

December 2020

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### Recommended Citation

Wilkerson, Todd A.; Stokowski, Sarah; Fridley, Alison; Dittmore, Stephen W.; and Bell, Charles A. (2020) "Black Football Student-Athletes' Perceived Barriers to Seeking Mental Health Services," *Journal of Issues in Intercollegiate Athletics*: Vol. 13: Iss. 3, Article 2.  
Available at: <https://scholarcommons.sc.edu/jiia/vol13/iss3/2>

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## *Journal of Issues in* **Intercollegiate Athletics**

### **Black Football Student-Athletes' Perceived Barriers to Seeking Mental Health Services**

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*Black male student-athletes have endured frequent stereotyping on college campuses (Hawkins, 2010). Additionally, Black student-athletes have experienced educational, campus, and athletic stressors (Miller & Hoffman, 2009). Many student-athletes do not seek mental health services because of their status on campus (Watson, 2005). The general population has experienced common barriers in seeking mental health services including low socio-economic status (Hurd, Stoddard, & Zimmerman, 2013) and negative stigmas related to mental illness (Wang et al., 2005). While it is reasonable to assume similar challenges exist for Black student-athletes, it must be investigated empirically. As such, the purpose of this study was to examine the perceived barriers Black Division I football student-athletes face in seeking professional mental health services. Using phenomenological methodology, semi-structured interviews were conducted with nine Black football student-athletes. The data revealed two themes: weakness and silence. The results of this study will allow stakeholders to better assist this population in seeking mental health treatment and eliminating the barriers associated with seeking mental health services.*

*Keywords: barriers, Black students, college athlete, football, mental health*

**B**lack student-athletes, especially males, have been frequently stereotyped and given unflattering labels at their respective institutions (Hawkins, 2010). This population has been viewed as athletically superior and academically inferior to their counterparts (Beamon, 2014; Boyd, 2003; Campbell, 2019; DeFrancesco, 1996). Many student-athletes come from low socioeconomic backgrounds and single-parent households; often student-athletes, particularly in high profile sports (e.g., basketball, football) are first-generation college students (Wohlgemuth et al., 2007). A vast majority of Black male student-athletes enter campus in a disadvantaged state (Beamon, 2014). Hardships, poverty, and poor schooling limit the overall college experience for Black student-athletes (Beamon, 2014). Research shows such disadvantages leave Black male student-athletes feeling exploited and isolated (Beamon, 2014; Campbell, 2019). Beamon (2014) found Black student-athletes struggle to eternalize racial identity and athletic obligation. Beamon (2014) further reported that Black male student-athletes felt mistreated, misguided, and stigmatized by instructors and students alike.

Moreover, the simultaneous transition to higher education and collegiate sport is a specific stressor for student-athletes (Wilson & Pritchard, 2005). Student-athletes face daily stressors including academics, competition, practice, family life, campus engagement, and relationships with coaches and university staff that influence their psychological well-being (Miller & Hoffman, 2009). Wilson and Pritchard (2005) found freshman student-athletes and their non-athlete counterparts had similar stressors, but to different degrees. Student-athletes reported increased stress in dealing with conflicts of a significant other's family, an excess of responsibility, lack of sleep, and substantial burdens due to sport related activities (Wilson & Pritchard, 2005). General college students reported higher levels of stress due to financial strains, decision making related to education, paying too much for services, transportation issues, and being unhappy with their physical appearance (Wilson & Pritchard, 2005). Cosh and Tully (2015) found four overarching themes encompassing the stressors for student-athletes: coaches, finances, scheduling, and fatigue.

Student-athletes are not immune to mental illness. Thirty-three percent of student-athletes identify with symptoms of depression (Cox, Ross-Stewart, & Foltz, 2017). While instances of disordered eating are a common issue for female student-athletes, male student-athletes experience pathogenic behaviors including excessive exercise, fasting and/or dieting, and the use of laxatives as well as diuretics (Petrie, Greenleaf, Reel, & Carter, 2008). Suicide is less common in student-athletes as opposed to the general population; however, it is the fourth leading cause of death in student-athletes (Rao, Asif, Drezner, Toresdahl, & Harmon, 2015). When compared to other ethnicities, Black student-athletes experience a higher rate of suicide (Rao et al., 2015). Further, Division I student-athletes are at greater risk of suicide when compared to other NCAA classifications, and male student-athletes are more likely to commit suicide than female student-athletes (Rao et al., 2015). Hebard and Lamberson (2017) found psychologists consider athletes an at-risk population for mental health concerns.

Athletic departments play a vital role in promoting a positive environment for the student-athlete (Harrison, Martin, & Fuller, 2015). In spite of this, many athletic departments do not employ mental health professionals for their student-athletes (Moore, 2016). Moore (2016) found having adequate and accessible services was a major key in maintaining student-athlete safety and psychological well-being. Cox et al. (2017) found that upwards of 25% of student-athletes were unfamiliar with their university's mental health services and locations of services

on campuses. Many barriers have existed regarding student-athletes' help-seeking behaviors, such as attitudes towards race or ethnicity, negative experiences with mental health professionals, stigmas, and the belief that there is no problem or simply that the problem will magically disappear (Gulliver, Griffiths, & Christensen, 2010; Kelly, Jorm, & Wright, 2007).

With such a great number of issues affecting the mental health and well-being of Black male student-athletes, it is of great benefit to understand the perceived barriers that would prevent this population from seeking mental health services. Given the adversity Black student-athletes endure and the mental health concerns facing student-athletes, the purpose of this study was to examine the perceived barriers of Black football student-athletes in seeking professional mental health treatment. Specifically, this study strived to answer the following research question: what barriers do Black football student-athletes perceive in seeking mental health treatment?

## Review of Literature

### *Barriers to Receiving Professional Treatment*

Mental illness influences a significant portion of the United States (Gulliver et al, 2010). A staggering 57% of individuals who deal with mental illness have not received any professional help (National Institute of Mental Health; NIMH, 2017). Therefore, it is beneficial to explore existing barriers to seeking professional mental health services. Barriers to help-seeking have included low socio-economic status (Hurd et al., 2013), transportation issues (Williams & Williams-Morris, 2000), cost of care (Rowan, McAlpine, & Blewett, 2013), stigma and stereotypes (Wang et al., 2005), poor literacy (Andrade et al., 2014), and the media (Wang, 2006). Low socioeconomic communities face several barriers to pursuing mental health treatment including overall lack of mental health treatment professionals, substance abuse issues, and economic strain (Roberts, Robinson, Topp, & Newman, 2008). Cost of care, lack of insurance, and employment concerns often create barriers for individuals in need of mental health services (Dunigan, Farmer, Burns, Hawks, & Steodji, 2013; Rowan et al., 2013; Wang et al., 2005). Around 55% of individuals reported not feeling comfortable receiving mental health services, fearing seeking treatment would have a negative impact on their career and career trajectory (Dunigan et al., 2013).

Mental health stigmas often deter individuals in need of care (Cooper, Corrigan, & Watson 2003). Gender, race, ethnicity, and culture were determined to be significant barriers of utilization of mental health services (Wang et al., 2005). Specifically, Black individuals in the 18-29 age bracket are associated with not seeking mental health services (Wang et al., 2005). Low awareness of mental illness serves as a critical barrier for those in need of services (Andrade et al., 2014). Thirty-three percent of individuals with public insurance coverage, 40% individuals with private insurance, and 56% of all individuals without health insurance have not pursued professional help (Rowan et al., 2013). The population being studied shares many of the fore-mentioned socio-demographic characteristics.

This study endeavored to examine the perceived barriers of Black football student-athletes in seeking mental health treatment guided by social learning theory (O'Connor, Matias, Futh, Tantam, & Scott, 2013). The theory suggests that life experiences inform behavior. Furthermore, social learning theory intimates that individuals are not only learning from others but are learning from their environment (O'Conner et al., 2013). Social learning theory builds

upon social cognitive theory (Bandura, 1986) because there are three elements that influence performance: behavior, environmental influences, and personal factors.

Social standards and race were identified as direct factors leading to individuals not seeking mental health services (Wang et al., 2005). Race and ethnicity shapes attitudes, disposition, comfort levels, and acceptance of mental health care (Alvidrez, 1999; Ojeda & McGuire, 2006). Black and Brown minorities, immigrants, and males were impacted most by psychosocial barriers (Wang et al., 2005). Trust of care provided for individuals within these communities also served as a barrier for receiving services (Thom, Hall, and Pawlson, 2004). Error in trust caused poor help-seeking behavior, a lack of willingness to return to the service provider, and led to negative medication or therapy regimens (Thorn et al., 2004; Ojeda & Bergstresser, 2008).

### *Mental Health and Black Communities*

Black families' mental health needs have been grossly overlooked and not adequately provided for by health care systems (Biegel, Johnsen, & Shafran, 1997). Gee, Ryan, Laflamme, and Holt (2006) expressed an association between socioeconomic status and race in help-seeking behaviors. Higher rates of depression, anxiety, and stress were found in Black individuals raised in impoverished communities with low employment rates (Hurd, Stoddard, & Zimmerman, 2013). Adolescents living low socioeconomic communities with high unemployment rates displayed decreased levels of social support, ultimately leading to negative mental health, suggesting that the community environment directly influenced mental health (Hurd et al., 2013). A lack of resources often leave parents in such communities unable to help their children receive necessary services (Hurd et al., 2013).

Those identifying as Black have been rightfully and historically paired with the word discrimination (Gee et al., 2006). Often those in the Black community failed to receive proper treatment based on stigmas surrounding their ethnic, culture, race, and socioeconomic status (e.g., Williams & Williams-Morris, 2000; Gee et al., 2006). The mental health issues for many Black individuals were directly linked to healthcare discrimination (Gee et al., 2006) and directly correlated to racism and oppression (Pieterse, Neville, Todd, & Carter, 2012). This population continuously encountering racism, discrimination, and oppression have a higher tendency of experiencing mental health issues (Pieterse et al., 2012). Racism and discrimination had the strongest effect on mental health along with physical health (Williams, Neighbors, & Jackson, 2003).

Black male adolescents faced discrimination and judgment from teachers that caused depression and low self-esteem (Chavous, Rivas-Drake, Smalls, Griffin, & Cogburn, 2008). Perry, Tabb, and Mendenhall (2015) found that Black males who are exposed to violence, crime, and harsh environments show increased rates of post traumatic disorder, anger, aggression, anxiety, stress and depression. Black males from inner-city communities required family support for mental well-being (Perry et al., 2015). Perry et al. (2015) also found that understanding Black neighborhoods, schools, and family background provided keen insight into Black males' mental health. Black adolescent males who suffered from depression had a higher risk of dropping out of school or having poor educational direction (Fletcher, 2008; Perry et al., 2015).

### *College Students and Mental Health*

First generation college students reported higher rates of posttraumatic stress disorder, inferior life satisfaction, and single-event traumatic stress than continuing-generation college students (Jenkins, Belanger, Londana-Connally, Boals, & Duran, 2013). A study by Czyzewska and McKenzie (2016) showed that non-white, male, first-generation college students were at a heightened risk for mental health issues including binge drinking. Black student-athletes voiced the lack of support services significantly impacted their educational and athletic experience (Horton, 2011).

There are a number of factors affecting college student's awareness of mental health services (Yorgason, Linville, & Zitzman, 2008). College students that were mentally distressed were more likely to know about and use mental health services (Yorgason et al., 2008). First year students and male students were less likely to know about or use mental health services while being female and upperclassmen were associated with increased awareness of mental health services (Yorgason et al., 2008). Eisenberg, Golberstein, and Gollust (2007) found that upwards of 90% of college students were covered by medical insurance; however, they were unaware of where to receive services and if the services would be covered by their insurance provider. Wang (2006) found even individuals aware of professional treatment were still not utilizing services effectively.

### *Student-Athlete Stressors*

Athletes who participated in intercollegiate athletics faced dual roles and responsibilities (Etzel, 2006). Scheduling demands in college athletics reduced time for academic and career planning which potentially limited successful transitions and possibly caused overwhelming stress in student-athletes (Bjornsen & Dinkle, 2017; López & Levy, 2013). Rigid scheduling for high profile collegiate athletic contest challenged student-athletes' academic responsibilities and for some has led to issues with stress, depression, and anxiety (Jolly, 2008; López & Levy, 2013). For example, mid-week competition often caused stress from traveling, missing class, and competition; this directly impacted psychological well-being for a number of student-athletes (Dubuc-Charbonneau, Durand-Bush, & Fomeris, 2014; López & Levy, 2013). The tremendous pressure coaches face may have motivated some to allow fewer rest days, meaning less time for student-athletes to integrate into the campus community (Gould & Whitley, 2009). Many teams traveled on off days, taking advantage of the National Collegiate Athletic Association (NCAA) mandate that travel time does not count as part of the 20-hour restriction (Wolverton, 2016). Increased academic pressures, longer playing seasons, pressure from coaches to win, lack of rest, early or late class times, travel for competition, and the commercialization of college athletics can produce a profound impact on the mental health of student-athletes (Brown, 2016; Ferrante, Etzel, & Lantz, 1996; Etzel, 2006). Such factors lead to low levels of self-worth, depression, loss of interest, and a decrease in psychological well-being in some student-athletes (Etzel, 2006; New, 2015). Research suggested that time demands, time constraints, and practice hours were too much for student-athletes (Deci, Koestner, & Ryan, 1999; Long & Caudill, 1991).

Sport-related stressors faced by student-athletes vary, and student athletes indicated that these stressors impacted their academic success (Cosh & Tully, 2015). A report on student athlete time demands for the Pacific 12 Athletic Conference (Pac-12) indicated that student-athletes were spending more than the allotted 20 hours per week allowed by the NCAA on their

respective sports (Pac-12 Conference, 2015). Including voluntary workouts/meetings, physical treatments for injuries, and travel related to sport competition, student-athletes were spending closer to 50 hours per week on athletics (Pac-12 Conference, 2015). These demands contributed to burnout within student-athletes (Gould & Whitley, 2009). Risk factors for student-athletes included ineffective coping strategies, overtraining, and poor environment that may all play a role in decreased psychological well-being (Petito et al., 2016).

Student-athletes experience psychological distress through sport related stress, environment acclimation, binge drinking, risky behavior, and eating disorders (e.g., Bruner, Munroe-Chandler, & Spink, 2008; Gulliver et al, 2010; Noblet, Rodwell, & McWilliams, 2006; Wetherill & Fromme, 2007). Some student-athletes may be willing to accept mental health services; however, personal components such as relationships, perceptions, societal factors, and negative prior experiences often generated barriers (Moreland, Coxe, & Yang, 2018). These barriers contributed to the negative perceptions student-athletes in need of mental health services, form of themselves (Gulliver et al., 2010). For example, Gulliver et al. (2010) found that 44% of young elite athletes were embarrassed to pursue professional help. Interestingly, Moore (2016) found student-athletes and athletic administrators believed that professional mental health services should increase on-campus accessibility for student-athletes. Literature concerning student-athletes pursuit and use of professional treatment for mental health issues had not produced much insight into the overall issue of why student-athletes were not seeking professional mental health services (Moreland et al., 2018).

### *Student-Athletes Barriers for Mental Health Services*

The media creates barriers for mental health treatments by portraying athletes as invincible creatures (Gulliver et al., 2010; Wang, 2006). Gulliver et al. (2010) studied young elite athletes. Their findings revealed that the top three barriers to help-seeking behavior were: (1) not knowing how to identify mental health disorders or their symptoms, (2) not knowing when to seek help, and (3) not wanting others know about their condition. Further, coaches and parents often have negative perceptions of counseling and mental health services (Moreland et al., 2018). Low mental health literacy, adverse attitudes towards mental health, culture, stigma and stereotypes, transportation, financial strain, and access to services prevented student-athletes from obtaining mental health services (Abram, Paskar, Washburn, & Teplin, 2008; Gulliver et al., 2010; Kelly et al., 2007). Male student-athletes were less likely to seek psychological help than their female counterparts (Barnard, 2016). Further, among males participating in college football, those who conformed to traditional gender orthodox ideologies experienced greater levels of self-stigma than those who did not conform to such traditional masculine norms (Steinfeldt & Steinfeldt, 2012). Self-stigma has been found to negatively affect student-athletes' willingness to participate in face to face counseling (Bird, Chow, Meir, & Freeman, 2018). Recent studies showed no significant differences in attitudes toward seeking psychological help between student-athletes and non-athlete students (Barnard, 2016; Bird et al., 2018).

### *Black Student-Athletes*

The prevalence of mental health concerns decreased as Black individuals developed self-confidence and a strong belief in their culture (Mandara, Richards, Gaylord-Harden, & Ragsdale, 2009). Ryff (2012) found that psychological well-being is important to an individual's behavior

and one's ability to navigate their current environment. Psychological well-being and student-athletes support services continue to be a widely researched topic. Given that mental health is an epidemic on campuses across the nation and student-athletes do not seek mental health treatment, the purpose of this study was to examine the role of the perceived barriers Black student-athletes face in seeking professional mental health services.

The current literature on Black student-athletes highlight issues of racism and mental health risks. Black student-athletes falling in the profiles of low social support and high minority stress have increased occurrences of anxiety and depression symptoms as well as interpersonal and family problems (Sadberry & Mobley, 2013). Black college football players at historically white institutions experienced isolation, racism, rejection, and judgement from their campus community (Melendez, 2008; Singer, 2005). In addition, the lack of Black individuals in leadership roles greatly impacted the experience of this population (Singer, 2005). There is a dearth of literature available on the barriers facing Black football student-athletes in seeking professional mental health treatment. Since current literature does not address the understanding of barriers to professional mental health treatment from the Black football student-athlete's lived experience, the researchers sought to explore barriers to mental health for Black football student-athletes.

## Methodology

Phenomenological research was utilized as the methodological design in the present study to determine the barriers of help-seeking by Black male Division I football players. Phenomenology is defined as the empirical evidence of phenomena that a group or individual identifies with (van Manen, 2015). The purpose of phenomenological approach is to pronounce the specific identified phenomena and understand lived experiences (Lester, 1999). Phenomenology concerns itself with an experience of an individual and its impact on their everyday life; the essence of the experience (Creswell & Poth, 2018; Lester, 1999). The current literature does not address the understanding of barriers to professional mental health treatment from the Black football student-athlete's lived experience. As the researchers sought a better understanding of the phenomena of barriers to mental health for Black football student-athletes, phenomenology is the qualitative approach that most closely aligns to accomplish the purpose of describing the phenomena in terms of Black football student-athletes lived experiences. The purpose of this study was to examine the perceived barriers of Black football student-athletes in seeking professional mental health treatment. Specifically, this study addressed the question: what barriers do Black football student-athletes perceive in seeking mental health treatment?

*Method.* Semi-structured interviews were the primary method for this phenomenological study. Semi-structured interviews are referred to as a data collection tool that details lived experiences, perspectives, and attitudes towards the phenomena (Kvale & Brinkman, 2009). "Semi-structured interviews are defined as a planned a flexible interview with the purpose of obtaining descriptions of the life world of the interviewee with respect to interpreting the meaning of the described phenomena" (Kvale & Brinkman, 2009, p. 327). Semi-structured interviews provide an enhanced setting of listening, understanding, and sharing of experience from participant to researcher (Kvale & Brinkman, 2009).



### Procedure

This study utilized convenience sampling that allowed the primary researcher to select participants based on time, location, and a direct correlation with the research agenda (Creswell, 2007; Merriam, 2009). Upon receiving approval from the Institutional Review Board (IRB), the primary researcher (who worked in the athletic department) asked those meeting the qualifications for the current study to participate. Nine Black football student-athletes at a NCAA Division I power 5 institution agreed to participate in this study (see Table 1). The primary researcher conducted each interview. Individuals in this study were interviewed once, and the interviews lasted 60-90 minutes. Interviews were conducted over a two-day period in a private office on-campus in an academic building. Each participant signed an informed consent statement and allowed their interview to be digitally recorded. To protect the confidentiality of the student-athletes, each participant selected a pseudonym and all identifying markers were removed upon transcription.

Table 1  
*Participant Demographics (By Age)*

Age	Pseudonym	Classification	Position
18	Jason	Freshman	Offense
19	BJ	Redshirt Freshman	Defense
19	Terrence	Sophomore	Defense
20	John	Sophomore	Defense
21	Bob	Junior	Defense
21	Jeff	Junior	Defense
21	Josh	Junior	Offense
21	Jose	Redshirt Junior	Defense
22	Anthony	Senior	Defense

### Data Analysis

Following the transcription of each interview, Saldana's (2009) two cycle coding techniques were utilized. Saldana's (2009) two cycle coding attempts to get at the essence of language-based data making it a good fit for phenomenological studies. The first cycle of coding consisted of attribute coding, structural coding, descriptive coding, and in vivo coding. Attribute coding refers to the overall setting of the interview such as city, state, and country (Saldana, 2009). Structural coding refers to a phrase utilized to represent a portion of the data that related to the research question (Saldana, 2009; Namey, Guest, Thairu, & Johnson, 2008). Descriptive coding is considered as summarizing data using words or short phrases (Saldana, 2009). In vivo coding refers to a word or short phrase from the actual language found in the qualitative data from the participant's responses (Saldana, 2009; Smith & Firth, 2011). Pattern coding was utilized throughout the second cycle of coding. Pattern coding labels similarly identified coding from the first cycle of coding (Saldana, 2009). In this phenomenological study, pattern coding provided insight into the theme, order, and overall explanation of the data.

### *Trustworthiness*

Rossmann & Rallis (2003) suggested that trustworthiness within a qualitative research study was legitimized only if the study was acceptable and of competent practice, and if it is an ethical study. Trustworthiness was established through the use of a pilot study, bracketing interview, member checking, and triangulation of coding. A pilot study was conducted with a former Division I Black football student-athlete. A pilot study increases reliability and validity of the interview questions and study as a whole (Kim, 2011). Bracketing is viewed as a methodological aspect of phenomenological research that hides the researcher's personal beliefs and dispositions about the studied phenomena (Chan, Fung, & Chien, 2013; Speziale & Carpenter, 2007). The primary researcher participated in a bracketing interview during this research study to eliminate the presence of personal beliefs, mentality and personality from intertwining with the participants responses (Chan et al., 2013). Additionally, member checks allowed the primary researcher to re-visit the responses alongside the individual participant that reported them to gain clarification of the data collected (Merriam, 2009; Ravitch & Carl, 2016).

Triangulation of coding calls for combining the coding matrix which enables the researcher to display similarities and differences throughout the transcript (O'Cathain, Murphy, Nicholl, 2010). Multiple individuals assisted in coding the transcriptions, this was done to establish inter-rater reliability (Miles & Huberman, 1994). The research group, consisting of four experienced qualitative researchers, individually coded the data and then met to discuss and compare codes, ultimately interpreting meaning within the data. In qualitative data analysis the use of multiple coders (e.g., research group) assisted in achieving inter-rater reliability (Campbell, Quincy, Osseman, & Pedersen 2013; Creswell, 2007).

## **Results**

The study examined the perceived barriers of Black football student-athletes in seeking professional mental health treatment. Specifically, what barriers do Black football student-athletes perceive in seeking mental health treatment? The data revealed two major themes weakness and silence (see Figure 1). Weakness referred to the participant's views on stigma, toughness, and time constraints as a student-athlete. Silence included awareness, community, and relationships with family and coaches. Some indicated a preference in talking to their families about mental health issues and conveyed the cultural aspect of Black families not talking outside of the family. The lack of education and stereotyping regarding mental health treatment and the issues associated with mental health were discussed by the participants; some participants did not know where to receive services on campus or who could treat them if they needed professional help.

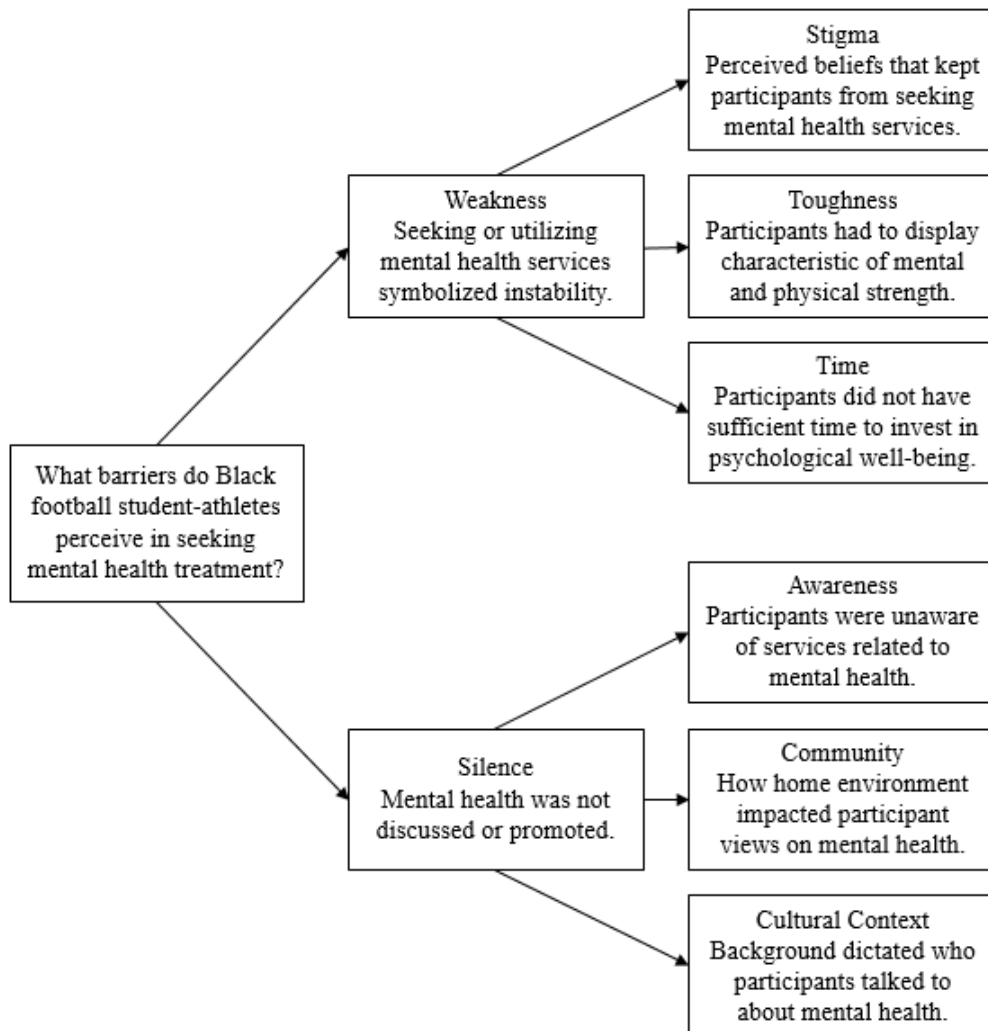


Figure 1. Major themes and sub-themes emerged from the data regarding perceived barriers of Black football student-athletes in seeking professional mental health treatment.

## Weakness

Weakness was viewed as a major barrier to the participants seeking mental health treatment. The participants did not want to be viewed as weak, or less than their other teammates. Many of the participants felt as if it was their responsibility to always be ready to play despite their emotional state. Some of the participants referred to this as being “mentally tough” and believed they would be viewed as weak if they decided to pursue mental health treatment. Jason expressed his view on being perceived or seen as the “weak guy” on the team:

I don't know, man. I feel like, I feel like people just don't want to be seen as the guy, the weak guy, that needs help, you know. No one wants to need help. I don't know nobody that wants to need help. So, everybody kinda wants to be independent and handle things on their own. And, if it's possible to handle some mental thing going on, then definitely.

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Jose also shared response regarding weakness. He believed that you are considered weak if you talk to a counselor.

Jose equated this to where he was raised and expressed the view is placed on all people, even those in desperate need of help:

I will say some people, some, I know I'm from the country, like and all the like people on my biological dad's side, they feel like talking to a counselor and stuff like that is weak, but that's what people needs to get, to get healthy. You know? So.

Weakness, an overarching theme, was classified as a barrier preventing participants from seeking mental health treatment. Weakness informed the sub-themes: stigma, toughness and time.

*Stigma.* Stigma emerged as the first subtheme under weakness. The participants identified stigma as a barrier that kept them from pursuing or receiving mental health treatment. Some of the student-athletes shared their views and perceptions of the stigmas facing Black male Division I football student-athletes pursuing mental health resources. The stigma attached to this population causes reluctance to seek professional mental health services.

Jason provided insight on his thoughts regarding the stigma of receiving mental health services, explaining that "society" can be a barrier for student-athletes seeking treatment. He continued that some people are hesitant or scared to pursue professional help, "I feel like some people might be afraid to be viewed a certain way for needing help with having healthy mental health. You know what I'm saying?" Jason further expressed his thoughts and perceptions:

I feel like some people might feel like they are less than others because they need assistance with mental health, unlike some other people do. And I don't think that is true, I feel like there is nothing wrong with it. If you going through something and your mental health is not where it needs to be then I feel like it should be normal for you to seek help, to get it. You know what I'm saying?

Similarly, Anthony believed coaches viewed student-athletes utilizing mental health services as less capable than the student-athletes not undergoing mental health treatment. He revealed the belief that some players kept mental health concerns hidden to emphasize and demonstrate to their coaches that they were ready to play, specifically stating:

I guess like players try to hide it because they always want to show the coach they are here to go and for them, so like they probably don't speak on it as much because of that. So, they keep it into their self.

*Toughness.* Toughness emerged as the second sub-theme under silence. Jason revealed that his teammates acted tough, or strong, even when they were not trying and suggested that it could be a pride issue. He stated, "it about toughness man." Similarly, Jose linked toughness to masculinity, "men supposed to have you know that role of being like strong all the time." He continued with men are "never supposed to let nobody see them crying. Not supposed to be down and stuff like that. So, that's why they view it as weak."

Jason alluded to football being a tough sport to play and felt that a lot of his teammates would rather handle their problems on their own. He expressed:

I feel like as football, as the coach or football is kind of a tough, it is about being a tough guy, who's the manliest man, so, ain't nobody really fixing to just go and talk to, uh, talk to nobody about their issues. They try to handle it as best they can on their own.

He continued his stance on toughness:

It's about toughness, man, it's about, you gotta, I feel like some people, some people get so used to living the lifestyle of being a tough guy that even when they are not trying to be, they are. You know? So, some people it's just they pride. They can't let nobody see you down. So, you don't really want to go talk to nobody about nothing like that because you don't want anybody to see you down.

*Time.* Time, or “who got time for this”, was established as the third sub-theme under weakness. Participants' felt they did not have enough time to even consider mental health treatment, as they expressed their difficult time constraints. The student-athletes' athletic and academic requirements significantly limited their free time.

Josh felt as if it is always “football, football, football.” Similarly, Jason referred to the lack of free time one has as a student-athlete, “you also have to take into consideration our schedule.” He continued, “people not doing what you doing as far as, uh, as far as training, you know what I'm saying, and eating the right foods and taking care of yourself and doing things in a timely manner.” He further explained how football student-athletes are negatively impacted by their busy schedules, stating:

Like, there could be times where the guys don't sleep the proper amount of hours, don't eat the proper, uh, meals, or, you know something like, or don't take the proper amount of rest just from the sport, period, just like some people can practice, like we practice twice a day in the summertime. Somebody could probably be doing an extra workout between those practices and they could, that could affect you, but it definitely affects us, I feel like, um, there is a lot of people that are affected by the schedule or outside of football, like as far as school and stuff like that.

BJ found time constraints acted as a major barrier in several areas of his life. He expressed challenges finding time to eat, let alone time to seek mental health treatment. BJ explained that “you have to figure it out”, because as an athlete it is very important to have proper nutrition. He specifically stated:

Well, sometimes, like, it's really hard like to try to find time to like do things that you really need to do as far as like eating, like eating is an important thing, like, but if you not, you would like forget to eat with the schedule that comes with a student athlete. You'd be like, “Dang, I didn't eat”, like, how am I supposed to perform on the field at a high level and supposed to be a freak of nature like some SEC athlete, but you need to eat. You gotta figure it out. It's like little things like that, like, can really, like, be affected.

This lack of time to eat demonstrated the insufficient time student-athletes have for their daily needs. Not having proper nutrition can easily affect a person's mental state, and BJ mentioned how performing at a high level requires an appropriate diet. Time constraints add to the stress and pressure already associated with being a Black male division I football player.

Jose felt "you really don't have time for your social life if you think about it" and "it's football and school, twenty-four/seven" suggesting he believed student-athlete requirements consumed his time. Anthony expressed a similar stance on time constraints, "It just be hard, like, because it makes me want to sit down more. I really don't get time to enjoy anything." He continued to explain some of the time obstacles he faces on a daily basis:

Like, see right now I've been hurt so this past spring I'd wake up at six every day, go to breakfast around seven, go to class at eight, go to rehab if I have any other break, go back to class, then now I have to be at the facility at 2:30 and be there until like 6:30 and probably leave there at seven, so I just had a whole 12 to 13 hour shift it felt like.

Bob echoed the thoughts of some of the other participants. He viewed the time constraints as the equivalent of work, "It's like a nine-to-five job" football student-athletes "work from six and [they] stop working at like, it's like working out and stuff at like eight or nine, and we still got schoolwork to do so we really gonna be done at eleven." Bob further expressed his discontent with the time constraints he faces as a Black male Division I football player.

It makes you think about like, like not going to class. It makes you think about, makes you think about, man, like football or really life, like, is this really what I want to do? Do I really want to play this sport all my life? Or it just makes you want to say, like, do I want to graduate, like, with straight As, As and Bs or do I just want to get passed, or pass with this C or get a D. So, it is a lot of things that make you think about it, like, it makes you open up your eyes and see, like, both sides or which side you want to choose. So, yeah.

Time constraints surfaced as a sub-theme prevalent with most participants. The time constraints displayed issues that this particular population faces. Proper nutrition and sleep were among some of the most telling issues. The lack of nutrition was another obstacle for these participants to face. These student-athletes were held accountable for their performance on the football field. Many detailed their daily schedules and the requirements of their mind and body, that displayed the overall stress they deal with. These participants conveyed that there were issues finding time to eat and have a social life, so how can we expect them to make time to utilize professional mental health services?

### *Silence*

Silence represents the second major theme derived from the data. The participants revealed an absence in conversations regarding mental health. For example, Anthony "talked to no one about [his] problems." He keeps issues to himself stating, "I'm not used to like just going to talk to no one really or just going to seek for someone to help me with my problems." Participants of this study assumed coaches and administrators of their university would facilitate these conversations.

Jeff explained the inadequate conversations from coaches regarding mental health as realistic, “I feel like they know, they know it could play a big factor if it ever gets to that point, but, you know realistically we don’t talk about mental health.” He went on to say help is not there when it is needed, “We don’t get the treatments, nobody there for them when you need it. But, like I said, nobody really brings it up besides if they do bring it up they just want their medicine.” Jason explained that he feels mental health amongst him and his teammates is not really talked about:

I mean, we don’t really speak much about it in the locker room or whatever, but I feel like everybody kinda has the understanding that if you going through something you should, you know what I’m saying, go see somebody.

Josh felt that a lot of his teammates’ dealt with mental health issues. He stated, “like I said, a lot of them will go through things,” but “we don’t really talk about it or say anything about it.” Josh further explained:

I feel like the coaches don’t view it. They probably don’t even pay attention to it. They don’t view it anyway because they don’t care, probably, and they don’t understand the stuff we go through. A lot of mental health is huge, and there is people on this team with mental health. Even, whether if it’s the good mental health or the bad mental health, or if it’s depression mental health or anything like that, like I said, like, but they don’t pay attention to stuff like that because, you know, they just don’t. But, uh, administrators, academic staff, they do. They see things like that. They pay attention to it. Obviously, they try and talk to us about it.

Josh felt his coaches did not talk about mental health because “all they care about is us playing football.” He continued, “they don’t want to talk about it” and “they really don’t care.” Bob explained that his coaches “don’t talk to us about mental health really”, they say let us know if “anything goes wrong, or anything is happening.” Separately, Terrence guessed his coaches cared about mental health stating, “I guess they see it as important. That’s what I have to assume” because “they don’t talk about it.” If necessary they will “probably on the individual basis like you could probably go talk to one of them and they will tell you, but they don’t, you know, say it in an organized way.” He continued,

The majority of participants in this study revealed that mental health is not a common topic for discussion on in the locker room, on campus, or in the community. The lack of conversation surrounding mental health was a concern for many of the participants. Specifically, the inability of coaches, administrators, and family members to address mental health served as a barrier to help-seeking behavior.

**Awareness.** The silence, or the absence of conversations about mental health, revealed a lack of participant awareness regarding mental health services. Awareness presented itself as the first sub-theme of silence. Awareness gained traction throughout the study because of how the participants viewed their environment and resources. Campus resources are a vital part of awareness for the participants. While sports psychologists were widely discussed during the interviews, few participants had utilized the resource and the majority struggled to articulate their purpose.

Some participants described sports psychologists in broad terms. For example, Jeff stated a sports psychologist is “just somebody you just go there, you just talk to them about whatever you going through.” Similarly, Josh described them as “people that you sit down and talk to about your problems or anything that is going on in life to kind of give you closure or kind of help you feel better in a way, I guess.”

Other participants, like Bob, believed sports psychologists “try to understand us for who we are as, as a player instead of as a person.” While John expressed that a sports psychologist “is somebody that is supposed to help with your mental state, as like, because they know you athletes go through so much. I just feel like it’s probably not offered enough.” Similarly, Terrence described a sports psychologist as “somebody that handles sports-related depression issues, like, things like that. But I feel like that’s not really the best thing for people.”

Jason explained he had met with a sports psychologist during his time at his university, “she asked me some questions about myself and my family or whatever. But, it wasn’t really nothing serious.” However, he “couldn’t tell you” their role in athletics.

*Community.* The participant interviews revealed some of the participant’s perceived background as a barrier to seeking mental health services. Community perception or level of care was also considered a barrier for this study. The participants expressed difficulty trusting people in their home communities and preferred talking with family about mental health.

Jeff openly discussed how his background affects his ability to speak with people about issues. He expressed that it is difficult to trust certain people. “I just, I just feel like sometimes, like I said, you just come from different backgrounds and you just can’t trust with that type of information it is just sometimes you don’t feel comfortable in trusting a person.”

Anthony’s response also coincided with Jeff’s. He felt that he and his teammates’ backgrounds were similar and explained that they are more comfortable talking to their family. He revealed:

Like a lot of my teammates come from like similar backgrounds as me so they not used to just, they probably just used to talking to their family or some friends back home, but now we up here for four years out of your life, so it’s just different, like, you have to find a new crowd but you don’t trust them like the people back home so it’s just harder to communicate.

Jason expressed that he did not feel his home community was concerned about athlete’s mental health, “I don’t really think the community is too concerned about an athlete’s mental health.” Similar to Jason, John explained that “nobody from [his] community came to me about any mental health, uh, services or anything like that.” He continued that the city he grew up in did not offer adequate information on mental health services stating, “they probably don’t know about it, don’t have it or, I don’t really know.” BJ spoke of the challenges in seeking mental health services in his community:

Uh, no. It does not because you gotta think about it, like, in that time, well not really in that time, but the people that I’m growing up around, I done grew up around like a lot of them, a lot of them went on to do great things, but a lot of them they not there no more. They, you know, they somewhere, maybe in prison. Might be deceased. You know what I’m saying?



Although the participants came from different cities and towns most viewed their community as one that did not promote or understand mental health services. Background served as a barrier for seeking mental health services. Participants viewed this issue as a lack of trust when having to talk to others. The participants expressed their feelings of mistrust and unawareness from their respective communities.

*Cultural context.* The final sub-theme that emerged from the data was cultural context. This referred to the participants background influencing who they felt they could (and could not) talk to about mental health. The participants responses determined that a lack of cultural understanding could be viewed as a barrier for to seeking mental health services. Cultural context played a key role in these young men's lives. The participants expressed how past coaches developed them as players and men. However, insisted that trust was a factor in building relationships with coaches, academic staff and athletic administrators. Some participants explained that a lack of trust or relationship would hinder them from talking with coaches and athletic staff members.

Josh explained his journey as a recruit to student-athlete at this university and the loss of his coaching staff leaving:

At the end of the day you been in a relationship with these coaches, you know what I'm saying, because that is the people you are going to be with a lot, spend a lot of time with and be around for a lot of that time. So, yeah, I mean, just having a great relationship with them and trusting them, you know, and me coming all the way up here to go to school and play football, you know, then they did that. Man, that hurt.

John expressed culture as a barrier to seeking mental health services stating, "you know the black family, the momma usually the one holding everything down. So, I feel that's the strongest person in the family. You can go to her to talk." Terrence, similarly, indicated this "is how they grew up. Like if you gotta problem you tell your mom. You talk to your mom whether you grown or not. Like that is just how we do things." Jason revealed that he believes "It's a culture thing. It's definitely a culture thing because I mean when I think about it not really many of my friends, you know what I'm saying, talk about issues that go on inside the house." He also added that race plays a part in not seeking professional services:

So, I think it is definitely a culture thing, a race thing, because I feel like, um, white people would definitely go seek help for stuff like that. But us, we just try to deal with it within the walls of our home.

It was evident that community and background play a role in these participants seeking professional mental health services. The cultural aspect is limited to Black families within this study, and the relationship aspect with coaches provided some participants with an outlet to talk. However, the participants are not seeking mental health treatment. Culture was vividly described by the participants as a barrier within their thought process regarding seeking mental health treatment.

## Discussion

Social learning theory specifies that individuals learn both from other people as well as from their environment (O'Conner et al., 2013). The barriers identified by the participants were confirmed in the major themes produced in this study: weakness and silence. Weakness denoted the perceptions that participants learned from people. These perceptions included negative stigmas, the need to appear tough, and a lack of time for mental health care. Silence specified the perceptions participants learned from their environment including the lack of awareness, trust issues in the community, and overall cultural context.

Black male student-athletes are often only valued for their athletic abilities (Brown, 2016). The research regarding student-athlete mental health produces concerning statistics (e.g., Cox et al., 2017; Hebard & Lamberson, 2017; Moore, 2016); furthermore, Black male college students are considered an at-risk population (Hebard & Lamberson, 2017). Given that nearly half of football student-athletes are black (NCAA, 2018), this study sought to examine the participants' perceived barriers of seeking professional mental health treatment. Throughout their interviews, the participants explained their perceptions, feelings, and experiences that prevented them from actively seeking professional mental health treatment.

### *Weakness*

Black student-athletes have faced an array of stereotypes (e.g., Hawkins, 2010; Hudson-Banks & Kohn-Woods, 2007; Steinfeldt, Reed, & Steinfeldt, 2010). This population has also been viewed as athletically superior (Boyd, 2003). However, Black student-athletes have been viewed as lesser than their White counterparts (Campbell, 2019). Feelings of isolation and mistreatment seemed to be a common narrative among this population (Beamon, 2014), and this study demonstrated that such feelings led to Black student-athletes unable to seek out mental health treatment. Seeking out mental health resources would show weakness in a population that is expected to be athletically superior (Boyd, 2003).

*Stigma.* Peer and societal stigma created a perceived barrier for seeking professional mental health treatment for these participants. Participants of this study felt as if they would be viewed "less than" or "not ready to play" if they sought out mental health services. Some participants were open to gaining understanding and accessibility to knowledge of mental health treatment; however, they feared repercussions. These conclusions were similar to Beamon's (2014) study. Comparable to previous research (e.g., Cooper et al., 2003; Gulliver et al., 2010), the participants in the present study would not discuss their psychological struggles out of fear of being judged. Attitudes and perceptions towards mental health, culture, stigma, and stereotypes created a significant barrier for this population in seeking mental health services. This study contributes to previous literature (e.g., Abram et al., 2008; Gulliver et al., 2010; Jorm et al., 2007).

*Toughness.* Campbell (2019) referred to Black male student-athletes as the face of their university's athletic teams. Similar to previous studies (e.g., Brown, 2016; Campbell, 2019), the participants were expected to place their athletic responsibilities above their academic endeavors. Football was the priority for all student-athletes involved in the study. Some of the participants stated the perception that they must be mentally and physically tough in order to play Division I

football. Other participants discussed playing through injuries and being prepared to play at all cost. One participant stated, “some guys just want to show coach they are ready to go for him.” Participants explained they felt they have to be tough because they have to compete; their coaches and families encouraged them to be tough and show no signs of weakness. Toughness was expressed as a perceived barrier for these participants literature refers to it as a part of stigma rather than an emotion or characteristic of the student-athlete. Even though this population viewed themselves as tough and were constantly viewed as tough from others, they may still require mental health services. This is comparable to the findings of Hebard & Lamberson, (2017). The risk-factors facing these participants required that mental health services be readily available to them, similar to Petito et al. (2016). Findings suggested coaches and athletic administrators should address the perceived stigma of toughness. One way to address this would be to promote the acceptance of mental health services.

*Time.* Time served as a perceived sacrifice and barrier for seeking mental health services. The amount of time the participants dedicated to their sport was concerning. Participants in this study expressed issues with getting proper sleep and nutrition. Furthermore, the participants expressed the lack of time available to spend on academic pursuits. Participants felt there was simply no time to focus on psychological well-being or schedule an appointment to meet with a mental health professional when there are other priorities. Sadly, this population failed to realize that focusing on their mental health would only help them in other facets of their lives. As Jason expressed, his teammates “would rather be sleep” than seeking mental health services. The time commitments that student-athletes dedicate to their sport was seen constantly in the literature (e.g., Deci et al, 1999; Long & Caudill, 1991; López & Levy, 2013; New, 2015; Wolverton, 2016). This study showed that the perceived time limitations not only forcing student-athletes to sacrifice their studies and their professional development, but it is also forcing these athletes to sacrifice their psychological well-being.

### *Silence*

Participants reported that mental health was not a topic of discussion in the locker room. In fact, mental health was rarely addressed by the coaches. One participant referred to “having to wear your mental health issue” to receive help. This study revealed participants perceived their coaches, administrators and communities did not promote mental health issues or services. Moreland et al. (2018) found that literature is lacking regarding why student-athletes are not seeking professional mental health treatment. The present study found that lack of dialogue between coaches, university staff and communities created a culture of silence. Many participants of this study expressed the perception that their coaches were not worried about mental health and that some coaches had no thoughts on the views of mental health. Among the nine participants interviewed within this study, most shared that their perception was that some of their teammates needed services or they themselves faced issues that required professional help. Jeff felt that his team and coaches did not talk about mental health services. Jason explained that it is an unspoken truth, if you have a problem you should go talk to someone. Once again, the participants expressed the perception that mental health was not openly talked about. This finding suggests coaches, administrators, and the community need to have open dialogue surrounding mental health. Mental health should be talked about in the locker room, during practices, and throughout athletic facilities. Also, signage would facilitate awareness.

*Awareness.* Some participants confided they did not know where services were offered on campus or who they could talk to. As such, participants perceived mental health services as hidden. This directly corresponded with Eisenberg et al. (2007) study. This finding also aligned with Cox et al. (2017) study which found 25% of student-athletes were unfamiliar with mental health resources and where to find resources. The understanding of where to receive services on campus is vital for student-athletes psychological well-being. Mental health resources should not be hidden from student-athletes, as that indicates that perhaps seeking out such services is something to hide. Furthermore, the lack of promotion regarding the sports psychologist and the role they play with student-athletes was also explored during this research study. When asked about their university's sport psychologist responses varied. Jason explained he had saw the sports psychologist but "it wasn't anything serious" and he added that he was unaware of their role on campus. John perceived the services of the sports psychologist as not being offered often enough to him and his teammates to utilize. Some participants perceived sports psychologist as responsible for treating their mental health issues and get them ready to play.

*Community.* Many of the student-athletes that were interviewed perceived their background and culture encouraged keeping "issues" within the family. Trust and familiarity determined a student-athletes willingness to discuss issues with a family member (as opposed to speaking with a trained professional). In line with Thom et al. (2004) trust and lack of trust of individuals prevented participants from seeking mental health services. The participants touched on cost of treatment as a barrier to utilizing mental health services which was similar to Wang (2006). Most participants felt comfortable talking to their mothers or another relative about their issues, consistent with the findings of Alvidrez (1999) and Ojeda and McGuire (2006). Some participants expressed that their communities were considered "poor" and mental health was not talked about. Participants perceived their communities as not viewing mental health as a serious issue. Lastly, similar to the findings of Dunigan et al. (2013), participants expressed the perception that their community and coaches may view them as unstable or not ready to play if they did receive mental health services, which would affect their opportunity to play.

*Cultural context.* Culture was described as a perceived barrier to seeking mental health treatment. Most of the participants felt that there was a lack of culturally competency within the athletic department. Participants perceived trust as an important factor in building relationships with their coaches, academic staff and athletic administration. Some participants felt that a lack of trust or relationship would hinder them from talking with coaches and university staff. Pervious work has shown the adverse experience of Black student-athletes, where low social support and high minority stress have higher rates of anxiety and depression symptoms as well as interpersonal and family problems (Sadberry & Mobley, 2013). Findings in the present study exposed that such experiences impact help-seeking behavior.

## *Theory*

Social learning theory indicates that behavior is influenced by environment and interacting with others (O'Conner et al., 2013). In the present study, the environment of the participants did not promote mental health; in fact, the environment in the locker room, on campus and in the community actually discouraged student-athletes from seeking mental health services. By athletic departments, college campuses, and communities promoting mental health

an environment will be created in which seeking mental health resource is not seen as weakness. If there are active discussions surrounding mental health, and student-athletes see that their peers are seeking services, in turn, they themselves will feel more comfortable seeking out professional help. Therefore, there will no longer be a culture of silence but rather an environment in which student-athletes are encouraged partake in self-care.

## Conclusion

### *Implications*

More needs to be done on college campuses to ensure Black student-athletes feel a part of the campus community. Per the recommendation of Shaw, Moiseichik, Blunt-Vinti and Stokowski (2019), athletic departments should add cultural competency training for all staff members and practice inclusive hiring for mental health professionals to reflect the needs of the student-athlete population. Moreover, Black student-athletes should not be isolated in their athletic faction. All athletes should be encouraged to seek mental health treatment and should not feel they need to “have a problem” in order to seek psychological assistance.

This study demonstrated that student-athletes need to be informed of who sports psychologist are and what their role in athletics is. There needs to be signage around athletic facilities to promote mental health, and programming that advocates for mental health. Perhaps student-athletes should be required to participate in educational initiatives about mental health and how to access mental health services. Sport psychologists should be on the medical staff, similar to team doctors, to make mental health services more accessible to Black football student-athletes. In addition, mental health personnel should be incorporated into team activities in order to normalize those in these positions. This would reduce stigma and further promote psychological well-being. Additionally, athletes should be encouraged to take care of themselves. If self-care is encouraged, athletes will perform better athletically and academically.

Although it is difficult to change a community, student-athletes enter a new culture upon arriving at institutions of higher learning. This culture should promote safe spaces for athletes which includes a focus on psychological well-being. Due to the importance the participants placed on family; perhaps student-athlete’s families should be aware of the resources available on campus regarding mental health. Information should also be provided to families on how to talk to their loved one about mental health and how to encourage help-seeking behaviors.

In line with social learning theory (O’Conner et al., 2016), the researchers recommend that all practitioners utilize the NCAA’s (2016) best practices for mental health. The NCAA (2016) recommends membership institutions: (1) provide student-athletes with professional mental health care; (2) have procedures in place to assist student-athletes in seeking out mental health professionals; (3) screen student-athletes for mental health disorders; and (4) promote and advocate for mental health. As such, athletic departments should use the recommendations of the NCAA (2016) to better assist in reducing the stigma related to mental health and in turn promote mental health among student-athletes by reducing perceptions of weakness and silence barriers.

### *Future Research*

There are substantial gaps in the literature regarding mental health among the student-athlete population. Student-athletes need to be assessed to better understand the prevalence of mental

health disorders among this population. Specifically, future work should explore various sub-populations of student-athletes (e.g., race, gender, sport, sexual orientation) throughout the NCAA membership (e.g., Division I, II, III) to better understand the prevalence of mental health disorders and to understand how such variables may influence help-seeking behavior. Further research is also needed to better understand what mental health resources are available to student-athletes and the utilization of such resources. Research is also needed to better comprehend how athletic departments are promoting mental health. Further, given the results of this specific study, future studies should explore the influence of the Black community on Black student-athletes' perceptions of mental health.

### *Limitations*

Several limitations exist in the present study. First, as all of the participants were enrolled at the same university, the findings of the study should not be systematically generalized; however, they may be transferable and applied to similar situations. Second, it is also important to note that six of the participants had experienced a head coaching change. The coaching change essentially provided two different perspectives from the participants. Third, because of the timing of this study, the primary researcher was forced to conduct the interviews during the last week of the spring semester, which happened to be finals week. Therefore, the stress and anxiety of finals may have impacted the participants' responses. Fourth, there is potential for response bias. As the in-person interview style allowed for the primary researcher to be known, participants may have felt pressured to answer questions with socially acceptable responses. Fifth, eight of the nine interviews were conducted on the same day and researcher fatigue could have influenced this study. Finally, although efforts were taken to remove researcher bias, the primary researcher is a Black male and researcher positionality may have influenced this study.

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