Collegiate Athletes' Use and Perceptions of Institutional Sources of Support for Role-Related Stressors

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Scholarship shows that in managing role-related strains, collegiate athletes have access to a wide range of institutional sources of social support, yet few studies have examined college athletes' use or perceptions of these institutionally-based sources. Drawing on qualitative interviews conducted with a sample of athletes participating in a big-time collegiate athletic program, this study examined the extent to which athletes solicited social support from various institutional sources in coping with their role-related stressors. Findings suggest that while the majority of athletes solicited aid from institutional sources and appreciated the specialized support those sources were able to provide, athletes also believed there to be several barriers to obtaining effective social support from within the institution. Athletes' most salient concerns were that institutional support staff members did not always act in athletes' best interests, that athletes' discussions with support personnel would not necessarily be kept confidential, and that support staff members were either unable or unwilling to provide the support necessary to change athletes' stressful circumstances. These findings have important implications for improving the structure of institutionally-based support, more effectively addressing athletes' stress experiences, and more comprehensively protecting athlete mental health and well-being.

Keywords: s*tress, social support, athlete well-being, sociology of sport*

Collegiate athletes play an integral role in American colleges and universities. They generate revenue, foster school spirit, and cultivate institutional identity. Research indicates, however, that college athletes also face several institutional and role-related stressors that can increase their risk for negative mental health consequences such as anxiety, depression, and drug and alcohol use (Cox, Ross-Stewart, & Foltz, 2017; Davoren & Hwang, 2014; Hatteberg, 2015, 2018; Humphrey, Yow, & Bowden, 2000; Ryan, Gayles, & Bell, 2018; Selby, Weinstein, & Bird, 1990). For example, college athletes are exposed to significant performance pressures both on and off the field (Adler & Adler, 1991; Humphrey et al., 2000), conflict between their academic and athletic identities and role obligations (Adler and Adler, 1991; Sack & Thiel, 1985), strained player-coach relationships (Davoren & Hwang, 2014), and pain, injury, and fatigue (Etzel, Watson, Visek, & Maniar, 2006; Selby et al., 1990), most of which are perceived as stressful aspects of the college athlete experience (Hatteberg, 2015). In light of these challenges, it has become common practice for university athletic departments to provide athletes with access to a range of internal institutional support resources including, for example, academic support staff, sports medicine professionals, and counseling and sports psychologists (Carodine, Almond, & Gratto, 2001; Etzel et al., 2006; Hatteberg, 2015). While evidence suggests that collegiate athletes underutilize the professional mental health services available to them (Pinkerton, Hinz, & Barrow, 1989; Watson, 2005), few studies have comprehensively or systematically studied college athletes' general use or perceived efficacy of athletic department support services in coping with role-related strains. Given that athletic department personnel interact regularly with athletes and, thus, may be among the first to recognize their struggles with role-related stressors (Carodine et al., 2001), it is critical that institutional support staff understand athletes' views on the support they may provide. Drawing on Pearlin et al.'s stress process model (see Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin, 1989, 1999), this study addresses this gap in the literature by examining college athletes' use and perceptions of various institutional sources of support in coping with role-related strains. Findings are discussed in terms of the implications they might have for athlete mental health and well-being and actionable recommendations are made to improve the quality and structure of institutionally-based social support for athletes attempting to cope with institutional and role-related stressors.

Theory and Background

Social Stress Theory and the Stress Process Model

Research on stress, social support, and help-seeking behavior indicates that an individual's social relationships play a significant role in maintaining a person's physical and mental health (e.g., Pescosolido, 1992; Thoits, 2011). Social support, conceptualized as the functional resources provided within social relationships which can be used to combat the negative mental health consequences of stressful circumstances, is one mechanism through which social relationships protect an individual's mental health and well-being (Cohen, 2004; House & Kahn, 1985; Thoits, 1995, 2011). Specifically, stress research indicates that social support can enhance well-being directly by strengthening individuals' confidence and self-esteem and indirectly, by buffering against the noxious effects of stressors (Aneshensel, 1992; Thoits, 1995, 2011; Cohen & Wills, 1985). These consistent and robust findings are based

largely in stress theory, a sociological approach to the study of mental illness which suggests that if left unmediated, stressors can lead to mental health problems such as anxiety, depressive symptomology, and psychological distress (Cohen & Wills, 1985; Pearlin et al., 1981; Thoits, 1995, 2010, 2011; Wheaton & Montazer, 2010).

The stress process model, originally developed by Pearlin et al. (1981), is the most commonly used theoretical model within this tradition. This model depicts the stress experience as a "process" involving three main components: stressors, stress mediators/moderators, and stress outcomes (Pearlin et al., 1981, Pearlin, 1989, 1999). While the word "stress" has been used interchangeably to describe both stressors and stress outcomes, stress scholars have worked to disentangle these concepts to better explain variation in stress exposure and associated health outcomes, and to more clearly identify points for intervention (Pearlin et al., 1981). Accordingly, stress theorists define *stressors* as any experience, event, or demand that is perceived as threatening and to which an individual must respond or adapt (Pearlin et al., 1981; Pearlin, 1989; Thoits, 1995). *Stress mediators/moderators* include social or psychological coping resources such as self-esteem, feelings of mastery, social support, and coping strategies (i.e., behaviors) which can be used to alter or address stressors and their consequences (Pearlin & Schooler, 1978; Pearlin, 1989; Thoits, 1995). Finally, *stress outcomes* (also known as "stress responses") are the physiological, emotional, or behavioral reactions that individuals may have to unresolved or unmediated stressors and could include mental health outcomes such as anxiety, depression, or reduced happiness and well-being (Pearlin et al., 1981; Pearlin, 1989; Thoits, 1995).

Subsequent iterations of the stress process model added *social status* as a fourth model component because from a sociological perspective, an individual's location within the larger social structure impacts each part of the stress process (Pearlin, 1989). Thus, this model proposes that individuals' social statuses, derived from their varying locations within the social structure, impact the number and types of stressors individuals face, the coping and social support resources (i.e., stress mediators/moderators) to which they have access, and how individuals respond, physiologically or emotionally, to stressful circumstances (Pearlin, 1989).

Within stress theory, stressors are classified into two categories: 1) life events and 2) chronic strains (Pearlin et al., 1981). Whereas life events typically refer to negative, unexpected, and/or uncontrollable experiences such as a car accident or the loss of a loved one, chronic strains involve lasting problems that may lack an identifiable point of onset and often pertain to an individual's social roles and the demands associated with them (Pearlin, 1989). Of the many types of chronic strain described in the literature, role strain is considered particularly relevant to sociological research because individuals' social roles are one of the key paths through which structural strains affect individual well-being (see Pearlin et al., 1981, Pearlin, 1989). As such, this study is focused largely on the strains athletes face within their university roles as students and athletes. Coping, conceptualized as a mediating resource within the stress process model, is defined by Pearlin and Schooler (1978) as anything done with the purpose of protecting oneself from the negative consequences of stressful situations. Given this, the *act* of soliciting social support is considered a coping strategy whereas the social support an individual has available in coping with stressors is considered a coping resource (Pearlin & Schooler, 1978; Thoits, 1995).

Drawing on these concepts, an elaboration of Pearlin et al.'s (1981) Stress Process Model as it might apply to collegiate athletes' stress experience is depicted in Figure 1 below. As shown here, college athletes hold a variety of social statuses that could impact their exposure to stressors (path a), their access to mediating resources (path b), and their emotional and physiological responses to stressors (path c). For example, college athletes may be subjected to

stressors associated with overwhelming and often conflicting role expectations related to their status as students and as athletes (i.e., role overload and role conflict). Their status as "student-athletes," however, also provides them with access to institutional sources of social support, conceptualized by the stress process model as a coping resource that can be mobilized to address (1) the stressor, (2) one's emotional response to the stressor, or (3) the meaning or appraisal of a stressor (Pearlin & Schooler, 1978; Thoits, 2011). Left unaddressed, stressors could impact athlete well-being by generating symptoms of psychological distress, anxiety, depression, or burnout (path z). As noted in Figure 1, male and female athletes, revenue-generating and non-revenue generating athletes, and walk-ons and scholarship athletes may experience these aspects of the stress process differently based on their different social statuses. In grappling with stressors, athletes may draw upon institutional social support resources in an effort to mediate (path x) or moderate (path y) their physiological and emotional responses to stressors (path z). Though not explicitly testing paths within this theoretical model, this research explores the mediating role institutional sources of support may play in reducing the mental health effects of athletes' role-related stressors by examining whether and how collegiate athletes draw upon institutional sources of social support, and whether they perceive such support to be helpful to them in coping with role-related strains.

Figure 1.
Pearlin et al.'s (1981) Stress Process Model Applied to the Collegiate Athlete Experience
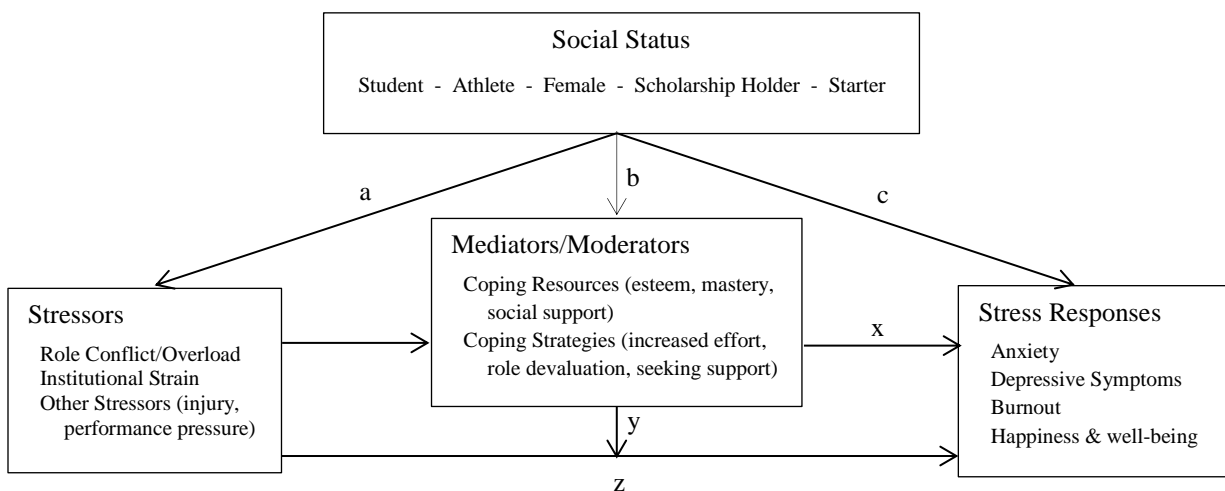
Stress, Social Support, and the College Athlete Experience

        Stressors. Although there is a large body of research outlining the positive effects of physical activity and sports participation, there is also an abundance of evidence to suggest that collegiate athletes' role demands may heighten their risk of certain physical and mental health problems (Cox, Ross-Stewart, & Foltz, 2017; Davoren & Hwang, 2014; Etzel et al., 2006; Humphrey, Yow, & Bowden, 2000; Ryan, Gayles, & Bell, 2018; Selby, Weinstein, & Bird, 1990). For example, injury, performance pressures, strained player-coach relationships, role conflict, and role overload have all been identified as stressful aspects of collegiate athletics that

could have negative consequences for athletes' mental health (Etzel et al., 2006; Humphrey et al., 2000). Injury is often viewed as a stressor because in addition to producing physical pain, injury may disrupt athletic participation, can require extensive rehabilitation, and can generate frustration, stress, and anxiety among athletes (Etzel et al., 2006; Selby, Weinstein, & Bird, 1990; Parham, 1993; Tracey, 2003). Additionally, athletes may be expected to return to play before injuries have fully healed, to play through pain, injury, or illness, and to persevere by being "tough" or "headstrong," all of which operate to frame physical pain and injury as normal, expected parts of competitive athletics (Parham, 1993; Safai, 2003; Nixon, 1992; Hughes & Coakley, 1991). College athletes also experience significant pressure to perform athletically, citing stress associated with both personal performance expectations and those held by their coaches and teammates (Parham, 1993; Selby et al., 1990). As an extension of these performance pressures, conflict within the player-coach relationship is another source of stress to which athletes are exposed and could include perceptions of criticism or unfair treatment (Adler & Adler, 1991; Anshel & Sutarso, 2007; Kimball & Freysinger, 2003; Lu et al., 2012; Selby et al., 1990).

Other, more structural sources of strain to which athletes are exposed involve balancing and finding time to meet the countless demands associated with their roles as students and their roles as athletes. Indeed, the literature identifies role conflict and role overload as two main stressors to which college athletes are exposed (see Adler & Adler, 1987, 1985; Carodine et al., 2001; Lance, 2004; Sack & Thiel, 1985; Settles, Sellers, & Damas, 2002; Stein & Hoffman, 1978); however, many studies conflate concepts of "role conflict" and "role overload." Whereas *role conflict* is strain resulting from incompatibilities or contradictions in the demands of two different roles, *role overload* occurs when individuals perceive themselves unable to meet the demands associated with one or more roles due to time or energy limitations (Pearlin, 1989; Sieber, 1974). The "identity-relevant stress hypothesis" (see Thoits, 2013. p. 362) suggests that these strains might be experienced as particularly stressful if they involve individuals' most important or "salient" identities. Indeed, research indicates that among male athletes, experiences of role conflict and role overload increase with level of competition (e.g., NCAA Division) and scholarship status, both of which may be associated with more salient athletic role identities (Sack & Thiel, 1985).

Adler and Adler (1987, 1991) further demonstrated how collegiate athletes' excessive athletic demands could infringe upon their other social roles. In their analysis of male basketball players participating in a "big-time" athletics program (see Coakley, 2009), Adler and Adler (1991) found that despite starting college with lofty academic goals, athletes experienced conflict between their academic and athletic role obligations and significant pressure from within the athletic arena to prioritize athletic endeavors, leading them to become consumed by their athletic role demands (role engulfment). Role engulfment has also been examined in the context of role exit as scholars show that athletes with particularly salient athletic identities experience more difficulty with the transition out of their athletic roles (see, for example, Kidd, Southall, Nagel, Reynolds, & Anderson, 2018; Stokowski, Paule-Koba, & Kaunert, 2019).

Evidence of athletes' exposure to role overload indicates that the amount of time athletes spend within their athletic roles (about 4-8 hours a day) limits the time and energy they can devote to their other role obligations (Adler & Adler, 1991; Lance, 2004; Selby, Weinstein, & Bird, 1990; Settles, Sellers, & Damas, 2002; Stein & Hoffman, 1978). While NCAA guidelines formally limit the amount of time that can be spent in structured athletic activities to four hours per day or twenty hours per week (Abell, 2000; NCAA, 2014), evidence suggests athletes may

spend closer to 30-60 hours per week engaging in athletic activities, leaving little time for non-athletic role responsibilities (Hatteberg, 2015; Eitzen, 1987; Wolverton, 2008). While it is certainly true that other college students may face similar time constraints and role-related obligations (e.g., those with significant curricular commitments or those who may be balancing part- or full-time work obligations), studies of the athlete experience indicate that college athletes face a substantial number of role-related strains that can put them at risk of negative mental health consequences.

Stress Consequences. Left unmediated, these stressors can generate problems related to self-esteem, anxiety, depression, burnout, and alcohol and drug use/abuse (Cox et al., 2017; Lorente, Peretti-Watel, Griffet & Grélot, 2003; Raedeke & Smith, 2001; Settles, Sellers, & Damas, 2002; Storch et al., 2005; Yang et al., 2007). While previous research estimated that about twenty percent of collegiate athletes experienced depressive symptoms (e.g., Yang et al., 2007), more recent findings suggest that approximately one-third of college athletes experience depressive symptomology (Cox et al., 2017). Some evidence suggests that underclassmen and female athletes may be worse off in these regards than their peers (Cox et al., 2017, Yang, 2007). For example, studies show that challenges associated with the transition to college-level academic and athletic expectations may put first- and second-year college athletes at greater risk of depression relative to upperclassmen (Cox et al., 2017; Yang et al., 2007). Additionally, female athletes exhibit greater sports-related anxiety and depression as compared to their male counterparts (Cox et al., 2017; Storch et al., 2005; Yang et al., 2007), as well as a high risk of eating disorders, threats to bone health, interrupted menstruation, and psychological distress related to believing themselves overweight (Nattiv et al., 2007; Ryan et al., 2018).

Coping and Social Support among Collegiate Athletes. Some research finds no mental health consequences of college athletes' exposure to stressors. This may be because the mental health effects of these strains are attenuated through coping and social support processes. In studies of social support, stress researchers (e.g., House & Kahn, 1985; Thoits, 1995, 2011) categorize social support based on the function it fulfills. Instrumental support involves the provision of financial, material, or other tangible resources that can be used to ease stressful situations. Informational support includes advice or information aimed at helping an individual to navigate or resolve a stressor. Finally, socioemotional support involves behaviors that are intended to alleviate individuals' emotional response to stressors or reassure persons they are valued (e.g., expressing comfort or concern) (Thoits, 2011). Socioemotional support also includes esteem support (Cohen & McKay, 1984) which consists of encouragement or validation aimed at increasing individuals' confidence or self-esteem (Freeman & Rees, 2010). Additionally, Rosenfeld, Richman, and Hardy (1989) identified "technical" support as yet another type of support that athletes receive from members of their social network. Most often provided by coaches, this type of support could involve technical appreciation (feedback about whether a performance was successful or not) and technical challenge (expert advice as to how a performance could be improved) (Rosenfeld, Richman, & Hardy, 1989). Surprisingly, Rosenfeld and colleagues (1989) found no evidence of stress buffering effects among the supportive behaviors they examined.

Scholars focused on addressing problems of role conflict and academic difficulties among collegiate athletes have concentrated on support provided by student athlete services because beginning in the early 1990s, NCAA member institutions were required to provide

athletes with these academic services (Abell, 2000; Carodine et al., 2001). In addition to monitoring athletes' academic progress and maintenance of eligibility, these services have typically included academic advising, tutoring and mentoring services, and developing and supervising study hall requirements (Carodine et al., 2001; Yang et al., 2007). More holistic models of counseling suggest that NCAA athletic programs also provide college athletes with academic and career counseling, support for athletic issues, and support for personal and social development (Carodine et al., 2001), yet there appears to be little investigation into the success of such programs. There *is,* however, evidence to suggest that while these support services may be particularly valuable for athletes struggling to maintain academic eligibility, some advising practices may function to cast athletes' academic roles as unimportant relative to their athletic roles (Adler & Adler, 1987; Sack & Thiel, 1985).

Research also indicates that college athletes may underutilize counseling and mental health services (Pinkerton, Hinz, & Barrow, 1989; Ferrante, Etzel, & Lantz, 1996; Watson, 2005, 2006), either because of internalized values of resiliency and independence that are prevalent in sport, or because of stigma associated with help-seeking behavior (Chew & Thompson, 2014; Etzel et al, 2006). Watson (2006) found that college athletes often avoid help-seeking behaviors simply because the time constraints imposed by their athletic obligations leave little opportunity to seek out counseling services, even when they *want* or *need* support. Some scholarship suggests that athletes prefer to seek support from their coaches and other members of their athletic networks because these persons are perceived to be more understanding of athletes' circumstances (Maniar, Curry, Sommers-Flanagan, & Walsh, 2001; Selby, Weinstein, & Bird, 1989). For example, Maniar et al. (2001) found that in dealing with sport-related strains, athletes preferred support from coaches and sports psychologists over counseling and mental health professionals, a finding which may indicate that athletes feel more comfortable seeking support from within the athletic department (Maniar et al., 2001). Similarly, Selby et al. (1990) found that while athletes most commonly solicited support from family, friends, and teammates, coaches were athletes' most commonly preferred institutional/professional source of support. These empirical findings suggest that although athletes seem to prefer support from persons within their athletic networks with whom they have close relationships, there are several reasons that athletes may altogether avoid seeking support for their role-related problems, particularly from professional sources. In an effort to better understand these findings, this study examines athletes' perceptions of support supplied by institutional sources and explores how those perceptions might impact athletes' decisions regarding their support seeking behaviors.

Data and Methods

Data were drawn from semi-structured in-depth interviews conducted with a quota sample of collegiate athletes participating in a Division I program at a large university in the Midwest (referred to as Large Midwestern University (LMU)).[1] To allow for meaningful comparison across sporting contexts, teams were selected for inclusion in the study by gender

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[1] These data were collected as part of a larger, mixed methods research design involving participant observation and short survey questionnaires. See Hatteberg (2015) for additional information on the larger study design.

and sport type (revenue-generating and non-revenue generating).[2] This resulted in the members of four sports teams being invited to participate in the study (one revenue-generating and one non-revenue generating team for both men and women). To protect the confidentiality of teams and participants, sports teams are identified by gender and sport type only (e.g., "women's revenue-generating" or "men's non-revenue generating").

      Interviews were conducted by the author and involved a series of open-ended questions aimed at generating rich, in-depth responses and minimizing the possibility of bias. Questions addressed respondents' experience with role-related strains, their coping and support-seeking behaviors, and their perceptions of support received. Support experiences constituted a large portion of the interview as respondents were asked to consider all sources of support that they had sought in coping with stressors, including probes about specific institutional support personnel. Interviews were conducted from December 2013 through May of 2014 with eleven to sixteen members of each team, for a total of 56 interviews. Interviews were transcribed and de-identified, replacing names with pseudonyms, and transcripts were coded and analyzed using ATLAS.ti, Version 7, in order to identify common themes. Of particular importance to this analysis were themes that emerged in response to interview questions on respondents' use and perceived helpfulness of institutional support resources in coping with their role-related strains.

Sample Characteristics

      Sociodemographic and sport-related characteristics of interview respondents (n=56) are presented in Table 1. As shown here, the sample was approximately fifty percent female with an average age of 20.5 years. The majority of respondents identified as white (69.64%), about twenty percent identified as black or African American, about two percent identified as Asian American, and about nine percent identified as multi-racial. Respondents were fairly evenly distributed across grade levels, though a slight majority (33.93%) were seniors, and the mean grade point average was about a B. Approximately half of all respondents were on full athletic scholarships, with the other half receiving partial (26.79%) or no athletic scholarship at all (25.00%). Finally, about forty-five percent were "profit athletes" (i.e., those participating in a revenue-generating sport). Table 1 also provides information on participants' experience with role-related stressors. In line with existing scholarship, respondents experienced many ongoing stressors with 100% reporting at least one role-related strain and upward of 70% reporting 2-3 role-related strains. Of these stressors, institutional strains including the strict scheduling, surveillance, and control from within the athletic department emerged most commonly, with *all* respondents reporting them to some degree. For example, athletes complained of institutional control over their daily schedules, which required them to spend much of their time in athletic activities or athletic department facilities where they could be monitored or controlled. In addition to conditioning, practices, and games, which took place within athletic arenas, participants reported stress associated with being expected to spend several hours per day in meetings with coaches or advisors, in tutoring or study hall sessions, or in treatments for illness or injury, all of which also occurred within the athletic department spaces. Along similar lines, athletes were troubled that they lacked control over their academic and social lives, reporting that

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[2] For the purposes of this study, revenue-generating sports included sports such as men's or women's basketball, men's football, or women's volleyball, and non-revenue generating sports included equivalency sports such as men's or women's tennis, swimming, cross-country, etc.

their coursework and academic trajectories were overseen and sometimes determined by athletic department staff, and that their social lives were limited by time spent in athletic activities and their relative separation from the greater student body at LMU. This is consistent with previous literature (see for example, Hatteberg, 2015, 2018; Southall & Weiler, 2014) which suggests that collegiate athletic programs operate as a type of total institution, defined by Goffman (1961) as "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961, p. xiii). Thus, despite being an expected byproduct of such highly regimented institutional contexts, the strict scheduling and surveillance athletes reported was experienced as a type of "ambient institutional strain" (Hatteberg, 2018).

Table 1
Sample Characteristics (n=56)

	Mean/Percent (Std. Dev.)
Sociodemographic and Sport-Related Characteristics	
Female	53.57%
Age (in years)	20.5 (1.57)
Race/Ethnicity	
Non-Hispanic White	69.64%
Non-Hispanic Black/African American	19.64%
Asian American	1.79%
Multi-Racial	8.93%
Class Standing	
Freshman	19.64%
Sophomore	26.79%
Junior	16.07%
Senior	33.93%
Graduate Student	3.57%
GPA	3.01 (0.56)
Scholarship Status	
Walk-on (No athletic scholarship)	25.00%
Partial Athletic Scholarship	26.79%
Full Athletic Scholarship	48.21%
Profit Athlete (Revenue-Generating Sport)	44.64%
Role-Related Stressors	
Institutional Strain (strict scheduling, surveillance, control)	100.00%
Performance Pressures (Athletic and Academic)	96.46%
Role Conflict (Athletic and Academic)	92.86%
Role Overload	89.29%
Role Relationships	69.64%
Sport-Related Injury / Illness	50.00%
Role Restructuring / Role Loss	46.43%
Total N	56

Performance pressures, athletic and less commonly academic, were the second most frequently cited sources of stress within the sample, and generally included internalized pressure to perform both athletically and academically, pressure to please coaches, and pressure associated with a lack of playing time or the drive to achieve or maintain a starting position. Participants also commonly cited role conflict (92%) and role overload (89%) as stressful aspects of their experiences as collegiate athletes. Whereas role conflict included issues of time management, trouble balancing role obligations, and difficulty keeping distress experienced in one role from spilling over into another, role overload included the overwhelming and time-consuming demands of each role, which left respondents regularly fatigued.

Almost seventy percent of respondents cited interpersonal strains within their role relationships as a source of stress. This was particularly true of respondents' relationships with coaches, who were perceived as overly critical or unkind. Half of all respondents reported sport-related injury or illness as another significant source of stress, citing physical discomfort and athletic role disruption as stressful aspects of injury and illness. Finally, role loss or restructuring was cited by just under half of all respondents. While role restructuring involved adjusting to the heightened role obligations and competitive play of collegiate athletics, role loss involved the sudden or unexpected loss of playing time, a starting position, or complete exit from one's athletic role following a significant injury or negative event.

Results

Of the various strategies athletes reported using to cope with the institutional and role-related strains outlined above, social support emerged as a primary coping mechanism for most respondents. While *all* respondents reported receiving some form of social support, 94.6% (n=53) reported receiving support from at least one institutional source. For the purposes of this analysis, institutional sources included any individual (or group of individuals) employed by LMU, either within or outside of the athletic department, who was (were) named as having provided the respondent with social support. From the many individuals mentioned, categories of institutionally-based support were identified based upon the division of the athletic department or university of which they were a part. These categories are presented in Table 2, ordered by the proportion of respondents who mentioned receiving support from them.[3] As shown here, coaches, academic support staff, and sports medicine personnel were the most common sources of institutional support reported, cited by over half of the sample. Additionally, about twenty to thirty-six percent of the sample reported receiving social support from sports psychologists or other mental health professionals, strength and conditioning staff, other athletic department staff (e.g., director of team operations, compliance officers, etc.), and their professors.

As athletes described their use of these institutional sources of support, the main theme that emerged was an appreciation for the specialized forms of support each institutional source supplied. Additionally, it became clear that in seeking support for their various role-related strains, athletes sought to *match* support available from institutional sources to their stressors or support needs based on athletes' perceptions of supporters' particular areas of specialization. As

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[3] Note that respondents were counted as having received support from a category of providers if they reported talking to or receiving feedback from at least one person in that category about their role-related strains.

will be taken up below, however, there was also considerable evidence to suggest that in coping with chronic institutional or role-related strains, respondents actively sought to *avoid* support from many of these same institutional sources. Interview probes as to why these sources were avoided generated a number of interesting themes that together, seem to suggest that the current organization of student-athlete support systems may actually undermine the efficacy of support provided within them. These findings are explored in detail in the pages that follow.

Table 2.
Institutional Sources of Support from which Support Most Commonly Received (n=56)

Institutional Source of Support	Percent N
1 Coaches	80.30%
2 Academic Support Staff	71.43%
3 Sports Medicine Staff	62.50%
4 Sports Psychologists / Counseling & Mental Health Professionals	35.71%
5 Strength and Conditioning Staff	26.78%
6 Other Athletic Department Staff	19.64%
7 Faculty Members / Professors	17.86%
8 Athletic Department Officials / Higher Administration	1.79%

*Source: Semi-Structured In-Depth Interview Responses

A Process of Matching Institutional Support Specialties to Stressors or Support Needs

With access to a variety of supporters, including several specialists on staff within the athletic department, many respondents expressed that the person(s) to whom they go for social support depends on the type of stress with which they are dealing. As they described the process of *matching* sources of support to stressors, it became clear that athletes perceived certain sources of support to be more helpful and/or appropriate for certain role-related strains. For example, Abigail, a member of the women's non-revenue generating team (WNRG), explained that she goes to both institutional and non-institutional sources of support such as family and friends, but her selection depends on the nature of the strain:

> It definitely matters [on] the situation who I would talk to, because if I'm practicing and I don't think—or, I'm stressed about the coaches, I usually talk to my roommates or my teammates, because it's really hard to tell a coach that they're doing something wrong, and not make it sound bad. I guess, like, trying to convey that to them is really hard. Um, but when I'm struggling in [sport], it's really, it was a lot easier for me to talk to [an Assistant Coach] and to kind of figure it out, because not a lot of your friends want to hear, like, "Oh, I'm struggling at this, I was not doing well," so it's much easier to deal

with coaches in that respect. When I'm struggling with everything at once, like, student-athlete, my grades and stuff, I pretty much—I think I talk to my parents the most about that, they're kind of good at just telling me to just relax, and everything's gonna work out, and it's not gonna be the end of the world if you don't do something completely right one time, so definitely that, and it definitely matters who I talk to. (Abigail, Junior, WNRG full scholarship holder).

As shown here, Abigail's preference for certain supporters seems to be influenced by her perception of who is best positioned and/or equipped to provide support for the given strain. Whereas Abigail perceived that her coaches were best equipped to provide her with support for performance-related strains, she felt they were *not* the most appropriate source of support for strains related to their coaching. Indeed, coaches' expertise on matters related to athletic performance emerged as a key reason they were solicited so often for support. Because coaches are experts in sport-specific strategies and techniques, they were perceived to be among few institutional sources *capable* of providing technical sport-related support. Asked if he goes to his coaches for support in dealing with stressors, Jason expanded on this, saying:

Yeah absolutely. So when, especially when I think it's a, you know a [sport]-related, as far as my, if I'm not competing at my highest level or I'm doing something consistently wrong or I don't know where to go as far as, like, how to fix my own problem, definitely, definitely go to those guys. Off to the side and you know, tell em, like, hey man, you know, it's just not working, I'm really feeling like I'm running into a wall out there. And we meet and talk about our videos and watch and try to come back with a new strategy a little bit… I mean they watch you every day, they watch you out there, so trying to see what, you know, they get to see you from the outside so sometimes when you're in tight like that it's like, you know, you got your blinders on, so they can see the bigger picture a little bit… (Jason, Senior, MNRG full scholarship holder).

Like Jason, several respondents described seeking support from their coaches for performance-related issues. Accordingly, coaches were appreciated for their ability to provide expert evaluations of athletic performance, advice as to how performance could be improved, and performance-focused validation and reassurance. Having experienced significant distress over a poor athletic performance, Ilona described soliciting support from her assistant coach, saying:

… I asked for a meeting, and, and we talked, and he was like, "Okay, you had a bad [competition], whatever. You're on track, you're doing good." And I'm like, "Oh, really? Okay." And I was already, like, better, feeling better, happier, and I'm like, "Yeah, I should do this next time I feel like this, too." Like, it helped, it helped a lot. And it was totally positive. Like, "Yeah, you were tired, whatever, you're doing good." Like, and if *he's* saying that I'm doing good, then I'm pretty sure I'm going good. Because he's not gonna lie, like, he's gonna tell you if there's something wrong, or he's worried, or, you know, it's not going well. (Ilona, Senior, WNRG full scholarship holder).

Expressing great appreciation for their coaches' expertise, athletes explained that they trusted coaches' appraisal of sports situations and the validation they were able to provide.

Academic support staff members were also solicited for support on the basis of their expertise, as respondents sought to match academic support services to their stressors and support needs. As their titles suggest, academic support staff (e.g., tutors, academic advisors, learning specialists, etc.) are employed primarily for the purposes of helping athletes with academic matters; however, many of the academic support staff members at LMU were simultaneously charged with the monitoring of athlete well-being. Nevertheless, responses indicated athletes solicited their support primarily to address academic struggles or concerns. On top of providing advice, academic advisors were appreciated for helping athletes understand their academic standings by sitting down with them and sorting through their grades. Gabrielle recalls going to her advisor for his expertise on academic matters following a stressful course situation:

> I was like, "[Steve], I don't have enough time to study for this class. And like, I don't know what to do," and I was like, "Am I not going to be able to get into dental school if I don't pass this—like, if I don't get a good grade in this class?" and stuff, and he kind of just went over it, and he was like, "Okay, well, as long as you can get a C in this class, and you get an A in the class that's after that then you'll be fine." And, like, he just kind of explained things to me that, like, I was stressed [about] because there were things that I didn't know, and he is a good person to go to because he knows a lot about getting into med school and dental school, because previously he was a pre-med advisor, so he knows a lot about that, which is comforting, so yeah. (Gabrielle, Sophomore, WNRG walk-on).

As this response makes clear, athletes appreciated the specialized academic support the academic services staff could provide, but they rarely went to them for concerns they had outside of academics. Similarly, sports medicine staff were solicited primarily for their abilities to provide support specific to their specialization in sports medicine, as athletes described seeking support from athletic trainers and team doctors both to prevent and rehabilitate injuries. For instance, when asked if he talks with his athletic trainers about his struggles, Jason, a senior member of the men's non-revenue-generating team asserted:

> Absolutely, I mean those guys keep you together, so I mean I see them probably more than I want to, still seeing them right now. I just got an MRI on my knee and shoulder and I have, like, [problems with] my AC joint still, which happened like a month and a half toward the end—the last month and a half of the season, and then, I just have a sprained LCL so my knee's not too bad. But yeah, so I'm rehabbing my shoulder, rehabbing my knee. And [I] get a cortisone shot here one day, so. Yeah… (Jason, Senior, MNRG full scholarship holder).

Sports psychologists and other mental health professionals were also solicited on the basis of their ability to provide specialized support. Though not as commonly solicited as other institutional sources, sports psychologists were sought out for concerns about athletic performance, overwhelming and conflicting role obligations, and interpersonal conflicts with coaches. For example, struggling to meet her athletic and academic role obligations (role overload), Allie explained that she went to the sports psychologist who provided very specific advice on techniques she might use to reduce her experience of stress:

> She just said to also use a planner, and, like, organize and plan stuff out. Um—and then she also helped, like—I have trouble sleeping--and she helped with relaxation tips and stuff like that…because I'll—the reason—I think I would just think *too* much about the next day, or what I had done that day, and, like, my mind would just keep racing, and she was like, "Well, you can't really do anything about that at night, so don't worry about it until you wake up, so just, like, try and, like, focus on one thing—like, I think it was breathing—yeah, it was breathing—she was like, "Just, like, focus on breathing, and then if your mind starts to wander, just bring it back, and then that should help relax." And it did. (Allie, Junior, WNRG walk-on).

As indicated here, sports psychologists were perceived as providing expert advice to reduce stressors and their consequences. That they were solicited for support by only one third of respondents, however, despite one hundred percent of respondents reporting significant role-related strain, suggests that mental health consultants may be *underutilized* by collegiate athletes, a finding that is consistent with previous research (e.g., Pinkerton et al., 1989; Watson, 2005).

Support Avoidance and Perceptions of a Compromised Institutional Support System

Although findings outlined above suggest that collegiate athletes appreciated and attempted to make use of the specialized sources of institutional support to which they have access as athletes, respondents also perceived there to be several aspects of the support structure at LMU that prevented them from obtaining *effective* social support from institutional sources. Indeed, many of the same institutional sources described above as providing expert or specialized support were also identified as persons/divisions that athletes sought to *avoid* when seeking support for role-related stressors. In contrast to Table 2, Table 3 presents the proportions of respondents who described *not* seeking support from at least one person in the various institutional support categories previously identified.[4] As shown here, coaches were the category of providers avoided most commonly, despite also being the category of providers from which support was received most often. This suggests that while coaches provide certain types of support as part of their roles as coaches, they may be avoided for other role-related strains. In comparison to Table 2, Table 3 also indicates that whereas professors seem to be avoided more commonly than they are consulted, academic support staff and sports medicine professionals seem to be more commonly consulted than they are avoided. Finally, Tables 2 and 3 indicate sports psychologists and counseling/mental health professionals were consulted and avoided by similar proportions of respondents (i.e., 35.7% versus 32.1%).

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[4] Because respondents were counted as receiving support from a category of providers if they received support from a single person within that category, and because they were counted as avoiding a category if they described avoiding a single person within that category, there is some overlap in persons who reported both going and not going to a category of providers for support. For example, in the case of coaches, many athletes reported going to assistant coaches for support, but avoiding head coaches, and were thus coded as both receiving support from and avoiding coaches as a source of support. Additionally, several respondents reported no longer going to a particular source from which they had previously received support. In all these cases respondents were coded as avoiding the source and consequently, asked to explain their reasons for not seeking their support.

Table 3:
Institutional Sources from which Support was reportedly Not Solicited (n=56)

Institutional Source of Support	Percent N
1 Coaches	57.14%
2 Faculty Members / Professors	51.79%
3 Strength and Conditioning Staff	35.71%
4 Sports Psychologists / Counseling & Mental Health Professionals	32.14%
5 Academic Support Staff	30.36%
6 Sports Medicine Staff	21.43%
7 Other Athletic Department Staff	21.43%
8 Athletic Department Officials / Higher Administration	n/a

*Source: Semi-Structured In-Depth Interview Responses

As respondents described their reasons for *not* seeking support from certain institutional sources, there were two main themes that emerged, both of which may operate as barriers to athletes' receiving effective social support from within the institution. First was the depiction of a fragmented support delivery structure that emerged based upon the notion that institutional sources of support were limited in the range of support they could provide. Second was the common belief that institutional sources may be compromised in their ability to provide effective social support because of their conflicting interests as stakeholders and as employees of LMU.

Limitations in Expertise and a Fragmented Support Delivery Structure

As described above, athletes perceived support provided by institutional staff to be particularly specialized, thus explaining athletes' tendency to seek out sources whose expertise matched the stressor or specific support needs at hand. Nevertheless, this practice seemed to lead to the piecemeal delivery of support, with athletes feeling that institutional providers could *only* supply help that fell within their narrowly defined domains of expertise, *and* that no one in particular was responsible for watching out for their overall health and well-being. For many respondents, the realization that institutional support was limited in this way was unexpected and upsetting. For example, having experienced chronic strain attempting to uphold her academic and athletic obligations in the midst of her mother's struggle with cancer and the death of her grandfather, Natalie expressed frustration that her coaches never checked in on her emotional well-being. When asked if she had consulted her coaches about the role overload she was experiencing at that time, Natalie explained that she had not…

> Because I felt like they didn't care. And I know that it's not their job because their job is [sport], but I also feel like a coach's job needs to be taking care of your student-athletes and building that relationship with them and making sure that they know that you *do* care. (Natalie, Senior, WRG walk-on).

As expressed here, respondents were confused and unsettled by the limitations they perceived in institutional members' support for their overall well-being, but rationalized it, surmising that the provision of emotional support was not a formal job requirement of these institutional actors. Still, a consequence of this seemed to be the overwhelming feeling among athletes that there was no one looking out for their overall well-being.

Professors were also seen as being limited in the type and amount of support they could provide as respondents described keeping their athletic role-related concerns separate from their academic lives and thus, limiting their interactions with professors to purely academic matters. Several athletes actually laughed in response to the question of whether they sought support from their professors who, despite being institutional actors and a potential source of assistance, were perceived as completely removed from the athlete experience and unable to empathize with or help address athletes' stressful circumstances. As Jared explained:

> They don't understand! I mean, maybe some of them were athletes, but they still don't understand. I'd rather go to someone that – who's even just involved in athletics and knows what's going on a little bit, a teeny-tiny bit, than go to them. (Jared, Junior, MNRG full scholarship holder).

Strength and conditioning and sports medicine staff were also seen as particularly limited in the support they were willing or able to provide. While strength coaches were appreciated for the expert advice they provided in the weight room and even praised for helping improve athletes' physical performance, they were perceived to be intimidating, insensitive, and not particularly receptive to athletes' emotional or support needs. As Caroline (sophomore, WRG full scholarship holder) explained, her strength coach "doesn't care about anything you do, unless you're lifting a very large weight and you need help. Other than that, he could care less." Several respondents similarly expressed that academic advisors should *only* be consulted for academic matters and that the athletic trainer's role was limited to providing support for sport-related pain and injury. In explaining why she does not seek support from her athletic trainer for other role-related stressors, Ilona (Junior, WNRG full scholarship holder) commented, "Um, I don't know. I go there when I have a problem, an injury or something, and, um, to get it fixed, but, I don't know, that's not their job."

As outlined above, many respondents viewed the provision of support for general role-related strains to be beyond the scope of institutional supporters' job requirements. Although literature suggests that coaches, athletic trainers, and academic support staff may be on the front lines of athlete well-being given their regular interaction with athletes and, thus, their increased ability identify those who may be struggling with psychological distress (Etzel et al., 2006), perceptions about these employees' job requirements and the fragmented support delivery structure at LMU seemed to inhibit the extent to which institutional sources were consulted for or perceived to be helpful in resolving role-related stressors thought to be outside their areas of expertise.

For sports psychologists, the sentiment was different. Though athletes *believed* the provision of support was one of sports psychologists' main responsibilities and many described having previously benefited from sports psychologists' expertise, they reported underutilizing this category of professionals because of time constraints. In effect, scheduling a meeting with the sports psychologist or other mental health professionals on campus was perceived as time

consuming or burdensome among athletes who felt the majority of their time was already overly scheduled. Having received valuable support from the sports psychologists in the past, Lauren explained why she no longer sees them:

> … it's hard to go see them because they're so booked and our schedules are so booked and I'm expected to get eight study hall hours in between these random meetings that they throw at us. So, I, like, didn't really set up meetings with them just because I don't have the time and I feel like it would add even more stress. (Lauren, Freshman, WRG full scholarship holder).

Given that sports psychologists and other mental health professionals at LMU were among the only institutional supporters other than faculty members who were geographically located away from athletic department facilities where athletes spent most of their time, scheduling an appointment with them was perceived to be a particularly onerous task. These findings suggest that the fragmented nature of LMU's athlete support service structure (both by service role and geographic location) may have the unforeseen consequence of limiting athletes' access to effective social support by expecting athletes to piece support together from a number of different sources and by creating the (mis)perception that institutional sources can consult on only a limited set of stressors.

Perceptions of Compromised Social Support

In addition to the limitations described above, athletes reported perceptions of compromised social support as another main reason they sought to avoid consulting institutional sources for help in coping with their role-related strains. For many respondents, the perception that institutional support was compromised was based on the belief that institutional actors often failed to act in athletes' best interest, prioritizing institutional objectives (i.e., winning or eligibility) over athlete well-being. This was particularly true of sports medicine personnel and academic support staff who were perceived to be acting in the best interest of the institution, or according to coaches' demands, rather than protecting athletes' well-being. For example, a number of athletes criticized sports medicine staff for missing or misdiagnosing injuries and for prematurely clearing injured athletes to play before full recovery, all of which athletes felt they should have been in a position to protect against. For instance, Jared was one of several athletes who became hesitant to seek support from sports medicine staff following a troubling injury experience. When asked if he goes to his athletic trainers for support, Jared said:

> I mean, injuries maybe, but. I mean, I don't know how much I trust those guys… I had a bad experience with this—with the first time my knee got injured. My freshman year, I got hurt early on and you know they gave—I got an MRI and they didn't see anything, but, like, I knew I was hurt, I kept telling them, kept telling them, they kept telling the coaches I was fine so it was a real frustrating relationship because [the coaches] listen to the trainers, you know, so and, like, they go off their word so, like, you know, it just was a constant thing where I'd be, I'd be out for two weeks, be back [in practice] for a week to two weeks, blow my knee out, that type of thing. (Jared, Junior, MNRG full scholarship holder).

Calling it one of the worst experiences of his life, Jared described no longer trusting the sports medicine staff and being reluctant to seek their support, even though he still struggled with serious injuries. Likewise, Cody described an instance in which his athletic trainers, after helping him to rehabilitate a broken ankle, cleared him for play during which he very quickly re-broke his ankle, resulting in a career-ending injury. When asked whether or not he talked to his trainers about role-related strains, Cody said:

> Don't even get me started with the athletic trainers. It's ridiculous. They think they're doctors, and they're smart, and I – not just me going through, going through injury with them, but it's, it's re—it's not as professional and personal as you would like it, as you would think about being in sports. You would think they'd take care of the athletes a little better, but (sigh) it's not like that. (Cody, Senior, MRG full scholarship holder).

Despite seeming to blame sports medicine staff for their role in ending his athletic career at LMU, Cody, like many athletes, believed that compromised support was another negative byproduct of the structural organization of collegiate athletics, saying:

> … it's the trainer's job to get the players back on the [field/court] as fast as possible, so I mean, there's – it's not entirely the trainer's fault, but it's – I mean, you can't just throw people out there that aren't ready just because you want to be, like, "Oh, I'm getting people back on the [field/court] faster, so I'm a good trainer." …The trainer's job is to have everybody playing. Part of the trainer's job. The coach's job is to yell at the trainer to get everybody to play. Or you could get fired. It's all business, college sports is all business. There's no – it's not personal, it's business. (Cody, Senior, MRG full scholarship holder).

Thus, while Cody implies that the trainer's job *should* entail protecting athlete well-being, athletes believed the trainer's primary responsibility was actually to keep players playing. This is because, according to Cody, trainers' first allegiance is to institutional goals of athletic excellence and to the coaches' pursuit of those goals, otherwise trainers' (and coaches') jobs may be at risk.

Members of the academic support staff were also depicted as not having athletes' best interests in mind as they helped them maneuver academic scheduling, course loads, and requirements for their majors. Rather than helping respondents choose classes and majors that best fit their interests and long-term career aspirations, advisors were known for putting athletes in majors that best fit athletic schedules and in classes they felt might boost an athletes' GPA, thus, helping to maintain athletes' eligibility. Having described his frustration with what he perceived to be compromised allegiances of other institutional actors earlier in the interview, Israel asserted that he did not go to his academic advisor for role-related support, saying:

> No. (Laughs) I guess it's the same thing, that's just another group of people that are not necessarily doing what's in your best interest all the time. (Israel, Senior, MRG full scholarship holder).

As indicated here, several athletes expressed an aversion to the institutional support system in place at LMU based on the perception that what supporters *purported* to do for athletes (e.g.,

protecting athletes' mental and physical health or providing academic and role-related support aimed at fulfilling athletes' goals and maintaining their well-being) was vastly different from what occurred in practice as they perceived these institutional sources of support to be acting only in the best interests of the institution, often at the expense of athlete well-being.

Whereas some respondents seemed to take the structure of collegiate athletics for granted, others appeared to have given it quite a bit of thought. Tristan, for example, described the problem of compromised support as a "trickle down" effect occurring within the institutional support system whereby the coaches seemed to exert control over athletic department staff, which then compromised the staff's loyalties. Disenchanted with the system, Tristan explained that he never goes to his trainers because of "how the trickle-down effect affects everybody— Everyone," before then going on to argue that the informal structure of the athletic department causes stress among support personnel, and consequently, makes them less supportive of athletes. While coaches may be separated from institutional support staff according to the *formal* structural organization of collegiate athletics, athletes' observations of the informal relationships between coaches and strength and conditioning, academic support, and sports medicine staff led respondents to believe that support staff members' first priority was to the coaches or the institution and not to athletes they were purported to serve and support.

Some athletes perceived this to be true of sports psychologists and mental health professionals as well. For example, recalling that she and several other members of her team were "forced" to go see the sports psychologist during her freshman year, Kelsey explained why she has not gone back:

> I felt it wasn't confidential. I don't know that for a fact, but that kinda, I just felt kind of insecure going in there and it's kind of hard to talk to people about the way you're, like, it's hard to talk to people about your stressors when you feel like they're gonna go and tell someone else. (Kelsey, Sophomore, WRG full scholarship holder).

Afraid that her private struggles would be relayed back to powerful members of her sports network, Kelsey and several other respondents reported avoiding institutional sources of support out of fear that concerns they expressed in confidence would not remain private. Kenzie also reported not trusting the system, suggesting that institutional support providers were overly connected or too closely aligned with institutional objectives to put athlete well-being and confidentiality first. For example, when asked if she seeks support from her trainers, Kenzie (Sophomore, WRG full scholarship holder) described a perception of continuous surveillance, saying "[No] I do not trust them. So I do not talk to them, no. It goes back to kind of the, the microscope thing." Already suspicious of institutional support staff as a sophomore, Kenneth explained that he had solicited support from only a single member of the athletic department staff since coming to LMU:

> No, she was the only one. I just didn't feel like I could confide in them. And, I mean there's nothing they can really do about it. (Kenneth, Sophomore, MRG full scholarship holder).

Like others, Kenneth felt that in addition to not being able to trust institutional support personnel, he had little faith in support staff members' ability to change or reduce the stressors with which he was dealing because they lacked the power to do so. Again, contrary to what staff members'

positions as support personnel might suggest, respondents perceived their priorities to be more focused on meeting institutional objectives than helping athletes overcome institutionally-based stressors.

  Finally, respondents explained that certain members of the athletic department staff, particularly coaches, could not serve as a source of social support because they were involved in or responsible for many of the role-related strains athletes experienced. When asked if he went to his coaches about role-related stressors, Danny explained:

> No! Just never, just 'cause… I mean most stress was because of what stuff they *did,* so you don't talk to them about it, don't want them to think you're weak or can't handle it. I mean, most of the stress that you're going through has to do, like, through them some way, so. I mean, most of the stress I'm having would be like [sport-specific activity], or worried about the practice they're gonna put us through or the way they're treating us, or anything like that, and it's kinda, it's always in vain, like, we just kind of, we take it, that's what is expected, so you just have to learn how to cope with it. (Danny, Senior, MNRG partial scholarship holder).

In addition to highlighting conflict between coaches' roles as supporters and their involvement in the stressors athletes experienced, Danny's response suggests that athletes believed they were expected to deal with role-related difficulties on their own. However, like Danny, many respondents indicated that in order for support to be effective, it must come from someone who is not involved in creating the stressor(s) at hand, a possibility that should be considered by athletic department personnel seeking to better support students struggling with role-related stress or mental health concerns.

Discussion and Conclusion

  Overall, these findings suggest that while collegiate athletes may receive valuable specialized assistance from within the institution for specific role-related strains (e.g., expert medical care from sports medicine staff, specialized academic advice from academic support staff, and expert technical advice on performance from coaches), athletes also perceived there to be a number of barriers preventing them from receiving effective institutional support for their stressors. First, while athletes received support from different institutional sources tailored to the nature of their strains and associated support needs, support was solicited and delivered piecemeal, leaving athletes to believe they could not consult institutional sources of support for concerns considered outside their scope of expertise, or for more generalized role-related problems. Additionally, the fragmentation of the support delivery system at LMU coupled with athletes' stringent athletic and academic schedules left many athletes unwilling to seek additional support (e.g., with sports psychologists or counseling professionals) because the time it would take to schedule and meet with these supporters away from athletic arenas could create more stress in their already demanding daily routines.

  Another barrier to effective institutional support was the perception that institutional support staff members were unable or unwilling to provide emotional support (i.e., support aimed at individuals' feelings or emotional reactions to a stressor, versus informational or instrumental support that might address or alter the stressor itself (House and Kahn, 1985)). Some respondents justified this pattern by explaining that the provision of support, particularly

emotional support, was not necessarily a formal requirement of staff members' jobs. Other respondents expressed great frustration with the structure of institutionally-based support at LMU, arguing that many institutional actors were *compromised* in their ability to supply effective social support to students experiencing chronic role-related difficulties. This belief seemed to be based on several different perceptions of the positions support staff held within the institution. Most primarily, athletes believed that support staff members were more concerned with upholding institutional goals and objectives (i.e., winning, keeping athletes eligible, returning injured athletes to play, etc.) than protecting athletes' health and well-being and thus, did not always act in athletes' best interests despite being expected to do so. Athletes believed pressure from head coaches was behind this, as they described a culture of fear present among athletic department support staff. These beliefs led athletes to distrust many institutional support staff members; they expressed concern that their private conversations with supporters might be divulged to their coaches or other athletic department personnel, potentially landing them in trouble. And even in the case that athletes were willing to seek support from what they believed to be compromised sources, there was a perception that nothing could be done to address or change their stressful experiences, and that athletes were on their own to manage them.

Finally, existing theory proposes that in order to be effective, social support must come from a person who is not the original cause of one's difficulties (Thoits, 2011). Substantiating this, respondents repeatedly explained that they could not consult support personnel who were perceived to be the source of their current problem(s). Though this sentiment was applied most commonly to coaches who were perceived by athletes to be both a source of support and a source of stress, it also applies more broadly to other institutional supporters who, because they are employed by the university or its athletic department, might be viewed as compromised for one of two reasons: they may place institutional goals over the immediate well-being of the athlete, or they could pass athletes' confided troubles on to coaches, with potential negative consequences for athletes' continued ability to play. The implications of these findings are discussed below.

Practical Implications

These findings have important implications for athlete welfare and institutionally-based support programs aimed at maintaining or improving collegiate athletes' mental health. For example, if the mental health and well-being of collegiate athletes is to be a top priority of university and athletic department officials, then that priority must be clearly communicated to athletes and actions must be taken to ensure that athletes *feel* cared for and supported by members of the institution. One way to do this would be to overhaul both the formal and informal social order of the institution to create a centralized support service team to which athletes can go for support for *any* stressor, concern, or struggle, either within or beyond their roles as student-athletes.

This support team should consist of expert counseling or mental health professionals who are trained in the signs and symptoms of psychological distress and mental illness and are required to act *solely* in the best interests of the athlete (i.e., their client). In order to gain athletes' trust and cooperation, support team members must 1) be easily accessible to athletes, 2) have personal experience with or expert knowledge of the strains to which college athletes are exposed, and 3) be removed from athletic department and stakeholder interests or pressures that athletes perceive to compromise institutionally-based assistance (e.g., those related to winning,

athletic pressures, academic eligibility, or coaches' demands or interests). Further, the support service team must be able to guarantee athletes' privacy and confidentiality such that athletes' disclosures are not revealed to other members of the athletic department or institution. While some institutions may be able to create such a team effectively within current athletic department structures, others may have greater success in hiring third parties who lack ties to or interests in the institution, but are bound by client confidentiality, understand athletes' role-related strains, and have expertise in supporting athletes through such stressors. These measures would reduce the fragmentation athletes experience in seeking institutional support, while also encouraging greater trust and confidence in support personnel.

Findings also suggest a few changes that can be made immediately within the current structure of athlete support services to improve athletes' confidence in supporters and to reduce athletes' experience of stressors and associated mental health consequences. For example, it is critical that athletic department personnel receive additional education on the type and variety of strains athletes face, on the link between role-related strains and psychological responses, and on the signs and symptoms of distress such that current support staff members can deliver more preventative and holistic support for a greater variety of difficulties (Etzel et al., 2006). Given the current organization of collegiate athletics, it is crucial that current support staff including sports medicine staff, strength and conditioning personnel, academic support staff, and coaches alike are be able to recognize, talk about, and provide baseline support for challenges beyond their areas of specialization so that athletes feel more comfortable disclosing their struggles, and so that athletes deemed at risk for more severe mental health problems may be referred quickly to experts within the counseling and mental health service centers currently in place on most college campuses. In addition to helping to reassure athletes that supporters *are* concerned with their well-being, these changes could help reduce the negative psychological consequences of stressors through early intervention.

Limitations and Future Research

Findings presented here should be interpreted in light of the study's limitations. First, this research relied heavily on athletes' recollections of their stressors and support experiences and thus, may be subject to recall bias. Second, although the participants were carefully selected to include athletes who may have had different athletic experiences within the institution, the sample is based on members of a single athletic program at a single university in the U.S. Thus, results cannot be generalized to other institutions or athletic contexts. Still, this research fills an important gap in the literature by improving our understanding of athletes' views on institutionally-based support and uncovering considerations that go into their decisions about whether or not to seek support from within the institution. Future research is needed to assess whether these findings may apply to other athletic contexts or other highly regimented institutional settings (e.g., the military) and to determine whether support *received* from institutional sources is effective at buffering against the negative mental health effects of stress.

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