be more likely than the males to seek psychological help. It was also predicted that younger athletes (age 18-20) would be less likely to seek psychological help than their older counterparts (age 21-24). Participants (n = 56) completed a series of surveys including one demographic survey and two attitude surveys. The two attitude surveys were the Sport Psychology Attitudes Questionnaire (SPAQ; Harmison, 2000) and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS; Fisher & Turner, 1970). Results suggested that female athletes had a more positive outlook on sport psychology consulting and were more likely than males to seek psychological help. The results did not support the prediction that younger athletes (i.e., ages 18-20) would be less likely to seek psychological help than their older counterparts (i.e., ages 21-24).

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I must first thank my family for their love and support throughout my college career. I know it was not always easy to be in my presence, but all of you stood by me and helped me any way you could and for that I am so grateful. To Ryne, you stood by me through everything, even when I said I didn't want you to. You saw the worst of the stress and craziness that graduate school brought out in me and you always tried to make everything better. You did more than that though, you made it bearable and for that I love you. To Dr. Bobbi Knapp, you changed my outlook on life and when I raise a family I will teach them what you taught me, thank you for the knowledge. Finally, to Dr. Julie Partridge, you have probably seen more of me than you would like over these past six years. You first introduced me to sport psychology in the undergraduate psychology of injury class and let's just say you had me at hello. I loved learning everything I could from you, and even though this study has had its ups and downs, I want you to know that I couldn't have done it without your support and guidance. You went above and beyond what I would expect a professor to do with a graduate student's final paper. You are truly one of the best mentors I have ever had. Thank you.

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INTRODUCTION

Sport requires not only an immense amount of physical ability and toughness, but because of the associated psychological demands, inherent danger of injury, and uncertain competitive outcomes, it also requires a certain amount of mental toughness. Participation in competitive athletics can overwhelm many athletes and lead them to feel unprepared to perform. As a result, many athletes experience anxiety, depression and fear (Tracey, 2003). These emotions can inhibit performance and lead to negative outcomes such as injury or loss of playing time. In order to deal with these negative experiences, some athletes choose to seek the services of a counselor or sport psychology professional: however, many athletes who experience these negative emotions do not seek treatment from a mental health professional. Potential reasons for not seeking treatment could include lack of availability and the potential stigma attached to psychological treatment (Tracey, 2003).

Sport psychology is typically considered a sub-discipline of both the psychological and sport sciences (Harmison, 2000). Sport psychology is defined as "a field of study in which the principles of psychology are applied in a sport setting" (Cox, 1985, p. xiii). Thus, the field of sport psychology is a combination of two very different worlds, psychology (i.e. the study of the mind) and sport (i.e. physical activity). It would appear that these two worlds have nothing in common. However, Norman Triplett (1898) has been recognized as the first to conduct an experiment directly linking psychological factors and sport when he concluded that competition stimulated and improved sport performance (Davis, Huss & Becker, 1995). Coleman Roberts Griffith is recognized as the first North American to commit his career to research, teaching, and

service in sport psychology (Gould & Pick, 1995). Griffith was hired by Philip Wrigley of the Chicago Cubs professional baseball team in 1938. In the first position of its kind in the U.S., he examined player ability, baseball skill learning, personality, leadership, and social psychological factors (Gould & Pick, 1995). "Not again until the 1960's and 70's does the literature report psychological services being provided to athletes and coaches in North America" (Harmison, 2000, p. 2). Griffith gave a speech to a group of physical education directors in 1925 explaining the need to study and practice sport psychology:

When an athlete goes out on the field for a contest he does not leave his mind tucked away in a locker with his shoes, his watch and his hat....It takes but a moment, however, to realize that the best athletes use almost every faculty of their minds when they go into a contest....The athlete who goes into a contest is a mind-body organism and not merely a physiological machine....The more mind is made use of in athletic competition, the greater will be the skill of our athletes, the finer will be the contest , the higher will be the ideals of sportsmanship displayed, the longer will our games persist in our national life, and the more truly will they lead to those rich personal and social products which we ought to expect of them (Griffith, 1925, p.193).

Thus, Griffith viewed the study of psychology as essential to the success of sport. To him, the study of sport psychology could enhance athletes' performances. He also believed that sport psychology could enhance the personal and social values that sport provides for athletes (Harmison, 2000). "Sport psychology today is a science and a practice that is in a position to assist athletes and physical activity participant in reaching their goals and to provide means for personal and societal growth" (Harmison, 2000, p. 3). As interest in applied sport psychology has increased over time, the emphasis in the need for evaluation of psychological skills training (PST) has increased as well. Research has shown support for the effectiveness of psychological skill or mental training to go along with physical training. Gould, Petlichkoff, Hodge and Simons (1990) conducted a study on junior elite wrestlers and their response to a PST program. The first part of the study consisted of 18 wrestlers. These wrestlers were subjected to a PST program consisting of relaxation, visualization/imagery, goal setting, and mental preparation training. The most consistent improvements found from pre and post-camp testing were found for the relaxation and visualization/imagery technique that involved hands-on practice in addition to the presentations. The second part of the study was conducted with 42 wrestlers who participated in four 1-hour seminars consisting of the same variables as the previous group. This group participated in these seminars as a part of a week-long USA wrestling developmental camp. The results for this part of the study were consistent with the first part of the study and found that, as a whole the results of the two studies suggest that the PST program was successful in promoting a change in the wrestlers' knowledge of psychological skills, the significance they put on the skills, and the intended and real use of the skills. (Gould et al. 1990 p. 257). These results could warrant further investigation because they did not suggest any improvement in the actual skills, rather they suggested improvement in attitude toward the skills.

Use of Sport Psychology Services

Despite a substantial growth in the number of sport psychology consultants (SPC) and their increase in availability to athletes, many athletes and coaches remain reluctant to use their services (Ravizza, 1988). If athletes are more informed about the mental training process and what will happen when they seek help, they may be more likely to seek consultation earlier. Many sport psychologists believe that engaging in rapport enhancing interviews help to improve athletes' perceptions of psychological intervention (Donohue, Dickens, Lancer, Covassin, Hash & Miller et al. 2004). This type of interview often educates the athlete about the process of sport psychology consultation

indirectly or directly through questions asked by the athlete or statements made by the psychologist (Donohue et al., 2004). The discussion of an athlete's experiences in sport, competition, dealing with injury, and interacting with coaches may all take place during the intake interview. This interview is focused on establishing rapport with the athlete by taking 10-15 minutes to discuss the athletes experiences in sport such as when he/she started playing, what motivates him/her to keep playing, etc. The intake interview asks the athletes to describe the benefits of sport psychology. The athletes are instructed to use a 5-point Likert-type scale to estimate the extent of each of six coping skills such as learning to cope with injuries or pain, controlling negative thoughts, decreasing stress, decreasing problems with others, improving motivation, and improving emotional problems. These types of interviews can often establish trust between the athlete and the psychologist. However, there is something missing or something happening that continually discourages athletes from seeking help.

Factors Influencing a Therapeutic Relationship

Counseling may have many different definitions (Corey, 1996), but has most prevalently been defined as a, "working relationship between two individuals in which the counselor challenges the client to deal with problems by finding solutions base on the client's own value system" (Martin, Akers, Jackson, Wrisberg, Nelson, Leslie, & Ledig, 2001, p. 18). In a study conducted to assess NCAA Division I athletes' attitudes towards seeking sport psychology consultation, stigma tolerance, confidence in a consultant/recognition of need, and openness/willingness to try sport psychology consultation were identified as the client characteristics most responsible for whether or not athletes seek consultation (Martin et al., 1997). These results suggest that client characteristics and attitudes can have a noteworthy effect on help seeking behavior. In a 2001 study of 111 male and female athletes, Martin and colleagues utilized a sport psychology specific version of Tinsley's (1982) Expectations About Counseling-Brief form to assess therapeutic relationships in sport psychology consulting, and found that five main factors influenced the therapeutic relationship between sport psychologists and athletes. These factors include: (a) characteristics of the client, (b) nature of the problem, (c) personal and professional characteristics of the consultant (e.g. expertness, attractiveness, and trustworthiness), (d) techniques used by the consultant, and (e) quality of the relationship between the consultant and the client (Martin et al., 2001). This is important because sport psychologists can use these factors to become more effective in all aspects of their field. Sport psychologists can mainly use these factors to understand how to better connect with their athletes.

Although many athletes have been found to be reluctant to seek sport psychology consultation services, there are certain characteristics that do seem to improve the relationship. A study conducted by Strong and Dixon (1971) indicates that consultants who are perceived by their clients or athletes as experts and attractive may have a greater influence over the therapeutic relationship. A quality relationship is needed for the consultation process to be successful (e.g. trust and understanding between the athlete and the counselor). The relationship between counselor and client appears to be the only factor which consistently aids in establishing productive therapeutic process (Lubker, Visek, Geer & Watson II, 2008). In other words, the ability of the consultant to create a sincere, trusting and mutual relationship and the need to be viewed as attractive by the athlete in question is essential to create a successful consultation session. In addition,

these qualities create a positive effect on help seeking behavior. Similarly, Lubker and colleagues conducted a study of 206 athletes that the most important factors influencing confidence in a sport psychology consultant are: friendliness, approachability, trustworthiness and ability to maintain confidentiality (Lubker et al., 2008). Thus, when dealing specifically with athletes, psychologists need to keep these qualities in mind and remember that an athlete may be more apprehensive about the consultation process than a non-athlete. This could be related to the attitude the athlete's peers have toward one of 'their own' seeking consultation (Martin, et al., 2001).

Factors Associated with Help-Seeking Behaviors

Several factors have emerged and are thought to impact the likelihood that an individual will seek help from a mental health professional. These factors are identified in the general and counseling literature, and have been found to impact decisions to seek help in a sport population.

Gender. Men are frequently characterized as unwilling to ask for help when they encounter problems of almost any kind. The most popular stereotype depicts men being hesitant to ask for directions when they are lost (Addis & Mahalik, 2003). Other stereotypes include difficulty sharing feelings, and avoiding help from professionals (Addis & Mahalik, 2003). Research indicates that women have a more positive outlook on psychological interventions than do men (Addis & Mahalik, 2003; Fischer & Farina, 1997; Martin et al., 1997, 2001; Wrisberg & Martin, 1994). This could be related to the gender roles introduced during childhood (Good & Wood, 1995). The traditional male roles do not accept discussing feelings or personal problems because these things show vulnerability (Addis & Mahalik, 2003; Jordan & Quinn, 1997). Traditional social or

cultural norms connected with masculinity, such as the absence of emotional expression and the lack of insight into their problems, may obstruct reporting and help seeking in males (Moller-Leimkuhler, 2000).

There are two major overlapping foci in theory and research on masculine role socialization: masculinity ideology and masculine gender-role conflict (Betz & Fitzgerald, 1993; Good, Borst & Wallace, 1994). The first concentrates on belief systems and 'what it means to be a man' and measures this against cultural norms and values regarding masculinity (Addis & Mahalik, 2003; Pleck, Sonestein, & Ku 1993; Thompson & Pleck, 1986). "It is recognized that some ideologies are more powerful than others in determining what member of a culture take to be normative masculinity (e.g., White, middle-class, heterosexual definitions of masculinity in the United States)" (Addis & Mahalik, 2003, p. 7). In the United States our definition of masculinity teaches men to 'suffer silently' because if they ask for help they are perceived as weak and feminine.

The second focus recognizes the negative consequences for men's well-being of adopting particular masculinity ideologies (e.g., internalizing the idea that men should be tough, competitive and emotionally inexpressive) (Addis & Mahalik, 2003). This is a possible explanation for why it is not common for males to ask for psychological help. Similar findings have emerged from the sport domain as well. In a study conducted by Martin (2005), 793 athletes completed and returned questionnaires related to their outlook on sport psychology consultation. Martin found that female high school and college athletes were more accepting of ethnic backgrounds, cultures or races other than their own relative to their male counterparts (Martin, 2005). The males seem to identify with their own ethnicity, culture or race more than do females. These results indicate that women are more open to things that are not familiar to them. As a whole, research shows that men of different ages, nationalities, and ethnic and racial backgrounds seek professional help less frequently than women (Martin, 2005). Similarly, Yambor and Connelly (1991) also reported that males are particularly resistant to sport psychology consultation because they do not want to be perceived as weak or in need of psychological services, specifically in a traditionally male-dominated domain such as sport. Non-athletes have adopted similar negative attitudes of male and female athletes who participate in sport psychology programs (Linder, Brewer, Van Raalte, & De Lange, 1991).

Age. Age may also be a factor that affects likelihood of engaging in help-seeking behavior. In a study of 40 adolescents ages 13-17 years conducted by Esters, Cooker and Ittenbach (1998) on conceptions of mental illness and attitudes about seeking help, adolescent participants completed surveys and instructional units related to mental health, and were then asked to complete a post-instructional survey on mental health. Esters stated that adolescents often are expected to be more reliant on adults and therefore will be more likely to ask for help than a young adult attending college (Esters, Cooker & Ittenbach, 1998). The results of this study indicate that the interventions were successful in improving the participants' attitudes toward seeking professional help or for emotional problems. Interestingly enough, the improvement did not decrease significantly after twelve weeks and the participants' ideas about and perceptions of mental illness became more like the ideas about and perceptions of mental help professionals. However, adolescent athletes view the psychological process of counseling in general less positively than adults (Esters et al., 1998; Garland & Zigler, 1994). College-age athletes

were found to have a slightly more positive attitude toward sport psychology consultation than high school athletes, who demonstrate a generally negative attitude (Martin, 2005). This could be due to higher exposure rate since not many high-schools provide SPCs for the athlete's benefit.

Several obstacles have been defined that may inhibit suitable youth help-seeking behavior including fear of breach of confidence, fear of increased psychological distress, and fear that counseling will be useless (Martin, 2005), and these may exist in athletes as well as the general population. Young athletes may have the preconceived notion that sport psychology is only for those with severe psychological disturbance (Ravizza, 1988). Ravizza (1988) indicates that many young athletes are not thoroughly informed about the benefits of sport psychology. If the young athletes are more informed about the benefits and processes of sport psychology, they may be more inclined to use it as a resource along with their physical rehabilitation or to enhance performance in general (Sullivan & Hodge, 1991). In a 2004 study of 112 athletes, 39 of whom were younger than 20 years of age and 73 of who were older than 20, Anderson and her colleagues found that age had no significant influence on the athletes' attitudes toward seeking sport psychology consultation (Anderson, Hodge, Lavallee & Martin, 2004). The hypothesis stated by Anderson et al. (2004) is: athletes aged 20 and over would have more positive attitudes toward sport psychology than athletes aged 19 and under. The study found no significant difference in attitudes based on age. Although the current study only assessed college athletes, future research is still needed to determine if any trends exist with younger athletes and help seeking behaviors in sport.

Sport type. The results of Martin's 2005 study also indicated that the type of sport an athlete has been socialized into may also play a role in whether help is sought from a sport psychology consultant (Martin, 2005). The results indicated that athletes competing in physical contact sports might have a more negative view of sport psychology consulting than non-contact sport participants (Martin, 2005). Athletes who compete in combative or contact sports are most often surrounded by males who encompass the traditional role of men in society. As explained earlier, this traditional role demands that a male limit his emotional expression. This could be a reason why participants in contact sports are less likely to seek psychological help. "According to the Theory of Planned Behavior, the main detriment of behavior is the person's intention to perform the behavior" (Norman & Conner, 2005, p. 488). Intention is determined by three constructs, the person's attitude (e.g. positive or negative) toward carrying out the behavior, the person's perception of what important others would like to see from his/her behavior, and the person's perception of the amount of control he or she has over performing the behavior (Norman & Conner, 2005). The Theory of Planned Behavior indicates that some people may hold positive attitudes toward behavior and believe that other important people would approve of their behavior, however they are not likely to perform that behavior if they do not have the resources or opportunities to do so (Ajzen, Gollwitzer, & Bargh, 1996; Martin, 2005). Therefore, if an athlete believes that his or her coach would approve the act of seeking out sport psychology consultation, and if the coach gives the athlete the resources and opportunities to do so, the athlete will be more likely to have a positive intention going in to the consultation. Likewise, if the coach has a negative attitude toward sport psychology consultation but, the athlete still feels like he

or she would benefit from consultation, the athlete will be less likely to seek help and more likely to form a negative intention toward consultation.

Injury Phase. Although injury type was not assessed in the current study, athletes recovering from injury frequently report psychological disturbances associated with the rehabilitation process (Wiese-Bjornstal, Smith, Shaffer, & Morrey, 1998). Leddy, Lambert, and Ogles (1994) reported that athletes experienced the most intense emotional response during the injury rehabilitation in the first phase of the injury. Athletes may benefit from early psychological intervention as a part of his/her rehabilitation process. Early intervention will be beneficial because the athlete experiences much variation in emotion early in the rehabilitation process (Udry, 1997). McDonald and Hardy (1990) explain the importance of athletes accepting the reality of his/her injuries. The researchers emphasize the importance of communicating the fluctuations in emotions the athletes are experiencing. In doing this the athletes are able to focus on the recovery process rather than his/her emotions (McDonald & Hardy, 1990). Successful recovery can also cloud the athlete's judgment of the emotions he/she may have experienced early in the process (Tracey, 2003). Lazarus and Folkman (1984) found that emotions result from appraisal of a situation and coping is the effort put forth cognitively and behaviorally to deal with that situation. In short, the way that an athlete views the situation largely affects the outcome. If an athlete views an injury as the end of his/her career, it is likely that the athlete's career will not last much longer. It is likely if the athlete views the injury as a challenge, the road to recovery will be much smoother.

Despite the benefits of sport psychology consultation that may have been shown in the literature, many injured athletes still seem to be apprehensive about the sport

psychology consultation process. This could be because the focus of recovery from injury remains solely on the physical aspects of rehabilitation such as muscle strengthening and pain management (Tracey, 2003). When the focus of rehabilitation is exclusively on physical healing "the psychological experience of being injured and the numerous thoughts, feelings, and behaviors associated with an injury" tend to be ignored or devalued (Tracey, 2003, p. 280). Thus, the number of athletes returning to competition before they are mentally ready is on the rise (Podlog & Eklund, 2005). Podlog and Eklund (2005) studied 180 male (n=117) and female (n=63) athletes returning to participation from injury. On average the athletes returned to play from injury two years and nine months before the study participation. The findings of the study indicated a positive association between intrinsic motivation and beneficial psychological consequences. There are numerous potential reasons for this trend, including low levels of self-confidence, anxiety and athletes experiencing pressure to return to regular practice. For example, Canadian national team skiers reported returning to competition before they were ready to avoid losing a spot on the team because they felt pressure to prove themselves to the coaching staff (Bianco, 2001).

In a study examining the fear of injury in gymnastics conducted by Chase, Magyar and Drake (2005), rumination (i.e., the difficulty and frustration that is linked to fear of injury) and avoidance were common coping styles related to the gymnasts' fears in the interviews conducted. Athletes who adopt a ruminative coping style may passively dwell on the act of being injured, which could then exacerbate fears associated with return to full participation (Bandura, 1997; Chase et al, 2005; Nolen-Hoeskma, 1998). Chase et al (2005) recommend that all support staff emphasize a positive approach toward rehabilitation and attempt to make return to competition a challenge rather than an obstacle. If the injured athletes can see return to competition as a challenge rather than an obstacle, their teammates may be less likely to avoid tasks where they are likely to become injured because they have seen their teammate return to competition.

Research Questions

We know from examining much of the research that males and females have different views about sport psychology consulting. We also know that adolescent athletes have qualms about seeking help from a sport psychology consultant. There is little research on college athletes' perceptions of sport psychology and we need to continue to investigate this particular group's perceptions. This study will attempt to examine those perceptions. The main question this research is trying to answer is: How do intercollegiate athletes at a medium-sized, rural university perceive seeking help from a sport psychology consultant?

Hypotheses

Previous research on attitudes toward seeking psychological services in both sport and general psychology literature has led us to make the following hypotheses: 1. Younger athletes age 18-20 will be less likely to seek psychological help than their older counterparts age 21-24.

2. Females will report more positive attitudes about seeking treatment than males.

METHODS

Participants

The participants consisted of 56 male (n=28) and female (n=28) Division I college athletes. The entire sample of athletes is between the ages of 18-24. Participants from both team and individual sports were sampled, and time in season was not controlled. Sports included were men's tennis, softball, baseball, women's golf, and volleyball.

Instruments

Participants completed a packet containing two questionnaires. A demographic questionnaire was used to identify important demographic factors such as, previous experience with a SPC and willingness to seek consultation in the sample. The Sport Psychology Attitudes Questionnaire (SPAQ, Harmison, 2000) and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS, Harmison & Petrie, 2000) are both Likert type surveys intended to rate the athletes' perceptions of sport psychology itself as well as perceptions of people who seek help from mental health professionals. The ATSPPHS includes seven statements on which the participant must indicate his/her agreement on a scale from 0 (*disagree*) to 3 (*agree*). An example from the ATSPPHS is, "There are experiences in my life I would not discuss with anyone". The SPAQ includes 24 statements that the participant must rate on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*). An example from the SPAQ is, "I do not have much respect for sport psychology consultants". The SPAQ has four subscales: (1) confidence in sport

psychology, (2) stigma tolerance, (3) preference for similarity with a SPC, and (4) openness to sport psychology.

Procedures

Approval for the study was obtained from the Human Subjects Committee at Southern Illinois University Carbondale prior to any data collection. Approval to recruit college athletes was verbally obtained from athletic administration. All athletes were required to sign a letter of informed consent before completing the survey. Parental consent was not required because all participants were 18 years of age or above. Participants were given questionnaire packets by either the researcher or their respective coaches. Each participant was informed that their participation was not required, but would be appreciated and that they may stop the survey at any time for any reason. Upon completion of the questionnaire packet, the participants were thanked for their cooperation and released back to practice. Each questionnaire packet was given an ID number and entered into SPSS for multivariate analysis.

RESULTS

Descriptive Statistics

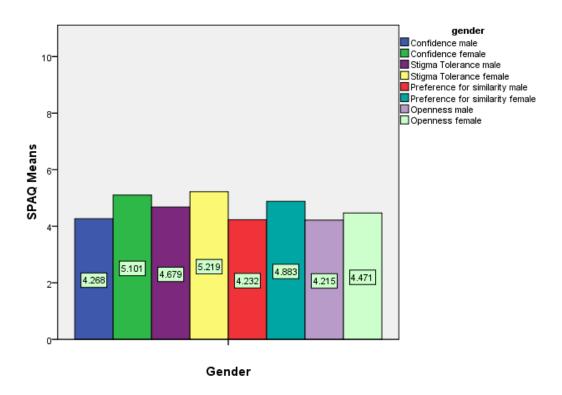
There were a total of 56 athletes who participated in the study. The age group 18-20 had 40 participants and the 21-24 age group had 16 participants. The mean age of the participants was 19.92 years (*SD*=1.59). Twenty of the participants were freshman (35.7%), there were 11 sophomores (19.6%), 14 were juniors (25%), and 11 were seniors (19.6%) included in the sample. Descriptive statistics for the remainder of the demographic questionnaire, which focused on athletes' experiences with sport psychology and general counseling can be found in Table 1. The minimum (1) and maximum (2) represent yes and no respectively, and the minimum (1) and maximum (7) represent strongly disagree and strongly agree from the SPAQ (See Appendix A).

Table 1. Demographic	Characteristics	of the	Sample

Table 1. Question	N	Minimum	Maximum	Mean	SD
Have you ever worked with an					
SPC on a performance related					
issue?	56	1.00	2.00	1.84	.37
How helpful was the SPC in					
assisting you with performance?	9	1.00	7.00	3.78	2.05
How satisfied were you with the					
assistance?	8	1.00	7.00	3.87	2.17
Have you ever worked with an					
SPC on a personal issue?	56	1.00	2.00	1.98	.13
Have you ever worked with an					
SPC as part of a team or group?	56	1.00	2.00	1.78	.41
How helpful was the SPC in					
assisting your team?	11	1.00	7.00	4.25	1.96
How satisfied were you with the					
team assistance?	11	1.00	7.00	4.55	1.81
Have you ever worked with a					
mental health professional other					
than a SPC?	56	1.00	2.00	1.91	.28
How willing would you be to see					
a SPC for help with a					
performance related issue?	56	1.00	7.00	4.43	1.89
How willing would you be to see					
a SPC for help with a personal					
problem?	56	1.00	7.00	3.61	1.96

The ATSPPHS is intended to measure the participants' interpersonal openness to seeking psychological services. The ATSPPHS has a possible range of 0 to 21, with a midpoint of 10.5. This sample reported a mean of 12.8. The SPAQ is divided into four subscales: (a) confidence in sport psychology (6 items), (b) stigma tolerance (7 items), (c) preference of similarity with SPC (6 items), and (d) openness to sport psychology (5 items). The means for the SPAQ subscales can be found in Figure 1.

Figure 1. Gender Differences for Means of SPAQ Subscales



Gender Differences for means of SPAQ subscales

Multivariate Analysis of Variance

A one-way MANOVA was calculated examining differences in gender and age groups (18-20 and 21-24) and any interaction between gender and age groups.

Differences in age groups showed no significance (p= .619); therefore, the first hypothesis was not supported. However, the gender effect was found to be significant, (Wilks' Lambda (5,45)=.584, p= .000). There was no significant interaction effect between gender and age (Wilks' Lambda (5,45)= .725, p= .011). Follow up univariate ttests indicated that females were significantly more likely to be open to seeking psychological services in both the SPAQ and ATSPPHS, which supported the second hypothesis.

The MANOVA also assessed differences in each subscale of the SPAQ. For gender, the confidence (p= .000), stigma tolerance (p= .044), and preference of similarity (p= .020) subscales were significant (Wilks' Lambda (5,45) = .018, p= .000) (Figure 1). Follow-up univariate analysis indicated that females reported significantly higher scores on confidence in sport psychology services, and a greater preference for seeking help from an individual seen as similar to them. Gender was not found to have a significant effect on the openness subscale (p= .273). When comparing differences in age groups with the MANOVA, no subscale showed significance (Wilks' Lambda (5,45)= .927, p=.619). The confidence subscale of the SPAQ showed significance (p= .011) on the intercept of age group and gender.

The MANOVA also indicated that there was an interaction effect between gender and age (Wilks' Lambda (5,45)=.011, p < .05). Follow up univariate t-tests indicated that younger females reported significantly higher score on the SPAQ confidence subscale than all other groups (older females, all males).

DISCUSSION

The purpose of this study was to investigate intercollegiate athletes' perceptions of sport psychology consultation. Relatively little is known about athletes' perceptions of sport psychology consultation. Many of the studies conducted have shown increases in receptivity, but little has been found on perception (Martin, et al., 1997). Martin et al. (1997) and Ravizza (1988) suggest that the high-performance athlete is apprehensive about sport psychology consultation because they feel that it is primarily for people with severe psychological problems.

It was hypothesized in this study that there would be a difference in perception related to age groups. Previous research indicates that adolescents are more hesitant to seek psychological services (Martin, 2005). This could be related to fear of confidence being breached or the belief that there will be an increase in psychological distress (Martin, 2005). Anderson et al. (2004) found no significant difference in perception related to age. Much like this study, Anderson only studied college aged athletes. Results from the current study, showed no significant difference between the age groups 18-20, and 21-24. This could be due to the fact that the age group participant numbers were not balanced. The age group 18-20 had 40 participants and the 21-24 group only had 16 participants. It is also possible that there is not enough difference in these ages to create different perceptions related to this age range. This topic warrants further investigation because of the skewed participant pool and lack of age difference.

It was also hypothesized that females would report more positive attitudes about seeking treatment than males. Females are more willing than men to "disclose their concerns to others and acknowledge they need help" (Martin, 2005, p.128). In society,

men are required to have a tough exterior, they do not often share feelings, and many avoid help from professionals (Addis & Mahalik, 2003). The results of this study indicated that females have a more positive outlook on sport psychology consultation and would therefore be more likely to seek help. This was shown in the confidence, stigma tolerance, preference for similarity, and openness subscales of the SPAQ. Research has previously indicated that women have a more positive outlook on psychological interventions than do men (Addis & Mahalik, 2003; Fischer & Farina, 1995; Martin et al., 1997, 2001; Wrisberg & Martin, 1994). These results confirm previous studies' results on female attitudes toward sport psychology consultation.

Although this study did not have a specific hypothesis related to the interaction of age and gender. It was found through multivariate analysis that there was a significant interaction effect for the SPAQ Confidence subscale. The findings suggest that there may be a link between an athlete's gender and his/her age and their confidence in sport psychology services. Specifically, females ages 18-20, seemed to have a more positive perception about sport psychology consultation than all other groups. Esters and colleagues noted that teenagers may be more likely to seek sport psychology consultation because they are still reliant on adults for advice or general help (Esters et al., 1998). Although the athletes in this study were college athletes, we have perhaps found some support for Esters et al., due to the increased level of confidence in younger female athletes. If we combine the gender results with this finding, we see that it is not surprising that younger females are more comfortable in general with the consultation process. This is because results from the current study and previous studies indicate that females and younger athletes view consultation more positively. Thus, the combination

of the two should yield results indicating positive attitudes toward consultation. There were no differences found in any of the groups on the ATSPPHS while the SPAQ proved to be a viable instrument for assessing athletes' perceptions of SPC. This could possibly be because the SPAQ has a more complete subscale and assesses the responses more clearly than the ATSPPHS.

An appropriate "next step" in the research would be to conduct a study involving a larger group of athletes. It would be important to make sure that the sample included an even number of males and females of each age group and perhaps looking at an even larger range than just 18-23. Doing this could strengthen the results of the current study if the results from a larger group are similar. It is important to remember that not all athletes in this study viewed sport psychology consultation negatively or positively for that matter. Some females perceived consultation negatively, while some males perceived consultation positively. Thus, it would be a mistake for consultants who encounter males to automatically assume that they have a negative attitude toward consultation. Likewise, it would be a mistake to assume that all females have a positive attitude toward consultation. "When attempting to gain access to a consultation opportunity with any athlete, perhaps the best thing the SPC can do is remind him or herself of the ancient and sage words of the Torah---people don't see the world the way it is, they see the world the way they are" (Martin et al., 1997, p. 216). It may be beneficial for the consultant to be aware of how the specific athletes' personal experiences influenced their attitude toward consultation and how they view the world (Wilson & Stith, 1993).

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QUESTIONNAIRE PACKET

APPENDIX A

DEMOGRAPHIC INFORMATION

IDENTIFYING DATA:

1. Age:_____

2. Gender (circle one): 1-Male 2-Female

3. Race (circle one): 1-African-American 2-Asian-American/Pacific Islander 3-Caucasian

4-Hispanic 5-Native-American/American Indian 6-Multiracial (please define):

7-Other:

4. Academic Classification (circle highest level attained): College: 1-Freshman 2-Sophomore 3-Junior 4-Senior

5. Sport That You Primarily Participate In (circle one):
1-Baseball 2-Basketball 3-Diving 4-Golf 5-Softball 6-Swimming
7-Tennis
8-Track & Field 9-Volleyball 10Other:

6. Position / Event That You *Primarily* Participate In (for example, catcher in softball, offensive lineman in football, 100 m in track, etc.) (please define):

8. Have you ever worked with a sport psychology consultant before on a performance-related problem or issue, such as, difficulty staying focused, lack of motivation to practice, or improving ability to visualize? (circle one):

1-Yes(go to #8a) 2-No(go to #9)

8(a) If you answered "Yes" to #8, how helpful was the sport psychology consultant in assisting you? (circle one):

1 2 3 4 5 6 7 not at all somewhat very **8(b)** If you answered "Yes" to #8, how satisfied were you with the sport psychology consultation experience? (circle one):

1 2 3 4 5 6 7 not at all somewhat very

9. Have you ever worked with a sport psychology consultant before on a personal problem or issue, such as parents getting a divorce, relationship difficulties, or struggling with school? (circle one):

1-Yes (go to #9a) 2-No (go to #10)

9(a) If you answered "Yes" to #9, how helpful was the sport psychology consultant in assisting you? (circle one):

1 2 3 4 5 6 7

not at all somewhat very

(b) If you answered "Yes" to #9, how satisfied were you with the sport psychology consultation experience? (circle one):

1 2 3 4 5 6 7

not at all somewhat very

10. Estimate the number of hours you have met individually with a sport psychology consultant for help with a performance-related or personal problem or issue (circle one):

0 1-5 6-10 11-15 16-20 over 20

11. Have you ever worked with a sport psychology consultant before as a member of a team or group (e.g., attended workshops or participated in group discussions led by a consultant)? (circle one):

1-Yes (go to #11a) 2-No (go to #12)

(a) If you answered "Yes" to #11, how helpful was the sport psychology consultant in assisting you? (circle one)

1 2 3 4 5 6 7 Not at all somewhat very

(b) If you answered "Yes" to #11, how satisfied were you with the sport psychology consultation experience? (circle one):

1 2 3 4 5 6 7

Not at all somewhat very

(c) If you answered "Yes" to #11, estimate the number of hours you have met with a sport psychology consultant in a team or group setting (circle one):

1-5 6-10 16-20 over 20

12. Have you ever worked with a mental health professional (e.g., psychologist, psychiatrist) other than a sport psychology consultant before on a performance-related or personal problem or issue? (circle one):

1-Yes(go to #12a) 2-No (go to #13)

(a) If you answered "Yes" to #12, how helpful was the mental health professional in assisting you? (circle one):

1 2 3 4 5 6 7 Not at all somewhat very

(b) If you answered "Yes" to #12, how satisfied were you with the mental health professional experience? (circle one):

1 2 3 4 5 6 7 Not at all somewhat very

(c) If you answered "Yes" to #12, estimate the number of hours you have met individually with a mental health professional for help with a performance-related or personal problem or issue (circle one):

1-5 6-10 16-20 over 20

13. How willing would you be to see a sport psychology consultant for help with a *performance-related problem or issue*? (circle one):

1 2 3 4 5 6 7 Not at all somewhat very

14. How willing would you be to see a sport psychology consultant for help with a *personal problem or issue*? (circle

one):

1 2 3 4 5 6 7 Not at all somewhat very

SPAQ

Directions: Please indicate your beliefs about the following statements by circling the response that corresponds to your opinions toward each statement. There are no right or wrong answers.Using the scale below, please respond to each statement as truthfully as you can.

1	2	3	4	5	6	6 7					
Disagree	C	Moderately Disagree		Agree	Ag	ree	S	Stro	ngly	y Ag	gree
-		y consultant co	-		1	2	3	4	5	6	7
though son	ne people 1	a sport psych night label m	e a .menta	l patient.	1	2	3	4	5	6	7
consultant	from a rac	king with a sp ial, ethnic, or	cultural g	roup	1	2	3	4	5	6	7
		cuss my thoug			1	2	3	4	5	6	7
-		y consultant d to help me pe									
		ort psycholog			1	2	3	4	5	6	7
would war	nt him/her t	sport psycholo o have attitud	es and va	lues	1	2	3	4	5	6	7
8. There a	re certain p	ersonal issues sychology co	that I wo	uld <i>not</i>						6	7
		n respect for s		U .	1	2	3	4	5	6	7
		er to me what th a sport psy	•	-	1	2	3	4	5	6	7

1 Strongly Disagree	2 Disagree	3 Moderately Disagree	4 Neutral	5 Moderately Agree		6 Agree		•			ly A	Agree		
		sport psycho o be of the same			1	2	3	4	5	6	7			
		who seek help blems by ther				2	3	4	5	6	7			
		e suggestions			. 1	2	3	6 4	5	6	7			
despite sor	ne people's	h a sport psyc s belief that at	hletes do	not need	1	2	3	4	5	6	7			
consultant	who has a	rking with a s competitive a	thletic bac	ckground	1	2	3	4	5	6	7			
		problems that s family			1	2	3	4	5	6	7			
performan	ce, working	ere negatively g with a sport helpful	psycholog	gy	1	2	3	4	5	6	7			
		er me if peopl chology const				2	3	4	5	6	7			
		t to a sport ps conomic level			1	2	3	4	5	6	7			
personal di	ifficulties v	rong character vithout talking t	g to a spoi	t	1	2	3	4	5	6	7			
difficulty w psychology	with focusin y consultan	roblems durir ng or handling t would be m	g pressure ore helpfu	, a sport 11 than a		2	3	4	5	6	7			
sport perfo	ormance, I v	led mental tra would get helj	p even if c	others	1	2	3	4	5	6	7			

23. If I worked with a sport psychology consultant, I would want him/her to have a personality similar to my own	1	2	3	4	5	6	7
24. It would be easy for me to talk about my problems with a sport psychology consultant even if I didn't know him/her very well	1	2	3	4	5	6	7

ATSPPHS

Below are several statements pertaining to psychology and mental health issues. Read each statement carefully and indicate your level of agreement by circling the response that corresponds to your feelings toward each statement. Please express your frank opinion in rating the statement. There are no "wrong" answers, and the only right ones are whatever you honestly feel or believe. It is important that you answer every item. Use the scale below to assist you.

	0 disagree	1 partly disagree	2 partly agree	3 agre	مد	
	uisagiee	partry disagree	partry agree	agiv		
appropriate perso	n if I thought	timate matters to a ti might help me		1	2	3
	-	which should not b nediate family		1	2	3
	-	b is a good solutio and concerns		1	2	3
who wants to kno	w about my	nally trained or no personal		1	2	3
5. There are expendiscuss with anyo	-	/ life I would not	0	1	2	3
		ow <i>everything</i> abo		1	2	3
highly educated p	eople such a	ersonal affairs with s doctors,		1	2	3

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