

**STUDENT-ATHLETES' ATTITUDE FORMATION TOWARDS SPORT OR OTHER  
PSYCHOLOGY SERVICES**

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## INTRODUCTION

This qualitative study aims to explore attitude formation within a small sample of Tertiary level student-athletes in relation to their antecedent experiences, individual knowledge about psychology and the social factors impacting on their attitude formation. The study is intended to allow for the development of themes related to the participants' personal responses to the questions posed to them. The participants' answers from the interviews will allow for an in-depth analysis and interpretation of the constituents influencing attitude formation towards sport psychology consultation. Primarily, the study aims to explore how attitudes towards clinical and sport psychology practitioners are constructed in this sample. Clinical psychology is used as a contrasting reference point to explore attitude formation in sport psychology. The participants' beliefs, knowledge sources and attitude toward clinical psychology are examined to understand the fundamental constituents of their attitudes and to understand how this might be related to attitude formation towards sport psychology.

It is intended that exploration of the participants' knowledge sources (e.g. parents, peers, media and coaches) and additional influences on attitudes towards clinical psychology are used to provide insight into how they might shape attitude formation toward sport psychology. This is viewed as particularly important as sport psychology is an increasingly important tool in assisting the enhancement of sporting performance output. This qualitative study uses four elite student-athletes from the same sporting discipline and contextual background to allow for close linkages between the participants' responses about attitude formation to be made. The study further aims to explore and understand how similarities and differences occur between the participants' responses which will be completed through analysing and drawing parallels within themes relating to the literature or emerging separately.

The Literature Review is intended to help guide the research through providing a reference source for contextualizing individual, public and socially generated beliefs and knowledge (literacy) about mental health / psychology, the constituents of attitude formation and the student-athlete's context. These factors were identified in the literature as crucial components in attitude formation and also assisted in the development of initial themes, thus guiding the research. Unfortunately, there was limited literature pertaining to attitude formation in relation to sport psychology services and thus

provide justification for using clinical psychology to explore attitude formation in sport psychology. This initial exploration of attitude formation in clinical psychology was used as a 'template' for contrasting attitude formation in the sample student-athletes as an indication of attitude formation in sport psychology. The Literature Review is viewed as an integral and active component of the study that is used as a body of reference guiding the exploration and interpretation of the emergent themes. This is done through the iterative reference to past research relating to attitude formation, health beliefs, and the numerous sources of information influencing attitude formation within clinical psychology and the student-athlete context.

Most importantly, the Literature Review provides a significant base of information that guides the Research Question and the particular factors that have been noted as the most significant to the research. The Literature Review is intended to guide the Research Question and highlight the significant components that need to be taken into consideration in exploring attitude formation. This study, having taken the numerous individual, social, contextual and other factors into consideration, seeks to understand how such factors combine to shape attitudes and influence attitude formation. The collection of literature on social, knowledge and antecedent factors are significant in their role of shaping attitude formation and thus have been included within the Research Question.

Furthermore, the Research Question and Literature Review had an impact on the Methodology and why Thematic Analysis was selected. Given the similarities in the participants' sporting and contextual backgrounds (e.g., being in the same crew, university and social context), it was felt that the primary determinants of attitude formation, within antecedent experiences, knowledge and social influences, would emerge in related themes and thus provide greater insight into attitude formation within the student-athlete context. A limiting factor however, does lie in the small number of participants from a limited diversity of backgrounds, experiences or factors that could assist in allowing broader generalisations of the findings. However, this study aims to understand how the particular factors influence or shape attitudes towards sport and other psychology services and aims to understand the more specific or 'fundamental' components of attitude formation that are experienced within the student-athlete's context and environment.

## LITERATURE REVIEW

This review is intended to begin with a broad overview and analysis of the various aspects that shape individual attitudes toward psychological services, mental health and practitioners. However, some sections rely heavily on a limited number of authors due to a lack of literature and information on the area of attitude formation in student-athletes and sporting contexts. The Literature Review begins with an exploration of literature pertaining to health psychology, public and individual knowledge about the efficacy of clinical psychology, sport psychology interventions, and attitude formation. The intention is to present the roles these various factors play in shaping attitudes towards the use of sport psychology services which are subsequently contrasted with attitudes towards the use of clinical psychology. The literature review is intended to provide an overview of the individual, social, environmental and antecedent influences on attitudes towards sport psychology services and to explore how the relationship between clinical and sport psychology shapes the participants' attitudes.

Health psychology, individual and public beliefs about mental illness and models of health beliefs are explored in this section. The intention is to highlight the number of roles that a variety of individual, social and normative factors play in determining attitudes and beliefs about clinical and sport psychology services. Models of health behaviour and beliefs are briefly presented with the intention of providing context to the specific beliefs and attitudes the participants presented in the research. Consequently, health psychology will be explored in the Literature Review to provide insight into the relationship between perceptions of and beliefs about seeking treatment for mental health-related matters (e.g., mental illness) and will be related to the sporting environment.

Subsequently, a section on attitude formation is included to present a detailed theoretical overview of how attitudes are formulated through the cumulative influence of affect and cognitions, that attitudes are learned, are consistently favourable in a particular direction and are predisposed. Furthermore, attitudes are both determined by and determine behavioural intentions and outcomes. These are viewed as significant factors in gaining clarity into attitude formation within the sporting context and in determining whether such factors are similar or different to attitude formation towards mental illness.

The Literature Review then moves towards exploring the influence of student-athletes' social and familial context. This will be achieved through exploring how their unique contexts, knowledge, beliefs and social environments influence and shape their attitudes and consequent interaction with mental health professionals, performance enhancement interventions and sport psychologists. These factors are being considered because of their important role in attitude formation, mental health literacy and related public beliefs. Furthermore, this is intended to highlight the importance of antecedent knowledge and information provided by familial, personal, and social sources. Based on antecedent and social influences, public attitudes and beliefs about mental health and sport psychology are explored in the Literature Review to provide context to how the student-athletes might be influenced within their social environment by significant figures. Such situations and environments are perceived to have some of the most significant bearing on attitude formation through providing an "informational base" (Fishbein & Ajzen, 1975, p. 14) on which the attitudes are based. The final sections of the Literature Review focus on student-athletes, tertiary sport settings and barriers faced by student-athletes in seeking clinical and sport psychology consultations.

The particular social, personal and environmental factors impacting and shaping the participants' attitude formation and informational base towards clinical psychology will be discussed to highlight how these additional factors influence or even impede attitudes towards sport psychology consultations. Social, personal and environmental factors are considered especially important in attitude formation. They are believed to have an impact as they shape or evoke affect during past experiences through antecedent interactions with significant figures and relationships with significant people (e.g., coaches, peers and family). The intention of the Literature Review is to present how current literature appreciates the multitude of factors believed to influence student-athletes' attitudes and beliefs about the utilisation of sport psychology and stricter 'clinical' psychological interventions. Furthermore, the Literature Review is intended to contextualise how attitudes are formed and support the exploration of the particular constituents of attitude formation.

### **The Influence of Health Psychology**

Matarazzo (1982, p. 4) defines Health Psychology as:

[T]he aggregate of the specific educational, scientific, and professional contributions to the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, the identification of aetiologic and diagnostic correlates of health, illness and related dysfunction and to the analysis and improvement of the health care system and health policy formation.

Schneider, Gruman and Coutts (2004) additionally detail health psychology as incorporating how knowledge of psychological factors within the field of health can be used to gain insight into the social and attitudinal aspects regarding beliefs about illness and seeking health services. Health in contemporary society has come to include physical training, exercise and sport, which in turn has given rise to new fields of study relating the importance of exercise and sport to not only physical well-being but also to psychological wellness and development. In this study, it is felt that this definition of health and health psychology can be extended into the field of sport psychology. This can include athletes' motivation to enhance athletic performance and their particular reasons for using or not using sport psychology services incorporating knowledge of health, wellness and relationships with health professionals. Marks et al. (2006) suggest that while health psychology is not a new field of study, it has grown appreciably due to increasing significance being placed on individuals being responsible for their own health. Consequently, it is vital to gain information into the multi-faceted aspects that contribute to individual health-promoting behaviour or avoidance. Furthermore, the emergence of sport psychology and its utilisation in professional and Tertiary-level sports has given rise to a demand for understanding of and insight into athletic performance, beliefs and attitudes about the utilisation of health-related services, the psychology of performance, injury, recovery and team dynamics and ever broader areas of study. Thus, it is felt that in exploring sport psychology, individual beliefs and attitudes, it is important to consider individual 'models' of health beliefs and psychology to contextualise how attitudes are formed.

A number of models have been used to explain or predict illness, individual health-seeking behaviour as well as the variety of factors influencing when, why and with whom treatment is sought. Traditionally, the Biomedical Model was used to guide explanation and treatment of medical illness (including psychological disorders) through "examining problems in an organism's biological

functioning” (Schneider et al., 2004, p. 182) and focussing on disease more than health. This model however excluded psychological, social and other factors that might be considered as contributing to or causing illness. As a result of the importance of these additional factors, Engel (1977) developed the Biopsychosocial Model to include psychological and social factors in contributing to biological factors as the causes of diseases.

The Biopsychosocial Model proposes that “...health and illness are: the product of a combination of factors including biological characteristics (e.g., genetic predisposition), behavioural factors (e.g., lifestyle, stress, health beliefs), and social conditions (e.g., cultural influences, family relationships, social support)” (Marks et al., 2006, p. 17). Furthermore, patients have a variety of determinants that shape how they experience illness such as the meanings attached to their illnesses, motivation styles to recover, specific responses to minimise symptoms and how individuals might differ in the manner they benefit from support when ill (Schneider et al., 2004). Such a multitude of beliefs and influences on the individual will have an impact on the beliefs and attitudes they hold in relation to health and illness, and also their attitude in seeking help and from whom they seek this help. This has a significant implication for the field of sport psychology. The additional factors of social, behavioural, interpersonal, attitudinal factors and meaning or beliefs about sport could be included in helping understand sporting performance and allowing for such areas to be utilised in assisting athletes and enhancing sporting performances. In light of such factors being noted as significant in influencing beliefs and attitudes towards illness, they have been included in formulating the Research Question.

Proposed by Rosenstock and supported by Janz and Becker (as cited in Schneider et al., 2004), the Health Belief Model takes particular interest in the individual’s actions, attitudes and cognitions and how they determine “health-protective behaviours” (Schneider et al., 2004, p. 190). Health-protective behaviours are being considered within the context of the research as a means of illustrating individual health beliefs and attitudes towards health professionals (e.g., clinical and sport psychologists). Such cognitions include the individual’s beliefs concerning the likelihood that specific health practices will prevent illnesses and their attitude towards the practice, which in turn will determine the likelihood of them seeking health-related services. For example, positive beliefs about the use of sport psychology services will translate into a more positive attitude towards sport psychology practitioners and increase the likelihood of the athlete seeking out a sport psychologist.

According to Schneider et al. (2004, p. 190):

[T]he health belief model suggests that the actions we take to safeguard our general health are influenced by a number of factors, including general health values, perceived susceptibility to illness, perceptions of illness severity, expectation of treatment success, self-efficacy, perceived barriers and benefits, and cues to action.

Such factors may not only play a role with general health behaviours but the concept might be extended to include psychological health, treatment, and beliefs about the utilisation of clinical, counselling, or sport psychology services. Individual beliefs about susceptibility, severity, treatment success, self-efficacy, perceived barrier and cues to action are applicable to the student-athlete context and are a key component in understanding how attitudes about clinical and sport psychology are constructed. Insight into the student-athlete's individual or collective health beliefs would assist in providing understanding of their motivations, attitudes and beliefs about the utilisation of sport psychology services. The consideration of these social, familial and cognitive factors shaping individual health beliefs and attitudes are key components in understanding the fundamental components of attitude formation. As a result, they are considered important factors in both shaping and answering the Research Question. Understanding these factors would allow sport psychology practitioners, clubs or universities to make special provision for student-athletes to approach and change particular negative or incorrect views or attitudes they may hold towards clinical or sport psychology services that may serve to enhance their performance.

An additionally significant consideration is the individual's context, beliefs about health and in this case, their beliefs about psychology. The construction of individual beliefs in relation to social, biological and psychological factors consequently requires in-depth exploration and consideration.

### **Social Influences in Attitude Formation**

Individual beliefs do not simply emerge nor are they unconsciously practised, but they have many antecedents that play a significant role in determining how an individual might react and is

influenced by social interactions and their environment. Social influence is defined as “interactions with other people [that] can lead to changes in our attitudes, beliefs, values or behaviours” (Schneider et al., 2004, p. 184). Herzlich (as cited in Marks et al., 2006, p. 231) proposed that illness beliefs “emerge and change in everyday social interaction”. This requires traditional psychologists, sport psychologists and other health professionals to have a broader understanding of the societal belief system in which popular beliefs and attitudes towards health, illness and sport are constructed. This includes understanding individual health beliefs, models of illness and the social, psychological and other factors influencing their construction. Schneider et al. (2004) emphasise the importance of social variables within the Biopsychosocial Model which include socioeconomic factors (such as income and educational level), family members, peers and media information. Jarvis (1999) stresses the role of social processes in attitude formation through children learning from significant figures (e.g., parents) about socially acceptable attitudes, when to express them and what is acceptable. Consequently, it is vital to ensure that such influences are researched adequately to explain health beliefs, perceptions of clinical and sport psychology and attitude formation in student-athletes.

Schneider et al. (2004) support the notion that family, peer and social influences possibly have the biggest impact on individual health beliefs and behaviours during critical developmental periods of childhood through to adolescence (Schneider et al, 2004). “During these years, critical choices are made about the kinds of behaviours one will adopt, and habits are formed that may be very resistant to change later in life” (Schneider et al., 2004, p. 187). Jarvis (1999) proposes that social learning theory is the most parsimonious explanation for the adoption and development of attitudes in children. In social learning theory, it is suggested that attitudes are adopted through the attention, retention, reproduction and reinforcement of observed behaviour that is subsequently acted out by the child or classical conditioning (through the experiencing of reinforced positive or negative affect). Consequently, attitudes and beliefs towards mental illness and mental health practitioners by significant figures would play a role in shaping the developing child’s attitudes and beliefs towards such practitioners and thus are an important area in attitude formation that require exploration. Classical and other forms of attitude formation and the role of positive and negative affect are further explored in the following subsection.

Lau, Jacobs Quadrel, and Hartman (1990) proposed that the influences of parents on the health beliefs of a child or adolescent will be predominant but they (children/adolescents) will at times be influenced by other sources of social influence such as peers. Lau et al., (1990) noted that examples of such crucial times include when adolescents leave home for the first time and again when they create a permanent home of their own. Such behaviours are particularly strong in adolescents whose parents have shown the most consistency in health beliefs, behaviours and how they taught their children (Schneider et al., 2004). It might be noted too that availability of information about psychologists would also play a significant role in shaping attitudes and beliefs about psychologists as a paucity of understanding and knowledge might be met with uncertainty, stigma and resistance.

One particular area that is increasingly acknowledged for its impact on the understanding of health beliefs, attributions of mental illness, and public beliefs about health is the popular media. This includes media such as television, radio and internet, acting as a “conduit of scientific medical ideas to the general public” (Marks et al., 2006, p. 232). It is suggested that the media “...transform[s] illness from something that is impersonal into something that is personal and infused with particular cultural norms and values” (Marks et al., 2006, p. 232). Media might also be considered significant as to whether particular health behaviours such as seeing a psychologist or sport psychologist are socially acceptable or not. People can be either influenced or persuaded by the media and social interactions which thus has an impact on their health beliefs, actions and help-seeking behaviour. DiMatteo and Martin (as cited in Schneider et al., 2004, p. 184) note that “persuasion refers to a specific kind of social influence in which a particular message or appeal is used to try [to] change someone’s attitudes or beliefs” which may be related to general health, mental health or other significant areas. Persuasive messages are broadcast through the media through either information appeals (facts and reason are presented about the potential benefit of engaging in a particular health behaviour) or fear appeals (behaviours are influenced through fears about a health behaviour) (Schneider et al., 2004). The messages broadcast by various media will have a significant impact on the information, beliefs and consequent attitudes student-athletes may hold about mental illness, clinical psychology or sport psychology. This however, is possibly dependent on the individual’s social, familial, psychological and developmental context and requires exploration and analysis to understand how media and public beliefs shape attitude formation.

## **Affect and Beliefs as Determinants in Attitude Formation and Behavioural Outcomes**

Fishbein and Ajzen (1975), Fiske (2004) and Schneider et al. (2004) state similarly that attitudes are evaluative and judgemental dispositions directed towards either a positive or negative, or favourable or unfavourable outcome of a decision. These un/favourable dispositions subsequently influence behavioural outcomes. Schneider et al. (2004) state that the evaluation of people, objects, or issues is further dependent on the influences of affect, behaviour, and cognitions which are determined by the individual's beliefs about the people, object or issues. This is applicable to the sporting context as student-athletes' judgements and evaluations of other athletes, sport psychologists and other people or objects will be influenced by prior affect, behaviours and cognitions. Judgements or evaluations will further influence the student-athlete's formation attitude and are based on collective antecedent experiences, affect, and cognitions induced within the situation that will stimulate particular behaviour as a response. This assertion is supported by the "Stimulus Belief System Behaviour Model" (Noakes, 2002, p. 700) which aims to encompass the particular cognitive, emotional and contextual factors (acting as stimuli) that are perceived to influence behavioural outcomes relevant to the sporting context. As a consequence of the multiple factors involved in attitude formation, it is necessary to consider the numerous cognitive, social, psychological and other contextual factors that induce affect and evaluations. It is therefore important to consider 'how' these factors influence or shape attitude formation as set out in the Research Question.

Fishbein and Ajzen (1975) stress that there are three basic features regarding the nature of attitudes: firstly, that an attitude is learned; secondly, an attitude prompts action or a response; and thirdly, that attitudes are consistently either favourable or not towards an object, person or issue. Consequently, an individual's attitude towards the utilisation of psychological services will be learned through social contact with family, peers and other sources; their attitude towards psychological services will elicit a favourable or unfavourable response or action; and the favourable or unfavourable attitude will be consistent over the course of time. This is supported by the assertion by Schneider et al. (2004) reporting that individual health beliefs (and attitudes) are based on antecedent experiences and knowledge, particularly through family and parents and they will remain stable over the course of time based on parental or familial practices (Lau et al., 1990). Such an important link highlights the

significance of stressing the role of social influences on attitude formation. Attitudes within such social spheres might be influenced by significant figures (e.g., peers, teachers, coaches, and parents) as such “individuals influence the development of such attitudes through the basic principles of learning such as instrumental [operant] conditioning, classical conditioning, and imitation” (Schneider et al., 2004, p. 4). The role of ‘conditioning’ in attitude formation and the role of social agents is supported by Jarvis (1999) who states; “If we can lead children to associate sport with positive emotional states, they are likely to develop positive attitudes” (Jarvis, 1999, p. 37). Consequently, it is important to explore contextual and social environment influences on affective and behavioural reinforcement experiences and how these impact individual health beliefs and attitude formation towards clinical and sport psychology.

Given the significance of social agents, it is seen that attitude formation is influenced by particular behaviours and attitudes being rewarded or punished that will induce positive or negative affect. Spangberg (1997) suggests that behaviours and attitudes might be determined through operant conditioning as the individual will either repeat or cease to engage in that behaviour depending on whether it is rewarded or punished. Attitude formation through classical conditioning may result from positive or negative reactions or responses by caregivers and significant others that are positively or negatively reinforced over time. Imitation or observational learning of attitudes may occur through the imitation of their caregiver’s actions and attitudes which are replicated and come to serve as the child’s own attitudinal pattern (Spangberg, 1997).

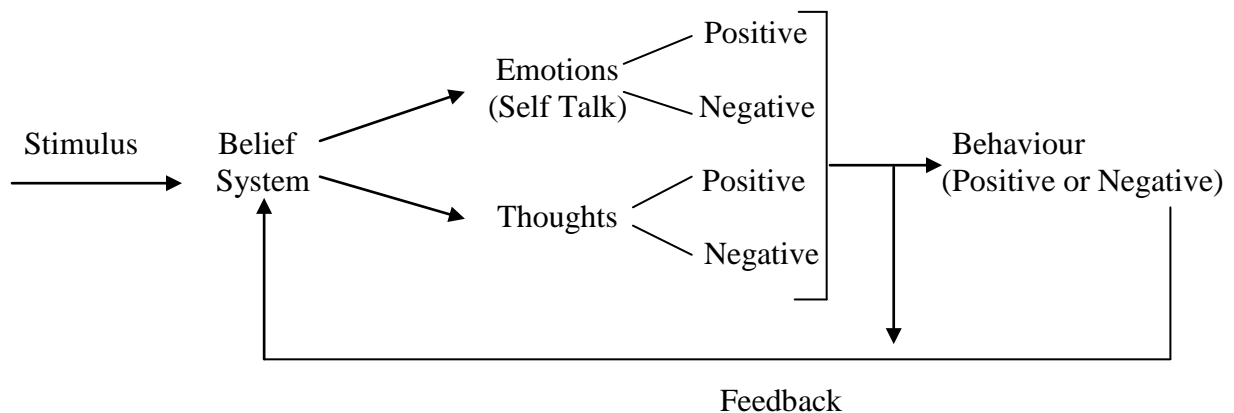
That one’s attitudes are learned through various social sources, (peers, parents and teachers) it can be considered that an individual’s attitude towards psychologists might be based on antecedent experiences or information that is positively or negatively reinforced. These sources are described as leaving ‘residues’ that influence subsequent behaviour and responses “in a consistently favourable or unfavourable manner with respect to the given object” (Fishbein & Ajzen, 1975, p. 10) and so are deemed to have been learned. Consequently, residues of significant figures’ attitudes about psychology and sport psychology services will have an impact of student-athletes’ beliefs, attitudes and use of psychological services. Thus, it is important to explore and understand what ‘residues’ regarding sport and clinical psychology exist in a sample population which can be used to infer attitude formation.

Fiske (2004) proposes that initial observations, affect, and appraisal of external objects and people are the primary building-blocks of attitude formation. Thus, it is important to gain insight and understanding of how and what affect in student-athletes might be aroused and how this affect translates into particular beliefs and subsequent attitudes towards sport psychology. Fiske (2004) relates that affect, not cognitions, are primary in attitude formation although cognitions are primary in attitude change “[as]...affective reactions, relative to cognitive ones, are more immediate, involving, inescapable, irrevocable, and compelling. Thus, affect enters in at the first stages that make an attitude an attitude (a reaction with strong affective-evaluative component)” (Fiske, 2004, p. 229). Fishbein and Ajzen (1975) state however, that while indeed attitudes are determined by either favourable or unfavourable affect towards an object, cognitions also play an important role in attitude formation. These cognitions are defined as an individual’s “knowledge, opinions, beliefs and thoughts about the object” (Fishbein & Ajzen, 1975, p. 12) influencing the individual’s attitudes towards the object. Thus, cognitions and beliefs are both significant additional factors in attitude formation that need consideration. Cognitions and beliefs combined with affect are integral constructs in shaping/developing individual attitudes that need to be closely explored.

Beliefs are seen as particularly important in attitude formation as they serve as “the informational base that ultimately determines (his) attitudes, intentions and behaviours” (Fishbein & Ajzen, 1975, p. 14). This assertion is supported by the statement; “The belief system interprets all incoming stimuli and then activates the response that is appropriate for that individual, depending on what the athlete believes about him- or herself and the prevailing situation” (Noakes, 2002, p. 699). Fishbein and Ajzen (2004) state: “On the basis of direct observation or information received from outside sources or by way of various inference processes, a person learns or forms a number of beliefs about an object....Specifically, a person’s attitude toward an object is based on his salient beliefs about *that* object” (Fishbein & Ajzen, 1975, p. 14). These beliefs will later influence the individual’s behaviour and attitude at later stages in a variety of contexts (whether about clinical or sport psychology or practitioners) as well as act as determinates of their attitudes, behaviour and behavioural intentions. Thus, the information a student-athlete has about psychological services (from direct observation or information received from outside sources) will play a significant role in shaping their attitudes about using a sport psychologist in a time of need or to enhance their performance. The observation of

others engaging in an activity (e.g. sport psychology services) will influence an individual's knowledge and subsequent beliefs about that activity. Positive experiences and information gathered through information or observations of significant figures will possibly equate with positive beliefs about using sport psychology and increase the likelihood of such service being sought. However, pre-held attitudes may also shape and influence beliefs (not based on observations but in fact impressions / residues), re-shaping of attitudes as a result of behaviour and affect (Fishbein & Ajzen, 1975).

As attitude formation is affect-based, the beliefs they hold towards an object are influenced by the understanding that an object has specific qualities and attributes which in turn will have significant bearing on the actions and intended actions/behaviour of the individual in relation to the object, although the individual's intention may not be related to their attitude at all (Fishbein & Ajzen, 1975). In Noakes' (2002) stimulus belief system behaviour diagram, he considers the importance of external cognitive, affective and contextual stimuli and their impact on an individuals' beliefs system that is comprised of emotions (self talk) and thoughts (cognitions) that will have either a positive or negative effect on the behavioural outcomes.



The Stimulus Belief System Behaviour Diagram

(Noakes. 2002, p. 700).

Noakes' (2002) model enhances the importance of considering antecedent 'stimuli' and the belief system as they can be used to surmise data about attitude formation and equally about behavioural outcomes as measures of attitude. An example of this might include the interviewing of an individual regarding their intentions of seeing a sport psychologist as a means of gauging their attitude towards the use of sport psychology services. Fishbein and Ajzen (1975) denote that both the affect and

beliefs about an object or towards and individual, will influence the actions or behaviours of the individual (or student-athlete) which implies that observing behaviours and current experiences / interactions with clinical or sport psychology can be used to infer and gain insight into attitudes. This highlights the importance of formulating a Research Question that is directed towards gathering data about the participants' behaviours when interacting with clinical psychologists and sport psychologists with the aim of determining their attitudes.

As noted, knowledge and beliefs (observations, opinions and thoughts about an individual) about an object are both affect and cognition-based (Fishbein and Ajzen, 1975). This prompts the need to understand how the participant's knowledge and cognitions (based on antecedent experience, interactions, and significant figures) as well as affect (induced during past and present experiences) has influenced their willingness and attitudes towards sport psychology services and practitioners. It is important to note that such experiences with clinical psychologists or information and knowledge on the field will be likely to be informed by past experiences and necessitates in its own right, the need to explore that area. Importantly, an attitude is based on affect, behaviour or a set of beliefs and will be consistent. This is because attitudes are proposed to be predispositions based on conditional (operant) conditioning, or more simply described as having been learned (Fiske, 2004). Granted that individual attitudes are consistent, it is considered a highly important aspect in understanding attitude formation and its course over time (Fishbein & Ajzen, 1975; Fiske, 2004). Consequently, it is important to consider attitudes over time in relation to an individual's behaviour and what antecedent factors would have played a role in shaping such attitudes and is considered a necessary area of exploration in the Research Question.

### **Behaviours and Behavioural Intention as Determinants Attitudes**

This section has been included to place health-promoting behaviours such as student-athlete seeking/utilising sport psychology services in context of how their personal subjective beliefs, behavioural intentions and attitudes are shaped by various personal and social factors. Behaviours are defined as the "observable acts of the subject" and may be used to "infer beliefs, attitudes or intentions" of the individual (Fishbein & Ajzen, 1975, p. 13). It is important to note that behaviours or action in relation to an object or individual are acted out as a result of the individual's attitude

toward the object and their subjective beliefs about acting out the behaviour (Fishbein & Ajzen, 1975). “[T]he attitude toward performing a given behaviour is related to [the belief] that performing the behaviour will lead to certain consequences” (Fishbein & Ajzen, 1975, p. 16). A student-athlete’s beliefs that pursuing sport psychology services and whether their intentions will be beneficial or not, will play a significant role in determining whether or not and to what degree such services will be pursued. In the event of an athlete believing the outcomes will be positive and their intention to pursue psychological services is high, it is likely they will pursue such services.

As a person’s attitudes are primarily based on affect elicited in a multitude of contexts and is influenced by a number of individuals over the course of development, exploring affect in those areas is very important in understanding attitude formation within a given sample population. In Fishbein and Ajzen’s (1975) Theory of Reasoned Action and Ajzen’s (1991) Theory of Planned Behaviour (TPB), it is proposed that a person’s intention (behavioural intention) to take action will play a significant role in determining whether that behaviour is executed or not “as it reflects the level of motivation and willingness to exert effort” (Morris & Summers, 2004, p. 499). Behavioural intentions refer directly to the individual’s intention to execute a particular behaviour, the strength of which is determined by the individual’s subjective probability that they will perform the behaviour. For this reason and the overall significance of behaviour in attitude formation, it is deemed as a highly important and necessary inclusion in the Research Question. Additionally, the behaviours a student-athlete might execute can be used to further infer their attitude towards sport or mental health practitioners. This is displayed in Noakes’ (2002) feedback-loop of behavioural outcomes (positive or negative) as influencing the individual’s belief system and the generation of emotions and cognitions in response to external stimuli. This is further highlighted by Ajzen (1991) stating that the intention to execute a particular behaviour is determined by an individual’s attitude, subjective norm and perceived behavioural control (Morris & Summers, 2004) but is also indicative of their attitude towards the object.

Attitude is believed to be a function of *behavioural* beliefs, which refer to perceived advantages and disadvantages of performing the behaviour. Subjective norm is thought to be determined by *normative* beliefs, which centre on whether or not specific individuals or groups who are important to the individual think the individual should perform the

behaviour. Finally, *control* beliefs are theorised to underlie PBC [perceived behavioural control] and focus on opportunities and resources available for performing and their power in influencing the behaviour (Morris & Summers, 2004, p.499).

An individual's attitude is dependent on the perceived benefits of engaging in the health behaviour and whether the outcome will be positive/negative or favourable/unfavourable (Morris & Summers, 2004). Furthermore, an athlete's subjective norm may denote to what degree they are influenced by important people (family or peers) to perform a particular behaviour, such as seeing a sport psychologist. Perceived behavioural control is defined as the individual's perception of whether changing of the behaviour will be easy or difficult (Morris & Summers, 2004; Schneider et al., 2004). Such antecedents are considered highly important and thus have been included as a component of the Research Question.

Understanding individuals' behavioural intentions (past, present and future) would give insight into how they might react to seeing a sport psychologist and what predictors would play a role in determining their attitudes. Behavioural intentions or 'learned' reactions to clinical or sport psychologists are based on antecedent experiences and the influence of significant figures within their social domain (Schneider et al., 2004). As a result, it is important to pay close consideration to the influence and impact of antecedent experiences and the beliefs an individual might hold as it will have a subsequent effect on their attitude formation.

### **Mental Health Literacy**

Initiated in Australia in 1995, the study by Jorm et al., (1997) had as its objective to assess the public's ability to recognise mental disorders, their beliefs about the effectiveness of various treatments and attitude towards mental illness. 'Health literacy' is utilised to describe the ability "to gain access to, understand, and use information in ways that promote and maintain good health" (Jorm et al., 1997, p. 182). Social, individual, contextual and additional factors are acknowledged in health literacy research, and such research is considered as providing understanding of the construction of attitudes and beliefs about health-seeking behaviours. Understanding the participant's level of literacy, related beliefs and attitudes will provide significant insight about which factors

induce affect, what information shapes beliefs and how this occurs; crucial factors in attitude formation. There is a strong belief that psychological practice, in all its forms (whether clinical or counselling and the scope of their clients and practice), is related to health and accordingly sport psychology can be perceived to be health-related. Consequently, such data revealed from studies about health literacy is potentially able to guide the treatment of members of the public by health professionals and psychologists (Matarazzo, 1982). Furthermore, data from health literacy studies can provide contextual and additional information about attitude formation within the sport psychology domain and shed light on what is most important and requires the closest consideration in this study.

Mental health literacy (MHL) is defined as an individual's knowledge and beliefs about mental illness, knowledge about risk factors and causes, and understanding of the attitudes that promote recognition and appropriate help seeking (Jorm et al., 1997; Lauber, Nordet, Falcató, & Rossler, 2003). It is felt that understanding and insight into public beliefs and attitudes about mental illness will provide a suitable context in which to explore attitude formation in relation to both clinical and sport psychology. Jorm et al. (1997) propose that a high level of public MHL would allow for early recognition and appropriate treatment of mental illness. Furthermore, understanding about public beliefs, how knowledge about mental health is constructed and what factors contribute to the development of attitudes can provide information for better services and facilities. This is equally true for sport psychology as high levels of literacy about the field would allow for early recognition, treatment and avoid potential pitfalls facing professional or student-athletes. In this study, it is believed that gauging the student-athlete participant's degree of mental health and sport psychology literacy would contribute to our further understanding the levels of student-athlete knowledge about clinical and counselling psychology.

Assessing levels of MHL is seen (Jorm et al., 1997; Jorm, Christensen, and Griffiths, 2005) as being a measure of public beliefs and attitudes about mental illness and revealed significant factors influencing their attitudes towards mental health services and practitioners. A study by Jorm et al., (2005) was conducted through a national quantitative survey ( $n = 2164$ ) in which telephonic surveys presented vignettes of people suffering either schizophrenia or depression. Regarding the identification of depression, 39% correctly identified depression with 72% responding in a form

which relates to mental health. For the schizophrenia vignette, 27% recognised the vignette correctly with 26% identifying the vignette as depression. In the light of the results presented above, the authors concluded that the majority of the sample population were able to recognise the vignettes as being related to mental health disorders but only a low number of respondents were able to give correct psychiatric labels to the depression and schizophrenia vignettes. It was felt by the authors that such a low ability to identify the vignettes equated to an overall low degree of MHL despite acknowledgement of the vignettes being related to mental health disorders (Jorm et al., 2005). It was proposed that in the future, poor recognition may lead to either “misidentifying a mental disorder as a physical one or as a problem unrelated to health [that] may lead to inappropriate use or avoidance of health services” (Jorm et al., 2005, p. 186). Consequently, it might be proposed that student-athletes may not recognise their own or others’ need to seek psychological assistance or seek assistance from an inappropriate source whether a GP or a coach. Jorm et al. (2005) propose that inappropriate management or failing to seek assistance for a psychological problem may lead to stigma in the future, further hindering their sporting performance.

Goldney, Fisher, Dal Grande, and Taylor (2005) conducted two sets of surveys in 1998 and again in 2004. Their intention was to contrast and identify the changes in public beliefs and MHL about depression. This area is being explored within the literature review to account for what factors may change or influence attitude formation or may be crucial in highlighting determinants in attitude formation. The researchers showed that mental health literacy interventions make a difference in the public’s ability to recognise the need for psychological interventions. In the light of a number of programmes (e.g., *Beyondblue: The National Depression Initiative*) that were launched between the first and second surveys, the authors intended exploring the possible impact that such programmes had on the mental health literacy of the public (Goldney et al., 2005). The second survey revealed “significantly greater identification with the person described in the vignette in 2004 compared with 1998” (Goldney et al, 2005, p. 135). Furthermore, there was a decline in the number of respondents who reported they did not know what was wrong with the person in the vignette and fewer respondents felt that chemists, counsellors, social workers, psychiatrists or psychologists were harmful in the 2004 study in contrast to 1998 (Goldney et al., 2005).

In evaluating mental health literacy programmes such as *Beyondblue*, Goldney et al. (2005) found that there was a significant increase in the mental health literacy of the survey population. They proposed that such changes would be unlikely without the influence of public mental health initiatives such as *Beyondblue* although they are unable to pinpoint which programme affected the changes or how it was done (Goldney et al., 2005). In summary, the authors state that their study may not equate to lower levels of depression, better treatment outcomes or compliance but is significant in highlighting the importance that such literacy programmes may play in changing public attitudes and awareness of depression (Goldney et al., 2005). Within the sporting fraternity, the results from Goldney et al. (2005) suggest that increased awareness about sport psychology services through literacy programmes may not be likely to influence athlete's willingness to utilise such services. Instead, they are more likely to possibly prevent stigmatisation of athletes seeking sport psychology interventions and influence their attitudes towards such services.

Consequently, it might be inferred that members of the public or student-athletes seeking help for performance-related matters may seek treatment from inappropriate sources as a consequence of their attitudes. Such inappropriate sources might include GPs or coaches as they hold incorrect beliefs about the efficacy of various treatments (whether medical or psychological). Additionally, it might be inferred that they are unable to identify within themselves the need to seek out clinical or sport psychology services to assist with personal or performance-related matters. This in turn may lead to higher levels of discrimination or stigma for those suffering from mental illnesses due to them being unable to resolve their particular problem (Jorm et al., 2005).

As a result of the poor levels of public MHL displayed in the Jorm et al. (2005) and Goldney et al., (2005) studies, it might be proposed that student-athletes would also display low levels of MHL. This might occur through poor identification of depression, schizophrenia and other related mental illnesses and would lead to avoidance of psychological services, poor athletic performance and seeking treatment from an inappropriate source. As was displayed with members of the public, it is possible that student-athletes are also likely to display a low degree of MHL. Like the studies conducted by Jorm et al., (2005) it might be considered that poor knowledge and insight into how psychological services might work or what benefits might be gained from them could negatively affect student-athletes. As noted by Jorm et al. (2005), poor knowledge of psychology services and

poor recognition of one's own need for help will hinder help-seeking behaviour but may also lead to avoidance of psychological services. Furthermore, such concerns may result in their being stigmatised in the event of seeking psychological services leading to a likely avoidance of clinical, counselling or sport psychology interventions. However, clear knowledge of sport psychology services would increase the likelihood of seeking out such services to enhance their performance or manage personal matters negatively influencing their performance. Understanding the degree of student-athletes' MHL and the relevant factors influencing their MHL could assist in understanding additional factors related to attitude formation.

In his first study related to MHL, Jorm et al. (1997) identified a very broad divergence in views about the seriousness of mental illness and the ability of professionals versus members of the public to identify and react appropriately. "Such differences [amounting to low MHL] may lead to an unwillingness to accept help from mental health professionals, or to a lack of adherence to advice given" (Jorm et al., 1997, p. 187). This too highlights the need for MHL interventions in various sporting codes and at different age and skill levels but also begs the question of what influences poor MHL or negative attitudes. Public awareness of mental illness and where and how to seek treatment would also raise athletes' knowledge about seeking treatment, reducing stigmatisation and increase a willingness to utilise sport psychology services to enhance performance. "Clearly, if mental disorders are to be recognised early and appropriate action taken [and interventions with student-athletes], the level of mental health literacy in the population should be raised" (Jorm et al., 1997, p. 187). Such statements do not apply strictly to the domain of public health and MHL but also to universities and student-athletes. MHL is being raised as a crucial component in understanding how attitudes are formed particularly as a lack of MHL may impede student-athletes' willingness to engage in programs, resulting in negative attitudes.

Thus, it might be proposed that increased MHL or knowledge may be attributable to more positive attitude formation. The degree of knowledge and literacy the student-athletes display about mental illness and sport psychology services will have bearing on their attitudes as was noted in the prior literature on attitude formation. The available information regarding an object (mental illness or sport psychology services) will inform the particular beliefs and attitudes the individual holds about that

object which will be consistently favourable or unfavourable and prompt a behavioural action or a response (Schneider et al., 2004).

### **Public Beliefs and Attitudes Towards Mental Illness**

Through a number of examples, this section intends to draw attention to the importance of social, individual and other factors that are shown to impact public beliefs and attitudes about mental illness. In turn, these beliefs and attitudes are important in their role in shaping individual attitudes towards sport psychology services and their willingness to utilise such services. A number of significant sources and social influences will be identified through which individual attitudes and beliefs about health and mental illness are shaped. This includes broad public beliefs and attitudes and as a result of our social climate and interaction with significant figures such as parents, peers and teachers. Such factors are being examined due to their bearing on how attitudes towards sport psychologists and services are perceived. It is proposed that public beliefs towards mental illness and clinical psychologists, espoused within one's social sphere, are likely to influence attitudes (publicly and in student-athletes) towards sport psychology services and practitioners. This necessitates the need to explore the role of public and socially constructed beliefs about mental illness.

It is intended that the multi-faceted nature of social influences on attitude formation and beliefs about mental illness be highlighted through these studies. The studies were conducted to assess levels of MHL, beliefs about mental illness and the influences on attitude formation and are felt to highlight important components and antecedents in attitude formation. Furthermore, the intention is to demonstrate the significance of how individual beliefs and attitudes towards sport and 'clinical' psychology are shaped by social, familial and external forces.

Jorm et al. (2005) extended their 1995 quantitative survey on MHL to determine whether, and to what degree, public beliefs about causes of mental illness had changed over an eight-year period. Any changes or alterations in public attitudes, beliefs and MHL would be attributed to enhanced public knowledge and understanding of mental illness through literacy programs or other emergent factors. They utilised similar vignettes and methods of analysis to the 1995 study to contrast the findings, maintaining internal validity and to track, if and why, attributions for mental illness had

changed. The authors acknowledged that there was little difference between the findings of the 1995 and 2003/4 surveys as most Australian adults (85%) “...endorsed day-to-day problems, death of someone close, traumatic events, and problems from childhood as likely causes of both depression and schizophrenia” (Jorm et al., 2005, p. 766). Significantly, the only difference came with more causal attributes such as genetics as being described as being responsible for the development of schizophrenia. This was attributed to increased public awareness of genetics and the role of genes in the causes of diseases, rather than a greater awareness of mental disorders (Jorm et al., 2005). This indicated that MHL is not only linked to contemporary social and political events but most importantly the knowledge and information they have acquired within their social context. Furthermore that knowledge and attitudes about sport psychology are equally influenced by external events, people and information. This study denotes that there are a wide variety of social, individual and other influences on attitude formation and furthermore that knowledge or information about a subject matter (e.g. mental illness) will influence attitudes.

Highet, Hickle and Davenport (2002) noted from the study by Jorm et al. (1997) that the public generally has little specific understanding about depression, pharmacological or psychological treatment. It has been noted already in discussing MHL that poor knowledge regarding sport psychology, psychologists and psychiatric scope of practice, may equate to a hesitation to utilise psychological services. Importantly then, sources of knowledge regarding sport and clinical psychology need to be explored and acknowledged as having a significant role in shaping attitudes towards psychology as a whole. Within sport, greater focus is continually placed on top-level or elite athletes’ performances and is covered widely by the popular media influencing public knowledge beliefs and attitudes about the relationship between sport and psychology. It was acknowledged that factors influencing public knowledge about mental illness and specifically depression included: media coverage, mental health care interventions at primary level, public reports on high profile people suffering from depression (such as celebrities or elite athletes), and community or school-based mental health awareness programmes (Highet et al., 2002).

The study conducted by Highet et al. (2002) ( $n = 900$ ) revealed a number of significant findings regarding attitudes towards mental illness which could have bearing on student-athletes’ attitudes towards sport psychology. The respondents in the study reported that depression was the most

significant mental health problem within their contexts but medical problems were more serious. This indicated that the majority of the community does not regard mental health as a major health problem and that the public have a poor level of overall knowledge about serious mental illness as a whole (Highet et al., 2002). Commonly, genetics, mental illness, depression and schizophrenia are viewed by members of the public in the study as the totality of psychology. It is possible that the public might transfer such perceptions onto sport psychology which is likely to influence their beliefs and attitudes towards using sport psychology services and individuals using sport psychology. This relates to the previous assertion that public beliefs about mental illness (or sport psychology) are limited in their scope and are likely to be influenced by socially constructed attributions and will be accrued through numerous social sources such as family, peers and the media (Highet et al., 2002).

Also in the same study, serious problems (e.g., severity and duration of sadness, unemployment, and serious medical conditions) were viewed by the public as being conduits towards or related to the development of mental illness (Highet et al., 2002). Such factors may be equally valid reasons for student-athletes' attitudes towards sport psychology due to the perceived association with serious problems and the related stigma. It was identified that for individuals suffering from depression, it is important for them to "have some knowledge about depression and implement certain behaviours" (Highet et al., 2002, p. 67) which includes recognising symptoms, presenting for assessment early, adherence to treatment, and having long-term relationships with health practitioners and mental health professionals (Highet et al., 2002). Such an example highlights the significant need for knowledge and literacy within the sporting fraternity where mental illness is likely to not be perceived as occurring more readily than in the general public due to the closed environments in which athletes and sporting clubs and universities operate (Ferrante & Etzel, 1991).

Highet et al. (2002) found that sixty percent of respondents with personal or family experiences of depression were more likely to perceive psychotherapy as more helpful, be more knowledgeable about mental illness (e.g. depression), and gain the most benefits from available services. Consequently, it is necessary to explore why the findings are inconsistent and what particular factors may have lead to such a difference. As a first point of treatment, the majority of respondents (45%) in the Highet et al. (2002) study felt that seeking support from family members was best. The authors felt it was alarming to note that psychologists are not readily identified as sources of help for mental

health or related matters and instead GPs or friends were perceived as appropriate sources. Highet et al. (2002) identified that the knowledge and attitudes of friends and family members was an important source of information and had a “strong effect” (Highet et al., 2002, p. 67) in assisting people with problems. In seeking help from professionals, Seventy one percent identified GPs, followed by a counsellor (9%), a clinical psychologist (5%), priest/clergy (3%) or a specialist psychiatrist (2%). It can be postulated that this may be equally true for athletes who equally may not be able to identify psychologists as a source of help. Importantly, twenty three percent of respondents chose the option “did not know” as their first choice of treatment (Highet et al., 2002) which indicates that nearly a quarter of a population may not be able find appropriate help and that student-athletes too may be unsure of where or with whom they can get help. Consequently, it is important to gather insight into where, from whom and how knowledge, literacy and attitudes towards sport psychology constructed. This is particularly important because research has shown as psychologists (and probably sport psychologists) to be very poorly appraised. Particularly as members of the public only identify them as a source of help in the event of facing a serious problem, whether personal or related to mental health.

The findings of the survey were consistent with previous surveys conducted on the Australian public as non-pharmacological and self-help treatments were preferred, and the majority of respondents chose to rely on family, friends and non-professional therapists for help (Highet et al., 2002). The findings of the survey also highlighted the differences between age cohorts and gender groups’ knowledge, and attitudes towards treatment, health professionals and ability to identify depression. Given such a paucity of knowledge, it might also be believed that athletes’ knowledge about the use of sport psychologists for personal and performance enhancement reasons may be very low.

Previous research has identified barriers leading to delayed help-seeking and may provide an explanation for why the findings of the research and the Highet et al. (2002) study are different. The barriers to help-seeking behaviour are defined as falling into one of two categories: “[A]ttitudinal barriers (beliefs about and attitudes towards mental illness and its treatment) and structural barriers (such as lack of time, financial resources and unavailability of treatment)” (Thompson, Hunt, & Issakidis, 2004, p. 811). The additional time and performance pressures placed on student-athletes are likely to present as structural barriers, thus increasing the likelihood they will not seek general or

sport psychological interventions and thus require additional consideration in the data analysis. Furthermore, attitudinal barriers are likely to present as a result of individuals experiencing no perceived need to use sport or general psychological services. This was identified by Ferrante and Etzel (1991) who reported that student-athletes high visibility, personal attributes, operating in closed sporting environments and associated 'macho' attitude are likely to impede or prevent student-athletes from seeking sport psychology or counselling services. Thompson et al. (2004) believe that were recognition of mental illness (equating to mental health literacy) to occur at an earlier stage, this would lead to both attitudinal and structural barriers being able to be managed. This may result in delays in seeking treatment being shortened, stigma by external persons being reduced and attitudes towards mental illness changing (Thompson et al., 2004). This too might be extended as being applicable for sport psychology and student-athletes as early identification and recognition of sources of help such as sport psychologists or counsellors may reduce stigma, attitudinal and structural barriers.

Leaf, Bruce, and Tischler, (1986) and Leaf et al. (1985) propose that a positive attitude towards mental health professionals and services equates to a greater likelihood to seek treatment whereas a resistant attitude is associated with greater delays in help-seeking behaviour (Christiana et al., 2000). While such outcomes have only been seen in clinical and public population samples, it might be proposed this too is possible with student-athletes who have positive attitudes towards the utilisation of sport psychology services. In the event of attitudes towards sport psychology services and practitioners being positive, it is likely that athletes will more willingly engage with or utilise sport psychology resulting in a more sportive attitude and shorter delays in help-seeking. However, this would require the difference between mental illness (managed primarily by a clinical or counselling psychologist) and performance enhancement and training (managed by those with sport psychology expertise) being made evident and more clear as attitudinal differences between clinical and sport psychology emerged as being quite stark in the research interviews. Consequently, it is vital to gain insight into how such attitudes are developed over the course of time and what factors initiate help-seeking in the event of difficulties with mental illness or performance being experienced. Thompson et al. (2004) state that an additional factor leading to delayed help-seeking is the fear of stigmatisation linked to mental illness as "patients endorse feeling ashamed or embarrassed about having anxiety or depression" (Thompson et al., 2004, p. 811).

The relationship between fear of stigma and longer delays in treatment-seeking proved to be statistically significant by Christiana et al., (2000) who emphasised that the belief about perceptions of potential stigma plays a significant role in shaping an individual's beliefs and attitudes about seeking treatment and mental illness. In reference again to Ferrante and Etzel (1991), it is proposed that student-athletes high visibility on campus, beliefs about sport and mental illness and the attributes of student-athletes themselves in conjunction with fears of stigmatisation increases the likelihood of delayed help-seeking, supporting the propositions of Christiana et al. (2000), Leaf et al. (1982) and Thompson et al. (2004).

Research suggests however that attitudinal barriers, more so than structural barriers, are readily proposed as reasons for delayed help-seeking (Thompson et al., 2004). Sixty percent of respondents in a study by Thompson et al. (2005) attributed their delay in help-seeking to a 'lack of knowledge about mental health problems or available treatment for mental illness.' This supports the assertion that knowledge about sport or clinical psychology will have important bearing on attitudes towards seeking such services and is an important component in answering how attitudes are formed. The majority (27.2%) indicated their understanding and clear lack of MHL regarding their depression through selecting the option 'I thought it would go away by itself', followed by 17.3% indicating 'I thought nothing could help' and 'I didn't know where to go for help' (12%) (Thompson et al., 2004). Twenty four percent of respondents indicated an attitudinal reason for delayed help-seeking; 12.7% responding 'I was afraid to ask for help' and 'I preferred to manage it myself' (11.6%). Only 1.8% cited a structural barrier as the primary reason for their delay (Thompson et al, 2004).

"Specifically, this study found that the lack of knowledge about mental illness and available treatment is a major barrier to care" (Thompson et al., 2004, p. 816) and is potentially applicable notion to the sporting fraternity. Poor knowledge by athletes regarding mental illness, where to seek appropriate treatment and the availability of sport psychology services aimed at enhancing sporting performance will delay care and result in a more negative attitude towards using available services. In conjunction with the additional time, performance, and academic pressures placed on student-athletes, gathering information about and finding a sport psychologist would be more difficult than usual and they may lack the capacity, knowledge or available resources to seek appropriate help.

The authors of the study concluded by highlighting the significance of improving MHL intended to prevent delayed help-seeking. However, attitudinal barriers still remain the most significant reason for delays in help-seeking (Thompson et al., 2004). Student-athletes too may be confronted with the dilemma of not knowing whom to speak to or where to seek help which would account for a significantly large structural barrier, delayed help-seeking and possibly continued poor performance. Furthermore, poor sport psychology literacy may translate into the student-athlete not knowing how a sport psychologist may be able to assist them or whether they might be able to help them improve their performance. Female respondents were more likely to respond with the statement 'I thought nothing could help' as opposed to men who generally responded with 'I didn't know where to go for help' (Thompson et al, 2004).

The Thompson et al. (2004) study supported the findings of previous studies (Goldney et al., 2005; Highet et al. 2002; Jorm et al. 2005) whose results further indicate that poor MHL closely correlates to poor knowledge of where or with whom to seek help in cases of mental illness. A parallel in the sporting fraternity and description of a lack of knowledge about sport psychology could be described as 'sport psychology literacy'. Within South Africa, a lack of category for registered sport psychologists and probable poor public knowledge about their expertise would be likely to result in poor sport psychology literacy and make it difficult for student-athletes to source assistance. In the event of sport psychology services being available to a student-athlete, it is probable that sport psychologists would be met with attitudinal as well as structural barriers also resulting in delayed help-seeking. The probable low degree of knowledge about the availability of sport psychology services might not only equate to an attitudinal barrier but requires that this study look closely at the individual's social, familial and public context as influencing their attitude formation.

That psychology is perceived to pertain only to mental illness may influence awareness of sport psychology services due to reluctance to engage with such services as well as believe that performance enhancement can be achieved through the use of sport psychology. Clinical psychology and related perceptions may be perceived by the lay-person or athlete as encompassing psychology as a discipline and consequently translate into poor MHL with an impact on the use of sport psychology services. The associated connotations of psychology encompassing mental illness might be

transferred to sport psychology which needs to be addressed in the context of this study and the particular beliefs and the participants might hold towards sport psychology.

### **Developmental Challenges of Student-Athletes**

It is significant to note that many student-athletes, on leaving the cloistered environment of high school, may struggle with the demands of entering tertiary education; not only academically but also due to the various developmental differences such as having to compete with older, more experienced and better performing athletes (Gould & Finch, 1991). Performing poorly on entering tertiary-level sport, young student-athletes may be resistant to using services for fear of stigmatisation and for displaying weakness. This may be particularly difficult in a tertiary setting where performing well in sport is highly respected and that “being a successful athlete, even at youth levels is highly valued by children and adults, [which] may result in increased feelings of self-efficacy and a sense of industry [and a] positive influence on children’s development” (Petitpas, 1998, p.190). Entering such a highly competitive and charged environment may either positively or negatively influence a student-athlete’s self-efficacy and attitude towards the utilisation of available sport psychology services. Such factors may be deemed as important considerations in gathering insight into how these challenges may influence attitude formation and thus form an important facet of this research.

It is acknowledged that inadequate facilities or provisions for student-athletes may lead to a “failure [by universities] to recognise the fundamental importance of attending to the developmental needs of student-athletes” (Ferrante & Etzel, 1991, p. 2), therefore inadvertently placing additional pressure on the student-athletes. A lack of facilities and provision for student-athletes is likely to create resistance or avoidance of sport psychology services and a negative attitude towards the institution due to feelings of being unsupported or not having appropriate facilities used for optimal performance output. Where counselling and sport psychology facilities are made readily available, Gould and Finch (1991) note that applied sport psychology is more focussed on performance enhancement, not necessarily holistic development to include academic, personal, social and developmental areas. “[H]elpers may not possess the necessary understanding of student-athlete’s situation required to help them develop personal competence as young adults, the primary role of the [University] experience” (Ferrante & Etzel, 1991, p. 2). Given the poor attendance to student-athletes, this research looks to

explore the tertiary academic and sporting environment as it too may provide insight into why psychology services may be avoided and how this might influence their attitudes towards sport psychology.

Gould and Finch (1991) have identified a number of obstacles that could become contentious developmental areas of the student-athlete's life at university including "readjusting athletic [and performance] expectations, time management concerns, and coping with mistakes and adversity" (Gould & Finch, 1991, p. 55). In relation to Steenbarger's (as cited in Finch & Gould, 1991, p. 53) meta-theory on counselling, adolescent development is characterised by barriers, stress and turmoil which are "normal and necessary for individual adaptation and growth". Such barriers and turmoil for student-athletes might include leaving home for the first time, forming a new, more independent identity, developing new friendships and balancing sporting and academic demands (i.e., life skills) (Finch & Gould, 1991). Such adaptations might lead to changes in their attitudes and are crucial to this study in conjunction with the numerous antecedent social, familial, developmental and psychological factors prior to their entering university.

### **Student-Athletes and Tertiary Level Sport**

Gould and Finch (1991) and Ferrante and Etzel (1991) identify the start of tertiary education for a student athlete as a period of major transformation, adjustment, and as being filled with academic, personal, social and other demands by the university system. While these demands and adjustments are expected of any tertiary level student, the expectations of student-athletes may be greater due to differing roles as student, athlete, entertainer and developing adolescent/young adult (Ferrante & Etzel, 1991). Ferrante & Etzel (1991) suggest that sport administration departments within universities are unwilling to garner help beyond their own services as they (and the student-athletes) believe external services by counsellors and psychologists are unnecessary. Furthermore, student-athletes are often perceived as being pampered by sport administration departments but "are in reality a group truly in need of help that is often unaware of that need" (Ferrante & Etzel, 1991, p. 10). Given the number of demands and expectations placed on student-athletes, this section was included

with the intention highlighting that the tertiary environment presents the student-athlete with particular challenges that have the potential to lead to negative attitudes towards counselling and psychological services.

“[U]nlike their nonathlete counterparts, these young men and women must function within an environment that presents a unique, complex set of demands [and] an atypical degree of public scrutiny” (Ferrante & Etzel, 1991, p. 2). As a result of their high visibility on campus, student-athletes may avoid using counselling services on-campus as it may become a public matter, embarrassing and “revealing a perceived need for help” (Ferrante & Etzel, 1991, p. 8) leading to possible stigmatization and avoidance of available counselling or sport psychology services. Furthermore, it was identified in the United States that student-athletes in general were not as prepared as other students to manage the academic demands of tertiary-level education as a result of the high degree of pressure and demands placed on student-athletes in particular (Ferrante & Etzel, 1991). The demands placed on student-athletes for time between practising, travelling and academics may reduce the likelihood that they will seek out counselling services or utilise sport psychology services (Ferrante & Etzel, 1991).

Sowa and Gressard (1983) report a clear difference between student-athletes and non-athletes in the areas of educational plans, career plans, and mature relationships with peers, on the Student Development Task Inventory constructed by Winston, Miller, and Prince (as cited in Ferrante & Etzel, 1991). A failure to support young student-athletes or an inability to manage various demands through their own lack of maturity, in addition to academic, social and other demands, may lead to maladjustment, dissatisfaction, stress and psychological difficulties (Ferrante & Etzel, 1991) resulting in them avoiding support services that may be available to them. It is perceived that athletic departments are closed environments and “independent entities” (Ferrante & Etzel, 1991, p. 10) and thus are excluded for being extra-curricular but also view non-athletes as outsiders (Petitpas, 1998). A closed environment perception may also be internalised by student-athletes who might only accept services available through the sports administration, thus ignoring other available services on the campus and possibly fostering dependence although this may have a negative effect on the development of independence (Ferrante & Etzel, 1991). Furthermore, student-athletes’ encounters with a closed environment may have an important bearing on their subsequent behaviours and

attitude formation about the usefulness and applicability of sport psychology services to them. “In a sense, young student-athletes-to-be may be shaped to acquire an external locus of control that is associated with various life skills deficits, as well as immature, unrealistic values, goals and expectations that are carried with them” (Ferrante & Etzel, 1991, p. 12). In researching stressors on student-athletes, Etzel (1989) reported finding greater than normal experiences of perceived “overall life stress, and cognitive stress (e.g., anxiety, worry, irritability), and reported possessing a chance-orientated, external locus of control” (Ferrante & Etzel, 1991, p. 6).

In relying on others or having an unrealistic sense of self belief, students may adopt false perceptions about correct choices in academic, social and other areas. Additionally, they may rely on pretentious or narcissistic attitudes as a means of enhancing their self-confidence or social status. Consequently, this may lead to “the stereotypical misconception of counsellors and psychologists as ‘shrinks’ who analyse sick or crazy people” (Ferrante & Etzel, 1991, p. 12). This presents another barrier to psychological and sport psychology services and delays the possibility of an appropriate referral in good time (Ferrante & Etzel, 1991). This may be further compounded by sports-induced injuries and lead to experiences that prompt the avoidance or negative attitude towards support and sport psychology services. This in turn might present as an additional stressor placed on student-athletes and a possible source of strong affect that might influence attitude formation.

Aside from life and environmental stressors, there are a number of practical and other barriers that prevent the use of psychological, educational and other facilities available to student athletes (Ferrante & Etzel, 1991). Such barriers might include “1) the student-athlete’s high visibility on campus; 2) little available time, sport related pressure; 3) myths about the student-athlete persona; 4) the closed nature of many athletic situations; and often 5) the personal attributes of the student-athletes themselves” (Ferrante & Etzel, 1991, p. 8).

### **Barriers and Sport Psychology Consultation**

Several barriers to clinical and sport psychology consultation or services have been mentioned in a number of earlier sections in the Literature Review. These sections have highlighted barriers confronted in areas that include reasons for delayed help-seeking behaviour (Issakidis & Wells,

2002) in the form of attitudinal and structural barriers in relation to both clinical and sport psychology. This section of the Literature attempts to consolidate what structural or attitudinal barriers might be encountered particularly within the student-athletes' context and influence their attitude formation.

The practicing and use of sport psychology techniques is reportedly done by a variety of psychology professionals with a variety of different qualifications ranging from clinical and counselling to industrial degrees at PhD or Masters level (Wylleman, De Knop, & Delhoux, 1999). Furthermore, a wide variety of approaches to consultations are reported to be practised by Wylleman et al. (1999) including behavioural therapy (50%), communication and group dynamics (44%), systems therapy (33%), psychodiagnostics (11%) and developmental psychology (6%). Wylleman et al. (1999) even found that while some sport psychology consultants may not be fully qualified, they are sufficiently prepared to assist athletes or meet the demands of such specialised work. It was felt that this may negatively influence athletes accepting sport psychology as being beneficial and their having a positive attitude towards psychologists due to being unregulated and a broad spectrum of practitioners that do not meet either their expectations or needs. Brooks and Bull (1999) state that sport psychologists are perceived as being closer to mental health professionals than related to sport, and as a result receive negative appraisal. "[The term] 'sport psychologist' was causing controversy, attaching negative connotations to the profession and ultimately influencing individuals' perceptions...and the term 'sport' fails to modify the perception of the role" (Brooks & Bull, 1999, p. 206). This was also alluded to by Leaf et al. (1985) and Thompson et al. (2004) who note that attitudinal barriers and perceptions of psychologists will influence help-seeking behaviour due to the association of psychologists with mental illness.

In conjunction with the variety of their qualifications and methods of practising sport psychology, psychologists have to make a number of special considerations if working in a sporting environment notes Petitpas (1998). The actions and work of psychologists will have a significant bearing on peoples' beliefs and attitudes about psychology in their future and will play a crucial part in peoples' attitudes. This must be closely considered as sport psychologists have to work in a variety of settings, manage different types of relationships and a number of different working environments. This is particularly true for sport psychologists as sport psychology consultations may differ from

“traditional practice” (Petitpas, 1998, p. 199). Special considerations noted by Petitpas (1998) include knowing and understanding the sport and sport system; balancing relationship expectations with boundaries that might be more fluid outside the therapeutic hour; maintaining confidentiality for each member of a team; interacting with the media; working with coaches and administrators; and being active and involved in the sporting environment. All these factors and practising them appropriately will have an impact on student-athletes in tertiary settings and their attitudes towards sport psychologists. It will either confirm or change their knowledge and attitudes based on past experiences, observations and beliefs about psychological practice and influence their subsequent willingness to engage in sport psychology consultations in the future.

It is clear that a clinical or sport psychologist, coach and other significant figures will play different roles and have numerous influences on the tertiary-level student-athlete and require careful consideration. This became clear in Dunn and Holt’s (2003) study about the perceived efficacy of a sport psychology intervention in a college ice hockey team. Dunn and Holt (2003) reported that the psychologist was involved professionally, socially and emotionally with the team and players, acting as a liaison between the team and coach and being described as a team mate. The players reported that it was important to be able to interact with the sport psychologist socially and would engage in team-orientated activities although a degree of caution was raised by several of the ice hockey players regarding the extent to which the psychologist should be involved. (Dunn & Holt, 2003).

Referral sources and reasons for seeing sport psychologists might be varied and come from a number of sources increasing the spectrum of people and circumstances impacting on the student-athlete. Wylleman et al. (1999) found that the majority of referrals to sports psychologists (23.3%) come from sport governing bodies or clubs, followed by athletes themselves (20.7%), parents (20.7%), and coaches (20.7%). Reasons for referral may range from “lack of self-confidence, performance decline, communication problems, increased anxiety, psychosomatic complaints and behavioural problems” (Wylleman et al., 1999, p. 102). The authors note that the majority of referrals came from people who were within the athlete’s social network and that such sources may have influenced the referrals, reasons for referrals, and attitudes (inside the student-athlete’s sphere of influence) towards psychologists (sport and otherwise). This is supported by Martin et al. (2001) who state the importance of athletes’ coaches, peers, and families who need to be “open, committed, and motivated

to engage in the sport psychology consulting process” (Martin et al., 2001, p. 19). This is particularly important given the significant bearing on attitudes, perceptions, and willingness to engage in sport psychology consultation, and possible stigmatisation of the athlete for utilising such services (Anderson, Hodge, Lavalley, & Martin, 2004b). The opinions and attitudes of peers, family members and significant figures is consequently an important consideration in addressing the Research Question and will form an integral part of the interview process.

A psychologist’s dress, build and appearance are also acknowledged as having an impact on athletes’ perceptions of the efficacy of the consultant (Lubker, Watson, Visek & Greer, 2005) and attitudes towards seeking out a sport psychologist. The researchers note that interactions between therapists and clients are infused with perceptions and beliefs about the other based on attributions, expectations, affect and judgements related to first impressions (Lubker et al. 2005). Reactions may also be based on non-verbal actions such as body language and clothing, or unchangeable (e.g., gender and ethnicity) and changeable physical characteristics (e.g., dress, weight and appearance) that have a particular role in determining perceptions of delivery of consultations or efficacy of the service (Lubker et al., 2005). Following the initial impression - either episodic (situation specific) or dispositional (permanent) - a number of reactions or responses and behaviours will be elicited.

Lubker et al. (2005) found that “athlete’s [sic] first impressions are impacted by PEC’s [Performance Enhancement Consultant’s] physical characteristics” (Lubker et al., 2005, p. 455) and the characteristics of build and type of clothing had greater significance on impression formation than gender and ethnicity. Essentially, it was felt by the respondents that the greater the perceived efficacy of the sport psychologist is (based on their own beliefs and attitudes towards sport psychology practitioners), the more willing and the more positive their attitude towards sport psychology consultation (Lubker et al., 2005). Furthermore, it was found that

[A]thletes would seek the services of a consultant who is believed to have the ability to fit into the sport environment while giving the perception through stimulus cues such as body type and clothing that they also possess the appropriate athletic experiences and sport knowledge to work with athletes and coaches. (Lubker et al., 2005, p.455)

Gender and ethnicity are important unchangeable physical characteristics in determining beliefs about the efficacy of service delivery and will be discussed under a separate heading. Lubker et al. (2005) found that athletes prefer to work with consultants of similar ethnic background as themselves which is consistent with Anderson et al. (2004b) who found that New Zealand and other international athletes prefer to work with consultants of a similar culture.

Wylleman et al. (1999) found that despite athletes' disappointment with their performances, they do report that counselling and sport psychology interventions are effective (on average 8 out of 10 times) and consultations are beneficial. Furthermore, positive views about psychologists by peers, parents and coaches within the athletes' social network will lead to positive attitudes and more successful psychological intervention. Martin et al. (2001) notes that "not only do the attitudes and expectations of an athlete affect the willingness to seek sport psychology consulting, but the attitudes and opinions of others (e.g., peers, parents, siblings, teachers, trainers, and coaches) may also determine whether the athlete seeks or continues mental training or therapy" (Martin et al., 2001, p. 24). This supports the inclusion of social factors in the Research Question and interviews as a result of the significant influence external sources may have on the internalised beliefs and attitudes they hold but are also subject to a number of other factors such as the availability and quality of interactions they may have or had in the past with psychologists.

In researching Canadian Olympic athletes, Orlick and Partington (1987) noted that the availability and accessibility of seeing a sport psychologist was equated with the efficacy of treatment and availability of consultation. Martin et al. (2001) state that communication and interpersonal skills are vital for counsellors and sport psychology consultants as 'without these skills the sport psychology practitioner may experience difficulty in trying to teach athletes, coaches, or family member's effective psychological and performance enhancement techniques' (Martin et al., 2001, p. 19).

Gender also plays a significant role in determining athletes' attitudes toward sport psychology consultants, and an athlete's gender plays an equally significant role in shaping their attitudes towards sport psychologists. Yambor and Connelly (1991) describe a number of issues that may arise as a result of male athletes working with female sport psychologists, particularly as their credibility

and perceived efficacy may be based on their gender and determine the degree of willingness of the athlete to work with them. As a result of the differing socialisation patterns male athletes' style of interacting, beliefs and attitudes may be "characterised by more emphasis on success and on maintaining a macho image" (Yambor & Connelly, 1991, p. 306) and with different beliefs about performance outcomes, confidence levels, beliefs about themselves and others, and orientation to goals and achievement. Martin et al. (2001) state that the male gender role is to not show emotion, talk about one's problems or show weakness, and that there is greater aversion to seeking treatment in comparison to females. Male athletes are more likely to stigmatise sport psychology treatment or consultations "as males compete in sport, most gradually develop a mindset that being both a man and an athlete involves learning to accept pain and adversity in stoic silence" (Martin et al., 2001, p. 24). However, male athletes were found to believe that sport psychologists are more directive and problem-solving orientated but may perceive a female sport psychologist as not keeping confidentiality; boundaries might be stretched or broken due to flirting; they are not as knowledgeable about sport; they are perceived as nagging or manipulative; and the athlete may believe they are being overly nurtured (Yambor & Connelly, 1991).

However, it is noted that there are areas in which female sport psychologists may be perceived as being more effective than men as a result of "warmth, unconditional positive regard, interest, and acceptance of the client" (Yambor & Connelly, 1991, p. 309). Female athletes have been shown to have a more positive belief in the efficacy of sport psychology and are more amenable to utilise sport psychology services than male athletes (Anderson et al., 2004b; Blom, Hardy, Burke & Joyner, 2003; Brooks & Bull, 1999; Martin et al., 2001; Zakrajsek & Zizzi, 2007). Female athletes were found to expect sport psychologists to be "confrontative, tolerant, trustworthy, and nurturing, whereas males expect their counsellors to be directive, critical and analytical" (Martin et al, 2001, p. P. 34). Relating again to socialisation as a root cause in determining how sport psychology is perceived and accepted, it has been shown that it is more socially acceptable for females to show emotion and ask for help (Linder, Pillow, & Reno, 1991). Furthermore, it was perceived that "consulting a sport psychologist for a performance-related problem was [more] acceptable" for female athletes than males (Brooks & Bull, 1999, p. 2006). Female athletes over a period of time learn to "accept pain, physical risk, and injury as part of high performance athletics but they do not associate this [sic] their identity as a woman" (Martin et al. 2002, p. 24). Thus, female athletes are more willing to adopt attributes that are

more masculine than those of male athletes. They are willing to associate or accept the 'female' attribute of showing emotion as a result of the inverse 'acceptability' for women to be aggressive rather than men to be passive or reflect emotion. Again, the role of affect or emotion relative to gender-type in attitude formation or the display of that emotion is significant and thus is an important consideration that needs to be addressed in the interviews and data analysis.

Yambor and Connelly (1991) hypothesise that due to female athletes not being concerned about being perceived as weaker, they consequently are more willing to engage in sport psychology consultation and in comparison to male athletes are not concerned about expressing emotion as a sign of weakness. Zakrajsek and Zizzi (2007) feel however, that the type of sport being played by the male or female athlete may determine the degree of stigmatisation and willingness to engage in sport psychology consultations as some sports, particularly contact sports, have been shown to be more averse to such consultations. It is therefore important for this study to attend to and explore the factors influencing male student-athletes' attitudes towards sport and clinical psychology and to assess whether socialisation is an important factor in shaping male student-athletes' attitudes.

Orlick and Partington (1987) highlight that a barrier to psychological services at tertiary level includes training staff and "coaches who have reservations about working with 'shrinks', [and those] whose lack of understanding of the sport environment can result in behaviours that are intrusive and potentially harmful to performance" (Petitpas, 1998, p.199). This is supported by Anderson et al. (2004b) who state that athletes and coaches continue to have sceptical views and reservations about the efficacy of sport psychologists thus influencing the use of such services. Zakrajsek and Zizzi (2007) note too that coaches' perceptions of a sport psychologist's gender might influence their attitude and subsequent referrals to them. Coaches may believe female psychologists to not be as effective as male sport psychology consultants (Yambor & Connelly, 1991) while Zakrajsek and Zizzi (2007) note that coaches expectations about the efficacy of sport psychology consultation is a predictor of the intentions to use available psychology services. Despite the high percentage of referrals made by coaches (20.7%) (Wylleman et al., 1999), a number of factors, in addition to bias and stigma, may inhibit the correct referral of athletes to psychologists and so necessitates the exploration of coaches' influence on attitude formation and not only in relation to gender. A lack of referrals in coaches may be further attributed to unrealistic beliefs or expectations, poor knowledge

about how psychological interventions may work and how long such interventions may take (Ferrante & Etzel, 1991). This may possibly lead to a poor consultation process and negative outcomes, influencing the athlete's attitude and beliefs about sport psychologists.

Further research by Zakrajsek & Zizzi (2007) indicates that many coaches do have favourable attitudes towards sport psychology consultations. The authors note that previous work with a sport psychologist is likely to result in a coach having a positive view, a trend that is also true for athletes who have previously used a sport psychologist (Anderson et al. 2004b). It was noted that coaches can be perceived by athletes as a barrier to the delivery of a sport psychology programme. Consequently, in discussions between a sport psychologist and a college team, the coach was removed from discussions to avoid any potential conflict or interruptions (Dunn & Holt, 2003). "The absence of the coaching staff was perceived to have a positive impact on players' communication and the openness of the sport psychology meetings" (Dunn & Holt, 2003, p. 359). The players in the same study were aware too that the sport psychologist was also part of the coaching staff and did liaise with the head coach but felt confident about the agreement that was shared between the players and psychologist regarding confidentiality. The psychologist was also lauded for adding an additional aspect; "the motivation factor" (Dunn & Holt, 2003, p. 361).

It is acknowledged in psychology that social, environmental, individual and a wide variety of other factors will influence reasons, attitudes towards, and motivation for pursuing counselling or sport psychology consultations (Anderson et al., 2004b; Martin et al., 2001). Martin et al. (2001) however, report that a number of factors are significant in determining people's willingness to engage and continue with the counselling process and what might determine a successful outcome; "(a) the characteristics of the client, (b) the nature of the problem, (c) personal and professional characteristics of the consultant (e.g., expertness, attractiveness, and trustworthiness), (d) the technique used by the consultant, and (e) the quality of the relationship between the consultant and client" (Martin et al., 2001, p. 19). Such factors are not universally true for all people seeking consultation as further significant factors such as gender, ethnicity and involvement in sport will determine attitudes and motivation for accepting and pursuing sport psychology consultation. It does however denote that a wide variety of factors influence attitude formation and require consideration in the Research Question and the data analysis. Miller and Moore (as cited in Martin et al., 2001, p.

20) found that “(a) personal commitment (e.g., self-responsibility, openness, and motivation), (b) facilitative conditions (e.g., a counsellor is genuine, trustworthy, nurturing and confrontative), and (c) counsellor expertise (e.g., a counsellor who is directive, empathic, and knowledgeable)” were significant motivating factors that athletes expected from a counselling experience. Such considerations motivate the need for close assessment of the participant’s expectations about clinical or sport psychology as it could reveal data relating to their beliefs (information / knowledge sources) and attitudes towards the sport and / or clinical psychology consultation process.

In their research, Martin et al. (2001) found there was no significant difference between athletes’ and non-athletes’ expectations regarding sport psychology consulting which they found to be consistent with past research (Martin et al., 2001). It was also found that internal variables, such as perceptions of sport psychology and the views of an athlete’s peers play a significant role in shaping expectations, beliefs and attitudes about seeing a sport psychologist (Martin et al., 2001). Martin et al. (2001) summarise their research by concluding that reasons for either seeing or not seeing a sport psychologist are varied. They are influenced by factors such as gender, changeable and unchangeable physical characteristics; the degree or methodology of practice the sport psychology consultant uses; whether or not the athlete has utilised a psychologist in the past; and the role of significant others in their social environment (e.g., peers, parents, coaches, parents) as they help determine perceptions of sport psychology consultation. This is supported by other research in which it has been concluded that “perceptions change according to (a) the reason the SPC [Sport Psychology Consultant] is sought (e.g., emotional concerns or sport performance issues), (b) the SPC’s training (e.g., exercise science or counselling psychology), (c) the SPC’s past sport experience, and/or (d) where the SPC’s office is located (e.g., psychology clinic, physical education department, or athletic department)” (Martin et al., 2001, p. 35).

## METHODOLOGY

### Research Question

*How do student-athletes' antecedent experiences, knowledge, and social factors contribute to shaping their beliefs and attitudes towards utilising either sport or other psychologist's services?*

### Research Design

This qualitative study was designed with the intention of gathering holistic personal, social, environmental and antecedent data through interviews with four elite student-athletes. Furthermore, it was aimed at generating themes related to the attitudes they hold towards the use of sport or other psychological services and how their attitudes are formed. As attitude formation is acknowledged to be constructed from a number of specific components (e.g., antecedent experiences, social and familial influences, induced affect, beliefs constructed about the subject, and knowledge) each component will be thoroughly discussed and explored within the literature. Following the literature review, semi-structured interviews will be conducted with four elite student-athletes from the same sporting code after which the transcribed interviews will be thoroughly researched, contrasted and interpreted in relation to the dataset as a whole and the literature.

The Literature Review is intended to provide a full account of the numerous factors that contribute to attitude formation. Particular focus is given to research based on clinical psychology given the lack of literature and research on attitude formation within the domain of sport psychology. The research and literature on attitude formation, health psychology, mental health literacy and public beliefs about mental illness is intended to provide a clear background and understanding of attitude formation in clinical psychology. Having a clear understanding of attitude formation in clinical psychology is intended to subsequently provide a template or guide for exploring the constituents of attitude formation in sport psychology. Particularly, how their antecedent experiences, behaviours, knowledge and social contexts in relation to clinical psychology outlines their attitudes towards sport psychology services.

Thematic analysis was chosen as a methodology as it allows for a rich and full description of the dataset and “interprets various aspects of the research topic” (Braun & Clarke, 2006, p. 79). Thematic analysis allows for particular themes across a wide dataset to be combined and interpreted in relation to itself, the dataset and the literature resulting in a detailed and thorough analysis of their relationships, differences and allowing for any new or relevant data to emerge.

The four semi-structured interviews were designed to explore how the numerous antecedent experiences, knowledge and social factors influence the student-athletes’ beliefs and attitudes towards sport and other psychological services. The Research Question was used as a starting point for guiding the development of the Research Questionnaire and to ensure the Research Question was answered. Furthermore, it allowed for particular data, relating to the Research Question, to be pursued within the interviews before additional themes, sub-themes and relationships between the participants’ responses emerged in the data analysis. Subsequently, through a back-and-forth iterative movement between the literature and dataset, the emergent themes are explored, unpacked and interpreted to examine the depth of the latent content to gain further insight into the relationship between the induced themes, Research Question and literature. The iterative movement between the dataset and literature is aimed at exploring the various relationships and differences between the emergent themes and the literature on attitude formation towards clinical psychology. The emergent themes are interpreted in relation to literature and studies regarding attitude formation and beliefs about mental health professionals and interventions to gain insight into their relationships and differences.

### **Sampling and Participants**

Four elite tertiary-level student-athletes were identified as a sample population for the study and were obtained through purposive sampling. Only four participants were selected for the research as a result of the limits of writing a quarter-thesis and it was felt by the researcher that four participants would provide an accurate reflection of the numerous factors influencing attitude formation amongst a limited number of elite athletes available for the research. Furthermore, it was acknowledged that there was sufficient overlap between the participants’ responses to ensure that all emergent themes were accurate and that consequent interpretations are appropriate and valid.

The participants were selected from Rhodes University as it is nationally recognised as being one of the best South African rowing universities. This is evidenced through their numerous victories in inter-university boat races over the past ten years and a number of club members have gone on to represent South Africa in numerous international regattas. The four male, tertiary-level, rowers ranging in age from 18 to 25 years were required to have experience of rowing in a University A8 crew and currently row competitively. Each participant was given a pseudonym to protect their identity and ensure anonymity. To allow for easier control and ease in managing information, the first participant was given the pseudonym 'Andrew', the second 'Bryan', the third 'Chris' and the fourth 'David'.

Connolly and Jannelle (2003) identify rowing as being under-researched as a sport and as being unique due to the physical and mental demands placed on the athletes. University rowers spend a great deal of time devoted to preparation and training and may be characterised as physically and mentally tough (Connolly & Jannelle, 2003). It must be acknowledged by the researcher that he has been involved in rowing although to a limited degree and did not engage in any competition. Being involved and having trained with elite student-athlete rowers, particular subjectivities have to be acknowledged and may have an influence on the understanding of particular attitudinal or phenomenological descriptions by the participants. However, Ferrante and Etzel (1991) describe elite student-athlete sporting disciplines as being either closed or insular and such environments may possibly garner firm views about psychology or counselling and sport psychology consultants. Granted the fact or perception of elite sports being insular or closed, it is felt that the researcher's knowledge, insight and intimate experience of being inside an environment may provide important insights, interpretations and understanding of the elite-level student rowers experiences and attitude formation. Rowers were identified as being suitable and as having firm views of clinical and sport psychology due to their elite status as well as the particularly closed and ubiquitous male-orientated perception that is held regarding the sport. Furthermore, the highly rigorous and intense level of physical and mental training required by the rowers ensures that they would be highly suitable candidates as elite student-athletes.

## **Data Collection Methods**

Individual, one-hour, semi-structured interviews were conducted with the participants. The interviews were conducted according to an interview schedule that remained consistent through each interview although probing and questions asking for greater clarity or information were included with the intention of garnering more detailed information. The interview schedule was constructed in close collaboration with and iterative movement between the Literature Review and Research Question. The Literature Review provided a guide to the most important aspects of attitude formation in relation to clinical psychology. It was intended that the significant aspects of clinical psychology such as antecedent experiences, knowledge and social factors be explored and initiate the exploration of the participants' own knowledge, experiences, attitudes, beliefs and social factors in relation to sport psychology.

Initially, the interviewees were introduced to the Research Question and intention of the study allowing them to be familiar with the nature of the research and to gain insightful, honest and subjective information. The first questions were intended explicitly to draw as much depth and information as possible regarding the participants' experiences of psychologists, their knowledge and subjective understanding of clinical and sport psychology. This was viewed as being significant in the shaping of their beliefs and contributing towards attitude formation. Subsequent, in-depth questioning focussed on attitude formation and factors influencing attitudes towards mental health professionals and sport psychology. Specifically, affect, cognition and antecedent experiences that have come to develop the individual athlete's attitudes, subjective norms, behavioural norms and intentions about utilising psychological services were explored.

The interviews were conducted in a private setting and recorded on audiotape for transcription, following informed consent from the participant. The interviews were transcribed verbatim. Personal and private details and information were carefully scrutinised to protect the identity of the participants and to ensure anonymity. Each participant was given a pseudonym to ensure further anonymity. They are attached to the thesis as an Addendum in conjunction with the Interview Schedule.

## **Data Processing (Analysis and Interpretation)**

The techniques of immersion and familiarisation were first utilised to explore each of the four interviews to allow the “inferring [of] general rules or classes from specific instances” (Terre Blanche & Kelly, 2006, p. 323) that shape the antecedent knowledge, beliefs and attitudes about the utilisation of sport psychology consultation. Rigour within thematic analysis requires an identification of themes through “careful reading and re-reading of the data” (Fereday & Muir-Cochrane, 2006, p. 4) “in an active way – searching for meanings, patterns and so on” (Braun & Clarke, 2006, p. 87). This was achieved during the transcription of the interviews “to the extent that you are familiar with the depth and breadth of the content” (Braun & Clarke, 2006, p. 87). The immersion into and familiarisation with the interviews through continuous reading and during the transcription allows for early “general rules” (Terre Blanche & Kelly, 2006, p. 323) to be extracted and early themes to be constructed. It is stressed that the transcription of the interviews needs to be highly accurate so that the “transcript retains the information you need, the verbal account, and in a way which is ‘true’ to its original nature” (Braun & Clarke, 2006, p. 87).

Secondly, the underlying “organising principles” (Terre Blanche & Kelly 2006, p. 323) from the interviews, using verbatim examples and relating directly to attitudes towards sport and other psychologists, will be coded. As noted in the Research Design, the Research Question was used as a guide or ‘template’ to the initial themes and as a means of linking the emergent links between the participant’s interviews and data. Only following an initial construction of themes were spontaneous themes explored and constructed. These themes arose because of the relationships between the data emerging from the interviews and related data in the literature review. Braun and Clarke (2006) describe ‘codes’ as identifying “a feature of the data (semantic or latent) that appears interesting to the analyst, and refer to ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding to the phenomenon” (Braun & Clarke, 2006, p. 88). The data relating to the attitudes, beliefs and contributing antecedent factors will be coded through marking sections, sentences and paragraphs of relevant subjects and data with the Research Question guiding the initial themes and extracting of data linked between the interviews.

The intention of coding is to create smaller, more manageable pieces of data that interrelate with broader, more substantive themes that are found within each of the interviews. The codes will be derived from significant and rich aspects of the data across the data set. It is intended that codes will be “theory-driven” (Braun & Clarke, 2006, p. 88) as a result of the iterative relationship between the literature and data within the interviews. This will guide the development of sub-themes, themes in the following step of coding the data and allow for early interpretation on the emergent themes in relation to itself and the literature.

Any information or themes that emerge unrelated to the Research Question or literature will be considered as unique to the study or a deficiency in the literature review and its relationship to the study will be explored as a new, unanticipated theme possibly prompting additional research of related literature. The coded “textual bits” (Terre Blanche & Kelly 2006, p. 324) of information will be analysed further and deeper at each stage to gain understanding of how they inter-relate and to elaborate on additional meanings and themes that might emerge from the data before they are coded in the following stage of data analysis (Terre Blanche & Kelly, 2006).

Following the coding of the data, the emergent themes will be collated. “A theme captures something important about the data in relation to the Research Question, and represents some level of *patterned* response or meaning within the data” (Braun & Clarke, 2006, p. 82). Furthermore, themes are determined through the prevalence of interrelated codes across the interviews but it is more important that “it [the theme] captures something important in relation to the overall Research Question” (Braun & Clarke, 2006, p. 82). Searching for themes requires “the sorting of the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes” (Braun & Clarke, 2006, p. 89). Fereday and Muir-Cochrane (2006) describe this stage in which codes are connected and themes and patterns in the data are discovered as data across the interviews “clustered under headings that directly relate to the research questions” (Fereday & Muir-Cochrane, 2006, p. 7). Similarities and differences between the participants’ responses are identified in response to the Research Question. Importantly, themes that were seemingly separate may merge together to create a comprehensive and better defined theme in relation to the Research Question or may remain separate to form a sub-theme. Braun and Clarke (2006) also advise constructing an additional theme

labelled miscellaneous “to house codes...that do not seem to fit into your main themes” (Braun & Clarke, 2006, p. 90).

The themes which have been constructed will be stringently re-evaluated and refined through determining which themes are sufficiently supported by the data set as “data within themes should cohere together meaningfully, while there should be clear and identifiable distinctions between themes” (Braun & Clarke, 2006, p. 91). Furthermore, there needs to be clear distinction between the themes, they must cohere towards the Research Question and accurately reflect the data set as a whole (Braun & Clarke, 2006). Fereday and Muir-Cochrane (2006) note that the interaction of data, coding and themes and the process of reviewing the themes require a number of iterative movements between the various elements before interpretation to ensure the validity of the data and a clear or precise link between the data set and end results.

Braun and Clarke (2006) suggest constructing a ‘thematic map’ at each stage of the analysis phase visually to represent the links and relationships between codes, sub-themes and over-arching themes. This may be particularly important at the latter stages and will be used to corroborate links and clarify distinctions between the themes and sub-themes. Thematic maps were constructed at different stages of the data analysis allowing links, differences and themes to be observed and refined. Each interview had relevant extracts in relation to themes placed alongside the other interviews to allow for the close examination of inter-related content and themes to ensure super-ordinate levels of interpretation and construction of more refined themes.

Finally, an interpretation, discussion and ‘un-packing’ of the emergent themes and their relation to the Research Questions will be made. The purpose of the interpretation is to allow for reflection and discussion of the possible strengths and weaknesses that materialise from the data set (Terre Blanche & Kelly 2006). In light of the iterative movement between the literature and data set, the analytical process intends to progress from a description of the interrelated themes through to an interpretation “where there is an attempt to theorise the significance of the patterns and their broader meanings and implications” (Braun & Clarke, 2006, p. 84).

## **Reliability, Validity and Ethics**

Purposive sampling, semi-structured interviews and thematic analysis are commonly used, reliable, and valid methods of qualitative research. While not widely used, thematic analysis is respected as a methodology as it is used in research that aims to gain in-depth information about “real-life events and phenomena” (Terre Blanche & Kelly, 2006, p. 321). The methodology is felt to be highly effective as it embraces and considers all factors of the participants’ environment, ensuring all aspects of the study are explored to ensure internal validity. Additionally, it allows for the “back-and-forth movement between...description and interpretation, foreground and background, part and whole” (Terre Blanche & Kelly, 2006, p. 322). Informed consent to conduct the interviews is required of the participants to avoid any coercion or discrepancies during the research process. Apart from biographical and some historical information that will be retained as proof of the inclusion criteria, anonymity is assured to the participants. It is hoped that the participants did experience some benefit through discussion of seeking psychological assistance. Permission will be granted to the participants to allow screening for confidential information and they will be given access to copies of the completed study if requested.

## RESULTS

As the methodology has indicated Thematic Analysis as the qualitative method of analysis being used, a clear and precise account of how the themes were arrived at will be presented. The methodology also allows for iterative moving between the Research Question, literature, and dataset to induce themes, although in this case the initial themes within the Results section will emerge purely from the questions raised by the Research Question and the dataset itself. Specifically, the Research Question aims to understand how student-athletes' past experiences, personal knowledge and social factors contribute to shaping their attitude formation and consequent beliefs about sport psychology and other psychologists, generally identified as clinical psychologists.

As the Research Question enquires specifically about student-athletes' antecedent experiences, knowledge and the social factors contributing to their attitudes and belief towards utilising either sport or other psychologists' services, the dataset will be explored for these emergent themes. Themes within these areas will be researched and explored in depth at multiple levels and full descriptions of their emergence from dataset to induced themes will be presented. No references will be made to the Literature Review or external studies as only within the Discussion section will the emergent themes be related to the literature to allow for an exploration of the themes, their relationship with other research that has been conducted and interpretations on their significance explored. The Results section will present a description of the themes that have been induced from the dataset while the Discussion section will endeavour to interpret the relationships between the themes and literature to enquire how and why relationships or similarities may exist.

Following extensive familiarisation and immersion with the four participants' interviews, the Research Question will be used to guide the initial themes that are explored. Initially, the coding of the data will not be explored or presented in great depth in the Results and instead, the focus will remain on how the dataset came to construct the themes in conjunction with the Research Question and the relationships between the various participants' responses. Verbatim extracts used to present evidence of the emergent themes which will subsequently be unpacked, explored and discussed. Following the extraction of relevant data and in this first step, additional self-generating themes will be explored following the immersion and familiarisation of the four interviews.

## **1. Experiences and Beliefs about Clinical Psychology**

Through the stages of familiarisation and immersion, coding and the inducing of themes, it became clear that both the participants' past experiences and knowledge of sport and clinical psychologists had significant bearing on their attitudes and beliefs about clinical and general aspects of psychology. After further exploration it became clear that the student-athletes' past experiences synergised and became their source of knowledge and beliefs, shaping their attitudes through the appraisal of the information available to them and were indistinguishable from one another. As there was some contact with clinical psychology and limited direct or actual knowledge of sport psychology, their beliefs and consequently attitudes are based on overall limited experiences. Consequently, the participants' experiences with and sources of knowledge about psychologists (both sport and clinical) have been combined to form themes labelled 'Experiences and beliefs about (Clinical/Sport) Psychology'.

### **i) Contact With and Knowledge of Clinical Psychology**

As a measure of the participants' attitudes and beliefs about psychology, each was asked about any interactions, experiences or utilisation of a psychologist's services they themselves or people they knew may have had. It was believed that experiences or interactions with psychologists would influence their attitudes and their opinions would be based on past experiences. Furthermore, it was intended that the various sources of their knowledge be explored to account for the multitude of possible influences which may have included peers, family, media, social influences or personal experiences and interactions. Andrew, Bryan and Chris reported having either had personal contact with a clinical psychologist or having had someone close to them who had utilised a psychologist. All three reported having had a significantly close relative see a psychologist and were forthcoming in the interview about the experiences. Family members were presented as the primary link between several of the participants' experiences as both Bryan and Chris had family members who had seen a psychologist while Andrew's mother, a nurse, influenced Andrew through her daily work-related interaction with psychologists and their use in the hospital setting.

Andrew: “I think from my own experience...um...from...my mother’s a nurse; she does occupational therapy when we were younger so she in a sense played a part in general day to day psychology with her staff. Um...so from that kind of thing she’s very like ... she’s very much into speaking about things and addressing problems by speaking about them...”

Bryan: “Um...Well I suppose my Mom went to a psychologist for a while. I didn’t really...I suppose it was quite confidential. You don’t really hear what goes on too much. So ja...I just knew the name really. It wasn’t really talked about all that much.”

Chris: “The closest experience I have is I have a sister who’s gone to one...um...She said it...it assisted her...with personal matters...so...that’s about the limits of what...of what I know.”

David reported never having interacted with a psychologist nor had he met or known any peers who have used psychological services. Peers too proved to be another significant source of the participants’ knowledge which acted as a universal conduit of information regarding psychological services and practise although it did prove to be limited in its depth and quality. Contrasts in experiences and interactions, typified by Andrew and David’s very different experiences, came to indicate in the emergent themes that the participants’ sources of knowledge and availability of information came to be their referral and base-knowledge source. This source came to include information about psychology and psychologists that had been collected through not only direct contact, but also the media, academic sources within the university and peers.

Bryan: Like my knowledge is actually quite shallow about sport psychology in particular...um...ja, like basically what you get from the movies, on the couch. Ja. I don’t really understand it well at all.

Researcher: So popular media to some degree?

Bryan: Ja...ja. Very much so.

Andrew and Chris reported having “...known a couple of people.” and that you “...hear about these things” through peers. Chris also reported having a peer who is studying psychology who was able to provide a significant degree of information about psychological practice, illness and discuss related issues. Additional sources of information and knowledge that were reported included what had been

gleaned from movies, television and reading newspapers which was soundly presented through Chris and David's statements:

Chris: "There was [Psychologist 1]...um...But then again that was...you know, sort of bar-chats about these things...um...Ja, just exposure...social exposure to...to people in the field...It's been primarily driven by outside factors."

David: I'd probably say mostly the media. I mean, besides obviously university and kind of, you know, knowing the basics from there. I mean...Ja, besides that it's just kind of all the media you watch. Watch programmes, you read up on in the news. So ja, I mean, kind of...I wouldn't say though family...um...I'd say just mainly the media. But I mean, any kind of...psychological issues...um...people have or the...the treatment...treatments there are...You hear, not so much through kind of family or anything, but though just reading in the news or...ja.

It was interesting to note through the interviews, that while the participants at large related having some experience of psychologists, there was a clear degree of uncertainty about the scope of psychological practice and what was achieved by seeing a psychologist. Such experiences did not however equate to a deeper understanding or knowledge about psychological practice or towards positive attitudes about its use and clearly indicated a paucity of knowledge. This was evident through Andrew, Bryan and Chris all presenting a degree of reservation about their own attitudes towards seeing a psychologist when presented with a hypothetical situation of them having to see a psychologist. David in particular was unable to cite reasons why he would need to see a clinical psychologist and his statement captured the essence of the sub-theme.

David: "I don't really know what the issue would be but maybe, kind of...I don't know of specifically why I would go but maybe I would be a little bit unsure of going just because I didn't really know if I felt I needed to go. Um...But besides that ..."

Andrew's own personal experience of having been to a psychologist did not equate to significantly higher knowledge of psychological practice nor did he hold a positive attitude as he felt his experience had been negative which was evident through the statement:

Andrew: "I feel like they know absolutely nothing...Personally I don't think I feel I gained anything out of it."

This theme emerged through the very close link between the numerous factors, experiences and sources of knowledge that influenced and shaped the participants' beliefs about clinical psychology.

The participants' limited knowledge and experience pertaining to clinical psychology was based on their own interactions with psychologists, through family members, peers and partners having been to psychologists and additional factors that included the influence of watching movies, television and what peers might have said or discussed. Most significantly, the link between the participants' experiences and sources of knowledge emerged as being very similar and displayed how these had strongly influenced their beliefs about clinical psychology. Further evidence relating to their beliefs about the scope and nature of clinical psychology practice and mental illness is presented in the following sub-theme.

## **ii) Clinical Psychologists Manage / Deal with Serious and Private Problems**

All the participants unanimously agreed that clinical psychologists deal with serious and private problems. This theme emerged through questions intent on enquiring about their knowledge and beliefs about what clinical psychologists do through contrasting the practice of sport and clinical psychology. Again, probing the participants' knowledge and beliefs about psychology revealed the close link between the findings of this theme and the initial questions aimed at determining their experiences and knowledge about sport and clinical psychology which equated to a rather vague and uncertain description of clinical psychology practice.

Andrew: "...a clinical psychologist...will deal with more like...problems affecting health in a sense and affecting like daily sort of living and motivation."

Bryan: "I don't quite understand how a person would come to see [a clinical psychologist]...unless they thought they had a big problem...maybe trauma, if they go through a car accident...or line of work, police officers...like what I consider to be real problems..." and "a chemical imbalance in their brains...Bipolarity or something like that."

Chris: "...personal matters." and "I suppose mental stability...don't build-up issues which you would shy away from discussing with people...and get a reasonable objective view" and "...it can definitely allow you to...to resolve personal conflict."

David: "...strict psychologists are kind of out there to kind of help those people with...their own personal...issues...bring them out...with their work or with their personal life."

The participants described clinical psychologists as dealing with individual problems related to daily-living, psychiatry, family and matters of personal life. Aside from mentioning that psychologists work within family settings, the participants described the primary focus of clinical psychologists as being interventions focussed on the individual. This was highlighted through statements pertaining to “personal matters”, “personal issues”, “personal conflict” and “with their personal life”. The participants were largely unclear about the nature of the serious problems and related the seriousness based their own personal beliefs, knowledge, experiences and fears regarding clinical psychology. One of the most common descriptions was that clinical psychologists deal with “issues” or one uses a psychologist to prevent the “build-up” of issues. This possibly further signifies the participants’ uncertain and vague knowledge of mental illness and psychological practice as well as the uncertainty to the extent that they were only able to provide broad descriptions of “issues” and mental illness. Bryan, however, was able to provide some slightly more accurate and realistic scenarios regarding the scope of practice such as dealing with trauma, although there is a slight blurring of the differences and competencies of psychiatrists and psychologists, as evidenced by the description of “chemical imbalances” and “bipolarity”.

However, the descriptions of a psychologist’s necessary knowledge and skills were very broad and vague. Andrew’s description of a psychologist dealing with “living and motivation” typifies one such example. Bryan admits that:

“I don’t actually know what goes on behind the...behind the psychologists door...like...I don’t know if they do sit you down on a couch or...how they talk to you or anything like that...so...I couldn’t really say. I suppose I mean...it must...it must help people by go...many people go and see psychologists...Different professions and...so I mean...it must have a...must have an impact on people so it must be working...”

Andrew did state briefly why he and his brother, as well as his girlfriend, saw a psychologist. However, neither Bryan nor Chris was able to give clear descriptions relating to their family members reasons for going.

Bryan: “I’m not sure how it works exactly...I don’t know why...quite how people go up...like maybe like their friends like...I’ve never understood like how someone will actually realise that they should go see a psychologist. I’m not sure if people tell them or something...”

This presents possible evidence of the ability to only provide broad and rather vague descriptions due to uncertainty and thus resort to descriptions of ‘serious’ problems which is a likely reason someone would go to a psychologist. Perhaps a weakness in the interviews lies in not tracking closely enough the exact sources of the participant’s intimate knowledge.

### **iii) Clinical Psychology is Feminine**

One of the most significant themes to emerge was the stark difference between the masculinity of sport psychology versus the feminine nature of clinical psychology. Matters of gender and psychology emerged as a separate theme through its own prevalence in the interviews and encompassed both sport and clinical psychology. Gender stereotypes and entrenched beliefs presented themselves very strongly within each interview. Clinical psychology was particularly noted in this sub-theme as there were no references to the use of clinical psychology by men. This was poignant as all the participants described both stereotypical and personal beliefs about what takes place in the event of individuals going to a psychologist. This was well summarised by Bryan’s statement:

“I just suppose traditionally men are meant to go on their own ways. Sort their own problems out. Women, it’s more acceptable for them to...ja, like well, subjectively it’s more acceptable for them to be able to go and like talk about their feelings and stuff like that. Whereas guys, you know, are not meant to as far as I...”

This belief was elaborated upon by a number of other statements offered by the participants as no descriptions of male psychologists or males using psychologists were noted or described. When presented with hypothetical situations of seeing a clinical psychologist, a general sense of unease and reluctance was evident amongst the participants.

Bryan: “I’d probably make more of an effort to conceal it. Like if they did know that, they would probably think; ‘Oh, you must have problems’...I mean...uh...To go see a sport psychologist I probably wouldn’t be as comfortable saying; ‘Ja, I’m seeing a psychologist’. Um...ja...I feel like I might be judged a little bit...ja...definitely.”

Immediately, the statement made by Bryan polarises the concerns that were reflected by the other participants regarding the use of clinical psychology. Neither Andrew, Bryan nor Chris cited examples of males they knew who had utilised clinical psychology services. Numerous references were made to “she” in describing both female psychologists and the women they knew who had been

to psychologists. Furthermore, none of the participants felt that they would be comfortable with seeing a female psychologist as it would arouse a degree of discomfort.

Chris: “And I’m not so sure about...um...about the sex. That might be an issue. Um...I’d prefer to talk to a male as opposed to a female.

However, Andrew’s statement and justification provide an insight into why there may be reservations about seeing a female psychologist in that it requires a level of familiarity and understanding to develop a working relationship that allows for a sufficient level of trust to do in-depth work in potentially sensitive areas.

Andrew: “I think so long as their values and beliefs are...similar along the lines that I’m expecting them...I don’t think it would be an issue.”

#### **iv) Beliefs About Clinical Psychologists**

The participants’ beliefs about what a clinical psychologist’s appearance, dress, statements and mannerisms should be proved to garner strong beliefs about particular stereotypes and concerns about psychologists. In relating to the theme, it was observed that the participants’ experiences of or with psychologists was closely related to their beliefs about correct appearance, dress, statements and mannerisms.

Andrew: “A bit stern and dignified.”

Bryan: “A big hippy.”

David: “Airy-fairy.”

This was typified by descriptions of their interactions and subjective perceptions of the psychologists and was largely restricted to the brief encounters they had had, and their consequential attitudes and beliefs. Andrew stated that he felt both of his interactions with psychologists had been negative as he believed, firstly, that it did not help him or, secondly, that the psychologist’s approach was wrong:

Andrew: “I only would say I would only have negative criticism about the psychologists...I just thought that the psychologist sort of...wasn’t looking at it. She was looking at it more from like a textbook definition of the sense of things I think...instead of trying to like look at the person.”

Relating to the earlier sub-themes, it is evident that there may be a link between the participants' experiences and interactions with psychologists and the influences of media and stereotypical beliefs. This was captured through Bryan's description of meeting his mother's psychologist:

“I only met her a couple of times. It was purely just image based so like I was...I was young. Just like what I saw was just...ja...um...then added to that, ja...popular media about you know; ‘How do you feel?’ ...like...like ja. Just...just sort of...just sort of cemented that idea in my head but I don't really know too much and I'm not aware of that. I don't...really know anything about it but just like the stereotypical image you get of it. Ja...”

Relying on “stereotypical” images and that Bryan's perception was “image based” reflects how visual references made up the bulk of the descriptions and were used as base-references when describing psychologists. However, it also shows that the participants' experiences and interactions, whether positive or negative, became synonymous with their beliefs about clinical psychologists and thus justifies the merging of the participants' antecedent experiences, sources of knowledge and beliefs about clinical psychology into a single theme.

## **Experiences and Beliefs About Sport Psychology**

In keeping with the Research Question, it was required that the sources of knowledge and information about the participants' understanding of sport psychology be explored through looking at their antecedent experiences and sources of knowledge. In doing so, it was intended that themes relating to particular sources or experiences be highlighted and contrasted to what had been reported regarding clinical psychology.

### **i) Contact With Sport Psychology**

All the participants reported having had no direct contact with qualified sport psychologists, but described having been exposed to sport psychology “techniques” and felt to some degree that they knew what sport psychology encompassed.

Andrew: “I don't really have much knowledge about the sport psychologist...just you can get good help.”

Bryan: “Concerning sports, I've never really...um...obviously just hear it through, you know, the importance in rugby games and stuff like that you know. I've never really had any contact with them myself.”

Chris: "...not all that much particularly with regards to sport."

David: "I've never really used a sport psychologist. Like, I know...I know they out there to, kind of, you know...help you, especially kind of if you in...in a rut with sport and you, kind of need someone or to explain to you to kind of back yourself, as to put it."

All the participants described having a little knowledge about sport psychology techniques and the intended purpose of sport psychology which equated primarily with "performance" and to "scale up" one's ability to perform. Thus, sport psychology was directly linked by the participants to physical and mental performance enhancement and improvement, whether in preparation for an event or if one was experiencing a "rut" or period of poor performance.

Andrew: "...from my understanding of it, I think...I think it can be a huge factor in performance."

Bryan: "...just hear it though, you know, the importance of rugby games and stuff like that..."

Chris: "You sort of hear about these things through people going to them...my younger sister [went to a sport psychologist].... She said she went for a...a few sessions with...um...the...the psychologist/sport psychologist and...um...She was at that stage struggling...um...I think her confidence. Um...And she had to scale up her game."

David: "...help you...especially kind of if you in a rut with sport...[and]...need someone or to explain to you to kind of back yourself..."

Regarding the participants' sources of knowledge, it has been already stated that none of the participants reported having direct experience or contact with sport psychologists. However, Bryan was the most forthcoming about having been exposed to sport psychology 'techniques', through numerous rowing coaches he had at school and which he described in a positive light:

"Like it does come into consideration and the coaches know that and they do like try like just tell you what's gonna happen...like they do try prepare you mentally for it which I suppose...I take to be sport psychology..."

Chris too described having had some exposure to sport psychology techniques, through both his sister having gone to a sport psychologist and knowledge he acquired through popular media, a source of knowledge that was shared by Bryan and David too:

Bryan: "I suppose you hear from the media more often than not..."

Chris: "...read about these things in your Sports Illustrated..."

David: "I'd probably say mostly the media...it's just kind of all the media you watch. Watch programmes, you read up on the news."

Immediately, one would note that such sources of knowledge are very similar to some that were found in the participants' knowledge about clinical psychology. Such sources will be further explored in a separate sub-theme but this does not diminish the significance that media and other popular sources may have had on the participants' knowledge and experiences of sport psychology which might include peers, parents and use of the Internet.

Being within the context of a tertiary institution, Andrew and David reported having knowledge of sport psychology through academic channels as both reported studying Human Kinetics and Ergonomics (HKE) at third-year level which provided a degree of understanding about sport psychology techniques, practice as well as its importance within training to assist performance enhancement.

Andrew: "I think through studying through HKE...um...a lot of like the listening to a lot of the work through Tim Noakes and stuff...um...speaking about how performance can be improved just by...training yourself that you can...like push yourself harder."

David: "...besides obviously university and kind of, you know, knowing the basics from there."

Chris described Tim Noakes as a source of knowledge as he is very well known within the South African sporting fraternity. As head of the Sport Science Institute in Cape Town, Professor Noakes is well known due to his very wide knowledge and involvement within high-level sport. David highlighted the significant role that public figures would have on influencing knowledge about sport psychology.

"...it's just basically ranging from the bigger, more professional athletes and people who...who are, kind of...more well known, more publicly recognised. And kind of you read about them because it's interesting so..."

The influence and obvious knowledge that a coach would have had on any of the participants' experience and knowledge of sport psychology has been left out of this section because of the enormity of the influence they have already had. This section was intended to give scope to the wide

variety of factors that amount to the participants' knowledge and antecedent experiences. The significance of the coaches warrants a separate sub-theme.

## ii) Influence of Coaches

Both Bryan and David reported their coaches through the course of university and school as having the most significant influences on their knowledge of sport psychology. They reported that their knowledge and experience was influenced through the coaches' use of various techniques which were perceived by the participants as sport psychology, and were labelled such by the coaches and participants.

Bryan: "I'm not so sure about techniques but like basically they will understand that especially during a boat race, it's a long course...um...They won't deal with just trying to train your body. They will help you through...uh...reflection courses where you will just row through the course and they will talk you through it...like tell you maybe what you are feeling on the day and like just try get you used to the idea of what you gonna experience basically. Just so you not like shocked by it at the time an they will go through everything from like the crowds responses to the helicopter up above you to just how to deal with that."

David: "The biggest influence is probably my coach...he does a lot of reading and the kind of motivational talk...So I would say he's been the biggest influence in terms of that." and "Um...I...I...I wouldn't say so much about just the...the techniques but he, kind of ...like...like the motivational speaker and so forth, he kind of...he started talking to us off the water of how important it is to be professional and have the mind-set...um...going into say a race or into your training and how, kind of...um...just being, kind of...concentrated, being...kind of thinking about it every single time, can...can enhance a performance that much. And I mean, it wasn't just, you know, kind of a once off thing. It would be consistent; on the water it would be off the water it would, kind of preparation going into the race."

From these descriptions it is evident that coaches assist with mental preparation and motivation to increase their performance and that their knowledge, by virtue of being a coach and reading, qualifies as sport psychology.

Bryan: "Well, just like...Coaches telling you maybe the importance...I'll pretty much listen to most things they say. Uh...You know...Put your trust into them that they'll come up with a good programme for you that will enable you to win...So...Just basically do anything they say...and it'll...it'll help you so ja...I'll listen to the coaches..."

Bryan reported that his experiences with a particular coach at school had an influence on his “winning mentality” in conjunction with having a very good crew which in turn resulted in Bryan having a positive attitude towards using a sport psychologist in the future.

Bryan: “...like basically dominated school-boy rowing and it just got you used to the winning mentality. And that’s sort of stuck with me and I like...you know...I think it’s one of the best feelings...It’s just being on top of everyone else and just like you know...winning...ja...”

Researcher: “Do you think that perhaps fuels your...your motivation to...to use a sport psychologist? Um...If it was available?”

Bryan: “Um...ja...Definitely...Basically...Um...Keep that mindset...Also just...As I said...You use...use what you can. It’s basically just for your advantage...ja...So I mean it won’t do any bad...I don’t think. You know, you might as well pursue it...”

The exposure Bryan and David had to their coaches’ ‘sport psychology’ techniques, and what they experienced through the improvement in their motivation, “winning mentality” and general performance enhancement, influenced their subsequently formed beliefs about sport psychology. While their coaches’ intention was to enhance their performance and athletic output within the context of sport, the participants were able to identify with their coaches and sport psychology as a whole. They were able to relate positively to their coaches and about the positive benefits of techniques to enhance their performance. The following examples provide some evidence that the participants had positive attitudes about the use of sport psychology or coaching techniques aimed at the intended outcome of performance enhancement.

Andrew: “Coaches that have done that to us, everyone has wanted to work for them you know. If you’ve got a coach that just sits there and tells you ‘This is wrong, this is wrong’ and never tells you when you are getting it right or like doesn’t praise you in a sense when you getting it right, you never learn to feel good about yourself in a sense. So you don’t...you don’t really like try and pull that hard or try and makes things better for him. Whereas if everyone is like...vibing, motivating each other, friendly with each other then...thing will come together.”

Bryan: “Like it does come into consideration and the coaches know that and they do like try like just tell you what’s gonna happen...like they do try prepare you mentally for it which I suppose...I take to be sport psychology...”

David: “We’d talk about the race...um...kind of going down the course beforehand, visualisation, kind of just...kind of mentally preparing you for...for

the events and for the training. And I think, maybe not so much...um...he...the sport psychology of it, like I say just kind of...I think or I...I feel there's a link between that and sport psychology. And ja, he played...as I said, he played a big role in, kind of...setting us up for all those...all those kinds of events and factors and that. Teaching us how to...to deal with it and preparing us for everything.

Identification and familiarity with their coaches' intended use of techniques and sport psychology translated into a positive attitude towards the use of such "techniques" and subsequently is related to a more positive attitude towards seeing a sport psychologist. While the participants didn't have the same intimate experiences with sport psychologists as they did with clinical psychologists, the participants showed a very favourable attitude towards sport psychology which was in stark contrast with their hesitancy and apprehension regarding a clinical psychologist. Such a different experience with sport psychology and the ability to relate to it through sports coaches aimed at performance enhancement has had a significant impact on the participants' beliefs about sport psychology as each participant expressed a positive attitude towards utilising sport psychology services.

### **iii) Visible Evidence**

While the participants described media, family, peers and coaches as significant influences on their beliefs about sport psychology and acted as sources of information, they were also influenced by elite athletes and high profile performances and teams. As a result of teams and elite athletes being widely respected and followed globally, they become public figures and consequently have had and still do influence the participants' knowledge of sport psychology, and that the use of such services is beneficial in performance enhancement.

Andrew: "Because I really enjoy sport and I just always thought it would be...it would be like cool in a sense. Listening to like...you know...how the Australians have done it, the South African rugby team have done it...um...I've only heard positives about sport psychology and how it has helped people and individuals and things like that. And from that side of it I think it would be great."

Bryan: "...the build-up that an Australian rugby team will have compared to a South African team." and "...professional knowledge...coaches, elite athletes and people with experience."

Chris: "...the Redgrave biography that was there, where he went and...and talked to...I suppose you looking at high-level sportsmen who've gone through

problems and expressed that they've gone through problems and they've sorted...help them find results through it."

David: "I've read books...you get your motivational speakers...it's just ranging from the bigger, more professional athletes and people who...who are more well known, more publicly recognised."

In particular, Chris's statement regarding other sportsmen who have "gone through problems", that have sought help and "find results through it" typifies this emergent theme. Elite athletes' own personal experiences and being in the public-eye are clear influences on the participants' beliefs about the efficacy of sport psychology. The influence of elite athletes who are "more publicly recognised" and draw attention to themselves for use of sport psychology techniques, in particular Australian sport, is viewed as tangible evidence by the participants of the efficacy of sport psychology techniques, thus motivating their own use of it and consequent positive attitude.

#### **iv) Problem-solving and Support**

Most of the participants alluded to difficulties they had experienced while at a recent sprint regatta in Johannesburg which resulted in poor performances and raised concerns about particular members fitting into the club. It also prompted beliefs that the presence of a sport psychologist would have allowed them to overcome the challenges and difficulties. It further highlighted their beliefs about the role and responsibilities of a sport psychologist, particularly in relation to their own experiences and needs. Notably, Bryan states he would feel a sport psychologist would be best to "help [them] stay on track" as opposed to providing actual techniques or insight into enhancing their performance. Sport psychologists might then be considered as significant facilitators of problem-solving and provides solutions to their problems. This was particularly indicative in a number of the participants' responses.

Andrew: "Especially when...when things are going like bad as a general team vibe. I think maybe if one of us...that's sort of very open-minded goes and speaks to them...maybe they can give us some insight as to what we can go with to the team."

Bryan: "Take earlier this season basically...we sort of almost fell to pieces...uh...our...our...like some of our guys were injured and like sort of made quite a big dent in the team. And just like...our morale...like it dented our morale...like a lot. It's only just coming right now basically. But like...I can't

help but think that if someone was there just to...sort of keep us on track, that would have been...like...I don't know...maybe easier to deal with because for quite a while people were just...like lost. Sort of went off the rails and...started like drinking when they meant to be training and stuff like that.”

Chris: “You need someone who...It needs to be a bi-directional thing. You need someone who's going to look at...what the problem is, if there is a problem and turn around and take steps or...or present steps that the team can go about fixing it and reasonable steps. The...the sportsman in the rower is a very simple animal...um...and it adheres to reason. Um...if you can sit down and take a crew and explain this is what I see and this is what you need to do.”

Chris raised a subsequent point about how he also felt that maturity was a significant factor that a sport psychologist should address (in the event of one being available). This was raised by other participants and emerged as a significant theme. The participants individually noted that maturity, or a lack thereof, needed to be addressed within their crew and that a sport was perceived as being an appropriate source that could address such a matter. In their statements, Andrew and Bryan also raised the point that being given direction and “insight” by a sport psychologist would be useful and allow them to adequately address their current challenges for which they have no answer. Help and problem-solving of that variety would allow them to “keep on track”, enhance their performance as a collective and lead to better results. It was further believed by the participants that having a sport psychologist would resolve matters and allow the participants and their crew mates to apply greater focus on their training which in turn would be likely to produce better results. The collective belief was well captured by Andrew's statement:

“I think if you can just help oke's get their frame of mind right, you know...getting like in a sense a stubbornness within individuals that are training...like getting guys sort of be motivated consistently to train. I don't know if you can somehow alter the way they think or look at things you know...help people look at like the goal in the end instead of like short-term; ‘Oh crap, its gonna be raining now’ or something like that.”

Getting rid of crew members “stubbornness”, being “motivated consistently” and future-orientated summarises the participants' collective beliefs about how a sport psychologist would be able to help resolve particular problems - problems that are encountered particularly in the build-up to events or at events where they may be placed under extraordinary pressure and require a clear solution.

#### v) **Performance Enhancement**

As noted in a number of the previous sub-themes, performance enhancement is one of the primary beliefs that the participants held about sport psychology. Through the participants experiencing varying levels of sport psychology practice, different levels of exposure, coaches using quasi-sport psychology techniques, observing elite athletes and wanting to emulate their performances and the belief of sport psychologists being problem solvers, the over-arching common thread has been individual and crew performance enhancement. Chris's statement below, summarises a clear belief and distinction all the participants held about the difference between a clinical and sport psychologist. Sport psychologists are primarily related to sport and assist not only with support or problem-solving but performance enhancement versus clinical psychology managing with mental health matters.

Chris: "To go see a sport psychologist would be performance based, that's all."

Andrew states very early on in the interview that he feels attitude change amongst particular crew members would enhance training and performance outcomes.

Researcher: "So, to help with cohesiveness in a sense?"

Andrew: "Ja, like teambuilding; togetherness in a sense. Because I mean we've got one guy sort of that rows with us and...from my side, I feel like he pulls us down in a sense because he's just demoralizing, demotivating, moaning, grumpy and like that puts everyone else in a kak mood. And like if everyone else is in a kak mood then okes aren't really gonna want to sort of get on with it and train properly and stuff."

Within Andrew's statement, he approaches other topics that emerged as prevalent in the theme as cohesion, teambuilding, motivation and training that collectively merged to form the sub-theme of performance enhancement. It was widely stated and strongly believed by all the participants in varying forms and relating to motivation, cohesion, teambuilding and training that sport psychology has the benefit and explicit goal of enhancing the individual team or individual performance. While little is known about actual sport psychology practice, and there is very limited contact with sport psychology amongst the participants, they accepted unconditionally that sport psychology enhances performance. Andrew goes further to delineate the difference between sport and clinical psychology and what the distinction is:

“I think a clinical psychologist and I guess in a sense will deal with more like...um...like problems...um...sort of problems affecting health in sense and affecting like daily sort of living and motivation. Whereas a sport psychologist I think will be more sort of performance based in a sense...helping guys get their mind right to perform at higher levels. I don't know...push themselves I guess.”

Researcher: “So performance versus health as the distinction?”

Andrew: “Ja...”

Andrew and Chris state explicitly that sport psychology is strictly performance related. This clearly expresses the common belief held by the other participants, which in turn polarises the distinction between sport and clinical psychology, that clinical psychology is related to mental health and sport psychology is performance enhancement related. Despite this distinction between sport and clinical psychology, the determinants of the beliefs about both fields are linked to health psychology beliefs and the development of such beliefs through socialisation and contextual influences.

Through coaches, media, elite athletes, and visible evidence and knowledge accrued from within the rowing community, the participants' have evidenced the belief of sport psychology as being effective. That sport psychology is helpful in performance enhancement contributes to their belief and consequent attitudes about sport psychology. This resulted in a positive belief about sport psychology's efficacy and the participants' expressed a desire to utilise any sport psychology services that might enhance their personal or collective performance. It is important to note that their beliefs are based on perception about the nature and efficacy of sport psychology, as opposed to stark and in-depth interactions with clinical psychology. The numerous social factors which influence beliefs, knowledge and attitudes toward sport and clinical psychology are further explored in the following theme which has been determined by the Research Question.

### **Social Factors Influencing Beliefs**

Social factors are criteria being explored with the intention of gaining insight into the student-athlete's attitudes and beliefs towards sport and clinical psychology. The social factors that were considered significant and included in the interview questions looked at what within the participants'

social environment had had significant influences on their knowledge of and beliefs about both clinical and sport psychology.

Social factors within the participants' interviews were defined as being significant social events, community, people or socially-based experiences that have influenced their attitudes, knowledge or beliefs about sport and clinical psychology. Particular sources were not sought out by the interview schedule as more broad questions were asked followed by in-depth probing and questioning about particular people, factors or sources of social influence as they were mentioned by the participants to allow for themes relating to social factors to emerge without influence. It is important to note that the presented results are brief as there are a large number of related sub-themes. Importantly a number of the social factors are closely related to the participants' knowledge sources relating to clinical and sport psychology and highlights the very close-knit relationships of how antecedent experiences and social factors have influenced the participants' knowledge.

#### **i) Family**

The role and influence of families on beliefs, knowledge and attitudes towards sport and clinical psychology vary widely although their distinction does highlight their significance, particularly as a means of understanding why there are differences between sport and clinical psychology. Families were not perceived by the participants as a significant source of sport psychology information. David felt strongly that if his parents were to suggest he see a sport psychologist, he would strongly disagree.

“I think my parents would be less of an extent just because I sometimes feel that they...although they may talk the big talk, they don't know enough.”

Bryan: “My Dad's not really...ja...He's not...I don't really think he knows too much about the...about sport psychologists or regular psychologists. I don't think he'd be too interested in that side of it.”

This is not to suggest that families have not had an influence on the participants' beliefs. Chris reported that his sister saw a sport psychologist to assist her performance while Bryan mentioned the influence of his father whom he saw as an influence on his own enjoyment of sport and having an active lifestyle.

Bryan: “Maybe my own Dad...um...Like he ran like a marathon at...I don't know...forties...when he went the army he was pretty fit as a

youngster...Um...He played a lot of sport. He just kept quite an active lifestyle...you know...brought up on a farm...So ja...I suppose that maybe...triggered something, you know, to be active.”

Families were less clearly influential on the participants’ knowledge about this aspect of psychology but their past behaviours of “being active” and “fit as a youngster” impacted on their beliefs about health, sport and being active. Andrew noted that his past experience of being overweight as a child had a strong influence on his beliefs about health, fitness and consequently the use of sport psychology to improve individual performance:

“I was a fatty when I was young I guess. And like rowing and sort of being health and being fit pretty much changed my whole outlook on life in a sense. Far more confident, far more...Ja, but I mean that is basically it like. Confidence level went from zero to a hundred even...I guess seeing a sport psychologist if you’re sort of non-sporting and...sort of unhealthy maybe they can motivate you...you to get up there. Because I definitely think...ja...being fit, being healthy is...is key like...um...to every type thing...”

In relation to clinical psychology, family emerged as important because of the quality of their experiences that were evidenced to have an enduring and important influence on their beliefs and attitudes towards clinical psychologists. Such experiences stand in contrast to their attitudes and experiences of sport psychology.

Andrew reported having been to a psychologist and felt that “Personally I don’t think I feel I gained anything out of it.” Bryan reported that he met the psychologist his mother had been seeing and described the psychologist as “hippy-ish” and “airy-fairy”, a rather negative connotation. Chris reported that his sister had seen a psychologist for “personal matters” and felt that his family would be an obstacle to his seeing a psychologist as his parents “don’t particularly know much about it”. David felt that his parents would be supportive of him in the event of being prompted to see a psychologist as he described them as the “first port of call” and that it “wouldn’t be an issue there”. While there appears to be a dichotomy in beliefs and attitudes towards clinical psychology between the participants, their beliefs only differ in the level of family support. However, the generally apprehensive attitude and belief of uncertainty about seeing a clinical psychologist remains steadfast and consistent.

## ii) Gender

All the participants indicated that sport and clinical psychology were associated with particular genders; sport psychology with men and clinical psychology with woman. It is noted however, that the participants' antecedent interactions with male coaches at school and female clinical psychologists in a clinical context had significant bearing on their subsequent beliefs and attitudes towards both areas.

The participants noted that they would prefer to work with a male sport psychologist in the event of being able to see one. Upon further in-depth questioning, it was revealed that there was a feeling of a closer understanding between a male athlete and male sport psychologist because of shared views, knowledge and identification of common experiences. This sub-theme was significantly highlighted by a number of the participants' statements.

Andrew: "I think so long as their values and beliefs are...similar along the lines that I'm expecting them...I don't think it would be an issue...so long as they are on the same wavelength as me...um...and are going in a sense with the same area that I'm sort of thinking towards or they can motivate their area...um...to me, then ja, I really don't think it would be an issue for me."

Bryan: "I've always had males being able to...just because I think they can maybe like you know...get what we feeling more...um...You know, it's...it's sort of...competitive drive..."

The statements indicate quite strongly a preference for male sport psychologists and such beliefs were not without an explanation which was made explicit by Chris:

"It would be difficult to take her [Female clinical psychologist] seriously if she was to turn around, you know...unless again, this is...you talking again about a very high-level athlete. If...um...let's say I'm...a sport psychologist had cycled at an Olympic-level event or had...um...swum at an Olympic-level event, they'd...they'd be the type of person who understands this heavy, heavy training. And that's enough of a...a jump-up that you could look at the level of...of sports we're at...at the moment...they'd understand when they talk about the commitment to...to do work and those sorts of things...um...So there's a...It's something that I can identify with....when they make suggestions, they basing it off...a series of experiences which are fairly similar to mine."

Chris's assertion denotes that there would be a lack of understanding, experience and identification with a female sport psychologist unless of course that female sport psychologist had had high-level

experience and “heavy, heavy training” as is being experienced by the participants. This assertion was further reinforced by his statement:

Chris: “I don’t see female sports as being on the same level as men are on sports...I suppose you could call it masculinity...the identification of masculinity”

It is possible that Andrew, Bryan and Chris’s stated examples of females, whether girlfriend, mother or sister, using clinical psychologists may account for some of the differentiation from sport psychology beliefs and gender. While there is no direct link or statements confirming the possibility that clinical psychology is used only or largely by females, it cannot be ignored that no males, aside from Andrew’s own experience, visiting clinical psychologists were presented in the interviews. It was duly noted by Bryan that it is more socially acceptable for women to talk about their feelings as men traditionally resolve their own problems:

“I just suppose traditionally men are meant to go on their own ways. Sort their own problems out. Women - it’s more acceptable for them to...ja, like well, subjectively it’s more acceptable for them to be able to go and like talk about their feelings and stuff like that. Whereas guys, you know, are not meant to as far as I...”

### **iii) Peers, Community, and Stigma**

Peers and community (e.g. rowing community) were referred to a number of times by the participants as sources of knowledge about clinical and sport psychology through discussion or having been to psychologists. Peers were also viewed by the participants as important ‘sounding-boards’ and ‘assessors’ about seeing a clinical psychologist and this is closely related to the concerns raised about stigma. Peers and the rowing community were viewed as having a similar role as a ‘sounding-board’ where ideas and knowledge were shared and attitudes were moulded. Also, the “close-knit” rowing community grants outside expertise and knowledge about sport psychology to be shared amongst its members, and particularly from outside sources such as elite professionals and coaches to be brought in.

Bryan: “Like we’ve been coached a bit by Olympic oarsmen...who’ve just come down here with the schools and like we’ve...had them. So I suppose I’d go to them. Probably because they’ve been to one before. Like they’ve also had quite a few high-level coaches. I’d probably go to them and like end up speaking to them. It’s quite a small community so ja...I’d definitely speak to them about it.”

David: "I mean if you got someone to come in and speak to you, specifically about your events, I mean you gonna go do a two-k race and...um...in a certain boat and this person who's been there, done that at the highest level possible, comes to you and starts imparting his knowledge about how to cope with it, how to deal with it, the training all that. I mean...ja, that would...Motivation. It helps you. I mean, it sheds light on experience. I mean so that you can be more prepared."

While none of the participants felt that they would be judged or stigmatised by peers for using a clinical psychologist, it was evident in the participants' responses that they were reluctant to let it be known that they were using such services as crew mates might "query it" or be reluctant to engage with that person. This was typified by Andrew noting that:

"...as soon as you mention that I'm going to a psychologist, people are like; 'Well, what the hell's wrong with you?' you know. Um...And I think...Ja, I definitely think guys in my crew would...um...would query it...would in a sense judge it."

David: "I think they would just be more...a little bit more sensitive to the issues. I think that's the only difference you know. Kind of, I don't think people would judge...Like I think, people would be more sensitive to the fact that the clinical psychologist is...kind of for a specific...specific, underlying kind of illness or reason or family issues or I don't know what. I mean, there are millions of reasons but they would be a bit more sensitive..."

Participants described being "sensitive" towards any matter pertaining to mental health and seeing a clinical psychologist. This may be as a result of the perceived seriousness of problems that are taken to a clinical psychologist and is evident in Bryan's reluctance to mention anything related to seeing a sport psychologist as seeing a 'psychologist' has negative connotations and may be judged negatively.

Bryan: "I'd probably make more of an effort to conceal it. Like if they did know that, they would probably think; 'Oh, you must have problems'...I mean...uh...To go see a sport psychologist I probably wouldn't be as comfortable saying; 'Ja, I'm seeing a psychologist'. Um...ja...I feel like I might be judged a little bit...ja...definitely."

In seeing a clinical psychologist, the participants noted that severity of symptoms and sudden "change in characteristics" are vital components in appraising a person seeing a clinical psychologist and whether or how that person might be viewed:

Andrew: “I mean like...if they going because they’re mentally insane and are like gonna freak-out and break the boat or something...then you know, you need to try and be a bit more cautious around the person. But I mean if it’s for...for general issues you know like parents getting separated or depressed about something or something like that you know...then I mean...those are sort of general day-to-day issues of society today that are pretty much accepted...um...Whereas I guess somehow other people could judge it.”

Bryan: “As long as you didn’t change characteristics, it probably wouldn’t affect your relationship outside rowing with...that...that too much I don’t think. Just because you seeing a psychologist...”

Andrew’s statement regarding a person being “mentally insane” and there being a risk of the person rapidly changing “characteristics” represents polarised beliefs that there remains an uncertainty about people suffering from mental illness and being related to seeing a clinical psychologist. This may be linked to the participants’ concerns about being negatively appraised or judged by their peers translating into reluctance to allow their peers to know in the event of them seeing a clinical psychologist.

The participants highlighted that being within a tertiary-level institute did garner support from within the “rowing community” which was described by Bryan as “close-knit” and allows for open communication and support. Furthermore, being at university granted access to other elite athletes who share knowledge and information about clinical and sport psychology. Andrew and David reported learning about psychology and mental illness through studying HKE (Human Kinetics and Ergonomics). The use of the Rhodes University Psychology Department as a referral source was suggested on several occasions and marked a ‘go to’ place in the event of needing psychological help.

#### **iv) Coaches and Identification**

Coaches were regularly mentioned by the participants as being significant figures in using sport psychology techniques and assisting with motivation, cohesion and numerous other facets besides training. Coaches were referred to exclusively by the participants as being male and were revered by Bryan and David for the big impact they had at school, using sport psychology techniques which had strongly influenced their beliefs about the use of sport psychology techniques.

Bryan: "...use of whatever the coach told us...just to listen to him basically. Um...I've never really considered like you know, getting hold of a sport psychologist person yet.....I'd...um...consider that to be important. Probably not so much people in my own team...more...more like...like the head coaches and stuff like that."

David: "...the sport psychology of it, like I say just kind of...I think or I...I feel there's a link between that and sport psychology. And ja, he played...as I said, he played a big role in, kind of...setting us up for all those...all those kinds of events and factors and that. Teaching us how to...to deal with it and preparing us for everything...I mean, it's been the same with our coach in the past. I mean, he's...he's kind of been on the same level as us. He treats us like...we on the level and...So, on those terms, I mean, I've never felt the need."

David describes having had past experiences of coaches "preparing" and "setting us up" to perform at the optimum level using what he perceived as sport psychology techniques and so feels that the use of sport psychology, when the need arises, would be beneficial. Interestingly, being the most experienced of the four participants, David reported feeling that while not against sport psychology, he had gained sufficient knowledge currently not to require additional expertise from a sport psychologist. David felt that he had gained sufficient knowledge from coaches in the past as a result of their use of quasi-sport psychology techniques.

David notes that his current international coach and rowing partner would have the biggest influences on him to see a sport psychologist as a result of the experience and expertise that they hold. The position of a coach was alluded to be very powerful by some participants as they, the participants, had had positive experiences of sport psychology techniques being used by coaches at school and international level that had yielded results.

David: "As I say, you know, kind of, my rowing partner a.k.a coach would be the biggest influence to see...to see a sport psychologist."

#### **v) Experience and Elite Athletes**

While past experiences with coaches and experienced rowers being identified as significant influences on the participants' beliefs about sport psychology, what they observe in other athletes from a wide variety of disciplines and performances has an equally large effect on their beliefs. Elite international and popular athletes and events, not exclusively rowing, were identified as being

significant sources of influence on the participants' beliefs about the use and benefits of sport psychology. Through various media conduits, such as television, elite international athletes' performances are freely available and described with a lot of detail as in-depth analyses of their training and preparations are commonplace in current sport. Specific examples that were described by the participants included Lance Armstrong, Sir Steven Redgrave, sports biographies and the Oxford/Cambridge boat race.

Bryan: "It will motivate you to want to become better...Um...then you'll probably pursue any sort of means to do that...Uh, ja...Watching those events is always...You see people at their pinnacle...And ja...Kind of makes you want to improve yourself..."

Chris: "I think it was in the...the Redgrave biography that was there where he went and...and talked to...I suppose you looking at high-level sportsman who've gone through problems and expressed that they've gone through problems and they've sorted...help them find results through it. Um...The pressures at that sort of level are...are insane."

### **Student-Athlete Performance and Developmental Challenges**

The particular social, personal and developmental challenges expressed by the participants emerged strongly within the interviews and constitute a number of areas that were particularly prevalent. The challenges related specifically to sport but were also related to a number of developmental and life-stage aspects. These included relationships with peers, motivation, cohesion and facing realistic and practical barriers that have real influences on the daily life or possibilities in the lives of the participants as students and athletes. As noted in the Literature Review, antecedent and contemporary socialisation experiences and an individuals' environment will influence attitude formation through the presentation of information, sharing of beliefs and contextual and developmental progression.

#### **i) Maturity**

In light of the number of difficulties reported within the participants' respective crews, maturity emerged as being of primary significance due to its importance in training, motivation, cohesion, and performance outcome. While maturity is the primary result of the thematic analysis, it had a far-reaching influence on the emergence of other sub-themes, such as motivation, training, and bad

performance as lack of maturity had a pervasive effect on each of them to greater or lesser degrees. Lack of maturity was cited as a primary reason to include a sport psychologist in their training as a means of enabling enhanced performance as a crew; a belief that is based on the participants' recent experience of poor performance at a regatta. For this reason, the theme of maturity can be considered the primary student-athlete developmental challenge.

While Andrew and Chris noted particular individuals within the crew whose behaviour had earmarked them as immature and negatively influenced the performance of the crew as a whole, Bryan identified the effect that those particular individuals had on the crew as a whole.

Bryan: "...lose heart...doubts about performance...ability to perform under pressure."

Andrew: "...demotivating chirps...insensitive crew mates...need to 'vibe' together."

Chris: "We've got guys who are in teams which are very motivated, whether it's...they're motivated by their parents kicking them in the arse or coaches in school...They go from that environment where they're there and they winning and then they come to an environment where they've got to motivate themselves all of a sudden. And...most of them sink."

Chris highlights that maturity within the sporting arena, in this case rowing, allows for the acceptance of failure, particularly after having become used to winning at a lower level such as school. Bryan notes that failure or losing a race leads to individuals losing heart and that doubt about the ability of one's own performance and that of other crew members takes place. Supported by Chris, Bryan states that the change from a school environment to university requires a significant adjustment which may be difficult for a number of younger rowers. Andrew's statement alludes to how younger athletes may not necessarily be aware of the particular impact that their statements may have on the ability of other crew members to train properly or to maintain cohesion within the crew as a whole which is vital in a sport such as rowing.

## **ii) Motivation and Performance**

The participants noted that motivation was closely related not only to maturity, which allows for better cohesion and performance output, but also in allowing athletes to push their training and performance further. It was highlighted that motivation had been particularly hard to generate as a

result of their recent poor performances and relationships among particular crew members. The result of this is the generation of negative affect which in turn prompts a knee-jerk response to implement strategies to the consequent decline in motivation and performance. It was noted further that external factors were attributed to causing the participants' decline in motivation and performance and thus adopt an external locus of control. A sport psychologist would be able to assist them enhance their performance and motivation. Chris cited that his personal difficulty with time management affected his ability to motivate himself, and that the lack of maturity within specific crew members affected his and others' ability to motivate endurance training and greater performance output:

“Because rowing is a...it's a power-endurance sport, it's your exercise and your training is very endurance, and that can be soul destroying. It's much like I'd imagine swimming where you up and down, and up and down, and up and down doing laps, something's got to drive you. What typically drives you is results; of hunger for results. When you not getting those results, how do you deal with that? How do you...How do you re-inject the motivation?”

Chris's statement relates directly to how poor performance, as a consequence of a lack of maturity, has a significant impact on the motivation of the student-athletes and represents a significant barrier and challenge to them. Chris also asks the question “how do you deal with that?” which acknowledges a paucity of knowledge or understanding of what can be done or who can be used to resolve such issues. This is related to perceptions that the use of a sport psychologist or related techniques would enable such problems to be overcome and would prompt seeking a sport psychologist in the event of one being easily available. Following the negative affect experienced in the regatta acting as a stimulus and the need to resolve a problem (the role of psychologists), the response of the participants is a more positive belief and attitude towards sport psychologists.

Bryan: “We were killed in that regatta and afterwards people were quite...bummed out by it. So, ja...A bit of...It could have helped maybe...like have someone there just being...like keeping our spirits a bit...higher.”

Andrew: “To see where I could sort of...improve in motivating myself...um...Sort of on my own personal performance I guess...”

In addition to the negative affect prompting the participants' beliefs and attitude about the efficacy of a sport psychologist, their motivation to use a sport psychologist was also prompted by the need to increase training, which in turn would equate to greater performance enhancement. The demands of training and making time available for training were also cited as challenges facing the student-

athlete. This also relates to poor performances and maturity as the “vibe” of the team was mentioned by Andrew as being important in facilitating training:

“I think its highest would be like during...during training in a sense. Especially when...when things are going like bad as a general team vibe. I think maybe if one of us...that’s sort of very open-minded goes and speaks to them...maybe they can give us some insight as to what we can go with to the team.”

Training was identified as being related to the impact of bad performance as noted in the previous excerpt from Andrew’s interview. Chris noted too that his training was significantly influenced by bad performance and team dynamics as it affected his motivation and desire to train harder and to increase his performance output. Chris points out that there is an intertwining of one’s life and training and that both factors need to be balanced and without interruption, such as bad performance or poor cohesion, as it has a negative impact on the individual’s ability to perform and maintain a high level of intrinsic motivation to want to train.

Chris: “...it’s a life-management skill but it’s...it’s affecting the ability to perform and that’s having a derogatory effect on my...my ability to mentally endure. It’s a business of waking up in the morning, is the most difficult thing in sport. You’ve got to wake up at 5am and go do something. Your body doesn’t want to comply. And to motivate yourself to do that.”

Andrew stated that team dynamics also had an influence on his training as seeing others training hard, or training hard himself was believed to motivate others.

Andrew: “I’m training hard, pushing hard, then hopefully...I don’t know, it builds on the team dynamics again. Hopefully other people would see that you’re performing and then try and perform as well”

Training hard to motivate other crew members relates significantly to the importance of cohesion and positive relationships amongst crew members to facilitate the overall importance of performance enhancement. The participants’ beliefs reflected their response to stressors in the tertiary context and the effect that developmental and intra-community dynamics may have on attitudes towards sport psychology; the need to resolve incongruous affect based on knowledge gained in relation to clinical psychologists and their perceived role as problem-solvers. The participants’ belief about psychologists as problem-solvers is based on their antecedent experiences and knowledge of clinical psychologists but is extended and extrapolated to the sport psychology context.

### **iii) Structural Barriers**

As Chris stated, time management was a factor he felt would hinder his ability to see a sport psychologist. He would need to be facing a significant problem if he were to go to a sport psychologist. The wide variety of student-athlete commitments to academics, sport and peers makes it difficult to relax and be balanced, and is a reason why sport psychologists were viewed as useful.

Chris: "Time management is something that...deeply affects what I do and I'm horrible at it. I can't make a meeting...It's just always trying to do things at the last minute. Um...there's structures that people put in their lives...in their...Sports men and women in particular who...who have to work around...amateur athlete's...it's affecting the ability to perform and that's having a derogatory effect on my...my ability to mentally endure."

Another barrier mentioned by the participants was of sport psychologists and how or where to find one. Several academic departments were mentioned as possibly having connections to sport psychologists while General Practitioner's (GP's) were also mentioned as being important possible routes, although Chris questioned the adequacy of a GP's ability to refer a patient to a sport psychologist:

Bryan: "Ah, I'd come straight to obvious. I suppose the Psych Department really in Grahamstown. I'm not...not...you know...I don't suppose you'd be able to find one anywhere else in...Grahamstown in particular. Um...Otherwise, ja...I'm not at all sure. Internet I'd suppose."

Chris: "Do you go to the Yellow Pages and pick up a...pick it up and find sport psychologists there? How do you know who they are? Who refers you to one? Do you have to go to your GP? What does your GP know about sport psychology?"

Both Andrew and David noted that the means to pay for a sport psychologist would present the biggest structural barrier. David felt that it is unknown what it will cost because of a lack of knowledge about sport psychology.

Andrew: "Um...I think for certain people, obviously finance would be an issue."

David: "Maybe money would be kind of, bit more of an issue. Just...I don't really know what the expense is. I mean...um...Usually that kind of stuff is paid by like medical aid. Like physios and stuff and Doctors and so...Kind of I don't really..."

Significantly, the participants did not display or mention any attitudinal barriers towards sport psychologists in contrast to their attitudes towards clinical psychologists. This highlights the disparity in beliefs, knowledge and stark differences that inform the participants' attitudes towards sport versus

clinical psychology and necessitates deeper understanding to account for why these differences exist and validates the concurrent exploration of attitudes towards clinical psychology.

### **Attitudes Towards Clinical Psychology**

The participants' attitudes towards clinical psychology were primarily defensive and apprehensive in nature. While their attitudes were not overtly negative, a deeper theme that emerged related to uncertainty, unease and apprehension. This was evident through the participants displaying a defensive reluctance to become involved with or use a clinical psychologist's services. The defensive attitude towards using clinical psychology services is poignantly stated by Andrew describing a "wall" that would be present in the event of him seeing a clinical psychologist, while Bryan states he would take a more active approach as he would "conceal" his feelings which might also be viewed as defensive in nature. David feels completely uncertain of what to do or how to react at all.

Andrew: "Go with a wall up...don't take everything they say to heart."

Bryan: "If I knew more, I might be more willing...I'd probably make more of an effort to conceal...I wouldn't be as comfortable."

Chris: "Apprehensive...personal problems you don't want to discuss...you gonna have some difficulties sitting down and opening up."

David: "Neutral...heard stories of it not working...I'd feel uneasy about going...I wouldn't really know how to react."

Bryan and Chris state that their attitudes are based on psychologists dealing with "mental problems" and "personal problem" as well as being "judged by peers". David stated that he feels a "lack of willingness to express yourself" which is supported by Chris stating that he feels a "difficulty opening up". In the light of such perceived difficulties and concern, it is clear that there is an apprehensive and defensive attitude towards clinical psychologists. This is as a result of the particular "personal" matters that clinical psychologists deal with as they are "associated with mental problems".

Andrew: "I only would say I would only have negative criticism about the psychologists."

Bryan: "[She] made a mark on me...not sure of benefit...stereotypical resemblance...not willing...associated with mental problems...nervous...conceal information...be judged by peers for going...must be a need to go."

Chris: "Not acceptable in past but changing...apprehension...personal problems that [you] may want to avoid...difficulty opening up: expose yourself...apprehension...vulnerability."

David: "Neutral...uncertainty...heard negative stories...lack willingness to express yourself...don't feel a need to utilize...uneasy...don't know why [I] would go...what might be revealed."

Bryan and David described their views of clinical psychologists as being; "Airy-fairy" and "a big hippy" which polarises their beliefs and attitude towards clinical psychologists as being very alternative and dealing with matters that are intangible and out of keeping with mainstream and accepted practices. Furthermore, both participants were unable to cite reasons why one would need to see a clinical psychologist and felt unable to give a reason why they themselves would need to go. Primarily, their responses located clinical in the Biomedical Model (Schneider et al., 2004) which lies in contrast to the performance enhancement attribution of sport psychology.

Bryan: "I'd be a whole lot less willing to go to one basically...just prefer to stick it to my sporting lifestyle whether it's an aid towards it where it's going to help me...I don't quite understand how a person would come to see...unless they know that they had a big problem, how they would just decide to go to...like a psychologist. I don't like...quite understand how they would come to that decision."

David: "I wouldn't know really how to react so I would be uneasy...It would be a little unease because I don't know why I would be seeing a clinical psychologist. Like I would...I would go but I mean, I don't really know why. Like, I would need to. That's...that's where the...the unease would come out of it. Like, I don't really know what's expected because I don't really know what I'm going there for."

David states that he feels uneasy about what would emerge from the sessions as it is unknown as to what to expect. Bryan describes feeling uncertain about how an individual would come to the decision to be able to identify why or how they would need to see a psychologist. Both of the participants' descriptions are related to unease and apprehension about seeing a clinical psychologist as they "don't really know what's expected".

## Attitudes Towards Sport Psychology

In contrast to the negative biomedical perception of clinical psychology, the participants reported a positive belief that using a sport psychologist or related techniques would be beneficial and enhance their sporting performance and that attitudes towards sport psychology were constructed based on determination towards enhancing sporting performance. This is based on positive antecedent affective experiences and selected beliefs about the role of psychologists as being able to assist with resolving problems.

Andrew: “Ja, ja...I think so...um...that they can be beneficial. And the sport psychologist I’ve never really dealt with one but from my understanding of it I think...I think it can be a huge factor in performance and stuff.”

Chris reported feeling that indeed sport psychology would be very useful and enhance his own performance and confidence but he felt that many male athletes in South Africa would avoid its use as a result of the link to ‘psychology’ and the potential for negative social perceptions. He attributed this scepticism to widely held male attitudes towards the use of psychology-related services, even in the pursuit of performance enhancement and related to sport:

Chris: “People feel that if they...if they go to these sorts of things, they’re...they’re weak or they’ve failed at something. I don’t believe that’s true but that’s...that’s just a sign of the lack of professionalism in South African sports.”

David acknowledged that sport psychology would be very useful in helping one increase one’s performance, but his own experience and knowledge from training at international level has given him particular expertise. He indicated feeling he would only need a sport psychologist at a level of higher training or if unable to perform to a required standard which is indicative that individual context is likely to influence attitudes of when and whom is likely to use sport psychology. David did state that sport psychology is particularly useful if “in a rut with sport” (i.e., go to a sport psychologist when there is a problem or one’s performance is poor) and that it would offer solutions to manage the pressure of high-level events but experience does assist in one being able to manage a degree of pressure.

David: “I think at this point of my life...um...I don’t feel that it would necessarily help me at the moment because I think I know what I need to do to get to the top. Um...I think if I got a little bit lost, kind of along the way, I would...I would be more than happy seeing a sport psychologist...I don’t think

that a sport psychologist would necessarily help me, at this point in my life. Maybe later on, when it kind of gets more...kind of...I get deeper into it, kind of closer to the top, then maybe I will..."

All participants believe in the use of a sport psychologist to achieve increased training and performance output:

Andrew: "I think it can be a huge factor in performance and stuff." and "I think if you can just help oars get their frame of mind right, you know...getting like in a sense a stubbornness within individuals that are training...like getting guys sort of be motivated consistently to train."

Bryan: "They won't deal with just trying to train your body. They will help you through...uh...reflection courses where you will just row through the course and they will talk you through it..." and "...they do like try like just tell you what's gonna happen...like they do try prepare you mentally for it..."

Chris: "...I'd like to believe that any step is going to have a massive impact and it's going to 'up my game' incredibly."

David: "I would probably want to go see a sport psychologist before a big event to be honest. Because I think they would play the biggest role. I mean, going to international regattas or even boat race, I mean like being so nervous and...how to deal with the situation in hand because rowing, you have to be, or with any sport, you have to be as super-relaxed, super-efficient." and "To kind of deal with the whole...period...I think before an event would be the most likely time I go see a psychologist or maybe even if it's...it's kind of building up to an event."

As noted previously, the participants viewed sport psychology as being able to help them personally, or their crew as a whole, resolve problems or achieve increased performance in times of high pressure (specifically prior to events) and with crew-related matters.

Andrew: "I think if you can just help oars get their frame of mind right, you know...getting like in a sense a stubbornness within individuals that are training...like getting guys sort of be motivated consistently to train. I don't know if you can somehow alter the way they think or look at things you know...help people look at like the goal in the end instead of like short-term."

Bryan: "It's just being able to deal with the pressure" and "I can't help but think that if someone was there just to...sort of keep us on track, that would have been...like...I don't know...maybe easier to deal with because for quite a while

people were just...like lost. Sort of went of the rails and...started like drinking when they meant to be training and stuff like that.”

Chris: “...if you can sit down and take a crew and explain this is what I see and this is what you need to do. I think it’s a process that needs to be monitored. You need to come back and look at it and say; ‘Have we seen results? What are they? What can we do now to...to maybe fix?’ and “I don’t know whether it’s possible to train someone, to sit down and say; ‘What is the best way to motivate these guys?’ And the best way for you...you to motivate yourself and how can...how can you, I suppose, take the...learn from me as a sport psychologist? Or, how can I teach you the tools to...to drive this team and just to temperament some basic...um...processes.”

During the ‘times of need’ such as being under high pressure prior to an event, the participants reported that the sport psychologist’s role related to influencing motivation and problem-solving, two sub-themes that have been reported in an earlier theme. The theme that sport psychologists help the student-athlete has been very prevalent throughout the analyses. This has resulted in their belief that using a sport psychologist will improve performance which is important to note given that none of the participants reported having seen or utilised a sport psychologist previously. To give credence to this, coaches at school and university level emerged as being the primary figures in influencing attitudes about the use of sport psychologists and their related techniques and skills.

Bryan and David reported their school coaches as being significant figures in introducing them to quasi-sport psychology techniques. Significantly, the coaches played a role in their beliefs that sport psychology is effective in shaping their positive attitudes towards its utilisation.

Bryan: “[Past coaches]...try like just tell you what’s gonna happen...like they do try prepare you mentally for it which I suppose...I take to be sport psychology...” and “Coaches telling you maybe the importance...I’ll pretty much listen to most things they say. Uh...You know...Put your trust into them that they’ll come up with a good programme for you that will enable you to win.”

David: “The biggest influence is probably my coach. But I mean, that’s...I mean because he...he does a lot of reading and kind of the motivational kind of talk and...and...that kind of stuff. Um...So I would say he’s been the biggest influence in terms of that.” and “...my rowing partner a.k.a coach would be the biggest influence to see...to see a sport psychologist.”

While the influence of coaches had a significant effect in introducing two of the participants to sport psychology techniques, it is important to note that all the participants' common experience and the strongest theme to emerge linking beliefs and attitudes about sport psychology relates to past experiences. This is supported by the evidence of Bryan stating that he had good experiences with coaches in the past and that trusting a coach will "enable you to win". The experiences of the coaches and passing on their knowledge, which is perceived to be sport psychology knowledge, evidently influenced the participants' knowledge as well as attitudes towards seeing a sport psychologist ("...my biggest influence to see...to see a sport psychologist") and that it is effective. However, the participants' attitudes towards sport psychologists were not universally positive across all contexts as was evident in their apprehension about having peers knowing they were seeing a sport psychologist. It was suggested that the term 'psychologist' could be negatively appraised by peers and lead to potential stigma. Consequently, positive attitudes towards sport psychologists are dependent on a number of variables and contexts that are linked to experiences of positive affect or avoiding negative affect.

## **SUMMARY OF RESULTS**

### **Experiences and Beliefs about Clinical Psychology**

Importantly, the participants reported a high degree of interaction and experience with clinical psychologists. The primary sources or points of contact came through family members who had seen psychologists for personal reasons although one participant reported having been to a psychologist with his brother. Despite the high degree of interaction with clinical psychologists, the participants presented a poor knowledge of the scope of a clinical psychologist's practice and techniques as well as the reasons one might go see a clinical psychologist. References were often made to clinical psychologists dealing with mental illness as well as "serious and private problems". These had reference to medical and health-related symptoms and treatments, although again, their descriptions were tentative and vague. This further indicated a lack of clear knowledge and understanding regarding clinical psychology. The participants also alluded to clinical psychology being

predominantly “feminine” in nature due to a number of people (within their families and peers) being female who had seen a clinical psychologist. Stereotypes were also proposed by the participants as being realistic scenarios and beliefs about clinical psychology and clinical psychologists themselves. These were based on a number of their personal experiences as well as information the participants had accrued through media, peers and popular perceptions about clinical psychology.

### **Experiences and Beliefs about Sport Psychology**

None of the participants reported having had any contact with professional or qualified sport psychologists although two of the participants reported having had some exposure to sport psychology techniques through coaches at school and had some knowledge through university subjects. One participant, Chris, reported that his sister had seen a sport psychologist as she had to “scale up her game” and he had additional exposure through the media. In total, the participants had a low degree of exposure to sport psychology although their attitude towards sport psychology was very positive and all stated it would be beneficial to performance enhancement at varying stages in their training.

The most significant source of exposure to sport psychology techniques for the participants was through coaches at school who had used sport psychology techniques in training and preparation for regattas. Through coaches, they had gained a “winning mentality” and were motivated to achieve that again. Two of the participants described their experiences as being very positive and consequently reported having a very positive attitude towards the use of sport psychology in their training and were eager to see a sport psychologist if one was available. Their personal experiences and the evidence the participants had seen in elite and other athletes who had used a sport psychologist further affirmed the positive attitudes of the participants suggesting that external evidence and role models are a key source of information, knowledge and belief that sport psychology is effective.

Similar to their beliefs and available evidence about clinical psychology, sport psychologists were also perceived as being able to resolve conflict and problems. This was raised particularly given the participants poor performance at a recent regatta. It was suggested by all of the participants that a sport psychologist would have helped them overcome their conflict within the club resulting in an

improved performance. In conjunction with this, sport psychology was viewed as being able to assist with performance enhancement, individually and as a crew. Based on their knowledge, observations, personal experience and external evidence, the participants have a number of beliefs and strong affect has been elicited in them to result in very positive attitudes that sport psychology is effective.

### **Social Factors Influencing Beliefs**

**Clinical Psychology:** Social influences and sources of knowledge contributing to the participants' attitudes towards sport and clinical psychology emerged as playing significant roles in how the participants' attitudes were formed. As noted in the participants' experiences and beliefs about clinical psychology, family members and peers were meaningful influences on their beliefs through the information, interaction and experiences that elicited a specific affect which shaped their attitudes. Importantly, beliefs and attitudes about gender and the gendered nature of clinical psychology had additional influence on the participant's attitudes about clinical psychology which highlights the overlap between beliefs, experiences and how influential social factors are on attitude formation. Gender is a meaningful influence on attitude formation and belief about the nature of clinical psychology being feminine. The tertiary environment that students live in provided social support and peer influences on attitude formation and the university also provided knowledge of both clinical and sport psychology through particular subjects such as HKE that participants had studied.

**Sport Psychology:** In contrast to the role that families were perceived to play in providing information and shaping attitudes in clinical psychology, they were further viewed as having little influence on knowledge, support for, or attitude formation towards sport psychology. Only Chris reporting that his sister had seen a sport psychologist and Bryan describing his father having been "fit as a youngster" had statements describing families having influence on the participant's attitude formation.

Gender again emerged as a significant aspect linked to attitude formation as it was felt by all the participants that a sport psychologist of the same gender was preferable and this was supported by statements denoting a difference between males and females in sport. A sport psychologist of the opposite gender would not be able to offer the same insight or have similar understanding or

identification with their personal phenomenology, experiences, demands or physical exertion. The most significant statement to support this was made by Chris who described an “identification of masculinity” as being important in working with a sport psychologist which he felt could be absent in a female sport psychologist. It was felt however, that if the female sport psychologist had been an elite athlete, it would permit greater identification with the physical, emotional and personal demands faced by the participants, thus resulting in a more positive attitude towards a sport psychologist of the opposite gender.

Identification with coaches, based on past experiences, was identified as being a key component to forming a positive attitude towards sport psychology. This was primarily due to coaches using sport psychology at school to assist in preparation for events, drawing on positive affect such as nostalgia and positive memories of winning races. Observing role models and elite athletes perform well due to the use of sport psychology techniques induced positive affect and was highlighted by the participants as motivation to see a sport psychologist. Media gave the participants access to the information about professional athletes and events.

### **Student-athlete Performance and Developmental Challenges**

A lack of maturity and a number of poor performances prompted a number of the respondents to project the belief that a sport psychologist would assist them to overcome particular challenges and cause greater cohesion and ultimately better performance. It was stated further that the change from school-level to a tertiary environment had been a contributing factor and they felt a sport psychologist would be able to assist with this adjustment. Poor performance influenced the participant’s levels of motivation and caused negative affect prompting further notions that a sport psychologist would assist their performance in the future equating to a positive attitude towards sport psychology.

The participants reported that time management and multiple commitments and financial concerns were listed as significant structural barriers. Particularly, the participants noted having great difficulty knowing where or how they would see a sport psychologist and identified the university as a likely “first port of call”. Despite the participants’ largely positive attitude towards sport psychology, it

became evident that availability of sport psychology services was a major obstacle. Primarily, the participants noted using a coach, GP, or academic departments as conduits to a sport psychologist but displayed little definitive knowledge.

### **Attitudes Towards Clinical Psychology**

The participant's attitudes toward clinical psychology were primarily defensive and apprehensive despite the greater degree of exposure they had to clinical psychologists and information. Their apprehension was prompted by stereotypical beliefs and negative affect related to their experiences and interactions as well as particular types of information gathered through media, peers and family of clinical psychology solely linked to mental illness. Their experiences and beliefs about clinical psychologists were also based on past experiences, possible stigmatisation, and stereotypical information.

### **Attitudes Towards Sport Psychology**

The participants displayed limited knowledge of what sport psychology encompassed but presented very positive attitudes toward the subject. Their overarching belief about sport psychology, based on their limited knowledge and available information, was that it would assist with individual and crew-based performance enhancement, training output and motivation. Specifically, it was felt that sport psychology could help in overcoming individual and crew-based challenges such as "times of need" which was experienced recently due to disunity and causing poor performance at a regatta. Coaches were presented as having the most significant influence regarding one's attitude towards sport psychology. This is due to their use of sport psychology techniques resulting in positive experiences shared with these coaches.

## **EMERGENT THEMES**

<b>Clinical Psychology</b>	<b>Sports Psychology</b>
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<ul style="list-style-type: none"> <li>• Interaction and knowledge of clinical psychology practitioners through family and close relationships.</li> <li>• Clinical psychologists deal with serious and private problems, such as mental illness.</li> <li>• Clinical psychology is perceived as feminine and primarily used by females.</li> <li>• Antecedent experiences with clinical psychologists are key determinants of attitudes and beliefs about clinical psychology.</li> </ul>	<ul style="list-style-type: none"> <li>• Limited interaction and knowledge of sport psychology through coaches at school and university.</li> <li>• Sport psychologists are problem-solvers; enhance cohesion, motivation and performance.</li> <li>• Sport psychology is perceived as being male-orientated.</li> <li>• Antecedent experiences are the primary determinants of student-athlete's attitudes and beliefs about sport psychology.</li> <li>• Sport psychology promotes performance enhancement.</li> <li>• Elite athletes are visible evidence that sport psychology is effective.</li> </ul>
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## DISCUSSION

Within the Discussion, it is intended that the various elements of the research be drawn together and interpreted through iterative movement between the findings of the thematic analysis and the Literature Review. Each of the sections is aimed at giving an account of the results in relation to the literature and to explore where they are either common or disparate and to investigate and make interpretations as to why there are similarities and/or differences between the two. The Discussion should be read in conjunction with the Results section as it will allow for close following of the results, participants statements and interpretations based on the synthesis of data, literature, insights and interpretation of the material. Contrasts and similarities between the beliefs and attitude formation regarding sport and clinical psychology will be presented and attempts will be made to explain those differences in context of the literature. It is important to note at this stage that the participants displayed a greater interaction with and experience of clinical psychology whereas they

had limited knowledge and interaction with sport psychology. The degree and nature of exposure to clinical and sport psychology had an important bearing on the participants' knowledge through the availability of information, the affect that was elicited in the interactions and the social acceptability of the use of sport versus clinical psychology.

The Discussion will begin by exploring the knowledge, beliefs and attitudes held by the participants in relation to the Literature Review. This will be followed by a discussion on attitude formation within the participants' context which will be further related to the Literature Review and Fishbein and Ajzen's (1975) theories on attitude formation. Subsequently, sport psychology consultants and practice, gender, coaching staff, and past experiences will be discussed and presented as additional significant factors influencing how the participants' attitudes were formed. These factors are being considered in the Discussion as they were identified in the Results as the primary components in attitude formation and in relation to the Research Question which sought to identify the antecedent factors, sources of knowledge and social influences on attitude formation. This will be conducted in close relation to the Literature Review with the similarities and differences being discussed and interpreted in some depth.

### **Mental Health Literacy: Sport and Clinical Psychology**

As noted in the literature, Mental Health Literacy (MHL) refers to an individual's knowledge and beliefs about mental illness, knowledge about risk factors and causes, and understanding attitudes that promote recognition and appropriate help seeking (Jorm et al., 1997; Lauber, Nordet, Falcató, & Rossler, 2003). Within the context of this study, the definition of MHL will be extended to both sport and clinical psychology as the participants displayed varied knowledge, beliefs, understanding, and interaction between the two fields of psychology. The relationship between clinical and sport psychology will be critically evaluated and discussed as a result of the emergence of closely linked themes and beliefs but most importantly because of the contrasts between their attitudes based on varying levels of knowledge.

The participants displayed differences in their levels of exposure to and varied understanding of clinical and sport psychology. This was evident through their attributions of how clinical psychology is used differently to sport psychology, the course of their attitude formation and varied degrees of knowledge and interaction with the fields. The participants viewed the fields of sport and clinical psychology as being separate in their focus and intended outcomes and displayed differing levels of knowledge and attitudes. Jorm et al. (1997) state that exposure to psychology will equate to a more positive attitude but this was not shown to be universally true with regard to either field. As noted, the Literature Review showed that a high degree of MHL towards clinical psychology will equate to a more positive attitude, faster behaviour in seeking treatment and recognition of the need to utilise psychological services at an earlier stage. Furthermore, awareness of clinical psychology services and mental illness is dependant on the individuals being made aware of mental health services, whether through literacy programmes or other sources, being able to identify mental illness, and knowing where and how to seek appropriate treatment which will consequently elicit a more positive attitude. Jorm et al. (1997) state that poor MHL is evident through the display or “misidentifying [of] a mental disorder as a physical one or as a problem unrelated to health [that] may lead to inappropriate use or avoidance of health services” (Jorm et al., 1997, p. 186). The participants, despite greater levels of exposure to clinical psychology and mental health-related experiences, did not display a very good understanding of when, how or why an individual might see a clinical psychologist. This was interpreted by the researcher to equate to a poor level of MHL. Furthermore, they were unable to identify a specific source or point where treatment would be found in the event of wanting to see either a clinical or a sport psychologist which was interpreted in the study to equate to a low degree of direct knowledge about clinical psychology. This however, was supplemented by a high degree of personal interaction with clinical psychologists through a number of different sources, including family and peers.

A significant finding in this study is that the participants had intimate personal experiences and interaction with clinical psychologists, primarily through personal or familial contact, than they did with sport psychology. The roles of social agents, particularly peers and parents, were identified in the literature as important conduits of information as “interactions with other people can lead to changes...in attitudes, beliefs, values or behaviours” (Schneider et al., 2004, p. 184). It was proposed in the Literature Review that knowledge and exposure to information (e.g., about clinical psychology,

psychologists or mental illness) would equate to a more positive attitude due to a broader “informational base” (Fishbein & Ajzen, 1975, p. 14). Thus, it might be proposed that particular social agents will influence the participants’ attitude formation towards either sport or clinical psychology. However, despite having less interaction and available knowledge of sport psychology, the participants displayed more apprehensive and defensive attitudes towards clinical psychology. This is despite greater exposure to clinical psychologists, mental health and personal interface with clinical psychologists in their family contexts. It was evident though that the quality of this information was not always accurate or of the highest standard. Despite such wide and varied sources of information, the participants’ attitudes towards ‘stricter’ clinical mental health professionals emerged as being “defensive” and “apprehensive”, in contrast to the assertion that high exposure would equate to a more positive attitude. The reason for this was as a result of a number of fears, uncertainty, poor literacy and limited knowledge of the scope and outcomes of clinical psychology practice itself which both supports and refutes Jorm’s (1997) belief that increased contact and knowledge equates to higher MHL, a more positive attitude, and the ability to identify mental illness.

In contrast to their attitudes and beliefs about clinical psychology and psychologists, the participants viewed sport psychology in a very positive light. Their awareness however, was based on very limited knowledge, information and interaction with sport psychologists and practice and emerged primarily from coaches passing on of their own limited understanding of sport psychology techniques. Such a contradiction to the Jorm et al. (1997) assertion denotes the need for more in-depth analysis and interpretation necessary to assess what or how the participant’s knowledge was influenced, requiring greater exploration of the participant’s responses.

As noted, the participants displayed a high degree of interaction with clinical psychologists, their knowledge of clinical psychology practice was limited and they displayed a more negative attitude towards the use of clinical psychology services. The participant’s lack of knowledge about clinical psychology became evident in the Results stating:

“...that while the participants at large related having some experience of psychologists, there was a clear degree of uncertainty about the scope of psychological practice and what was achieved in seeing a psychologist. Such experiences did not however equate to a deeper understanding or knowledge about psychological practice or towards positive attitudes about its use and clearly indicated a paucity of knowledge.”

Particularly, it was identified in the interviews, that clinical psychologists should be utilised when something serious (e.g., mentally) is wrong and needs to be addressed. However, David in particular noted that he did not know why, he personally, would need to see a clinical psychologist and could not explain when or how an individual would determine at what point it is appropriate to see a psychologist. The participants' earlier statements denote that people see clinical psychologists for mental illness and related matters but they were unable to articulate the exact factor or determinant that would prompt someone to acknowledge they would go and see a clinical psychologist.

David: "I don't really know what the issue would be but maybe, kind of...I don't know of specifically why I would go but maybe I would be a little bit unsure of going just because I didn't really know if I felt I needed to go. Um...But besides that ..."

It was noted in the results that the nature of the interaction with the clinical psychologists had an impact on their attitudes and such, requires greater exploration and interpretation. Even despite the participants' limited experience and interaction with clinical psychology, it is remarkable that they do not know more about clinical psychology practice for example, why one would need to see a psychologist. This question is particularly pertinent granted that family members and personal experiences were at the forefront of their interaction with clinical psychologists. In light of such an absence of knowledge about clinical psychology, it is clear that the participants' "informational base" (Fishbein & Ajzen, 1975, p. 14) was limited to their interaction with the psychologists and what information and details they had gathered over the course of time through family members, peers, stereotypes and the media. This reveals that not only does exposure facilitate some degree of knowledge or 'literacy', but importantly, it is the quality and nature of the exposure that is important and has an impact on attitude formation. This will be explored further in looking at the numerous individual sources of information accounted for in the interviews and Research Question.

In relation to sport psychology, the study revealed that the participants had a limited depth of knowledge with regard to the scope of sport psychology practice, outcomes, and sport psychology techniques. This was particularly evident as they had no previous contact with sport psychologists and they held the uni-dimensional perspective that sport psychologists resolve problems and assist in performance enhancement. Chris reported that his younger sister had seen a sport psychologist to

assist with her performance in waterpolo but he had no direct contact with a sport psychologist himself. Bryan and David reported that their only significant contact with sport psychology came through their school and university coaches who utilised sport psychology techniques. This was their only interface with sport psychology and subsequently informed their knowledge about sport psychology practice. This was in conjunction with additional exposure through other sources including academic knowledge, elite athletes, media, and peers. The participants all reported their experiences and attitudes towards sport psychology as being very positive which motivated their descriptions of intent to pursue seeing a sport psychologist if one were available.

David: "The biggest influence is probably my coach...he does a lot of reading and the kind of motivational talk...So I would say he's been the biggest influence in terms of that."

Despite exposure and positive attitudes towards the use of sport psychology, to resolve conflict within the crew and personal performance enhancement, the participants were unable to provide definitive knowledge of where to find a sport psychologist. This might equate to a low degree of literacy pertaining to sport psychology but their attitudes and beliefs about sport psychology do not correlate with the Jorm et al. (1997) assertion that a low degree of knowledge about (sport) psychology will translate into a negative attitude which was evident in relation to clinical psychology. Thus, it is important to consider that another element might be significantly influencing the participants' positive attitudes about sport psychology.

As noted, the substantial knowledge and little or no experience of sport psychology the participants displayed is in direct contrast to their relationship with clinical psychology where there is a higher degree of contact and interaction with clinical psychologists but little or no knowledge of clinical psychology practice, techniques and outcomes. Clinical and sport psychology are similar in the sources of knowledge the participants reported having: e.g., media, peers, academic sources and family. However, coaches stood out as a unique influence on knowledge and exposure to sport psychology. In the light of this, it may be important to evaluate the sources of knowledge and exposure to sport psychology and to consider the role of the coaches in influencing the participants' beliefs and attitudes as they were reported to be the most significant sources. Additional sources will be further explored, discussed and interpreted at a later point.

Importantly, the participants' degree of knowledge of either clinical or sport psychology, the area of influence and perceptions of the field of psychology had a significant influence on their level of literacy but more importantly their attitudes towards the two disciplines. Contrasting the proposal by Jorm et al. (1997), it has been shown that exposure and interaction with mental health professionals does not immediately equate to positive attitudes or literacy leading to positive and appropriate help-seeking behaviour. Instead, it has been shown that attitudes and beliefs are dependent on a multitude of factors. These significant other factors have an important role to play in attitude formation within the individual's context although literacy about sport or clinical or sport psychology is not mutually exclusive. This will be critically evaluated and explored in subsequent sections through contrasting the findings of the Results relating to sport and clinical psychology.

### **The Role of Beliefs in Attitude Formation: Sport vs Clinical Psychology**

In this section, the various beliefs that emerged from the thematic analysis relating to both sport and clinical psychology are presented and contrasted with each other. This is intended to allow for a clear appraisal of the similarities and differences that exist between the two fields of practice. A number of interpretations regarding the similarities and differences will be discussed and relation to the literature will also be made. A revised version of Noakes' (2002) stimulus belief system behaviour diagram is presented to highlight the role of beliefs on attitude formation. The relationship between the beliefs about sport and clinical psychology will be further discussed to explore how they influence and shape the ensuing attitudes held by the participants about the fields of sport and clinical psychology.

Beliefs are defined as the knowledge and information that one has in relation to a particular object or person and is based on initial observations which are strongly influenced by affect occurring during interaction with the object. Noakes (2002) highlighted particularly the role of stimuli that are interpreted by an individual's belief system as the belief system "interprets all incoming stimuli and then activates the response that is appropriate" (Noakes, 2002, p. 698). According to Noakes' (2002) model, the belief system's appropriate response to stimuli evokes specific emotional and cognitive reactions that are unique to the individual. These reactions are either positive or negative and elicit either positive or negative behavioural reactions and will subsequently influence that individual's

future reactions to stimuli (Noakes, 2002). Fishbein and Ajzen (1975) state that attitudes are formed through “knowledge, opinions, beliefs and thoughts about the object” (Fishbein & Ajzen, 1975, p. 12) which prompts the need to explore these factors in relation to sport and clinical psychology and how they relate to one another. This is intended to elicit further insight and understanding into ‘how’ attitudes are formed and what factors are the most significant in attitude formation.

The strongest theme of beliefs relating to clinical psychology concerned clinical psychologists dealing with serious problems; matters that are highly specialised and serious as they relate to matters of mental illness. The participants’ negative affect is likely to be related to their avoidant and apprehensive attitudes displayed towards clinical psychology. This may be further attributed to poor knowledge and stigma towards clinical psychology and mental illness as there was a clear reluctance in the interviews to allow peers to know about their seeing a clinical psychologist.

Andrew: “...a clinical psychologist...will deal with more like...problems affecting health in a sense and affecting like daily sort of living and motivation.”

Bryan: “I don’t quite understand how a person would come to see [a clinical psychologist]...unless they thought they had a big problem...maybe trauma, if they go through a car accident...or line of work, police officers...like what I consider to be real problems...”

It was noted in the Results that “the participants were largely unclear about the nature of the serious problems and related the seriousness based on their own personal beliefs, knowledge, experiences and fears related to clinical psychology.” It is contended that the participants’ limited knowledge and exposure to matters of serious mental illness is based on affective reactions to personal experiences, scenarios and influences that have implied “serious problems” which are perceived to be best managed by clinical psychologists. Furthermore, the medical beliefs and association of mental illness or clinical psychology may have influenced their beliefs and attitudes about how to manage mental illness and the belief about treatment being used in a linear progression; from illness to health. Importantly, the participants’ own knowledge source of clinical psychology practice is based on personal and familial interactions with psychologists and so may provide evidence for their attributions, beliefs and attitudes.

Beliefs about sport psychology, on the other hand, emerged in positive themes relating to performance enhancement at an individual and crew-level. It was believed by the participants that sport psychology can be used to enhance one's performance even further, unlike psychology used to treat mental illness, unless one is experiencing a slump in performance. Possibly for this reason, it was expressed that the use of sport psychology services can be shared openly amongst peers and crew-mates although reservation was held regarding individual use as it was perceived to be more beneficial to the crew as a whole.

In relating their beliefs about sport psychologists, the participants made special mention of the particular challenges they recently faced as a crew and their poor performance at a recent regatta. They may not have identified the need for a sport psychologist to resolve the problems at the time but retrospectively during the interview considered the use of a sport psychologist as potentially helping them in avoiding their subsequent poor performance. A theme relating to a sport psychologist being able to solve the individual and collective problems was very evident and it was believed that the use of a sport psychologist would enable the crew to regain motivation, cohesion and assist problematic crew members, resulting in performance enhancement and positive outcomes. Assisting individuals or groups during a time of need or when help is needed typified a number of the beliefs and attitudes about sport and clinical psychologists. This was very similar to the belief that clinical psychologists deal with serious matters and solve problems. It might be noted that again, personal antecedent experiences were referred to by the participants and played a role in their belief about the use of a sport psychologist.

Bryan: "I can't help but think that if someone was there just to...sort of keep us on track, that would have been...like...I don't know...maybe easier to deal with because for quite a while people were just....like lost."

Chris: "You need someone who's going to look at...what the problem is, if there is a problem and turn around and take steps or...or present steps that the team can go about fixing it and reasonable steps."

Given that the participants were very poorly motivated and disgruntled following their unfortunate performance at the regatta, their belief that a sport psychologist would help may be prompted by the related affect induced through the poor performance. In conjunction with their knowledge and beliefs about psychologists, the frustration felt by the participants evidently had an influence on the

formation of their beliefs about the use of a sport psychologist and prompted their desire to resolve their current difficulties. While it was demonstrated that the participants' beliefs have been influenced by the impact of poor results and related affect, there are a number of additional factors that shaped the participants' attitude towards sport psychologists.

Assisting other crew members in managing losing was identified as another theme related to the belief of psychologists being able to resolve problems. This was also associated with their beliefs about the need for a sport psychologist to address maturity and younger members' adjustment to a new environment, for example, university. This too was related to the belief that psychologists are there to assist people in times of need or to resolve matters whether related to sport psychology or clinical psychology and mental illness. The beliefs about the attributes of sport psychologists were primarily based on their knowledge of clinical psychology and translated into the perception that sport psychologists are able to assist and resolve "serious and private problems" and with "motivation and cohesion" in the sporting context. It emerged that lack of maturity had a negative impact on the motivation and cohesion of the crew as a whole and that a sport psychologist, like a clinical psychologist would be able to assist in resolving the 'problem'.

Bryan: "[You]...lose heart...doubts about performance...ability to perform under pressure."

Chris: "We've got guys who are in teams which are very motivated, whether it's...they're motivated by their parents kicking them in the arse or coaches in school...They go from that environment where they're there and they winning and then they come to an environment where they've got to motivate themselves all of a sudden. And...most of them sink."

The negative affect induced by the participants' frustration, stemming from their experiences and relating to maturity, acted as a further hindrance to improved or optimum performance. The elicitation of negative affect is an additional factor in prompting the belief by the participants that a sport psychologist would enable them to overcome such problems. This would result in a more positive attitude, higher levels of motivation and better performance as a crew. The negative affect and beliefs associated with clinical psychologists is based on knowledge gained in the participants' past personal experiences with clinical psychologists and highlights the overlap in beliefs and knowledge about clinical and sport psychology.

The participants' experience and knowledge of sport and clinical psychology revealed data about the perceived differences between sport and clinical psychology. The participants showed that they negatively perceive clinical psychology as feminine in nature but sport psychology, coaches and sources of information were made with positive references to male figures. Their interactions with clinical psychologists, and linked to negative affect, also induced and concretised their negative beliefs about psychologists thus influencing their attitudes. Themes relating to particular gender roles and beliefs linking femininity to clinical psychology emerged as only females were spoken about when relating to matters of clinical psychology, and that the presentation or discussion of emotions amongst men was considered abnormal, even taboo. Managing emotionally laden matters was suggested to be limited to only clinical psychology and is "traditionally" not done by men.

Bryan: "I just suppose traditionally men are meant to go on their own ways. Sort their own problems out. Women - it's more acceptable for them to...ja, like well, subjectively it's more acceptable for them to be able to go and like talk about their feelings and stuff like that. Whereas guys, you know, are not meant to as far as I..."

Martin et al. (2001) reported that it is more acceptable for women to show emotion while the male gender role is to not show emotion, talk about one's problems or show weakness, translating into a greater aversion to seeking treatment in comparison to females. Further, male athletes are more likely to avoid the use of sport psychology treatment or consultations "as males [that] compete in sport, most gradually develop a mindset that being both a man and an athlete involves learning to accept pain and adversity in stoic silence" (Martin et al., 2001, p. 24).

Andrew presented a possible reason as to why the theme of the participants' identification and preference for male figures in sport psychology may have emerged. He stated that "identification" with and the ability to relate to a psychologist was of the utmost importance which may have induced reluctance amongst the male participants to see a clinical psychologist. This was attributed to their negative experiences of clinical psychology and their perception that primarily females saw clinical psychologists based on their personal experiences. These experiences elicited negative affect and subsequently influenced the development of their attitude. Hence, two sources of negative affect emerged through the participants' individual experiences and social beliefs and subsequently shaped

the formation of the participants' particular attitudes towards clinical psychology. This mention of identification with a coach or psychologist emerged as a strong theme and had notable influence on beliefs about sport psychologists. Chris mentioned the "identification of masculinity" between athlete and sport psychologist as being significant in helping the development of a positive working relationship and the psychologist should have a good understanding of what the athlete is experiencing and so 'common ground' can be shared to assist in their performance enhancement. While this will be further discussed later, it does highlight the importance of the negative affect associated with clinical psychology, the belief that clinical psychology is feminine and that the participants are as a result reluctant to become involved in the field.

In conjunction with beliefs about gender, Andrew, Bryan and David made particular statements about their perceptions and beliefs about the characteristics of clinical psychologists based on their interactions and affect:

Andrew: "A bit stern and dignified."

Bryan: "A big hippy."

David: "Airy-fairy."

While it has been proposed that beliefs are affect-based, they are combined with a number of other factors that shape the individual's attitude towards the object or individual. This may include their developmental context, the influence of the media, peers and stereotypical notions about clinical psychology which were identified as being strongly linked to subsequent themes in the data analysis. In recalling his meeting a psychologist, Bryan related how these factors, married with stereotypical beliefs, resulted in his description of her as being a "big hippy".

As evidenced in the literature, researchers see interactions between therapists and clients as being infused with perceptions and beliefs about the other based on attributions, expectations, affect and judgements related to first impressions (Lubker et al. 2005). Reactions may also be based on non-verbal actions such as body language and clothing, or unchangeable (e.g., gender and ethnicity) and changeable physical characteristics (e.g., dress, weight and appearance) that have a particular role in determining perceptions of delivery of consultations or efficacy of the service. If this is true, then the affective reaction of the participants determines that their belief about the efficacy of clinical

psychologists is visually and experientially based. This confirms the assertion that their beliefs regarding the femininity of clinical psychology is based on the sum of past experiences and that these beliefs will have an important role in determining the individuals attitude towards using clinical psychology services.

Martin et al. (2001) note that “not only do the attitudes and expectations of an athlete affect the willingness to seek sport psychology consulting, but the attitudes and opinions of others (e.g., peers, parents, siblings, teachers, trainers, and coaches) may also determine whether the athlete seeks or continues mental training or therapy” (Martin et al., 2001, p. 24). While this quotation does not wholly apply to clinical psychology, it presents the principle that a large number of factors are influential in shaping and influencing an individual’s beliefs and “informational base” (Fishbein & Ajzen, 1975, p. 14) about clinical or sport psychology and psychologists. Given the wide variety of sources, it is necessary to take the participants’ social environment and interaction with psychology into consideration. Furthermore, the need to consider multiple stimuli or antecedents to attitude formation and the role of individual beliefs exemplifies the limited conception of Noakes’ (2002) blanket term of “stimuli” (p. 698) and their activation of individual belief systems and behavioural outcomes.

An additional area that was identified as significant and gives credence to the need to expand Noakes’ (2002) Stimulus Belief System Behaviour Model, is the importance of the social environment that was shown to have an impact on the participants’ beliefs and attitude formation. Chris reported having gained some understanding about clinical psychology through having “...known a couple of people” and that with sport psychology you “hear about these things through people”. Thus, it might be proposed that the sources of beliefs and knowledge about clinical and sport psychology overlap as both knowledge bases are impacted by peers, media, personal experiences and social interaction. The wide variety and overlap of social and media influences on the participants’ information and understanding of psychology is a clear influence on the particular attitudes they displayed towards sport psychologists. This emerged as being true in relation to the similarity in sources of knowledge, information and social influence the participants reported for both sport and clinical psychology.

For clinical psychology:

Chris: "...you know, sort of bar-chats about these things...um...Ja, just exposure...social exposure to...to people in the field...It's been primarily driven by outside factors."

David: I'd probably say mostly the media. I mean, besides obviously university and kind of, you know, knowing the basics from there. I mean...Ja, besides that it's just kind of all the media you watch. Watch programmes, you read up on in the news.

For sport psychology:

Bryan: "I suppose you hear from the media more often than not..."

Chris: "...read about these things in your Sports Illustrated..."

David: "I'd probably say mostly the media...it's just kind of all the media you watch. Watch programmes, you read up on the news."

A theme linking a number of beliefs about sport psychology emerged through repeated references and discussion about the influence of elite athletes as role models and their use of sport psychology techniques. This had an influence on the positive affective reactions of the participants' views on sport psychology. This was in stark contrast to their defensive and apprehensive attitudes and beliefs about clinical psychology, despite the greater degree of interaction with clinical psychologists than sport psychologists. The theme denoted that elite athletes (e.g. Lance Armstrong or Sir Steve Redgrave) who have used sport psychologists were attributed with influencing their knowledge, beliefs, and attitudes towards sport psychology as it was beneficial for their performance enhancement. This evidence (informing their beliefs) of the positive impact of sport psychology techniques prompted a positive assessment about sport psychology by the participants and a desire to use sport psychology for their own benefit.

Andrew: "Because I really enjoy sport and I just always thought it would be...it would be like cool in a sense. Listening to like...you know...how the Australians have done it, the South African rugby team have done it...um...I've only heard positives about sport psychology and how it has helped people and individuals and things like that. And from that side of it I think it would be great."

As a result of the popular nature of professional elite athletes, their actions might be believed to have an impact on student-athletes, such as the sample of participants. Due to their elevated position as elite athletes and the affective influence on the participants, they may want to emulate respected popular elite athletes who epitomise what performance enhancement encompasses.

Bryan: “Watching those events is always...You see people at their pinnacle...And ja...Kind of makes you want to improve yourself...”

Chris: “...the Redgrave biography that was there where he went and...and talked to...I suppose you looking at high-level sportsmen who’ve gone through problems and expressed that they’ve gone through problems and they’ve sorted...help them find results through it.

This was conversely true for the participants’ attitudes towards clinical psychology where no positive role models or connotations were linked. Instead, clinical psychology was related to with negative references of illness, mental health and stereotypes based on social and personal knowledge and experiences. The acceptability of popular figures and sport within the public domain may have a considerable influence on the formation of positive attitudes towards sport psychology. However, this lies in opposition to the taboo (social or personal) perception of the nature of clinical psychology. The participants reported a reluctance to have others know about their use of a clinical psychologist as performance enhancement was perceived as being more acceptable while mental illness is private, taboo and managed on one’s own. It is likely then that the acceptability of sport versus mental health and the particular information, beliefs or positive affect in response to sport psychology plays a crucial role in separating attitudes between sport and clinical psychology. The enjoyment of sport, as stated by Andrew in the excerpt above, stresses the point further: sport is perceived to be socially acceptable in stark contrast to clinical psychology. It is felt that such a difference may be attributed to the participants’ particular experiences, differing affect and socially influenced nature of the two fields of psychology. This highlights that the social environment of the participants’ development of beliefs does affect the formation of their attitude based on the contrasting beliefs and sources of knowledge they will encounter.

Added to the positive and socially acceptable influence of professional elite athletes as role models, the positive personal experiences mentioned by Bryan and David and their coach’s use of sport psychology-like techniques emerged as significant influences on their beliefs about sport psychology

techniques. These positive personal experiences influenced the participants' beliefs about sport psychology through the positive affect they experienced in the outcome of applied sport psychology techniques used by their coaches. Bryan mentioned that he wanted to maintain the "winning mentality" as a result of being in the habit of winning after his coach's use of sport psychology techniques. He thus associated the use of a sport psychologist with performance enhancement which in turn would potentially result in winning; something that had not been achieved at the recent regatta. He believes that sport psychology techniques are beneficial and marry with his intended goals of increased training and performance output. This further demonstrates how positive affect generated through social interactions and sources of sport psychology information influenced the participants' views about sport psychology and emerged in a positive attitude.

This was quite different to the participants' interactions with clinical psychologists. It emerged that their negative interactions with clinical psychologists (such as Andrew's experience) and stereotypical beliefs based on socially developed or shaped knowledge and information.

Andrew: "I only would say I would only have negative criticism about the psychologists...I just thought that the psychologist sort of...wasn't looking at it. She was looking at it more from like a textbook definition of the sense of things I think...instead of trying to like look at the person."

This influenced more negative affect and uncertainty resulting in more polarised and defensive attitudes towards clinical psychology. Sport psychologists were not viewed in a negative light at any stage of the interviews which contradicts the assertion by Brooks and Bull (1999). It was proposed that sport psychologists might be negatively appraised due to their perceived relation to clinical psychology, mental illness and that it is more acceptable for female athletes to utilise a sport psychologist. Furthermore, it was proposed that the use of the word 'psychologist' might result in a degree of reluctance on the student-athlete's willingness to become involved with sport psychology programmes.

### **Social Influences on Beliefs and Attitudes**

The previous section revealed a number of factors that influenced the participants' beliefs about clinical and sport psychology through their affective reactions to exchanges with related figures and

sources of information such as media and popular elite professional athletes. A number of these were socially influenced or shaped through social interactions acting as conduits or channels of information that shape and change beliefs about sport and clinical psychology. This section of the Discussion presents the various social influences on beliefs and attitudes towards sport and clinical psychology that emerged in the thematic analysis and which may have arisen in the previous sections. Furthermore, similarities and differences of social influences are explored and various interpretations made on their relationships.

As a departure point in this section, it is important to note that individual beliefs and behaviours relating to physical and mental health are influenced by interactions with mental health professionals and various social and personal elements or experiences. This is clear in the literature where Leventhal (1989) notes how individual attributions of illness and beliefs about illness will influence how an individual reacts to an illness. Additional literature by Marks et al. (2004) on health psychology and individual health beliefs stress the significance of social agents and elements influencing beliefs about health, illness, perceptions of practitioners and attitudes towards the utilisation of health services. In considering this statement, it is likely that reactions to mental illness or poor sporting performance will be influenced by antecedent individual beliefs. These are based on social experience and knowledge about what is wrong and thus motivates particular help-seeking behaviour in accordance with individual beliefs and socially constructed knowledge. Leventhal (1989) highlighted a variety of personal and social factors which will influence help-seeking behaviour. These include demographic variables (e.g., class, age, gender etc.) and psychological variables (e.g., personality, peer group pressure etc.). This will include additional factors that motivate help-seeking behaviour and adequately give a holistic explanation of individual experiences of illness but do little to explain beliefs about the causes of illness. To gain a better understanding of what influences are significant and how they shaped beliefs and attitudes towards sport and clinical psychology, several themes and sub-themes were collated from the participants' interviews. Such insight seeks to understand the particular choices about where, with whom and when they might seek healthcare or resources to enhance their sporting performance and how these choices and beliefs were socially constructed through media, peers, family, elite athletes and coaches.

Schneider et al. (2004) described social influence as the “interactions with other people [that] can lead to changes in our attitudes, beliefs, values or behaviours” (Schneider et al., 2004, p. 184). Bearing this in mind, the roles of various people and groups were explored to unravel their influences on the participant’s beliefs and attitudes. Within clinical psychology, familial influence presented as having the most significant influences on the interaction of the participants with clinical psychologists. It was primarily personal, family or intra-family matters that necessitated seeing a psychologist. It is reported by Schneider et al. (2004) that family plays a noteworthy role in shaping beliefs and knowledge about illness, particularly during important periods of development. “During these years, critical choices are made about the kinds of behaviours one will adopt, and habits are formed that may be very resistant to change later in life” (Schneider et al., 2004, p. 187). The emergent theme revealed that family was the primary conduit for experiences of clinical psychology and interactions with psychologists. These interactions with clinical psychologists induced affect and informed a number of long-held beliefs by the participants which was shaping their negative attitudes. It was evident that the respondents’ negative and uneasy attitudes were linked to antecedent negative experiences although negative connotations about clinical psychologist’s actions and dress emerged e.g., “Airy-fairy” or “A big hippy” that were based on beliefs and information constructed outside of personal or familial exposure. This was also noted in the Literature Review stating “attitudes and beliefs towards mental health practitioners by significant figures would play a role in shaping the developing child’s attitudes and beliefs towards the afore mentioned practitioners.” (p.5).

Within the themes pertaining to family, it was revealed that family was not considered a significant influence on sport psychology attitudes and beliefs. The only identifiable influence that family was believed to have emerged through Bryan reporting that his father was physically very active when younger, having been in the army and having run a marathon. Bryan did feel that this had an influence on his beliefs about being physically active. In light of such an absence of knowledge or influence by family members on the participants’ beliefs and attitudes towards sport psychology, a number of other social sources were identified. These included coaches at school, watching television, reading magazines or books and details they gained about elite athletes’ use of sport psychologists and techniques. This gives rise to the proposal that the individual’s ‘whole’ social environment is likely to be responsible in providing sources of knowledge and information throughout their development.

From this evidence, it is clear that families and intra-family experiences do have a clear influence on attitudes and beliefs about psychology although this cannot be presented as being exclusively true for either sport or clinical psychology. The development of knowledge about psychology is influenced from within families and is confirmed in the Literature Review describing that the “availability of information about psychologists [within families] would also play a significant role in shaping attitudes and beliefs about psychologists as a paucity of understanding and knowledge might be met with uncertainty, stigma and resistance.” (p.7). However, this is not supported in relation to sport psychology. The limited availability of knowledge or understanding of sport psychology from within families did not emerge with negative attitudes, uncertainty, stigma or resistance as an alternate source, namely coaches, came to provide information. This will be explored in a subsequent paragraph.

Lau et al. (1990) and Schneider et al. (2004) state that children are most likely to have their beliefs and attitudes influenced by their peers and parents during times of change relative to developmental stages which includes adolescence and entering university. In the study, the influence of peers emerged predominantly from within the tertiary sphere and was equally true for both clinical and sport psychology. However, a notable difference between sport and clinical psychology emerged as a result of the beliefs and attitudes of peers about the acceptability of these two practices. The study revealed that there is a greater willingness by the participants to allow their peers to know if they were seeing a sport psychologist as opposed to a clinical psychologist. However, peers were viewed as an important source of emotional support in relation to clinical psychology although a degree of apprehension and potential for stigma was only alluded to and not overtly stated by any of the participants.

Andrew: “...as soon as you mention that I’m going to a psychologist, people are like; ‘Well, what the hell’s wrong with you?’ you know. Um...And I think...Ja, I definitely think guys in my crew would...um...would query it...would in a sense judge it.”

Furthermore, it was suggested by the participants that it was important to be more “sensitive” towards peers who had been identified as experiencing mental illness or were seeing a clinical

psychologist as there was a palpable concern that the person might “freak out” and “change characteristics”.

Andrew: “I mean like...if they going because they’re mentally insane and are like gonna freak-out and break the boat or something...then you know, you need to try and be a bit more cautious around the person. But I mean if it’s for...for general issues you know like parents getting separated or depressed about something or something like that you know...then I mean...those are sort of general day-to-day issues of society today that are pretty much accepted...”

Andrew’s statement presents the belief that serious mental illness is a taboo subject and would result in likely avoidance of those particular people. This is due to the perceived dangers, risks and unpredictability of mentally ill people as a consequence of the participants not knowing very much about clinical psychology or the presentation of signs and symptoms of serious mental illness. Combined with negative descriptions of having seen a psychologist and the frustration he related in his girlfriend seeing a psychologist, Andrew’s negative association and resultant affect demonstrates how his attitude towards clinical psychology was formed and influenced by his previous experience and from within his social domain. This also includes particular assertions of stigma and distancing from mentally ill people, further revealing limited knowledge of clinical psychology and implying that their beliefs about clinical psychology are largely based on their affective reactions rather than substantive knowledge. This demonstrates the multilayered influence on attitude formation of past experiences, individual beliefs and one’s social environment but does not wholly answer how attitudes are formed.

It is noted by Martin et al. (2001) that peers’ perceptions and beliefs about sport psychology will influence the athletes’ beliefs about and willingness to utilise sport psychology services.

Not only do the attitudes and expectations of an athlete affect the willingness to seek sport psychology consulting, but the attitudes and opinions of others (e.g., peers, parents, siblings, teachers, trainers, and coaches) may also determine whether the athlete seeks or continues mental training or therapy. (Martin et al., 2001, p. 24)

In the study, peers were presented as a very positive source of support in relation to sport psychology. This was evident in the rowing community emerging as a strong theme which was presented as both a means of support, a reference point for assistance in training and if pursuing a sport psychologist. However, a clear preference for sport psychology to be used as a collective (within the crew) as opposed to individually was expressed due to the perceived benefits for enhanced performance as a collective and the “close-knit” community.

Bryan: “Like we’ve been coached a bit by Olympic oarsmen...who’ve just come down here with the schools and like we’ve...had them. I’d probably go to them and like end up speaking to them...It’s quite a small community so ja...I’d definitely speak to them about it.”

Ferrante and Etzel (1991, p. 10) state that student-athletes’ environments can become “closed” as a result of the exclusion of other available services such as career guidance or counselling as well as through being overly focussed sporting performance. This is in part supported by the emergent theme the close support obtained within the sporting fraternity as no reference was made to utilising services outside of the rowing community and it was relied on as the sole provider of expertise. However, Ferrante and Etzel (1991) do suggested that such a closed environment may foster dependence and negatively impact the ability of the student-athlete to gain an internal locus of control. “In a sense, young student-athletes-to-be may be shaped to acquire an external locus of control that is associated with various life skills deficits, as well as immature, unrealistic values, goals and expectations that are carried with them” (Ferrante & Etzel, 1991, p. 12). This was evident in the participants’ complaints about the lack of maturity in particular crew members as having a negative performance on their performance and thus prompted the belief that a sport psychologist would be beneficial. In both examples however, despite the positive and negative influences of a “close-knit” community, their attitudes towards sport psychologists remained positive.

The participants felt that gaining sport psychology expertise on an individual level was not as beneficial as it being used by a crew, as it would assist their overall performance output and thus improve their overall results. Such a belief about the use of sport psychology suggests a limited understanding about the nature and extent of sport psychology practice and its applicability primarily to groups rather than individuals. This belief further promoted the perception that sport psychology is

beneficial and contributed towards the participants' positive attitude towards sport psychology. Although not stated, it might be hypothesised that interaction between and the swapping of information between members of the rowing club might have played a significant role in enhancing knowledge and attitudes towards sport psychology. Bryan and David recalled having outside expertise and other rowers as providing some information through coaching.

Bryan: "Like we've been coached a bit by Olympic oarsmen...who've just come down here with the schools and like we've...had them. So I suppose I'd go to them. Probably because they've been to one before. Like they've also had quite a few high-level coaches. I'd probably go to them and like end up speaking to them. It's quite a small community so ja...I'd definitely speak to them about it."

David: "I mean if you got someone to come in and speak to you, specifically about your events...this person who's been there, done that at the highest level possible, comes to you and starts imparting his knowledge about how to cope with it, how to deal with it, the training all that. I mean...ja, that would...Motivation. It helps you. I mean, it sheds light on experience. I mean so that you can be more prepared."

This marries with the 'evidence' the participants hold that sport psychology techniques have worked for elite athletes and so are likely to be beneficial for their performance enhancement.

One of the most significant themes linking social factors, beliefs and attitudes towards sport and clinical psychology was gender. The theme revealed some of the starkest contrasts between the two fields and also presented some of the clearest differences in beliefs about clinical and sport psychology. It was reported by Lubker et al. (2005) that beliefs and reactions towards psychologists may be based on non-verbal actions such as body language and clothing, or unchangeable physical characteristics (e.g., gender and ethnicity) that have a particular role in determining perceptions of delivery of consultations or efficacy of the service. It is clear that gender had some influence on the development of attitudes toward sport and clinical and sport psychology. This is additionally clear in exploring how related social factors contributed to attitude formation.

Chris: "I don't see female sports as being on the same level as men are on sports...I suppose you could call it masculinity...the identification of masculinity"

Bryan: "I've always had males being able to...just because I think they can maybe like you know...get what we feeling more..."

Andrew: “I think so long as their values and beliefs are...similar along the lines that I’m expecting them...I don’t think it would be an issue...so long as they are on the same wavelength as me...”

As evidenced, feelings of a closer understanding between a male athlete and male sport psychologist because of shared views, knowledge and identification of common experiences were of significance in preferring a male sport or clinical psychologist. This supports the assertion by Lubker et al. (2005) that the perception of the efficacy of delivery and consultation are the primary reasons for choosing a clinical or sport psychologist of the same gender. Yambor & Connelly (1991) note that the perceived efficacy and credibility of a female sport psychologist is likely to be a real concern for male athletes and may result in the avoidance of using female sport psychologists which emerged to be true for the participants. Chris’s statement relating to the “identification of masculinity” identifies the link between Lubker et al. (2005) and the emergent theme. Reasons for this will be presented through more in-depth exploration of the relationships and influences of significant male figures, particularly coaches that will be detailed further on.

Reasons for what criteria would be required of a female sport psychologist were presented by the participants and revealed that the expertise and knowledge mentioned by Lubker et al. (2005) were paramount. Yambor and Connelly (1991) suggest that the male and female athletes will have different beliefs about performance outcomes, confidence levels, beliefs about themselves and others, and orientation to goals and achievement and so be a poor ‘match’ between male athlete and female sport psychologist. Petitpas (1998) noted that it is important for any sport psychologist to have a clear understanding of the sport and setting in which they work to assist the efficacy of sport psychology consultations. It emerged, particularly through Chris’s statement, that only a female sport psychologist having experience at an elite-level would be acceptable as a result of there being “identification” and understanding of the individual’s experiences of “heavy, heavy training” and what is required mentally at an elite level.

Chris: “It would be difficult to take her seriously if she was to turn around, you know...unless again, this is...you talking again about a very high-level athlete...they’d be the type of person who understands this heavy, heavy training...It’s something that I can identify with....when they make suggestions, they basing it off...a series of experiences which are fairly similar to mine.”

An important influence on the emergence of the gender-related theme further arose in the participants' beliefs and experiences that generally speaking, only females see clinical psychologists and elite male athletes see sport psychologists. This is in spite of Andrew having been to a psychologist when aged ten and Chris reporting that his sister had been to a sport psychologist. There were no direct themes or explanations relating to this that emerged, although the influence of past experiences and relationships with fathers and male coaches was partly identified as being significant. This is explored in greater depth in the final section.

### **Developmental Challenges of Student-Athletes**

Ferrante and Etzel (1991) noted how student-athletes may face a number of developmental challenges as a result of having to fulfil a number of sporting, personal and academic demands. The results show that maturity and pressure to perform in the tertiary sporting context were significant themes and had bearing on the participants' attitudes towards sport psychology. The demands "had a far-reaching influence on the other sub-themes to emerge such as motivation, training, and bad performance as lack of maturity had a pervasive effect on each of them to greater or lesser degrees" (p. 71). Furthermore, "being a successful athlete, even at youth levels is highly valued by children and adults, [which] may result in increased feelings of self-efficacy and a sense of industry [and a] positive influence on children's development" (Petitpas, 1998, p.190). However, the pressure to perform at an elite level while at university presents student-athletes with particular challenges that may be difficult to manage. Ferrante and Etzel (1991) state that "...unlike their nonathlete counterparts, these young men and women must function within an environment that presents a unique, complex set of demands [and] an atypical degree of public scrutiny" (Ferrante & Etzel, 1991, p. 2).

Gould and Finch (1991) identified a number of barriers or challenges that might be experienced by younger student-athletes, including leaving home for the first time, forming a new, more independent identity, developing new friendships and balancing sporting and academic demands (Finch & Gould, 1991). The strongest theme to emerge related to maturity and the need for younger student-athletes to develop and overcome challenges related to performance. This equated to being able to manage failure, keeping motivated and training consistently. The theme was strongly influenced by the

participants' recent poor performance as a result of injuries to crucial crew-members and improper behaviour of younger members.

Chris: "We've got guys who are in teams which are very motivated, whether it's...they're motivated by their parents kicking them in the arse or coaches in school...They go from that environment where they're there and they winning and then they come to an environment where they've got to motivate themselves all of a sudden. And...most of them sink."

In addition to academic, social and other demands, Ferrante and Etzel (1991) note that a failure to support young student-athletes and their inability to manage various demands (through lack of maturity), may lead to maladjustment, dissatisfaction, stress and psychological difficulties. This not only highlights the significance of the problems being experienced by the participant but reveals that there is a need for younger student-athletes to be supported. It was felt by the participants that a sport psychologist would be able to help them overcome developmental and maturity concerns which prompted a more positive belief in and desire to use a sport psychologist. This provoked the link between clinical and sport psychology being formed regarding the attributes and skills of a sport psychologist.

Bryan: "We were killed in that regatta and afterwards people were quite...bummed out by it. So, ja...A bit of...It could have helped maybe...like have someone there just being...like keeping our spirits a bit...higher."

In the Results, managing illness and serious, private problems were identified as being key characteristics of clinical psychologists. The role of clinical psychologists in such circumstances was viewed as being important and equated to positive attitudes and behavioural intentions due to their problem-solving capability. This was similar to the role that a sport psychologist was perceived to have been able to play in relation to their recent difficulties. It can then be proposed that the socially constructed view of psychologists (clinical and sport) is such that they assist in resolving problems and such resolution of problems which influences the particular attitude held towards them.

Remaining motivated throughout training and performance while balancing academic and other demands also emerged as a significant theme. This related to the description of the participants' low level of motivation following their poor performance and the belief that a sport psychologist would be able to help them resolve that particular problem in the same manner a clinical psychologist might

assist with mental health related matters. The belief that a sport psychologist could assist elicited further positive attitudes towards sport psychology and motivated the participants' behavioural intentions towards possibly seeking a sport psychologist's services in the future.

Andrew: "I think its highest would be like during...during training in a sense. Especially when...when things are going like bad as a general team vibe.

Amongst other services, a sport psychologist was seen as being able to assist in maintaining and uplifting the crew as a whole rather than working individually. Dunn and Holt (2003) reported that a sport psychologist was viewed as being crucial in influencing the athlete's motivation as they were perceived as being part of the coaching staff; a role that has traditionally been taken up by coaches themselves. The role of being responsible for implementing and maintaining motivation was originally perceived by the participants as being part of the coach's job as they had reported such experiences based on their experiences with school-level coaches. The role played by coaches in the past and the need for personal motivation was perceived by Chris as a reason for the crew's current difficulties with motivation and so prompted the belief that it could be corrected by an external source such as a sport psychologist. The change at tertiary level for being responsible for one's personal and the crew's motivation was well highlighted by Chris's statement that younger student-athletes can no longer to rely on their parents or coaches for motivation. His frustration was born out of the recent poor performances and it was linked to the lack of maturity in some crew members. The participants' own motivation and those of younger crew members was also highlighted by David in recalling his past experiences of being motivated by previous coaches.

David:"... he played a big role in, kind of...setting us up for all those...all those kinds of events and factors and that. Teaching us how to...to deal with it and preparing us for everything...I mean, it's been the same with our coach in the past.

It can be seen that the "rowing community", the tertiary environment, peers, family and knowledge about sport psychology gained through coaches and where developmental challenges are faced have influence on the particular attitudes the participants hold in relation to sport psychologists. These experiences and sources of information have contributed to the participants' "informational base" (Fishbein & Ajzen, 1975, p. 14) and beliefs about sport and clinical psychology. Their beliefs have also been shaped by socially-related beliefs and apprehension about mental illness although this had

less of an impact on their attitudes towards sport psychology. Primarily, the network and numerous social factors elicited varying beliefs and attitudes towards sport and clinical psychology through contrasting affect that was generated.

### **Past Experiences as Significant Determinants in Attitude Formation**

As noted the participants showed a clear distinction between their attitudes about sport and clinical psychology based on personal knowledge and information they acquired through a number of sources that were primarily socially based such as family, friends, and tertiary environment and through coaches. However, it is important to note that this information is based on antecedent experiences. While the participants reported having interacted with clinical psychologists, they had no in-depth or clear understanding about clinical psychology practice or of the signs and symptoms of mental illness. Their beliefs and resultant attitudes were defensive and uncertain and primarily based on affective reactions to their personal experiences and beliefs generated through social interaction and public beliefs about mental illness. It was reported that the participants had no direct contact with sport psychologists but they reported positive attitudes and a good understanding of what sport psychology entailed given the influences from coaches and the desire to use any available resources to enhance their performance. An additional influence on the participants' attitudes materialised through the acceptability of using the services of clinical versus sport psychologists. It emerged to be less acceptable to be seeing a clinical psychologist than a sport psychologist due to concerns of negative appraisals and it being more acceptable to see a sport psychologist in pursuit of performance enhancement as opposed to matters of mental health. It was demonstrated that this was attributable to messages, beliefs, social influences, interactions with peers and primarily through positive or negative affect elicited in varying circumstances.

Schneider et al. (2004) state that beliefs about health and illness are constructed from an early age and are influenced by “interactions with other people [that] can lead to changes in our attitudes, beliefs, values or behaviours” (Schneider et al., 2004, p. 184). Furthermore, Herzlich (1973) proposed that illness beliefs “emerge and change in everyday social interaction” (Marks et al., 2006, p. 231). This presents the notion that it is important to take past and present into consideration given their poignancy and that health beliefs are cumulative and ever changing. It was also suggested that

social influence relating to health beliefs are influenced by various media such as television, internet, radio and movies. This was confirmed by the participants in the emergence of a theme that antecedent knowledge was influenced by what had been observed or heard in the past both through media and significant figures. The influence of significant family members or peers has been presented as being important in shaping attitudes and beliefs about mental illness as well as sport psychology. Most importantly, these significant figures have influenced the affect experienced by the participants in relation to sport and clinical psychology. They were acknowledged as having played significant roles in the antecedent experiences of the participants as a result of knowledge and beliefs that are imparted or adopted through a number of patterning behaviours. These beliefs, behaviours and interactions produced either positive or negative affect would have effected change in the participants and thus influenced the formation of their beliefs and attitudes.

Negative affect and the participants' subsequent defensive or apprehensive attitudes towards clinical psychology and mental illness was demonstrated in the Results through being linked to their interactions with clinical psychologists through personal experience, family members or other sources.

Andrew: "I only would say I would only have negative criticism about the psychologists..."

The participants' past experiences and interactions with clinical psychologists were noted as being the source of their negative affect that played a role in shaping their perception and later attitudes towards clinical psychology. As noted by Schneider et al. (2004), their affect-filled interaction would have combined with additional experiences, knowledge and beliefs acquired from a number of different sources within their social context.

The single biggest influence on the opinions, beliefs and attitudes of the participants regarding sport psychology came from their antecedent relationships with rowing coaches, largely at school level, but also, as is the case with David, while preparing to compete at international level. Coaches were identified as having been responsible not only for training athletes, but at school-level, coaches were viewed as being responsible for team cohesion, motivation, problem-solving and other facets related to performance enhancement. These are roles that were similarly identified as being important for sport psychologists and were related directly to the participants' demands or needs following a poor

performance. Performance enhancement and output presented strongly as a theme. It was the participants' past experiences of their coaches "sport psychology techniques" that introduced them to techniques intended to improve motivation, concentration, being able to train and push their performance output harder and further. Bryan and David were particularly vocal about the influence coaches had had on their introduction and knowledge to sport psychology techniques used in their training and preparation for regattas.

Bryan: "...use of whatever the coach told us...just to listen to him basically. Um...I've never really considered like you know, getting hold of a sport psychologist person yet..."

David: "...as I said, he played a big role in, kind of...setting us up for all those...all those kinds of events and factors and that. Teaching us how to...to deal with it and preparing us for everything..."

Such positive experiences in the past, with male coaches, prompted the belief amongst the participants that sport psychology was effective and helped one's performance prompting positive affect being associated with sport psychology techniques and male figures in sport. It must be noted however, this perception about the role of sport psychology in performance enhancement, was the coach's belief but subsequently influenced the attitude formation of the participants. This in turn had an impact on the participants' belief that male sport psychologists would be more effective than females although it is likely that this was also influenced by negative and stereotypical perceptions of female clinical psychologists. In relation to male psychologists, Chris acknowledged the "identification of masculinity" as being an important factor. This was not only true in choice of psychologists but also in coaches with whom it was possible for common goals, beliefs and a mutual understanding about "heavy, heavy training" to be formed. Bryan stated above that he "use[d] whatever the coach told us" in not only obeying the teachers bidding, but also as a result of the mutual identification that the intended goal is performance enhancement and winning.

Coaches were not the only antecedent social or related influence on the participants' attitudes and emergent themes. As noted in the themes on social influences and experiences of clinical and sport psychology, a multitude of factors are recognised as influencing the gradual development of an individual's knowledge, beliefs and attitudes about clinical and sport psychology. These however, were based on antecedent experiences over the course of the participants rowing at school and were

dependent on their individual contexts. The coaches were the most obvious theme to emerge as having a clear root cause in explaining the participants' positive attitudes towards sport psychology. However, this is not as clear in relation to clinical psychology where a general lack of understanding, explanation and knowledge of the field, combined with the participants' interactions to induce strong negative affect polarized their beliefs. These were consequently translated into an apprehensive and defensive attitude towards clinical psychology.

### EMERGENT THEMES

<b>Clinical Psychology</b>	<b>Sport Psychology</b>
<ul style="list-style-type: none"> <li>• Interaction and knowledge of clinical psychology practitioners through family and close relationships.</li> <li>• Clinical psychologists deal with serious and private problems such as mental illness.</li> <li>• Clinical psychology is perceived as feminine and primarily used by females.</li> <li>• Antecedent experiences/interactions with clinical psychologists are key determinants of attitudes and beliefs about clinical psychology.</li> </ul>	<ul style="list-style-type: none"> <li>• Interaction and knowledge of quasi-sport psychology through coaches at school and university.</li> <li>• Sport psychologists are problem-solving; enhance cohesion, motivation and performance.</li> <li>• Sport psychology is perceived as being male-orientated.</li> <li>• Antecedent experiences are the primary determinants of student-athlete's attitudes and beliefs about sport psychology.</li> <li>• Sport psychology promotes performance enhancement.</li> <li>• Elite athletes are visible evidence that sport psychology is effective.</li> </ul>



## CONCLUSION

Within the Results and Discussion sections, the format of the thesis has maintained a close relationship with the Research Question that has utilised specific questions within it to guide the emergence of themes, an analytical enquiry and discussion. Within the Conclusion, numerous themes and questions will be synthesised into a presentation of the beliefs about clinical and sport psychology and the resultant attitudes that have emerged. The Results and Discussion sections will be synthesised to answer the question of ‘how’ antecedent experiences, knowledge and social factors influence the formation of student-athlete’s attitudes about sport and other psychology services. Importantly, it should be clarified at this stage that beliefs (based on information and knowledge gained from a variety of sources) induce affect about an object (clinical or sport psychology) which determines their attitude towards that object (Fishbein & Ajzen, 1975). The beliefs and knowledge the participants held surrounding the various emergent themes will be explored as a means of giving clarity to the formation of their attitudes. The Conclusion will tend towards focussing on summarising the various elements that contribute to the development of the student-athletes’ attitudes and beliefs while highlighting the most significant factors and exploring them in relation to the literature and the study as a whole.

From the results, it was evident that there were clear differences in the beliefs and attitudes contrasting sport and clinical psychology practices. Primarily, it was noted that the emergent themes and attitudes were based on antecedent experiences and knowledge that had been accrued over the course of time and had been strongly influenced by significant figures and social interaction. It was noted in the Literature Review that the affect, such as was induced in the participants’ social interaction and exposure to psychology, is the most significant factor that shaped the participants’ attitudes. Such attitudes are determined by the degree of either positive or negative affect within those interactions (Fishbein & Ajzen, 1975; Fiske, 2004; Noakes, 2002). This was evident in the research as the participants presented more positive beliefs and attitudes towards sport psychology as opposed to clinical psychology where despite greater interaction with clinical psychologists, their attitudes were more negative. It is believed that the significance of the social influences (e.g., peers, parents and coaches) played a role in the reinforcement of positive and negative affective experiences related to clinical and sport psychology.

From the experience, knowledge and literacy the participants presented about psychology, it was clear that their understanding of mental illness and clinical psychology was limited despite the degree of their exposure to clinical psychologists. The participants' experiences of and interactions with clinical psychologists translated into clear apprehension, defensiveness and a reluctant attitude to engage with the psychologists and anything related to clinical psychology. From this difference between the two fields, it was evident that antecedent experiences were significant. This was demonstrated through the presentation of negative attitudes associated with clinical psychologists and was borne out of their negative antecedent interactions and association with clinical psychologists. Their interaction and association with clinical psychologists were described with negative connotations and recollection of negative affect due to the particular circumstances and contexts in which the interaction took place. Clinical psychologists were defined as being "stern and dignified" and "hippy'ish" which further honed their perceptions and denotes the particular affect that their experiences and beliefs about clinical psychology induced. Such interactions emerged into themes relating to and combining with the participants' socially influenced knowledge and fears about clinical psychology that subsequently polarised their stance on clinical psychology. Family, peers, media and public beliefs and stereotypical viewpoints were identified as important social influences on the participants' knowledge and beliefs about clinical psychology. Such beliefs were highlighted in the theme relating that clinical psychologists deal with "serious and private problems" and "personal issues". This too was closely linked to their negative and apprehensive attitudes due to their reluctance to become engaged with matters of personal mental health and the perceived seriousness of mental illness. The "serious" problems included dealing with "bipolarity" and "chemical imbalances" which compounded their fears of clinical psychology. The participants' further demonstrated an inability to present clear reasons for seeing a psychologist and their reluctance to see one, which even in a hypothetical event was heavily influenced by their antecedent experiences of negative affect and clinical psychology. This provided clear evidence that their beliefs and knowledge translated into negative affect towards clinical psychologists.

A remarkable difference between the participants' beliefs about sport psychology and clinical psychology emerged through contrasting themes pertaining to the two fields. Clinical psychology was believed to be more feminine in comparison to sport psychology. The participants' gendered

perspective of psychology propelled the perception of females as being more inclined to see a clinical psychologist. This belief was based on the participants' stereotypical gender beliefs and personal experiences of the difference in the types of individuals who use the two psychological services. The participants believed that men are less likely to see a clinical psychologist as Bryan evidenced in stating:

“...traditionally men are meant to go on their own ways. Sort their own problems out. Women; it's more acceptable for them to...ja, like well, subjectively it's more acceptable for them to be able to go and like talk about their feelings and stuff like that.”

This assertion was further supported by their personal experiences in which females (family members, peers and girlfriends) had been to see clinical psychologists as opposed to any examples of male figures. Such a belief as was purported by Bryan is supported by Martin et al. (2001) who state that it is more acceptable for women to show emotions and the male gender role is not to show emotion, talk about one's problems or show weakness, and that there is greater aversion to seeking treatment in comparison to females. Such values and beliefs were evidenced as being prevalent and rooted in the participants' past experiences and interaction with clinical psychologists which came to result in the participants' assertions of affect, beliefs and attitudes. This confirms the earlier link between the participants' beliefs about clinical psychology which were influenced by a variety of social factors, including parents, peers and exposure to various media. Martin et al. (2001) noted these sources were significant social influences although they are not mutually exclusive to clinical psychology and attitude formation.

Social influences on beliefs and attitude formation also proved to be an important theme. The various social influence significantly impacted affect, knowledge and attitudes towards both clinical and sport psychology. In particular, family was identified as a significant influence on attitudes towards clinical psychology as it was through family that the participants recalled being exposed to or interacting with psychologists. Through these interactions, negative affect was experienced by the participants and came to influence their attitudes, provide a caucus of knowledge about clinical psychology and subsequently would contrast their beliefs (based on information and knowledge) about sport psychology. However, their attitudes towards the two fields would differ based on

positive affect being associated with sport versus negative affect with clinical psychology. Social influences proved to be less significant in relation to sport psychology as the primary influences emerged through coaches and the use of sport psychology techniques at school level, again highlighting the importance of past experiences and affect.

For both clinical and sport psychology, peers were significant sources of information and influences on attitudes. Concerns about their peers' perceptions in the event of seeing a clinical psychologist proved to influence attitudes as a result of the taboo nature of clinical psychology while sport psychology is accepted within the rowing community at school and university level. It emerged as being more acceptable to be associated with or use sport psychology as there is more support for performance orientated goals in social settings such as the rowing community. Social support or acceptance within their peer group is linked to positive affect and might be construed as also having an impact on the acceptability and positive attitude towards sport psychology in contrast to clinical psychology. Such a difference might be based on social stereotypes, being unwilling to share information about clinical psychology, negative associations with mental illness and the likelihood of stigma by peers for seeing a clinical psychologist.

It was seen that the participants' past experiences, social beliefs and own fears about clinical psychology informed their reluctance to allow others to know of their hypothetical use of a clinical psychologist. Permitting such information was deemed to be socially taboo and was linked to likely negative affect emerging through stigmatisation and illness beliefs related to mental health or illness. The potential for negative appraisal by the participants' peers further influenced the participants' attitudes towards clinical psychology whereas appraisal of enhanced sporting performance following the use of a sport psychologist is associated more positively by the participants equating to a more positive attitude.

In contrast to clinical psychology, a more positive attitude was clearly evident amongst the participants throughout the themes relating to sport psychology. It emerged however, that the participants' belief of sport being masculine versus the feminine and emotion-laden nature of clinical psychology accounted for a significant difference between the two fields. Martin et al. (2001) stated that despite the positive association with sport psychology, male athletes are likely to avoid

psychology consultation. This however, was rebutted through the participants reporting that the identification, mutual understanding and a good working relationship with a sport psychologist of the same gender was acceptable in sport psychology. One participant attributed the “identification of masculinity” and better understanding of the athlete’s context as reasons for a more positive attitude towards male sport psychologists. However, in the event of a female sport psychologist being consulted, again, identification and understanding of the athlete’s context and experiences was presented as being of primary importance. Furthermore, the female sport psychologist must be able to base their techniques and assistance of performance enhancement on experiences of performing at an elite level. From this, it emerged that identification, understanding and mutual goal-orientation in sport psychology accounted for a more positive attitude towards sport psychology as opposed to the negative association and beliefs attached to clinical psychology.

The participants reported having no direct contact with sport psychologists but more positive affect and attitudes were evoked in comparison to clinical psychology. The significant difference between clinical and sport psychology emerged through the participants’ past experiences and interactions with sport psychology techniques. This was primarily attributable to the role coaches played in introducing them to sport psychology techniques and recollection by the participants of positive affect associated with interactions with their coaches. In conjunction with limited experience and interaction with sport psychologists, the participants also displayed limited knowledge of sport psychology. In contrast to high levels of interaction with clinical psychologists (translating into negative attitudes), the participants displayed very positive attitudes towards sport psychology despite limited interaction with or experience of sport psychology.

The participants’ positive attitude became evident through the theme of “performance enhancement”. The desire to enhance their performance output proved to be the primary motivator behind the participants’ positive attitudes and was based on positive antecedent experiences with coaches and elite athletes acting as role models and sources of knowledge. Similar to the belief that clinical psychologists deal with and resolve private and serious problems, it was also believed that sport psychologists are responsible for problem-solving and motivation during performances and training. It is believed that the emergence of the performance enhancement theme is closely related to their affect which was evoked as a result of the recent poor performance at a regatta. The circumstance and

affect motivated the proposal that the use of a sport psychologist would have assisted them and could enhance their performance in the future. Further beliefs about sport psychologists were determined through the affect that had arisen from the participant's frustration and aggravation due to poor team dynamics during their performance slump. Sport psychologists were believed to be able to assist with the matters of cohesion, motivation, problem-solving, teambuilding and helping younger, more inexperienced and immature crew members with pressured situations and coping with losing. This was closely related to the view that sport psychologists would also assist in helping younger people adjust to university life and the pressures that are particular to the university context and sport. These were identified as some of the principle beliefs about the skills and attributes of a sport psychologist and thus motivated the emergence of positive attitudes towards sport psychologists. The resultant attitudes were based on the participants' past experiences that had evoked positive and negative affect and beliefs about what a sport psychologist could do to enhance their individual and team performance output. The positive affect of having coaches use sport psychology techniques (to enhance performance output and associated with memories of winning) and the negative experience (of losing and disunity at the recent regatta) combined to construct the positive belief and attitude that sport psychologists as they can assist their own or collective goals.

The research subsequently focussed on beliefs and attitudes towards sport psychology and psychologists as guided by the purposive sampling and the Research Question focussing on student-athletes and their specific context. In the context of the literature and themes emerging from the data analysis, developmental challenges faced by student-athletes and their effect on attitudes and beliefs about sport psychology proved noteworthy. Ferrante and Etzel (1991) note the seriousness of the challenges that student-athletes face by stating that "...unlike their nonathlete counterparts, these young men and women must function within an environment that presents a unique, complex set of demands [and] an atypical degree of public scrutiny" (Ferrante & Etzel, 1991, p. 2). In highlighting this fact, the importance of the emergent themes and the influence that such factors had on the participants' beliefs and attitudes towards sport psychology consultation in relation to gender and associated developmental challenges became clear.

Linked to the earlier mention of maturity emerging as a significant theme in relation to performance enhancement, maturity was the most noteworthy developmental challenge faced by the student-

athletes. The theme pertained directly to the reported poor performances and assertion by a number of the participants that younger crew members would have benefitted from a sport psychologist being present to help them. Finch and Gould's (1991) description was poignant in this matter that leaving home for the first time, forming a new, more independent identity, developing new friendships and balancing academic demands can have a detrimental effect on student-athlete performance. Chris in particular felt that a sport psychologist would be important in assisting with motivation during times of poor performance which was interpreted to be directly related to their poor performances. The role of coaches during and prior to entering tertiary-level studies presented as another important theme and influence on the participants' beliefs and attitudes towards the use of sport psychology techniques and in consulting a psychologist. They were also identified as being important sources of external motivation to improve performances and training.

In summary, the themes that emerged included: the degree of interaction and knowledge the participants displayed about sport and clinical psychology; clinical psychologists deal with serious and private problems; clinical psychology is perceived as being more feminine than sport psychology; coaches and one's social sphere influences beliefs and attitudes about sport psychology; there is tangible evidence through elite athletes that sport psychology is effective; clinical and sport psychologists are problem-solving orientated; sport psychology is significantly orientated towards performance enhancement and antecedent experiences are the primary determinants of attitudes towards sport and clinical psychologists and practice.

Importantly, it is necessary to consider that the Research Question enquires as to 'How' antecedent experiences, knowledge and social factors influence the shaping of attitudes and beliefs about sport and other psychology services and how this relates to the themes that have been presented. Significantly, past experiences and interactions with coaches (for sport psychology) and clinical psychologists through family, personal and other sources have played the biggest role in both presenting the participants with information about sport and clinical psychology. Thus, beliefs, cognitions and affect directed towards an object (clinical and sport psychologists) are proposed to translate into attitudes towards that object. These attitudes will be consistently favourable or unfavourable.

Fishbein and Ajzen (1975) and Fiske (2004) identify affect and cognitions as being the most important primary factors in attitude formation. They state that beliefs and attitudes are based on observations, affect, and knowledge that is influenced by significant figures within the individual's social sphere whether they be family, peers or coaches as may be the case with student-athletes. The most significant figures to emerge from the interviews were the coaches who were imbued with 'special' status and were associated with positive experiences and affect as a result. Images and interactions with clinical psychologists were confirmed through stereotypical presentations in the media and negative beliefs about their efficacy.

Notably, it was evident there was a clear distinction between attitudes amongst the participants towards sport and clinical psychology which presented as two polar opposites and distinctions between sport and mental health or illness. As noted, the participants displayed a more negative attitude towards clinical psychology as a result of negative stereotypical interactions, dissatisfaction and stigma related to serious mental illness, as well as personal fears of scrutiny and finding something "wrong". Within sport psychology, the attitudes displayed by the participants were more positive and directly linked and attributed to positive affect experienced through close relationships with coaches who fulfilled a number of the roles perceived to be filled by a sport psychologist.

Performance enhancement experienced through school and university coaches and related successes presented as a further source of positive affect associated with sport which translated in more positive experiences and affect being elicited. It also emerged as notable that the participants cited that a sport psychologist would be effective if they would be able to provide the resources and skills that coaches had provided in the past, particularly at school. In turn, this highlighted that past experiences and figures associated with performance enhancement proved to be an important link to the themes. This was as a result of the participants' antecedent experiences being the primary determinants of attitudes towards sport psychology. Past experiences of enhanced performance through coaches' use of sport psychology techniques and consequent positive affect has resulted in the belief that sport psychologists are able to enhance performance and thus prompts the willingness of the participants to seek a sport psychologist if available. It cannot be ignored, however, that being elite student-athletes there might be a natural tendency for them to be motivated to see a sport psychologist and to enhance their performance in any manner possible.

Social factors also emerged as being significant in influencing the participants' beliefs and attitudes towards clinical and sport psychology. Primarily, the social sources of influence presented knowledge and information on which the participants' beliefs were based. Social influences, whether peers, family or coaches, elicited affect and so changed the participants' attitudes through the passing of information about sport and clinical psychology. It was stated by several of the participants that their beliefs about clinical psychology were shaped by "hearing about these things" as well as the "serious" nature of mental illness which cast clinical psychology in a negative light. This further altered the participants' beliefs and attitudes about clinical psychology or seeing a clinical psychologist. In contrast, peers had a very positive influence on the participants' attitudes towards sport psychology as a result of the cooperative and cohesive and "close-knit" nature of rowing the rowing community, the exchange of information about sport psychology and through training together towards a common goal. This was severely disrupted by their poor performances at a regatta just prior to the interviews which duly influenced the emergence of themes and attitudes relating a positive attitude towards sport psychology services and practitioners. It was noted particularly that the collective use of a sport psychologist rather than on an individual basis would be beneficial to performance enhancement. An opinion that was related to the negative affect linked to the poor performance and matters of disunity and immature behaviour by younger crew members. From this experience, it can be noted that negative affect does not immediately result in a negative attitude. Rather, the multiplicity of sources of information (e.g., family, peers, media) and interactions with or experiences of psychologists or coaches are combined with the social 'acceptability' of seeing either a sport or clinical psychologist to determine an individual's behavioural outcomes and attitudes.

Popular elite athletes also presented as important figures in shaping beliefs and attitudes towards the use of sport psychology and its potential benefits in performance enhancement. Elite athletes' actions, statements and endorsement of the use of sport psychology had a significant bearing on the participants' attitudes towards sport psychology and beliefs about its efficacy in performance enhancement. This further reinforces the assertions that not only do antecedent experiences provide information and induce affect, but they also have bearing on attitude formation through the role of significant social figures providing templates for behaviour imitation and acting as conduits through which behaviours are learned. Thus it can be concluded that both antecedent experiences and social

factors are primary in their role in shaping and determining student-athletes' attitudes towards sport psychology and other psychological services such as clinical psychology through the particular affect that is elicited.

Furthermore, it is clear that the participants' antecedent experiences not only elicited positive or negative affect about the object, but also provided varying degrees of accurate or inaccurate information about the 'object' (whether clinical or sport psychology). This sets up a dual relationship between antecedent experiences and affect as the primary determinants in shaping attitudes and beliefs about sport and clinical psychology as both are equally potent and significant.

How clinical and sport psychology affects the participants' attitudes and beliefs was demonstrated to be influenced through not only the information provided by their observations and social influences and knowledge sources, but also had been learned through operant and classical conditioning. This was demonstrated through the participants relying on their past experiences that had evoked strong affect acting as a 'template' for their future behaviour and attitudes towards sport or clinical psychology. The participants' varying experiences and knowledge acquired prior to the interviews acted as their affective "informational base" (Fishbein & Ajzen, 1975, p. 14) through which their attitudes were formed and relied on as a reference point for subsequent experiences.

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