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THE FORGOTTEN ONES:
A QUALITATIVE STUDY TO UNDERSTAND THE PHENOMENA OF
MEDICALLY DISQUALIFIED STUDENT-ATHLETES

By

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B.S., University of Tennessee, 2009

M.S., University of Louisville, 2014

A Dissertation
Submitted to the Faculty of the
College of Education and Human Development at the University of Louisville
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for the Degree of

Doctor of Philosophy
in Educational Leadership and Organizational Development

Department of Educational Leadership, Evaluation, and Organizational Development
University of Louisville

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A Dissertation Approved on

October 15, 2021

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DEDICATION

This dissertation is dedicated to

Mom, Dad, and Reggie Jr.

who supported me the most and most entire ways they know how

and

to all the family and friends

who consistently asked and continuously encouraged.

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Also, I could not have completed this work without the input and willingness of the medically disqualified student-athletes to participate and share their stories and opinions. Your honesty starts here to start new discussions in athletic administration to better support those in need.

ABSTRACT

THE FORGOTTEN ONES:

A QUALITATIVE STUDY TO UNDERSTAND THE PHENOMENA OF
MEDICALLY DISQUALIFIED STUDENT-ATHLETES

Regina Chanel Johnson

October 15, 2021

The purpose of this phenomenological study was to gain a better understanding of the experiences of medically disqualified student-athletes (MDSA) at National Collegiate Athletic Association (NCAA) Division I institutions. This study is significant because few studies have examined MDSAs, yet they present concerns around career-ending injuries. Drawing on the Kübler-Ross Model of Death and Dying (1969) framework, this study examined if MDSAs have faced experiences in stage-like forms such as denial, anger, bargaining, depression, and acceptance. This study called the attention of athletic administrators to examine and develop support resources for this often-overlooked student-athlete group.

Over five chapters, this dissertation presents summarized literature, discussed assumptions, answered four research sub questions and a central research question, providing results through interpretive phenomenological analysis (IPA), and recommended best practices. Chapter 1 presents a brief overview of the study, the NCAA, medically disqualified student-athletes, and Kübler-Ross Model of Death and

Dying. The history and context of student-athletes, injuries and social support are summarized in Chapter 2, along with a case for qualitative methodologies. IPA and study methodologies are discussed in detail in Chapter 3.

Results are presented in Chapter 4 and explore the depth of each research sub question. Chapter 4 presents an understanding of athletic identity, need for social support, psychological reaction, and compare these reactions to Kübler- Ross Model of Death and Dying. Chapter 5 examines the central research question and how the sub questions play major roles in understanding MDSAs experience after sports. Using the themes, best practices are presented for administration to better support medically disqualified student-athletes.

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CHAPTER 1: INTRODUCTION

Background

The end of a sport career is something an athlete may never consider or actualize. When collegiate student-athletes arrive on campus, they are given their class schedule and playbook, learn the weightlifting regime, internalize the expectations of athletic meetings and practice, and began building relationships with their coaches, strength and conditioning staff, and academic personnel. In other words, student-athletes, particularly of National Collegiate Athletic Association (NCAA) Division I athletic programs, immerse themselves in their college athletic environment. Because of that immersion and investment in the sport and team, it can be a shock when their careers in their respective sport end sooner than anticipated.

Many athletes never think a career ending injury will happen. According to Grove et al. (1997), this life transition can create psychological challenges for a student-athlete. For example, the level of athletic identity student-athletes experience can determine how vulnerable their transition experience may be. Student-athletes, who may have focused on a sport for much of their adolescence, now need to make sense of their identities without athletics (Watson & Kissinger, 2007). This transition has been reported to lead to significant mental health challenges along with other effects, including active coping and resistance, using alcohol or drugs, searching for social and emotional support, and behavioral disengagement (Grove et al., 1997).

In some cases, due to the severity of injuries sustained, the team physician or head athletic trainer may decide to disqualify a student-athlete from competing in a sport (NCAA, 2018). Typically, once the team physician or head athletic trainer makes this final decision, the student-athlete is considered a medically disqualified student-athlete (MDSA). Put simply, the player's athletic career has ended.

The physical injuries MDSAs sustain can have long-term effects on their bodies and mental health. The impact for athletes can be significant and real. To illustrate these experiences, three short stories offer a small glimpse of the effects that being MDSAs have on student-athletes.

A.J. Long, a former football player at Syracuse University, ended his career in tremendous pain while enduring intense migraines (Armstrong, 2016). The quarterback received his third concussion during training camp when he contacted a defensive lineman who exceeded his weight by 100 pounds. He awoke the following morning in a haze and could not endure even the dimmest light. After six days, Long was told by the athletic physicians that he could no longer participate in football activities due to his history of concussions. "When you hear those words, and it's the final verdict, it hurts," Long said. "[The doctor] told me some alarming things. Like by the age of 45, there is an increased risk of dementia" (Armstrong, 2016, para. 5).

Stephen Langenkamp, an offensive lineman for Ohio University, knew very well what can happen when an athlete takes the field in a physical sport (Dermer, 2017). During one of his first practices, he sustained shoulder damage that would sideline him for an inconclusive amount of time (Dermer, 2017). "I was getting playing time, and I was being utilized a lot in practice," Langenkamp stated, "I hit somebody with my arm

and pushed them. They went right, and I felt a huge tear in my shoulder” (Dermer, 2017, para. 12). Langenkamp continued to have pain in his shoulder, having multiple surgeries thereafter. When specialists realized that his shoulder never healed completely, he was medically disqualified (Dermer, 2017).

Destinee Cooper played basketball at Ohio University (Dermer, 2017). Due to the constant injuries in both of her knees, Cooper was more of a manager to the team than a player. Her 13-year basketball career ended during college after she was told by the specialist that she had 60-year-old knees. Cooper stated, "At first, it was extremely hard because to actually think about the fact that I'm done playing basketball” (Dermer, 2017, para. 25).

Medical Disqualification

The NCAA governs a large portion of athletic participation and the college protocols for college athletics. In regards to medical disqualification, the NCAA bylaws under 31.1.9 Medical Disqualification states:

The student-athlete’s team physician shall examine each athlete injured during NCAA competition and make a recommendation to the athlete, the coach and the chair of the governing sports committee, or the chair’s designated representative, as to the advisability of continued participation or disqualification of the athlete. In the absence of said team physician, the NCAA tournament physician, as recommended by the host institution and approved by the governing sports committee, shall examine the injured athlete and make a recommendation as noted above. The chair of the governing sports committee, or the chair’s designated representative, shall be responsible for enforcement of the medical recommendation if it involves disqualification. (NCAA, 2018)

This language is necessary to contextualize our understanding of medical disqualification. Specifically, the rule states how and when a student-athlete is considered

medically disqualified. As the rule states and practices or norms in athletic programs follow, it is ultimately left up to the team physician to declare medical disqualification for the student-athlete to no longer participate in the sport.

There are different titles for medically disqualified student-athletes (e.g., medically retired, permanent medical, medical DQ, etc.). For the current study, medically disqualified student-athletes (MDSAs) will be the term used due to its reference in the NCAA bylaw.

A student-athlete can be deemed medically disqualified other ways than sustaining a career-ending injury. Underlying health conditions can cause a student-athlete to be medically disqualified from their sport. Student-athletes with abnormal heart conditions, blood issues, mental health concerns, and other major health issues are grounds for medical disqualification. For this study, all student-athletes that have sustained a career-ending injury or underlying health conditions were included as participants.

After declared medical disqualification, the student-athlete has a decision to make. Though the student-athlete can no longer participate in their sport at the current institution, student-athletes can decide to remain at their current institution. Alternatively, student-athletes can transfer to another institution that will accept them as an active athlete. Some institutions are more precautionous than others. Gabe Horan, a former football student-athlete at Syracuse University, expressed a feeling on being blindsided by the decision to be deemed medically disqualified after sustaining one concussion (Mink, 2019). He received treatment for the concussion, but the side effects lasted longer than Syracuse's medical team hoped and told Gabe of their new direction (Mink, 2019).

Recall the story of A.J. Long who was medically disqualified by Syracuse University athletics department. A.J. disagreed with Syracuse's physician's diagnosis, stating that his history of concussions was not severe enough to be medically disqualified. He decided to get a second opinion from an independent doctor who cleared him to continue to play, and A.J. transferred to Wagner College (Housenick, 2017). This story highlights the inconsistency of managing potential medical disqualifications across universities.

Depending on the sport and the funding at universities at the Division I level, MDSAs who received an athletic scholarship may be able to retain their scholarship at the institution and complete their degree. Institutions may have different policies and requirements for MDSAs such as remaining involved with the athletic department (e.g., assist in the sports program, intern within a department in athletics, etc.). For instance, the University of Massachusetts (n.d.) (UMass) requires MDSAs to abide by the university's Student Code of Conduct and be in good academic standing to continue their athletic scholarship. At the University of Washington (n.d.), in addition to following the university's Code of Conduct, MDSAs are required to work in the athletics department each term they are receiving aid. Hours worked are determined by the amount of financial aid the student is receiving.

Statement of the Problem

As illustrated above, intercollegiate student-athletes may sustain an injury due to their sport. Depending on the injury severity, some student-athletes are disqualified from further competition at their institution (Watson & Kissinger, 2007). Regardless, it is expected for these students to go back to performing well in classes and complete their degree while also managing the psychosocial stresses of adjusting to a new identity

(Watson & Kissinger, 2007). Nonetheless, such life-changing events are not repaired so quickly.

Many student-athletes tend to have a strong athletic identity due to the immersion in the culture surrounding their sport including how well athletes identify themselves, how others see the athletes, and how much sports matter to the athletes (Brewer et al., 1993). Their athletic identity is questioned once they are medically disqualified. For example, MDSAs may no longer be required to attend team meetings or practices, but they are expected to complete their academic obligations. The experience of having that identity unexpectedly displaced may lead to a continuum of maladjustment; some athletes may experience social isolation where others may struggle in the classroom (Brewer et al., 1993).

Depending on the institution, MDSAs may have resources to assist them through the remainder of their college career such as athletic academic counselors. During student-athletes' college career, athletic academic counselors work with them to monitor their academic progress towards degree. Monitoring progress towards a degree creates a relationship between athletic academic counselors and student-athletes as there are frequent meetings throughout each semester. Having meetings with the MDSAs provides athletic academic counselors the opportunity to notice educational and attitude changes within student-athletes, including MDSAs. This can create opportunity for other support staff members such as sport psychologists, trainers, and therapists to intervene with the MDSAs, if necessary. Yet resources may vary by institution, as some may not have additional support resources such as sport psychologists or therapists. The MDSA experience may differ due to the varying resources offered at different institutions. The

lack of resources may impact MDSAs. Some athletic academic counselors may lack an understanding or training which may inhibit counselors' ability to support student-athletes who were medically disqualified from their sport. Further, the process of sustaining an injury, being deemed medically disqualified, and the remnants afterwards can be long and arduous for the athlete, which is worthy of inquiry.

Purpose Statement

The purpose of this study was to examine the experiences of medically disqualified student-athletes at NCAA Division I institutions to understand the process they undergo to accept and manage their new environment. This study focused on MDSAs who opted to complete their degree at the institution that declared them medically disqualified. There are a few ways for a student-athlete to be medically disqualified: sustaining a career-ending injury, experience severe mental health conditions, or other unforeseen medical conditions that can negatively impact physical impact (e.g., heart or blood clot issues). MDSAs also have the option to transfer to another institution and continue playing their sport as long as the new institution's team physician clears them to play. MDSAs who remain at their institution to complete their degree may experience a lack of camaraderie with their teammates due to the separation. The experiences on a campus where a MDSA lacks her/his prestige, recognition, and team formation were the study's central focus. Accordingly, MDSAs who transferred to another institution were not included in this study.

What was clear from the extant literature and practitioner-based observations is that student-athletes encounter a series of experiences such as grief and loss after being medically disqualified. This broad experience of grief-loss is not surprising because

people experience loss in different situations (e.g., death, divorce, relationships, employment, etc.).

Given the focus of this study on the student-athletes' experiences and the grief-loss challenge that MDSAs likely encounter, the purpose of this study was to examine how MDSAs go through their process of grief-loss. One way to capture and reveal these encounters for these student-athletes was to draw on an existing framework to see how similar or different this grief-loss experience is. Accordingly, the researcher drew on the Kübler-Ross Model of Death and Dying theory (Kübler-Ross, 1969). This theory is applicable to this study for a number of reasons. First, the Kübler-Ross Model can uncover similarities in stages as an athlete experiencing grief after the loss of identity. Kübler-Ross (1969) discusses the stages of denial, anger, bargaining, depression, and acceptance of terminally ill patients. To date, little to no research has explored managing loss of identity Kübler-Ross Model of Death and Dying in collegiate athletes using the after being removed from sport due to an injury. Applying the Kübler-Ross Model of Death and Dying is argued to advance research and theory in this area of study.

Further, there is a need to understand these student-athletes' stressors, support, and coping needs. Most studies focused on temporarily injured athletes, collegiate and professionals, who have the opportunity to play their sport again. The importance of this study was to understand the shared experiences of MDSAs by interpreting their experiences and stories to expose more profound conclusions of what MDSAs are experiencing post-athletic career.

To examine the experiences of MDSAs, this study adopted an interpretive phenomenological analysis. This approach helped the researcher understand each

participant's experience while exploring the contextual features of the phenomenon of being medically disqualified from their sport. This experience is unique, and this niche group of student-athletes share an experience because due to the untimely cessation of their athletic careers due to a severe injury or medical diagnosis. Using the interpretive phenomenological approach for this study was preferred to capture a unique set of experiences of the participants. Phenomenology initially highlights participants' experiences based on what they said throughout the interview. In contrast, the interpretive phenomenology approach examines appropriate features of an experience and considers other influences such as athletic identity, social support, psychological reaction, or stages of Kübler-Ross Model of Death and Dying. This allows the researcher to arrive at a deeper understanding of the experience and interpret it as such so athletic administrators can derive essential knowledge needed to address medically disqualified student-athletes' needs.

The literature revealed the common themes that may impact a MDSA: athletic identity, social support, and psychological reaction. Athletic identity is critical to understand athletes spend much of their lives developing their athletic skills, thus part of their identity is grounded in sport. Yet, when a career ending injury occurs, this part of their identity comes into question. Social support is relevant as it can assist with building up MDSAs confidence to unlock their potential with life after sports and college. Using different strategies such as praising small successes can snowball into getting them to achieve more success. On the other hand, a lack of social support can be detrimental. Sustaining an injury and feeling a loss of identity can create vulnerability; it is crucial for those who work with them daily, such as academic advisors, athletic trainers, coaches,

teammates, and other athletic administrators, to help create confidence and opportunity outside of sports. Psychological reaction is the internal emotional response of a situation. In this case, the psychological reaction this study is examining is how student-athletes responded mentally to being medically disqualified.

Research Question

The extant literature, which is outlined in greater detail in Chapter 2, suggested MDSAs will encounter challenges regarding the injured athlete's athletic identity, social support, and psychological reaction. Yet, the extent and manner of these challenges are not known. For example, the manifestations of social support and psychological reaction or the evolving reliance on one's athletic identity as a point of psychological tension of experiences of MDSAs moving from "student-athlete" to "student" requires great elaboration and investigation. This study allowed participants to share their stories and the researcher to interpret key findings of similarities in past studies. The main research question was to understand the experiences of medically disqualified student-athletes and the relationship towards athletic identity, social support, and psychological reaction. The researcher investigated one main central research question and four sub-questions:

How do medically disqualified student-athletes describe their experiences transitioning out of a sport after their athletic career has ended?

1. How does the experience of medical disqualification affect the student-athletes' identity in their eyes and how they experience interactions with others in terms of who they are and what their role is?
2. How do student-athletes' transitions to medically disqualified status affect their choices, emotions, and psychological conditions during the transition period?

3. In what ways do medically disqualified student-athletes describe the role, impact, and effects of social support in the transition experiences?
4. How are athletes' psychological reactions compared to the Kübler-Ross Model of Death and Dying?

Research Analysis

Husserl established phenomenology; a philosophical approach that explores lived experience in its own terms rather than given known theoretical preconceptions (Benner, 1994). Interpretive phenomenology analysis (IPA) recognizes this is an interpretative effort because humans are sense-making organisms (Benner, 1994). In IPA, the researcher attempts to make sense of the participant attempting to make sense of what has happened to them (Benner, 1994). This study utilized interpretive phenomenology to examine MDSAs at NCAA Division I institutions to understand their experience after they were classified as medically ineligible to play. Finally, IPA is idiographic in its commitment to examining the detailed experience of each case before the move to more general claims. While many student-athletes may adapt and cope positively or negatively, not all of them do with their new environment. The approach helped reveal issues related to medically disqualified student-athletes' transition after the end of their athletic careers.

Qualitative studies are conducted to seek out information or theories, rather than searching for meaning for individuals or groups based on an experience (Creswell, 2017). The strength of gathering qualitative data is the ability to focus on a specific case or experience, revealing the different layers of complexity by collecting vivid descriptions provided by participants (Miles & Huberman, 1994). To understand MDSAs as they transition out of sports and continue their academic careers at their current institution will

create meaningful theoretical insight about their experience and practical guidance on how to better address this group of students.

The application of interpretive phenomenological analysis to the current study illuminated common themes elicited when investigating the experiences associated with the MDSAs athletic identity, social support, and psychological reaction. An interpretive phenomenology framework was most appropriate for the current study, as it guided the researcher toward an understanding of the phenomenon of MDSAs experience transitioning out of sport. Interpretive phenomenology gave MDSAs the opportunity to have a voice to share their unique experiences while allowing the researcher to uncover the commonalities in order to understand the phenomenon. It is understood that athletic identity, social support and psychological reaction are relevant themes to the MDSA's experience, but we do not know what that means exactly for MDSAs. Additionally, interpretive phenomenology was applied as the participants went through a process a process similar to the grieving process presented in the Kübler-Ross Model of Death and Dying to test if the model could help to understand the process.

Applying interpretive phenomenology to the current study helped guide an in depth understanding of MDSAs as they transitioned out of sport by giving participants an opportunity to share their experiences within their identity, support and the psychological reaction involved during their transition. This approach is popular in clinical counseling. Interviews focused on what the participants discussed, relying entirely on their statements. Using IPA allowed the researcher to ask deeper questions along with probing and clarifying question, and listen to the participant's responses carefully, which provided greater understanding of deep issues. IPA was the appropriate approach for this

study because it focused the lived experiences of each participant without requiring theoretical notions. The science of athletic identity, social support and psychological reaction are important and to hear from MDSAs how they are feeling and experiencing these themes are critical. Using IPA allowed the researcher to make sense of what participants were going through in their experiences. This study reviewed identity and mental well-being, which can be complex and emotionally cumbersome. Interpretive phenomenology was needed because it required participants to discuss the premature ending of their sport career due to injury and describe their life after sports. Though there are few studies that have explored student-athletes with career-ending injuries, few interviewed student-athletes in order to have a clear understanding of what they are going through.

Researcher Positionality

As a full-time academic leader in athletics, my focus is on athlete success. I have worked in athletic academics for nearly ten years and believe I have a strong professional sense when it comes to supporting the student-athlete population. My epistemological lens draws on understanding how athletes behave, how athletic departments respond, how universities operate, and what spectators' value. I witnessed legitimate and illegitimate excuses from athletes, and experienced changes in athletic department leadership with different vision and priorities. I worked with coaches and administrators daily to ensure academics is the number one factor for student-athletes. I always tell my students that college is only temporary, urging them to maximize their on-campus experience as much as they can outside their sport.

Sometimes, student-athletes' athletic careers end sooner than expected. These

instances have collectively shaped my epistemological lens about social support. Many students are far from their hometowns, need a sense of community, and need to be held accountable. After working in this field for many years, I have witnessed student-athletes create unique relationships with academic counselors as they work with each other on daily basis. Students have told me how they appreciate me because I am strict and genuinely care about them as a person and not as an athlete. I am called “auntie,” an endearing term that dignifies a familial yet reliable and relatable person. For example, after a bad day, a student-athlete felt comfortable enough to come to my office to vent and calm down. Finally, student-athletes expressed their appreciation for me just listening, being honest, not passing judgement, and treating them as a human. Student-athletes would get frustrated with their coaches because they felt that their coach just wanted to yell or treat them as if they are robots. Once a student-athlete is medically disqualified, they may no longer serve a purpose for their coach, yet they desire a sense of belonging. I understood the importance and value of the sense of belonging, and I continue to be a listener and supporter for them.

My position as a researcher was also shaped by my ontological processing, which captures the nature and relations of my understanding associated with MDSAs, not just student-athletes themselves. I realized the significance of this experience when student-athletes became ineligible to play due to a bona-fide medical reasons. This event first occurred during my time working with student-athletes in 2013. There were two freshmen student-athletes who were medically disqualified from competition due to injuries or health concerns (i.e., spine injury, and a mass on the brain). Thankfully, both student-athletes recovered from their medical conditions and were moving forward as

non-athletic students on campus. When I was informed these student-athletes were no longer required to attend sport activities and meetings and the university would continue to pay these student-athletes tuition and cost of living, my initial reaction was this outcome is the ultimate college student's dream. After more time on the job, I realized the significant consequences associated with medical disqualification. It involved more deep-seated experiences that I had not fully appreciated, so I wished to explore that experience onto student-athletes and what processing – affective, cognitive, and behavioral – they encountered after being medically disqualified.

Within three weeks after not playing their sport, both of the aforementioned student's grades dropped significantly. Since they were living this "dream" that I thought, I did not require them to meet with me very often. I was truly wrong. I met with each athlete at different times and ironically, they both shared the same symptoms of depression as one wept and admitted that he had a substance and drinking problem, while the other faced anxiety, suicidal thoughts, and could not sleep for days. I was in shock. I was stunned at the fact that the "college student dream" was not for everyone. For a student-athlete who normally had their schedule planned out from 6am to 7pm almost every day to now only attending two or three classes Monday through Friday, was too much for these two to manage. I knew I had to change my strategy working with them, get them professional help, and support them.

As the semesters passed, I was consistently on them about their schoolwork; they were required to attend study hall and tutoring, meet with professional counselors until they were cleared, and their grades were monitored. I am proud to say that both students graduated and are doing well and pursuing their careers. These two student-athletes are

my most unique and unforgettable stories that I have personally experienced while working in athletics. It was interesting to see them go through identity loss; the need for support and witness their psychological reaction. Since then, I have never allowed another MDSA to continue their academic career by themselves. I have worked with five MDSAs in the past eight years. Though this is a small number in my caseload, they are still important.

As I previously mentioned, my approach to MDSAs has evolved. Taking an axiological standpoint, my understanding of MDSAs changed and my evaluation of the matter was altered. I value the relationships I build with each student-athlete and the relationships they build among themselves. I have a true passion for my career, and my goal is to make sure that student-athletes succeed beyond their sport. As an academic counselor, it is my duty to make sure I expose student-athletes to all opportunities in order for them to embrace their role of students on campus. It is my job to make sure I can make this experience for student-athletes as normal or regular as any other student on campus. Though athletics is a major part of many Division I institutions, my guiding philosophy is that it is not about athletics, it is about the students. My goal is to make sure that the "student" comes before the "athlete."

The impact that people in the academic department within athletics can have on student-athletes can be remarkable. It is important for others in the athletic department who work with student-athletes to understand how student-athletes are impacted if they are no longer eligible to play due to a medical issue. This study will help not only to examine an area of student-athlete academic development with little research, it will also help inform athletic departments on the ways they can support MDSAs.

Statement of Study Significance

The significance of this study was to raise attention to MDSAs and provide an understanding of current practices that NCAA Division I institutions have for addressing MDSAs. This study aimed to understand MDSAs experience as a student after they have been medically disqualified from playing their sport. Though MDSAs make up a small percentage in the student-athlete population, they remain the institution's responsibility, and in many cases, the athletic department's responsibility. This study was an opportunity to uncover issues that may have been overlooked and to create programs or support groups for medically disqualified student-athletes to ensure they have a positive experience at their institution. Although the NCAA is made up of three distinct Divisions, for the purposes of this study, Division I athletes were interviewed as this division is the highest level of competition among the three; therefore, the pressure to perform athletically is the highest.

NCAA (n.d.) is divided into three divisions with the purpose of creating equal competition. Division I is the most popular, mainstream, and highest funded division of the three. With 350 institutions and 170,000 student-athletes, Division I recruits the most elite student-athletes because they offer the most scholarships (NCAA, n.d.). Division I is divided into three subdivisions based on football sponsorship (Football Bowl Subdivision, Football Championship Subdivision and Division I subdivision). Football Bowl Subdivision (FBS) consist of institutions that participate in post-season bowl games. Football Championship Subdivisions (FCS) institutions participate in NCAA-led football championship and the other Division I institutions do not have football. Division I institutions tend to invest more money into their athletic departments when compared to

Division II and III. Additionally, Division I had the highest median total revenue across the NCAA in 2018: \$79.3 million (FBS), \$19.1 million (FCS), and \$17.4 million (Division I Subdivision) (NCAA, 2019a).

Division II institutions have smaller athletic department budgets and offer less scholarships to student-athletes. Though Division II may recruit some elite student-athletes, this division does not get as much national attention as Division I. There are 310 institutions in Division II (NCAA, n.d.). The median total revenues are \$7 million with football and \$5.4 million without football (NCAA, 2019b).

Division III institutions do not offer athletic scholarships for student-athletes. Division III institutions' philosophy is to have passion to play and focus on academics and other extracurricular activities. Division III is the largest division with 446 institutions 195,000 student-athletes (NCAA, n.d.). The median total revenues are \$4.2 million with football and \$2.2 million without football (NCAA, 2019c).

Committees are formed within the NCAA to help monitor each division and to oversee rules compliance and gender equality (NCAA, n.d.). For this study, Division I student-athletes were selected as participants because they competed at the highest level of competition in the NCAA. Additionally, at the Division I level, student-athletes may have the opportunity to develop a national presence due to their athletic abilities and university. This adds pressure to perform at the highest level not only for their team but for the potential to build a national image. Division I offers student-athletes the chance to be national figures, focusing on their athletic prowess and endeavors instead of their academic skills and achievements. In this vein, it is not difficult to see how athletic identity may consume a student during what may be the peak performance of their lives.

Therefore, sustaining a career ending injury may cause serious psychological outcomes for Division I student-athletes due to the pressure, national attention, and value of the athletic identity for an athlete.

Previous studies explored the psychological effects and needs of injured student-athletes with a chance to return to play, athletes that have been cut from the team, and injured professional athletes who retire early. This study focused on injured student-athletes who will have no opportunity to play their sport again and their psychological effects and needs. This study challenged the assumptions that all injured student-athletes have the same experience. It is expected that injury is part of sports, and there is a chance for any institution to have a student-athlete who will no longer be able to participate in his/her sport. This study highlighted that injured student-athletes can experience strong emotional challenges during their recovery. This is critical as the injured student-athletes may have the opportunity to return to their sport; however, there are few who may not have a chance due to the severity of their injuries. For those institutions that have MDSAs this is a opportunity to develop new policies to accommodate this unique group of at-risk student-athletes.

This study is valuable for a number of reasons. Athletic administrators can find this a useful tool to understand the importance of working with MDSAs. Once a student-athlete is medically disqualified, it is important for administrators to continue to monitor these students as if they are still on the team. This can keep the MDSA engaged and encouraged to continue to pursue their academic requirements, and still feel part of the team even though they are not participating in the sport. Medically disqualified student-athletes should maintain the same access and available resources that all student-athletes

have such as tutoring, workshops, or seminars, hold different responsibilities on a team, and/or engage in vocational opportunities in the athletic department.

This research shows that medically disqualified student-athletes share experiences parallel to the stages of Kübler-Ross Model of Death and Dying. Understanding that as a medically disqualified student-athletes go through stages of denial, anger, bargaining, depression, and acceptance, this can be distracting to the usually day-to-day activities they should focus on, such as academics and social life. Being distracted by trying to figure out who they are outside of being an athlete and trying to find ways to get back into the sport, may lead to medically disqualified student-athletes to isolate themselves from their support and academics obligations may not be a priority of what is important for a student.

When administrators keep MDSAs engaged, they can monitor any changes psychologically, physically and or emotionally and ensure the MDSAs are transitioning out of their sport successfully. If there are any signs of clinical concerns such as anxiety and/or depression, additional interventions can be implemented such as meeting with a licensed clinical social worker, psychologist, therapist and/or campus counselors.

This study had several limitations. While common patterns will emerge, the perspectives shared were unique to the participants and cases in this study. This sample included student-athletes who attended NCAA Division I institution, were medically disqualified from their sport within two months to two years, remained enrolled at the same institution that deemed the student-athlete medically disqualified, and had eligibility remaining within their sport. Criterion sampling was the appropriate choice to conduct this research, but this limited the research to MDSAs that remained to attend

their current institution academically. MDSAs who ultimately transferred to another institution were not included in this study. Additionally, there was the possibility MDSAs may not have fully disclosed their experiences due to the sensitive nature of the situation. The students may not have given detailed information of their experiences due to the relationship with the researcher.

Though MDSAs may no longer be able to participate athletically within their sport, it is important to not forget them as they are continuing their education within the institution. These are the same student-athletes who participated in a sport to represent their university at the highest level of competition. As injury is part of sports, at times, injuries can end a student-athlete's athletic career. Interviewing MDSAs helped understand the experiences they went through as they may have to explore their identities, understand their psychological reaction to their new change, and understand the importance of social support. The implications of this study will help athletic administrators understand the experiences of MDSAs, and provide recommendations on how to ensure they successfully complete their degrees.

Outline of the Dissertation

This dissertation examined medically disqualified student-athletes' experiences including the positives and negatives of being a student-athlete, mental health situations, injured athletes who may or may not return to their sport, student-athletes transition to medically disqualified student-athletes, and the application of Kübler-Ross Model of Death and Dying to this transition. Understanding what medically disqualified student-athletes experience confirmed there is a need to support this niche group of student-athletes.

In Chapter 2, a review of the literature suggested three prominent themes have been investigated with respect to the student-athlete experience with injuries: athlete identity, social support, and psychological reaction. There is a common trend in studies that focused on injured student-athletes. Some literature examined athletic identity and the degree of athletic identity, and the need for social support from teammates, family, coaches, trainers, and administrators. A great majority of the literature discussed the psychological reactions to injuries may lead to depression, isolation, and anxiety. Some articles use Kübler-Ross Model of Death and Dying in the relation to athletes no longer participating in sports.

In Chapter 3, interpretive phenomenology approach is applied in order to conduct the study. This approach was needed as it examined the phenomenon of being a MDSA and to fully share their experiences. This study included interviews with MDSAs who would like to share their experiences and their experience after no longer be able to participate in their sport. Each participant had two interviews (initial and follow-up) to discuss their experiences. The interview protocol was created in part from other research based on athletic identity, social support, and psychological reaction. Kübler-Ross Model of Death and Dying was applied through the data analysis to uncover a connection within medically disqualified student-athletes.

The research questions were answered in Chapter 4 and supported through quotes from the participants. This chapter focused on the results of the four sub questions to have a better understanding to respond to the central question. The four sub questions covered athletic identity roles after being medically disqualified, psychological reaction

to no longer participating their sport, social support, and Kübler-Ross Model of Death and Dying.

Chapter 5 focused on the central question of the study through the finding of the sub questions. The sub questions finding help to have a clear understanding on the complete experience transitioning out of sport. It discussed the emotions and reactions after removing athletic identity, change in social support and psychological reaction to the unexpected new change in ones' life.

CHAPTER 2: REVIEW OF LITERATURE

In order to have a better understanding of student-athletes, it is necessary to explore the history and discuss the legal and ethical implications that student-athletes have experienced throughout the NCAA and the institutional members. This literature review outlines studies that analyzed how student-athletes manage mental health after sustaining an injury and how an injury can move from a physical issue to a mental issue. This chapter reviews background information on student-athletes, athletic injuries, mental health and how Kübler-Ross Model of Death and Dying show similarity towards medically disqualified student-athletes.

Student-Athlete

The first recorded collegiate sporting event occurred in 1852 (Miller & Kissinger, 2009). A crew race against Yale University and Harvard University was the beginning of college athletics as a business, conflicts of higher education mission, and student-athletes (Miller & Kissinger, 2009). Throughout the late nineteenth and early twentieth centuries, various sports were added into the collegiate athletics program. As spectator interest grew, and the number of sponsored sport teams grew (e.g., baseball, cricket, track and field, soccer, rugby and football), student-athletes' injuries increased, especially in football (Miller & Kissinger, 2009). In 1905, President Theodore Roosevelt expressed the need for football rules reform to prevent injuries, deaths, and reduce the violence in the game (Miller & Kissinger, 2009; Nauright, 1996). This led President Roosevelt to create

Intercollegiate Athletic Association (IAA), a governing body charged with creating and regulating rules, and overseeing college athletics. This association later became known as National Collegiate Athletic Association (NCAA).

Throughout the years, NCAA institutions faced many changes and challenges such as integrating student-athletes of color, the passing of the federal gender equity law Title IX, paying student-athletes, and student-athlete injuries. One of the challenges NCAA faced was the argument for workers' compensation for student-athletes. In 1964, NCAA created the term "student-athlete" in order to avoid legal cases such as workers' compensation for those who have sustained an injury. In 1974, Kent Waldrep, a Texas Christian University (TCU) football player, sustained a neck injury during a football game rendering him quadriplegic. In 1993, Waldrep filed suit against the NCAA and TCU, expressing that scholarship athletes are employees and should receive workers' compensation (Drape, 1997). Though Waldrep did not win the case, NCAA since established health insurance to cover injuries for student-athletes, which began in 1991 (Drape, 1997). NCAA has had a tumultuous history with its approach to athletic governance and student-athlete relation. Yet, in spite of this, collegiate athletics remains immensely popular for participants and spectators, especially at the Division I level.

Athletes typically participate in sports for multiple years of their lives (Brewer et al., 1993; Grove & Gordon, 1997; Pearson & Petitpas, 1990). Some athletes begin playing sports as young as six years old, highlighting the potential for athletics to become a part of their identity into college (Brewer et al., 1993). Additionally, college recruiting can begin at a young age, highlighting the importance of starting athletic

endeavors at a young age. For example, collegiate coaches may recruit students as young as in the 7th grade (NCAA, 2018).

One factor that may impact a student-athletes evolution is their high school athletic and academic experience. Many high school districts enforce a “no pass, no play” rule, which requires students to stay above the minimum grade mandated by the state in order to participate in their sport (Mumby, 2010). This rule creates an opportunity not only to assist students toward high school graduation, but to guide those who have a collegiate athletic opportunity to meet the NCAA’s academics requirements. NCAA mandates that every high school athlete must pass core classes, earn a specific grade point average (GPA), and meet appropriate ACT/SAT scores in order to be a qualified to participate at the collegiate level.

Another key factor that may impact student-athlete evolution is parental involvement. Parental support and pressure may be present for student-athletes while student-athletes compete at the high school level (Gayles & Hu, 2009; Leff & Hoyle, 1995; McElroy & Kirkendall, 1981). Parents can be the encouragers, supporters and/or coaches for young athletes. Parental support can also indicate that their high school student-athlete enjoys participating in sports and are experiencing a positive response to participating (Leff & Hoyle, 1995). On the other hand, parental pressures can cause young athletes additional stress and may discourage them from continuing playing sports due to overbearing parents who may have unattainable expectations (Leff & Hoyle, 1995). Length of participation, high school guidelines, and parental involvement are critical components for young athletes who endeavor to participate in sports in college.

Once they enter college as student-athletes, high expectations are established by coaches, academic staff, and strength trainers that may require student-athletes to participate in 30-50 athletic-related hours per week (mandatory and voluntary), attend classes (minimum of 12 credit hours), study hall, and tutoring sessions (Penn Schoen Berland, 2015; Ridpath, 2016). Voluntary activities may include student-led weightlifting and sport-related activities, rehab/treatment, recruiting, and community service (NCAA, 2018). Mandatory activities may include practice, competition, required camps/clinics, coach-led activities, and discussion of game film (NCAA, 2018). The time demands and expectations for student-athletes are very high and may affect their self-care, socially and mentally. Around 71 percent of student-athletes in the Pacific 12 Conference (PAC-12) stated their athletic and academic commitments hindered their sleep (Penn Schoen Berland, 2015). Additionally, 73 percent of student-athletes stated they felt the voluntary athletic activities were required and felt the pressured from the coaches, teammates and themselves to participate in all athletic activities (Penn Schoen Berland, 2015). Along with the high demands from their athletic and academic commitments, the high value placed on athletics on campus and within a community may also require student-athletes to be a positive role model.

The pressure to be a role model for 18- to 22-year-old student-athletes may require them to be more mindful of the decisions they make and the relationships they build. For example, a University of Louisville starting pitcher received backlash when he used curse words after striking out the hitter during the nationally broadcast 2019 Division I National Baseball Championship Series (Snyder, 2019). This athlete received much backlash about his actions and judgement of his character. Student-athletes are

expected to always be mindful their actions and words that are used. With social media being prominent today, everyone is watching and reacting to student-athletes' skills and decisions (Snyder, 2019), adding potential stressors

Student-athletes experience benefits and challenges related to both their academic and athletic pursuits (Adler & Adler, 1989; Parham, 1993). At the collegiate level, student-athletes are often elevated to a point of stardom that makes their experiences different from non-athletes (Adler & Adler, 1989). Collegiate student-athletes are asked to perform or compete in front of peers, instructors, alumni, family members, and the nation displaying both athletic successes and failures to the larger university community, in addition to navigating college life in and out of the classroom (Adler & Adler, 1989; Simons et al., 2007). In some instances, student-athletes receive scholarship funding or other specialized treatment such as academic support, specialized housing, athletics-related travel, or early course registration, thus further separating them from the non-athlete population (Simons et al., 2007).

Other student-athletes' advantages, hardships, and experiences that differ from non-athletes are well-documented. Parham (1993) detailed six challenges that student-athletes frequently face which non-athletes do not: (a) balancing academic and athletic pursuits; (b) adapting to isolation of social and more mainstream activities; (c) managing athletic success or failure; (d) paying close attention to their own physical health needs; (e) satisfying multiple relationships, including coaches, parents, teammates, friends, and the community; and (f) concluding their athletic careers and finding other activities to fulfill their needs.

In regard to the challenge of balancing academics and athletics, Parham (1993) further stated student-athletes experience difficulty maximizing both efforts in order to do their best academically or athletically. With time demands in athletics (e.g., practice, strength training, team/coaches' meetings, rehab/recovery and meals) and academics (e.g., attend class, tutoring appointments, study hall, and assignment deadlines), student-athletes have to manage their time wisely or one of the demands may not happen. Academic demands tend to slack more for those student-athletes who are not academically prepared for college compared to students who are prepared for college. Parham (1993) stated that student-athletes have social challenges as their demanding schedules does not allow time for student-athletes to engage in campus life such as campus committees and campus events. Today, social media is a critical component that allows student-athletes to communicate with others (Sanderson, 2011). The third challenge expressed the need for student-athletes to succeed within their sport. Highly rated student-athletes may experience the pressure of excelling in their sport in order to reach the professional level. Coaches, teammates, family, home community and media may maintain high expectations for these student-athletes to continue to do great in the sport. While highly rated student-athletes may feel pressured from many people, average student-athletes who are trying to get an opportunity for playing time may experience other challenges and want to prove themselves worthy to play (Parham, 1993).

Conversely, a study conducted by Adler and Adler (1989), who spent five years researching elite basketball players at a major Division I program, detailed some of the positives of playing college sports. Adler and Adler (1989) described an environment where athletes were more like celebrities, who were often sought by strangers for

autographs or people who just wanted to be in their presence. The researchers discovered the physical, social, and mental aspects of the athletic season took priority over all other commitments; thus, their athletic persona became their most dominant identity, informing decisions throughout the student-athletes' collegiate career and ultimately shaping his or her identity (Adler & Adler, 1989). The research conducted by Adler and Adler (1989) as well as Parham (1993) described some of the benefits and challenges student-athletes may face. Although the researchers had different perspectives in viewing how athletic identity shapes the student experience, it is clear their experience is vastly different than non-student-athletes. For example, while non-athlete students might focus on major selection, careers, and traditional job employment, some student-athletes are considering continuing their athletic pursuits at the professional sports level (Lally & Kerr, 2005). Furthermore, students not participating in varsity sports have a greater ability to socialize and build larger circles of friends, whereas student-athletes have time restrictions based on practice schedules, study sessions, games, and team travel that can hamper their ability to interact outside of their athletic teams (Chen et al., 2010; Parham, 1990).

A large portion of the student-athlete's experience revolves around athletics, serving as a safety net for building relationships and supporting the student-athlete (Chen et al., 2010). However, when a student-athlete sustains an injury and athletic competition is no longer an option, his or her world is interrupted. Research has shown that after an athletic career-ending injury, the support and positive emotions that once resulted from athletic competition dissipate, leaving the injured student-athlete with feelings ranging from confusion and anxiety to anger and frustration (Chan & Grossman, 1988; Johnston & Carroll, 1998; Rose & Jevne, 1993; Wiese-Bjornstal et al., 1998). In order to cope with

athletic injury, student-athletes may depend on various levels and types of social support from teammates, coaches, and athletic trainers (Barefield & McCallister, 1997; Biviano, 2010; Halbert, 2007; Robbins & Rosenfeld, 2001).

Student-athletes are a unique population that is different from their non-student-athlete counterparts in several areas, including potential scholarship funding, academic distinctions, and social differences. Although, some areas of disparity within the student-athlete experience might be considered positives such as celebrity status, other areas are more challenging, such as increased time constraints. These key distinctions help set student-athletes apart and establish them as a population worthy of further inquiry.

Mental Health

Mental health support is a growing need for all college student groups including student-athletes. Student-athletes are more likely to suppress their feelings due to sport culture (NCAA Sport Science Institute, 2016). Also, mental issues can lead some students to suicide (Rao et al., 2015), eating disorders (NCAA Sport Science Institute, 2016), as well as increased dropout rates (Sudano & Miles, 2017).

It may not be uncommon for athletes to think that showing emotion is a sign of weakness and fighting through physical and emotional pain alone is normal (Rao et al., 2015). Student-athletes may reach a breaking point when things do not go their way. Factors such as losing the starting position, suffering season or career ending injury, family issues, and other factors can contribute to mental health issues. Given the high likelihood these students may face some form of news that could trigger an emotional reaction, the NCAA encourages institutions to create and follow protocols when a coach

or staff member notices a student-athlete experiencing issues (NCAA Sport Science Institute, 2016).

An NCAA survey of coaches and student-athletes found that 20 percent of student-athletes suffered a form of mental health disorder during their time as a student-athlete (NCAA Sport Science Institute, 2016; Sudano & Miles, 2017). The study stated that 72 percent of athletic trainers sent student-athletes for mental treatment on their campus separate from the athletic training facilities (Sudano & Miles, 2017). Furthermore, the NCAA study also reported that few institutions have a mental health office or professional counselor specifically to treat student-athletes. Professionals need to meet the needs of support with student-athletes to help balance their psychological need (Novotney, 2014).

Scholarly attention began to focus on stigmas associated with student-athletes seeking and receiving mental health help in the early 1990's. Researchers studied different aspects of stigmas surrounding seeking mental health help. Some studies surveyed student-athletes, athletic trainers, and interviewed college athletic coaches and administrators. These studies support the notion that public perception was associated with higher personal stigma about mental illness (Gee, 2010; Watson & Kissinger, 2007). Student-athletes were not using mental health resources available to them on campus. Studies also highlighted that student-athletes feared being treated differently for being known to have mental illness due to their public position on campus (Gee, 2010; Watson & Kissinger, 2007). Student-athletes were not willing to seek the help they needed.

Studies have shown there is a need for treatment for student-athletes. It was not until 2010 when studies began to investigate college athletics to better understand the

need for sport psychologist on staff. There were a few studies that examined the duties and the importance of having a direct outlet for student-athletes to utilize. Other studies examined the duties of campus counselors and other tested treatment that were beneficial for student-athletes and traditional students to take advantage of the help.

Stressors

Being an Athlete

Research has focused on identifying the antecedents that trigger mental health risk for student-athletes. Among the most studied are time management with academics, athletic responsibilities (e.g., weight and strength control, field performance, memorizing plays, and other coaches' demands), maintaining a healthy lifestyle for athletic competition (Kissinger et al., 2011), life after athletics, low self-esteem (Rao & Hong, 2016), intellectual motivation, injuries (Rao & Hong, 2016), athletic identity loss (Watson & Kissinger, 2007; Kissinger et al., 2011), and failing performance expectations (Armstrong & Oomen-Early, 2009; Barnard, 2016). Injuries and/or failure to meet performance expectations can alter the student-athletes' well-being of their athletic identity (Rao & Hong, 2016), an identity that was formed as a youth.

Pressures

Pressure from coaches, peers, and parents can be stressors (Rao & Hong, 2016) for student-athletes as they may all have high expectations and demands for student-athletes to represent the institution, their family, and themselves. These situations can leave a student-athlete vulnerable and may lead to negative emotional responses (Kissinger et al., 2011). The responses include irritability, depression (Armstrong & Oomen-Early, 2009), anxiety (Gee, 2010; Barnard, 2016; Cosh & Tully, 2015), eating

disorders, gambling, and alcohol abuse (Kroshus, 2016). Many studies stated these issues are higher in athletes than general college population (Kissinger et al., 2011; Barnard, 2016; Armstrong & Oomen-Early, 2009).

Stigma in Mental Health

Student-Athletes

Research has examined the stigma of mental health among student-athletes, which can be divided into three buckets: a focus on student-athletes' stigmas, a focus on coaches' and administrators' stigmas, and a focus on declining stigmas. It is common for students have difficulty in handling stigma associated with mental illness, low self-esteem, and trust issues (Trela, 2008). There are supporting studies that states student-athletes are most likely to not seek mental health services compared to non-athlete students (Barnard, 2016; Beauchemin, 2014; Gee, 2010). Counselors have a difficult time getting student-athletes to use services (Watson & Kissinger, 2007). Student-athletes often avoid mental health services because they are concern of being negatively labeled (Gee, 2010). Others feel counselors outside of the athletic department will not understand the struggles and needs for student-athletes (Watson & Kissinger, 2007). Instead, student-athletes may confide in athletic trainers and academic advisors, as they see them on regular basis and have an established relationship with them (Barnard, 2016; Cosh & Tully, 2015; Watson & Kissinger, 2007). Institutions need to understand the importance of having mental services available for students and challenge the stigmas to make sure students will receive proper treatment (Trela, 2008).

Coaches and Administrators

Not only does research show that athletes have stigmas about mental health services, but also, coaches and sport administrators are still reluctant to seek out services for their students (Gee, 2010; Watson & Kissinger, 2007). Coaches and administrators recognize the growing trend with having psychologist in the athletic department, yet a few departments are opting not have psychologist on staff as there is a lack of understanding of the strategies used for student-athletes (Gee, 2010).

Educating and expressing the need for a psychologist for student-athletes to administrators can be vital. Studies have shown that a sport psychologist can influence student-athletes' performance (Cosh & Tully, 2015; Gee, 2010; Kroshus & Davoren, 2016). If student-athletes get the help they need mentally, their athletic performance may improve, or the student-athlete may have an improved attitude for their team and academic responsibilities (Douce & Keeling, 2014). Since student-athletes may be comfortable with athletic department staff, the staff members can collaborate with campus counselors to create awareness and programs in order to minimize student-athletes' reticence (Watson & Kissinger, 2007).

On the contrary to some of the research about stigmas, the public stigma of seeking professional mental help has decreased tremendously, as traditional students seek mental help as a need and not seen as a weakness or embarrassment (Eisenberg et al., 2009). Eisenberg, et al. (2009) emphasized that student-athletes must talk through their troubled thoughts and feelings to help balance and maintain a normal life.

In recent years, research has found that more student-athletes are seeking help with their mental health issues (Blanco et al., 2008; Watson & Kissinger, 2007; Kissinger et al., 2011). With effective medication, there is an increase of student-athletes attending

college with already documented mental health issues (e.g., autism and schizophrenia) (Novotney, 2014). Mental health concerns are common among the college age group. As administrators, student-athlete mental health issues should be monitored. As mental health is important for any student, understanding student-athletes' athletic identity is essential to understanding who they are.

Athletic Identity

Brewer et al. (1993) conducted three studies which led to the development and empirically tested Athletic Identity Measurement Scale (AIMS). The studies help test the strength of one's athletic identity. It is understood that a person with strong athletic identity that sustained an injury may have a harder time than someone else with less athletic identity. Athletic identity can be defined socially by family, friends, coaches, any other outside sources who may have a relationship with that person (Brewer et al., 1993). A strong athletic identity has a positive effect on the athletic performance as the demands of training and competition requires the athlete to concentrate more on competition than on other external activities to have maximum athletic performance. It may be difficult for the athlete who has a strong athletic identity to face sports career transition such as being cut and experiencing injuries. People with strong athletic identities may be vulnerable to emotional difficulties when injury restricts them from their competition (Brewer et al., 1993).

The AIMS is created to measure one's athletic identity (Brewer et al., 1993). The first study examined 124 females and 119 male students, and concluded that the validity of the instrument was significant to measure athletic involvement and identity. Males scored significantly higher than females on AIMS. The second study tested 449 students

to compare five other scales to see if they were significant. AIMS and the Self-Role Scale were significantly correlated. The last study examined 90 football players to see if there are any correlations between AIMS, Physical Self-Perception Profile (PSPP) and Perceived Importance Profile (PIP). The PSPP measured sport (knowledge of sport), fitness (level of physical conditioning and exercise), body (physical attractiveness), strength (level of muscle development), and physical self-worth. PIP measured sport, fitness, body, and strength. The results concluded that PIP-Sport was the only profile significant to AIMS. This concluded that when athletic involvement is the same, athletic identity is related to but not the same as someone being good at a sport (Brewer et al., 1993).

Overall, AIMS is a reliable and consistent instrument used to measure athletic identity (Brewer et al., 1993). AIMS can be used to investigate athletic identity and the relationship with emotional disturbance during sports transition. AIMS may be able to identify the strength of whomever could be at risk while transitioning out of sport. Athletic identity is important to continue to investigate as it has included factors such as social, psychological, and physiological elements for athletes (Brewer et al., 1993).

Athletic identity is key component in a student-athlete. Student-athletes have a greater identity as an athlete than as a student (Kissinger et al., 2011). When student-athletes have a strong athletic identity, athletic responsibilities such as training, practice, and rehabilitation are prioritized above the responsibilities such as preparing for class, attending class, and completing assignments on time. In fact, athletic demands can have a higher priority over financial and social obligations (Cosh & Tully, 2015; Rao & Hong, 2016). For instance, Grove et al. (1997) highlighted the way athletes cope after an injury

can be a complex process. The level of athletic identity (high or low) determines the vulnerability of career transition out of sports (Grove et al., 1997; Pearson & Petitpas, 1990). Athletic identity is strongly related to psychological adjustment required and the time needed in order to properly adjust. It is important for former athletes with high athletic identity seek social support (Grove & Gordon, 1997; Judge et al., 2012). There is a stronger need for social and emotional adjustments than financial and occupational adjustments (Grove et al., 1997).

Psychological Reactions

Brewer and Petrie (1995) found that injured student-athletes had significantly higher levels of depression and life stress than uninjured student-athletes. This finding supported past research that relied on smaller sample of participants (Kleiber et al., 1987; McDonald & Hardy, 1990). It is concerning for mental health professionals and academic administrators that student-athletes may suffer through depression during their college career (Brewer & Petrie, 1995). Though student-athletes continue to have professional physical training assistance through athletic trainers, it is important to let injured student-athletes seek a mental health professional to help with possible depression (Brewer & Petrie, 1995; Leddy et al., 1994). Seeking the assistance of a mental health professional can be critical to managing psychological distress that can coincide with injury rehabilitation and recovery (Brewer & Petrie, 1995). Mental health professionals can help injured student-athletes to cope with their injury, identity loss, and self-worth.

Pearson and Petitpas (1990) presented three common reasons why athletes transition out of sports were due to failing to make the team, injury, and retirement. There have been a number of athletes who were diagnosed with depression, abused alcohol, or

committed suicide due career ending injuries (Pearson & Petitpas, 1990; Rotella, 1984; Ogilvie & Howe, 1982; Wethner & Orlick, 1986). There are many responses that athletes endure once injured. These experiences include grief, identity loss, separation and loneliness, fear and anxiety, and loss of confidence (Pearson & Petitpas, 1990; Rotella, 1984). The impact of transition out of sport due to injury can vary among athletes as social support, sport ego, and severity of the injury are factors (Pearson & Petitpas, 1990).

Smith & Milliner (1994) highlighted the importance of investigating the risk factors of suicide in injured student-athletes. The purpose of this study was to examine the emotional responses of student-athletes to an injury and to show that injury can be a stressor for student-athletes. The study utilized the case study approach, examining five student-athletes who attempted suicide about their experiences of being injured leading up to their suicide attempt. The researchers presented the common factors among the five student-athletes: serious injury required surgery, long rehabilitation from six weeks to one year, a lack of sport competence to preinjury level, and being replaced by a teammate. These factors created low self-esteem and depression among the participants.

Smith & Milliner (1994) compared their results to the Intersecting Rings Posited as Risk Factors for Suicide Degree of Overlap is Proportionate to Degree at Risk. The model outlined the following risk factors can lead to suicide: stressful life event, chronic mental illness, personality traits, family history of suicide tendency, and psychiatric disorder. Also, Smith & Milliner (1994) study did not have enough information about the chronic mental illness, personality traits, family history of suicide tendency, and psychiatric disorder. Additional research needed to be done to identify those issues, but

the stressful life event occurred when the injury happened. The study examined why injury is a stressor for athletes. It is noted the different types of motivation are critical to return to participate in sport such as conscious motivation, unconscious motivation, sexual motivation, aggressive motivation and narcissistic motivation.

Overall, injury can be a stressor for student-athletes (Smith & Milliner, 1994). This stressor can lead to depression and other mental health challenges such as attempting suicide. Though there was a small sample size, the case study uncovered key factors that support staff such as athletic trainers should have noticed from these student-athletes.

Depression was stated to be common after a student-athlete had sustained an injury (Leddy et al., 2015; Smith & Milliner, 1994). Appaneal et al., (2009) compared depression between male and female injured student-athletes at one week, one month and three months after their initial injury. This study examined the severity of depression in injured student-athletes. Prior to this study, little research existed on the severity of depression within injured student-athletes outside of mental health professionals.

The study used Center for Epidemiologic Studies Depression (CES-D) and clinical rated semi-structured interviews (Appaneal et al., 2009). Overall, the questionnaire mainly had no significant findings in the data, but there were key takeaways such as over time depression decreased, and the injured student-athletes had high scores of depression compared to student-athletes with mental health concerns.

In the clinical interviews, women showed greater signs of depression than men (Appaneal et al., 2009). Men and women utilized different coping strategies after

sustaining injuries. Student-athletes who sustained severe injuries had symptoms of depression longer than the non-severe injuries. These symptoms lasted one month on average among all the participants.

This may be reflected in the female MDSAs as they are more likely to experience depression after sustaining an injury. Having athletic trainers, team physician, and/or sport psychologist available for MDSAs is a necessity. Though the study included student-athletes with short- or long-term temporary injuries, it was important to consider the mental health of those student-athletes.

Social Support

According to the literature, social support is the comfort one seeks from others such as coaches, teammates, counselors, family, etc. (Blanco, 2001). Studies have found that social support is a critical need for injured student-athletes (Barefield & McCallister, 1997; Blanco, 2001; Judge et al., 2012; Clement & Shannon, 2011). Social support can help injured student-athletes who are recovering after surgery and/or rehabilitating remain confident in their abilities and feel accepted though they are not currently playing (Newman & Weiss, 2018).

Judge et al. (2012) investigated the value of social support for student-athletes through strength and conditioning coaches. There are eight different types of social support: listening support, emotional support, emotional challenge, reality confirmation, task appreciation, task challenge, tangible assistance, and personal assistance (Judge et al., 2012; Clement & Shannon, 2011). Judge et al. (2012) found that social support or

some type of connection during injury recovery can create a higher satisfaction to improve injury and moving forward during rehabilitation.

Different studies examining social support from other resources such as athletic trainers, strength and conditioning staff, head/assistant coaches and teammates (Blanco, 2001; Clement & Shannon, 2011; Judge et al., 2012). Clement and Shannon (2011) examined the satisfaction, availability, and contribution of the eight types of social support from coaches, teammates and athletic trainers through a modified Social Support Survey. The results of the study concluded that injured student-athletes are overall more satisfied with availability and contribution from athletic trainers than from teammates and coaches (Clement & Shannon, 2011). Injured student-athletes were significantly more satisfied with listening support than reality confirmation. Of the eight types of social support, there were significantly greater contribution with listening support, emotional support, task appreciation support and reality confirmation than tangible support from coaches, teammates, and athletic trainers (Clement & Shannon, 2011).

Barefield and McCallister (1997) investigated the importance of social support for student-athletes from athletic trainers and student athletic trainers. Results suggested there was no significant difference in the amount and satisfaction of athletic trainers and student athletic trainers' social support for student-athletes. Participants who received listening support and task appreciation rated the highest among all the student-athletes. Tangible assistance and personal assistance were the least wanted support from athletic trainers and student-athlete trainers. Though the study was limited to one institution, it was one of the only studies conducted about the preferred types of social support.

Newman and Weiss (2018) investigated social support from the head coaches throughout three NCAA Divisions I, II and III. The support from head coach can be vital for student-athletes, but head coaches may be inconsistent in the support and pressure for the injured student-athlete to return to competition. Newman and Weiss (2018) found a significant difference between Division I and Division II/III. NCAA Division II and III head coaches showed more acceptance and belonging with the student-athletes after sustaining an injury than Division I head coaches. As previously discussed, Division I athletics are the most mainstream and maintain the highest revenue among the three divisions. Due in part to its popularity, the pressure to perform (and win) at the Division I level is higher. Coaches at this level may focus more on macros issues (e.g., winning games) instead of micro issues (e.g., the mental health issues of a student-athlete) due to the increased pressures to win. In many cases, if coaches have numerous losing seasons, they may lose their position, thus adding additional pressure to all involved. Overall, social support from a head coach can be crucial in assisting student-athletes to make a healthy full recovery after an injury.

In addition the literature that examined social support for injured student-athletes, there is literature that studied injured professional athletes and student-athletes during their time of recovery. Bianco (2001) examined the social support and recovery of injured skiers and found the timing of support is critical. Ten Canadian skiers were interviewed for the study: six active male skiers and four retired skiers (two males and two females). The interview discussed injuries, medical needs, and rehabilitation. The length of rehab ranged from one to 24 months. The results highlighted three phases for returning to sport post-injury (injury phase, rehabilitation phase and return to full activity phase), the need

for certain social support within each phase, and how the participants' support systems differed during each phase.

Yang et al. (2010) investigate the patterns and changes in social support for student-athletes. This was one of the first studies to examine social support before and after an injury occurred. Also, the study measured satisfaction from the individual social support. There were 256 participants who took the initial modified Social Support Questionnaire. The key takeaway was that the support of athletic trainers after an injury occurred was greatly desired. Not only, more student-athletes had a higher need of support of athletic trainer, student-athletes were more satisfied with the athletic trainer's support than any other support. Additionally, student-athletes felt great satisfaction from coaches and physicians support after injury. Family and counselors' support decreased satisfaction for student-athletes. Overall, this study uncovered the importance of athletic trainer support after a student-athlete has an injury. It is important for athletic trainers to understand the psychological needs for student-athletes to have a smooth transition back to sport.

As social support may be an important component for injured student-athletes, there can be a possibility for reverse buffering effect to occur. Reverse buffering effect has been studied extensively and is a psychological outcome of occupational stress in the workplace (Kickul & Posig, 2001). Employees that experience overwhelming workloads, short deadlines, and organizational expectation pressures can lead to emotional exhaustion and burnout (Beehr et al., 2003; Kickul & Posig, 2001; Tucker et al., 2018). A reverse buffering effect may occur when a supervisor attempts to give emotional support to an employee, thus increasing emotional exhaustion within the

employee (Beehr et al., 2003; Kickul & Posig, 2001; Tucker et al., 2018). Supervisors can be the reason for the heavy workloads and time pressures; when the supervisors express emotional support, it can be viewed as insincere or different from their actions (Kickul & Posig, 2001). Reverse buffering concept can be applied in multiple settings outside of the workplace where social support may exist such as in the collegiate athletic setting.

During rehabilitation and recovery, injured student-athletes may experience reverse buffering effect due to their coaches. Coaches may aim to be encouraging to the injured athlete while also highlighting a return to the field as soon as possible because “the team needs them.” Family members can cause reverse buffering effect in injured student-athletes as they may not understand what the injured student-athlete is experiencing and create more emotional exhaustion. Though social support should be a positive reinforcement for injured student-athletes, reverse buffering effect could occur and strengthen student-athletes burnout.

Literature highlights the value of social support for an injured athlete. Social support can have a significant role in a positive way. Literature also suggests that the outcome can have a negative, reverse buffering effect. These effects may lead to a range of emotions and situations that are not supported in the literature.

Theoretical Framework: Kübler-Ross Model of Death and Dying

Dr. Elisabeth Kübler-Ross proposed five stages of grief as terminally ill patients go through before their death in her book, *On Death and Dying* (1969): denial, anger, bargaining, depression, and acceptance. The purpose of her study was to gain a better

understanding of the experiences of emotions that one may go through as they are dying. She observed and interviewed over 200 patients from the beginning of their diagnosis until their death. It was originally posited that patients will go through these stages in chronological order, but it was later found that patients may not go through the five stages in order nor go through all the stages (Kübler-Ross & Kessler, 2014).

The first stage of Kübler-Ross Model of Death and Dying is denial. Once the patient is told about their illness, their immediate response is to say that the diagnosis is not true, there must be a mix up and/or that this could not happen to them. Patients may seek a second or third opinion to get a different diagnosis. In this moment, patients are shocked at the news as their lives as they knew it may change forever. In her research, Kübler-Ross (1969) found there were three patients who remained in the stage of denial until closer to their deaths. Most of the 200 patients went through the stage of denial for a moment after the diagnosis, then moved to the next stage of anger.

In the second stage, anger may be experienced. Once the participants are hospitalized and no longer can live their normal day-to-day lifestyle, some expressed anger due to the lack of control over their current situation. One participant owned his own business and made all the decisions within his family. Once diagnosed with an illness and subsequently hospitalized, the participant was hostile and difficult to work with his nurses as he would refuse treatment, testing, and meal options.

In the bargaining stage, guilt is expressed the most. Many participants questioned themselves and their religion of why this happened to them such as “why me?” and “why did God let this happen to me?” Participants, within their faith, may try to bargain with God. They believe that if God heals, the participant will change something in their life to

do better. Many questioned themselves such as “what if I went to the hospital sooner? I could have caught this earlier and have a better chance.” Not every participant experienced this stage as this was less well known in the study. Dr. Kübler-Ross felt it was necessary to knowledge this stage.

Depression follows the grieving process as patients felt a lack of hope. Patients experienced the feeling of being overwhelmed and empty. Dr. Kübler-Ross stated that patients may experience two different types of depression: reactive depression and preparatory depression. Each type of depression should be handled differently. In reactive depression, patients are reacting towards their illness and the required surgeries that are needed. Breast cancer patients can feel depressed in knowing their breast may have to be removed, and thus the potential to feel less feminine. Another patient was concerned that he could not continue in his previous position and his family was dependent on him, financially. Expressing support, reassurance and self-esteem were critical for terminally ill patients as they were processing the change in their lifestyle. In preparatory depression, patients were trying to prepare for personal loss including death. Dr. Kübler-Ross stated that words cannot help dying patients through this kind of depression as encouragement and reassurance were meaningless. The best support was to be there for the loved one and embrace through touch such as hand holding, gentle touches and sitting in silence. After being comforted through depression and having an understanding of what is next, acceptance may arise.

Acceptance, the final stage, was expressed through many terminally ill patients to be at peace knowing death will soon happen. Dr. Kübler-Ross expressed that patients can come to those terms within themselves, but may have a difficult time accepting death

when their family or support were continuously trying to keep them alive with more surgeries and/or medications. Listening to patients and accepting their wishes in what they would like to do can make patient's last moments alive, psychologically, in a positive mindset.

Some researchers criticized Dr. Kübler-Ross' work (Corr, 1993; Maciejewski et al., 2007). Corr (1993) suggested that people should not follow the Kübler-Ross Model of Death and Dying as there are no empirical studies that support her claims that dying people go through "stages" of emotions. The author rebutted a number of points. First, there are no reasons to think that there are only five ways people cope with death (denial, anger, bargaining, depression, and acceptance). Second, these coping responses follow stages in how people will react (first denial, then anger, then bargaining, then depression and final acceptance). Lastly, Corr (1993) refuted that these are the only ways people will cope with death.

On the other hand, Maciejewski et al. (2007) suggested the existence of valuable lessons from Kübler-Ross' work. It is important to learn and understand the needs of those who are experiencing death; these are humans who are experiencing the final stage of life. It is important to understand the need for coping and the different ways people cope. Coping is an effort to adapt, or not to adapt.

Hashim et al., (2013) conducted a study that supported the Kübler-Ross Model of Death and Dying. The qualitative study found the emotions the participants shared were similar to those in Dr. Kübler-Ross' study. Participants were interviewed and observed for two years. The authors suggested that counseling was necessary through the journey towards death.

Additional studies have been conducted to see if participants in different scenarios share the same experiences in Kübler- Ross Model of Death and Dying. Fineran (2012) conducted a case study on a child in the foster care system after losing his parents. The study showed that the eight-year-old child experienced all five stages of Kübler-Ross Model of Death and Dying after he was no longer able to live with his biological mother due to drug use and father was unknown.

As foster children can have experiences of Kübler-Ross Model of Death and Dying, patients with HIV also shared the same experiences. Zeligman and Wood (2017) conducted a study that confirmed patients diagnosed with HIV go through grief stages of Kübler-Ross Model of Death and Dying. Patients may have social, emotional, and/or physical losses.

Divorced people have been studied to see if they experience grief through the stages of Kübler-Ross Model of Death and Dying. Crosby et al. (1983) studied 17 participants who were going through divorce. The study concluded those who were going through a divorce experienced stages of grief but not in the order that Dr. Kübler-Ross stated, denial to anger, to bargaining, to depression, to acceptance. Every person may need to go through different stages and in a different order.

Injured Athletes and Kübler-Ross Model of Death and Dying

The Kübler-Ross Model of Death and Dying was the theoretical framework applied in the current study. This model examined the stages of bereavement as one approaches death (Kübler-Ross, 1969). The Kübler-Ross Model of Death and Dying has been used in past literature to follow the experiences of athlete's behaviors after

sustaining an injury (Harris, 2003; Henschen & Shelley, 2007; Smith et al., 1990). An injured athlete may go through four stages: denial, anger, depression, and acceptance as they attempt to cope with their injury (Harris, 2003).

Denial is the first reaction after the injury has occurred. An injured athlete may not believe an injury has occurred, let alone admit the severity of the injury. This is often manifested in attempting to obtain additional opinions to contradict an earlier diagnosis or through refusal to attend treatment sessions (Harris, 2003). Anger follows when reality sets in. At this stage, the inevitable outcome of a lengthy rehabilitation can frustrate an athlete, thereby fostering a lost ability to control his or her athletic life (Harris, 2003). Anger is often expressed in the form of lashing out at those who are close to the athlete. Depression sets in as the rehabilitation begins to plateau or when setbacks occur. Athletes may lose the motivation to commit to the lengthy recovery, may withdraw socially, and may lose confidence in their ability to return to their preinjury level (Harris, 2003). Ultimately, most athletes are believed to accept the injury and return to their former self, physically and psychologically. Acceptance is possible provided the injured athlete has a strong social support network, has developed mature coping mechanisms, and is capable of communicating the need for help. Walker et al. (2007) reviewed the emotional and behavioral responses of injured athletes during their recovery with athletic trainers and sport therapists. Athletes experienced anger, tension, depression and boredom after sustaining an injury. Some athletes went through extreme experience and expressed suicidal concerns (Walker et al., 2007).

Application of the tenets of the critical article against Kübler-Ross Model of Death and Dying (i.e., Corr, 1993) would suggest student-athletes should learn how to

adapt once their athletic identity is no longer available to them. Injured student-athletes may identify with all or some of the stages in the same or different order. Kübler-Ross Model may not be the exact way of how dying people feel or react as they approach the end of their lives. This same can be said for injured student-athletes and their response to injuries. It is critical to look into to see what other feelings and reactions that student-athletes may experience in future research.

The purpose of this phenomenological study was to gain a better understanding the experiences of MDSAs at NCAA Division I institutions. The themes of athletic identity, psychological reactions and social support were important to look into for MDSAs as these can be critical components during the stages of Kübler-Ross Model of Death and Dying. A number of studies exist addressing injured student-athletes who have had a temporary setback from their sport, yet there are no studies with MDSAs as the research participant. It is needed to assess MDSAs and their experience post-injury in order to assist with future student-athletes who may one day be medically disqualified in their sport. This research will inform ways to focus on MDSAs transition in order to continue their academic success at the institution.

CHAPTER 3: RESEARCH METHOD

This chapter outlines the research method, the rationale, and procedures used for collecting and analyzing data. The chapter is organized into three sections: (1) research design and subject sample, (2) the interview protocol, the design of the interview questions and how the interviews were conducted, and (3) the limitations and the role of the researcher.

Research Design

An interpretive phenomenology analysis was employed for the current study. Though phenomenology explores the experiences participants encounter and helps develop a sense-making approach to understanding those experiences, a more focused form of phenomenology that explores how participants themselves make sense of their experiences could serve as a more instrumental analytic approach for this study. Interpretive phenomenology analysis (IPA) does not have a hypothesis but suggests interviews with a small homogeneous sample and researchers, thus, connect how participants view their world through hermeneutics. IPA is often applied with a counseling psychology lens. IPA addresses topics that are difficult, uncertain, and emotionally burdened. Sustaining a career ending injury is prime example of a phenomenon worthy of investigation. This phenomenon is psychosomatic and requires participants to discuss their difficult stories. IPA promotes providing full attention to participants in order for them to describe a full account of their experience. Accordingly,

the IPA framework was utilized in this study gain a better understanding of how and why it is important to know the experiences of MDSAs in relation to athletic identity, social support, psychological reaction and stages of Kübler-Ross Model of Death and Dying. This allowed the researcher to arrive at a deeper understanding of the participants' experiences. An IPA design was appropriate for this study because: (a) the focus of the study was to find common experiences with MDSAs; (b) the behavior of individuals involved in the study cannot be manipulated; and (c) we sought to explore contextual conditions over time.

Sample

While there are several strategies for obtaining a sample, this study used criterion sampling. Criterion sampling occurs when each participant meets a specific condition required for participation in the study (Miles & Huberman, 1994). Creswell (2017) and Marshall and Rossman (2011) also recommended criterion sampling because the qualitative design requires participation from individuals who were in similar environments. Further, the use of sampling criteria aids in the trustworthiness of the study (Miles & Huberman, 1994). The criterion for selection of participants in this study were:

- Currently attends a NCAA Division I institution,
- Sustained injury within their sport or other medical disqualification that preclude participation in their sport,
- Medically disqualified from their sport within the previous five years, and
- Remaining athletic eligibility within their sport.

Participants for this study were MDSAs within their sport. They were under the supervision of the athletic administrator from their Division I institution until they graduate.

Interview Protocol

A great majority of the interview utilized the phenomenological interview technique. This technique investigated the depths of what the participants were saying. Questions were prompted for elaboration, clarification, and summary. The protocol for the interview was broad in order for the participants to share their experiences in their own words. Follow-up questions were asked based on what was said by the participants.

The interview protocol was inspired by established quantitative scales and/or other instruments used to address participants' athletic identity, emotional responses, and social support. Brewer's (1993) Athletic Identity Measurement Scale (AIMS) is a Likert scale used to test the strength of one's athletic identity. It may be difficult for an athlete who may have strong athletic identity to face sports career transition such as being dismissed from the team or dealing with injuries. People with strong athletic identities are vulnerable to emotional difficulties when injury restricts them from their competition. AIMS is a reliable and consistent instrument used to measure athletic identity, and can be used to investigate athletic identity and the relationship with emotional disturbance during sports transition. Application of AIMS is limited due to its quantitative nature. For example, AIMS includes Likert-scale statements such as, "Other people see me mainly as an athlete" and "Sport is the most important part of my life". In this study, those statements inspired a number of protocol questions such as, "How did other people view you growing up?" and "How important is (participant's sport) to you?", respectfully.

Athletic identity was important to investigate in this study because it included factors such as social, psychological, and physiological elements for athletes. This was necessary for this study to help identify how participants view themselves as they are transitioning out of sport.

Evaluating the psychological effects of a career-ending sport injury is important as it can provide an understanding of student-athletes' emotional responses and how to best support them in their time of need. Smith and Milliner (1994) Emotional Responses of Athletes to Injury Questionnaire (ERAIQ) has been used and modified to examine athletes' experiences, how athletes cope after an injury, and risk of suicide (Smith, Scott, & Wiese, 1990; Smith, Scott, O'Fallon et al., 1990; Smith & Milliner, 1994; Walker et al., 2007). This study utilized aspects of the ERAIQ, developing questions to support discussion about student-athletes' emotional response and explore any signs of Kübler-Ross' model. Kübler-Ross based her research on observations and probed questions, and ERAIQ encourages a semi-structure format to engage with the participants. For example, ERAIQ's Likert-based statements such as, "How have you been feeling emotionally since the injury" and "How would you rank these emotions in significance as to how you are feeling because of the injury" were adapted for this study to ask, "Describe your initial thoughts and emotions after sustaining your last injury" and "Tell me about the emotions you experienced since being medically disqualified," respectfully.

The semi-structure interview protocol was a guide to use during the interview. With IPA, the participant leads the interview as they tell their story, and the researcher must be engaged in order to probe for further details when needed. The interview protocol was used out of sequential order depending on the participant's response.

Questions were sometimes modified, and participant's responses were probed to gain a full understanding of medically disqualified student-athletes' shared experience.

For the interview protocol for this study, please see Appendix A.

Participant Recruitment

Athletic department administration and staff who work directly with student-athletes were contacted via email to find eligible participants for the study. The email was sent to 50-150 Division I universities across the United States. In addition, an email was sent in a national listserv of the National Association of Academic and Student-Athlete Development Professionals (N4A) to administrators who have direct access to MDSAs at their respective institution. The research also recruited participants by personally asking student-athletes contacts to see if they knew anyone who fit the criterion who would be willing to participate in the study. Once participants were identified, the researcher reached out to them individually so they understood what is expected from this study. Communication and interviews with participants were done by phone, email, online communication such as Zoom or Microsoft Teams, and/or in-person.

Data Collection

The researcher followed a semi-structured interview protocol (Appendix A) developed specifically for each participant in the study. Interviews lasted approximately 60-90 minutes and addressed the experiences of being a MDSA. Sixteen participants were interviewed for the study, reaching saturation. Saturation occurs once no new information can be examined from the participants and redundant information is collected (Creswell, 2017). Participants were interviewed twice in order to have to opportunity to

follow-up from the first interview. Interviews were recorded and transcribed verbatim. All recorded interviews and interview transcripts were filed locked in researcher's office.

Data Analysis

As suggested by Miles & Huberman (1994), data analysis began immediately following the first interview or following the first data collection. Following the first interview, and after subsequent data collection, the researcher transcribed interviews and engaged in a two-cycle coding process (Saldana, 2009). The researcher engaged in inductive coding methods during the initial coding process. Inductive coding allowed themes and patterns to emerge. These patterns are crucial to understanding complex interactions in the field of study (Creswell, 2017). During the second cycle of coding, the researcher reorganized related codes into broader themes through pattern coding (Saldaña, 2009).

Limitations

Criterion sampling was the appropriate choice to conduct this research, but this does limit the research to MDSAs who attended a NCAA Division I institution and who remained at their current institution academically. MDSAs who elected to transfer to another institution were excluded from this study. Since this is potentially a sensitive topic for participants to discuss, they may not fully disclosed their experiences. As the researcher gets to know the participants, the students may not give detailed information of their experiences. Future studies might examine medically disqualified student-athletes and their experience in college from other NCAA divisions and athletic associations.

Conclusion

While common patterns emerged, the perspectives shared were unique to the participants and cases in this study. This sample included student-athletes who: (a) attended a NCAA Division I institution, (b) were medically disqualified from their sport within two months to two years, (c) maintained enrollment at the same institution that medically disqualified the student-athlete, and (d) had remaining eligibility within their sport.

The central research question in this study was: How do medically disqualified student-athletes describe their experiences transitioning out of a sport after their athletic career has ended? The sub-research questions were:

1. How does the experience of medical disqualification affect the student-athletes' identity in their eyes and how they experience interactions with others in terms of who they are and what their role is?
2. How do student-athletes' transitions to medically disqualified status affect their choices, emotions, and psychological conditions during the transition period?
3. In what ways do medically disqualified student-athletes describe the role, impact, and effects of social support in the transition experiences?
4. How are athletes' psychological reaction compared to Kübler-Ross Model of Death and Dying?

The research questions were extensions of the framework using a process analysis under Kübler-Ross Model of Death and Dying. To understand the constructs in Kübler-Ross Model, a qualitative approach using interpretive phenomenology analysis helped illuminate the experiences of MDSAs. IPA is a form of phenomenology and is often applied with a counseling psychology lens. IPA addresses topics that are difficult,

uncertain, and emotionally burdened for the participant. Sustaining a career ending injury is great example to explore this phenomenon as it is psychosomatic and required participants to discuss their difficult stories. IPA allowed participants to describe a full account of their experience.

For the interview, it was important for the researcher to be familiar and engaged in order to probe for further details and aspects of participant's experiences. The literature framed the interview protocol to investigate athletic identity, social support and psychological reaction. The interview questions were structured and modified around past valid studies only to be used as a guide and to not lead the participants in their responses. During the interview, questions were adapted to the details that were given by the participant. The purpose was to facilitate the participants telling their own story and not the researcher's preconceptions of MDSAs.

Though MDSAs may not be able to participate athletically within their sport, it is important to not forget them as they continue their education within the institution. These same student-athletes participated in a sport to represent their university at the highest level of competition. As injury is part of sports, at times, injuries can end a student-athlete's athletic career. Interviewing MDSAs inform the literature and practitioners about their experiences, as they may have to explore their identities, understand their psychological reaction to their new change, and understand the importance of social support. This information will assist athletic administrators understanding and keeping these student-athletes close and help them in their next chapter in life as they continue their education at their institution.

CHAPTER 4: RESULTS OF MEDICALLY DISQUALIFIED STUDENT-ATHLETES' EXPERIENCES

Previous studies explored the experiences of injured student-athletes with a chance to return to play, athletes who were cut from a team, and/or injured athletes on the professional level who retire early, the psychological effects of those experiences, and the needs of those athletes. This study focused on injured collegiate student-athletes who have no opportunity to play their sport again, the psychological effects of their experience, and their needs. This study challenged the assumptions that all injured student-athletes have the same experience. It is expected that injury is part of sports, and at any institution there is a chance that a student-athlete can no longer participate in his or her sport. This study showed that injured student-athletes can experience strong emotional challenges during their recovery. This is critical as injured student-athletes may have the opportunity to return to their sport; however, the severity of their injuries prevented MDSAs at NCAA Division I institutions from understanding the process they underwent to accept and manage their new environment.

Results from this study will be covered in the following chapter. Additionally, the four sub-questions are addressed, followed by the central research question for this study.

Central Research Question

The central research question addressed in this study was: How do medically disqualified student-athletes describe their experiences of transitioning out of a sport after their athletic career has ended? The sub-research questions were:

1. How does the experience of medical disqualification affect the student-athletes' identity in their eyes and how they experience interactions with others in terms of who they are and what their role is?
2. How do student-athletes' transitions to medically disqualified status affect their choices, emotions, and psychological conditions during the transition period?
3. In what ways do medically disqualified student-athletes describe the role, impact, and effects of social support in the transition experiences?
4. How do athletes' psychological reactions compare with the Kübler-Ross Model of Death and Dying?

Study Participants

The following section outlines each participant's unique experience, their athletic background, and the cause of their medical disqualification. Table 1 provides a Summary of Study Participants.

Table 1

Summary of the Participants

Pseudo	Age	Gender	Race/ Ethnicity	Academic Years Completed	Classification	Sport	Cause of Medical Disqualification
Isaiah	21	Male	Black	4 years	Senior	Football	Concussions
Randy	20	Male	Black	3 years	Junior	Football	Knee injury
Adarian	21	Male	White	4 years	Junior	Football	Chronic illness leading to reactive arthritis/ligament issues
Michael	20	Male	White	1.5 year	Sophomore	Football	Spondylolisthesis (slipped disc in L4–L5 vertebrae)
Jimmie	20	Male	Black	3 years	Junior	Football	Knee injury
Reginald	23	Male	Black	5 years	Master	Football	Shoulder injuries
Devin	20	Male	White	1.5 year	Sophomore	Football	Fractured vertebrae in neck
Jeremiah	21	Male	Black	3 years	Junior	Football	Concussions
Tonney	21	Female	White	4 years	Senior	W. Soccer	Herniated disc in L4–L5 vertebrae
Jada	21	Female	White	4 years	Senior	W. Swimming	Stress fracture clavicle (2x)
Alicia	21	Female	White	4 years	Senior	Lacrosse	Post-concussion syndrome
Loretta	21	Female	Black	4 years	Senior	Tennis	Autoimmune disease (Lyme)
Sterling	22	Male	White	4 years	Senior	Wrestling	Encephalitis of the brain/seizures
Mazie	21	Female	Black	4 years	Senior	W. Basketball	Multiple injuries/Mental concerns
Connie	21	Female	Biracial	3.5 years	Senior	Volleyball	Chronic patellar tendinitis
Janice	20	Female	Black	3 years	Junior	W. Basketball	Constant pain in right knee

Isaiah. Isaiah sustained two concussions during his college football career. After his last concussion, Isaiah experienced frequent and inconsistent headaches/migraines resulting from stress. The constant physical nature of football created migraines that hindered Isaiah ability to do anything else during the day. He stated that he could not handle the stress of football.

Randy. In high school, Randy sustained a knee injury which required surgery. Once he got to college and the demands of football increased, Randy's injured knee started bothering him again. The trainer took Randy to get an MRI. A week later, the doctor told him that he no longer had cartilage in his knee—that, basically, bone was rubbing against bone. Randy now has severe arthritis.

Adarian. Adarian sustained a chronic illness that led to severe arthritis and ligament issues. Once Adarian was ill, he had high fever and stomach cramps, lost 25 pounds, and had to have emergency surgery on his softball-sized swollen ankle to remove the fluid. Doctors thought they were going to have to amputate his foot. After surgery, Adarian experienced body stiffness and now needs multiple follow-up surgeries due to tendon tears. In Adarian's best interests, he was medically disqualified.

Michael. Michael had an L4–L5 back fusion that failed resulting in spondylolisthesis (slippage of the vertebrae). In addition to dealing with this issue for months, he also had scoliosis, further endangering him of experiencing a spinal injury. It was in his best interest to be medically disqualified.

Jimmie. Jimmie was a football defensive lineman who had knee pain during practice or exercise (e.g., weighted squats). He was losing cartilage in his knee which caused immense pain. Since there was not much that trainers could do for Jimmie, he was medically disqualified.

Reginald. In high school, Reginald had surgery on his right shoulder to repair the labrum, the cartilage in the shoulder joint. During the spring of his freshman year in college, he had a superior labrum anterior posterior (SLAP) tear on his left labrum. He was unable to play during his sophomore year. The following year, Reginald felt it was his last chance to prove himself. He learned the plays, committed to time in the weight room, and dedicated his body to playing football, yielding him the most improved defensive player moniker. However, during football practice before the third game of the season, he injured his left shoulder again after making technical move on another player. He was in rehabilitation for the remainder of the season, and his shoulder was in constant pain. Because of the numerous shoulder surgeries, he had to be medically disqualified.

Devin. Devin was a mid-year student-athlete who began his college career during the spring semester. On the second day of spring football practice, when he was in full athletic gear, he ended up landing on his neck and fracturing it. He was in a neck brace for many weeks and was subsequently medically disqualified.

Jeremiah. Jeremiah experienced constant migraines after sustaining a concussion during football practice. He continued to participate as long as it was bearable. He would sit out of practice and competition on days when the migraines were too much. The coaching staff asked if he wanted to continue to play, but Jeremiah made the decision to medically disqualify, as he felt it was the best option for his health.

Tonney. Tonney, a soccer athlete, had a herniated disc in her L4–L5 vertebrae and had surgery during the spring semester of her freshman year. She recovered, but in the summer after her sophomore year, her herniation returned in the same spot, and she struggled with it for the next two years. When she had it checked out again, the herniation was much worse. During her senior year she had to have a spinal fusion, and her back was so bad that she could no longer play.

Jada. Jada, a swimmer, had a stress fracture in her clavicle that healed. A second one began to emerge when she started swimming again. If she continued to swim, her clavicle would be permanently damaged. Doctors told her having the same clavicle injury is rare and once that occurred, it was in her best interest to medically disqualify.

Alicia. As a lacrosse player, Alicia experienced multiple concussions throughout high school and college. It took her over a month to recover after her last concussion. By the end of summer, she was experiencing headaches and body shakes. She experienced concussion side effects if she made any sudden moves, performed any heavy lifting, or engaged in any high-intensity activity, which lasted for months. After many tests, doctors determined that she had post-concussion syndrome. It was in her best interest to medically disqualify.

Loretta. Loretta, a tennis player, was eventually diagnosed with an autoimmune disease. She experienced a lot of pain and was completely immobilized during the illness. It was not known that what she was experiencing was an autoimmune disease. After six months without recovering, she was medically disqualified.

Sterling. Sterling, a wrestler, was feeling sick with a fever as he was doing his homework in his dorm. He started having a seizure and his desk fell on him. His roommate found him and called immediately for medical assistance. When Sterling awoke, he underwent months of testing and discovered that a viral encephalitis infection was the cause of his seizures. Because of the severity of his condition, he is medically disqualified.

Mazie. After multiple foot injuries, Mazie fell behind her basketball teammates, and her studies were becoming more demanding. She fell into depression and anxiety, which led to suicidal attempts. Concerned with her mental health, her trainers decided to medically disqualify her.

Connie. Connie, who played volleyball, started experiencing knee pain toward the end of high school. During her junior and senior years, she started physical therapy and saw a sports medicine doctor. However, despite her efforts, the knee pain persisted into college. The number of times she was jumping and the load she was putting on her knees increased immensely, and her body did not respond very well. She had two injection procedures to regenerate tendons, but both failed, as she was still in pain. Knowing that the pain was not going anywhere, Connie decided to play through the pain during the season. Connie had three more intensive procedures with no success. With no further treatment available, and Connie still in pain, she was medically disqualified.

Janice. Janice was medically disqualified based on the constant pain, discomfort, and lack of functionality from her injuries to her right knee. Between 7th and 12th grade, she partially dislocated her patella four times. At the same time, she suffered from several bone contusions and a partially torn meniscus. After surgery, she had a long recovery and was in constant pain. During her freshman year in college, she needed another surgery

because she had little cartilage left under her kneecap. After her second surgery and a yearlong recovery, she was still in constant pain. After many conversations with her coaches and doctors, medical disqualification was the best decision Janice and her overall well-being.

The following section discusses the participants experiences (by way of empirical materials collected via interviews) to create a collective understanding of the experience of the medically disqualified student-athlete (MDSA). Each research question is addressed. First, a general understanding of the ways in which medical disqualification could affect a student-athlete's identity is presented.

SRQ1: How does the experience of medical disqualification affect student-athletes' identities in their eyes and how they experience interactions with others in terms of who they are and what their role is?

Student-athletes seemingly exist in a very peculiar social position of developing their social identity as they progress through their undergraduate studies. Many have such intimate ties to their athletic identity that it becomes a prominent part of how they view themselves. In the case of MDSAs, this issue was incredibly important because for many athletes in this study, as their experiences with medically disqualification has been shown to damage their overall sense of self. They felt as if they have lost a major part of who they were. The first question of this project focused on addressing the ways in which the MDSA experience affects student-athlete identity, as well as their perception of their interactions with their surrounding communities.

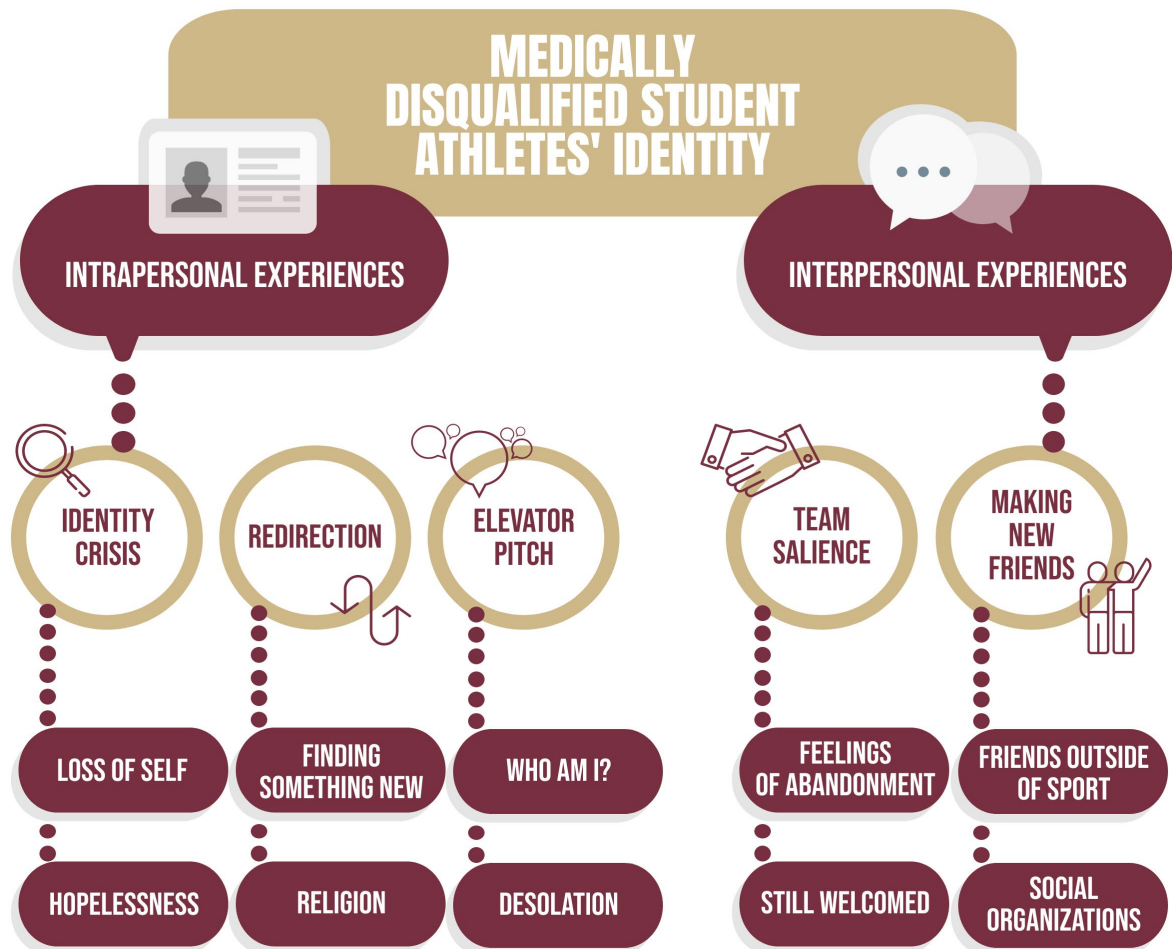
In reference to the first portion of RQ1 regarding identity, many athletes felt their medical disqualification led to their identity in crisis or inadvertent redirection to (and

development of) other kinds of identity. The second portion of RQ1, focusing on the social interactions of the MDSA experience, included athletes feeling as if they did not understand how to present themselves to others because they could no longer identify as athletes. Others spoke of difficulties in determining their roles (or lack thereof) on their respective teams and the process of making friends outside of the sporting community. Overall, participants had various experiences with loss of self, redirection, “elevator pitch,” and interaction with others through team salience and making new friends.

The following section outlines the ways in which the MDSA experience affected the study participants’ sense of themselves as student-athletes. For many, this began with a perceived identity in crisis, redirection, or new elevator pitch, followed by the development of other skills and hobbies in an apparent attempt to replace the void previously filled by athletics.

Figure 1

Medically Disqualified Student Athletes' Identity



Identity Crisis

The student-athlete experience is uniquely positioned as a constant tug of identity between student (academics) and athlete (sport). Consequently, collegiate athletes who suffer from medical disqualification were seemingly affected by the loss of the second (sometimes predominant) half of their identity: being an athlete. With their identity in crisis, participants experienced loss of self and hopelessness. As such, athletes in this study noted that the experience of medical disqualification initially begins with feelings of desolation, of being lost and uncertain of their future trajectory.

Loss of Self. For some of the athletes interviewed, their sport had consumed most of their time and energy for so many years. Once their athletic careers ended so abruptly, they were left reeling, to pick up the pieces and figure out what to do next. Although most of them appeared to understand that injuries can happen at any point in time when competing as an athlete, there was not a way for any of them to predict when/if that would ever happen. When it did, they expressed a fear of the future and were uncertain what they wanted to do next or what their options were. Devin expressed this feeling candidly and conclusively: “I had never felt so lost in my life.”

As simply as he put it, Devin appeared to see the loss of his athletic identity as the loss of self entirely. This “problem” was exacerbated by the reminder that student-athletes were between the ages of 18 and 22 and were still trying to make sense of the world around them. The sudden loss of identity during this process could taint their collegiate experience because they were now required to figure things out while also attempting to make sense of their life without sport.

Like Devin, Jada spoke of her loss and the ways in which it made her feel lost. She said, “Without swimming, I had nothing, like my identity was taken from me.” Here, Jada appeared to take Devin’s comments to another level by clearly mentioning *identity* as a primary factor in her thought process and the ways in which she felt that she was lost without competing as a swimming athlete. Many athletes train their entire lives to become the best at their respective sports, so it is not difficult to imagine the crisis that arises when such a major aspect of self is abruptly removed by way of medical disqualification. From that point, athletes like Jada and Devin must work past the “acceptance” stage of transitioning from student-athlete to traditional student (even

though there appeared to be nothing traditional about their situation). This can be a tough process, as it would be tough for most people to have their life's work taken from them in a matter of seconds.

Hopelessness. For collegiate athletes, abandoning sport seemed far more difficult, and their uncertainty about what is to come may lead to a period of hopelessness. Some athletes who attempted to make sense of the world without their sport entered a very risky free-floating period - a time where they feel as if they are just “existing” without purpose. For example, Mazie referred to this sense of melancholy existence: “I just felt like I was just going through the motions of life because of what I didn't have. I felt like what I was doing was pointless because for all my life I played basketball.”

Mazie was not alone in “going through the motions” – many athletes experienced this lack of purpose when losing their sport identity. Tonney's experience also supported this notion: “It's been really challenging for me because it's been a part of my life for so long. It's definitely sad and hard adjusting to this new life of not really playing.” Alicia also shared how challenging it was to be told that her sporting days were over: “That really hit hard because I knew it was coming but actually hearing the words and thinking about what my future life is going to be like and I didn't really know what to expect, I was like, ‘I don't know what I'm going to do with my life.’”

Speaking to MSDAs about their experiences made it clear that some of those included in this study initially felt lost and subsequently hopeless because they did not quite understand what to do next. This acknowledgment lends to the continued need for support from athletic leaders and administrators tasked with helping student-athletes along the way. Although MSDAs are no longer competing in sport, sport is still a major

part of their working perception of self, and leaders must pay close attention to those students who experience such abrupt, career-ending injuries. That is not to say that all athletes felt that loss of self, because some appear to redirect their attention to other ventures. For those that do feel lost, it is important that appropriate resources are allocated to those athletes to fulfill the responsibility of athletic leaders to guide student-athletes through their highs as well as their lows.

Redirection

In congruence with the subjective nature of the MDSA experience, some athletes experienced a loss of identity whereas others did not. In fact, some reached the stage of acceptance and seemed to redirect their attention to future ventures into which they could invest their time and attention. Those students seemed able to maintain their student-athlete identity even after being medically disqualified.

Finding Something New. Granted, the MDSAs in this study who successfully moved on mentioned that they had to intentionally *search* for their new channels of inspiration and energy, but some hinted at the idea that their medical disqualification actually led them to uncover new talents. For example, some participants stated that they reconnected on a deeper level with their religious faith or found a new activity or career that they genuinely enjoyed. They did not necessarily lose their athletic identity but rather spoke about their experiences after sports while maintaining an understanding of the ways in which their athletic identity remained a key component of who they were as a person. As Devin mentioned, “For a long time, you're just like, doubting yourself. You're just trying to find that substitute that'll make you feel the same way that football does.” This seems to be a tough process, but some athletes make it work rather amicably by

carefully making sense of their current state of affairs and choosing their next steps accordingly.

Some MDSAs questioned themselves and their capabilities outside of sport. They understood that, when they were younger, they had focused much of their time on their sport and did not expand outside of that. Now, their everyday life has changed, and much self-reflection has occurred. Mazie spoke honestly of this process:

Could I draw? Did I like reading? Did I like doing this? I didn't know because my life was just filled with basketball. It was hard. Every day, I would try to find a purpose or what am I doing that really just is making a difference, almost. Am I really doing something with my life now that I don't have basketball anymore?

Mazie's comments made it clear that the transition from student-athlete to student was challenging because athletes were tasked with figuring out just what their interest are outside of sport. Now that their time is not consumed with practice, training, film, and games, athletes had to figure out what to do to make sense of their lives. Like Mazie, Devin shared his thoughts on the conundrum of his transition: "Your day is so freed up and you're so used to doing this and this and this every day for, you know, however long you've done it. Ten years for a lot of people growing up that end up playing college football."

For most athletes like Devin, sport had seemingly been the nucleus of their time allotment for a decade (or longer), and when that was no longer available, they were tasked with finding another focus that will fulfill their interests ... and time. In realizing this new passion takes time and exploring new interests, it seemed to take most participants roughly six months to accept and engage in a new space as a regular student.

During this time, some athletes realized their time after sport could lead to bigger (and possibly better) things off the field. For example, Jada spoke of using that time to pursue more education: “I realized I could get the experience to be accepted into grad school that I wouldn't have had if I was still training.”

Because she no longer had to train for 20–30 hours a week, Jada spoke of being able to pursue graduate studies and focus more on that area of her life because she no longer had the responsibilities of training as an athlete. Although the process seemed tough at first, a lot of athletes were figuring out that the friends, connections, and avenues they pursued outside of sport could still bear fruit. To some, it appeared to be a bit of a relief to be done with sport. For example, Jeremiah said, “For a while it's kind of like a relief just in a sense because you're like— you're worn out from doing it your whole life. You're like, ‘Oh man, this is kinda nice’.”

Here, Jeremiah spoke of enjoying the freedom of being able to spend time pursuing other interests while not having to worry about his would-be sporting responsibilities. Moreover, it is important to highlight his comments about not feeling “worn out” from participating in sport because the constant wear and tear of sport participation is often inadvertently connected to the injury that led to the medical disqualification. There are a few things that require some unpacking here. To start, this stands as a stark reminder that MDSAs are a population of students who cannot be overlooked because this process of redirection can be very challenging for young adults who seemingly already feel alienated by no longer being a part of their sport. Second, this speaks to the continued need for athletic leaders to encourage athletes to pursue their interests outside of sport *before* injuries occur to ensure their identity is multifaceted and

not solely tied to their athletic prowess. Injuries seem inevitable for athletes, and it is important that the leaders of sport encourage athletes to remain cognizant of that. To make this (potential) process easier, it is important to guide student-athletes in all matters of identity development, not just athletic development.

Religion. Interestingly enough, a few athletes were able to transition out of sport by way of leaning on their religious backgrounds. Sport and religion remain connected in multiple ways, as athletes such as former quarterback Tim Tebow outwardly intertwined their religious views with who they are as a person. For some, this can serve as a way to make sense of the trials and tribulations they experienced while also providing a sense of peace that things will work themselves out in the end. In speaking of the power of faith during her trying times, Connie said,

My faith has always been a part of my life but I was never one who was, I guess, grounded in it, and who could identify with my faith, and so it allowed me to just dive deeper, not only because I had more time, but because I felt like I had a reason. Now, volleyball is just another sport. I've tried to disconnect myself from it. I obviously still miss it. I miss playing but now I've been able to find my unity with the Lord.

Here, Connie talked of the ways in which her faith and relationship with it has allowed her to make sense of her injury and its consequences. That existing relationship “grounded” her to the point where when she was injured and seemingly had more time, it seemed, to just dive deeper into her faith. Through this process, it appeared that she was able to see her sport as just that: a sport. Her entire identity was not tied to that part of her, although, as expected, it still stings to know that her sport identity has subsided.

Like Connie, Reginald also shared the ways in which his connection to religion seemed to make the process easier: “That was just a part of who I am, who I was at the time. I was a football player, just a part of my learning what the Lord really wants me here on Earth to do.” Reginald’s words radiated an understanding of a higher purpose beyond his sport, which is a constructive way to redirect his attention after being medically disqualified. It is important that athletic leaders continue to encourage student-athletes to lean into their other interests to ensure they understand their lives are far more than *just* being an athlete. In fact, it seems as if athletes like Reginald and Connie understood that their “purpose” could be higher than what was afforded by their sport and have seemingly accepted that their path lends promise in other areas. Ultimately, this should be the goal for all student-athletes to reach as injuries are unpredictable and the end of their playing days will come at some point. In a way, athletes like Connie and Reginald have a head start in this process, but it is important for athletic leaders to continually support athlete transition out of sport because the magnitude of the athletic identity should never be ignored...or forgotten.

Once student-athletes in this study became medically disqualified, the loss of self, redirection, or both became apparent. For athletes like Reginald, it seemed important to reach the point of redirection because athletes had to remember that their lives did not start and stop with sport. This can be a challenging process for MDSAs because the loss of self can leave them feeling helpless and unmotivated, which could create a snowball effect of subsequent actions that may have led to various mental/physical health complications down the road. Thankfully, many athletes redirected their attention and invested in other parts of who they are, but that certainly does not mean their recovery

time had concluded. MDSAs must overcome the mental hurdles that come with their disqualification, as well as the social implications of what their lives will look like to the outside world.

The second portion of RQ1 was included to investigate the ways in which the MDSA experience affected their social interactions and the ways in which they figure out their roles in their communities once they are no longer participants in sport. In this case, the trouble with this process started with the “elevator pitch,” the time in which MDSAs mentioned that they struggled with introducing themselves to others now that they are no longer athletes. This process proved to be difficult for the athletes in this study, primarily because they seemed to have difficulty time connecting with their respective (albeit, former) teams. Many MDSAs did not understand where they fit in the team dynamic once they were medically disqualified, which may have led to the process of having to make friends outside of sport. Although this appeared to be a healthy process of making new friends and expanding horizons, the action component of this process proved difficult in practice.

Elevator Pitch

After being medically disqualified, some participants expressed that they no longer had an “elevator pitch” when introducing themselves to others. Some participants struggled with producing a short description of themselves that told people who they were. Before their injuries, they were comfortable and used to say their name and the sport that they participated in. Now that they no longer compete, their pitch had to change. Athletes had to continue their journey of sometimes being lost and learning new

passions about themselves. For example, Loretta spoke of her challenges when people asked her about herself. She said,

People would ask me, “Tell me about yourself.” I can't. I literally can't because I cannot tell you a single thing about me outside of the fact that I was a tennis player. You take off the world-class backhand and you take off the tennis player and it's just Loretta. And I'm like, “Who is that?” Because I don't know.

As can be seen in Loretta's comment, this process appeared difficult. After years of the simple pitch of name and sport have occupied this space of introduction, MDSAs must now figure out what to say after mentioning their name. As Loretta mentioned, she was no longer “Loretta, world-class tennis player”; she was just Loretta. For MDSAs who are young adults, this can be a daunting, sober reminder that they no longer get to compete in the craft that they have spent years perfecting.

Like Loretta, Jada also shared a blunt realization in this process. She said, “If I don't see myself as a swimmer, then what am I?” This appeared to be an area of quasi-crisis because, as previously discussed, student-athletes at large were already struggling to make sense of who they are, and the medical disqualification from sport seemingly makes this process more difficult. For athletes like Loretta and Jada, the question of “who are you” became one of the most difficult to answer, and the magnitude of salience is exacerbated by the reality that most people who had known them all of their lives may seemingly ask them that question in some shape or form when their playing days are over. Connie adds to this narrative and spoke about the ways in which questions of such have challenged her perception of self:

My identity was like if someone asked you, who are you? I'm like, "I'm Connie. I'm an athlete or I'm a volleyball player" After I would say I lost my identity, I kind of was lost for a moment. I didn't know what to call myself.

The loss of identity was seemingly one of the toughest parts of the MDSA experience, primarily because a lot of student-athletes made sense of themselves through their predominant athlete identity. When taken away, the crater of desolation could cause athletes to feel lost and unattached. This was important to understand because as we continue to battle the mental health crisis among student-athletes, the MDSA experience makes the need for social support paramount to the healthy development of the athlete as a person.

Team Salience

Medical disqualification has shown to be a challenging process for student-athletes, especially when considering manners of self-identification and identity development. To make matters more complicated, some participants felt that sustaining their injury and not participating in team activities caused them to feel as if they are not part of the team anymore.

Feelings of Abandonment. More directly, being medically disqualified created this image that the participant had quit the team or that they were cut. Tonney, who spoke of the difficulty of feeling like they were cut from the team: "That was hard for me because it was just like [coaches] supported me during it, but now that I'm gone, I'm off the team. It's almost like I was cut, if that makes sense. That's what hurts now."

Like Tonney, Mazie spoke of that feeling of severance from coaches: "After I was disqualified, [the coaches were] even more complete silence. I didn't hear anything from

anybody at all. That was hurtful too, because I really looked at them as family to help me through these times.”

Complete silence can be tough for any person to deal with, but this kind of silence can be far more deafening for MDSAs because they were seemingly left to their own devices by default when they were medically disqualified. As they go through the recovery process, they spent a lot of their time alone. The sense of community afforded by the team atmosphere disappeared rather quickly when the injury occurred, and it seemed to hurt the athlete even more when they feel that their sport family cut them off from family activities. Like Tonney and Mazie, Randy spoke candidly of this feeling: “It felt like they was kicking me to the curb a little bit.”

As if being injured and subsequently sidelined from the sport they loved was not enough, the desolation of feeling like they must recover from this setback alone seemingly made the process more difficult for young adults who were medically disqualified. This is not acceptable, specifically because it may lend itself to the possible thought process that athletes are only valuable for their sporting abilities—which is not true. Coaches and athletic leaders must work harder to ensure that MDSAs are supported on and off the field, in sickness and in health. Anything else would stand to undermine the familial aspect of sport.

Still Welcomed. Thankfully, not all MDSAs experienced the island of feeling alone after being injured and subsequently medically disqualified. In fact, some experienced the opposite and felt more embraced by the team, and were included in the day-to-day activities as a team manager or student coach. Janice spoke of her experiences

with this process: “Trainer and coaching staff were willing to do everything to help and were very understanding. It made me feel extremely loved, cared for, and blessed.”

Because they are not contributing athletically, some enjoyed their new roles and others did not, as they were only working with the team to keep their scholarship. Consequently, some students had a hard time adjusting to their new role as they would rather participate in the sport, not just watch. Like Janice, Adarian added that his experience with coaches was fruitful after his injury, but he expressed some mixed feelings:

But now, now that I'm actually retired, my coach asked me to like, help coach like the scout team this year. So I guess now I'm like a coach's assistant? 'Cause I have to- I have to do some type of job for them to maintain my scholarship, so I'm gonna do that. So I don't know if that means I'm on the team.

Here, Adarian spoke of feeling included in scouting activities and coaching aspects of the sport, while also speaking to the existing confusion related to not understanding if that meant that he was *actually* on the team or not. It appeared as if being a coaching assistant or serving any role on the team made them a part of the team, but that does not mean that MDSAs *felt* the same about the team aspect due to the change in the dynamics and their involvement. They were no longer competing on the field with their teammates. Now, they were instructing the people they once called their peers, which could be a difficult transition to make in the blink of an eye. Some MDSAs were open to the challenge, while others still struggled with making sense of this space. Jimmie spoke of this difficulty:

Last year I could have been with the team whatever they were doing, like, practice, traveling, but I didn't really do it because I felt like it was embarrassing

and I didn't even want to be at the stadium at all. It was embarrassing like,
“Damn, I'm not even out there I'm just like some bum, some hurt bum, on the
side.”

The MDSA experience appeared to be challenging for many reasons, one of which is the loss of self-identity *and* team identity. Injury seemed to be a tough hurdle to overcome but being severed from the team and feeling alone in the process can make matters much worse. Further attention must be given to the ways in which MDSAs can still be a part of the team when their playing days abruptly come to an end, especially if the familial aspect of the “team” is to be maintained.

Making New Friends

When participants were involved in their sport, there was a strong bond within the team to be friends outside of sports. Many stayed within the network of the team until participants were no longer engaging with athletic activities. Participants felt the need to find friends outside of sports. All found this necessary in their new space of being just a college student, no longer a student-athlete. This manner of alienation is problematic amid the existing realization that many student-athletes already felt as if their teammates are their only friends on campus. Many athletes spoke of the lack of integration they felt with the campus community, specifically when they were spending 20–30 hours a week on their athletic craft. A hectic schedule, coupled with being a full-time student, lent little to no time to connect with the campus community, participate in social organizations, and interact with the campus at large. Considering such alienation, MDSAs were placed in a more dire situation when they were injured and seemingly exiled from their sporting family. Making friends apart from their teammates was challenging, but when they were

disqualified, athletes had to learn how to be traditional students and connect with others, which was challenging. As Mazie stated,

My social life before, I really didn't have any friends except my teammates, really. I always felt like that was always my group of friends. I wasn't always the best at making friends. I've always been like that my whole life because I always just saw my friends on whatever team I was on. My social life afterwards has actually improved. I've managed to meet a lot of great people and become friends with them due to me just being more open and available.

Once MDSAs began the transition to life as a regular student, they began to pay more attention to the communities they were forced to build outside of sport. This was a very fruitful process for some, as they could be more intentional with the connections they were making and what those connections meant to them as individuals. Loretta spoke of this specificity: "It was important to me to make friends in the black community that had never picked up a racquet or never played a sport at the college level."

After participants experienced feelings of being lost and realized that sport was just a game, they began to find new friends and sought more in their new passion without sport. For Reginald, he found new friends through a fraternity. He said,

Something that with a lot of great men that I can learn from. Just different aspects of life when it comes down to friendship and everything. Learning the ropes when it comes down to dealing with certain people or business aspects of things.

Joining this organization, I've learned a lot about using ingenuity and just making a way out of whatever you're given really, and just in general. Definitely a lot of

connections, but growing up, I always wanted a brotherhood and you learn this definitely. Friendship means a lot.

Joining a fraternity was something he always wanted to do but he expressed football was his priority since he was recruited and a scholarship athlete. Once football was no longer an option, he took this opportunity to join a social organization.

The experiences participants had while making new friends was helpful in expanding their view on their identity. These new opportunities and relationships opened many doors for participants to widen their vision outside of sports.

More to Life than Sports

Ultimately, athletes have get to a place where they realize that sport is not everything, and it is important for athletic leaders to help them get to the space where Connie mentioned that it was just a *part* of life, not life itself: “I can truly realize that volleyball is just another aspect of life. It's not my life.”

Contrary to the belief of many, sport is *not* everything. Although some athletes were able to realize that sooner than others, leaders must be intentional and ensure that the process is one full of support and resource allocation: it was the original mission of NCAA member institutions to protect the academic integrity of the student-athlete experience and ensure their fruitful growth as people. Athletic leaders must continue to help athletes grow as people, not just athletes. Once their playing days are over, some may experience anguish but ultimately, the goal is for athletes to reach the stage of acceptance, coupled with the peace of embracing the athletic part of their life as a chapter, not the entire book. Ideally, it was important for athletes to reach the stage Loretta described: “A blessing in disguise for me because the person that I've become

since I've stopped playing tennis is just so much different and so much better.” Jada expressed thoughts along similar lines: “I was kind of destroying myself to get back to where I was. When the doctor told me I needed to stop, I was relieved because it gave me a reason to stop.”

Injuries are not something that is wished upon any athlete, but athletic leaders must work diligently to ensure student-athletes are prepared for the unexpected and are able to see value in themselves outside of sport. According to the participants, sport was seemingly everything until it wasn't, and when that moment of cessation occurred, athletic leaders must be intentional in supporting athletes as they transition to being everyday people with value outside of the playing field. For some, like Loretta and Jada, the injury could be a blessing in disguise, but for others, athletic leaders need to be sure to assist MDSAs in the process of accepting the stage of life that comes when they inevitably hang up the cleats for good.

SRQ2: How do student-athletes' transitions to medically disqualified status affect their choices, emotions, and psychological conditions during the transition period?

MDSAs in this study were asked about their transition and the ways in which their choices, emotions, and psychological conditions were affected during the transition out of sport. As such, the process varied based on duration of their transition to medical disqualification. The following section outlines a timeline of events and discusses the ways in which the mindset of MDSAs tended to change in the time before medical disqualification and after. As stated previously, it is up to the trainers and physicians to make the final call to allow athletes to continue participation in their sport. The conversations and signing documents take only minutes, but before that, student-athletes

spent weeks or months recovering and/or undergoing surgeries to try to get back in the game. More directly, the mentality of athletes (and subsequent emotions) before receiving the news of medical disqualification was vastly different from the mentality of athletes after receiving the news of disqualification. The goal of SRQ2 was to investigate the ways in which the transition of MDSAs affects their choices, emotions, and psychological conditions as they proceed.

Before medical disqualification, it appeared that many participants were (obviously) upset and in shock about their injury. A few participants experienced unexpected health conditions instead of an injury that occurred during their time as a student-athlete and eventually led to being medically disqualified. During this process, many athletes expressed feelings of stress and pressures related to getting back to optimal health. Others turned to self-implication, as well as fear and anger that they had to deal with their injury. After receiving the news of medical disqualification, athletes identified experiencing varying degrees of emotions, from heartbreak to relief. MDSA experiences were different with regard to how each individual athlete progressed, but the purpose of this section was to give careful attention to the shift that they experienced from the time before receiving news of medical disqualification to the time after. The time before medical disqualification is presented first.

Before Medical Disqualification

As part of the interview protocol, participants were asked to describe their thoughts and emotions from beginning to end regarding their medical disqualification. Participants noted that before receiving the news of medical disqualification, their thoughts and emotions were convoluted—some positive and some negative. Most

participants grew up playing their sport and had positive experiences with their athletic careers. For example, Jada's love for her sport was her fueling factor: "I loved swimming and knowing that what I was doing was making me better and I was striving." On the other hand, Loretta never enjoyed playing her sport:

I never liked tennis very much but was told I have potential to be a professional...I really, really, really, really despised it at a certain point in my life...I have really bad anxiety, so playing in college was very stressful for me.

Loretta shed light on a troublesome aspect of being a student-athlete, especially when placed in a juxtaposition between joy of the sport and the seemingly fleeting promises of professional careers. As she noted, she did not like the sport very much but the pressure to be a professional seemed to keep her tied to the sport. A bit like Loretta, Janice spoke of her mix emotions of her sport growing up:

Honestly, I have had a very up and down relationship with basketball. I enjoyed it growing up but then when my twin brother collapsed and died from unexpected chronic health conditions while playing basketball in 7th grade, I drifted away from it a little bit.

Loretta also spoke of the pressure from other leaders in her life to be a tennis player: "The sport itself wasn't that awful, just the pressure that my dad, the coaches, the players, the people— everything is terrible."

"Everything is terrible" is quite a sobering statement to make, especially when the pressure from others to continue to participate in sport was the driving force for her indulgence. That, in its own right, could be a smothering experience and can easily overwhelm any athlete. When overwhelmed, athletes sometimes faced snowballing

emotions and reactions, whether they felt forced to continue to compete in a sport they no longer loved or were experiencing the emergence of other mental health issues. For example, Mazie spoke of how tough the process was: “I really feel like the days would pass me by and everything was going so fast it was really overwhelming me.” Participants had a wide variety of mixed emotions about growing up with their sport, but they all wanted to succeed in it, whether for themselves or for others. Unfortunately, life led to difficult obstacles that may change the plans they originally had.

Unexpected Health Conditions. As this study discussed that injury is part of sport, unexpected occurrences sometimes may render student-athletes unable to participate. Three participants sustained medical conditions unrelated to their sport which caused them to medically disqualify. Sterling was a wrestler at his institution, living a normal life, until he found himself waking up in the hospital: “I was not upset but in shock almost [waking up in the hospital].” Sterling experienced his first seizure in his dorm room, which led to many weeks in the hospital, being diagnosed with encephalitis, and understanding that this would continue to be part of his life. Since waking up in the hospital, he was not able to compete in his sport again. After months of mixed emotions of fear and anger and trying to understand his condition, he was experiencing fewer seizures and went against doctor’s orders and participated in practice: “The frustration came out when I tried to wrestle and had a seizure.”

He realized at that point he no longer could wrestle again. He made the choice to participate in the sport; he loved to defeat the odds, but unfortunately, the odds were not in his favor, and he felt the frustration.

Like Sterling, Loretta had an unexpected health condition and experienced a lot of pain throughout her entire body, and she and her trainers did not know what was going on for almost six months:

[Doctors] just knew that I was sick and that I was in a lot of pain and I was completely demobilized. So after about six months, they kind of just shoved me out the door because there was no recovery in sight. So I didn't realize that if you have an injury or shoulder surgery or something of that nature, and you can have a projected recovery plan, then you typically redshirt [withdraw from one playing season], but because there was no improvement anytime in the near future I guess that was why we decided to retire.

Loretta felt defeated because there was no recovery plan for her to play tennis again. During those six months, she was trying her best to be active, but the then-unknown conditions did not enable her to do so. Based on those concerns, the team physician medically disqualified her. However, Loretta's outlook on her sport differed from Sterling's, as she did not enjoy her sport in the first place. She said, "I feel relieved to no longer play."

Loretta was in a happier place no longer having to play, as she had many bad experiences growing up playing her sport, being forced to participate and doing it for others who believed that she could play at the professional level. Student-athletes who experience unexpected health conditions may have more difficult experiences than those who sustained an injury in their sport. Unexpected health conditions include chronic illnesses such as seizures, cancer, or autoimmune or respiratory diseases. Identifying the health conditions or injury itself had a psychological impact.

Impact After Injury. As previously noted, injuries and some medical illnesses are inevitable, but the reality of their occurrences was still shocking at first. From there, some athletes turned their thoughts toward the positive, though others reacted more negatively. For some, the thoughts were positive in a way that lent itself to understanding that the process of injury is one of trial and hopeful triumph. Often, athletes were tasked with the cognitive process of seeing the growth in their current situations and understanding the ways in which their injury stood to make them better and stronger. In fact, some athletes like Jada spoke of optimism during the beginning stages of her recovery, especially those who had experienced injury before. Jada continued: “I was very upset after my last injury, but I was also kind of relieved because I had gone through a year-old injury recovery and training to get back in shape.” Jada had dealt with injury before and subsequently had reached a stage of acceptance of the road ahead, no matter how challenging. She had done it before, and she was prepared to do it again.

Although some athletes could see the positives of their current situation—or, rather, frame their injury as a chance to improve—others spoke of anguish in dealing with the process. Additionally, some athletes spoke of frustrations with their sport and the realization that they did not enjoy the sport as much as they had once thought. For those like Jada, this process could be tough when the injury brings out feelings of spite for one’s sport.

Self-Implication. Once athletes began to feel overwhelmed, a snowball began and the doors to mental health problems opened wide. In a society that is facing a mental health crisis, the loss of identity experienced by athletes and the loneliness that followed, MDSAs were seemingly at a higher risk for developing mental health illness when sitting

alone and battling injuries and recovery. To some, they appeared to feel forgotten once they were injured, especially if their “athletic family” did not reach out or remotely believe they were as injured as they claimed. In fact, Alicia said, “I felt unappreciated and I was just somebody to boss around. They did not care about my emotional side.”

This statement highlighted the disconnection some student-athletes felt once they were injured. Not only was there seemingly a loss of identity, but the lack of connection with the team and care from athletic leaders could foster a breeding ground for mental health issues to creep in. Once that happened, the injuries faced by athletes were exacerbated by the war of emotions taking place in their heads. As Mazie said, “I was dealing with depression and I was experiencing a lot of injuries with my feet.”

Mazie was not alone in this thought process, as her experience spoke to the growing problem of mental health illness in collegiate sport. Like Mazie, Alicia spoke of her struggles with mental health and the ways in which her injury upset her. She said, “I was definitely upset going through the concussions/migraines. There's definitely times where I'd be sitting in my room crying.”

In dealing with their injuries, some athletes also dealt with depression seemingly rooted in their inability to perform *and* the helplessness that came with injuries that continued to arise. As athletes battled injuries, the more it came up, the harder it became to keep going. Mazie spoke of this trouble:

Another stress fracture showed up in my other foot. I was still feeling very discouraged. I was still battling depression with this. Initially, I had to go inpatient again because I had some inflammatory pills and I basically overdosed with those because I felt like I wasn't getting the help I needed.

The troubles of dealing with injuries seemed to be hard enough for athletes, and this could be exacerbated when the athletes did not feel as if they had the support of their coaches and teammates. For athletes like Tonney, the inability of coaches and staff to work with her made her injury experience seem somewhat impossible:

I didn't have the best relationship with my coaches. Because I felt like, at first, there was some disbelief in my injury and unwillingness to work with me and just frustration working with me because I would need accommodations with conditioning or lifting because I couldn't do everything.

There is seemingly no reason an athlete would want to be sidelined from the sport they love, but the disbelief from their coaches, teammates, and constituents provided an additional layer of mental taxation because they were left with feeling as if they had to overcome the injury *and* convince others their injury was authentic. In dealing with this process, Connie said,

That was mentally taxing because I got tired of trying to convince people that I was in pain. I feel like at first that was something that I had to do. They couldn't see it, they couldn't feel it, et cetera, and so it was like, "Oh, are you really in pain today."

Unfortunately, this could easily lead to feelings of loneliness and despair, especially when athletes were in the space of thinking the injury is their fault. For example, Mazie mentioned self-disappointment in her process. She said, "The initial emotion was just disappointment in myself, self-disappointment. I keep getting injured. Why is this? I just really felt like, 'Am I not really good enough for this? Am I enough for this?'" The injury process was not easy for anyone, and feelings of self-implication only stood to make the

process more difficult for MDSAs. In the process of making sense of their lives before receiving the news of medical disqualification, athletes in this study experienced both positive and negative emotions. Unfortunately, some emotions were then internalized, while others grew out of realization of their current lack of abilities. For some, this process was simply one of fear and anger based on a lack of understanding of what was to come and uncertainty about how they could stay in school.

Fear and Anger. Injuries were frustrating for MDSAs for many reasons, but once they began to make sense of what was going on, a sense of fear emerged because athletes did not know what would come of their careers as athletes...or as students. For example, Sterling spoke of this anger during his process. He said,

I would get really angry with the seizures, not being in school and social media, seeing all of my friends have fun and me feeling like I can die at any second because I was terrified with seizures...I would punch the wall because I was just so angry.

There are a few key points to unpack. First, it is important to recognize that the injuries the athletes experienced not only affected their athletic careers. It also impacted their lives as a full-time student. When considering medications athletes may need to take in addition to the mental health issues that may come with injuries, their grades could suffer at the expense of their injury. Second, Sterling's comments speak to the "fear of missing out" that MDSAs may face due to their limitations imposed due to their injury, where they experienced envy by looking at social media or watching their teammates compete and live their lives. The seizures he was facing were so severe that they made him angry and fearful at the same time, which is a dangerous mental space to occupy. Cases like this

warrant further discussion among sport leaders and the ways in which services should be allocated to MDSAs to ensure they do not have to face these issues alone. Sterling directly spoke of death in his comments, a very serious issue that cannot be overlooked. Like Sterling, Janice spoke of her acknowledgment of death in her experiences in dealing with the fear that came with her possible health issues:

I was honestly going through it and didn't even realize it, and am still dealing with emotions from this time, today. I think my biggest emotion related to basketball at this time was fear. My twin brother died playing this game, so why would I want to play? That was kind of my thought process, but at the same time it made me feel connected to him.

Janice spoke of her fear of death resulting from her twin brother's death while playing the game, which made her health issues more pressing because that feeling seemingly never went away. Although there were numerous factors associated with the fear MDSAs experienced, one of the biggest ones was the fear of being seen as a failure and wanting to keep their scholarships. As Jeremiah said, "I just remember the biggest [fear] was the fact of me not returning and just not wanting to be a failure...I had to perform on the field to keep my scholarship so I can graduate."

During the initial process of injury and before medical disqualification, athletes in this study seemed to experience feelings of quasi-acceptance while also coming to terms with their joy (or lack thereof) of sport and fear of what was to come. Ultimately, the process at this time was one of uncertainty and time would determine the outcome for athletes.

After Medical Disqualification

Once the athletes received the news that they are medically disqualified and were not able to participate in sport anymore, their emotions and actions appeared to shift. Once their emotions shifted and they better understood what they were feeling and going through, they may be able to move toward the next chapter in their lives. At first, it appeared athletes were in shock and disbelief that their playing days were over. As previously stated, they seemed not to know what to do with themselves as they were not used to having so much time away from the sport. For example, Randy spoke of his experience when hearing the news:

I zoned out, I can't really hear what he [head trainer] was saying, but at the time, I was just trying to hold back from crying. It really hurt because after they told me the news, I walked out of the training room crying...At first, it hurt [not being able to participate]. I used to catch myself waking up at six o'clock in the morning, I realized, "You don't have to go anywhere."

As one could imagine, the transition from committing 20–30 hours a week for ten plus years to your athletic endeavors to nothing could come as quite a shock. Athletes like Randy had to figure out what to do with the abundance of time while also making sense of their identity without sport. In this fashion, it is plausible to understand the ways in which athletes at this stage could feel desolate and lost. Like Randy, Isaiah mentioned the daunting process of accepting the reality of his medical disqualification. His comments were rather abrupt and quite desolate, especially as he mentioned numerous emotions in one thought: "I feel like eyes were on me all the time...I feel like I was an outsider, a nuisance...I felt I didn't matter...Heartbroken and crying...Football should have stopped when I stopped."

Isaiah clearly experienced a wave of emotions related to denial, self-infliction, rage, helplessness, desolation, among others. Here, we are reminded of the difficulty that collegiate athletes experienced when learned they are medically disqualified. They may have felt alone and alienated to the point where they did not believe they mattered to the world around them. That is a dangerous headspace to be in, especially when they felt like they were alone while people looked at them to see what they did next. That pressure could make being a MDSA much harder to handle.

Like Isaiah, Sterling too had difficulty with the process after being medically disqualified:

When I realized that I'm done wrestling and I couldn't wrestle again, that's when I got frustrated. It was still hard to face reality. I didn't want to admit that it was all over yet, and I always thought that I'd be able to live the life with wrestling.

The data collected from athletes such as Isaiah, Randy, and Sterling made it clear that accepting their medical disqualification was a difficult process and seemingly took an abundance of time to overcome and make sense of.

Starting a New Chapter. Connections were being made between the experiences of MDSAs and the Kübler-Ross Model of Death and Dying, but thankfully, as athletes progressed, the process became easier. For example, Alicia mentioned the eerie nature of her existence after disqualification:

It is definitely weird not playing lacrosse. In one sense, there's a slight stress relief because it's like I'm not having to go to all lacrosse events. I've always grown up playing it, so now, coming to a hard stop especially when I see the teammates

around campus, I feel awkward. I've never thought that I was going to be living life as a normal student.

Here, time afforded understanding, and some athletes started to make sense of their reality as time progressed. Eventually, the hope was that athletes could get to the stage of overcoming the initial difficulties expressed by athletes and get to a level of acceptance like that of Michael:

In that time, it was difficult. I really struggled with it for a long time, but as I continued on and gained more responsibility and harder in this industry and gained the respect of the coaches of other professional level. I became more at peace with it. I realized my football playing career ending because of injury was not a career-ending injury, but it was a career-beginning industry...I'd say right now where I'm at, it's light years ahead of where I was at when I was first having to navigate this road I was on post-injury.

The time after medical disqualification was riddled with a vast array of emotions that suggested a connection to the Kübler-Ross Model of Death and Dying. As shown in this section, athletes in this study displayed some congruence to the progression of the Kübler-Ross stages, and further investigation will determine if the model directly applies to MDSAs. Outside of that analysis, it should be noted that this process was seemingly not easy for any of the athletes in this study, as they all mentioned a sense of loss and grief during their process of transition from student-athlete to traditional student.

SRQ3: In what ways do medically disqualified student-athletes describe the role, impact, and effects of social support in the transition experiences?

In this study, participants were asked to discuss their initial conversations after being told they were medically disqualified. One of the goals of this research was to understand the impact and effects of social support on the MDSAs transition experiences. In their most vulnerable state, every participant initially called a family member to break the news that they were no longer able to participate in their sport. In addition to family, friends and teammates also played a major role in the social support that remained pivotal to the progression of MDSAs during their recovery process. The following section outlines the empirical materials collected to support the magnitude of the various areas of social support.

Family

Most student-athletes expressed that their families were their biggest supporters during their transition out of sport. The mother was the first person the MDSAs called when to deliver the news about being medically disqualified, often tearfully. A mother's love is typically known as one of unconditional nature, and most athletes revered their mother's role in their lives. Some students stated that, for different reasons, they initially had issues telling their families about the change in their trajectory. Eventually their family seemed to be the most supportive during the process. Family appeared to be the social support resource that participants most used and felt they needed.

Parents usually occupy a unique position in the lives of students at large, but their support was paramount for student-athletes due to the increased pressure, trials, and tribulations that student-athletes faced. The stakes were much higher for Division I student-athletes than for those of traditional students, so when life-changing events such as a medical disqualifying injury take place, most athletes in this study noted that they

turned first to their parents. For example, Devin talked of the importance of his parents' support: "I would definitely say my parents because they always told me, you know, growing up, we don't care if you play sports, if it's something you enjoy doing, you know, we love you either way."

The unconditional love expressed here stands to go a long way for MDSAs during their transition process, as we have seen the ways in which the process of acceptance of cessation of athletic participation had a major impact on the personal identity and composure of MDSAs. That is not to say that all athletes spoke directly of parents, as some simply mentioned that their family was essential to their recovery. As Alicia said, "My family best supported me during my transition."

The idea of family was incredibly important to many athletes, primarily because typically their sporting ventures created another manner of family in the locker room. Additionally, family was typically a space of familiarity that student-athletes needed to help through the tough times, so having that group of people to support them during some of their most challenging times was important. Randy spoke of this importance during the interview: "I just received encouragement not just from [roommate], but from my family. That kind of helped me just get over that hump and facing the fact that I got disqualified."

Thankfully, some students also chose to include other types of "family": people who offer strong support during trying times. In addition to family, athletes like Mazie spoke of others who were important in this process: "My mom and my therapist that I go see. Those two, they really helped me during that transition stage."

As expected, family was a major part of the social support system for many athletes, and this source of support became more important when MDSAs received the

news that they will no longer be playing their sport. The support of their family stood to ease the process while also providing a listening ear or shoulder to cry on when athletes were faced with self-implication, fear, anger, loneliness, identity issues, and other issues related to mental health.

Family could be very supportive during the MDSA experience, but some participants felt as if their families did not understand what they were experiencing and going through mentally. This was not difficult to understand because many student-athletes were embarking on a path that no one in their family traveled. As a result, family members may not have quite understood the magnitude of what was taking place or how to guide their student-athletes in recovering. Many athletes felt that it was hard for them to communicate with their family because they simply did not understand why the injury was such a loss to them. For example, Jada spoke of her frustration when her family felt that she would easily get over her injuries and move on: “I just felt lost, not alone because I knew they [parents] were there for me but they didn’t understand what was going on and how I felt like I was losing my identity.” Here, Jada spoke of how she felt supported by her parents while also feeling lost because they could not understand that she was losing her identity in the process of becoming a MDSA. Sometimes, parents and family may not understand what that feels like because they may not have experienced a loss of that magnitude, career wise.

Like Jada, Janice’s family did not understand what she was going through during her injury. She did not feel uncomfortable discussing being medically disqualified with her family, but she was seemingly reluctant because she did not want to disappoint them or give off the idea that she had given up on her dream:

Not that my parents weren't supportive, I just didn't talk to them about it because I did not want them to think I had quit. I wasn't exactly transparent about how I was always feeling. I mean they knew I was in pain but didn't know the extent of it. They were pretty supportive like through my surgeries and everything but ultimately wanted me to get back to playing.

The MDSA experience was eerie because most athletes took great pride in their sport, as well as their sporting identity. Athletes were typically viewed as “tough” and resilient, but once medically disqualified, the dynamics can seemingly change. They seemed to want their family and parents to accept the injury for what it is to them while also suffering the fear of how their family will view them once their playing days were over. Regardless, family appeared to be the greatest support system that MDSAs had, even though they may not have always understood what athletes were going through. Ideally, this is where the services of athletic leaders and mental health professionals would prove advantageous, but those are not always available, and student-athletes must lean on family to help them get through their major life change.

Coaches

Coaches have many responsibilities in the lives of student-athletes, including coaching and overseeing their players. Depending on the sport, coaches can have between six and 125 student-athletes on their teams. For those with larger teams, monitoring everyone may be difficult. As such, those who are no longer participating sometimes felt that their coaches dismissed them, even when the student was forced to the sideline by injury. A great majority of participants stated that coaches supported them least after they

were medically disqualified, and they felt somewhat as if they were being pushed aside. Jada said, “Coaches were least supportive. They were trying to push me out.”

As if the MDSA process was not challenging enough, coaches’ actions made athletes feel as if they were being tossed to the wayside. For many athletes, coaches were major nurturing figures, occupying a quasi-parental role in their lives. It may have been damaging to the student-athlete to feel as if their coach is pushing them aside when they became medically disqualified. Like Jada, Mazie shared her feelings when “returning” to the team: “The coaches, once I came back, it was more of like getting pushed to the side again.”

It should be understood that student-athletes are more than just athletes, and it would be helpful if coaches paid more attention to MDSAs during their transition. Instead, the athletes in this study continually mentioned that they felt expendable once they could no longer participate physically. That is not to say that all coaches pushed their athletes aside or did so in a direct manner; the motives of some were a bit more confusing. Alicia said, “With my coach, I felt like he was pushing me out but at the same way, trying to help me out.” It appeared as if her coach was attempting to help her out while also pushing her to the side. Alicia was not alone in feeling unsupported. Tonney spoke of a lack of support in her process as well: “I wasn’t supported fully in the way that I thought I should have been with an injury. It’s like having that injury, I was looked at differently, and that’s hard.”

That is hard. Young adult student-athletes were already tasked with being full-time students and full-time athletes, but once medically disqualified, many of them were left seemingly grasping at straws to make sense of their life without sport. Feeling

alienated by coaches whom most athletes typically look up to only appeared to make the process worse. A simple text or call every now and then could make their experience a bit better, but according to Randy, that did not happen: “When I got disqualified, none of the coaches texted or called or walked up to me saying any encouraging words.”

In the current landscape of sport, most coaches have their cell phones on them at all times and are seemingly connected most hours of the day. I can only imagine the alienation of knowing that coaches have the ability to reach out, and yet they simply do not. For those coaches who did reach out, it appeared as if the communication was short-lived for some athletes. As Devin said,

[The coaches and coaching staff] might check up like one or two times. They might come up to you and be like, “Hey, I’m sorry, man.” Like, “That stinks,” but like that’s it. After like a week or two, they’re not ever checking up on you or texting you like, “Hey, man, how’s it going?”

Whether coaches wanted to or not, it was their job to support their athletes. Athletes are the individuals who go out every night and day and participate in the on-field activities that win championships. Without athletes, there is no need for a coach. Coaches must make it a point to support MDSAs *and* be consistent with the support. In Connie’s case, she felt even more left out after viewing the ways in which the support was different between her and another teammate:

Another instance of me not feeling supported was when another girl got injured and the coaches were checking on her every single day. Her injury was more of a short-term injury, probably why the coaches were texting her every single day like, “Hey, how are you? Are you doing this, this and this?” I was seeing the

juxtaposition between how they were treating something that was more visible versus how they were treating me.

Here, Connie mentioned a problematic juxtaposition that must be addressed. She spoke of her experience of watching her teammate receive far more support than her, which she attributed to the teammate sustaining a short-term injury as opposed to her apparently long-term injury. This could unearth a discussion of performance-based coaching styles because it is possible that she was correct in thinking that coaches were reaching out to her teammate more because her injury was short term. Short-term injuries typically relate to returning to play in a short amount of time, which would be advantageous to coaches who are focused on winning but may not be focused on the health and well-being of their athletes. That is not to say that all coaches were focused on winning at the expense of their athletes' health and well-being, but rather an acknowledgment that this disparity existed in sport, with Connie's case as a vivid example.

This section was not focused on blaming coaches for any inadequacies, given that coaches are tasked with managing multiple tasks at once. As such, their time is limited, and they may not have the time necessary to personally check in with every student. That said, there were some coaches who still wanted MDSAs to remain a part of the team. This was helpful for the participants to continue to feel part of something or have a better understanding of what they were experiencing. For example, Janice spoke of her coaches wanting to include her, and how it felt. She said, "Trainer and coaching staff were willing to do everything to help and were very understanding. It made me feel extremely loved, cared for, and blessed." Here, Janice shares a positive experience of working with coaches and training staff that cared about her being a part of the team after being

medically disqualified. She felt loved and cared for, which is more than could be said for athletes like Alicia and Tonney. Like Janice, Jimmie shared a positive story of his experience. He said, “I still get respect from the coaches, and they still hit me up to see how I'm doing and stuff like that.”

Ultimately, it was important that coaches considered MDSAs in their transition process because coaches were a quasi-parental figure to many athletes, and that relationship may look opportunistic for coaches if not nurtured carefully. Coaches should be cognizant of the commitment athletes have made, even when athletes are medically disqualified, if they want to ensure they are being genuine in their coaching efforts of wanting the best for their athletes. If not, coaches stand to face the contemporary discussion of the hyper-commercialization of sport and the ways in which coaches use athletes for the sake of making money and winning. Athletes like Isaiah had deep feelings about coaches ignoring those who were no longer playing and mainly focusing on active players. Being medically disqualified, some athletes felt they are not important anymore: “They only think about the players that are making money, that are making good plays.”

It is important that coaches spend time reaching out to MDSAs and ensuring that they are still included in team activities, or more experiences like that of Isaiah's stands to tarnish the positive experience offered by intercollegiate athletic coaches.

Friends

After being medically disqualified, participants in this study found comfort in others that did not participate in sports. This gave them a sense of hope that there was more than sports in the world. They were able to have genuine conversations that did not have anything to do with sports. This appeared to be comforting for the athletes in this

study, as they expressed it was refreshing to receive support from friends other than their (former) teammates. For example, Mazie spoke of the difference in her social life pre- and post-medical disqualification.

My social life before, I really didn't have any friends except my teammates, really. I always felt like that was always my group of friends. I wasn't always the best at making friends. I've always been like that my whole life because I always just saw my friends on whatever team I was on. My social life afterwards has actually improved. I've managed to meet a lot of great people and become friends with them due to me just being more open and available.

Here, Mazie shared that her social life actually *improved* after she was done playing sport. She spoke of the ways in which she was able to meet more people in general because she was more available to do so. This is not to say that all athletes felt as if their teammates were inferior friends, but rather a nod to the value of having more time to explore multifaceted friendships outside of sport. The level of support and interaction value was just different when having friends both inside and outside of sport. For example, Connie spoke of the value of having friends outside of her sport:

I really don't have a very good support system. I feel like if I went through the same thing now, it would be a completely different experience because I think a part of it is I have friends outside of volleyball.

It was important for athletes to have friends outside of their sport, but it was often quite difficult to do so because student-athletes typically did not have an abundance of time to meet new people outside of sport. Training 20–30 hours a week during their sport season consumed most of their time, and even when they were not in season, student-athletes

were constantly going to workouts, study halls, team meetings, and sporting events. Having friends outside of sport had its value, as it provided a breath of fresh air for athletes. Additionally, friends outside of sport did not ostracize athletes when they were experiencing injuries. As Sterling said, “My friends never isolated me ever since it happened.”

The current analysis has shown that collegiate athletes face feelings of loneliness and self-infliction during the MDSA experience, especially when they felt alienated from their team and coaches. Having friends outside of sport can make the process a bit easier in regard to transitioning to the traditional student lifestyle. As Jimmie says, “It's always good to have real friends there for you. Them boys really got me feeling good and stuff.”

Teammates. Some participants in this study felt that teammates were not supportive after their medical disqualification. Some of the participants who felt this way also did not have close relationships with many of their teammates before their playing career ended, thus may have had a bad experience since close relationships were not established. Granted, this can vary from sport to sport and from athlete to athlete due to the makeup of the sport. Additionally, not all teams maintained healthy environments, and not all teammates were friendly. There also appeared to be an additional layer of judgment from some teammates, which made the process difficult when MDSAs were already dealing with the fear and anger of managing their injury. For example, Alicia said, “Teammates would say, ‘If you're not able to practice, then you're not able to do anything’ or ‘You can't come here if you're not practicing’ [in reference to attending a football/basketball game].”

The conditional support of teammates in this fashion appeared to be detrimental to the MDSAs experience because they did not choose their injury. For that reason, it could be tough to be penalized for something outside of the athlete's control. In addition to the judgment, some athletes simply did not feel as if their teammates supported them throughout the process. For example, Loretta said, "My teammates didn't really check up on me and asked me how I was doing."

Similar to earlier comments about coaches, some athletes felt as if they were alone in the process after suffering their injury. Some of them felt as if the people whom they had battled alongside on the field deserted them once they were no longer able to compete, which led to a divide and subsequent disconnection. Isaiah spoke of how the dynamic changed when he suffered his injury: "Don't really see those guys [teammates] anymore." That could be tough for athletes, especially when they worked to develop bonds and friendships with teammates who they thought supported them, only to be left out of activities and forgotten when their playing days were over. Sadly, some MDSAs simply felt as if their teammates were disingenuous. As Loretta stated, "My teammates were the worst."

This is not to say that all MDSAs felt left out by their teammates, as some of those relationships ended up being pivotal to some MDSAs recovery. Those who established close relationship with teammates at the beginning of their college athletic career had a better experience with their former teammates. This could have been because teammates created a sense of normalcy for MDSAs by continuing to include them in different events and plans. For example, Jimmie explained how supportive his teammates were during his process. He said, "I got to say the players have been real supportive too

because even though I didn't want to do all that, if they see me in [academic building], they'll still encourage me to, bro just come out.”

As we can see, not all teammates deserted their MDSA friends when the injury occurred, but also highlight the differences that exist from relationship to relationship. Ultimately, teammates could be a very positive support system for MDSAs if they continued to support those athletes when their playing days were over. The process was very delicate, as the empirical material showed the experience can vary based on the strength of the connection and the willingness of teammates to stay friends with MDSAs when they were not forced to be in the same room together.

Additional Support Staff

Some participants had issues with the support given by the athletic administration. To some MDSAs, athletic trainers became distant and created a feeling of being less important. Most MDSAs who met with the sport psychologist seemed to have a negative experience and either sought assistance off-campus or refused further assistance altogether. In discussing her experiences with her athletic trainer, Loretta said, “The athletic trainer was so unconcerned about how texting me to medically disqualify impacted me.” Here, Loretta faced the unfortunate experience of learning of her medical disqualification via text message. This could feel very disingenuous for such monumental news, especially when robbed of the respect of being told in person. To make matters worse, Loretta apparently received the abrupt news via text and was left to digest the information with no support. Loretta also mentioned that she did not receive much support from her psychiatrist or other support staff:

My athletic psychiatrist is the rudest person ever. He literally doesn't even answer my calls. Then the therapist was just useless. I don't get anything out of her sessions...My coaches will reach out to me, every once in a while but other support staff members, gone.

Sadly, it seemed as if the support staff wrote off Loretta as an athlete once she was medically disqualified and actually created a negative experience for her progression.

Some athletes spoke directly to their experience with sport psychologists and therapists after being medically disqualified. These individuals were on staff to support athletes in all matters related to mental health, and their role in the progression of MDSAs could be extremely important in ensuring that athletes were guided through this tumultuous time in life. According to the athletes in this study, they did not receive the help they needed. Mazie stated,

They were actually sending me to a sports psychologist on campus, but at the time, she was the only one available for all athletes. The sessions were very small. I had maybe a session every week, but only lasts maybe 30 minutes. It was hard to get everything out.

Mazie spoke of her inability to get the help she needed because there was only one sport psychologist for all athletes on campus, and she was given insufficient time to talk everything out. During that process, she seemingly did not feel as if she was heard or remotely supported due to the little time allotted for her sessions. This highlighted the growing need for athletic departments to have more than one mental health professional on staff supporting collegiate athletes, especially when some of them were MDSA who are battling major physical and mental health issues. Like Mazie, Jada felt as if she did

not receive adequate assistance from her sport psychologist: “My experience with the sport psychologist was useless. She didn’t help. She want me to meet with a doctor because she believed I had an eating disorder. I felt ignored.”

The mental health crisis continues to grow among college students and many athletic departments do not have the proper staff available for mental health services. As for MDSAs, some found solace by going to counseling outside of the athletic department. As Jada said, “I saw a therapist outside of athletic department, and it was more talking through everything and feeling better about it. I learned, don’t go to the athletic department.”

MDSAs in this study clearly felt alienated and pushed aside, and this could be exacerbated when they were pushed aside by the very people who were employed to help them with the tough times in life. That said, it is more important than ever for athletic administrations and staff to pay closer attention to MDSAs and their experience. Although it was encouraging to see some MDSAs received support outside of the athletic department, it was important they received the services necessary to ensure a healthy transition from collegiate athletics to traditional student life.

Types of Social Support

There are eight types of social support: listening support, emotional support, emotional challenge, reality confirmation, task appreciation, task challenge, tangible assistance, and personal assistance (Judge et al., 2012; Clement & Shannon, 2011). During this study only five of the eight types of support were found: emotional support, emotional challenge, reality confirmation, task challenge and tangible assistance. These

types of support came from family or coaches. It was important to identify how to best support medically disqualified student-athletes when they were at their most vulnerable.

Emotional support was expressed from those that showed concern and care for the student-athletes. All participants experienced emotional support from various people, mainly from family, coaches and teammates. For example, Devin's comment regarding his parents after being medically disqualified: "I would definitely say my parents because they always told me, you know, growing up, I don't-- we don't care if you play sports, if it's something you enjoy doing, you know, we love you either way."

Regarding *emotional challenge*, some MDSAs needed emotional challenge to have a better understanding about how they felt toward or value sports. For many sports, especially women's sports, college athletics appeared to be the end of their playing career. Sustaining a career-ending injury may have unexpectedly shortened their experience. For example, consider Connie's comment in a conversation with her mom:

That was, honestly one of the first things my mom told me. The day I called her after I talked to the coaches back in May, she was like, 'Your career was going to end. It just happened to end earlier than expected.' That has always been on my mind because she had told me that. However, I didn't want to believe it, or I didn't want to truly take it in, or try and comprehend it at the moment.

Regarding *reality confirmation*, many participants did not know being medically disqualified was an option for student-athletes, nor that it occurred often. Reality confirmation was an opportunity for potential MDSAs to receive support from those who shared their experience being medically disqualified. Jada had that opportunity: "I

was able to talk to one of our coaches who was medically disqualified and it helped just understanding there is a life outside of swimming. She helped me see that.”

Task challenge was the support given by those who challenged student-athletes’ perspective to motivate them in their new journey in life. Randy had this opportunity with his football coach, who said, ““You want to do things with your [future] family, you want to run around with your kids. You can't run around while you banged up from all your injuries from ball.””

Regarding *tangible assistance*, all of the participants remained on scholarship and completed their degrees. Some expressed their gratitude toward coaches for allowing them to stay on scholarship. Consider comments from Isaiah, “I think the head coach was very supportive of me. He chose to keep my scholarship,” and Reginald, “I had to learn a new [coaching] staff, because you're still on scholarship, which is great. I was grateful for that.”

Although the focus of this section was related to the various forms of social support that MDSAs received, further research could investigate the existence of the eight forms of social support as noted by Judge et al. (2012). In general, it appeared as if family and friends were the greatest source of support for MDSAs, with smaller amounts of support coming from coaches, teammates, and additional staff.

SRQ4: How are athletes’ psychological reaction compared to Kübler-Ross Model of Death and Dying?

One of the goals of this study was to investigate a potential connection between the experiences of MDSAs and the Kübler-Ross Model of Death and Dying. Each of the participants in this study had varying experiences in their psychological reaction. As most

of the themes of Kübler-Ross Model of Death and Dying were present during the study, it was not in the order that Kübler-Ross originally proclaimed. Themes of denial, depression, anger, and acceptance were found throughout the research. Bargaining was expressed by some participants as they questioned their injury and/or illness, but it was not a major factor evident in the empirical materials collected.

Denial

In Kübler-Ross' *On Death and Dying*, shock and denial were immediate reactions: that illness is not true or that this could not happen to the patient. In this study, many participants experienced denial once they were told that they no longer would be able to participate in their sport. Some MDSAs in this study stated they could not believe their playing career was over, or they attempted to continue their sport and failed. As Isaiah candidly states, "It was not real...Football wasn't over." At that moment, Isaiah was clearly in a state of denial about his career as an athlete being over. He did not want to believe it, but it was true.

Like Isaiah, Sterling shared his disbelief in the news he received: "I didn't believe them. I was like, 'Whatever. You can say what you want. I'm still going to try'... The frustration came out when I tried to wrestle and had a seizure." Here, Sterling discussed the feeling of not wanting to accept that it was all over. Instead, he attempted to continue to compete, only to suffer a seizure during participation. Many athletes experienced this feeling, as most had been "playing through" injuries of some sort for most of their career. Injuries are inevitable in sport, and regardless of the severity, athletes are sometimes encouraged to play through the pain and continue to compete. It is only when they are

medically disqualified when they realize playing through is not an option. Randy spoke of this denial:

Maybe it's nothing. Maybe I may have to get another procedure done, more time to rehab. I was trying to stay on the positive side... I know this can't be the end of the road for me. I know I still got a lot of knowledge in me as far as playing. I just got to stay healthy.

Denial is clearly present in the MDSA process, as athletes in this study spoke of disbelief that they could no longer compete. For some of them, it led to feelings of helplessness, loneliness, and, ultimately, anger.

Anger

Patients in Kübler-Ross' study expressed anger as they no longer could live their version of a normal life after being diagnosed with an illness and/or lack of control over the situation. In this study, all but two participants experienced the stage of anger after each participant was declared medically disqualified. For example, Adarian questioned himself as to why the illness happened to him. As he did not sustain an injury while playing sport, he had to be medically disqualified due to the severity of the illness. He said,

Why me was a thought that I had a lot of the time. Um, just wondering, like, why this, you know, anyone would wonder, just like, why this happened to me and not this person? Why not that person? Um, that was one of my main thoughts...Just 'cause all that I knew, I was like, "I'm not playing at all this year." You know. I'm really gonna be sidelined the entire game. And, uh, I don't know, it's pretty

frustrating. Uh, I think I wasn't confused. I was more just like, at that point I was like, "Why is this happening to me?"

Adarian's confusion led to anger quite quickly. The question of "why me" seemed to ring like church bells in his head, nonstop. This thought process was clearly congruent with the second stage of the Kübler-Ross Model as he expressed he was very frustrated and seemingly helpless in the process. From there, the anger typically took a sharp turn because athletes started to make sense of the cessation of sport. When asked about his anger patterns, Adarian said,

I do get super-upset about it. Like I just told you, like I've talked, I wanna punch somebody in the face... I just say that I wanna punch people on the face when they ask me about it, because you know right now it makes me angry. I wanna, actually wanna punch anybody in the face. It's just that at that moment in time, that's how I feel when they talk to me about it, you know.

Some athletes like Adarian became quite upset and angry with their situation, and others expressed anger in various ways. The common reaction was crying. Most of the participants cried as they felt their lives were about to change in an unknown direction. For example, Jimmie shared his experience in this stage of grief: "I cried, punched things. It was just a period of anger and sadness." Jimmie expressed a clear period of anger and sadness when he realized his sporting days were over. Tears and rage flowed through his body as the anger overtook his emotions.

Like Jimmie, Mazie also wept: "I was crying. I was crying from just the harshness of it, of how it was quickly done." Here, Mazie discussed how her tears flowed from the realization that her career was so swiftly taken from her by way of her injury. As with

anything in this life, it was understandable for people to be upset when their life's work is suddenly taken from them, and they were told they can no longer work on their craft. Sterling shared his experience of being angry as well: "I was pissed. So mad... It made me feel angry knowing that I was able to do something and just take a bunch of steps back and not forward...I didn't know who to take it out on my anger." For athletes like Sterling, it could be hard to channel these emotions alone, especially in the space of anger and grief with the lack of support expressed by MDSAs in this study.

For some athletes in this study, it appeared as if their anger was tied to thinking they should be the ones competing instead of watching others do it at a level the MDSAs believed they could surpass. For example, Connie said, "I was still a little bitter because I should also be out there at this time."

As some participants were trying to build an understanding of their new lifestyle, time and sport must go on. Many of the medically disqualified student-athletes experienced resentment toward teammates and their sport. For example, Isaiah said, "I felt jealous of guys practicing." Of course, Isaiah was jealous of those being able to practice, especially when he was unable to do so. This was seemingly an eerie place to be as the anger of being medically disqualified made it difficult to cheer on members of the team. As Jada stated, "I loved cheering on the team, but it got to my event and I had to go into the locker room because watching them swim my race and imagining that's where I could have been."

Student-athletes clearly took ownership in their craft and subsequent specialties because they dedicated thousands of hours to developing that particular skill. Jada mentioned it was tough to watch "her race" because she could not help but imagine

where her performance may have taken her. In that fashion, some of the anger of this stage of grief came from athletes who felt they still had much more to prove in their sport. For example, during Randy and Isaiah's anger stage, they felt they had to prove their worth to their sport. They had high expectations to go far into the professional league, but injury cut that journey short. Randy said, "I didn't want to accept it at first because I have much to prove," while Isaiah emphasized, "I had to prove myself again."

Anger, the second stage of the Kübler-Ross Model of Death and Dying, was prevalent in the experiences of MDSAs in this study, especially those who suffered abrupt injuries that caused an instant end to their playing days.

Bargaining

The bargaining stage was the point when patients bargain with God or question themselves as to whether, had they done something different, they would have had a better outcome (Kübler-Ross, 1969). As in Kübler-Ross' research, many participants in this study did not experience this stage. Alicia and Randy had their moment of bargaining with the opportunity to do something different or transfer to another institution to play. Alicia said, "I wish I would have known that that was the last game I was going to play in. Maybe I would have done something different, tried something new." Here, she expressed her belief that there was potentially more she could have done during those times, or a different way of doing things. Randy's situation was a bit different, as he was told by another student-athlete that being medically disqualified applied only to his current institution. Randy went through a moment of looking at transferring to another institution. He said, "I don't care if it's DI, DII, or JUCO. I just want to play ball."

Randy decided to stay at his current institution once he realized the seriousness of his injury. As previously stated, the bargaining stage was not very present in the MSDA experiences in this study. Further research could specifically investigate the prevalence of bargaining by use of a more directed interview protocol.

Depression

Many participants lacked motivation once sport was over. Academic grades went down, communication with family and friends became non-existent, and the lack of will to go places became concerning. In fact, many participants in this study directly mentioned they experienced depression during their process. This could be attributed to the aforementioned lack of motivation, isolation, and simply missing the competition space. In speaking on the lack of motivation, Michael said, “Lack of motivation to really do anything...My grades slipped quite a bit. I couldn’t focus. I didn’t want to go to class. I think I skipped a lot of my classes. I just had no motivation.”

Helplessness was a common theme among the MSDA experiences in this study, especially after receiving the news of their medical disqualification. From there, manners of isolation and loneliness tended to set in. A few participants even isolated themselves from their teammates, families, and coaches once they were medically disqualified. They seemingly wanted to be by themselves for days and not communicate with anyone. They did not want to talk about their injury, disqualification from sport, or plans for the future. As Randy said, “That whole day, I just stayed to myself. I went back to my room, locked the door, cut the lights off and started crying.” His candid remarks speak to the continued discussion of mental health issues that arise once MSDAs receive news of their fate. Mazie also spoke of this troubling period:

During that time, I would be very distant from people or I would be quieter. If I had to go to class on campus, I would go to class and immediately go back to my apartment. No social interactions. I didn't say anything to my then former teammates because I just distanced myself. I just felt so angry and hurt that I didn't want to talk to anybody. The only person I was really talking to then was my mom and my therapist.

At least Mazie was able to go to class and still speak with her mom and therapist, which was more than many other athletes like Randy who wanted to simply be alone and grieve in the darkness. Others still interacted with the world but in a reduced manner. For example, Connie spoke of this loneliness during her process:

I also felt lonely because I was sitting on the sideline by myself while everyone else was performing. I was sitting at home at night thinking about performing, et cetera. It got very lonely and I also shut people out or I didn't talk about it really when people would ask me about it. I would just give them short answers because it made me uncomfortable because I didn't come to terms with it right away because to me it was like, "Oh, this is temporary or something."

Here, it appeared as if Connie was at the depression stage while still exhibiting some form of denial about the finality of the decision to medically disqualify. Regardless, some MDSAs actively isolated themselves and pushed others away in this depression stage, which made the process more difficult in the long run. As Devin stated, "Kind of pushing your friends away and isolating yourself. Not--maybe not purposely, but just out of like, 'Oh, they don't wanna be around me 'cause I can't play football.'" Athletes like Devin felt as if they should just be alone because they could not be the version of the self that they

thought people accepted. This process was congruent with the Kübler-Ross Model of Death and Dying, in which patients exhibited feelings of lack of motivation and feelings related to depression.

After not playing their sports for a while, participants began to miss playing sports and their camaraderie with teammates. They played the sport for many years and enjoyed the bond with teammates, so many were saddened to no longer be a part of the team. Devin spoke of this: “For a long time you just feel like you're left out because you can't do the things that other people can do. So it's tough.” It is tough to be left out, especially when athletes were already dealing with issues related to identity and isolation. Athletes spent their entire lives competing, so it can be difficult to accept they can no longer compete. Like Devin, Tonney spoke of this feeling of missing out. She said, “I would say just random thoughts that come to me, like missing the team or missing the feeling of being out on the field with everyone, playing with everyone.”

For other athletes, fear of the future was connected to their depression. As previously discussed, the uncertainty that comes with sustaining a life-changing injury can lead athletes to a very dark place where they were unsure of what will happen next. For many, sport was their life, and they could not see another reality without it. Connie mentioned this feeling:

Prior I was sad because I didn't know where life was headed. I didn't know where I was supposed to go from there. I was sitting in that gym every single day watching everyone else live out the dreams that I wanted to accomplish.

In this stage, some athletes in this study spent a lot of time watching their teammates, while others like Randy spent their time watching themselves via game film. He said, “I

didn't want to play Madden no more because I missed it so much...I just pull up my old tapes from high school, look at my cleats and just sit there with them.”

The depression stage of the Kübler-Ross Model of Death and Dying was the most prevalent of all the stages for the MDSAs in this study. Many of them suffered from a lack of motivation after losing their identity tied to athletic competition. Those feeling led to isolation and loneliness in addition to submersion in reflective states and memories.

Acceptance

For MDSAs, the final stage of the Kübler-Ross Model of Death and Dying was the most important, as they reach a stage of comfort and acceptance of how their life will be now that they are no longer competing in sport. Although it was a tough process to move on from denial, athletes in this study exhibited the ability to eventually embrace acceptance, and some of them were seemingly happier with their life post-medical disqualification. Mazie spoke of the importance of happiness: “Me growing as a person is really me focusing on what makes me happy, what makes me happy. Finally putting my well-being at the forefront instead of trying to please everybody else so much.” Here, Mazie spoke of the importance of focusing on what made her happy and finally putting that above all else. She was seemingly no longer focused on pleasing everyone around her or conforming to what she thought they might want from her. Instead, she was able to just be.

Like Mazie, Loretta spoke of the blessing that came with her process: “A blessing in disguise for me because the person that I've become since I've stopped playing tennis is just so much different and so much better.” Athletes like Mazie and Loretta highlighted the value of being happy with who they were as people and focusing on the positives.

Devin also shared this sentiment: “Just being satisfied with who you are...That you can't rely on someone else or something else to make you happy, or make you feel fulfilled.”

Athletes at this stage reached the point where they were able to secure happiness, knowing that things will work out. For many athletes, this usually led to discovering other passions that fulfilled those needs and made them feel valued. Mazie spoke of this growth process: “Growing is just learning more about me and basically investing more in myself really, trying to just get out and enjoy things that you didn't have a chance to enjoy before because you had a full schedule.”

Growing was very important, as this entire process was one of continuous growth for MDSAs. They had to grow in order to come to terms with their medical disqualification, as well as make sense of their lives without sport. For many, this was a period of exploration and the expansion of their horizons. Michael spoke of this expansion: “I expanded my horizons beyond football, I found other passions [cooking and musical theater]. Being a part of the [football coaching] program has really expanded outside of it and my friend circle.”

For athletes like Michael, expanding their sporting horizons proved beneficial in branching into coaching and other pursuits. For others like Sterling, education became priority. Sterling said, “I focus a lot more on my education. It's almost I switched [wrestling] for hobbies.” Like Sterling, Jeremiah said, “It was a choice that I made... I wasn't mad, I wasn't sad. I've been good, honestly, just focusing on school.”

Sterling's experience was admirable, as education should technically be at the forefront of the student-athlete experience. Regardless, it was positive to see MDSAs like Sterling and Michael find passions outside of their sport. After all, their sports careers

must end someday, and for some of them, the injury was the only thing that would bring about that conclusion. Take Jada for example, who spoke of the need for the injury to redirect her path:

I needed to have that injury to stop me from swimming because there was nothing else that would stop me. It happened so I could get that opportunity and have a chance to have the future I want...After I got the vet job my grades started going back up again and I started to feel myself again...It was after [swimming] when I realized it wasn't just here or there that I was missing things [family trips and job opportunities] but it was an entirely different life that I was missing where I could work full-time and travel and really live. It felt good once I realized it.

Although the injury itself was not a positive experience, the aftermath appeared to be one of joy because Jada was able to indulge in life accomplishments and events which she had been missing due to her sporting responsibilities. She was able to place more value on her career progression in addition to family time, which was essential. Ultimately, student-athletes need the closure and acceptance stage to move on. From there, it seemed to be a speeding bullet to brighter days. As Reginald expressed, "I spoke to my dad about everything for the last time in 2018; that helped me out a lot. From then on, I was in tunnel vision to move forward."

The final stage of the Kübler-Ross Model of Death and Dying, acceptance, was rampant in the empirical materials of this study. MDSAs were able to reach the stage of acceptance and come to terms with their medical disqualification while also finding solace and happiness post-injury. From here, the hope is that all of them achieve the same tunnel vision that Reginald experiences: the ability to move forward.

CHAPTER 5: DISCUSSION AND CONCLUSION

The purpose of this study was to examine the experiences of medically disqualified student-athletes at the NCAA Division I level to further understand the process they undergo after receiving notice of being medically disqualified from collegiate athletic participation. Medical disqualification occurred when student-athletes were notified that they are no longer allowed to compete in intercollegiate athletics because of a medical injury or ailment, typically expressed by a team physician or athletic trainer. There were a few ways that student-athletes get to the point of medical disqualification, including a career-ending injury, severe mental health conditions, and other unforeseen medical conditions that can negatively affect physical health (e.g., heart or blood clot issues). No matter their respective routes to becoming MDSAs, collegiate athletes in this group encountered the abrupt ending to their sporting careers and must make sense of their new futures. Through the scope of interpretive phenomenological analysis, this study aimed to gain a better understanding of the experiences of MDSAs and determine if the MDSA experience followed a stage-like progression congruent with the Kübler-Ross Model of Death and Dying. Completing IPA in this study exposed student-athletes' emotional experiences after being medically disqualified. Understanding their experiences showed the face value of what goes through participant's minds, needs, and emotions. IPA allowed the study to focus on finding common experiences with MDSAs, ensured that the behavior of each participant was not manipulated, and enabled us to explore contextual conditions over time.

Project Outline and Summary

The central research question posed in this study was to investigate how medically disqualified student-athletes describe their experiences transitioning out of a sport after their athletic career had ended. The results of the study showed that MDSAs first exhibited a loss of self, related to the manner in which their athletic identity was subsequently taken from them through medical disqualification. Many athletes felt as if they were lost with no idea where to go from that point, whereas others directly mentioned that they did not know who they would be without their sport identity. The salience of their athletic identity made it difficult for some athletes to see a future ahead. MDSAs also mentioned a disconnection from their team and sporting family, which proved more difficult to handle considering they already felt somewhat alienated for being injured (and subsequently not competing) in the first place. Many athletes mentioned they did not feel as if they were part of the team anymore, while others mentioned they felt “pushed aside” by coaches, teammates, athletic training staff, and administrators. Lastly, many of the MDSAs explained the importance of making new friends outside of their sport. This appeared because many athletes were used to the friendly connections made by having teammates as friends who understand their everyday life. Now that they were medically disqualified, many of the athletes mentioned that the transition from being a student-athlete to a “normal” student was challenging but refreshing.

This study also aimed to understand the ways in which the MDSA transition out of sport affects their choices, emotions, and psychological conditions as they proceeded forward. Before medical disqualification, many athletes described the shock they felt

when they were injured. Some were upset at the injury itself while also remained optimistic they could overcome it. For others, the injury sparked an internal debate about the value of their sport and whether they believed their experiences were worth the trouble. Unfortunately, this appeared to lead to self-implication for many athletes because they felt overwhelmed. The loss of their athletic identity, coupled with the growing problem with mental health problems among athletes, exacerbated this issue for those battling injuries at the intercollegiate level. Apparently, many athletes at this stage felt unappreciated and directly mentioned how that affected their mental health and talked of depression (and related symptoms), helplessness, anxiety, and disappointment. The mental health portion of this experience was exacerbated with the MDSAs who felt as if the people around them did not believe they were as injured as they claimed. In fact, many athletes felt as if they had to *prove they were injured*, as if it were something that one would desire. Pressure from coaches and teammates to “play through” was clearly damaging for MDSAs, especially when they were already facing the frustration of being sidelined for something they seemingly did not ask for.

The aforementioned frustration seemed to lead to fear and anger for many athletes in this study. Once MDSAs began to make sense of the reality of their injury, many of them began to question what would come of their careers as athletes (or maybe, just as students). This was quite difficult for MDSAs to deal with in stride, given the reality that their athletic identity could be stripped away from them at a time when they were still developing a sense of self. Additionally, they had to continue with being a full-time student while making sense of a major (sometimes traumatic) life change. The simultaneous nature of this period of time could be challenging, which is why some

athletes experienced bits of anger and frustration with the lack of knowledge of what was to come. For some of them, they understood they had to keep going for the sake of their scholarship eligibility, but that appeared to be no easy task to accomplish with seemingly limited support from those around them.

After receiving the news of medical disqualification, the emotions of the athletes in this study had an apparent shift. Although some of them still felt small manners of shock, many of them talked about figuring out what to do with themselves now that they had more time to focus on things outside of sport. MDSAs at this stage appeared to experience emotions related to desolation and helplessness, especially when they mentioned they felt as if all eyes were on them. The acceptance of medical disqualification seemed to take some time to process, but athletes seemed to make sense of reality as time progressed and ultimately came to a sense of peace and acceptance.

Regarding the social support systems that impacted their transitional experiences, MDSAs spoke directly about calling a family member to break the news that they are no longer allowed to continue their sport. Most MDSAs expressed that their families were the biggest supporters during their transition, and for many, their mother was the first person they called. Outside of family, social support from coaches, teammates, and additional athletic support staff seemed quite limited. Athletes in this study felt as if those in the sports community essentially forgot about them and pushed them to the side when they were medically disqualified. Fortunately, many of the athletes in the study were able to confide in the friends they made outside of sport. Those friends provided a stable environment where athletes were free to be themselves and were apparently not expected to prove the severity of their injury.

The eight types of social support include listening support, emotional support, emotional challenge, reality confirmation, task appreciation, task challenge, tangible assistance, and personal assistance (Judge et al., 2012; Clement & Shannon, 2011). A review of the types of social support uncovered that all eight types of social support were met in different ways for most of the participants. During this study only five of the eight types of support were found: emotional support, emotional challenge, reality confirmation, task challenge, and tangible assistance. These types of support were expressed from family or coaches. It is important to know how to best support medically disqualified student-athletes when they are at their most vulnerable.

The final layer of this project was an attempt to investigate the potential existence of a connection between the experience of MDSAs and the Kübler-Ross Model of Death and Dying. Themes of denial, depression, anger, and acceptance were prevalent throughout the analysis, while bargaining did not appear to be a major factor amongst the MDSAs in this study. Additionally, some participants who exhibited themes related to the Kübler-Ross Model of Death and Dying did not appear to progress through the stages in the order originally proclaimed by Kübler-Ross.

Discussion

The major themes discussed in Chapter 4 were supported by existing literature on the psychological impact of injury in sports. The results of this study confirmed Brewer et al.'s (1993) study that athletes are vulnerable to emotional difficulties when injury restricts competition, and face problems in their sport career transition with strong athletic identity. Additionally, Grove et al., (1997) and Judge et al. (2012) expressed that athletic identity was strongly correlated to psychological adjustment required and time

needed to adjust properly to a new change. These studies emphasized that student-athletes needed time to accept their new role after sports. Those who had not participated in sports have found new passions or opportunities to explore after six or more months. This study also supported Brewer and Petrie (1995), Pearson and Petipas (1990), Rotella (1984), and Smith and Milliner (1994) research, confirming injured student-athletes experienced depression, loneliness, and anxiety. The research in this study went into detail about their experience and how it contributed to other studies. All stories are different, but overall, the themes were all the same.

On the other hand, this study refutes Clements and Shannon's (2011) study that student-athletes are more satisfied with social support from athletic trainers. The Clement and Shannon (2011) study differed from the current study because the participants sustained injuries yet had the opportunity to return to competition. In other words, they were not injuries that would render the athletes medically disqualified. Understandably, they saw the athletic trainer frequently in order to return to their sport. However, after talking to participants who cannot return after permanent injury or long-term illness, they were more satisfied with their family's support.

Chapter 2 discussed the reverse buffering effect as a possibility for a negative outcome of support. This was expressed among some MDSAs family members. Some participants stated that some family members did not understand what they were going through, and their support was expressed positively, but they felt pressure to get over it and find something else to do. That did not sit well with two participants as they had emotional breakdowns in front of their families in response.

There are many similarities in athletic identity, social support, and psychological reaction in previous studies. However, this study was unique in focusing on student-athletes who no longer can participate in their sport because of injury.

Implications

Based on the findings from this study, there is clearly a need for a more in-depth analysis related to MDSAs and their experiences transitioning out of sport. For many, this abrupt change had a drastic effect on their mental health, as well as the obvious physical issues that came with medical disqualification. In addition to their diminishing athletic identity, many athletes in this study felt alienated and pushed aside by the athletic community they thought cared for them. Unfortunately, this feeling resulted from actions (or lack thereof) of (former) coaches, teammates, athletic training staff, and additional athletics administrative staff. Division I institutions need to pay more attention to MDSAs as their experience are very important to the student-athlete experience at large. Injuries and physical illnesses are seemingly unavoidable for some athletes, especially those competing in more physical sports. To suffer an injury is already a tough hurdle to overcome, but the alienation and mental health illnesses that follow as a result of how athletes are treated once medically disqualified is a serious issue that needs far more attention. With these possibilities, it is important for administrators to build relationships with clinical resources to have the best help for, not only medically disqualified student-athletes, but for all student-athletes if resources are needed for mental health. The ways to engage MDSAs with the resources are to introduce them early in their athletic career (freshmen year) and create multiple opportunities for student-athletes to meet and engage with mental health resources. It is important for student-

athletes to have resources, but it is also important for them to know who, and what, they are.

The findings from this study also suggests a need for policy change at the institution or NCAA level concerning MDSAs and their experience. As it currently appears, intercollegiate athletics does not appear to support MDSAs through their transitioning process. In fact, many athletes spoke of being pushed aside, which would lead one to believe that some NCAA institutions only care about the body of the athlete in a performative sense. If that is true, the problem afoot is far more pressing because that would mean that the commercialized aspect of sport performance overshadows the nurturing aspect of intercollegiate sport. This would go against the mission of the NCAA. If this is accurate, the NCAA should spend time developing policies to ensure that MDSAs have a careful transition out of sport with full social, athletic, and academic support. MDSAs seemingly did not ask for their injury or illness, and institutions should support them when such traumatic events take place.

Lastly, an additional discussion is warranted in reference to the Kübler-Ross Model of Death and Dying. The bargaining stage was not very prevalent in this study. This is congruent with the limitations of Kübler-Ross' model, but bargaining did take place to some degree, which could mean there is more to be investigated. This could also direct attention to the mindset of collegiate athletes. From the beginning of their playing days until the time they are finished, most student-athletes operate on a strict mindset of focusing on what is in front of them and conquering tasks as they come. For example, most athletes are used to people telling them what to do, where to be, how to do things, and when to do things. Because of that, some were very consequential in their thinking

(e.g., if you do A, B will happen), and many have a “so, now what?” mentality.

Regarding bargaining, many athletes appeared to skip from anger to depression, primarily because they may have realized there was nothing that could be done to change their injury. The injury happened, and they were tasked with progressing through and figuring out what was next. As one can imagine, many felt a hopelessness and desolation throughout the process, which may be attributed to the skipped bargaining stage. It is possible that athletes in this stage realized their injury is their reality and that they must simply deal with it. There was no bargain. They must adapt. That was typically how their games are played, regarding dealing with the reality of the situation. As it appears, the MDSA experience in progression is no different.

Limitations

With this study completed, it is important to note that it is not without limitations. To begin, this sample included a handful of athletes that attend one NCAA Division I institution who were medically disqualified from their sport between two months and five years. Students in this population were also included as the criterion sample because they remained at their institution academically and did not transfer post-medical disqualification. Because the selective criteria were narrow and specific, acknowledgment that this sample does not speak to the experience of all MDSAs is important. It is also the researcher’s understanding that MDSAs’ experiences can be very sensitive and hard to discuss for some, so some participants may not have fully disclosed their experiences during interviews. All participants were also interviewed within a three-week period, which does not provide much time for reflection and analysis in between interviews.

Future Research

There are a number of additional prospects for this research topic. For starters, researchers could conduct a longitudinal study of the experiences of MDSAs from the moment they get injured until 6–12 months after their medical disqualification to gain a more in-depth perspective on the experiences and emotional transitions that exist at each stage. The interview protocol addressed multiple stages of the experience during the interview process, but future research could be more intentional in investigating the progression as it is happening so the findings are “fresher” in the minds of MDSAs, which could provide a stronger understanding of the experiences of MDSAs at large. Future research could also include additional participants at other universities to see if this problem is prevalent at more than one institution. That information could help encourage the NCAA to develop policies that member institutions must follow regarding the transition of MDSAs. If the NCAA is going to listen, the sample of athletes with experiences like that of those in this study should be more representative of the population.

Future research could also include replicating the current study at the Division II and Division III levels to see how the experiences differ from Division I athletes. Athletes in Divisions II and III seemingly have less resources available to them, which could mean that the issues presented here could be exacerbated by those shortcomings. Future research could focus on the MDSA experience of those athletes to see if there is a NCAA-wide issue related to resource allocation to MDSAs. Additionally, future research could investigate the difference in experiences between those who suffered physical career ending injuries and those who suffered unexpected illnesses that may not be sport-

related. It is understood that both can warrant a medical disqualification, but future research could look at these experiences and see if there is a difference in the ways that differently disqualified MDSAs handle the information.

All perspectives represented here are from collegiate athletes, so future research could investigate the phenomenon from the perspective of stakeholders who are adjacent to the MDSAs experience: coaches, teammates, athletic staff, and additional athletic administrators. This could provide a holistic perspective on the issue and allow an analysis of comparison to take place. From there, the findings could be used to bridge the gap and ultimately help make the process more fruitful for all involved. It is understood that dealing with injuries is no easy task, so gaining the perspectives of all involved could stand to help make the transition process easier. Additionally, a more directive interview protocol focused on bargaining could help determine if that part of the Kübler-Ross Model of Death and Dying exists for MDSAs. Although the process seemed to embody every theme of the Kübler-Ross Model of Death and Dying, bargaining was the weakest connection, and future research could help determine if it takes place. This, coupled with the experiences from all involved in the MDSA experience, could help future leaders in creating policies and protocols for aiding the MDSA experiences and making sure that they are supported on all fronts.

Ultimately, the purpose of this study was to provide a voice to the lived experiences of MDSAs and allow them to speak to the reality of their lives after receiving the news of medical disqualification. It is up to athletic leaders to ensure that MDSAs are being supported on- and off the field, especially when they are facing injuries and subsequently battling a quasi-identity crisis as young adults. It is very important that we

continue to make their process more fruitful and support them through every stage of the Kübler-Ross Model of Death and Dying. If we do so, it will exemplify the meaning and original mission of the NCAA, which is to protect the academic integrity of the student-athlete experience. Sport must come to an end at some point for all of our athletes, and for those who are medically disqualified and abruptly cut short, we must work diligently to make sure that they can transition out of athletics in a healthy manner and proceed to go pro in something other than sport.

REFERENCES

- Adler, P.A. & Adler, P. (1989). The gloried self: The aggrandizement and constriction of self. *Social Psychology Quarterly*, 52(4), 299-310.
- Appaneal, R.N., Levine, B.R., Perna, F.M., & Roh, J.L. (2009). Measuring post injury depression among male and female competitive athletes. *Journal of Sport & Exercise Psychology*, 31, 60-76.
- Armstrong, D. (2016, January 8). *Disqualified after concussions, college football players recruited back onto the field*. Stat. <https://www.statnews.com/2016/01/08/concussions-college-football-players/>
- Armstrong, S.N., & Oomen-Early, J. (2009). Social connectedness, self-esteem, and depression symptomatology among collegiate athletes versus nonathletes. *Journal of American College Health*, 57, 521 - 526.
- Barefield, S. & McCallister, S. (1997). Social support in the athletic training room: Athletes' expectations of staff and student athletic trainers. *Journal of Athletic Training*, 32(4), 333-338.
- Barnard, J.D. (2016) Student-athletes' perceptions of mental illness and attitudes toward help-seeking. *Journal of College Student Psychotherapy*, 30(3), 161-175. doi: 10.1080/87568225.2016.1177421
- Beauchemin, J. (2014). College student-athlete wellness: An integrative outreach Model. *College Student Journal*, 2, 268- 280.

- Beehr, T.A., Farmer, S., Glazer, S., Gudanowski, D.M., Nadig Nair, V. (2003). The enigma of social support and occupational stress: Source congruence and gender role effects. *Journal of Occupational Health Psychology, 8*(3), 220-231. doi: 10.1037/1076-8998.8.3.220
- Benner, P. (Ed.) (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage Publications.
- Bianco, T. (2016). Social support and recovery from sport injury: Elite skiers share their experiences. *Research Quarterly for Exercise and Sport, 72*(4), 376-388.
- Biviano, G.M. (2010). Athletic trainers' comfort and competence in addressing psychological issues of athletes (Publication No. 3801) [Master's thesis, San Jose University]. doi: <https://doi.org/10.31979/etd.sxas-76s2>
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Archives of General Psychiatry, 65*(12), 1429–1437. <https://doi.org/10.1001/archpsyc.65.12.1429>
- Brewer, B.W., Van Raalte, J.L. & Linder, D.E. (1993). Athletic identity: Hercules' muscles or Achilles heel? *International Journal of Sport Psychology, 24*, 237-254.
- Brewer, B.W. & Petrie, T.A. (1995). A comparison between injured and uninjured football players on selected psychosocial variables. *The Academic Athletic Journal, 10*, 11-18.

- Chan, C. S. & Grossman, H. Y. (1988). Psychological effects of running loss on consistent runners. *Perceptual and Motor Skills*, 66(3), 875–883.
<https://doi.org/10.2466/pms.1988.66.3.875>
- Chen, S., Snyder, S.H., & Magner, M. (2010). The effects of sport participation on student-athletes' and non-athlete students' social life and identity. *Journal of Issues in Intercollegiate Athletics*, 176-193.
- Clement, D. & Shannon, V.R. (2011). Injured athletes' perceptions about social support. *Journal of Sport Rehabilitation*, 20, 457-470.
- Corr, C.A. (1993). Coping with dying: Lessons that we should and should not learn from the work of Elisabeth Kübler-Ross. *Death Studies*, 17, 69-83.
- Cosh, S & Tully, P. (2015). Stressors, Coping and Support Mechanisms for Student-Athletes Combining Elite Sport and Tertiary Education: Implications for Practice. *Sport Psychologist*, 19,120-133. doi: 10.1123/tsp.2014-0102
- Creswell, J. W. (2017). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Thousand Oaks: CA: Sage Publications, Inc.
- Crosby, J.F., Gage, B.A. & Raymond, M.C. (1983). The grief resolution process in divorce. *Journal of Divorce*, 7(1), 3-18.
- Dermer, S. (2017, March 31). *The challenges of a medically disqualified athlete*. WOUB Public Media. <https://woub.org/2017/03/31/the-challenges-of-a-medically-disqualified-athlete/>

- Douce, L. A., & Keeling, R. P. (2014). A Strategic Primer on College Student Mental Health. Retrieved from <https://www.apa.org/pubs/newsletters/access/2014/10-14/college-mentalhealth.pdf>
- Drape, J. (1997). Football paralyzed athlete loses workers compensation appeal. *New York Times*. Retrieved from <https://www.nytimes.com/1997/10/21/sports/football-paralyzed-athlete-loses-workers-compensation-appeal.html>
- Eisenberg, D., Downs, M.F., Golberstein, E., Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical care research and review: MCRR*, 66(5), 522–541. <https://doi.org/10.1177/1077558709335173>
- Fineran, K.R. (2012). Helping foster and adopted children to grieve the loss of birthparents: A case study example. *The Family Journal: Counseling and Therapy for Couples and Families*, 20(4), 369-375. doi: 10.1177/1066480712451230
- Gayles, J. & Hu, S. (2009). The influence of student engagement and sport participation on college outcomes among division I student athletes. *Journal of Higher Education*, 80(3). doi:10.1353/jhe.0.0051.
- Gee C. J. (2010). How does sport psychology actually improve athletic performance? A framework to facilitate athletes' and coaches' understanding. *Behavior modification*, 34(5), 386–402. <https://doi.org/10.1177/0145445510383525>
- Grove, J.R., Lavallee, D. & Gordon, S. (1997). Coping with retirement from sport: The influence of athletic identity. *Journal of Applied Sport Psychology*, 9(2), 191-203.

- Halbert, S. A. (2007). *Exploring the relationship between athletic injury and coaching behavior* [Master's thesis, Miami University]. OhioLINK Electronic Theses and Dissertations Center.
- Harris L. L. (2003). Integrating and analyzing psychosocial and stage theories to challenge the development of the injured collegiate athlete. *Journal of athletic training*, 38(1), 75–82.
- Hashim, H.A.H., Mei-Li, L. & Guan, N.C. (2013). A journey from the known to the unknown: A qualitative study approach. *ASEAN Journal of Psychiatry*, 14(1).
- Henschen, K.P., & Shelley, G.A. (2007). Counseling athletes with permanent disabilities. In D. Pargman (Ed.), *Psychological bases of sport injuries* (3rd ed.). Morgantown, WV: Fitness Information Technology.
- Housenik, T. (2017). Former Pius X star A.J. Long finding health, happiness in his third college stop. *The Morning Call*. <https://www.mcall.com/sports/mc-spt-aj-long-west-chester-hot-on-the-gridiron-1010-20171010-story.html>
- Judge, L.W., Bellar, D., Blom, L.C., Lee, D., Harris, B. Turk, M., McAtee, G., & Johnson, J. (2012). Perceived social support from strength and conditioning coaches among injured student athletes. *Journal of Strength and Conditioning Research*, 26(4),1154-1161.
- Johnston, L.H., & Carroll, D. (1998). The context of emotional responses to athletic injury: A qualitative analysis. *Journal of Sport Rehabilitation*, 7, 206-220.
- Kickul, J., & Posig, M. (2001). Supervisory emotional support and burnout: An explanation of reverse buffering effects. *Journal of Managerial Issues*, 13(3), 328–344.

- Kissinger, D.B., Newman, R., Miller, M.T., & Nadler, D.P. (2011). Athletic identity of community college student athletes: Issues for counseling. *Community College Journal of Research and Practice*, 35(7), 574-589.
- Kleiber, D.A., Greendorfer, S.L., Blinde, E.M., & Samdahl, D.M. (1987). Quality of exit from university sports and life satisfaction in early adulthood. *Sociology of Sport Journal*, 4, 28-36.
- Kroshus, E. (2016). Variability in institutional screening practices related to collegiate student-athlete mental health. *Journal of Athletic Training*, 51(5): 389–397. doi: <https://doi.org/10.4085/1062-6050-51.5.07>
- Kroshus, E., & Davoren, A. K. (2016). Mental health and substance use of sexual minority college athletes. *Journal of American College Health*, 64(5), 371–379. <https://doi.org/10.1080/07448481.2016.1158179>
- Kübler-Ross, E. (1969). *On Death and Dying*. London: Collier-MacMillan.
- Lavallee, D., Gordon, S. & Grove, J.R. (1997). Retirement from sport and the loss of athletic identity. *Journal of Personal and Interpersonal Loss*, 2(2), 129-147.
- Leddy, M.H., Lambert, M.J., & Ogles, B.M. (1994). Psychological consequences of athletic injury among high-level competitors. *Research Quarterly for Exercise and Sport*, 65(4), 347-354.
- Leff, S. S., & Hoyle, R. H. (1995). *Young athletes' perceptions of parental support and pressure*. *Journal of Youth and Adolescence*, 24(2), 187–203. doi: <https://doi.org/10.1007/BF01537149>

- Maciejewski, P.K., Zhang, B., Block, S.D., & Prigerson, H.G. (2007). An empirical examination of the stage theory of grief. *JAMA*, 297, 716-723.
- Markus, H. (1977). Self-Schemata and processing information about the self. *Journal of Personality and Social Psychology*, 35(2), 63-78.
- Markus, H. & Wurf, E. (1987). The dynamic self-concept: A social psychological perspective. *Annual Review of Psychology*, 38, 299-337.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: Sage Publications.
- McDonald, S. A., & Hardy, C. J. (1990) Affective response patterns of the injured athlete: An exploratory analysis. *The Sport Psychologist*, 4, 261-274. doi: <https://doi.org/10.1123/tsp.4.3.261>
- McElroy, M. A., & Kirkendall, D. R. (1981). Conflict in Perceived Parent/Child Sport Ability Judgments, *Journal of Sport Psychology*, 3(3), 244-247.
- Miles, M.B. & Huberman, A.M. (1994). *Qualitative data analysis*. (2nd edition). Thousand Oaks, CA: Sage Publications.
- Mink, N. (2019). Gabe Horan ‘blindsided’ by medical disqualification 1 month after thinking concussion was behind him. *Syracuse.com*.
<https://www.syracuse.com/orangefootball /2019/02/gabe-horan-blindsided-by-medical-disqualification-1-month-after-thinking-concussion-was-behind-him.html>
- Mumby, C. (2010, February 7). No pass, no play. No problem? Do school activity eligibility requirements help students? *The Dagger*. Retrieved from <http://www.daggerpress.com/2010/02/07/no-pass-no-play-no-problem-do-school-activity-eligibility-requirements-help-students/>

- National Collegiate Athletic Association. (2018). *NCAA Division I manual*. Overland Park, KS: NCAA.
- National Collegiate Athletic Association. (n.d.). *NCAA Division I*.
<http://www.ncaa.org/about?division=d1>
- Nauright, J. (1996). Writing and reading American football: Culture, identities, and sports studies. *Sporting Traditions*, 13(1), 109-127.
- NCAA Research. (2019a). 14-Year trends in Division I athletics finances [PowerPoint slides]. Retrieved from http://www.ncaa.org/sites/default/files/2019RES_D1-RevExp_Report_Final_20191107.pdf
- NCAA Research. (2019b). 14-Year trends in Division II athletics finances [PowerPoint slides]. Retrieved from
https://ncaaorg.s3.amazonaws.com/research/Finances/2019D2RES_D2RevExpReportFinal.pdf
- NCAA Research. (2019c). 14-Year trends in Division III athletics finances [PowerPoint slides]. Retrieved from http://www.ncaa.org/sites/default/files/2019RES_D3-RevExp_Report_Final_20191107.pdf
- NCAA Sport Science Institute. (2016). Mental health best practices: Understanding and supporting student-athlete mental wellness. Retrieved from
https://ncaaorg.s3.amazonaws.com/ssi/mental/SSI_MentalHealthBestPractices.pdf
- Newman, N.D. & Weiss, W.M. (2018). Relationship between demographic variables and collegiate athletes' perceptions of social support from head coaches. *International Journal of Sports Science & Coaching*, 13(3), 343-348.

- Novotney, A. (2014). Students under pressure: College and university counseling centers are examining how best to serve the growing number of students seeking their services. *APA Monitor on Psychology*. Retrieved from <http://www.apa.org/monitor/2014/09/cover-pressure.aspx>
- Ogilvie, B.C., & Howe, M. (1982). Career crisis in sport. In T. Orlick, J.T. Partington, & J.H. Salmela (Eds.), *Proceedings of the Fifth World Congress of Sport Psychology* (pp. 176-183). Ottawa, Canada: Coaching Association of Canada.
- Parham, W. (1993). The intercollegiate athlete: A 1990s profile. *The Counseling Psychologist, 21*, 411-429.
- Pearson, R.E. & Petitpas, A.J. (1990). Transitions of athletes: Developmental and preventive perspectives. *Journal of Counseling and Development, 69*, 7-10.
- Penn Schoen Berland. (2015). *Pac 12 student-athletes time demands*. Retrieved from <https://sports.cbsimg.net/images/Pac-12-Student-Athlete-Time-Demands-Obtained-by-CBS-Sports.pdf>
- Perna, F.M., Antoni, M.H., Baum, A., Gordon, P., & Schneiderman, N. (2003). Cognitive behavioral stress management effects on injury and illness among competitive athletes: A randomized clinical trial. *Annals of Behavioral Medicine, 25*(1), 66-73.
- Putukian, M. (2016). The psychological response to injury in student athletes: A narrative review with a focus on mental health. *British Journal of Sports Medicine, 50*, 145-148.

- Rao, A.L. & Hong, E.S. (2016). Understanding depression and suicide in college athletes: emerging concepts and future directions. *British Journal of Sports Medicine*, 50(3). doi:10.1136/bjsports-2015-095658
- Rao, A. L., Asif, I. M., Drezner, J. A., Toresdahl, B. G., & Harmon, K. G. (2015). Suicide in National Collegiate Athletic Association (NCAA) Athletes: A 9-Year Analysis of the NCAA Resolutions Database. *Sports Health*, 7(5), 452–457. <https://doi.org/10.1177/1941738115587675>
- Robbins, J.E., & Rosenfeld, L.B. (2001). Athletes' perceptions of social support provided by their head coach, assistant coach, and athletic trainer, pre-injury and during rehabilitation. *Journal of Sport Behavior*, 24, 277-297.
- Roiger, T., Weidauer, L., & Kern, B. (2015). A longitudinal pilot study of depressive symptoms in concussed and injured/nonconcussed National Collegiate Athletic Association Division I student-athletes. *Journal of Athletic Training*, 50(3), 256-261.
- Rose, J.M., & Jevne, R.F. (1993). Psychosocial Processes Associated with Athletic Injuries. *Sport Psychologist*, 7, 309-328.
- Rotella, R.J. (1984). The psychology of performance under stress. *FBI Law Enforcement Bulletin*, 53(6), 1–11.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications Ltd.
- Simons, H. D., Bosworth, C., Fujita, S., & Jensen, M. (2007). The athlete stigma in higher education. *College Student Journal*, 41(2), 251–273.

- Smith, A.M., Scott, S.G., & Wiese, D.M. (1990). The psychological effects of sports injuries. *Sports Medicine*, 9(6), 352-369.
- Smith, A.M., Scott, S.G., O'Fallon, W.M., Young, M.L. (1990). Emotional responses of athletes to injury. *Mayo Clinic Proceeding*, 65, 38-50.
- Smith, A.M. & Milliner, E.K. (1994). Injured athletes and the risk of suicide. *Journal of Athletic Training*, 29(4), 337-341.
- Snyder, M (2019, June 22). Louisville pitcher screams f-bombs at Vanderbilt dugout after big strikeout then blows lead. *CBS Sports*. Retrieved from <https://www.cbssports.com/mlb/news/louisville-pitcher-screams-f-bombs-at-vanderbilt-dugout-after-big-strikeout-then-blows-lead/>
- Sudano, L.E. & Miles, C.M. (2017). Mental health services in NCAA division I athletics: A survey of head ATCs. *Sports Health*, 9(3)262-267. doi: 10.1177/1941738116679127
- Trela, K. (2008). Facing mental health crises on campus: The imperative of preparing noncounselors. *About Campus: Enriching the Student Learning Experience*, 12(6), 30-32. doi: <https://doi.org/10.1002/abc.237>
- Tucker, M., Jimmieson, N.L., & Bordia, P. (2016). Supervisor support as a double-edged sword: Supervisor emotion management accounts for the buffering and reverse-buffering effects of supervisor support. *International Journal of Stress Management*, 25(1). doi: 10.1037/str0000046
- University of Massachusetts. (n.d.). Compliance manual: Medical hardship. Retrieved from <https://sites.google.com/site/umasscompliance/compliance-manual/financial-aid/medical-hardships>

- University of Washington. (n.d.). Medical hardship & permanent injury status: Policy and procedures [PDF file]. Retrieved from https://static.gohuskies.com/old_site/pdf/genrel/medical_hardship_policy.pdf
- Walker, N., Thatcher, J. & Lavalley, D. (2007). Psychological responses to injury in competitive sport: a critical review. *Journal of Royal Society for the Promotion of Health, 127*(4), 174-180.
- Watson, J.C. & Kissinger, D.B. (2007). Athletic participation and wellness: Implications for counseling college student-athletes. *Journal of College Counseling, 10*, 153-162.
- Werthner, P., & Orlick, T. (1986). Retirement experiences of successful Olympic athletes. *International Journal of Sport Psychology, 17*(5), 337–363.
- Wiese-Bjornstal, D.M. (2010). Psychology and socioculture affect injury risk, response, and *Medicine and Science in Sports, 20*(2), 103-111.
- Wiese-Bjornstal, D.M., Smith, A.M., Shaffer, S.M., & Morrey, M.A. (1998). An integrated model of response to sport injury: Psychological and sociological dynamics. *Journal of Applied Sport Psychology, 10*, 46-69.
- Williams, J.M. & Andersen, M.B. (1998). Psychosocial antecedents of sport injury: Review and critique of the stress and injury model. *Journal of Applied Sport Psychology, 10*, 5-25.
- Yang, J. Peek-Asa, C., Lowe, J.B., Heiden, E. & Foster, D.T. (2010). Social support patterns on collegiate athletes before and after injury. *Journal of Athletic Training, 45*(5), 372-379.

Zeligman, M. & Wood, A.W. (2017). Conceptualizing an HIV diagnosis through a model of grief and bereavement. *Adultspan Journal*, 16(1), 18-30. doi: 10.1002/adsp.12031

APPENDIX A: Student-Athlete Interview Protocol

Demographics:

- How old are you?
- What is your gender?
- What is your race/ethnicity?
- What is your family life like?
- How long have you attended the university?
- How are you classified in school (Freshman, Sophomore, Junior or Senior)?
- What sport did you play?
- When were you medically disqualified?
- Why are you medically disqualified?

Athletic Identity:

Tell me about your life playing sports.

How did other people view you growing up?

What does (participant's sport) mean to you?

How important is (participant's sport) to you?

How did you feel when playing (participant's sport)?

How do you feel not being able to participate in your sport?

Psychological Response (Kübler-Ross Model of Death and Dying):

Describe your initial thoughts and emotions after sustaining your last injury.

Describe your thoughts and emotions once you were told that you could no longer participate in your sport.

Tell me about the emotions you experienced since being medically disqualified.

Tell me about your academics before and after being medically disqualified.

Tell me about your social life before and after being medically disqualified.

Social Support:

Who best supported you during your transition out of sport?

Why?

Does your institution have a program for medically disqualified student-athletes?

Are you involved? Why or why not?

Who were least supportive in your transition?

Why?

How has your support changed since being medically disqualified?

How do you feel about your support?

How often do you communicate with your support?

Were there any other areas or items that you were hoping to talk about that I did not ask specifically?

Prompt throughout the interview:

- Tell me more about...
- You said this? Can you elaborate more about...?

CURRICULUM VITAE

Regina Johnson

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Education:

University of Louisville, Doctor of Philosophy in Educational Leadership,
December 2021

University of Louisville, Master of Science in Sport Administration,
May 2014

University of Tennessee- Knoxville, Bachelor of Science in Sport Management,
May 2009

Professional Experience:

Florida State University Athletics, Tallahassee, Florida July 2019-Present
Director of Football Academics

- Oversee all aspects of Football academic support, along with direct oversight of two full-time staff members and two interns.
- Manage the Leaders Yearning For Excellence (LYFE) program that focuses on academic and life skills for student-athletes of color.
- Serve as the primary contact and liaison between the Football staff and Football Academic Support Team.
- Compile offense, defense, and special teams grades reports for distribution to coaches at weekly academic meeting.
- Monitor academic progress for continuing eligibility and graduation; and produce academic grade reports.
- Assist with personnel actions including monthly one on one meetings and corrective performance issues.
- Communicate with various campus department advisors to ensure accurate course scheduling for achieving progress towards degree and with campus faculty members for academic updates on student-athletes.
- Coordinate Degree Completion program aimed at assisting former football student-athletes with readmission to the university and degree completion.
- Conducted recruitment, screening, and hiring of content tutoring and mentoring candidates.
- Evaluate mid-year and end of the year certification to meet eligibility requirements for the NCAA.
- Discuss academic progress with student-athletes and develop appropriate intervention when necessary.
- Assist student-athletes with selection of courses and schedules.
- Support with the recruiting process by meeting with prospective student athletes and their families.

University of Louisville Football, Louisville, Kentucky March 2014-June 2019
Assistant Director for Academic Services

- Accommodate academic support services to 117 student-athletes in the football program.
- Directly monitor the academic performance and progress of 50 student-athletes.
- Advise 30 student trainers, equipment and video managers.
- Assist in the recruitment of 10 to 15 prospective football student-athletes every home football game about academic, career, and personal development opportunities.
- Communicate with the Director of Career Services and Coordinator of Player Development with career and volunteer opportunities.
- Lead the Summer Bridge program for all incoming freshmen, transfers and walk-ons.
- Use Blackboard, PeopleSoft, Teamworks and GradesFirst to navigate student's grade progress, tutor appointments and communicate with student-athletes.
- Supervise graduate assistant to make sure they learn day-to-day operations and university and athletic requirements for student-athletes.
- Aid student-athletes in study abroad programs that best fit their schedule.
- Manage graduation functions for student-athletes (i.e. completing application, ordering cap and gown and overseeing Football Graduation Reception).
- Oversee Faculty Guest Coach program during the football season by giving tours and educating professors on game day about the culture of student-athletes.
- Consult with coaches and university officials on matters related to student-athlete academic progress and performance.
- Provide eligibility counseling and academic support to student-athletes to ensure compliance with university, Atlantic Coast Conference (ACC), and NCAA requirements.
- Distribute reports to coaches that include weekly academic reports, tutoring reports, and end of the semester report.
- Interact and consult with college academic advisors, faculty, and college administrators regard student-athletes' course scheduling and other appropriate academic concerns.
- Perform administrative duties that contribute to the academic success of student-athletes.

Assistant Academic Counselor

Aug. 2012-Feb. 2014

- Responsible for planning, developing, and conducting individual advising assistance with academic advising, class scheduling, and degree plans.
- Assisted the Football Director of Community Relations with community projects.
- Tracked and monitored multiple students through various semesters.
- Assisted student-athletes with community involvement projects and academic tutoring.

- Class checks and spoke with professors and advisors, if needed.
- Supervised freshmen night study hall.
- Completed tasks needed to help around the academic center (i.e. making templates, brochures, research information, projects, etc.).
- Educated student-athletes how to properly study for tests and complete research papers.
- Helped build productive life skills traits (i.e. proper email etiquette, appropriately communicate with professors, and setting up appointments around campus).
- Held daily/weekly meetings with at-risk student-athletes.
- Kept student-athletes aware of upcoming assignments.
- Completed add/drop forms, final semester verification forms, and other time sensitive documents.

New Hope Baptist Church, Fayetteville, Georgia

Aug. 2009-July 2012

Sports Ministry Associate

- Managed and promoted Upward Sports program (basketball, football, soccer and cheerleading) year around with approximately 300-500 youths by increased enrollment 10% every year.
- Partnered with sponsors to market at 20 schools and businesses in order to reach out to 5,000 families.

University of Tennessee Men's Basketball, Knoxville, Tennessee

2005-2009

Assistant to the Head Coach

- Structured 20-30 community outreach, career and personal development events every season for CHAMPS/Life Skills Program (recently named Student-Athlete Affairs) for the basketball team to be more involved in society.
- Planned and organized 25 events including recruit visits, post-season banquet, basketball camps, and Senior Night.
- Coordinated 5 basketball camps' operations, employee payroll, participant's housing, and food every year for 750 employees and campers.

Professional Activities and Awards:

- ACC Core (Champions of Racial Equity) Member, 2020.
- Athletic Advising Forum Lead Planner, 2019.
- Presented 2019 University of Texas Black Student-Athlete Summit: "Model for Collegiate Coaches that Best Support African American Female Student-Athletes using Culturally Relevant Pedagogy."
- National Association of Academic and Student-Athlete Development Professionals (N4A) Steve McDonnell Professional Development Institute (PDI)- Leader/Manager Participant, 2018.
- National Association of Academic Advisors for Athletics (N4A) member, 2012-present.

- Presented 2018 National Convention: “The Forgotten Ones: Engaging the Athletically Unengaged.”
- Regional Outreach Chair for N4A Ethnic Concerns Committee, 2018-present.
- Recorder for N4A Ethnic Concerns Committee, 2016-2018.
- N4A Ethnic Concerns Committee member, 2014-present.
- Presented 2014 National Convention: “Supporting African American Student-Athletes at Predominately White Institutions (PWIs).”
- University of South Carolina Drive-In Conference Panel, February 2018.
- Women Leaders in College Sports, 2017-present.
- University of Louisville Athletic Diversity Committee member, 2017-2019.
- University of Louisville Staff Senator, 2016-2019.
- University of Louisville Education program Guest Lecturer, 2016-2019.
- College of Education and Human Development Diversity Panel, 2016.
- N4A Region II Conference Host Committee, 2015.
- Minority Opportunities Athletic Association (MOAA) member, 2015-present.