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This dissertation, ALL-AMERICAN: AN INVESTIGATION OF THE RELATIONSHIP BETWEEN ATHLETE IDENTITY, MASCULINITY, AND MENTAL HEALTH STIGMA ON HELP-SEEKING INTENTIONS IN BLACK COLLEGE STUDENT-ATHLETES, by GISCARD SHAMIR PETION, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education & Human Development, Georgia State University.

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ALL-AMERICAN: AN INVESTIGATION OF THE RELATIONSHIP BETWEEN
ATHLETE IDENTITY, MASCULINITY, AND MENTAL HEALTH STIGMA ON
HELP-SEEKING INTENTIONS IN BLACK COLLEGE STUDENT-ATHLETES

by

GISCARD SHAMIR PETION

Under the Direction of Don E. Davis

ABSTRACT

Black male student-athletes represent a large percentage of those competing in NCAA varsity sports. Black male student-athletes are impacted by a variety of stereotypes and the pressure of achieving academically and athletically. Scholars have identified that athletes may resist mental health services because of stigma that exist in the athletic environment (Watson, 2005; Watson, 2006). Athlete identity and masculine gender socialization might play a large role in how black male student-athletes seek psychological help. This phenomenon can be explained by modified labeling theory (Link et al., 1989) and stereotype threat (Steele & Aronson, 1995). The mental health stigma that exists within athletics might present a barrier for athletes to seek psychological help, thus a more in-depth investigation into the mental health processes of black male student-athletes is needed. In Chapter 1, I explore conceptualizations of the need for a deeper understanding of how mental health stigma and racial identity may impair black athletes. In Chapter 2, I investigate how the dynamics of how masculine gender socialization and athlete identity interact in a group of Black male collegiate athletes. The study secured a

sample of 728 Black male student-athletes to investigate the relationship between athlete identity, masculinity, mental health stigma, and help-seeking, utilizing a latent profile analysis and mixture regression analytic strategy. I explored three different hypotheses: (a) is a negative correlation between mental health stigma and help-seeking intentions (b) are there distinct groups of athletes when classified based on athlete identity and gender socialization, with a high-risk class of black male student-athletes. Contrary to my prediction, mental health stigma and help-seeking intentions did not have an inverse relationship. The results of the latent profile analysis identified 5 distinct classes. Finally, I conclude with implications for counseling and suggestions for future research.

INDEX WORDS: Black student-athletes, mental health stigma, athlete identity, help-seeking, latent profile analysis, regression

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in

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in

the College of Education & Human Development

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GA
2023

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DEDICATION

This dissertation is dedicated to my late father, Elie Petion, whose thirst for inquiry, and desire for intellectual development, was passed on to me. Your blood pumps through my veins, and your sacrifices will always be remembered.

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1 HOW DO RACIAL IDENTITY AND ATHLETE IDENTITY IMPACT MENTAL HEALTH STIGMA AND HELP-SEEKING IN BLACK STUDENT ATHLETES?

Athlete mental health issues have been highlighted in major media outlets in recent years. Simone Biles, a decorated Olympic gymnast, made headlines as she decided to forgo what would be her final Olympic competition because of a mental health issue (Hackney, 2021). Naomi Osaka, one of the youngest grand slam tennis champions, caused a great stir as she withdrew from the French Open tennis match in 2021, taking a break from tennis due to mental health struggles (Gleeson, 2021). Finally, the number of college student-athletes that have died by suicide in the NCAA and other collegiate sports organizations has skyrocketed, with at least four women who have died by suicide in 2022 alone (Dodd, 2022).

As a result of these various instances, there has been more interest among researchers in what is at the root of mental health issues for athletes. Bauman (2016) revealed some insights as he purported sports culture as a culprit in why student-athletes fail to access mental health services. Sports culture, as Bauman (2016) positions it, is based on athletes feeling like their only option is to appear tough. Sports culture entails the need for athletes to maintain a level of mental toughness, so that athletic performance is not threatened. Sports culture also insists on athletes and athletic departments pushing a narrative of achievement. These undertones can make those who are experiencing difficulties, whether it be in athletics or personally, resist asking for help. Therefore, sports culture may have a significant role in the underutilization of mental health services in athletes. While there are many strengths associated with athletics, such as an increase in overall wellness (Eime et al., 2013) and being a part of a team, some potential setbacks exist. In this manuscript, the author will discuss the student-athlete experience and how athletic identity, racial identity, and mental health stigma, may play a large role in whether black college

student-athletes seek psychological help for a mental health issue.

Literature Review

The College Student-Athlete Experience

Varsity student-athletes represent a sect of college students whose experiences differ greatly from the general college student population. Student-athletes are often described by other students as privileged and underserving of special treatment provided to them by universities (Wininger & White, 2015; Yukhymenko-Lescroart & Sharma, 2022). As a result, student-athletes are often prescribed the “dumb jock” stereotype which portrays them as incapable of performing well academically (Wininger & White, 2008; Wininger & White, 2015). The “dumb jock” stereotype is not only prescribed to student-athletes by their non-athlete peers, but from professors, coaches, and athletic academic personnel (Simons et al., 2007; Wininger & White, 2008; Wininger & White, 2015). The judgment of student-athletes as incapable of achieving academically has its roots in how athletes are portrayed in the media and their depictions in popular culture. Student-athletes, who might be more physically imposing than the average college student, represent a specific group of people on campus who are intentionally recruited to universities because of their physical abilities (Simons et al., 2007). Notwithstanding, these athletes are judged by their scholastic abilities prior to entering college. Often, the academic milestones athletes must achieve to be granted admission are equal to their non-athlete peers. Therefore, the characterization of student-athletes as ‘dumb jocks’ is wrongly attributed.

Contrary to popular belief, college student-athletes are under immense pressure to achieve academically as well as athletically (Hinkle, 1999; Pinkerton et al., 1989; Tabet et al., 2021). University athletes are subject to intense athletic competitions, practice, and meetings as a part of their roles on a varsity team. Dually, they are expected to report to class, study hall, and

tutoring. University athletic administrations dedicate entire departments to ensuring that student-athletes fare well in the classroom. College student-athletes are expected to maintain a suitable grade point average, while also competing at a high level to maintain their athletic scholarship. College student-athletes show up to universities, usually between 18-22, and have multiple roles, usually after recently graduating high school. The litany of these obligations creates the potential for university athletes to become overwhelmed (Tabet et al., 2021; Tran, 2021)

Student-athletes are at increased risk for mental health issues due to their overwhelming roles on campus (Etzel, 2009). In a sample of 88 student-athletes, Drew et al. (2019) found that 27% reported elevated levels of depression, and 34% reported elevated levels of anxiety. In 2021, student-athletes continue to report elevated levels of mental exhaustion, anxiety, and feelings of depression (NCAA, 2021). Additionally, 24% of BCSA felt mentally exhausted, 10% felt hopeless, and 8% felt so depressed it was difficult to function, compared to only 21%, 5%, and 5% among their white counterparts (NCAA, 2021). Based on these data from the most recent iteration of the NCAA mind health study, BCSAs are a specific group of student-athletes who are at increased risk for mental health issues. Due to the stress that BCSA undergo during their collegiate athletic careers, it may be important to investigate the mental health issues within this specific group. Specifically, it might be helpful for researchers to examine how this group's help-seeking behaviors are impacted by the athletic environment. There are ample research studies that look at help-seeking behaviors among college student-athletes (Ackerman, 2011; Barnard, 2016; Fernandez, 2005; Teh et al., 2014; Wahto et al., 2016; Watson, 2005). A commonality among these studies is few look at how cultural identities and mental health stigma combine to impact this process. Thus, it is important to examine the impact of certain cultural identities on the help-seeking behaviors of BCSA. If we can understand how this group of student-athletes

integrates their racial identity and their athletic identity, how they conceptualize mental health stigma, and what their perspectives are on help-seeking, we can gain practical insight into ameliorating their mental health issues.

Black College Student-Athletes

During the 2021-2022 academic year, there were approximately 78,186 Black college athletes in the National Collegiate Athletic Association (NCAA) (NCAA, 2022). Black college student-athletes make up a large percentage of “revenue sports” (i.e., sports that generate income and revenue for the school such as basketball and football). According to the NCAA demographics database (2022), BCSAs accounted for 44% of varsity men’s basketball teams, 30% of varsity women’s basketball teams, and 39% of men’s varsity football teams. These numbers are important because they illustrate the proportion of BCSAs that exist in the NCAA athletic spectrum.

For BCSAs, the effect of the “dumb jock” stereotype becomes amplified when we factor in the institutional racism, classism, and exploitation BCSAs experience when they arrive on campus. BCSAs often report to colleges having been the only member from their families to have done so. Resultingly, the prospect of athletic stardom represents a way out of the deprived socioeconomic status that African Americans are more likely to occupy than their counterparts (Beyer, 2020). For young African American children, sports culture presents a realistic opportunity to garner social and financial capital as they matriculate through various institutions (Bimper & Harrison, 2011). Moreover, the context of sports adds an additional means for which BCSAs to formulate their overall identity. When Black college athletes are engaged in sports at universities, they become more than just competitors. To many of those around them, they are symbols that represent matriculation and upward mobility substantiated by athletics prestigious

status in American society. These Black athletes might internalize these expectations and be determined to achieve success athletically, regardless of the cost. In this example, the pitfalls of racial identity and athletic identity may conflict, potentially creating a vulnerable environment for these student-athletes.

Athletic Identity

Athletic identity is the extent to which an individual identifies with the athletic role (Brewer et al., 1993). Athletic identity can be described as a multidimensional role, with three separate domains: social, cognitive, and affective (Murphy & Petitpas, 1996). The social domain of athletic identity describes how a person identifies as an athlete publicly. This could describe the way a person perceives themselves in the eyes of the public or whether they garner certain external rewards for their athletic competition. An example of this could look like an athlete feeling their overall self-concept increase because of the outside attention they get from athletic competition. Conversely, the cognitive domain describes the way the athlete regards themselves as an athlete internally. Manifestation of the cognitive domain of athletic identity rests with the athlete themselves and the level to which they feel like an athlete. Finally, the affective domain of athlete identity represents the way a person feels related to their identity as an athlete (Shapiro & Martin, 2010). This includes whether a positive or negative affect is related to their athletic participation. Researchers determined those who strongly identify as athletes lack exploration into other roles (Anthony & Swank, 2018; Brewer & Petitpas, 2017; Murphy & Petitpas, 1996). Strong identification with the athletic role reduces the likelihood that an athlete will survey other potential career options aside from athletics. This high athletic identity type of athlete also relates their decision-making and thought process directly to their role as an athlete. For example, a collegiate athlete that has a strong athletic identity (i.e., been playing sports for the duration of

his/her/their life) believes that not achieving professional status in their sport is an abject failure. There are several implications related to a strong athletic identity. A strong athletic identity can potentially lead to an increased desire to remain physically active and an awareness of healthy team dynamics (Heird & Steinfeldt, 2013). Paradoxically, a strong athletic identity has some potential negative effects.

Researchers have found that athletes who strongly identify as athletes have difficulty transitioning from out of athletic careers (Beamon, 2012; Brewer & Petitpas, 2017; Murphy & Petitpas, 1996). An additional assertion exists amongst identity scholars that identity foreclosure and career maturity are strongly related to one another (Carter & Constantine, 2000). Carter and Constantine (2000) found that racial identity and career maturity are related in African American college students. Black college students were discovered to have more difficulties into their professional careers than their counterparts from other ethnicities. Difficulties with career maturity may be increased among student-athletes (Linnemeyer & Brown, 2010; Murphy & Petitpas, 1996). Several researchers have found that student-athletes reported having difficulties transitioning out of sport into post-athletic professional careers (Beamon, 2012; Frank, 2018). The literature that exists around athletic identity, mental health and career maturity suggest that there may be a connection between these concepts. For example, Miller and Hoffman (2009) found an inverse relationship for depression and athletic identity. Their study indicated those that scored higher on athletic identity measure scored lower on depression and suicidal ideation scores. There also has been evidence of career transition difficulties linked to mental health issues such as feelings of loss and anxiety about the future (Beamon, 2012; Menke & Germany, 2019). Further, it can be inferred that the various stereotypes that exist amongst both the athletic population and the African American community might contribute to a compounding stigma and

negative outcomes in mental health help-seeking for both populations respectively. Based on the theory of sport culture (Bauman, 2016), athletes who already endorse a problematic view of mental toughness in one domain, may have additional stigma when it comes to their racial identity. Cultural identity may also play an integral part in whether an athlete decides to seek help for a psychological concern. The “dumb jock” stereotype might also explain some of the shame evidenced by college athletes when it comes to seeking help. Theoretically, these theories might be explained more thoroughly by the modified labeling theory (Link & Cullen, 1986; Link et al., 1989) which will be discussed later in the manuscript.

Black Racial Identity

The preeminent theory that exists as it pertains to describing the process of Black racial identity development is the “Nigrescence” concept proposed by Cross Jr (1971). “Nigrescence” poses that Black people living in America cycle through stages of Black identity development. The four or five-stage model begins with (a) Pre-Encounter; the belief that Black people are inferior to whites, (b) Encounter; a shift from anti-Black attitudes and internalization toward pro-Blackness, (c) Immersion-Emersion; an engagement with the Black experience which may include attending pro-Black events, etc., and (d) Internalization/Commitment; which is characterized by healthy acculturation to American life while speaking up against the oppression and racism that exists in American culture (Constantine et al., 1998; Cross Jr, 1971).

The Nigrescence theory is essential to understanding the conceptualization of contemporary African American culture. Cross Jr. (1971) lays out a theory that is foundational for scholars to understand black acculturation. There is an acculturation process within African American culture that expands on the Nigrescence concept of black racial identity. Acculturation entails shifting behaviors and psychological internalizations from one cultural group to another

(Pope-Davis et al., 2000). Acculturation is an important concept as it pertains to Black people, more specifically BCSAs, as they navigate a society that is dominated by white supremacist norms (Akintunde, 1999). Acculturation represents an aspect of the many coping mechanisms that some African Americans employ to personally address the difficulties of racism, capitalism, and white supremacy (Pope-Davis et al., 2000).

Culture is another defining aspect of Black racial identity (Pope-Davis et al., 2000). *Culture* is defined as the norms, customs, values, and histories spread from one generation to the next (Stewart & Bennett, 2011). Along with the physical manifestations of race, the cultural norms associated with being black govern the identification of “Blackness.” *Cultural socialization* is the term several scholars used to discuss the cultural development of youth through means of parental and familial figures (Anderson et al., 2019; Johnson & Carter, 2020). Both culture and cultural socialization are important in the racial identity construction of the BCSA because both serve as foundational anchors from which to understand the Black racial identity of BCSAs (Bimper & Harrison, 2011; Harrison Jr et al., 2013)

Black racial identity has direct implications on how those who identify as Black perceive mental health, (i.e., whether it is stigmatized or not), and seek psychological help. Despite efforts to increase mental health care use amongst African Americans, Black people still report utilizing services less than other races or ethnicities (Hankerson et al., 2015; Scheffler & Miller, 1991; Smith & Trimble, 2016; Sue, 1977). Moreover, the stigma that exists within the black community regarding receiving mental health care may hinder help-seeking desire. African Americans have been subjected to slavery, institutional racism, and overt white supremacy while living in the United States. The onset of different psychological maladies can partially be explained by the Black community’s harsh treatment in the United States (Hope et al., 2020;

Jones et al., 2020). While a need certainly exists, Black people report not accessing mental health services because of racial discrimination, racial microaggression, and mistrust of institutions (Alang, 2019). When specifically referring to BCSAs, Black racial identity, and athletic identity both may play a significant role in the BCSA decision on whether to seek help. Ballesteros and Tran (2020) found that BCSAs represented the largest percentage (81%) of mental health need, and the lowest willingness (49% of the sample) to seek mental health services, as well as one of the lowest utilization rates (11% of sample) than other racial ethnic minority student-athletes.

Mental Health Stigma

Stigma is a concept introduced by Goffman (2009) to serve as an explanation for the negative associations with social rejection. Goffman (2009) described *Stigma* as including physical attributes, character traits, and group associations. *Stigma* can be thought of as a devaluation process, whereby the stigmatized individual is reduced from a whole person to a “tainted,” “discounted” person (Goffman, 2009, p. 3). The impact of this process leaves the individual with various negative internal stereotypes. Stigma also plays a part in normalizing the non-stigmatized. As such, stigmatizing attributes for one person might serve to normalize another (Goffman, 2009).

More recently, theorists have expanded on the original conceptions of stigma. Corrigan (2004) describes mental health stigmas as involving three social-cognitive processes: (a) stereotyping, (b) discrimination, and (c) prejudice. These social-cognitive processes frame the way mental health stigma arises in the psyche of the public. The public might react to manifestations of mental health disorders, such as psychosis, by stigmatizing an individual. As a result, attributes associated with mental health disorders become stigmatized, leaving those who may not have a mental health disorder outcasted by the public.

Stigma can be categorized into two separate iterations: public stigma and personal stigma (Corrigan, 2004). Public stigma encompasses the prejudice and discrimination that those who are labeled mentally experience from the general population (Corrigan, 2004). Self-stigma is the internalized negative attitudes attributed to mental health disorders by an individual (Corrigan et al., 2012). Vogel et al. (2013) found that public stigma eventually leads to self-stigma over time. Thus, it can be inferred that public stigma plays a significant role in whether a person seeks mental health services. Stigma is a phenomenon embedded within modified labeling theory (Link et al., 1989). Modified labeling theory might better explain the actions associated with stigma and stigmatizing beliefs.

Modified Labeling Theory

Modified labeling theory (Link et al., 1989) presented a suitable theory through which to conceptualize mental health stigma and identity. Modified labeling theory states that the threat of negative stereotyping may cause an individual to internalize personal and public stigma related to mental health (Link et al., 1989; Weinstein, 1983). This threat causes the individual to adjust their behaviors to fit the presiding stereotypes that exist about the mentally ill, or persons who engage in mental health services (Ray & Dollar, 2014).

Within the context of racial identity and athletic identity, modified labeling theory may explain the underutilization of mental health services by BCSA. This theory suggests that BCSA might avoid seeking professional mental health services due to the negative stigma associated with it, or due to the perceived threat of being labeled as ‘crazy’ or ‘weak.’ Kroska and Harkness (2008) expand on these ideas suggesting there is a cultural shift that happens for the stigmatized. Labels such as “inept” or “unsafe” that are associated with individuals with mental illness might pose a significant threat to BCSAs’ overall self-concept (Kroska & Harkness, 2006).

Due to the marginalized nature of these identities, modified labeling theory might be applied differently toward BCSAs. The stigmatization threat of a mental health issue may have negative implications in an athletic environment. Sports represents a microcosm of society, therefore having access to mental health services is important because just like their non-athlete counterparts, athletes struggle with psychological issues as well (Miller & Hoffman, 2009; Tabet et al., 2021; Tran, 2021; Watson, 2005). For athletes to be ostracized because their choice to seek mental health services would be severely detrimental to a student-athlete's overall wellbeing. It would mean that those who need care may not elect to seek care because of the perceived stigma coming from the athletic environment. Through the lens of modified labeling theory, BCSAs can be thought of as actively avoiding interaction with mental health service providers to avoid stigmatizing labels. Thus, behavior is not only related to the stereotypes of those with mental health disorders, but there may be compounded resistance toward mental health care from the athletic environment, in addition to the stigma that exist amongst Black people.

Applying modified labeling theory to athletic identity concepts can give insight into the role that marginalization plays within BCSA. For example, a BCSA who has earned a scholarship to compete collegiately may perceive a mental health issue as a threat to their athletic career. Athletic identity scholars have supported the negative relationship between athletic identity and mental health stigma (Brewer et al., 1993; Burroughs, 2008; Murphy & Petitpas, 1996). Because of the threat, this athlete might resist mental health services, even if they are experiencing a mental health issue. Dually, a Black student-athlete in this scenario may additionally be affected by the stigma that exists for black people who receive mental healthcare.

Help-Seeking

Corrigan (2004) suggests that stigma is a significant factor in seeking psychological help.

A myriad of evidence exists that suggests psychological treatments are indeed beneficial to patients dealing with mental health disorders (Corrigan & Rüsch, 2002). Though, even with this evidence, there is still research that says mental health services continue to go unused. Among college students, only 10% of those who require services access services (Marsh & Wilcoxon, 2015). Burgess et al., (2008) suggest that several factors may impact help-seeking such as (but not limited to), perceived discrimination, healthcare access, and socio-demographic factors. As we continue to conceptualize help-seeking, it is essential for these and other factors to inform our understanding.

Help-seeking is a nuanced process that may encompass several levels of access for a patient (Schomerus & Angermeyer, 2008). The help-seeking process may include reaching out to religious leaders, friends, family, doctors, or medical professionals. Individuals may seek stricter directives and suggestions, or less strict help, advice, or recommendations. Whether this process is successful may depend on whether the help-seeking is rewarded by a positive experience. Further, whether the help seeker is motivated to report their help-seeking experience is influenced by the emotional cost of receiving help (Addis & Mahalik, 2003; Burgess et al., 2008).

Social psychology theory (Moscovici, 1972) may explain help-seeking behavior more in-depth. Help-seekers are influenced by a combination of personal and sociological factors. Factors such as (a) normalization (i.e., is this problem I am seeking help for normal?) (b) ego-centrality (i.e., is this problem a central part of me?) (c) characteristics of helpers (d) characteristics of social groups, and (e) locus of control (Addis & Mahalik, 2003). These factors, embedded within social psychology theory, might add a clearer view to understanding the subtleties of help-seeking.

Mental Health Stigma and Help-Seeking in Student-Athletes

Mental health services remained stigmatized in an athletic environment (Tabet et al., 2021; Wahto et al., 2016). Several researchers point to the conflicting relationship between mental toughness and admitting to having a psychological issue as being the culprit (Bauman, 2016; Hilliard et al., 2020). Further, the athletic environment is often rooted in aspects considered to be more masculine, such as toughness, and physical strength, and not being seen as ‘weak’ (Hilliard et al., 2020). Bauman (2016) conceptualizes this as *sports culture*. *Sports Culture* entails pushing through physical pain, glorification of success, and a relentless pursuit of external validation. While sports participation can have many advantages, one can imagine how some of these aspects might be harmful. The pursuit of external validation can cause an athlete to focus solely on extrinsic rewards, and thus lose sight of internal aspects that can serve as helpful on the journey toward overall personal development.

The stigma that exists amongst athletes presents a great barrier to seeking help for mental health services (Bird et al., 2021; Cutler & Dwyer, 2020; Watson, 2005). Athletes have a less favorable outlook on seeking help for a psychological issue than non-athletes (Hilliard et al., 2019). For athletes, seeking help may be thought of as a potential weakness, and thus avoided. Barnard (2016) suggests that seeking help also serves as a potential detriment to athlete identity. Linder et al., (1989) explain this further with their concept of *the negative halo effect*. According to Linder et al., (1989) athletes who sought help from a sports psychologist were perceived negatively by other athletes. Researchers have been able to uncover that gender and sport might play a role in collegiate athletes' receptivity to seeking help (Wrisberg et al., 2009). However, very few studies have looked at how race might impact help-seeking in college student-athletes.

Help Seeking in Black College Student-Athletes

At the time of the writing of this paper, Kroshus et al. (2022) identified only two quantitative papers that addressed race and help-seeking among student-athletes. Ballesteros and Tran (2020) investigated the effect that race, and ethnicity had on mental health use. The authors found that 79% of their sample demonstrated some sort of mental health need, but only 11% of the sample had sought out a mental health professional. Steinfeldt and Steinfeldt (2012) looked at whether masculine norms explained help-seeking tendencies for a sample of student-athletes. Their study indicated that more masculine conforming athletes demonstrated a lower likelihood of help seeking. The authors in this study also found no association between race/ethnicity, masculine norms, and help-seeking. Finally, Anthony and Swank (2018) sought to look at the relationship between race, athletic identity, and gender identity in a sample of black student-athletes. Their study revealed that Black male student-athletes were more foreclosed on their identity than Black females. Additionally, a relevant qualitative study by Wilkerson and colleagues (2019) investigated Black student-athletes' attitudes toward help-seeking. The authors reported the main themes of 'silence' and 'weakness' in their sample. While this study may not be quantitative, its results may help frame future studies like it.

While an interest exists among researchers in how race influences help-seeking among student-athletes, few studies specifically look at the relationship between Black racial identity and help-seeking among athletes. Further, even fewer studies explore the relationship between Black racial identity, help-seeking, and athletic identity. Due to the large number of athletes that identify as Black, scholars must begin to uncover this group's patterns as it relates to seeking psychological help. Although this is a niche population, a study such as the only proposed might give insight into how Black college students seek mental healthcare as well. BCSAs represent a marginalized population within athletics who can benefit from counseling services.

Implications for Counseling

As the counseling profession aims to make multiculturalism a mainstay in the teaching and training of counselors, student-athletes present a favorable community to study. In counselor education, no current competencies or directives exist for counselors wanting to work with student-athletes. For this reason, a study exploring factors that impact student-athlete help-seeking can add to a literature base for counselors looking to work with this population. The student-athlete population represents an under-studied group in counseling.

Hebard and Lamberson (2017) issued a call for counselors to begin formulating their identity as practitioners in sports. Their paper highlighted some of the current issues for counselors wanting to work with athletes, such as not having a unified sports counselor identity, a lack of competencies or training programs for counselors wanting to work in sports, and competition with sports psychologists. Further, the authors in this paper also discuss the need for counselors to begin authoring empirical papers investigating the mental health needs of athletes.

Counseling's wellness paradigm (Myers et al., 2000) presents a differentiated way to approach counseling athletes. The presiding mental health services in the sport are focused on performance optimization and conducted by sports psychologists. A holistic, wellness paradigm as it relates to sports counseling presents an advantage for sports counselors. The focus on overall wellness, combined with sports performance can allow counselors to integrate suitable techniques and approaches that contribute to positive change in athletes. Moreover, the integration of counselors in sports can potentially spark a culture change that leads to athletes prioritizing overall wellness, and more specifically mental wellness. Counselors, being clinically trained, can also differentiate themselves from mental health professionals in sports based on their ability to respond to a wide array of needs clinically, such as crisis and trauma. Within

sports organizations, counselors can serve on leadership boards and administrative roles, along with traditional clinical positions. For these reasons, counselor educators and professionals must push for more emphasis on sports counseling as a legitimate sub-practice.

Future Directions

Some future directions for this subject would be conducting empirical investigations on how multiple identities affect mental healthcare use. Specifically, how identities such as sexual orientation, gender socialization, and ethnic identity influence help-seeking. Additionally, mental health professionals in sports must increase direct action on breaking down the stigma that exists in the sports environment regarding mental health support. Coaches, administrative professionals, and paraprofessionals in sports can all be a part of this by making mental healthcare services a required process in athletics.

Conclusion

As the push to integrate mental health services in athletics increases, stakeholders need to create a culture where mental health care is not only normalized but encouraged. Professional counselors can lead this charge by identifying key needs for athletes. Specifically, empirical investigations regarding athletic identity, racial identity, and ethnic identity may be helpful. Athletes represent a unique population of counseling professionals. Several barriers might exist for athletes seeking mental health services. Few studies look at the integration of athletic identity and racial identity as it pertains to student-athletes. More studies are needed to create a clear picture for counseling professionals.

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2 AN INVESTIGATION OF ATHLETE IDENTITY, MASCULINITY, AND MENTAL HEALTH STIGMA ON HELP-SEEKING INTENTIONS IN BLACK MALE STUDENT-ATHLETES

Recent work has been examined athlete mental health and the reasons why athletes have not been using mental health services at college institutions. Mental health stigma is an important barrier for help-seeking among athletes. Mental health stigma may decrease help-seeking attitudes in athletes (Wahto et al., 2016; Tabet, et al. 2021). Tabet et al. (2021) reported that personal stigma has a negative relationship with help-seeking attitudes in student-athletes. Wahto et al. (2021) reported similar findings, that stigma has a negative relationship with help-seeking attitudes after controlling for variables such as previously partaking in therapy. Bauman (2016) identified “sports culture” as an attitude among athletics regarding mental health. Sports culture includes an expectation for athletes to be seen as mentally tough and to not seek help if they are experiencing mental health struggles. Some student-athletes fear repercussions from their team if they admit a mental health issue. Athletes believe disclosing a mental health issue may result in a loss of playing time, scholarship, or funding, or change the way they are viewed on the team (Bauman, 2016; Tabet et al., 2021). The mental health stigma that exists within athletic spheres creates difficulty for professionals in this population to identify higher-risk student-athletes that may need intervention.

Black Student-Athletes

College athletics is a billion-dollar industry that partially relies on the talent of Black student-athletes (National Collegiate Athletic Association, 2022). There is an expansive amount of research suggesting that college athletics is exploitative toward Black athletes (Miller, 2019; Murty & Roebuck, 2015; Murty et al., 2014; Pace, 2007; Sellers, 1993). The Supreme Court

recently ruled that universities cannot limit the number of education-related benefits an athlete receives from their universities (Noll, 2022). Black student-athletes are one of the largest minority groups within university athletic departments and belong to one of the largest groups of undergraduate students on college campuses, with rates averaging 16% (Espinosa et al., 2019). During the 2021-2022 academic year, there were at least 78,000 Black student-athletes in the NCAA (NCAA, 2022). Within high revenue-producing sports such as men's basketball and football, Black student-athletes comprise at least 40% of athletic teams (NCAA, 2022). Black student-athletes often carry the weight of presiding stereotypes, being admired for their resilience and grit, while many of their mental health concerns goes unaddressed. The academic environment, coupled with the athletic environment's pressures, is a significant risk factor for mental health concerns. Consequently, many athletes' mental health issues go untreated because of the stigma and stereotypes attributed to those that seek mental health. Sometimes these comments about mental healthcare in athletics are overt, and at times there is an undertone that communicates distrust in an athlete that does seek out help. Therefore, Black student-athletes who resist help-seeking may be at risk for more severe mental health issues.

Another stereotype that Black student-athletes suffer is being seen as a "dumb jock." Sailes (1993) describes the dumb jock stereotype as a focus solely on athletic achievements for athletes, thus allowing their academic pursuits to falter. The "dumb jock" is not concerned with academics, and because of this is seen as someone who is solely focused on physical or athletic attributes. Based on this orientation, the athletes are often met with very low expectations for academic achievement. Engstrom and Sedlacek (1991) found that first-year students reacted negatively to student-athletes when it came to academic situations. Administrators, advisors, and other academic support staff also project the dumb jock stereotype onto student-athletes, which

can create an internal conflict for athletes and their perceptions. Tran et al. (2021) reported that the “dumb jock” stereotype may be solely attributed to Black student-athletes. Black student-athletes in this study were rated as less intelligent, and less likely to succeed in the classroom, than white student-athletes. Sailes (1993) continues to suggest that there may be race-oriented sports stereotyping, such as the myth of black superiority in sports. These racially motivated centered stereotypes about Black athletes may be harmful for many reasons. The “dumb jock” stereotype is harmful to Black athletes because it undermines their ability to achieve academically. Black male student-athletes are just as capable of academic achievement as their counterparts. The “dumb jock” stereotype also paints an inaccurate picture of the academic experience of the Black-student athlete. Black student-athletes report to classes, study hall, and other academic obligations in hopes of scholastic achievement. In 2020, the NCAA reported that only .008 percent of its draft-eligible student-athletes transitioned to professional sports (NCAA, 2020). Thus, because very few of them will make it to play professionally, Black male student-athletes must be dually focused on the playing field and in the classroom. The perpetuation of the “dumb jock” stereotype leaves stakeholders at university athletic organizations in danger of divesting energy from Black student-athletes’ non-sport career goals and hindering their overall development and well-being.

In recent years, society has questioned the degree to which the NCAA prioritizes the overall psychological well-being of its Black athletes. The NCAA only recently ruled that universities are obligated to provide access to mental health services (NCAA, 2019). While this ruling represents a step in the right direction, there is still a much-needed investigation into the mental health treatment of the NCAA’s Black athletes. Researchers have been slow to examine more closely the mental health needs of Black male college student-athletes. Although there is

unmistakable evidence that Black male athletes are at risk for higher mental health stigma and negative attitudes towards help-seeking, we need additional research that investigates the within-group differences of Black male student-athletes, based on the variety of identities they may be navigating. In a sport environment, athlete identity encompasses different facets, but it may be responsible for many more in-depth latent processes taking place for athletes pertaining to their mental health. Therefore, more research is needed.

Athletic Identity

Athletic identity represents a multidimensional construct that represents an athlete's tendency to align strictly with their athletic role (Brewer et al., 1993). Athletic identity is important because if an athlete identifies strongly with their athletic role, they usually show less of a desire to develop other areas of their overall self, such as occupationally, personally, and mentally. If an athlete fails to develop other aspects of their identity and relies solely on their athletic identity, it creates an immense potential risk for mental health issues, particularly around career maturity. Beamon (2012) found that a group of former Black male athletes showed evidence of strongly identifying as an athlete even though their athletic careers had culminated. These players demonstrated an inability to successfully transition to a career other than athletics. The participants in this study also reported feeling like their family and friends only viewed them as athletes.

Although athletic identity is inherent in all athletes, scholars posited that its effects may be compounded amongst Black student-athletes. Harrison et al., (2011) suggested that Black student-athletes identify more strongly with their athletic identity than their White American counterparts. This result might have to do with the legacy of institutional racism and the lack of representation in the United States of America. For Black youth living in America, there is

sparse Black representation in a variety of occupational areas, thus due to the high volume of Black athletes seen playing high-profile sports, Black youth may see athletics as one the only realistic, viable occupation. Beamon (2012) goes on to report that Black males who develop an athletic identity find it difficult to envision anything else for themselves, which is in line with other scholars who suggest that athletic identity and career maturity are negatively correlated (Murphy et al., 1996). Thus, for Black student-athletes, being labeled as an athlete by society and others may lead to an over-identification with the sport. For Black student-athletes, this presents a myriad of developmental risks including mental health issues, such as depression and anxiety.

Masculinity and Black Males

Scholars posit that Black males' development of masculine identity differs from males of other ethnic backgrounds. Particularly, the role that institutional racism and societal difficulties such as poverty, violence, and drug use, play in Black males' psychosocial development is paramount to understanding their masculinity. African American construction of masculinity includes scripts, societal expectations of manhood, and altered gender roles (Wade & Rochlen, 2013). Black males are subject to a variety of experiences during their psychosocial development that ends up as reference points for their eventual understanding of masculinity. Experiences such as those related to their peer groups, experiences with their parental and familial figures, and their experiences as members of a society in which they do not exist as a privileged group. To understand the masculine psychosocial development of Black males,' Franklin (1987) insists we must break down the socialization of Black males into three distinct domains, how they are socialized within their *peer group*, within the *subculture*, and the larger society. The Black male *peer group* seeks to homogenize the ideas of the Black male by rejecting traditional societal scripts for how males should engage with the world. Concepts such as misogyny, sexism,

violence and antagonism toward other black males, and aggressiveness become formulated in this domain. The *subculture* can be thought of as the general Black community and serves as a reference for the ideas that the Black male has received within his peer group. This *subculture* may or may not exist in stark opposition to the norms that were ascribed in the peer group and will shape how the Black male understands how he should engage the opposite gender. Finally, the Black male's existence within society is shaped by the understanding of his role in his peer group and the subculture of African American culture.

Throughout his development, the Black male might internalize the scripts associated with certain dynamics of manhood. These scripts are storylines, and time markers for the eventual development of masculine identity. Spector-Mersel (2006) describes masculine scripts as “social clocks for masculinity, determining diverse contents of desired manhood at different points in a man's life.” (Spector-Mersel, 2006, p. 71). As a result, the development of masculine identity becomes a process concerned with reaching certain timely benchmarks and the accepting and rejecting of concepts that fit within the schema of traditional hegemonic masculinity. For Black males, this process is amplified, because any deviation from African American masculine ideals has major societal consequences.

Mahalik et al. (2003) identified these masculine scripts as the *tough-guy script*, the *give-em'-hell script*, the *independent script*, the *winner script*, the *playboy script*, and the *winner script*. In addition to the temporal dynamics of masculine identity development, these scripts define expectations for engagement in certain domains of society. Also, these scripts have implications for whether a male decides to seek help for a psychological issue (Addis & Mahalik, 2003; Mahalik et al., 2003). Unfortunately for males, seeking help is in direct conflict with several masculine scripts and becomes a barrier to help-seeking. One of the results of this

conflicting relationship is the negative labels and stereotypes that can arise from seeking mental healthcare.

How does stereotype threat impact Black Males?

Multiple concepts are theoretically applicable among this group when accounting for their lack of help-seeking. The first concept, stereotype threat might play a role in how Black male athletes make sense of their expected behavior as it pertains to mental health care. Black males, particularly athletes, are often characterized as characterized as testosterone-crazed brutes, (Curry, 2017) with no desire to exist or develop in any other domain besides their participation in sports. Furthermore, males are frequently regarded as resistant toward asking for help and wanting to be seen as mentally tough. This approach can be detrimental for many reasons. The stereotypes that exist about males make it difficult for them to deviate from any preconceived norms associated with this population, even if that deviation might result in more positive well-being. Stereotype threat occurs when a group goes out of its way to avoid stereotypes about a group in which they belong too (Steele & Aronson, 1995). For Black males, the need to be mentally tough and not ask for help can be an adversary toward seeking mental healthcare.

In an athletic environment, stereotype threat can be doubly inflicting, as the environment amplifies masculine norms. Stereotype threat has been observed impacting student-athletes during test taking (Dee, 2014) and coaching relationships (Feltz et al., 2013). There have also been applications of stereotype threat around identity for athletes (Stone et al., 2012; Yopyk & Prentice, 2005). However, a look at the literature fails to reveal how stereotype threat might relate to help-seeking intentions for athletes. Particularly, for Black male athletes, does the need to be seen as mentally tough and poised present a barrier to help-seeking? Stereotype threat,

combined with the negative labels that are attributed to those with mental health disorders, might play a large role in how Black male athletes approach mental healthcare.

Modified Labeling Theory and Mental Health Stigma

Modified Labeling Theory was developed by Link et al. (1989) to describe the behavioral dynamics of mental health stigma. Modified labeling theory (Link, 1989) was derived from labeling theory (Becker, 1963) used in deviance research. Labeling theory (Becker, 1963) stated that criminals that were denoted as such unconsciously sought to live up to those labels. Accordingly, the same can be said about those who suffer from mental health issues (Link et al., 1989). The labeling that accompanies mental health diagnoses or disorders, might deter persons from wanting to be labeled as having a mental health disorder. Scholars might refer to this feeling of not experiencing these labels as a *Stigma*.

Stigma (Goffman, 2009) refers to the negative associations prescribed to certain individuals that warrant rejection. Stigmas are associated with unwanted social ramifications like neglect and disregard by the public. Stigmas about mental health care run rampant in society and can be situated into two different versions: personal stigma and public stigma (Corrigan, 2004). Personal stigma refers to the internal messages about mental health that an individual may project onto themselves. For example, an athlete who may be experiencing a bout with depression might stigmatize themselves as weak. Public stigma is the negative associations that society places on certain facets of mental health care, such as diagnosis, behavior, and social cues (Corrigan & Kleinlein, 2005). Compounded, both these iterations of stigma may give further insight into the way that black student-athletes conceptualize mental health services.

Stigma and Help-Seeking in Black Student-Athletes

Mental health stigma may be an identifiable barrier to mental health services for athletes

(Watson, 2005, 2006). Tabet et al. (2021) found that mental health stigma impacts student-athletes' attitudes toward seeking psychological help. The implications of mental health stigma on student-athletes may be detrimental. Counseling services have been shown to successfully improve aspects of overall well-being for the general population (Corrigan & Rüsch, 2002). It can be inferred that even if a student-athlete is experiencing a mental health-related issue, they would resist seeking help because of the stigma that exists for student-athletes. This effect may be compounded within certain groups, such as Black student-athletes.

Black people resist seeking help from mental health providers due to, stigma, discrimination, prejudice, and fear (Alang, 2019; Whaley, 1998). In Black student-athletes, this resistance might be compounded due to athletic identity. Scholars have suggested that overidentifying with the student-athlete role might be harmful (Beamon, 2012a; Murphy & Petitpas, 1996; Okueso & Adekoya; Watson, 2016). An athlete that has a strong athletic identity may be motivated to reduce perceived threats to their athletic identity. Thus, a strong athletic identity, in addition to a strong racial identity, might have an increased effect on help-seeking in black student-athletes.

Wilkerson (2019) reported that Black football players thought of seeking help for mental health as weak. Also, Ballesteros and Tran (2020) found that although 70% of their sample of Black student-athletes had a mental health issue, only 11% sought services. Tran (2021) also found that Black student-athletes had higher levels of stigma relative to white student-athletes. While these studies investigated help-seeking attitudes among Black student-athletes, no current study exists that investigates the effect that athletic identity, race, and gender socialization may have on help-seeking intentions.

Current Study

According to the NCAA's research on well-being (NCAA, 2021), Black student-athletes are struggling with many issues related to mental health. Twenty-four percent of Black males were "mentally exhausted," and 10% of Black males reported that they felt hopeless (NCAA, 2021). The results of this study show that there needs to be a deeper look into the process that governs help-seeking for Black male collegiate athletes. Black student-athletes represent the largest group of minorities in collegiate athletics (NCAA, 2021). Therefore, practitioners working with this population must be armed with knowledge about how they experience stigma and help-seeking intentions.

The purposes of this study are to (a) investigate the relationship between mental health stigma and help-seeking intentions in a sample of Black male student-athletes and (b) examine how masculinity and athletic identity impact the relationship between mental health stigma and help-seeking intentions in Black student-athletes. To do this, I will utilize a sample of Black male collegiate athletes on varsity athletic teams at various universities throughout the continental United States. My goal for this study is to get a sense of how internalized masculine traits and athletic identity have on the willingness to seek help for Black male student-athletes. Specifically, I am going to identify different profiles of Black male athletes based on levels of athletic identity. Based on our review of the literature, several studies have looked at the relationship between stigma and help-seeking intentions in a sample of student-athletes (Barnard, 2016; Drew & Matthews, 2019; Tabet et al., 2021; Watson, 2005a). However, few of these studies have examined how masculinity and athletic identity affect this relationship. Additionally, none of these studies utilized a person-centered method to identify groups of athletes based on racial identity and athletic identity.

Hypotheses

To meet the goals of this study, I tested the following predictions. First, I expected that mental health stigma would correlate negatively with help-seeking. Negative correlations between mental health stigma and help-seeking have been seen within the literature in both non-athlete samples and student-athlete samples. Regarding non-athletes, Clement et al. (2015) surveyed 144 studies and found an overall correlation coefficient (Cohen's d) of $d = -.27$, usually with public stigma negatively impacting personal or internalized stigma. In student-athlete samples, Watson (2005, 2006) suggests that mental health stigma may be a significant barrier to seeking help for student-athletes. Tabet et al. (2021) also found that mental health stigma explained 25% of the variance of help-seeking attitudes in a sample of student-athletes. Therefore, I believe our study will support the results of other studies conducted amongst student-athletes.

Finally, I expect that there will be distinct profiles of Black male athletes when classified on levels of masculine norms and athletic identity. Additionally, I expect there to be at least one class associated with a higher risk of mental health risk based on profiles of masculine norms and athlete identity. This class would be characterized by a high internalization of athletic identity, as well as a moderate to high level of masculine norms. The rationale for these hypotheses is based on theories of athletic identity foreclosure which posit that athletes have a challenging time reconciling other identities when their athletic identity is at the forefront (Linnemeyer & Brown, 2010; Murphy & Petitpas, 1996).

Methods

Participants and Procedures

The study sample included 728 Black male collegiate athletes from a larger pool of participants included in the Center for Athlete Well-Being's *MyPlaybook* program. The

MyPlaybook program is an evidence-based online platform that promotes the health and well-being of student-athletes. Included within the *MyPlaybook* program is a series of assessments and instruments designed to measure a multitude of different markers for student-athletes (see athletewellness.uncg.edu for more on this program). The program allows the students to take educational modules, and before completing these modules ask the student-athlete to complete a series of assessments.

Nylund-Gibson and Choi (2018) contend that at least 300 cases are desirable for adequate power for conducting latent profile analysis. The sample was procured during the 2018-2019 academic year. Participants represented each level of the NCAA divisions (I, II, III). The inclusion criteria were participants had to be NCAA athletes, be identified as Black males, and be 18 and older. The average age of the sample was 19.97 years ($SD = 1.56$; Range: 18-25 years of age). When it comes to sexual orientation, the sample identified as 98.6% heterosexual, with 0.3% identifying as gay, 0.1% identifying as bisexual/pansexual, and 0.8% declining to respond or not knowing their sexual orientation. Regarding the year of athletic eligibility of the sample, 34.8% of respondents were in their 1st year, 24.2% in their 2nd year, 22.4% in their 3rd year, 13% in their 4th, and 5.6% were in their 5th year of eligibility. Only 38.3% percent of the respondents were in season at the time of survey responses. Additional demographic variables are available in Table 2.

Measures

Masculine Norms

Masculine norms were measured with a 29-item adaptation of the Conformity to Masculine Norms Scale (CMNI; Parent & Moradi, 2009). Items are rated on a 4-point Likert scale with responses ranging from 1 = strongly disagree to 4 = strongly agree. The masculine norms scale is comprised of 9 subscales including *winning*, *power over women*, *violence*,

heterosexual norms, emotional control, risk-taking, primacy over work, and playboy. Each of these subscales measure some aspects of masculine gender conformity. An example item includes “I tend to share my feelings” (Item #24; emotional control), or “Things tend to be better when men are in charge” (Item #26; power over women). Parent and Moradi (2009) reported good psychometric properties during their pilot study achieving alpha levels ranging from .78 to .89. For the present study, the sample achieved Cronbach’s alpha coefficients ranging from .70 to .84.

Athletic Identity

Athlete identity was measured with the 10-item Athletic Identity Measurement Scale (AIMS; Brewer et al., 1993). Items are rated on a 7-point Likert scale ranging from 1 = strongly disagree to 7 = strongly agree. The AIMS consists of three subscales: exclusivity, social identity, and negative affectivity. Sample items on the AIMS include “Other people see me mainly as an athlete,” “I consider myself an athlete,” and “Sport is the most important part of my life.” High scores on the AIMS indicate a high identification with the athlete role. The scores for each item are summed to create a composite athletic identity index score. Brewer et al. (1993) reported a strong internal consistency for the AIMS with a Cronbach’s alpha ranging from .81 and .93 during three separate studies. The AIMS is a widely used instrument to assess athletic identity. For the present study, the sample achieved a Cronbach’s alpha coefficient of .85.

Mental Health Stigma

Mental health stigma was measured using the Perceived Devaluation Discrimination Scale (PDDS, Link, 1987). The PDDS was created by Link (1987) to correspond to modified labeling theory by identifying levels of mental health stigma. The PDDS is a widely used scale for measuring discrete levels of personal and public stigma. The PDDS is used to measure

participants' perceptions of psychiatric patients. The instrument is self-administered and asks participants how much they agree with statements indicating that most people devalue current or former psychiatric patients. Example items include “Most people would accept a person who has been in a mental hospital as a close friend” and, “Most people think less of a person after he/she has been hospitalized for a mental illness.” The measure is 12 items, measured on a 4-point Likert scale, from *strongly disagree* to *strongly agree*. A higher score on this scale indicates a high amount of public stigma. The PDDS has achieved strong psychometric properties with an alpha level of at least .86 in previous studies (Link et al., 2001). For the present study, Cronbach’s alpha coefficient was .82.

Mental Health Help-Seeking

Researchers measured the participants' intent to seek help using the Self Stigma of Seeking Help Scale (SSOSH, Vogel et al. 2006). The SSOSH is a 10-item scale used to predict a participant’s attitudes toward seeking psychological help. Items are scored on a 5-point Likert scale with 1 = *strongly disagree* to 5 = *strongly agree*. An example of a survey item is “If I went to a therapist, I would be less satisfied with myself.” Scores are calculated after averaging the results of the 10 items. The measure demonstrated good internal consistency with a Cronbach’s alpha of .91 along with a unidimensional factor structure. The SSOSH scale has good psychometric properties, demonstrating an alpha range of .86-.90 in various samples (Vogel et al., 2006). For the present study, the SSOSH scale demonstrated good reliability achieving an Cronbach’s alpha coefficient of .83.

Results

Preliminary Analysis

Our first step was to check the data for potential issues with missingness. To examine

missingness, I utilized Little's MCAR via SPSS 28.0 (IBM Corp, 2023). None of our selected variables were missing more than 6.2% of responses. Schlomer et al. (2010) suggest missing data for a latent profile analysis to fall below 10%, therefore our sample had a suitable amount of missingness to continue with the latent profile analysis. Little's MCAR test (Chi-Square = 53.653, $df=83$, $p = .995$) indicated that data were missing completely at random. For the LPA analysis, *Mplus* (Muthen & Muthen, 2023) uses full information maximum likelihood (FIML) to analyze missing data. FIML is a recommended data imputation strategy by Schlomer et al. (2010) due to its accuracy in standard errors and its bias against missing data.

In the last step in our preliminary analysis, I determined that there were no issues regarding univariate normality, skewness, or kurtosis levels across variables. Both Byrne (2012) and Kline (2004) consider skewness levels (<2) and kurtosis levels (<7) as data that may be non-normal. Our normality test yielded skewness and kurtosis levels within these guidelines. I also examined any variables for outliers. I did a visual inspection of each variable and potential outliers utilizing Q-Q plots and box plots. Additionally, I investigated normality using histograms. I wanted to investigate any values that were noticeable well below or above the mean. For this study, I deemed outliers as anything that fell beyond three standard deviations of the sample mean. Skewness and kurtosis levels can be found in Table 2 below.

Hypothesis 1: Correlations

My first hypothesis was that mental health stigma would be negatively correlated with help-seeking. To test this, I ran Pearson's r bivariate correlations for the selected Athletic Identity, Mental Health Stigma, Help-Seeking intentions, and subscales on the CMNI. Hypothesis 1 was not supported by the data. Mental health stigma did not yield a significant negative correlation with help-seeking intentions ($r = -.021$, $p = .581$). Athletic identity was

positively correlated with the *winning* subscale on the CMNI ($r = .160, p = < .001$). Some other notable correlations were that the help-seeking intentions were negatively correlated with *violence* ($r = -.228, p = < .001$), *winning* ($r = -.086, p = .025$), and *emotional control* ($r = -.226, p = < .001$) subscales on the CMNI. Help-seeking intentions also yielded a moderate positive correlation with *risk-taking* ($.211, p = < .001$). A correlation matrix is included in Table 1.

Hypothesis 2: Latent Profiles of Athletic Identity and Masculine Norms

Model Identification and fit indices

To test Hypothesis 2, I conducted a latent profile analysis (LPA) using Mplus version 8.8 (Muthén & Muthen, 2022). Indicators for the LPA consisted of mean scores for the subscales *emotional control*, *winning*, *risk-taking*, *power over women*, *self-reliance*, *playboy*, *heterosexual expression*, and *violence* of the CMNI (Parent & Moradi, 2009) and AIMS (Brewer et al., 1993) measures. I began the LPA using 1000 starting values and 50 final stage iterations and then increased it to 5000 starting values and 100 final stage iterations. I conducted models for 1 through 7 classes, noticing a drop in model quality for LMR p-value ($p = .682$) at 7 classes. For deciding the best-fitting model, I consulted Grimm et al. (2016) and Nylund et al. (2007). Nylund et al. (2007) suggest the ABIC [Adjusted Bayesian Information Criterion], BIC [Bayesian Information Criterion], and LMR [Lo-Mendell-Rubin Adjusted Likelihood Ratio Test] p-value values to identify a suitable number of classes. In a series of models, models with lower BIC, ABIC, and LMR p-values tend to be better fitting. Geiser (2012) also adds that researchers can also utilize the entropy value, which indicates good delineation of classes. Entropy values above .80 usually denote accurate class sizes. I decided to go with the 5-class model based on the fit statistics and theoretical understanding of the sample population. Particularly, the 5-class model held smaller BIC (28664.580) and ABIC (28480.416) values, and the p-value ($p = 0.052$)

was approaching significance. The 6-class model also resulted in adequate fit statistics, but when I examined a plot of BIC values for corresponding k-class models, the elbow point of the curve reached a point of diminishing changes at six classes. Geiser (2012) and Grimm et al. (2016) contend that models with more classes usually fit data better, however when we begin to see diminishing changes the model quality can become compromised. Model statistics are depicted in Tables 3 and 4 below. BIC values are also depicted in Figure 2.

Profile Designation

Looking at the five classes we identified based on the AIMS and CMNI subscales, the largest class (51.9%, $n = 358$) was the *High Masculine Conformity* profile. This group represented a profile of Black male collegiate athletes that held higher conformity to masculine norms. The *High Masculine Conformity* demonstrated a lower level of athletic identity ($M = 4.918$, $SD = .161$), moderate restriction of emotions ($M = 4.667$), a high endorsement of violence ($M = 5.163$, $SD = .198$), and a higher desire for non-committed sexual relationships ($M = 3.798$, $SD = .160$), as measured by the *playboy* subscale from the CMNI. The next largest group (19.8%, $n = 137$) indicated a profile of Black male athletes who endorsed moderate athletic identity. The *Moderate Athletic Identity* profile was characterized by moderate levels of athletic identity ($M = 5.504$, $SD = .200$) and high scores on the *winning* subscale ($M = 12.365$, $SD = .928$) on the CMNI. This profile also endorsed moderate conformity to masculine norms by scoring moderately on the *violence* ($M = 5.265$, $SD = .232$), *emotional suppression* ($M = 4.889$, $SD = .233$), and *playboy* ($M = 3.845$, $SD = .384$) profiles. Our third largest class, the *Moderate Masculine Conformity* (14.2%, $n = 98$) profile, demonstrated higher levels of *winning* ($M = 12.382$, $SD = .892$), moderate levels of heterosexual trait expression ($M = 5.414$, $SD = .287$) as measured by the *heterosexual* subscale, and moderate endorsement of emotional suppression (M

= 4.894, $SD = .250$). The *Moderate Masculine Conformity* profile also scored low on the AIMS ($M = 4.677$, $SD = .256$) compared to the rest of the classes. Our second smallest class was named the *Low Masculine Conformity* profile (7.8%, $n = 54$). This profile was characterized by the lowest levels of *winning* ($M = 6.594$, $SD = .522$), *violence* ($M = 3.931$, $SD = .210$), *emotional suppression* ($M = 3.424$, $SD = .189$), and athletic identity ($M = 4.708$, $SD = .$). Our final class, which was our smallest class, was named the *High Athletic Identity* Profile (6.1%, $n = 14$). The *High Athletic Identity* class had the highest level of athletic identity ($M = 5.538$, $SD = .350$), desire to win ($M = 12.884$, $SD = .898$), and emotional suppression ($M = 6.197$, $SD = .216$). This class also demonstrated the highest penchant for violence ($M = 7.513$, $SD = .268$) in comparison with the rest of the profiles. In comparison with the rest of the profiles, the *High Athletic Identity* profile demonstrated higher levels of scores on both athletic identity measures and masculine norms. Thus, the *High Athletic Identity* profile was deemed the class associated with the highest mental health risk. This decision is based on literature that says a high level of conformity to masculine norms is a barrier to help-seeking intentions (Addis & Mahalik, 2003). Additionally, there is research that says athlete identity might play a role in help-seeking attitudes (Barnard, 2016; J. Steinfeldt et al., 2009). Therefore, while other properties of other classes may warrant the need for mental health services as well, this class demonstrated the most need based on differentiation from the other profiles. This result also confirmed Hypothesis 2. For these reasons, I decided to utilize the *High Athletic Identity* profile as our class variable for Hypothesis 3. Model proportions and mean scores on all the scales can be found in Table 4 below. Model illustration can be found in Figure 1.

Predictors of Profile Membership

As an additional step to investigate if any of my covariates predicted profile membership,

I conducted a regression that included covariates to test whether the season of sport or year of eligibility predicted latent profile classification. I did this by re-running the LPA analysis in *Mplus* but including an auxiliary variable to the syntax using the R3STEP procedure (Asparouhov & Muthén, 2013). Neither season of sport, nor year of eligibility significantly predicted class membership according to that analysis. However, when I examined an output comparing the season of sport and eligibility to class assignment, in-season status predicted membership into both the *High Masculine Conformity* and *Moderate Masculine Conformity* classes. Eligibility did not seem to shape class membership.

Discussion

This study sought to investigate the relationship between stigma and help-seeking intentions in a sample of 728 Black male collegiate athletes. I wanted to see if distinct profiles of Black male collegiate athletes existed based on masculinity and athletic identity. Finally, I wanted to investigate the correlations between mental health stigma and help-seeking intentions. To serve as the theoretical foundation for this study, I used modified labeling theory and stereotype threat to frame why Black male student-athletes may refrain from help-seeking for a mental health-related issue.

Regarding Hypothesis 1, my findings did not identify an overall negative relationship between mental health stigma and help-seeking intentions. In previous studies, college student-athletes have endorsed lower help-seeking desire than non-athletes (Hilliard et al., 2019; Kaier et al., 2015; Steinfeldt et al., 2009; Watson, 2005; Watson, 2006). Authors of these studies consider mental health stigma as the main barrier to help-seeking in this population. The results of this study are contrary to the results of previous research. As mental health in athletics gains emphasis (Howe, 2023), Black athletes may feel more comfortable reaching out about mental health issues. Therefore, many respondents in our sample may not feel indifferent about mental

health, nor internalize mental health stigma. This outcome, coupled with the result that only two of our smallest profiles of Black male athletes endorsed heavy resistance toward asking for help (as measured by the *help* subscale on CMNI) begs the question what is exactly at the core of Black male athletes' lack of help-seeking?

My second hypothesis was that there would be distinct profiles of Black male athletes when classified on levels of masculine norms and athletic identity. Additionally, I expected there to be at least one class associated with a higher risk of mental health risk based on profiles of masculine norms and athletic identity. This hypothesis was supported. Using latent profile analyses, I found five distinct profiles of Black male athletes: *High Athletic Identity*, *Moderate Athletic identity*, *High Masculine Conformity*, *Moderate Masculine Conformity*, and *Low Masculine Conformity*. The *High Athletic Identity* profile was associated with the greatest mental health risk based on high levels of athletic identity and masculine norms that might reduce the intention to seek help. Therefore, I decided to see if it had any impact on the relationship between mental health stigma and help-seeking intentions within this sample. There are a group of Black male athletes on college campuses that may exhibit increased endorsement of multiple identities. Previous studies have examined the salience of multiple identities for Black male college athletes (Steinfeldt, 2007). In our study, this class seemed to identify strongly with their athlete role. This poses several potential risks.

First, Black male athletes navigate through multiple identities (Bimper & Harrison, 2011a; Harrison et al., 2017; Howe, 2023). Also, these athletes may struggle to transition out of their college careers and might experience mental health issues during their transitions (Beamon, 2008; Beamon, 2012; Harrison Jr et al., 2013). A very small percentage (.8%) of collegiate athletes' matriculate to a professional athletic career, thus, a high athletic identity can be thought

of a mental health risk that may impact this population of athletes during the culmination of their athletic careers (Kornspan, 2014; Linnemeyer & Brown, 2010). Furthermore, the level of masculine conformity that the High Athletic Identity group exhibits might be simultaneously reinforced by the athletic environment, which tends to incentivize more masculine dynamics such as winning and mental toughness (Bauman, 2016; Steinfeldt & Steinfeldt, 2012). Evidence shows that in the athletic environment, even female athletes tend to endorse more masculine ideals (Steinfeldt et al., 2011). For Black male athletes such as those in the High Athletic Identity profile that tend to exhibit rigidity when it comes to masculine norms, it might be to their advantage to begin work around mental health literacy. The existence of high-risk profiles such as the *High Athletic Identity*, and the *High Masculine Conformity* profiles support the need for mental health practitioners in sports to remain vigilant of Black male athletes who exhibit characteristics such as an unconditional desire to win, a lack of emotional vulnerability, and a heavy reliance on their athletic identity. These traits might indicate an ideal candidate for prevention strategies because of the potential for development of negative mental health symptoms.

Few studies investigate masculinity among collegiate athletes have included respondents from a variety of collegiate sports (Ramaeker & Petrie, 2019; Reis et al., 2022; Steinfeldt et al., 2011; Steinfeldt et al., 2009). My study expands on these studies by including athletes from at least 15 varsity sports. The High Athletic Identity and High Masculine Conformity profiles also provide evidence that a high level of conformity to masculine norms is observed regardless of the sport. This finding is consistent with other literature that contends that the sports environment itself might recapitulate masculine norms (Steinfeldt et al., 2013).

Consistent with Hypothesis 3, we found that the High Athletic Identity profile showed a

strong and negative relationship between stigma and health-seeking intentions. This finding is consistent with modified labeling theory and stereotype threat (Link et al., 1989; Steele & Aronson, 1995). These results are also consistent with previous studies that have looked at how masculinity influences help-seeking within a group of male collegiate athletes (Steinfeldt et al., 2009). Those groups of male athletes who demonstrate high agreement with masculine norms tend to exhibit more mental health stigma. Furthermore, athletes that identify heavily with the athlete role have been evidenced to be resistant to help-seeking (Ramaeker & Petrie, 2019; Steinfeldt et al., 2009). These results also build on past assertions that males specifically tend to demonstrate stigma toward seeking psychological help (Addis & Mahalik, 2003; Berger et al., 2013; Mahalik et al., 2003).

Counseling Implications

For those working with Black male athletes, when presented with athletes that express rigid identification of masculinity, intervention needs to begin with educating athletes on more expansive views of masculinity. This may be a crucial factor in increasing help-seeking and mitigating any future pathology. The goal of these interventions should be focused on broadening the understanding of masculinity for these athletes so that their view of how men reconcile mental health issues becomes more expansive. This study also has implications for the labels that may be ascribed to groups of male athletes. For labels related to mental health care and other stereotypes alike, their ascription may be harmful to certain populations and dictate rates of help-seeking and successful reconciliation of mental health. Male athletes that internalize scripts related to mental toughness, or not asking for help may in the future find themselves impacted by depression, anxiety, or other potential maladies. In college athletic departments, outreach efforts around mental health can discuss gender socialization scripts and their pitfalls, in

hopes of educating these athletes with hopes of preventing any mental health issues.

Another implication relates to transitioning out of an athletic career. There have been several articles that discussed the difficulties males have transitioning out of their athletic careers (Beamon, 2012; Linnemeyer & Brown, 2010; Murphy & Petitpas, 1996). This study builds on that research and reveals that athletes who fit into the *High Athlete Identity*, and *High Masculine Identity* profiles might experience difficulties when transitioning out of sport. Should these athletes avoid professional intervention while competing for their universities, they may experience difficulties foreclosing their athletic identity. It is important for athletes such as those who fit in these higher-risk profiles, to start expanding on their identities.

Sports psychologists and counselors working with male athletes need to tailor their interventions toward communicating a more expansive view of gender norms. Moreover, in athletics, the pitfalls and advantages of heavy athlete identity need to be communicated with athletes. Professionals need to find ways to do so in a way that continues to integrate the benefits of balanced identities in athletic participation. Interventions focused on expanding identities may have impacts on team cohesion and athlete-coach relationships. The hope is that along with an increase in overall well-being, athletic well-being is achieved as well.

An important implication of this study is the possibility of a potential triple stigma effect for Black male athletes. There is a well-established research base for the concept of double stigma, which is the effect that multiple stigmatizing beliefs can have on an individual's understanding of a phenomenon or process. There is a literature base regarding triple stigma, but research on this topic concerns those impacted by criminalization. This triple stigma effect that has arisen because of this study can be applied at the intersection of athlete identity, masculine socialization, and racial socialization. For Black male athletes, there may be an integrated

process whereby athletes are simultaneously, having to reconcile each dimension of identity. This process is potentially complex because, within each domain, there are subdomains. Implications for this triple stigma concept are mighty, particularly when trying to understand Black male athletes. To better understand this concept applied to Black male athletes, more research is needed.

Limitations and Future Research

The data analytic strategy in this study allowed me to look at distinct profiles within a group of Black male student-athletes. Consequently, some limitations exist within this study. The cross-sectional design allows us to look at the data from one specific period but does not allow the researcher to account for temporal changes that may occur because of unobserved phenomena. Thus, it is unclear how the respondents would have approached the study over time. The study also only included a single sample of Black male athletes. Conducting a cross-sectional study without a control group still presents many benefits, however, it could have been beneficial to compare the results of this sample with another demographic of student-athletes (i.e., White male athletes, female athletes, etc.).

Another limitation is the self-report nature of the survey. Respondents might be influenced to answer questions related to their mental health symptomatology based on societal standards and a desire to be perceived as mentally well. The influence of social desirability plays a role in whether respondents accurately answer survey questions and report less mental health symptomatology. This study is also subject to some environmental limitations, such as the student-athlete's eligibility and whether the student-athlete is in season and out of season. These factors might play a role in how the student-athlete responds to the study, and this brings into question how the survey responses might have differed if the survey was administered at a different time

point.

Modified labeling theory states that individuals may avoid mental illness labels and thus be resistant to seeking psychological help (Link & Cullen, 1986; Link et al., 1989). Particularly for males, labeling and scripts have been noted as a barrier to help-seeking (Mahalik et al., 2003; Seidler et al., 2016). Stigma certainly plays a role in help-seeking for Black male athletes, but other significant forces need to be investigated further. Whereas researchers have pointed to mental health stigma as the culprit, there needs to be a deeper look into what additional factors may be in play for help-seeking intentions in Black male collegiate athletes. Future research should look at the within class dynamics of this group. Specifically, practitioners might benefit from seeing how a group of high-risk male participants (i.e., those who are classified as having high athletic identity, and a strong masculine identity) integrate mental health stigma and help-seeking intentions.

Future research aimed at uncovering the processes involved in student-athlete mental health and athlete mental health help-seeking should seek to investigate other phenomena that impact the help-seeking process. Several questions remain unanswered in this research area. How do athletic performance, prior mental health care, the existence of a mental health professional in the athletic department, or the athletic department's overall approach to addressing mental health play a role in how athletes think of and access mental health care? How do coaching relationships and approaches to mental health care impact an athlete's mental health? For Black male student-athletes is there a "triple stigma" effect that occurs when it comes to help-seeking? As the research area of student-athlete mental health has developed, the presence of mental health stigma alone might no longer solely explain the lack of help-seeking for student-athletes. It may be time for researchers to look to expand their queries and investigate

how other phenomena present in an athletic environment play a role in mitigating help-seeking. As the student-athlete landscape continually changes and evolves, it will be important for researchers and practitioners alike to do the work and stay abreast of changes that might impact how this population access mental health care.

Conclusion

College athletics continues to grow and burgeon in the United States, consequently, systemic issues and societal impacts will directly play a role in how athletes manage themselves in an athletic context. In an environment where physical health is praised, the same treatment has not traditionally been given to mental health. This study sought to make clearer how stigma was related to help-seeking intentions in a group of Black male athletes, stigma and help-seeking did not have a significant relationship, however, we did identify that a higher-risk group with a high athletic identity and high conformity to masculine norms may exist. With the hope of improving the landscape for athletes, the study aims to provide a helpful understanding of these processes.

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Appendix A

Table 1

Bivariate Correlations of Selected Variables

	<i>M</i>	<i>SD</i>	MHS	HSI	AthID	Win	Play	Violence	Hetero	Risk	Help	Power	Emotion
MHS	29.66	3.37	1										
HSI	3.19	4.89	-0.021	1									
AthID	52.23	10.70	0.008	0.011	1								
Win	12.73	2.47	0.032	-.086*	.160**	1							
Play	5.81	2.02	0.055	.122**	-0.02	-.435**	1						
Violence	10.79	2.48	.086*	-.228**	.082*	.379**	-.229**	1					
Hetero	16.40	3.65	0.059	.104**	0.074	.168**	0.014	-.120**	1				
Risk	7.44	1.89	0.012	.211**	0.012	-.233**	.423**	-.347**	.162**	1			
Help	6.59	2.01	0.038	0.014	0.056	-.259**	.380**	-.295**	.141**	.443**	1		
Power	5.92	1.83	0.056	0.068	0.016	-.321**	.391**	-.279**	.252**	.262**	.317**	1	
Emotion	8.46	2.16	.120**	-.226**	0.07	.415**	-.295**	.364**	0.037	-.311**	-.126**	-.218**	1

Note = AthID = Athletic Identity. MHS = Stigma. HSI = Help-Seeking Intentions. Win = Winning. Play = Playboy. Hetero =

Heterosexual Norms. Risk = Risk Taking. Help = Asking for Help. Power = Power Over Women. Emotion = Emotion Control.

Table 2

Descriptive Statistics for Selected Variables

Variable	N	Mean	Std. Deviation	Skewness	Std. Error	Kurtosis	Std. Error
Athid	690	52.2319	10.69805	-0.247	0.093	0.018	0.186
Winning	683	12.7262	2.46911	-0.414	0.094	-0.271	0.187
Playboy	683	5.8141	2.01947	0.43	0.094	-0.091	0.187
Violence	683	10.7936	2.48157	-0.241	0.094	0.294	0.187
Hetero	683	16.3968	3.64709	0.354	0.094	-0.182	0.187
Risk	683	7.4407	1.89084	-0.291	0.094	0.336	0.187
Help	683	6.5871	2.0057	0.116	0.094	-0.175	0.187
Power	683	5.9165	1.82691	0.222	0.094	0.151	0.187
Emotion	683	8.4627	2.15519	-0.175	0.094	-0.363	0.187
MHS	696	29.6624	3.3697	-0.399	0.093	2.715	0.185
HSI	692	3.1893	4.8854	-0.786	0.093	0.958	0.186

Note = AthID = Athletic Identity. MHS = Stigma. HSI = Help-Seeking Intentions. Win = Winning. Play = Playboy. Hetero =

Heterosexual Norms. Risk = Risk Taking. Help = Asking for Help. Power = Power Over Women. Emotion = Emotion Control.

Table 3*Summary of Relative Fit Information for Model Comparisons*

Kclass	BIC	entropy	LMR p-value	BLRT p-value	fp
1 class	29740.44	--	--	--	--
2 class	29210	0.94	<.0001	<.0001	64
3 class	28899.19	0.91	0.0003	<.0001	51
4 class	28753.5	0.87	0.0029	<.0001	50
5 class	28664.58	0.84	0.052	<.0001	42
6 class	28655.62	0.84	0.44	<.0001	43
7 class	28637.373	0.839	0.6863	0.6816	78

Table 4*Mean Scores, Class Sizes, and Percentages of Latent Profiles on Selected Variables*

Class	Class Size	% of Sample	AthID	Win	Play	Violence	Hetero	Risk	Help	Power	Emotion
Moderate Masculine Conformity	98.01373	14.205	4.894	12.382	2.568	5.292	5.414	5.183	3.097	3.104	4.677
High Masculine Conformity	358.60244	51.971	4.918	9.609	3.798	5.163	4.702	5.183	4.185	3.78	4.301
Moderate Athletic Identity	136.90829	19.842	5.404	12.365	3.845	5.265	5.486	6.091	4.942	3.832	4.889
High Athletic Identity	42.19683	6.115	5.538	12.884	2.095	7.513	3.824	2.526	2.299	2.251	6.197
Low Masculine Conformity	54.27872	7.866	4.708	6.594	5.561	3.931	4.904	6.336	5.308	4.879	3.424

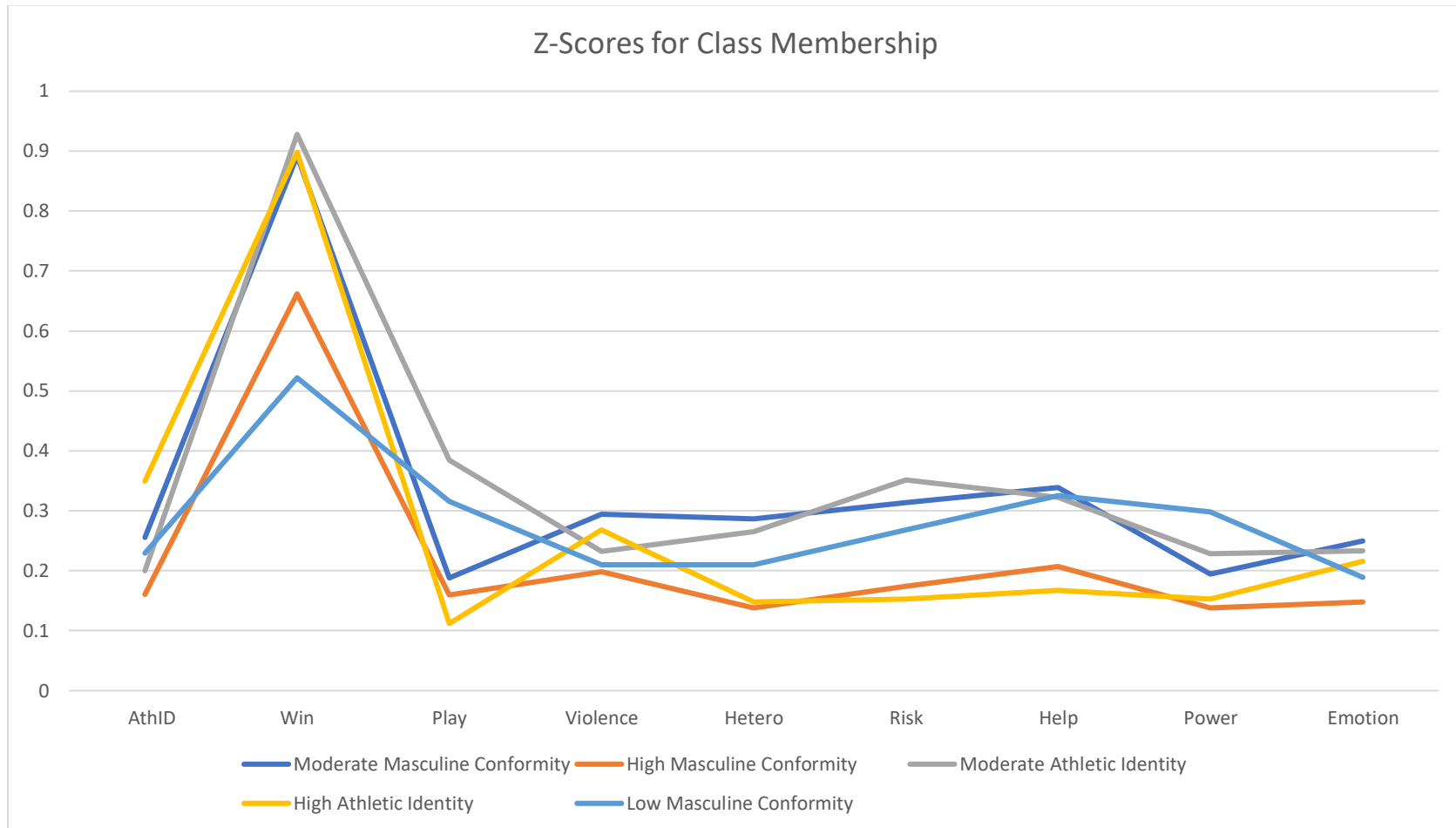
Note = AthID = Athletic Identity. MHS = Stigma. HSI = Help-Seeking Intentions. Win = Winning. Play = Playboy. Hetero = Heterosexual

Norms. Risk = Risk Taking. Help = Asking for Help. Power = Power Over Women. Emotion = Emotion Control.

Table 5*Demographic Variables for Sample*

	Identification	n	%
Sexual Orientation	Heterosexual	718	98.6
	Gay	2	0.3
	Bisexual	1	0.1
	I don't know	6	0.8
Eligibility	First Year	253	34.8
	Second Year	176	24.2
	Third Year	163	22.4
	Fourth Year	95	13
	Fifth Year	41	5.6
Season Status	In Season	279	38.3
	Out of Season	449	61.7
Fraternity Status	Yes	711	97.7
	No	17	2.3
Age	18	153	21
	19	163	22.4
	20	150	20.6
	21	148	20.3
	22	69	9.5
	23	28	3.8
	24	11	1.5
	25+	6	0.8
Sport	Baseball	36	4.9
	Basketball	164	22.5
	Cheer	1	0.1
	Cross Country	5	0.7
	Football	327	44.9
	Golf	1	0.1
	Lacrosse	5	0.7
	Rowing	1	0.1
	Soccer	26	3.6
	Softball	1	0.1
	Swimming/Diving	4	0.5
	Tennis	2	0.3

Indoor T&F	2	0.3
Water Polo	1	0.1
Wrestling	6	0.8
CC and T&F	130	17.9
Multiple Sports	16	2.2



Note = AthID = Athletic Identity. MHS = Stigma. HSI = Help-Seeking Intentions. Win = Winning. Play = Playboy. Hetero = Heterosexual Norms.

Risk = Risk Taking. Help = Asking for Help. Power = Power Over Women. Emotion = Emotion Control.

Figure 1. Z-scores for Profile Membership and Selected Variables

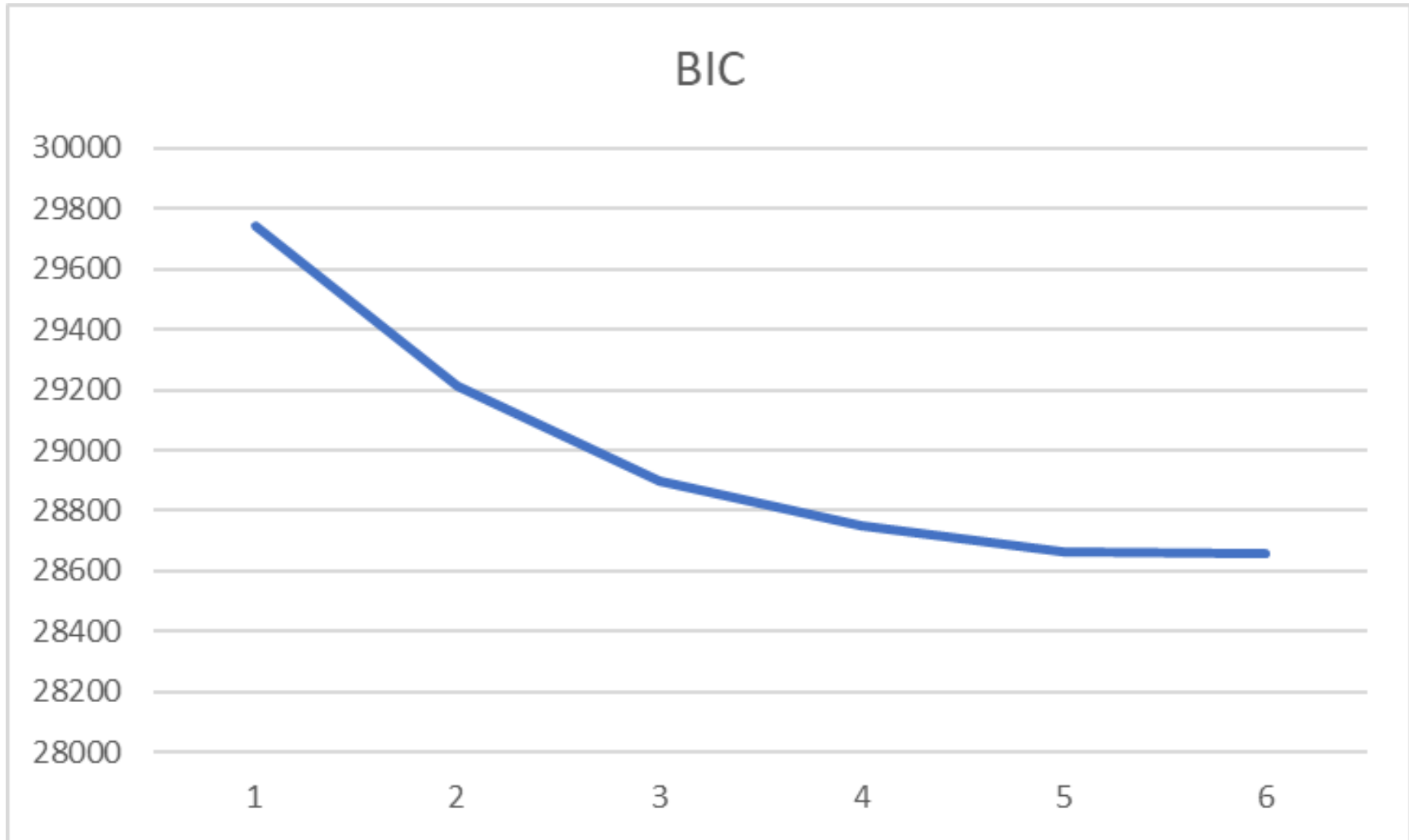


Figure 2. *BIC Values for Latent Class Models*