If I Can't Be an Athlete Anymore, Who Am I?

The Impact of Physical Illness on Identity

By: Dena Werner, LCSW

DISSERTATION

submitted in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Social Welfare (Ph.D.)

Wurzweiler School of Social Work

Yeshiva University

New York

September 2023

Approval Page

Yeshiva University

Wurzweiler School of Social Work

Title: If I Can't Be an Athlete Anymore, Who Am I? The Impact of Physical Illness on Identity

Student: Dena Werner

This manuscript has been reviewed and accepted in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy in Social Welfare.

Shannon R. Lane, PhD, LMSW

Dissertation Committee Chair

D. Pollack

Dr. Daniel Pollack, MSW, J.D.

Dissertation Committee Member

PHD, MSW

Dr. Matt Moore, PhD, MSW

Dissertation Committee Member

Yeshiva University

Abstract

This study explores the impact of physical illness on the identity formation of adolescent athletes. The specific aims of the study were to examine the process of identity formation, psychological and psychosocial factors, and the role parents and helping professionals play in the adolescent athletes' healing journey. The researcher used a phenomenological approach to create a platform to share their stories and make meaning of their lived experiences (Creswell & Poth, 2018). Nine participants, between the ages of 18-35, participated in the study. The researcher used snowball sampling to recruit the participants, and through online semi-structured interviews, the exploration and sharing of consciousness unfolded. The researcher used ATLAS.ti to organize and secure the data and analyzed the participants' reflections through interpretative phenomenological analysis. The findings indicated several important implications and contributions to the field, including those related to illness, loss, identity, and attachment. Ultimately, this preliminary study serves as a framework for clinical social workers as well as those who are involved in research, policy, and community-based work like schools and medical facilities. Through these stories, social workers and other helping professionals learn the power of connection and the importance of respecting the dignity and worth of the adolescent athlete.

Key Words: Social work, adolescent athletes, physical illness, identity, attachment, loss

Acknowledgements

With a deep sense of joy and humility, I extend my sincerest appreciation to the faculty, supervisors, mentors, family, and friends who have contributed to this remarkable milestone.

First and foremost, I would like to acknowledge the members of my dissertation committee. Thank you, Dr. Shannon Lane, chair of my committee, for supervising this project and for sharing your knowledge and expertise. You taught me vital research skills, but more importantly, you taught me patience. Dr. Matt Moore of Miami University, when you offered to be on my committee, I didn't realize just how fortunate I would be. Thank you for generously sharing your wisdom, optimism, and creative energy. Your confidence in my work was instrumental to my success. Dr. Daniel Pollack, thank you for your unwavering support and commitment to my success. You ignited a fire of passion within me when you turned to me at the completion of my first semester in the program and asked, "When are you going to write something for publication?" Thank you for being a role model of humility, integrity, and altruism.

Thank you to my professors who modeled competency and proficiency in the field; and who continue to support my growth and development as a researcher, Dr. Charles Auerbach, Dr. Hanni Flaherty, Dr. Rain Lee, and Dr. Christine Vyshedsky. My PhD experience was different because of all of you.

To Dr. Kerry Dunn, former director of the PhD program at Wurzweiler School of Social Work, thank you for helping me discover my research ("me-search") focus and for suggesting the title of this project. I'm grateful I had the opportunity to be your student.

Dr. Samuel Jones, Assistant Dean of Rutger's School of Social Work, my yearning to study research was born inside the walls of your classroom during my graduate school days at Long Island University. Thank you for inspiring and guiding me toward this path.

To my clinical supervisor, Dr. Nancy Gallina, Dean of Touro Graduate School of Social Work, thank you for providing me with invaluable insight and guidance, for patiently listening to all my research woes, and for sharing your doctoral struggles to lessen the feelings of isolation that inevitably come along for the PhD ride.

Thank you, Mindy Blumenfeld, LCSW, for your unique and rare mentorship. Thank you for encouraging me to pursue this dream, for celebrating my successes, and for teaching me there is more than one way to run. This achievement is an outcome of your belief in both my personal and professional growth.

To my incredible colleagues and fellow Ph.D. students, thank you for your constant support, kindness, and friendship. A very special thank you to Emily Murphy, LMSW for co-coding my data and to Rikki Herbst, LCSW for analyzing my results and helping me recognize my blind spots. To all of you, thank you for creating this sacred space of shared consciousness and for being there to witness my struggles and successes. I couldn't have done it without you.

To my wonderful peer supervision group, Tziporah Eisenstein, LCSW, Tikva Kabani-Alaluf, LMHC, and Rechi Lipsett-Wolff, LCSW, thank you for being my biggest cheerleaders and the greatest team. Your ability to view life with such clarity, positivity, and humor continues to infuse me with the energy to engage in this beautiful work.

To my courageous clients, brilliant students, and daring participants, thank you for teaching me, trusting me, and inviting me to be part of your story. Your bravery and resiliency are weaved into the fabrics of this study.

To my athletic trainer, Megan Bongiorno-Wince, thank you for teaching me all there is to know about life in the gym: acceptance, kindness, patience, perseverance, commitment, and most of all, resilience. Thank you for being a beacon of light and for always pushing me past my limits.

A tremendous thank you to my childhood best friends for this circle of friendship that feels more like sisterhood: Miriam Kleinbart, Malky Gartner, Malkie Steinberg, Gitty Schlesinger, Leah Nakdimen, and Ricki Ganz. Words cannot capture my appreciation for your immeasurable loyalty, respect, and devotion. This journey, like every season of life, was so much more manageable knowing I could depend on you to laugh, kvetch, or to be a voice of reason. To my wider circle of friends, those both near and far, thank you for teaching me about the beauty of friendship and for adding so much joy to my life.

Finally, to my dear parents, Daddy, and Mommy, thank you for demonstrating everything I learned in school by the way you embraced and welcomed every person-in-need into our home. Thank you for supporting my passions and believing in my work; I know that with your confidence, I could have easily become a master surgeon! Thank you to my siblings and siblings-in-law for supporting this pursuit with admiration and curiosity despite your struggle to understand it. I appreciated you listening to my ted-talks even when it was all so foreign to you; and no, I'm still not done! And to my favorite little people, my adorable nieces, and nephews, thank you for adding so much joy, love, and laughter to even the hardest of days.

This milestone would have been impossible to achieve without the will of my Creator who has lovingly gifted me with the strength, talents, and resources to dream, create, and give back. With deep humility and immense gratitude, I thank Hakadush Baruch Hu for giving me the chance to make an impact on His world.

Dedication

Resilience is born in community.

While this study speaks of this notion, my ability to conduct it speaks even louder.

To my childhood best friends-

Thank you for being a force of hope, optimism, and courage.

Table of Contents

Chapter One: Dissertation Overview

Introduction

This study examines the impact of physical illness on the identity formation of adolescent athletes. The specific aims of the study are the process of identity formation, psychological and psychosocial factors in response to physical illness and loss, and the role parents and helping professionals in adolescent athletes' healing journey. A qualitative study was conducted using a phenomenological approach. This qualitative method of inquiry provides participants with the platform to share their stories and to make meaning of their lived experiences (Creswell & Poth, 2018). The data was gathered using semi-structured interviews and then analyzed using interpretive phenomenological analysis (Bartholomew et al., 2017). The following principles of the NASW Code of Ethics are relevant to this research study: service, social justice, dignity and worth of the person, and the importance of human relationships (NASW, 2021).

Statement of Purpose

This study addresses the need for integrated care for former adolescent athletes who experience mental health challenges in response to receiving a diagnosis of a physical illness. The lack of literature examining this lived experience limits this population's ability to obtain the proper treatment and support. Thus, the study's findings provide researchers with the opportunity to understand this phenomenon through the lens of the adolescent athlete. Through the expansion of this knowledge, social workers have the chance to advocate for educational and research opportunities, enhanced practice, integrated care, and policy advancements.

The Study's Significance

The adolescent stage of development is a critical stage of human development and is characterized by the complex transitions that occur on a biological, psychological, spiritual, and social level (Louw & Louw, 2014). Adolescence is marked by an increased need for autonomy, agency, control. Yet despite their reach for independence, adolescents are dependent on their caregivers and have a strong need for supportive relationships that could provide a sense of safety and security. These normative processes become increasingly complex when adolescents encounter adverse life events that challenge these developmental markers (Marjo et al., 2021; Shao et al., 2022). Specifically, pursuing a sport requires high levels of physical and mental energy and adolescent athletes often make multiple academic, familial, and social sacrifices. When they suddenly lose the ability to engage in sports due to a physical illness, they experience a deep fracture in their identities (Gabay, 2019; Stewart et al., 2011). The psychological and psychosocial ramifications of this loss could have lasting effects on their development. Consequently, this exploration aims to uncover the unique experiences of adolescent athletes who receive a diagnosis of a physical illness that impacts their ability to engage in sports. Through conceptualizing these constructs, social workers could address this issue from an ecological perspective and advocate for an integrated care approach on behalf of adolescents and their parents. Overall, the exploration of this phenomenon contributes to social work practice, research, and leads to educational and policy advancements.

NASW Code of Ethics

The ethical standards and principles of the *Code* provide a framework for social workers as they seek to understand the lived experience of adolescent athletes who incur physical illnesses. This study relies on the values of *social justice* and *service* to address the needs of this

population (NASW, 2021). Adolescent athletes who incur losses that impact their ability to resume sports are likely to experience mental health challenges that impede their functioning and overall development. Providing services on a micro level ensures these adolescents receive the appropriate therapeutic interventions (Bradford, 2018). In addition, identifying risk factors and promoting sensitivity and awareness ensures that social workers are addressing the social injustices that exist for this population (Moore & Gummelt, 2019). Generally, social workers have an obligation to provide services and advocate for political action to address the needs of those most vulnerable, including adolescent athletes who endure physical and mental health challenges in response to illness (NASW, 2021).

Methodology

This study uses a qualitative approach, grounded in phenomenology, to explore the lived experiences of adolescent athletes who incur physical illnesses. Through this approach, the researcher leans into the subjective experiences of the participants, to make meaning of their consciousness, and to create a platform for their stories to be shared (Bartholomew et al., 2021). Once IRB approval was obtained, the researcher recruited nine participants for the study through purposeful sampling. The researcher specifically used snowball sampling to identify potential participants. Recruitment sources for this study included posting inquiries on professional listservs such as NEFESH International, Public Health Awakening, Alliance of Social Workers in Sport, and several American Psychological Association (APA) listservs including the Society for General Psychology (Div 1), Society for Quantitative and Qualitative Measures (Div 5), Society for Health Psychology (Div 38), Society for Sport, Exercise, and Performance Psychology (Div 47), and Trauma Psychology (Div 56). In addition, the researcher informed

colleagues and posted a flyer advertising the study in college campuses, medical facilities, local gyms, and on social media platforms like Instagram, LinkedIn, Facebook, and WhatsApp.

Prior to conducting the semi-structured interviews, the researcher informed the participants of the potential risks and study procedures, obtained informed consent, and assured them that they could choose to withdraw from the study at any time. The participants were offered the chance to have the interviews either online via Zoom or in-person, but all of them chose online interviews. In addition to gathering demographic information through a questionnaire, the researcher used an interview guide to inquire about their lived experiences. Throughout the interview process, the researcher remained purposefully curious, attentive, and empathetic (Creswell & Poth, 2018). Resources for mental health referrals were provided to the participants at the conclusion of the interview. Once the interviews were complete, the researcher analyzed the data using interpretive phenomenological analysis and engaged in multiple methods of rigor to maintain the trustworthiness of the study. Given the circumstances, the researcher remained transparent about data collection, study implications, and dissemination of the findings (Padgett, 2017).

Limitations of Study

There are several limitations to this study. First, the use of a qualitative method of inquiry lends itself to a smaller sample size. This does not allow for generalizability, and the data cannot be analyzed for relationships, covariates, or casualties. Using a phenomenological approach potentially intensifies the researcher's bias, and respondent bias also exists due to the nature of the study (Bartholomew et al., 2021). While this does not minimize the findings, it is an important consideration since some participants might have been hesitant to disclose the full scope of their experience. Additionally, the researcher interviewed adults who experienced this

phenomenon during adolescence. Consequently, their memories and perceptions of their lived experiences might have been more developed or skewed because of its reflective nature. Methods of rigor were employed to maintain the trustworthiness of this study; however further research is needed to address these concerns.

Results

The results emphasize the participants' subjective experiences with being diagnosed with a physical illness as adolescent athletes. The six main themes that emerged from the data analysis process include the significance of relationships; the role of helping professionals; identity reconfiguration; medical trauma and post-traumatic stress disorder; coping with illness and loss; and finally, resilience and post-traumatic growth. The themes are ordered in this manner to underline the significance of attachment with primary caregivers, as the research indicates that participants who maintained a secure attachment with an adult endured fewer mental health challenges and experienced higher resilient outcomes. The participants' stories underline their courage, vulnerability, and resilience in the wake of illness, loss, and grief.

Discussion

The current literature is highly focused on the impact of an athletic injury on adolescent athletes, but few studies address the impact of a physical illness on the identity of an adolescent athlete. There is a lack of research exploring this lived experience through a social work perspective as well as from a qualitative method of inquiry. Consequently, this study expands the social work literature to include qualitative perspectives on the lived experience of adolescent athletes who incur physical illnesses. Second, it builds on existing research to create educational opportunities to inform parents, educators, coaches, and policymakers. Lastly, it informs social

workers of this population's need areas to enhance their knowledge, skillset, expertise, and overall practice. In this way, social workers could prioritize the values of *service, social justice,* and the *importance of human relationships*.

The next chapter describes the study problem.

Chapter Two: Study Problem

Introduction: Problem Statement

This study addresses the need of integrated care for former adolescent athletes who experience mental health challenges in response to receiving a diagnosis of a physical illness. Adolescent athletes who need to cease sports participation for any duration of time experience a unique set of struggles related to their physical and mental health. The diagnosis of a physical illness impacts adolescents' changing identity, decision-making processes, and abilities to engage in academic, social, and familial functions (Secrest et al., 2019). Adolescent athletes experience mental health symptoms related to depression anxiety, suicidal ideation, and other mood disorders related to their inability to participate in athletics (Edmonds et al., 2022). The lack of available research about the relationship between an adolescent athlete's physical and mental health seems to limit their ability to obtain proper treatment and support from medical and mental health providers.

Overview of the Problem

Key Concepts

This section defines key concepts to provide further clarification for the reader. Included are the terms adolescence, emerging adulthood, athlete, identity, athletic identity, mental health, medical diagnosis, physical illness, and integrated care.

Adolescence is a stage that begins at the onset of puberty and ends at the emergence of adulthood (Salmela-Aro, 2011). Adolescents are roughly between the years of 11-17 and who experience complex transitions and numerous biological, psychological, and social changes (Louw & Louw, 2014). The concept of identity formation is of heightened importance at this

stage as it is a primary task of adolescence. According to Erikson (1996), identity is an internal continuity of a person, emotional integration, and self-identification with certain social roles. Emerging adulthood, often referred to as late adolescence, is the term used to explain the stage connecting adolescence to adulthood. This stage is characterized by continued transitions as individuals begin to explore their career choices and work environments, experience shifts in their parental relationships, and form intimate connections with significant others (Arnett, 2015; Erikson, 1996; Schwartz et al., 2011). While some researchers characterize this stage with those who are between 18-25 years old (Schwartz et al., 2011), others consider those in the emergence adulthood stage to be between 18-29 years old (Arnett, 2015). In this study, emerging adulthood is used to refer to individuals between 18-29 years old.

A medical diagnosis refers to a classification tool of medicine (Jutel, 2009), while physical illness indicates a pathological state that presents as “a significant change in the functionality of an organ or the entire organism” (Rovesti et al., 2018, p. 163). The concept of integrated care is understood through multiple theoretical constructs, but the Rainbow Model of Integrated Care (RMIC) is most often used because it provides a multidimensional definition (Beaudin et al., 2022). In accordance with RMIC, integrated care is defined as maximizing health care services to meet the needs of the population in addition to meeting the biopsychosocial needs of the individual. As such, integrated care refers to the processes of coordinating organizational, systemic, and person-focused care across disciplines (Beaudin et al., 2022).

An athlete is defined as a person who engages in more strenuous activities in comparison to the general population (Lindsay et al., 2021). While associations tend to provide a very narrow definition of an athlete by focusing on the competitive aspects of the role, multiple researchers argue that an athlete is any person who is training for specific conditioning and is continuously

striving towards a personal or professional goal (McMahan, 2022). Lastly, the construct of an athletic identity is characterized as a self-schema that is defined by "the degree to which an individual identifies with the athlete role" (Brewer et al., 1993, p. 237). From a narrow standpoint, an athletic identity could be viewed as a cognitive structure that processes self-related information, and from a broader perspective it could be interpreted as a social role that is built based on the athlete's social relationships and appraisal of their attitudes (Brewer et al., 1993).

Significance of the Problem

People seek medical providers for physical issues and mental health providers for challenges related to their mental health. However, to fully meet the needs of adolescent athletes, medical providers and mental health clinicians need to have an integrative understanding of the medical and emotional dimensions of living with illness, the dynamic forces of athletics, and the normative processes of adolescence. According to the National Statistics of Health (2021), 91% of children visited a doctor in the year 2021. Although this is an ideal time for pediatricians to assess mental health functioning and suicidal behaviors, the lack of training in medical school often causes them to overlook vital risk factors (Behrman et al., 2018). Consequently, the lack of integrated care worsens the situation for many adolescents; and based on their developmental position and status of a minor, they will often withhold from advocating for better care (Behrman et al., 2018; Butcher, 2012). Ultimately, the lack of integrated care is contributing to the mental health crisis and is having longstanding effects on the development of adolescents nationwide (Behrman et al., 2018; Brown et al., 2001; Butcher, 2012; Kruisselbrink, 2013).

The process of receiving a medical diagnosis is complex; the effects of living with a physical illness are challenging; and both become significantly more intricate when it happens during the throes of adolescence (Evans, 2004). Adolescence is a critical period of human

development since key areas of the brain, like the prefrontal cortex and frontal lobes, are continuing to form (Salmela-Aro, 2011). Due to the continuation of their development, adolescents experience biological, psychological, sociological, and spiritual changes (Louw & Louw, 2014). These changes are apparent in their changing identities and in their increased need for autonomy, agency, and control. However, along with these changes come high stress and conflict since adolescents are learning to problem-solve, resolve conflicts, engage in abstract thinking, negotiate, explore personal morals and values, and form meaningful connections (Colney & Baskin-Sommers, 2023). They remain dependent on adults in their lives even as they seek independence, and despite this being a normative developmental process, it only further complicates their understanding of themselves in relation to others (Haefner, 2014). These changes give emphasis to the need for supportive relationships that could provide a sense of safety, security, and consistency for the adolescent (Marjo et al., 2021; Shao et al., 2022). In the absence of secure attachments, adolescents struggle to develop, connect, and make sense of their environments; and in turn, could become adults who struggle to form intimate relationships, pursue meaningful careers, or lead productive, fulfilling lives (Bowlby, 1988; Marjo et al., 2021; Shao et al., 2022).

In addition to the normative processes that occur during this stage of development, adolescent athletes encounter unique challenges (Datoc et al., 2020; Edmonds et al., 2021; Stewart et al., 2011). Pursuing a sport requires time, effort, energy, as well as physical and mental strength. Often, adolescent athletes sacrifice academics, relationships, and the development of other hobbies and interests in pursuit of athletics (Datoc et al., 2020; Edmonds et al., 2021) Over time, involvement in sports influences their identity, self- perceptions, relationships, and worldviews (Stewart et al., 2011). When this process is abruptly interrupted by

physical illness, adolescent athletes are more likely to incur a fracture in their identity which leads to increased feelings of sadness, shame, and loneliness (Gabay, 2019; Sparks, 1998). Their perceptions of safety and sense of belonging are often questioned, as are their relationships and aspirations (Edmonds et al., 2021). Not only are they forced to cease sports and to endure medical treatment, but they also experience a myriad of secondary losses that inevitably follow a diagnosis of a physical illness.

Understanding the intricacies of adolescence in relation to athletics, physical illness, and mental health is critical to providing competent care. Identity formation is a central construct of adolescence (Erikson, 1996), but the process often becomes increasingly complex when compounded by the mental health challenges that ensue physical illness. By forming a more integrated conceptualization of these distinct constructs from a historical and political standpoint, social workers could advocate for greater access to care and improved treatment outcomes for this vulnerable population.

History of the Problem in the United States

Leading activists began to address mental health challenges in America in the 1900s; however, there were movements in place since the mid-1800s (Katz, 1996); for example, in 1882 it became unlawful to bar people with mental illness from entering the country. Discriminatory acts persisted, and reformers like Dorothea Dix worked to advocate for improved care for people with both chronic and acute mental health illnesses (Trattner, 1999). Dix's work led to a national mental health movement and throughout the 1900s several pieces of legislation improved access to care and treatment outcomes. Yet, people with mental illnesses continued to receive inadequate treatment and in turn their conditions worsened. When the country began to recognize

the impact the mental health crisis was having on children, they enacted additional policies to "save the children" (Katz, 1996; Trattner, 1999).

Social workers have played a role in several sectors of mental health legislation since the eighteenth century. Following the Civil War, Mary Richmond and others fought for the rights of people with mental illnesses (Trattner, 1999). Social workers, like Harry L. Hopkins, advocated for changes in public health policy to ensure that people with physical illnesses and disabilities receive the proper emotional support. As Hopkins stated, "The fields of social work and public health are inseparable, and no artificial boundaries can separate them" (Ruth & Marshall, 2017, p. 236). The profession's involvement in public health sectors has evolved, with presence in hospitals, medical facilities, and other health settings (Ruth & Marshall, 2017). Social workers have also supported athletes since the inception of the profession with Jane Addams spearheading many recreational and sport activities, programs, gyms, and centers (Reynolds, 2017). The collaboration of Richmond's, Hopkins', and Addams' work has created space for social work to engage in advocacy to prioritize holistic health services for different subgroups of the population (Newman et al., 2022; Reynolds, 2017; Ruth & Marshall, 2017).

By the 1900s, several laws were implemented with the goal of improving physical and mental health treatment outcomes. Following World War II, President Truman signed the National Mental Health Act that aimed to provide funding for research, training, and the implementation of preventative measures (Trattner, 1999). This led to groundbreaking work in psychiatric epidemiology; and was further supported by the enactment of the Community Mental Health Centers Act that aimed to further meet the needs of individuals with mental illness (Trattner, 1999). The Mental Health Parity Act (2008) further supported access to care as

insurance providers became obligated to cover mental health services as well as transportation to and from treatment.

Nonetheless, the issues pertaining to mental health rapidly morphed into a national crisis despite the government's meaningful attempts to mitigate them. While it is difficult to prescribe specific historical events to this crisis, there are several leading factors that contributed to its development. Following September 11, 2001, Americans started to experience a heightened sense of unease (Hoffman, 2004). The attack on America led to increased feelings of anxiety across the country and the number of clinical cases of posttraumatic stress disorder and substance use rose in response to this act of terrorism (Richman et al., 2008; Rousseau et al., 2015). While Congress enacted numerous legislative measures to mitigate safety risks (e.g., 21st Century Cures Act), Americans continue to be negatively impacted by the rise in political conflict, racial injustices, gun violence, disproportionate access to healthcare, chronic and terminal illnesses, social media usage, and the longstanding effects of the COVID-19 pandemic. The accumulation of these stressors led to higher rates of depression, anxiety, substance use, and suicidality (Koons, 2019).

In particular, the adolescent population experienced serious mental health challenges due to the long duration of lockdowns, school closures, and sports cancellations during the COVID-19 pandemic. The extended periods of isolation led to increased anxiety, fatigue, and lower quality of sleep for adolescent athletes and non-adolescent athletes alike (McGuine et al., 2021; Wingerson et al., 2021). A study performed by McGuine, and colleagues (2021) showed adolescent athletes who belonged to a team experienced higher rates of depression in comparison to those athletes who normally engage in individual sport pursuits. These findings suggest team cohesiveness and peer support have a strong influence on the mental health of adolescent

athletes. Like Gouttebarge et al. (2022) state, “Injury, retirement and the COVID-19 pandemic alike bring important changes to athletes’ lives through impacts on daily structure, support systems, livelihood, career trajectories and identity” (p. 3). That is, while the pandemic certainly brought upon increased levels of anxiety and depression for adolescent athletes, these challenges existed prior to the pandemic and will need to be continually addressed by caregivers, mental health clinicians, and medical providers.

The effects of COVID-19 on adolescent mental health are further exacerbated by the mass incline in social media usage. Over the last decade, the number of people engaging in social media climbed from 0.97 billion in 2010 to 3.40 billion in 2019 (Keles et al., 2023). This number increased by 23% as a result of the lockdowns imposed by the pandemic (Keles et al., 2023). Adolescents also turned to social media outlets to manage their feelings of uncertainty and loneliness (McGuine et al., 2021). Social media outlets allow for quicker rates of responsiveness and serve as a distraction and a means for people to connect. However, they simultaneously support false narratives and inhibit adolescents from forming meaningful connections with family and friends. A lack of safe, meaningful relationships impacts their self-esteem, body-image, identity, and psychological development (Flynn et al., 2022; Gouttebarge et al., 2022; McGuine et al., 2021). Many adolescents turn to social media outlets to find support, but it often exacerbates their symptoms and increases their sense of isolation and risk of engaging in self-injurious behaviors (Flynn et al., 2022). While many adolescents report positive attributes of social media, the research shows there are profound consequences to adolescent mental health and further action is needed to address the staggering rates of anxiety, depression, and suicidality among our youth (Flynn et al., 2022; Gouttebarge et al., 2022).

Overall, the status of mental health in the United States worsened dramatically in response to the constant exposure to social media, adverse historical events, and the lack of affordable healthcare (Koons, 2019). Mental health problems manifest in multiple ways; but the increase of losses on a national and personal level have elicited greater fear, anxiety, and helplessness in both adolescent and adult populations alike (Bhattacharjee & Acharya, 2020; Koons, 2019).

Current Status of the Problem in the United States

As time unfolds, the issues pertaining to the national mental health crisis only continue to intensify. The pandemic, rising political discourse, social injustices, illnesses, poverty rates, and other adverse events are impacting people's ability to cope and access resources (Clayton et al., 2021; Goldstein et al., 2021; Prikhidko et al., 2020). The decline in social connectivity during the pandemic weakened people's coping, interpersonal, and emotion regulation strategies. Due to the increased isolation posed by the threats of the virus, people began to increase their engagement with social media to remain connected with others (Midgley et al., 2022). While these outlets created opportunities for connection, the constant exposure to social media also led adolescents to become more susceptible to other people's negative emotions (Midgley et al., 2022; Prikhidko et al., 2020). Additionally, it led to an increase in parental burnout which had adverse effects on the mental health of these adolescents (Prikhidko et al., 2020). Despite the assumption that adolescents do not need mental health support, the reports of the U.S. Department of Health and Human Services (n.d.) show the onset for most mental health disorders is age 14 and below. Even more significantly, the results show 49.5% of adolescents experience a mental illness and that half of them lack the necessary mental health treatment (U.S. Department of Health and

Human Services, n.d.) Nonetheless, the reality is, the earlier treatment is provided, the better the outcome (Goldstein et al., 2021).

Adolescents

According to the National Alliance on Mental Illness (NAMI), one in 20 adults experiences a serious mental illness and one in six children experiences a mental health disorder each year (n.d.). While the risk for adults appears to be greater in comparison to children, this is likely a result of the lack of treatment available in their earlier years of development. In fact, the reports show 50% of all mental health illnesses begin by the age of 14 and 75% by the age of 24 (NAMI, n.d.) The findings further indicate that 46.2% of U.S. adults with mental illness received mental health treatment in 2020 and that the average delay between the onset of symptoms and treatment is 11 years (NAMI, n.d.). The increase in these numbers over the lifespan and vast delay in service delivery are indicative of the decline in mental health throughout development as well as treatment accessibility. These numbers emphasize the importance of implementing preventative care strategies in our medical clinics, local schools, and community centers.

While unintentional injuries (e.g., mobile vehicle accidents, drownings, poisonings, fires, burns, etc.) are the leading cause of death in adolescents, the reports show suicide is the second leading cause of death for this age group (National Center for Health Statistics, 2022; NAMI, n.d.). In fact, the rates of adolescent suicide have dramatically increased in the last decade (NIH, 2019). In succession of these rates, the other leading causes for death among adolescents are homicides and physical illnesses (National Center for Health Statistics, 2022). While it is challenging for people to identify changes in suicidal thoughts and behaviors as they occur (Kleiman & Nock, 2018), researchers explain that most suicidal attempts are a result of long-term psychological risk factors like depression, anxiety, isolation, and lack of support (Clayton et

al., 2021; Wise, 2004). At the same time, it is important to acknowledge that a suicidal attempt is always an indication of severe pathology irrespective of the unique risk factors at play (Wise, 2004). Yet nonetheless, risk factors are important to understand as the research shows that states with greater access to mental health care have lower rates of adolescent suicide (Goldstein et al., 2021). These findings further highlight the need for proper treatment and integrated care for adolescents.

Athletes

Athletes are a unique subset of the population and subsequently maintain specific protective and risk factors (Datoc et al., 2020; Edmonds et al., 2021). According to multiple empirical studies, athletes experience fewer anxious symptoms and suicidal behaviors because of the sense of belongingness that ensues sport participation; however, the research also shows that suicide is the third leading cause of death in athletes (Edmonds et al., 2021; McGuine et al., 2022; Panza et al., 2020; Reger, 2022). The latter is in alignment with the studies that indicate higher levels of depressive symptoms in athletes than their non-athlete peers; suggesting that athletes experience higher levels of distress when there is an interruption to their involvement with sport (McGuine et al., 2022; Panza et al., 2020). For instance, a pilot study that included 361 student-athletes within the United States showed that 18% had passive suicidal thoughts, and 5% expressed active suicidal ideation and intent (Moore et al., 2023). These findings are even more troublesome since 39% of these student-athletes expressed their reluctance to receive care. As seen, the general rates of suicide among athletes increased exponentially since the COVID-19 pandemic, which is most likely an outcome of the increased levels of isolation, depression, anxiety, and other aspects of these challenging times (Hensley-Clancy, 2022). This period was

specifically challenging for athletes since a disruption to a person's athletic identity and pursuits increases their risk for clinical depression and suicide (Datoc et al., 2020; Reger, 2022).

Physical Illnesses

These statistics provide insight into the experience of adolescent athletes who can no longer participate in sports due to physical illnesses. Based on the National Health Interview Survey (NHIS), about 30% of adolescents in the United States live with a chronic illness that limits their ability to engage in normal activities (Zheng et al., 2022). Aside from the immediate losses associated with being unable to resume normal activities, these individuals experience psychological, social, and career challenges as they transition into adulthood (Evans, 2004; Newacheck & Halfon, 1998). The findings also indicate those with chronic illness are more susceptible to depression than their healthy peers (Zheng et al., 2022).

Social Work Involvement

Currently, social workers are the leading behavioral health providers in the country (Lombardi et al., 2019). As the number of clinical cases related to anxiety, depression, and suicidality continue to climb in the country, social workers are ready, willing, and able to provide services to all those in need of care. In fact, social workers provide services to adolescent athletes in hospitals, local schools, community-based settings, mental health clinics, and private practices. Yet due to the overwhelming demand for service, social workers are also called upon to advocate for the enactment of legislation that will address the need for greater accessibility to care as well as educational and preventative strategies for medical clinics, schools, and local community centers (Levine & Sher, 2022).

Social Work Values

The standards and principles of the *Code of Ethics* provide a framework for social workers as they navigate ethical dilemmas and help those most vulnerable in our society (NASW, 2021). Of the six core values, the principles of service, social justice, dignity and worth of the person, and the importance of human relationships are most critical to the resolution of the national mental health crisis that is impacting adolescent athletes with physical illnesses. Social workers have an obligation to provide services to those most vulnerable, including those who are experiencing mental or physical health challenges, poverty, discrimination, or racial injustices. As the country grapples with a dramatic increase in mental health challenges, it is the profession's duty to advocate on behalf of all those who are suffering with mental or physical illnesses and to provide them with the services they require while safeguarding their dignity and worth as a person (NASW, 2021).

In addition to advocating for care on a macro level, social workers can make a difference in the lives of their individual clients as they prioritize the value of *service*. By providing clinical care on the micro level, social workers have the chance to interact and motivate change with adolescents and their families (Bradford, 2018). It is in the therapy room that social workers could model healthy relationships and create a safe space for clients to explore their emotional struggles in a dignified and respectable manner. Former athletes navigating their losses associated with a diagnosis of a physical illness could restructure their identities and identify intrinsic strengths and adaptive coping skills in a safe and healing way. Through this reparative relationship, adolescent athletes could also develop a stronger sense of self and learn strategies for emotional regulation (Shao et al., 2022). Overall, it is the responsibility of social workers to

address the psychological and psychosocial needs of adolescent athletes so they could attain their goals and lead productive lives (Moore & Gummelt, 2019).

The value of *social justice* is also prioritized as social workers advocate for improved mental health services and greater accessibility to care for people of all ages, ethnicities, genders, and socioeconomic statuses. The ethical principle of *social and political action* (6.04) further states that social workers should act to prevent discriminatory behavior against individuals with mental or physical disabilities (NASW, 2021). As Clark and colleagues (2022) state, "social workers must persist in challenging social injustice at the micro, mezzo, and macro levels" (p. 55). This notion is further enforced by Moore and Gummelt (2019) who explain that sport social workers are obligated to promote sensitivity and learn about the psychological and psychosocial challenges that athletes face throughout the course of their lives. Included in their work is identifying risks, ensuring access to education, finding resources, and creating space for these athletes to voice their opinion, need areas, and concerns. By advocating for their needs and highlighting the social injustices that exist for adolescent athletes who incur physical illnesses, social workers can enhance clinical expertise and expand the awareness of policymakers, government officials, clinical, and medical providers. Through these efforts, legislation could be enacted to support educational events and to improve mental health and medical care services for this population.

Policies

In the past few decades, the federal and legislative governments enacted multiple reforms to address the national mental health crisis. The following section highlights several pieces of legislation that were enacted to mitigate the mental health challenges posed by the COVID-19

pandemic as well as for minority groups such as athletes and individuals living with physical illnesses.

Laws Related to Mental Health

In 2010, Congress passed the Affordable Care Act which mandated commercial health insurance plans to cover mental health services (Congress, 2010). The use of addiction centers and other outpatient mental health centers rose in response to this legislation (Koons, 2019). In response to the COVID-19 pandemic, the government enacted several new policies to address the ongoing mental health crisis. The National Institute of Mental Health (n.d.) and federal agencies partnered together to establish an action plan to address the heightened mental health and suicide risks (Canady, 2020). In July 2022, the federal government announced a new mental health hotline, known as 988, to further address the national mental health crisis (Pope & Compton, 2023). This hotline aims to connect people with mental health providers to ensure they receive the necessary support. At first, trained mental health providers will intervene to mitigate the risk, but when a higher level of care is warranted, they will send a mobile crisis team (Kuntz, 2022). This system is intended to reduce reliance on the police department, and to increase access to care for people experiencing emotional distress or mental health crises (Pope & Compton, 2023). In addition to providing the appropriate support, 988 hopes to answer calls within 20 seconds to ensure that people receive an immediate response (Kuntz, 2022). While the federal government passed the legislation and approved the funding, the structure of these mobile crisis teams is in the hands of the state governments, and it is their responsibility to ensure that the local centers have the required resources (Kuntz, 2022).

Laws Related to Athletes

Aside from the government's response to the general mental health problem in the country, there were specific enactments made to address the needs of vulnerable subgroups in the population. In 1972, Congress passed Title IX legislation in accordance with the Civil Rights Act to address the disparities that existed in the educational system. The legislation states, "No person in the United States shall, on the basis of sex, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance" (Patsy Mink Equal Opportunity in Education Act, 1972). This law aims to address the discrimination and harassment that occurs between students with diverse gender identities and sexual orientations (Weppler, 2022). While the law does not aim to address the rights of transgender students, it attempts to safeguard their involvement in the classroom and on the playing field. This aims to prioritize equality and respect for all players, thereby minimizing some of the mental health challenges that athletes experience (Weppler, 2022). While many states responded to these Title IX changes, there are multiple states that have yet to update their policies (Weppler, 2022), and therefore further advocacy is needed to educate government officials about the mounting mental health challenges and staggering numbers of suicide among athletes.

Laws Related to Physical Illnesses and Disabilities

The American with Disabilities Act (ADA) aims to address the needs of people living with disabilities and physical illnesses. Under Title III of the act, athletes with disabilities are entitled to accommodations in public spaces, including the playing field (Plaza, 2003). This law influences the overall athletic population, but more intimately the sector of athletes who experience physical illnesses and other disabilities. Through the enactment of this law,

adolescent athletes with physical illnesses could choose to continue their involvement in sports despite their disabilities. Even more importantly, the isolation and pain that normally follows discriminatory behavior are lessened by the coach's legal responsibility to include them as equal members of the team.

While these policies address the national mental health crisis, the numbers of suicides are staggering, and more services need to be implemented to support people with physical and mental health needs. As a member of the National Institute of Mental Health states, "We must prioritize prevention and early intervention" (Canady, 2020, p. 1). The lack of access to care is impacting people of different socioeconomic backgrounds as well as every age, sex, and ethnicity (Newton et al., 2022). The need for affordable and accessible care is of paramount importance and it is the responsibility of federal, state, and local governments to work in collaboration to meet the needs of the people in an efficient and prompt manner.

Conclusion

Adolescent athletes who incur physical illnesses are only a subgroup of the population experiencing mental health challenges in the country. While numerous pieces of legislation and policies were enacted to mitigate the crisis, many people are still struggling to access care. The rates of depression, anxiety, and suicide among adolescents continues to climb, but access to affordable care and appropriate interventions are still slow in coming (Koons, 2019). Examining the experiences of athletes who incur physical illnesses during adolescence provides insight into the mental health challenges that ensue such a loss; thereby creating the space to implement preventative strategies for care to mitigate the nationwide mental health crisis. As Butcher (2012) explains, implementing strategies for integrated behavioral and medical care could lower the

costs of service and treatment outcomes. It is the obligation of social workers to advocate for these changes while safeguarding the dignity and worth of the adolescent athlete.

The next chapter describes the literature review.

Chapter Three: The Literature Review

Introduction

Being diagnosed with a physical illness is often a life-changing event. The diagnosis process is overwhelming and learning to adjust to a new reality presents with emotional, behavioral, and psychosocial challenges (Gabay, 2019). The diagnosis of a physical illness is a challenging experience at any age, but it often becomes increasingly complex when it occurs during the throes of adolescence. That is, adolescents who receive a medical diagnosis of a physical illness often endure extreme difficulties as it challenges their identity, academic performance, relationships, and mental health (Berube et al., 2020). For those adolescents who are also involved in sports, the diagnosis becomes a critical aspect of their identity and psychological development.

The literature review examines the factors that influence the identity formation of athletes who were diagnosed with a physical illness during adolescence. The research studies included in this review explore the characteristics of adolescent athletes, the psychological and psychosocial challenges that emerge when injured, and the significance of their relationships with parents, coaches, teammates, peers, and helping professionals.

Methodology

A systematic literature review was conducted to explore the impact of a physical illness on the identity formation of an adolescent athlete. Understanding the factors that contribute to the adolescent athlete's physical and mental health is a critical component in providing competent care. Using an EBSCO Host Discovery Service, the researcher conducted a search using multi-disciplinary databases. The keywords in the search were: high-school student-

athlete, adolescent athlete, athletic identity, identity, illness, medical diagnosis, and ambiguous loss. The researcher combined some of these keywords using the connector “and” to ensure the articles found were applicable to the topic. For example, the researcher input the terms “adolescent athlete” and “identity” in the same search box. This was also performed for adolescent athletes, illness, and medical diagnosis. An additional search in Social Work Abstracts of the Yeshiva University library was conducted to target relevant studies in social work literature.

Search Criteria

For the search, inclusion criteria consisted of academic journals, peer-reviewed articles, empirical-based articles, and only articles written in English. It also consisted of articles published between 2012-2023. The exclusion criteria focused on omitting specific key words from the search bar like “mental illness”, “chronic illness”, and “disabilities”. The researcher specifically excluded these terms from the search bar to distinguish between articles describing the experiences of mental and physical illnesses. For instance, inputting the term “disabilities” in the search bar led to an output of articles regarding Paralympics, which is a group of people with disabilities who engage in sports. Because this review is seeking to understand the experiences of adolescent athletes who could no longer engage in sports due to a physical illness, these terms were excluded.

Results

The systematic literature review yielded a total of 1,093 articles. The researcher briefly reviewed the abstracts and results section of these articles in an effort to identify the most appropriate articles for this review. Based on the inclusion and exclusion criteria, 74 articles

were retained for the literature review. The researcher read the articles, carefully examined the methodology and results section, and then chose to include 25 of the articles in this review. The articles that were excluded were either not empirical studies or did not discuss adolescent athletes, physical illness, or constructs of identity. Some of the articles that were not empirical studies were included in other sections of this study, while the remaining ones were omitted due to their lack of relevance to adolescent athletes' experiences with receiving a medical diagnosis of a physical illness. The systematic review extended to an additional search of the social work database in the Yeshiva University library, and it yielded a total of 310 articles. While the researcher examined these articles for this literature review, none were included since they all lacked relevance to the research topic being studied. Those excluded were either not empirical studies or did not discuss adolescent athletes, physical illnesses, or constructs of identity.

Themes

Three primary themes emerged from the literature: the adolescent's athletic identity; the psychological and psychosocial impact of illness and loss; and the role of parents and helping professionals in the adolescents' journey towards self-integration. These themes were evident in studies with various forms of methodology, including systematic reviews, quantitative, qualitative, and mixed-method study articles. It is important to note that most of the studies in literature were conducted through a quantitative lens and thus more qualitative research is needed to understand the lived experiences of adolescent athletes. While there are no studies in this literature review from social work literature, there are important considerations from the other professional disciplines that provide insight into areas that require further exploration from a social work perspective.

The Adolescent's Athletic Identity

Researchers continue to study the construct of identity formation in adolescence, but few studies are rooted in the social work perspective. Based on the work from other disciplines, it is understood identities are built around important life factors; and despite the changes that occur over the course of one's life, the foundation of one's identity is formed in adolescence (Erikson, 1996; Marcia, 2002). When an adolescent athlete forms an identity around their sport, and then incurs an injury, illness, or loss; they begin to experience a shift in their identity. An athletic identity is defined as the degree to which a person identifies with the athlete role in regard to their self-concept (Brewer et al., 1993). Understanding the adolescent athlete's relationship with their athletic identity, as well as the associated losses, is a critical component in providing appropriate support. When the adolescents' experiences are shared relationally, in the form of storytelling, a platform is created and those in the helping professions could then advocate for change and healing. Of the seven studies included for review, there was one systematic review, five quantitative articles, one qualitative, and one mixed-method study.

A systematic review of the literature on athletic identity was conducted by Edison and colleagues (2021) to better understand the impact of this social trait on youth athletes. The review was conducted according to the Preferred Items for Systematic Reviews and Meta Analysis Groups (PRISMA) regulations and searched the PubMed, Embase, and PsycINFO databases. Ten articles were analyzed in this review. Of the ten studies included, eight used the Athletic Identity Measurement Scale (AIMS) to assess athletic identity and two used the Athletic Identity Questionnaire. The themes that emerged from the literature were stronger athletic identities result in higher performance outcomes, higher levels of athletic identity result in

increased risk behaviors to compensate for performance; and those individuals with higher levels of athletic identity are less likely to seek help.

The findings show that as athletes become more invested in their sport, their athletic identity strengthens. This limits their capacity to develop other dimensions of their identity, and in turn impacts their health, social network, and societal expectations (Edison et al., 2021). The studies further revealed the stronger the athletic identity of youth, the more likely they are to experience depression and stress. The articles examined for review included small samples which limit the generalization of the findings. The researchers also excluded qualitative studies from this review, which minimizes the chance for a more nuanced understanding of the athletic experience. Further research is needed to identify more nuanced results for generalization, and qualitative studies are also needed to better understand the lived experiences of the athletes from a subjective standpoint. Exploring this construct from a social work lens could broaden researchers' understanding of the relationship between identity, illness, and mental health, thereby minimizing the potential for healthcare fragmentation.

Monaco and colleagues (2021) conducted a quantitative study to understand athletes' decisions to return to their primary sport after sustaining a concussion or an anterior cruciate ligament (ACL) tear. The authors recruited 394 intercollegiate and sport club athletes who were involved in a variety of sports, including basketball, baseball, cross country, dance, diving, ice hockey, running, wrestling, etc. Data was collected via an online survey on Qualtrics and asked about the athletes' demographics, athletic identity, and medical history of concussions and ACL tears through the Athletic Identity Measurement Scale (AIMS). The results concluded the stronger the athletic identity, the greater risk-taking the athletes engage in to return to their sport after experiencing a concussion or ACL tear. It further emphasizes that the stronger the athletic

identity, the higher number of injuries athletes experience throughout their time on the playing field. That is, their strong identification with athletics propels them to continue engaging in sport despite risks and recurrent injuries.

While the study provides valuable insight into the impact of an athletic identity on individuals' well-being, it does not explore this from the standpoint of youth athletes or those individuals who received a diagnosis of a physical illness. Collegiate athletes have already invested a considerable number of years training for their primary sport which could potentially influence their struggle to cease sport participation in the aftermath of an injury. Moreover, an identity is less malleable post adolescence, and therefore it would be beneficial to examine the experiences of adolescents who incur injuries or illnesses that cease their participation in sports. This exploration could potentially provide youth athletes with the resources they need to develop identities outside of their sport too. Moreover, an injury and illness could also present with distinct recovery and long-term healthcare needs. Therefore, conducting a study through the lens of social work could provide insight into how interconnecting systems influence the intrapersonal development of the adolescent athlete who incurred a physical illness.

McGinley and colleagues (2022) conducted a quantitative research study to better understand the correlation between athletic identity, sport participation, and psychosocial measures in the aftermath of an anterior cruciate ligament (ACL) injury. The study included 226 participants, with a mean age of 15 years, who completed a standardized sports medicine intake and an Athletic Identity Measurement Scale (AIMS). The findings showed athletic identity was less correlated with the level of sport commitment and more related to the amount of time the adolescent engaged in sports during their formative years of development. Participants' involvement in sports from an early age limited their ability to form social connections outside of

sports, and their engagement at such a primal age deeply impacted their identity and sense of self.

The researchers provide the literature with significant knowledge about the psychological impact of injuries on adolescent athletes and its impact on peer relationships. The research acknowledges the resilience of youth while stressing the intrapersonal and psychosocial consequences of athletic injuries. Further research is needed to understand the adolescents' resources and supportive figures because these could potentially eliminate some of the consequences incurred post injury. It would also be worthwhile to study the messages these children received about sports from an early age, and whether or not they had opportunities to develop relationships outside of sports. Children are limited in their resources and are impressionable to the behaviors modeled by the adults in their environment. Understanding these structures from a qualitative lens could lead to the development of educational resources for parents, schools, and coaches.

Understanding the experience of athletes who incur mobility impairments provides powerful insight into the struggles of adolescents experiencing a changing identity. Thus, Piatt and colleagues (2018) conducted a quantitative study to understand the impact of athletic identity on athletes with mobility impairments who participate in paralympic sports. The study consisted of 47 adolescents between the ages of 13-18 who incurred mobility impairments and participated in paralympic sports. The researchers used the Athletic Identity Measurement Scale (AIMS) to gather information and then input the data into SPSS to conduct descriptive and inferential statistics. The results concluded the amount of time invested in sport participation influenced the strength of the adolescent's athletic identity (Piatt et al., 2018).

While the study provides valuable information regarding the correlation between an adolescent with a mobility impairment, athletic identity, and sport participation, it does not emphasize how this impacts the athlete's well-being. That is, does the strengthening of an athletic identity reinforce adaptive behaviors, or does it weaken the adolescent's sense of self? Further specification on the connection between adolescents with impaired mobility and athletics needs to be studied to better understand this population's needs. At the same time, this article does provide the importance of addressing policies of inclusions as the adolescents' report wanting to increase their time invested in sport participation. These findings could be used as a springboard for future research to explore the psychosocial consequences of illness for adolescent athletes and the importance of implementing policies of inclusion.

Schneider and colleagues (2019) conducted a quantitative research study to better understand the factors that lead athletes to continue engaging in sports despite being injured or in physical pain. The study, conducted in Germany, included 182 basketball players from the ages of 13 through 19. Descriptive and inferential statistical analysis helped to operationalize the demographic, psychological, structural, and social determinants of engaging in sports while injured and hurt. The findings showed those who are at a higher risk of engaging in athletics while injured or hurt are those who assign greater significance to participation in sports based on a strong athletic identity. Moreover, it also emphasized that these individuals are more likely to take painkillers to minimize the pain while playing, and will oftentimes override the feedback received from authority figures like medical doctors, teachers, etc. (Schneider et al., 2019).

The study provides significant information regarding adolescent athletes and the consequences of failing to form a robust identity in conjunction with one of athletics. Sports in Germany is slightly different than the United States, and it would be meaningful to replicate this

study with American adolescent athletes. Although the study explains that some athletes fail to comply with the instructions of medical providers, it does not provide information regarding the method of care or relationship between the adolescent and provider. Understanding the role of medical providers and their relationships with adolescent athlete patients through a qualitative lens would provide critical information for the progression of the social work field.

Lyons and colleagues (2018) conducted a qualitative study to examine the process of identity renegotiation for high-school athletes who no longer engage in varsity competitions upon entering their first year of college. The researchers recruited 13 participants ranging from the ages of 18 to 22 years who reported participating in a variety of high school athletics. Through a phenomenological approach, the researchers sought to understand the participants' experiences with role transitions and identity renegotiations. They aimed to conduct three separate interviews for each participant: one at the end of the first month of school, the second at the end of the first semester, and the third at the end of the academic year. However, three participants did not participate in the last round of interviews.

The findings showed the investment in high-school athletics make it increasingly challenging for individuals to separate from their athletic identity when they choose to no longer engage in sports. The strong identification with sports causes many athletes to continuously negotiate their decisions as they contemplate returning to sport to meet their needs of belonging and community. However, the findings emphasize that with time, former athletes learn to form social networks and build relationships outside of athletics (Lyons et al., 2018).

This study expanded the understanding of the intricate and often painful process of needing to negotiate one's identity post athletics. Because the study does not specify the reasonings behind the participants' decisions to no longer participate in varsity competitions,

further research is needed to understand the different experiences of adolescent athletes. While the processes of role transitions and identity renegotiations are challenging for all athletes who no longer participate in sports, there are diverse needs for those who are injured, physically ill, or academically or mentally challenged. Conducting research on the experiences of adolescents with physical illnesses from a social work lens will allow for improved functioning and support for those who identify as former athletes.

Johnson and colleagues (2022) conducted a mixed-methods study using the data collected by the Connecting Adolescents' Beliefs and Behaviors (CABB) research team. The purpose of the study was to understand adolescents' identity content in Northeastern sections of the United States. The study consisted of 415 participants who were in grades six through 12. The data was collected in 15 schools throughout the Massachusetts and Connecticut regions, and participants received a written survey that included 10 prompts that started with "Who am I?" Based on the study's constructs, the findings concluded adolescents mostly identified with relationships, emotions, physical, and personal characteristics. The study did not include athletics as a variable but did inquire about an identity with illness. Of the 415 participants, nine individuals identified with having a physical or mental illness.

The results provided significant information about the needs of adolescents and the factors that are most influential to their identity and development. However, the researchers did not inquire about the strength of the relationships between the variables and such an analysis could potentially provide insight into the intrapersonal dimensions of adolescents. Moreover, the participants were mostly from religious institutions which likely impacts their response rates. Further research is needed to provide a more general understanding of salient content of identity

in adolescents; and even more specifically, on the strength of an athletic identity for adolescent athletes who incur physical illnesses.

The studies outline the significance of an athletic identity and the impact it has on the overall functioning of those who can no longer engage in sports due to injuries. The research shows how intimately these losses influence other domains of the adolescent athlete's life, and the importance of encouraging other interests in addition to those related to athletics to minimize the effects of identity foreclosure. Further research is needed within the social work context to understand the adolescent athletes' identity struggles when faced with physical illness so that more holistic perspectives of treatment could be established.

The Psychological and Psychosocial Impact of Illness and Loss

Adolescence is a period marked with psychological, biological, social, and emotional changes (Schwartz et al., 2011). Developing a physical illness during this time period only exacerbates the stressors and anxieties (Gabay, 2019). Consequently, adolescent athletes who receive a medical diagnosis of a physical illness likely experience much angst, uncertainty, and conflicting emotions as they adjust to their new reality. Understanding the impact illness and secondary losses have on their psychological and psychosocial functioning is an imperative part of treatment. Included in this section are a systematic review, two quantitative articles, five qualitative articles, and one mixed-method study.

The Psychological Impact

Park and colleagues (2023) conducted a systematic review to examine the impact of musculoskeletal injuries on the mental health of pediatric athletes. The researchers searched PubMed and Psych Net databases, screened the titles and abstracts, and carefully examined 19

empirical articles based on the study's inclusion and exclusion criteria. The findings showed that athletic identity strengthens during adolescence and is associated with worse psychological well-being following an injury. It explains that pediatric athletes recovering from an injury are likely to experience symptoms of depression, anxiety, post-traumatic stress disorder, and obsessive-compulsive disorder. The review showed that fear, uncertainty, and identity complicate the athletes' return to sport process. Moreover, it also highlighted that the medical professional's involvement in treatment also affects the athlete's attitude toward recovery and returning to sport.

This systematic review sheds light on the significant impact of injuries on the mental health of pediatric athletes. It emphasizes the complexity of the experience for these athletes; describing the impact it has on their identity, relationships, emotional regulation, and overall mental health. While the study focuses on musculoskeletal injuries, it does not address the impact of other classifications of injuries or even illnesses. This limits the generalizability of the findings since every medical diagnosis and physical ailment presents with different challenges. Further research is needed to explore this concept in a way that can be generalized to the greater population of adolescents with pediatric illnesses. Lastly, the study examines the emotional dimensions that surface in response to returning to sports but does not include those athletes who can longer return to the playing field. Conducting research to understand the lived experience of adolescent athletes who experience an injury or illness that impedes their ability to return to sports could promote the development of an integrated care approach model.

Lam and colleagues conducted a cross-sectional study (2013) to understand the quality of life in adolescent athletes in comparison to general, healthy athletes. This quantitative study identified the normative values of social and emotional functioning in adolescent athletes to

improve patient care. The sample consisted of 2,659 adolescent athletes and the general adolescent group came from a previously published dataset. The findings showed adolescent athletes scored higher than the general adolescent group in areas of emotional and psychosocial functioning.

Lam and colleagues (2013) provided valuable information about the benefits of sports on the emotional and social well-being of adolescents; and the importance of patient-centered and integrated healthcare approaches. It further highlighted the differences between adolescent athletes and their non-athlete peers, emphasizing the unique needs and characteristics of this population. However, the study only includes adolescents who can engage in sports without restriction, limiting our understanding of the emotional well-being of adolescent athletes who incur injuries or illnesses that inhibit their participation on the playing field. To better understand the emotional and social struggles these adolescents endure, it would be helpful to examine the lived experiences of athletes who incur physical illnesses by collecting data before and after their diagnosis and recovery process.

While psychological factors certainly influence an athlete's decision to return to sports, so does their level of resilience. Resilience is the degree by which people overcome adversity (Bunt et al., 2021) and is a highly attributable trait in times of hardship. Thus, Bunt and colleagues (2021) conducted a quantitative study to understand this trait in reference to athletes who sustained sport-related concussions. Their study included 332 athletes between the ages of 13 and 25 who sustained a sport-related concussion within 10 days of arriving at the medical center for treatment. The researchers collected data at two time points, both at the initial consultation and at the three-month follow-up appointment. The researchers measured resilience using multiple surveys, including the Brief Resilience Survey and the Sport Concussion

Assessment Tool-5 Symptom Evaluation Post Concussion Symptom Scale. Results showed that participants with lower levels of resilience experienced longer recovery times and worse symptomology, and that overall, resilience is a key factor in an athletic injury recovery process (Bunt et al., 2021).

While the study provides valuable insight into the impact of resilience on recovery, it does not identify the athlete's level of resilience prior to the injury, the amount of available support, or the existence of an underlying mental health disorder that might exacerbate the response of the athlete in times of high stress. By collecting data at a medical facility, participants might alter their perceptions since they completed the survey at a time, and in a place where people tend to experience higher levels of anxiety, fear, worry, etc. Lastly, collecting data at the earlier stages of the recovery process overlooks the grief process that ensues loss, including an injury that derails one's sports engagement. It would be beneficial for future researchers to study the relationship between recovery and resilience with the recognition that emotional responses, particularly grief, change over time.

Choudhury and colleagues (2020) conducted a qualitative research study to understand the concussion experiences of adolescent athletes in regard to their recovery processes. The researchers recruited seven adolescent athletes and held two semi-structured focus groups and two narrative interviews. Researchers analyzed data through a grounded theory and thematic analysis framework. The findings show there is a need for a multi-disciplinary approach when supporting athletes through their sports injury rehabilitation. The adolescents shared heightened feelings of anxiety, fear, and sadness, and the negative impact it had on their familial, social, and academic functioning. They further explained the lack of understanding from their teachers,

medical team, and peers worsened their recovery processes and only increased their feelings of isolation, fear, anxiety, and depression.

While the article captured the unique experiences of adolescent athletes in face of an injury, it only included athletes who were able to return to the playing field. This limits our understanding of those adolescents whose injury prohibits them from continuing to engage in sports, as well as those who incur illnesses that impede their sports involvement. It also does not explore the impact of the injury and rehabilitation process on the adolescent's identity, which is a significant factor at this stage of development. Nonetheless, recognizing the need for muti-disciplinary collaboration is a meaningful finding as it is paramount to the adolescent's emotional well-being. It emphasizes the value of teamwork and the importance of connecting social workers and medical providers in their quest to deliver competent and effective treatment protocols.

To better understand the perceptions of injured players in the recovery process, Norlin and colleagues (2016) conducted a study using a qualitative approach. The researchers recruited eight soccer players, including four male and four female players, ages 14-25 from soccer clubs in Sweden. To explore the psychological components of an athletic injury, the researchers interviewed the participants and analyzed the data using manifest content analysis. The findings showed numerous factors impacting the injured player's recovery process, including their perception of the injury, high-intensity emotions like fear and motivation, and support from their families, therapists, coaches, and teammates.

Norlin and colleagues (2016) conducted their study in Sweden; so, although there are common denominators for injured players in the United States, it would be beneficial to replicate this study in the States. The difference in cultures as well as attitudes towards sports play a key

role in the players' injury experiences. Additionally, this study included participants who incurred an injury that was classified as a "major injury" and resulted in a period of absence for at least 28 days and rehabilitation. Some players returned to sport and others ended their soccer career. Based on these differences, it seems imperative to conduct a study separating these two groups. While the researchers report there was no difference in the fear response between the two groups, it is challenging to measure the intensity of a person's emotions. Athletes' perceptions and psychological responses likely change over time, particularly at the junction when they learn they need to end their sport career. Even more so, it is difficult to generalize these findings to the greater public based on a sample of eight participants. Understanding the unique dimensions of this loss for players needs to be further studied as it is a focal point in providing competent care to adolescent athletes.

Ezzat and colleagues (2018) conducted a qualitative study to understand the impact of an injury on the attitudes of young adults with osteoarthritis. The study included 20 adolescents and young adults, 16-26 years of age, who sustained an intra-articular knee injury. The researchers conducted semi-structured interviews and examined the data using a constant comparative approach. The four main themes that emerged were the role of athletic identity, acceptance, resilience, and knee confidence. While some participants were highly motivated to recover from their injury, most were concerned about their knee's sustainability on the playing field.

This research study showed physical injury has a strong impact on the psychological well-being of adolescents and young adults. Because the study emphasized the experience of players with knee injuries and osteoarthritis, further research is needed to generalize the findings to other forms of physical injuries and illnesses. Moreover, the psychological tasks of adolescence and young adulthood differ greatly. Adolescents are often more concerned with the

perceptions of others, while young adults are more focused on building their career and developing intimate relationships. Individually examining the attitudes and beliefs of people in both these developmental stages would allow for greater accuracy and precision. Lastly, the study examines the experiences of individuals three to 10 years after sustaining a knee-injury. Further research is needed to understand the immediate psychological responses to post injury and illness, as well as in the various stages of this seven-year span. People's emotional landscapes are constantly changing as they mature, and it is therefore important to take time into perspective.

Normally, adolescent athletes return to sports once their team (i.e., family, medical doctors, coaches, etc.) deem they are physically ready to return to the playing field. However, while physical readiness is important, so is the athlete's psychological functioning. Consequently, Lassman and colleagues (2022) conducted a qualitative study to examine the factors that lead to psychological readiness. The researchers recruited 12 athletes from Canada, between the ages of 19 and 25, who formerly experienced concussions. The participants engaged in various sports, and all returned to playing between six- and 104-weeks post injury. The researchers met with each participant twice via online interviews and used narrative analysis to analyze the data. The themes that emerged were confidence, fear, identity, external pressures, and supportive influences. The results showed that the psychological functioning of an athlete is a significant component in their journey towards healing and needs to be better understood by those involved in the process.

Lassman and colleagues (2022) provide a rich understanding of the psychological factors that influence an athlete's return to sport experience. Choosing to use a creative narrative analysis allows for the participants stories to be shared in an authentic manner, and also provides

valuable insight regarding the significance of an athlete's emotional well-being. Nonetheless, the small sample size makes it difficult to generalize the results to the greater population. It also does not assess for underlying mental health diagnoses or whether the participants were taking psychiatric medications or receiving professional support prior to their injury or during their recovery process. These factors influence the emotional responses of people enduring high stress, and if accounted for, would strengthen the rigor of the study and overall results. Duplicating this study with baseline screening would help us better understand the intricacies of an athlete's psychological well-being in the aftermath of an injury. Moreover, while there could possibly be overlap between the experiences of athletes who incur injuries and physical illnesses, further research is needed to understand the unique experiences of adolescent athletes who are forced to withhold from sports engagement due to physical illnesses.

The Psychosocial Impact

Vani and colleagues (2022) conducted a qualitative study to understand cancer survivors' experiences with reengaging in physical activity post treatment. The study included adolescents and young adults who received a cancer diagnosis between the ages of 15-39, regardless of the classification of cancer. Researchers conducted semi-structured interviews using a constructivist paradigmatic position to emphasize the unique experiences of each participant. The researchers examined the data with a reflexive inductive thematic approach to hold space for deeper exploration. The results highlighted four main themes, including the importance of physical activity, the struggle in accepting one's appearance and level of fitness post-treatment, the role of supportive figures, and the environmental influences of fitness facilities and other sport centers.

Although this study does not include the unique experiences of adolescent athletes, it provides valuable insight into the secondary losses that come along with physical illness. By

highlighting the types of physical activities that the survivors attempt to relearn, like running, tennis, soccer, etc., the researchers emphasize the power of an identity and the pain of losing the ability to play because of an illness. Many participants shared that they mourned their athletic identity during their illness and remained committed to rebuilding their pre-cancer identity once they completed their treatment regimen. Their shock in being unable to "bounce back" is merely another dimension of their grief. This is one of the few studies included in the review that examines the impact of illness; and thus, continuing to explore the experiences of adolescents with physical illnesses who lose their capacity to engage in sports will provide the social work field with a better understanding of this population's challenges and subsequent need areas.

Rosen and colleagues (2018) examine the consequences of an injury on young athletes. They conducted a mixed-method study to understand the adolescent athletes' perception of their injuries and the ways in which it has impacted their relationships with themselves and others. The study included 140 athletes, ages 15-19, who were involved in a variety of sports. The participants completed an online questionnaire, and 20 participants shared their experiences in focus groups to provide insight into their lived experiences. The overarching theme from the study centered on the loss of identity while injured. The high-order themes included personal and environmental factors influencing the recovery process, experiences and lessons learned from the injury, and questioning the life-role as an elite athlete. Included in the subthemes were the consequences of injury in relation to peer relationships, the receival of a diagnosis or lack thereof, future concerns, and psychological skills.

While the study targeted adolescent athletes who experienced an injury, it did not provide information regarding the types of injury incurred on the playing field. Providing this information would add context to the study, enabling the reader to better understand the unique

characteristics of this population and their subsequent needs. That is, the type of injury sustained impacts the rehabilitation process and psychological experience. As a participant in the study reports, the lack of a diagnosis deeply impacted the ability to access the support needed in recovery. Replicating the study with the inclusion of this information would increase the chances for researchers to generalize the results to the general population.

Injury, physical illness, and loss have a significant impact on the psychological and psychosocial functioning of adolescent athletes. The studies examine the interplay between mental health and peer relationships and the significance of these factors during the adolescent years. The research emphasizes the mental health struggles that athletes experience in the wake of injury, and although one study highlights the impact of illness, additional studies are needed to explore the lived experiences of adolescent athletes who incur a physical illness that disrupts their engagement with sports.

The Role of Parents and Helping Professionals

Adolescence is marked by a need for increased autonomy, agency, and connection (Schwartz et al., 2011). Yet despite the adolescents' drive toward independence, they still remain dependent on their family system for stability, security, and support (Haefner, 2014). Balancing these two opposing forces becomes increasingly complex in the face of physical illness and the loss of athletic pursuits. While adolescents cannot move through these challenges alone, they also want to exert some degree of power and control to meet their needs of autonomy and agency (Haefner, 2014). Consequently, the support provided by parents and helping professionals is specific and requires a unique blend of compassion, intuition, and skill. Understanding the supporters' perspectives, as well as the adolescent athletes' experiences, is critical to providing competent care. Included in this theme's section are seven quantitative articles and two

qualitative articles, further emphasizing the need for research that explores the experiences of adolescents from a qualitative perspective.

The Role of Parents

As noted, parents play a key role in their adolescent's athletic pursuits, injuries, and recovery processes. The parent-child relationship is a significant factor, and thus Trbovich and colleagues (2022) examined the relationship between overparenting and the athlete's emotional well-being and clinical outcomes in the aftermath of a concussion. The term overparenting is often used interchangeably with helicopter parenting, and is defined as being "overly involved, protective, and low on granting autonomy" (Trbovich et al., 2022, p. 1231). This quantitative study consisted of 101 parent-child dyads and included adolescents and young adult athletes who sustained a concussion within 30 days or less. The athletes completed surveys that measured depression, anxiety, stress, and concussion clinical outcomes; and the parents completed a survey that measures overparenting. The results showed overparenting was associated with higher levels of stress and anxiety, but also proved to result in better clinical outcomes. Poor clinical outcomes were only observed in cases of high emotional distress, not overparenting.

While the study provides valuable information regarding the effects of overparenting, there are a few concerns. First, as the researchers note in their limitations section, the measure used to assess for overparenting was not validated in this context (Trbovich et al., 2022). This is inconsequential to the general effects of overparenting on the parent-child relationship, but it limits our understanding in response to athletic injuries. Second, including two distinct developmental stages in a study that aims to understand parent-child relationships only further complicates the findings. The tasks of adolescence and young adulthood are entirely unique; and therefore, the relationship between parents and their children looks quite different at these stages.

Conducting two separate studies, one with adolescents and one with young adults, will allow for greater insight into the potential benefits and consequences of overparenting on recovery and clinical outcomes.

In the mid-1960s, the American Medical Association developed the preparticipation physical exam (PPE) to promote the health and safety of young athletes by conducting pre-screenings for injuries and physical illnesses (Bernhardt & Roberts, 2019). This prescreening examination clearly served as a preventative measure and without the intention of replacing annual exams with primary care physicians (PCP). To understand the detriments of such occurrences, Daniels, and colleagues (2021) conducted a quantitative study to inquire about the likelihood of student-athletes attending both their PPE and annual exam with their PCP. A total of 288 parents of student-athletes participated in the study by completing a survey. The results showed all of the students had a PCP; but only 269 students attended their annual visit and preparticipation physical exam. While 26 parents felt a PPE was sufficient to meet their children's health needs, 60.1% of the parents believed the PPE was an appropriate setting to discuss their children's mental health concerns or needs (Daniels et al., 2021). This raises the question as to whether more education is needed around the function of PPE visits versus the purpose of annual appointments with a PCP. Differentiating between preventive visits for sports involvement (PPE visits) and preventative care for the children's overall health (PCP visits) might expand parents' understanding of their children's health and developmental needs. This education could lead to increased awareness, preventative care interventions, and prompt treatment that addresses the physical and emotional needs of the child.

This study provides vital information regarding the parents' perceptions and experiences with PPE and annual PCP exams. The fact that most parents believed in both exams suggests that

the majority understands the significance of mental health; however, this finding cannot be generalized for other cities and school districts. Conducting a nationwide study would be costly but might provide more generalized insight into this issue. Moreover, the majority of the parents believed mental health was not an appropriate subject to broach at the PPE visits. Further research is needed to understand parents' perceptions, influential factors, and ways to mitigate parents' discomfort so that all student-athletes could receive the mental health support they need.

Podlog and colleagues (2012) examine parents' perspectives on their adolescents' injuries, rehabilitation process, and return to sport experiences. The study, conducted in Australia, included 10 parents who participated in interviews over an 11-month period. The researchers first analyzed the data using the constant comparative method of analysis and then examined the interview responses in relation to the self-determination theory. Six main themes emerged from the results, including emotional and physical stressors, coping strategies for psychological and physical pain, parental concerns regarding the recovery and return to play processes, the role of social support, expectations of a successful recovery, and benefits of the injury experience.

Parental concern is a common theme among adolescents with sports-related injury. Throughout the interview sessions, the parents expressed their fear of re-injury and the coping strategies employed by their children (Podlog et al., 2012). This is an important finding of the study as it provides insight into the parent's level of understanding and awareness of their children's struggles and need areas. However, the study does not include adolescent athletes who develop a physical illness or incur an injury that hinders their ability to return to the playing field. Thus, further research is needed to examine the parents' responses to their children when

recovery is indefinite, and they cannot resume sport engagement. The permanence of the loss will present unique stressors and coping challenges, requiring a unique form of parental care. Moreover, replicating the purpose of this research in a study in the U.S. would generate a better understanding of the inherent challenges in the States.

The parent-child relationship changes over time and is often challenged during times of high stress. Thus, Tamminen and colleagues (2017) conducted a qualitative research study to examine parent-athlete communication in relation to adolescents' performance rates on the playing field. The purpose of this research was to understand the influence of parental behaviors on the athletes' well-being on an average day. The researchers recruited 27 adolescent athletes, ages 11-16, along with one of their parents. Researchers conducted semi-structured interviews with the adolescent and the parent in the room. To analyze the data, the researchers used thematic, structural, and performative narrative analyses. The findings showed adolescent athletes have mixed responses to their parents' feedback and review of their performance on the field and that strategies to improve communication are imperative to maximizing these conversations.

While the structure of the study allowed for the researchers to analyze the relational dynamics of the parents and adolescent athletes, it is likely that the children's responses were limited or altered in the parents' presence. Thus, it would be beneficial to replicate the study with an alternative structure to the interviews. Interviewing the child and parent separately, and then again together, would generate greater awareness, insight, and validity of the responses. Moreover, the study did not differentiate between the length of time spent in the car driving to and from practice. This impacts the rigor of the study since short rides do not allow for conversations that are rich in quality and depth. The researchers also state that many of the

adolescents were attempting to exert control over the conversation. There is not enough context to understand this statement, but it is important to note that adolescence is marked by themes of power, control, autonomy, and agency. Holding these constructs in mind when interviewing and analyzing the findings provides a conceptual framework of their behaviors. Overall, the study highlights the importance of the parents' role in the adolescents' athletic pursuits, the impact of the parent-child relationship, and the need for more awareness by examining the car ride home for parents and youth athletes.

Chan, and colleagues (2012) examined the social influence parents, coaches, and peers have on the motivational patterns of adolescent athletes. This quantitative study occurred in Australia and included 408 swimmers, ranging from the ages of nine to 18 years. Questionnaires were administered to the adolescent athletes and a multi-group structural equation modeling was used to analyze the data. The researchers hypothesized that social influences would differ according to age, and the results showed there were differences in relational expectations based on the age of the athlete. While the younger participants were more influenced by their mothers, the older athletes were more concerned about their peer relationships. Moreover, as the athletes age increased, so did their anxiety and fear of incompetence (Chan et al., 2012).

While the study provides valuable feedback on the perceived social influences of adolescent athletes, the study only includes swimmers. This limits the understanding of other sport disciplines and does not provide much room to generalize the findings. The age division also presents validity concerns, as it is difficult to assess the maturity and development of adolescents merely based on their age. Multiple factors play a role in children's ability to take perspective and conceptualize relational needs. Thus, it would be beneficial to conduct a

qualitative study to better understand the athletes' perspectives on the influence of helping relationships and the areas that might require intervention.

The Role of Helping Professionals

Mayer and colleagues (2012) conducted a quantitative study to analyze the effectiveness of preparticipation medical examinations for adolescent athletes and the number of individuals who are restricted from participating in sports. The study included 733 adolescent athletes who engaged in 16 sport disciplines. The study took place at a local university outpatient clinic and the appointments were scheduled based on the different sport disciplines. Both a clinical and an apparative exam were conducted, and the medical providers evaluated the results with both the athlete and the parent in the room. The clinical examination results showed musculoskeletal findings were most evident, and cardiovascular and general health were less evident. However, the apparative results unveiled many adolescent athletes maintain asymptomatic diseases (Mayer et al., 2012).

This quantitative study provides critical insights into the importance of physical examinations and conducting health screenings for adolescent athletes (Mayer et al., 2012). The consistent performance of these screenings could increase the chances of receiving timely interventions and thereby delay the progression of a physical illness. These findings could also ensure that athletes with elevated risk for injury or illness are provided with the necessary medical information to make informed decisions. However, the study is limited to the medical aspect and does not explore the emotional consequences of receiving this information. Further research is needed to understand the experiences of athletes when they receive reports about their physical limitations, as well as how medical providers conduct evaluations and relay the news to their adolescent patients.

In addition to the PPE and annual exams with primary care physicians, school nurses play a pivotal role in the student-athlete's health and well-being. To better understand the collaboration between school nurses and health care providers, researchers conducted a quantitative study (Weber et al., 2019). The sample consisted of about 8,000 school nurses recruited through the National Association of School Nurses. The participants completed an online survey, the Beliefs, Attitudes, and Knowledge of Pediatric Athletes with Concussions (BAKPAC). The results showed nurses who worked at multiple schools offered less care post injury, and that the need for a concussion management team is of utmost importance for the recovery of the athlete. The results further highlighted those limited resources, like time and money, which presented as barriers to providing competent care.

The study emphasizes the importance of collaboration between health care providers and the other members of the athlete's support team. While the researchers suggest the development of a concussion management team (Weber et al., 2019), further research is needed to clarify the role of the team members and effective methods of collaboration. The study does not mention including mental health professionals on this team, but in addition to health care providers, it is important to raise awareness on the importance of mental health. Moreover, research is needed to better inform policy makers of resource allocation for schools and athletic teams to ensure that the athletes' needs are met to prevent further harm and injury.

Bretzin and colleagues (2021) conducted a prospective cohort study to understand the influence of health care providers and medical facilities in relation to sport-related concussion procedures. The researchers obtained their data from the MHSAA Head Injury Reporting System, collected during the 2015-2016 academic year and the 2018-2019 academic year. The data included 16,001 cases of student-athletes, 9^{th}-12^{th} graders, from 750 high schools in the

Michigan area. The results showed the importance of identifying the providers involved in the treatment plan, profound consequences of returning to sports prematurely, and that athletes mostly received clearance to return to unrestricted activity from their PCP (Bretzin et al., 2021).

This study provides pivotal information to the processes of providing competent and effective treatment to adolescent athletes who sustain a concussion. The researchers outline key factors to account for when considering the athletes' medical needs and the discrepancies between medical providers' case conceptualizations and the team physicians (Bretzin et al., 2021). This suggests the need for further research so professionals could develop educational resources to inform medical providers of the intricacies of athletic injuries and their impact on athletes. That is, many athletes might underreport in their longing to return to sport or others might be unable to provide an accurate account of their condition due to elevated levels of stress and anxiety. Identifying a way to mitigate these response biases will improve the rigor of the study. Moreover, while this study emphasizes the importance of treatment for post-injury, additional research is needed to address the treatment needs of adolescent athletes who incur physical illness that impact their participation on the playing field. Studying this phenomenon from the lens of social work will only further support the need for collaboration between the interconnected systems in the adolescent athlete's life.

Tsukahara and colleagues (2023) conducted a cross-sectional study to examine coaches' awareness of their female athletes' medical conditions and needs. The study was performed in Japan and consisted of 412 track and field coaches; 369 who identified as male and 43 as female. The participants completed an anonymous survey online and the results were analyzed on STATA using descriptive and inferential statistics. The results showed female athletes were more likely to be aware of these medical conditions and have greater access to gynecologists.

Coaches with more experience seemed to also have a better understanding than those who were practicing for five years or less.

The study shows the significance of collaboration among athletic coaches and medical providers (Tsukahara et al., 2023). It provides insight into the importance of training both male and female coaches about medical conditions across the spectrum and improving communication between disciplines. While this study begins to explore this phenomenon in Japan, more research is needed in the United States to understand the level and sophistication of the collaboration between athletic coaches and medical providers. Moreover, research is needed on all different sports as well as populations. Adolescent athletes experience unique psychological and physical conditions, and thus it is important to educate coaches and helping professionals so they can maximize their collaboration and teamwork.

These articles emphasize the importance of parental figures and helping professionals in the face of an illness during the adolescent stage of development. The common theme that threads through the articles is the need for more awareness, education, and collaboration between the various figures who are involved in the adolescent athletes' treatment. More research is needed to understand the relationship between social work, illness, and athletics, particularly the role of mental health professionals in the adolescent athlete's journey. Further studies from a qualitative lens could shed light on the unique experiences of perspectives of the adolescent athlete. Thus, this study will examine the impact of a physical illness on an adolescent athlete by exploring the psychological, psychosocial, and physical detriments of illness. It will seek to understand the interconnectedness between physical and mental health and role of relationships in cultivating resilience by examining the participants' experience from an ecological perspective.

Conclusion

This systematic literature review highlights the current research available regarding the impact of a diagnosis of physical illness on an adolescent athlete's identity. The literature reveals three themes: the identity of the adolescent athlete, the psychological and psychosocial impact of loss, and the role of parents and helping professionals. To further the conceptualization of this review, this section articulates what we know, what we do not know, and the current gaps in the literature.

What We Know

The literature emphasizes multiple elements that impact the identity formation of an adolescent athlete in the face of a physical illness. It highlights the likelihood of athletes forming an athletic identity around their sport, and the importance of helping them develop other dimensions of their identity outside of it as well (Piatt et al., 2018; Schneider et al., 2019). That is because the more limited one's identity is, the more complicated it is when that identity is challenged by an injury or loss (Edison et al, 2021). The research further emphasizes that the stronger the adolescent's athletic identity, the more likely the athlete is to return to sports when injured or in pain. This only lengthens and complicates the recovery process, and negatively impacts the psychological well-being of the adolescent athlete when they learn that they could no longer engage in sports (Lyons et al., 2018; McGinley et al., 2022; Piatt et al., 2018; Schneider et al., 2019).

In addition to emphasizing the impact an athletic identity has on the well-being of an adolescent athlete, the research also explores the psychological and psychosocial aspects of an athletic injury (Ezzat et al., 2018; Lassman et al., 2022; Norlin et al., 2016; Vani et al., 2022).

Multiple researchers have examined the athletes' perceptions of their injuries and the emotional turmoil experienced when forced to remain off the playing field (Bunt et al., 2012; Norlin et al., 2016). It is clear athletes experience elevated levels of stress, anxiety, and oftentimes depression, in the face of an injury. The research further highlights that these emotional responses impede the healing process, while psychological attributes like confidence, resilience, and a solid identity prove to be strong resources when navigating the aftermath of an athletic injury (Bunt et al., 2012, Lassman et al., 2022).

Besides the factors contributing to an adolescent athlete's identity and psychological well-being, the research also highlights the presence of supportive figures like parents and helping professionals (Chan et al., 2012; Podlog et al., 2012; Tamminen et al., 2017; Trbovich et al., 2017) Overall, the research emphasizes the importance of collaboration, teamwork, and more effective preventive evaluations to assess for injuries and physical illnesses. The research shows the stronger the relationships between athletes, parents, and professionals, the greater the probability of successful clinical outcomes (Mayer et al., 2012). It also highlights that the adolescent's psychological well-being improves in the presence of supportive figures. This emphasizes the role of medical providers who intervene to provide support and treatment for adolescents and families who are struggling with physical illnesses.

What We Do Not Know

The research strongly emphasizes the importance of a solid identity, strong psychological and psychosocial skills, and the role of supportive caregivers and healthcare providers for athletes who sustain sport-related injuries (McGinley, 2022; Podlog et al., 2012; Rosen et al., 2018). However, the research does not explicitly examine the importance of these factors in relation to athletes who incur a physical illness who could no longer engage in sports. Even more

so, the research does not incorporate the impact of injury, or physical illness, on the identity formation of the adolescent athlete. Thus far, it only speaks of the overall impact of the athletic identity and the way it influences the athlete's decision-making processes on and off the playing field. Understanding these elements in relation to the adolescent stage of development is critical to providing competent, effective, and preventive care.

Moreover, many of the studies examine the impact of athletic injury with the understanding that most athletes return to the playing field. This impacts the emotional experience, perceptions, and level of support needed through the recovery process (Lassman et al., 2022; Rosen et al., 2018). Further research is needed to understand the experience of athletes who incur a loss that does not permit them to continue engaging in sports. The definitive component of such a loss is unique and therefore requires an analysis from a different point of view. This further highlights the importance of developing more knowledge to understand the psychological underpinnings of ambiguous loss that is often misunderstood by parents and professional providers.

In addition, most of the research in this area was conducted by other disciplines like psychology, medicine, and sports. Social work literature has yet to examine the impact of a physical illness on adolescent athletes, or even the impact of an athletic injury. Further research is needed to understand these experiences through the lens of social workers who have a unique focus on the influence of interconnecting environmental structures and systems. Moreover, existing studies that aim to understand the role of helping professionals are mostly quantitative and their data was obtained from the standpoint of medical providers. Gathering information from the perspective of the adolescent athletes themselves through a qualitive lens provides the field with valuable insight into their lived experiences. Lastly, and most importantly, the review

does not include any studies that emphasize the role of social workers or other mental health professionals in the healing journey of adolescent athletes with physical illnesses. This research is needed to expand social workers' understanding of physical illnesses in relation to athletics, identity, physical illness, and loss. By increasing their understanding of this subpopulation, the potential for healthcare fragmentation could be reduced.

This research aims to empirically meet the gaps in the literature by answering the following research question: How does a physical illness affect the identity formation of adolescent athletes? The sub-questions that the researcher examines are: a) what psychological and psychosocial factors determine the adolescent's response to physical illness? and b) how do parents, mental health professionals, and medical providers, support or interfere with the adolescent athlete's healing process?

The next chapter describes the theoretical framework used in this study.

Chapter Four: Theoretical Framework

Introduction

Theories provide a context for understanding human behavior and social problems. Thus, this section will expand on several theories to understand the lived experiences of athletes who incur physical illnesses during adolescence. Included in this review are the ecological systems theory, identity theory, and resilience theory. These theories provide a framework for understanding the interplay between the individual and wider systems, the role of an identity, and the power of resiliency in times of adversity. A diagnosis of a physical illness happens on an individual basis, and yet it is a shared crisis as it impacts the wider concentric circles of a person's life. Receiving a diagnosis of a physical illness during adolescence has a deep impact on the individual and often challenges their previous perceptions of self. It is in response to illness and loss that people rely on supports from external sources to access their inner resources to build strength and resilience, and thus it is imperative to understand the interconnecting systems that influence an adolescent athlete's intrapersonal world in the face of physical illness.

Ecological Systems Theory

Theoretical Constructs

The ecological systems theory provides a perspective on human development by explaining the interplay between the individual and larger society (Bronfenbrenner, 1979). This theoretical perspective provides a framework by which to understand how adolescent athletes who incur physical illnesses are influenced by the societal structures and environments in which they interact. According to Bronfenbrenner (1979), there are four main interconnecting subsystems: the microsystem, mesosystem, ecosystem, and macrosystem. While the structures in

the inner circles seem most influential to human development, the factors that occupy the wider concentric circles of an adolescent athlete's world are highly impactful as well (Bronfenbrenner, 1979; Moore & Gummelt, 2019; Tümlü & Akdoğan, 2021).

The ecological map emphasizes the importance of acknowledging the social systems that encompass an adolescent athlete's environment (Moore & Gummelt, 2019). At the innermost layer, the microsystem, is the intimate containers that hold the individual. This might include the home, school, religious, and social environments (Bronfenbrenner, 1979). The next layer, the mesosystem, takes us further away from the individual settings and includes the interplay between these inner structures, while the third layer, the exosystem, is where an individual is influenced by the events that occur in a setting where the person is absent. The outermost layer of the ecological framework is the macrosystem which represents the ideological perspectives and attitudes of a given culture (Bronfenbrenner, 1979). By understanding these ecological systems and interconnecting societal factors, social workers could recognize the need areas and conflicts of adolescent athletes (Moore & Gummelt, 2019). More specifically, it will lend insight into the relationships that adolescent athletes have inside and outside of sports, and the significant role these interactions have in their healing, recovery, and ability to respond to adversity on and off the playing field (Coward, 2005; Lininger et al., 2019; Saxe et al., 2022).

The ecological systems theory also provides insight into human development and the outer structures that influence the cognitions, behaviors, and attitudes of an adolescent athlete as they cope with the effects of physical illness. It supports the notion of individualized care in social work practice and the importance of recognizing each person's unique ecological system when developing a treatment plan (Moore & Gummelt, 2019). For instance, while some athletes might have stronger relationships with their coaches, others might primarily seek support from

their parents or mental health providers when faced with adverse life events. Understanding these relationships and the adolescent athlete's support network is essential to providing individualized care (Moore & Gummelt, 2019).

The mechanism of change is understood by the *ecological transitions* that occur throughout the life span (Bronfenbrenner, 1979). The theoretical construct of ecological transitions provides insight into the importance of developmental changes and the shifts in roles that inevitably occur in the face of adversity. It speaks to the adolescent athletes' responses to their illnesses and the ways in which they might influence their changing identity and worldviews. This theoretical perspective helps researchers and social workers understand athletes' behaviors and coping skills in the aftermath of sport-related injuries (Lininger et al., 2019; Saxe et al., 2022; Scarneo et al., 2019). It further highlights the importance of assessing biological and environmental changes and incorporating educational interventions so that athletes receive the appropriate support during challenging times (Lininger et al., 2019).

The immediate relationships and environmental events in a child's life have a profound impact on their psychological development (Bronfenbrenner, 1979). Family dynamics, stressors, role demands, and support influence a person's understanding of their internal self and worldview. Moreover, the people involved in the adolescent athlete's everyday activities, like teachers, coaches, medical providers, and mental health professionals, could either hinder or encourage their psychological growth (Bronfenbrenner, 1979). This theoretical concept helps explain the significant impact relationships and external environments have on the well-being of adolescent athletes who incur physical illnesses that interfere with their sports involvement. It further speaks of how environmental events, unresolved family conflicts, and poorly trained practitioners and trainers could create obstacles for the adolescent and impede their potential for

healing and growth. Because the structures of a person's environment are all interconnected, the adolescent's relationship with these features deeply impacts their capacity to process their losses and restructure their identities (Bronfenbrenner, 1979; Moore & Gummelt, 2019). Consequently, this theoretical construct provides a framework by which social workers could understand the adolescent's psychological and psychosocial needs and how their interconnecting structures might impede or encourage their ability to access internal and external resources in the face of illness.

Use of Theory

Researchers use ecological systems theory to understand the dynamic processes between the adolescent athletes and their surrounding systems. For instance, researchers have explored the mechanisms of athlete development through this theoretical framework to clarify the changing elements of the personal, social, and physical features that occur over time within sport involvement. This allowed them to understand the interconnection between the individual and broader systems, and the importance of strengthening the relationship between the players and coaches (Côté & Erickson, 2016). Saxe and colleagues (2022) also used this theory to understand meso-level interactions and how the environment could impact athletes' mental health. While mental health is in an intrapersonal experience, it is strongly influenced by adolescent athletes' surrounding environments.

Researchers also use the ecological systems theory to understand the experience of adolescents living with physical illnesses. Logan and colleagues (2012) used this framework to understand the influence of family, school, and peer relationships on the healing and recovery of children with physical illnesses. Their study helped to explain that interconnecting systems affect the individual's attitude and treatment process. Additionally, Ford and colleagues (2018) used

the ecological systems theory to help professionals understand the extent to which illness disrupts the adolescent's life across multiple domains. Their study describes the importance of establishing an integrated care approach to meet the needs of adolescents living with physical illnesses.

As seen in the literature, the ecological systems theory provides a framework by which to understand the multidimensional experiences of adolescent athletes. However, there is minimal research exploring the effects of a physical diagnosis on an adolescent athlete through this theoretical construct. Adolescent athletes are a unique subgroup that maintain individualized needs; and the receival of a physical diagnosis during this stage of development only further separates their experience from the general population. Thus, further research is needed to understand how the interconnecting structures of the environment affect the intrapersonal functioning of the individual athlete to improve physical and mental health outcomes. This becomes even more critical as the rates of adolescent suicide are steadily increasing nationwide; and as the research shows, external environmental factors serve as strong predictors for suicidal risk factors (Clayton et al., 2021).

Identity Theory

Theoretical Constructs

The literature on identity is examined through multi-disciplinary approaches, including but not limited to psychology, sports psychology, sociology, education, political science, and public health (Schwartz et al., 2011). While most developmental psychology research stems from the work of Erik Erikson, this section will explore the work of multiple psychological theorists who studied the intricacies and processes of identity to provide an integrated description of this

phenomenon. It will explain the role that external environments have on the identity formation of an adolescent athlete, further emphasizing the role of social workers and the significant interactions that occur between interconnected systems in the face of physical illness.

According to developmental psychologists, the process of identity formation occurs during the adolescent years of development (Sokol, 2009; Schwartz et al., 2011). Erik Erikson (1994) theorizes this process as "identity vs. role confusion" and proposes that the core task of this stage is to resolve the conflicts between *identity* and *identity confusion*. He explains that adolescents need to develop a clear and stable sense of identity to navigate the impending challenges and uncertainties of life (Erikson, 1994). The literature expands on this theoretical construct by examining the transitional components that mark adolescence, explaining that this is the first point in development where individuals maintain physical, sexual, cognitive, social, and moral reasoning development (Crocetti 2017; Marcia, 2002; Schwartz et al., 2011). It is a period by which another layer of the self emerges; as adolescents deepen their physical, psychological, and moral identities. Yet, Erikson explains that a person's identity cannot exist in isolation of the external structures of their environment, and thus one's social, cultural, and political settings also play a significant role in the formation of their identity (Edison et al., 2021; Erikson, 1994).

The constructs of identity were also studied by Marcia (1980, 2001, & 2022) who proposed that adolescents develop their identities based on critical life factors, like crises and other momentous events. This perspective holds that identities are constructed *and* discovered, and that life domains are important to consider as long as the individual assigns importance to them (Marcia, 2001). Marcia (2002) suggests that when a circumstance challenges a person's identity, there is often a dramatic shift in being, and the individual begins to question and explore new sets of meaning to reach an alignment with self. In context, Marcia (1980) and Erikson

(1994) hold the same perspective using different terminology. That is, both concur that there are two vital components to the formation of an identity: exploration (formerly referred to as crises) and commitment (Erikson, 1994; Marcia, 1980). The exploration component refers to the rethinking processes and exploratory period of late adolescence, while the commitment aspect refers to the "degree of personal investment the individual expresses in a course of action or belief" (Schwartz et al., 2011, p. 33). Ultimately, this could actualize in the adolescent athlete's response to physical illness from an interpersonal or intrapersonal perspective.

This theoretical framework provides context to the formation of an athletic identity as well as to the disruption and reconfiguration of an identity in response to illness or sport-related casualties. Identifying as an athlete holds significance for those who are engaged in sports, but when an external event like illness threatens this identity, athletes often struggle with a loss of identity. It is during such moments that athletes are forced to examine and strengthen other components of their identity (Burke et al., 2009; Marcia, 1980).

Use of Theory

Sports psychology relies heavily on the theoretical constructs of identity theory to understand the multidimensional components of an athlete's mental health and their capacity to cope with adversity. Champs and colleagues (2020) explain that athletes maintain a strong relationship with their athletic identity because they constantly receive messages about its importance from significant people in their life, like family members, coaches, teammates, and peers. Yet, while a strong athletic identity improves performance rates, it simultaneously threatens athletes' ability to construct a cohesive sense of identity (Champs et al., 2020; Edison et al., 2021; Monaco et al., 2021). The research of Lally and colleagues (2005) shows that athletes who rely on their athletic identities often have such a strong commitment to their athletic

role that they overlook the importance of exploring and constructing other aspects of the self. While this might seem attributable to their athletic pursuits, it often results in identity foreclosure in face of life transitions and untimely crises (Champs et al., 2020; Edison et al., 2021; Lyons et al., 2018).

Identity theory has also been used by researchers to understand adolescent development in times of adversity. For instance, researchers explored the impact of traumatic events on the identity of adolescents to better understand developmental outcomes. The results helped them understand that multiple factors play a role in an adolescent's changing identity; and while some might experience a shift in their identity in response to trauma, others strengthen earlier identity markers and commitments through the challenge (de Moor et al., 2019). This theory is also used by Snelgrove (2015) to understand how youth with chronic illnesses could develop an identity through leisure activities. This study describes the influence of invisible versus visible illnesses on the identity formation of an adolescent, and the importance of building friendships and hobbies to solidify a healthy sense of self in the face of physical illness. It helps to explain how everyday activities shape a person's identity, and how being restricted because of illness disrupts the identity process. This concept supports the experience of adolescent athletes who incur a diagnosis of a physical illness that inhibits future sports involvement.

Adolescents who engage in sports are concurrently forming their identity and therefore often come to equivalate their sense of self with their athletic strengths (Schneider et al., 2019). Their ability to perform on the playing field becomes strongly intertwined with these two distinct aspects of self, making it difficult to process their losses and cope with the later changes in their life (Sparks, 1998; Lyons et al., 2018; Schneider et al., 2019). Consequently, the literature on identity explains that young athletes who receive a medical diagnosis of a physical illness

struggle with the ambiguity of their athletic identity. Yet, in addition to these conclusions, research is needed to better understand the long-term effects of incurring a physical illness during the throes of adolescence, a time where the foundation of a person's identity is being constructed. Further research will also shed light on the processes involved with a changing identity and the external supports people need to find psychological safety as they reconstruct their identities in the face of adversity. Moreover, the use of this theory in the current literature serves as a guide for this study's interview questions.

Resilience Theory

Theoretical Constructs

The social work profession was originally committed to emphasizing clients' strengths, but as their desire to gain status as a profession became increasingly dominant, many social workers aligned with the perspectives of psychoanalysis (Masten et al., 1990; VanBreda, 2001; Waller, 2001). It was only following the emergence of the ecological perspective that social work began to reclaim their commitment to a strengths and resilience perspective (VanBreda, 2001; VanBreda, 2018). The original research on resilience centered on the competencies and abilities of people to respond adaptively to adverse life events; but as theorists continued to examine the constructs of resilience theory, they uncovered multileveled approaches to understanding the processes and outcomes of resilience. For the purpose of this study, the researcher will define resilience as "the capacity to rebound from adversity strengthened and more resourceful" (Walsh, 2006, p. 4).

As researchers examined resilience from a strength's perspective, they recognized that resiliency ebbs and flow; and after began to study the differences between resilience as a

medicating factor and as a better-than-expected outcome (VanBreda, 2018). Resilience as a mediating factor refers to when people or systems have supportive relationships and are hopeful of the future in the face of adversity; resilience as an outcome refers to the state of being resilient in the wake of adversity (VanBreda, 2018). It is further understood that resilience processes occur across multilevel systems, including the micro, macro, and mezzo levels. That is, the environmental structures play a significant role in a person's ability to cultivate resiliency in face of adversity (VanBreda, 2018; Waller, 2001; Werner & Smith, 1982; Zimmerman, 2013). This is because as people endure hardships, they experience struggles related to their identity, health, relationships, and community; and their ability to cope and adjust is largely based on their interactions with their surrounding structures. As VanBreda (2018) states, "Simply having individuals and others in the same location is insufficient; there needs to be interactions between them" (p. 54).

Resilience theory continues to gain empirical support as researchers use this perspective to better understand the general adolescent population as well as adolescent athletes who incur injuries or other sport-related challenges. Based on the unique dimensions of adolescence, Scoloveno (2015) operationalized adolescent resilience to be defined as:

> "a dynamic process that includes the protective factors of individual attributes, such as intelligence and communication skills, family support, and external support systems, and encompasses a perception of self, social competence, family cohesion, and external support that reinforces adaptive coping" (p. 343-344).

This definition is based on other theoretical considerations, specifically those that emphasize that adolescent resilience encompasses mediating processes and is an adaptive outcome in the wake of adversity ((Hjemdal et al., 2006; Scoloveno, 2015; VanBreda, 2018; Werner & Smith, 1982).

Use of Theory

The relationship between adolescent resilience and psychopathology was examined by researchers to better understand the role of protective factors (Hjemdal et al., 2011; Zimmerman et al., 2013). Despite the risk to exposure, many adolescents develop into healthy, productive adults due to promotive factors that help these individuals build resilience and overcome adverse life events (Masten et al., 1990; Werner & Smith, 1982; Zimmerman et al., 2013; Zimmerman, 2013). Hjemdal and colleagues (2011) assert that adolescents display higher levels of resilience when there are strong levels of family cohesiveness and available sources of support outside of the family system. This notion is in alignment with other studies that emphasize that family, friends, and other supportive figures are characterized as promotive factors that yield resilience and healthy development (Waller, 2001; Werner & Smith, 1982; Zimmerman et al., 2013). These findings further strengthen the assumption that resilience is an outcome of interconnected systems that work together to provide relief and resources to those in need (Bronfenbrenner, 1979; Hjemdal et al., 2011; Scoloveno, 2015; VanBreda, 2015; Zimmerman, 2013).

Resilience theory is also used as a framework to understand the experiences of adolescents with chronic health problems. Based on multiple research studies, it is clear that the support obtained from family, friends, and the medical staff has a positive effect on the adolescents' capacity to access feelings of hope, courage, and optimism (Figueiredo et al., 2020; Griggs & Walker, 2016; Kim et al., 2018). The studies further emphasize that the type of illness plays a role in the adolescents' capacity to cultivate mediating resilience processes and outcomes (Lee et al., 2020). The common denominator between these different resilient outcomes is mostly based on the adolescents' perceptions of self-identity and locus of control. For instance, adolescents with cancer often exhibit less resilience than their peers with chronic heart

conditions as a result of the lack of certainty around relapsing which underscores the impact of locus of control (Lee et al., 2020). Yet, as mentioned previously, the capacity to build resilience and an internal locus of control is based on the supportive figures in an adolescent athlete's life (Griggs & Walker, 2016; Waller, 2001; Zimmerman et al., 2013).

Based on these studies, it is clear further research is needed to understand the role that identity plays in an adolescent athlete's ability to cope in the face of illness from a resilience and strengths perspective. It is also incumbent upon social workers to gain a clearer understanding of how they could cultivate deeper levels of resiliency within their clients and communities. As Moore and Gummelt (2019) explain, social workers working with athletes need to be able to conceptualize what impacts an athlete's response to adverse life events.

Conclusion

The theories outlined in this section supply a framework by which to understand the interplay between the individual and wider systems that influence growth and healing. By understanding the role of an ecological system, the significance of an identity, and resilient outcomes, the researcher answers the central question that examines the influence of a physical illness on the identity formation of an adolescent athlete. The central question of the study is further supported by sub-questions that aim to understand the intrapersonal and interpersonal functioning of the adolescent as they cope with their illness and later losses. This theory guides the researcher's choice of a phenomenological approach to better understand the lived experiences of adolescent athletes.

While the ecological system theory, identity, and resilience theory are all built on distinct constructs, they share the common conceptualization that intrapersonal and interpersonal

dimensions influence each other and a play a significant role in a person's ability to cope with adversity. Although illness and loss are so individual, these theories explain that people do not only form identities based on individual attributes, nor do they solely rely on intrapsychic traits to cope with adversity; but rather it is through community that people derive strength and resilience (VanBreda, 2001; VanBreda, 2018; Waller, 2001; Zimmerman et al., 2013). Subsequently, this study examines the need areas of adolescent athletes who incur physical illnesses to strengthen and expand the interconnecting systems that directly or indirectly affect the quality of their lives.

The next chapter describes the research questions that guide this study.

Chapter Five: Research Questions and Hypotheses

The study aims to address the knowledge gap around the psychological impact of receiving a diagnosis of a physical illness for adolescent athletes. The central question this study examines is: How does a medical diagnosis of a physical illness affect the identity formation of adolescent athletes? Because this is a qualitative inquiry, the researcher did not propose a hypothesis.

The central question of this study was formed based on existing research around adolescent athletes, identity, physical illness, and psychological well-being. To fully address the nuances of this question, the researcher presented two sub-questions to guide the study. These sub-questions are 1) what psychological and psychosocial factors determine the adolescent's response to a physical illness? and 2) how do parents and helping professionals either support or interfere with the adolescent athlete's healing process? These questions are categorized based on the study's main theme of the identity of an adolescent athlete; the psychological and psychosocial impact of physical illness; and the role of parents and helping professionals in the adolescent's grieving and healing process.

The next chapter describes the methodology used in this study.

Chapter Six: Research Methodology

Research Design

This study uses a qualitative design, grounded in a phenomenological approach, to explore the lived experiences of adolescent athletes who received a diagnosis of a physical illness. Qualitative inquiry "makes the world visible" by creating platforms for people to share their stories (Creswell & Poth, 2018, p. 7). Through connecting with people who experience a common phenomenon, qualitive inquiry lends space to recognize philosophical assumptions and to make meaning of these human experiences (Creswell & Poth, 2018). Specifically, phenomenology allows the researcher to lean into the subjective experiences of the participants, to form narratives, and to express meaning of their consciousness from their stories (Bartholomew et al., 2021). Thus, using a qualitative design to guide this study provides the opportunity to gain a richer perspective of the nuanced experiences of adolescent athletes with physical illnesses, allowing the researcher to share and express the meaning of their consciousness.

Phenomenological studies focus on exploring a phenomenon that is shared by a homogenous group of people. It centers on the subjective experiences of the phenomenon in conjunction with the objective experiences of the group who share this commonality (Creswell & Poth, 2018). Phenomenology is rooted in a philosophical perspective that discerns that themes naturally evolve from the intentionality of consciousness. It is further supported by the belief that it is the researcher's responsibility to refrain from passing judgments and making assumptions about the lived experience of people to allow the themes to emerge organically. This is noted to become increasingly complex when the researchers themselves have experienced the phenomenon as they might have preconceived notions, and thus they must engage in

phenomenological reflection to uphold the rigor of the study (Bartholomew et al., 2021; Creswell & Poth, 2018).

Unlike other forms of qualitative inquiry, the goal of phenomenology is to study how people make meaning of their lived experiences. Qualitative research methods like discourse analysis and grounded theory maintain different goals, like examining the impact of language and developing explanatory theoretical constructs (Starks & Trinidad, 2007). The researcher selected phenomenology for this study because it has the potential to provide a deeper understanding of the lived experience of adolescent athletes who have incurred physical illnesses. Creating a platform for this shared experience provides the participants with the opportunity to be seen; and shifts the perspective of those who work closely with the people who share this common experience, such as family, friends, social workers, and other helping professionals. Interviewing participants from a qualitative perspective allowed the researcher to engage in inductive and exploratory analysis, to give voice to their experience, and to provide a written, detailed description of *what* the individual experienced and *how* they have experienced it (Finlay, 2014).

Interpretative phenomenological analysis acknowledges people are influenced by the experiences they encounter, and that the researcher is an integral part of the research process (Peat et al., 2019). The researcher's prior experiences and conceptions deeply influence the data collection and analysis processes, and thus it is important for the researcher to acknowledge their opinions, beliefs, and perceptions of the experiences. Even more so, it is important the researcher acknowledges *how* they reveal themselves throughout the research process (Peat et al., 2019). Consequently, the researcher recognizes her positionality with the phenomenon and the influence it might have had on her analysis. That is, the researcher is a former distance runner who needed

to cease running due to a diagnosis of osteoporosis. The researcher received this diagnosis at the age of 26 and has struggled to accept her body's limitations based on her own identity as a marathoner. While the researcher has accessed support throughout the diagnosis process, she is aware of the barriers that exist for athletes living with physical illnesses.

Data and Subjects

The researcher aimed to recruit 12-20 participants who live within the United States. The rationale for the initial sample size was derived from other phenomenological studies that examined the lived experiences of adolescent athletes as well as adolescents with chronic illnesses. One study recruited 13 participants to examine the impact of identity on student-athletes (Lyons et al., 2018), while the second study explored the lived experience of 16 adolescents living with cancer (Chein et al., 2020). However, due to recruitment challenges, the researcher was only successful in recruiting nine participants who met the eligibility criteria. The rationale for the change in sample size is supported by other phenomenological studies that included smaller sample sizes. One study examined the psychosocial experience of nine adolescent athletes who were recovering from sport-related lower back pain (Wall et al., 2023); and the other study explored the experience of six adolescents with cancer (Aggraeni et al., 2018). The sample size is further supported by the fact this is a preliminary study and that too many participants run the risk of "blurring the voices of the participants" and "distancing the results from their expressions of consciousness" (Bartholomew et al., 2021, p. 3). The proposed study also sought to recruit participants in the emerging adulthood stage (ages 18-29) who reported receiving a diagnosis of a physical illness in their adolescent years (ages 11-17) which ceased their participation in sports. However, due to the challenges in recruitment, the inclusion criteria were expanded to include individuals between the ages of 18-35 as well as those who

were and were not able to continue playing sports. These changes were determined based on response rates and the consideration of sports and age-related differences. There were no limitations pertaining to gender, nationality, the specifications of the sport, physical illness, or geographic location within the United States. The researcher excluded individuals whose experiences differed from the exact phenomenon being studied, like people who exclusively presented with mental illnesses or who had a physical disability and engage in Paralympics. As Creswell and Poth (2018) explain, the more diverse the characteristics of the participants, the harder it is to identify common themes and conceptualize the essence of the phenomenon.

The researcher engaged in purposeful sampling to recruit participants for the study. This method allowed the researcher to select individuals who could purposefully inform the research problem and phenomenon of the study (Creswell & Poth, 2018). More specifically, the researcher used snowball sampling to identify potential participants "from people who know people who know what cases are information-rich" (Creswell & Poth, 2018, p. 159). Recruitment sources for this study initially included listservs such as NEFESH International which includes over 1,000 Jewish mental health professionals who reside and provide clinical services worldwide, and the Alliance of Social Workers in Sports, which includes more than 250 social workers nationwide who advocate, support, and provide clinical services to athletes. However, based on recruitment challenges the researcher expanded recruitment procedures and shared this study information with several other professional listservs like the Public Health Awakened, Charedi Mental Health, and American Psychological Association (APA) listservs including the Society for General Psychology (Div 1), Society for Quantitative and Qualitative Measures (Div 5), Society for Health Psychology (Div 38), Society for Sport, Exercise, and Performance Psychology (Div 47), and Trauma Psychology (Div 56). In addition to these inquiries, the

researcher posted a flyer advertising this study in various college campuses, medical facilities, gyms, and on social media platforms such as LinkedIn, Instagram, WhatsApp, and Facebook. Lastly, the researcher used her professional networks and those of her colleagues to recruit participants in the study.

Measurement

The researcher operationalizes the key concepts of the study based on the existing literature on the subject. The terms that are operationalized are adolescence, emerging adulthood, identity formation, athlete, and physical illness. Adolescence is operationalized as a stage that begins at the onset of puberty and ends at the emergence of adulthood (Salmela-Aro, 2011). Adolescents are considered those who are roughly between the years of 11-17 and who experience complex transitions and numerous biological, psychological, and social changes (Louw & Louw, 2014). The concept of identity formation is of heightened importance at this stage as it is a key task of adolescence. According to Erikson (1996), an identity is operationalized as an internal continuity of a person, emotional integration, and self-identification with certain social roles. Emerging adulthood, also sometimes referred to late adolescence, is operationalized as the stage connecting adolescence to adulthood and includes individuals between the ages of 18-29 years (Arnett, 2015). It is characterized by continued transitions as individuals explore their career choices, relationships with their parents, and begin to form intimate connections with significant others (Arnett, 2015; Erikson, 1996; Schwartz et al., 2011).

The terms medical diagnosis, physical illness, and athlete emerge several times throughout the study and are therefore operationalized in this section as well. A medical diagnosis is operationalized as a classification tool of medicine (Jutel, 2009), while a physical

illness is defined as “a significant change in the functionality of an organ or entire organism” (Rovesti et al., 2018, p. 163). Lastly, an athlete is operationalized as a person who engages in more strenuous activities in comparison to the general population and is continuously striving towards a higher goal (Lindsay et al., 2021; McMahan, 2022).

Prior to scheduling the interview session, the researcher inquired about demographics to ensure that the participants were an appropriate fit for the study. The researcher emailed the questionnaire link to each participant so they could complete the questionnaire (Appendix A). Initially, five questions were included in this questionnaire; however, the researcher added three additional questions to strengthen the inclusion and exclusion process. These questions are included in Appendix A.

The basis of the interview guide was constructed from existing literature and specific study aims since phenomenological interviews focus on the actual life experience of the participants (Bartholomew et al., 2017). The questions of the interview guide are included in Appendix B. While the researcher used probes to elicit additional information throughout the interviews, she focused on asking open-ended, purposeful, and introspective questions. As Creswell & Poth explain (2018), researchers conducting phenomenological interviews need to ask two general questions: “What have you experienced in terms of this phenomenon? What contexts or situations have typically influenced or affected your experiences of the phenomenon?” (p. 79). That is, the interviewer needs to focus on *what* the individual has experienced and *how* they experienced it to fully conceptualize the essence of the participants experience (Bartholomew et al., 2021). Before scheduling the interview, the participants reviewed and signed the informed consent form.

Procedures

Prior to beginning the data collection process, the researcher engaged in two pilot interviews. The researcher connected with these individuals through colleagues, and while both of them experienced this phenomenon, they were not eligible to participate in the study based on their geographic locations. The purpose of this was to assess the effectiveness of the interview guide and to clarify self-disclosure considerations in regard to the researcher's positionality with the phenomenon.

The researcher offered to have the semi-structured interviews either in-person or via Zoom, an online platform. This option was provided to participants because of the potential risks associated with COVID-19, medical, and/or geographical barriers. For in-person interviews, the researcher proposed to meet with participants at her office in Brooklyn, New York. If the participant was nearby but could not travel to this exact location, then the researcher offered to have the interview via Zoom. Despite these offers, all the participants chose to conduct their interview via Zoom.

Prior to the interviews, the researcher informed the participants of the risks involved in online interviewing as well as in the general study. The researcher explained the study implications and the participants' right to withdraw from the study at any time. In addition, the researcher obtained informed consent and permission to record the interviews. The researcher was careful to protect technology usage by inputting passwords on her computer and software programs. There was also a password to gain access into the Zoom chat rooms and the share screen option was disabled prior to the interview sessions. The researcher initially proposed to offer a $15 Amazon gift-card for subject participation, however in response to recruitment

challenges the researcher increased the offer to a $25 Amazon gift card. The gift cards were sent following the interview session via email to protect the privacy of the participants.

Throughout the interview process, the researcher focused on remaining purposefully curious, attentive, empathetic, and non-judgmental (Creswell & Poth, 2018). Due to the sensitive nature of the study, the researcher prepared a list of referrals to offer the participants in case there was a need for further mental health support (Appendix C). This list was organized prior to recruitment. Once the researcher interviewed the participant, she emailed the list of referrals in case further debriefing or support was warranted. The researcher sent an individualized email to all the participants to protect their anonymity. All things considered, the researcher remained transparent about data collection, study implications, and dissemination of the findings (Padgett, 2017). This included submitting an initial IRB application on April 4, 2023; as well as an additional one on May 10th and July 14th to obtain approval for changes in recruitment criteria, procedures, and incentive value.

Data Analysis

The researcher used ATLAS.ti, an online software program which is used to organize and store social science data. This program ensures that the data is protected and easily searchable (Creswell & Poth, 2018). To accurately describe and classify the data, as well as to minimize disorganization and misguided data, the researcher wrote notes, recorded, and transcribed the interview sessions (Creswell & Poth, 2018).

Once the data was organized, the researcher used interpretive phenomenological analysis (IPA) to analyze the data. Interpretive phenomenological analysis was developed to create a qualitative method of inquiry that encourages the exploration of psychological phenomena

without pathologizing the lived experiences of people (Smith, 2016). IPA provides an understanding of the participant's perceptions and perspectives, offering insight into how an individual makes sense of a given experience. It requires the researcher to move through a range of diverse ways of thinking and reflection (Cuthbertson et al., 2020).

The researcher began the process by conducting an analysis on the participants' interview responses to develop a sense of their conscious expressions. The researcher identified meaningful statements, also referred to as meaning units, within the transcripts that are relevant to the purpose of the research question. Then, the researcher interpreted these experiential statements into phenomenologically sensitive phrases that capture the essence of the participant's lived experience. This process occurred on a case-by-case basis to ensure there was an articulation of convergence and divergence within the findings (Smith, 2016). The researcher read and reread the transcripts, wrote notes, developed emerging themes, and searched for connections among the themes (Peat et al., 2019). Once the researcher identified and interpreted the meaning units for each case, she looked for patterns across the cases and engaged in thematic analysis to group the experiential statements into themes. The themes reflect the unique components of the phenomenon and help to synthesize the essence of the experience. To complete the analysis phase, the researcher discussed the themes with the co-coder to monitor reflexivity and researcher bias. Then, the researcher reviewed the data and interpretations to assure that the study has reached saturation. In accordance with IPA, saturation means that participants have shared similar perspectives and the researchers do not believe further interviewing will reveal new meanings of the phenomenon (Bartholomew et al., 2017). The researcher then presented this analysis in written form in the results section of the study (Creswell & Poth, 2018).

As noted previously, the researcher used a qualitative approach which requires specific measures to uphold the rigor and trustworthiness of the study. The threats of rigor which exist in the study include reactivity, researcher bias, and respondent biases (Creswell & Poth, 2018). The efforts to maximize rigor and trustworthiness are exceptionally significant in terms of researcher bias since the researcher has experienced a common phenomenon and therefore maintains preconceptions and individual opinions (Padgett, 2017). As noted earlier, the researcher did not incur a physical illness during adolescence; however, she was diagnosed with osteoporosis as a young adult which resulted in her cessation from running. Despite the differences in age and developmental needs, the researcher was aware of her personal connection with this phenomenon and the influence it might have had on the research process.

To minimize these threats of rigor and reflexivity, the researcher engaged in supervision throughout the data collection and analysis processes. Moreover, the researcher utilized triangulation to ensure that the interpretations of the data provide a comprehensive and accurate overview of the phenomenon. While inconsistencies and contradictions are bound to occur, triangulation is proven to be most effective in minimizing threats of reactivity and respondent and researcher bias (Podlog, 2017). The researcher also engaged in peer debriefing and support by consulting with her dissertation committee members to minimize reflexivity and to prioritize self-awareness and perspective taking skills (Podlog, 2017). Additionally, a co-coder independently analyzed the data to ensure the researcher's interpretations maintained minimal biases. Lastly, the researcher engaged in member checking by engaging in reflection throughout the interviews and by conducting a second interview with willing participants. By doing so, the researcher intended to minimize reflexivity and maximize the accuracy of her interpretations. (Peat et al., 2019; Smith, 2016).

Protection of Human Subjects

The researcher employed several actions to protect the emotional and physical safety of the participants. Prior to collecting any data, the researcher obtained IRB approval to ensure that the appropriate measures are being taken to protect the rights and welfare of the participants. Once IRB approval was obtained, the researcher began the data collection process. When the researcher recognized the challenges in recruitment, she obtained additional IRB approval to amend the eligibility criteria and incentive value. The process of recruitment was held strictly confidential, informed consent was obtained, and participants were informed that they could withdraw from study at any point. Confidentiality was prioritized by conducting the interviews in a private domain and by storing the data in a device that is secured and protected with a password that is only accessible by the researcher. In addition, the researcher only communicated with the participants via an encrypted email that is also protected with a password and only accessible by the researcher. This included sharing the initial flyer, informed consent form, scheduling the interview(s), and sending the Zoom link for the interview. There was a separate Zoom link for each participant along with a different password. During the interviews that occurred on Zoom, the researcher was in a secluded setting, ensured that the waiting room was activated, and the shared screen option was deactivated. At the conclusion of each interview, the researcher provided referrals via email to ensure that the participants had the necessary resources and support beyond the interview session. In addition to employing these protective measures, the researcher was certain to abide by the principles of the Belmont Report by respecting the participants right to self-determination and prioritizing acts of justice and beneficence throughout the study process (The National Commission for the Protection of Human Subjects, 1979).

Limitations of Study

There are several limitations of this study. First, because this is a qualitative study there is a small sample size that maintains a minimal degree of diversity and cannot be generalized to the overall population (Podlog, 2017). Since the study is grounded in qualitative inquiry, the data cannot be examined or analyzed for relationships, covariates, or causalities. The method of data collection, semi-structured interviews, limited the researcher's ability to gather extensive information regarding this phenomenon as the participants might have been inhibited or uncomfortable to share the full scope of their experience. Moreover, the details shared are subjective which could potentially heighten the degree of respondent bias. There was also concern for reactivity bias as the researcher is somewhat of an insider to this study since she has experienced the same phenomenon as the participants. While the researcher enacted multiple precautions to minimize reflexivity, it was possible that some of the work was driven by personal biases.

Additionally, the participants are adults who have experienced this phenomenon in their adolescent stage of development. Thus, their understanding and insight of their experience might have been more developed or skewed because of its reflective nature. Recall of memories might have been impacted by the time lapse, and participants might have had difficulty retrieving earlier memories if they were encoded as traumatic memories. Lastly, the study was solely focused on adolescent athletes who incurred physical illnesses, excluding those with mental illnesses or physical injuries, which narrowed the subject. Further research is needed to address these limitations and gaps in knowledge.

The next chapter describes the results of this study.

Chapter Seven: Results

The following chapter outlines the results of the study. It provides the basic demographic data of the sample and highlights the six main themes that emerged from the data analysis process. The researcher includes descriptive, detailed quotations of the participants' reflections to emphasize the uniqueness of their experiences and to create a space for their stories to unfold.

Sample

Within the sample, four of the participants identified as male and five identified as female. Seven participants identified as White, one identified as Black, and one identified as Hispanic/Latino. The participants were between the ages of 18-35 and were all diagnosed with a physical illness during adolescence. Two participants were diagnosed with cancer, one was diagnosed with hypothyroidism, one was diagnosed with celiac disease, one was diagnosed with Hashimoto's and celiac disease, one was diagnosed with gastroparesis and Hypermobile Ehler's Danlos Syndrome, one was diagnosed with Osgood-Schlatter Disease, one was diagnosed with rheumatoid arthritis in response to a life-threatening infection, and one experienced a bone infection that led to multiple medical complications.

All the participants reside in the United States and were engaged in elementary and high school athletics. While a few participants were focused on mastering a specific sport, the others played a variety of sports including basketball, football, volleyball, hockey, soccer, rugby, track racing, diving, and gymnastics. Of the nine participants, three played recreationally, six planned to participate in collegiate athletics, and one also planned to compete in the Olympics. Despite the need to immediately cease sport participation upon receiving their diagnoses, five participants currently engage in sports as adults. Of these four participants, two became D1

athletes, one is a collegiate athlete, and two have expanded their sports interests so they can continue to be active while prioritizing their health.

Table 1: Participant Demographics

Gender	Age	Race/ Ethnicity	Diagnosis	Age at Diagnosis	Sport	Future Plan	Currently Participate
Female	18	White	Celiac Disease	17	Soccer	Collegiate	Yes
Male	21	White	Bone Infection	16	Rugby	Collegiate	Yes
Male	27	Black	Osgood-Schlatter Disease	12	Football	Collegiate	Yes
Male	27	White	Cancer	17	Multiple Sports	None	Yes
Female	27	Hispanic/ Latino	Hypothyroidism	14	Volleyball	Collegiate	No
Female	27	White	Gastroparesis, Hypermobile Ehler's Danlos Syndrome	15	Basketball	None	No
Female	31	White	Hashimoto's, Celiac Disease	17	Soccer	Collegiate	No
Female	35	White	Rheumatoid Arthritis/ Infection	15	Gymnastics /Diving	Collegiate/ Olympics	No
Male	35	White	Cancer	17	Hockey	None	Yes

Themes

This section outlines the experiential statements and themes that emerged from the data analysis process. The researcher identifies six main themes in the study which emerged from a rigorous analysis process. Each participant's account was read and reread several times to examine semantic content and language use on an exploratory level. Simultaneously, the co-coder analyzed the data to monitor reflexivity and researcher bias. Once the researcher produced a comprehensive set of notes and comments on each individual transcript, she cross-analyzed the participants' reflections to identify emergent themes. Initially, the researcher identified 41 meaning units, but through further analysis and review, combined them into 17 units. These units were grouped into six main themes based on further analysis and review. These six main themes include 1) the significance of relationships 2) the role of helping professionals, 3) medical trauma and post-traumatic stress disorder, 4) coping with illness and loss, 5) identity reconfiguration, and 6) resilience and post traumatic growth. Many of these themes contain subcategories which are detailed and described below.

It is worthwhile to mention the themes are ordered in this manner to emphasize the significant impact of attachment on the psychological development and physical well-being of adolescent athletes living with physical illnesses. As seen in the findings, the participants who maintained a secure attachment with a primary caregiver experienced higher levels of resilience and fewer mental health challenges. While medical trauma and succession from sports are often unavoidable, the participants' ability to cope with their illnesses and losses were highly attributed to the strength of their relationships. The participants' encounters with helping professionals also enhanced or impeded their recovery processes, and therefore this theme directly follows the one centered on relationships. The next two themes explore their traumatic experiences,

psychological and psychosocial challenges, and their diverse use of mechanisms to cope with their pain, loss, and grief. The remaining two themes emphasize their processes of reconfiguring their identities and accessing hope, optimism, resilience, and growth in the face of illness and loss.

Theme One: The Significance of Relationships

This theme emerged from the participants' accounts of their relational experiences and the impact they had on their health and recovery processes. This theme includes descriptions of their relationships with parents and caregivers; coaches and athletic trainers; and teammates, classmates, and friends. While there are nuances to these types of relationships, the significance of attachment, belonging, and connection are threaded into the narratives of their stories.

Parents and Caregivers

Participants described both positive and negative experiences with their parents. While some participants expressed that they felt supported and understood throughout their illness and recovery process, others shared that they did not feel seen, heard, or understood. Most of the participants expressed their parents were physically present for them, but it was their emotional absence that was most devastating. This highlights several subthemes including the innate need for a secure attachment, changes in family dynamics, and the impact of parental involvement in the adolescent's journey through illness and loss.

Secure Attachment.

Throughout their reflections, all of the participants alluded to their innate need to be seen, secure, safe, and soothed. Their stories highlight the powerful impact of having a secure base in times of crisis, as well their need for emotional support both in the presence and absence of

illness. The following expression highlights the duality of a participant's ability to access hope because of her secure attachment with her parents, as well as her hopelessness because of the lack of rapport she had with professionals who dismissed the severity of her situation and basic needs:

> I had hope because my parents believed me, but I also wondered if I would ever get better because no one else did. No one else was listening.

Participants who maintained a secure attachment with their parents also reported higher levels of compassion and empathy. As one male participant shared:

> It made me and my mom much closer; she spent weeks with me in the hospital. I just felt bad they had to go through that because it sucks for me, but it also sucks for them.

On the other hand, participants who lacked a secure attachment with their primary caregivers struggled with their self-worth and ability to access resources. For example, this participant shared the hopelessness, loneliness, and feelings of unworthiness she experienced in response to the lack of safety she felt in her relationship with her parents:

> I very much felt like I didn't have my parents because they were so focused on what the doctors were saying. It felt like they were against me; I was the one in the hospital and they literally weren't even there for me. I couldn't even walk, I couldn't even use my hands, and yeah, it just broke me. It broke me. I felt all alone.

Change in Family Dynamics.

Many of the participants described changes in their family dynamics in the aftermath of their diagnosis. While some of these changes occurred in the parent-child relationship, others

transpired in the parental relationship or between siblings. Two of these participants recalled positive changes, and four shared that their illnesses negatively impacted the cohesiveness of their family system. For instance, the participants reported an increase in sibling rivalry and a noticeable shift in the marital discord between their parents. While three of the participants alluded to feelings of shame, guilt, and responsibility for this turn of events, one participant shared that as she processed her parents' divorce, she was able to separate herself from their relationship. As she explained:

> My parents ended up getting divorced, not because of me, but I know that anything medical really puts a strain on the family. And I know it was really scary, like really scary, for them to see me so sick.

Another participant expressed the change in his familial relationships, and how his unprocessed emotions and negative core beliefs led him to distance himself as a means of self-protection:

> I was not super close to my family during this time because I didn't want to be. I was just kind of embarrassed that I couldn't play anymore.

Lastly, one participant with cancer shared the sudden difficulties he encountered with his siblings because of his medical needs; he painfully stated, "My siblings were upset with me for a while because I took so much attention for so long."

Parental Involvement in Athletics.

Based on the participants' stories, it is clear that the level of parental involvement in the adolescents' athletic pursuits impacted their ability to process their losses and reconfigure their identities in the face of illness. Specifically, one participant shared receiving a delayed diagnosis because of her parents' overcommitment to sports. She described the pain and anguish she felt in

response to her parents' lack of support during the months prior to receiving the proper diagnosis:

> My parents were getting frustrated with me because they didn't understand my sudden lack of performance, especially since I was doing really well in the previous season. It was really upsetting because they thought I was doing it on purpose, and I was like I promise I'm trying my hardest. I continued struggling, and at one point the school nurse told my mom she should get me checked out. But my mom just kind of let it be.

She continued to share her story by explaining the shift in her parents' attitudes once she received her diagnosis, as well as their ability to repair this attachment rupture with her:

> My parents were really hard on themselves that they didn't see it and felt really bad for kind of like blaming me for my bad performance. They were really regretful during that time and spoke to me about it.

Coaches and Athletic Trainers

The participants shared their experiences with coaches and athletic trainers in response to their diagnoses and sudden termination from sports. While some participants shared stories detailing their coaches' kindness and compassion, other participants expressed that they felt misunderstood, disrespected, and hurt by their coaches and trainers' lack of sensitivity and care. These interactions impacted the adolescents' self-esteem, confidence, and perceptions of their trainers and teammates. These accounts are emphasized in the following two categories: 1) influence of supportive coaching on identity, and 2) invisibility on the playing field.

Influence of Supportive Coaching on Identity.

The participants' reflections of their coaches and athletic trainers highlight the significant impact positive interactions have on the adolescent athlete's confidence, sense of self, and identity. For example, this participant's story highlights the sense of empowerment and belonging she derived in response to her coaches' sensitivity and support:

> I was still very much expected to do what everybody else was doing, I just couldn't get on the diving board, which was a huge testament to my coaches. They still treated me as if I was on the team and they tried to figure out what I *could* do.

She later added:

> My head college coach and I are incredibly close. He's been a major person in my life. My athletic trainer was always there for me too, if anything came up, he would get me right in to see the psychologist.

Two other participants shared that their coaches' support allowed them to recognize their athletic talent despite their illnesses and inability to be part of the team. Like a male participant shared, it was the only way he was able to believe in his potential and the possibility of returning to sports once he recovered.

Invisibility on The Playing Field.

Many participants shared feeling dismissed and disrespected by their coaches and athletic trainers in the wake of their diagnoses. The participants expressed feeling invisible on the field, with this rejection leading to feelings of shame, hopelessness, and low self-esteem. For example, a participant (21-years-old) shared the disempowerment and hopelessness he felt in response to

his coaches' lack of support and the ensuing effects of it, like he said, "I felt like there was no way I could get the coaches to actually like see me as a player and stuff."

Another participant shared a similar sentiment where she described:

> I would sit on the bench and the coaches would walk by our courts and be like, "Why isn't she playing?" My illness was invisible, which made it even harder.

Teammates, Classmates, and Friends

Participants shared a variety of experiences in regard to their teammates, classmates, and friends. Similar to the relational experiences detailed in the previous subcategories, participants described both positive and negative encounters within these social relationships. More importantly, these reflections highlight the implications of belonging and connection amongst peers and the consequences of isolation on the adolescent psyche.

Belonging and Connection.

All of the participants detailed their psychological need for belonging and connection amongst their peers; however, despite this need, they all felt disconnected from their peers. In particular, a cancer survivor shared the following:

> Just being the kid in school who has cancer is probably the most frustrating part of it. Not like people cared, but being pitied was the worst part, for sure. Also, a lot of my friendships revolved around sports, so even though I didn't think I was disconnected from my peers, I really was disconnected from them.

A different participant, age 35, described his experience of being disconnected from his friends:

> I had a lot of great friends who came to visit me and stuff, but when I returned to school, I had a really hard time integrating with them. It's really, really hard to go back with your friends. You're in such a different place. It was lonely and challenging.

Another participant shared that even though her teammates were supportive, her physical limitations set her apart and the feeling of being different made it difficult to connect with them:

> My teammates were wonderful. They were very supportive. But there was still this feeling of not being on the team because so much happens on the diving board and I just couldn't be there.

A Shift in Peer Dynamics.

Four of the participants described the gradual shift in dynamics that occurred within their social relationships. While one participant expressed neutrality in regard to these changes, the other voices echoed feelings of deep pain, loneliness, and grief. For example, one participant shared:

> It was very hard. I kind of had a whole different friend group because I just couldn't do a lot of the physical stuff that I used to do. I don't think it was intentionally, but I kind of needed to transition into a new friend group.

Another participant who struggles with a gastrointestinal condition also shared her unique challenges in navigating friendships as an adolescent with a chronic illness:

> It was definitely very, very hard because how do you see your friends if you can't even go to school? Most stuff also revolves around food and sports, and I couldn't do either. It was very disruptive to my social life as a teenager.

The Invisible Wall of Illness.

Participants shared conflicting feelings toward their peers, because the illness seemed to have created an invisible wall between them. Although most of them continued to engage with their friends, they often felt lonely in their presence because of the divide that had settled between them. In particular, one participant shared his account of feeling disconnected and invisible amongst his teammates:

> It's really hard to go from being on the varsity team with all your friends to not. I think things would have gone better if someone on the team had reached out to me; I probably would have been a lot less angry in high school. It didn't seem like there was any real care at all from my teammates or friends.

This pain is shared by another participant who shared two opposing sentiments during her interview. She initially expressed, "For the most part, I felt really supported by my friends. They came to visit and brought me gifts and stuff." Later on in the interview, she added:

> I think of it as an invisible disability. So, like all my teammates and friends didn't really understand. I was very sick and ill, but no one could see it, and it felt so isolating. Like if I had a broken ankle, people would understand.

Their emotional expressions speak of their longing to be seen and cared for, and how every small act of kindness provided a measure of comfort and had the power to eliminate some of their suffering and isolation.

Theme Two: The Role of Helping Professionals

Medical Professionals

During the interviews, participants shared their encounters with medical professionals. These descriptions included experiences with doctors, surgeons, nurses, physical therapists, and the general hospital staff. While four participants noted that they received patient-centered care, another five shared incidents of abuse, neglect, and mistreatment on behalf of their medical providers. Their stories are described in the following two subcategories: 1) patient-centered care, and 2) mistreatment in healthcare.

Patient-Centered Care.

Participants reflected on their subjective experiences with their primary doctors, as well as their relationships with other medical professionals who provided patient-centered care with compassion and grace. These participants expressed that their providers' attunement to their needs and prioritization of their autonomy were most impactful. As one participant shared:

> I got so lucky. She's the best doctor I ever had. If I say for whatever reason that I'm not comfortable doing a certain treatment at one point, she's like okay with it. I can't say enough good things about her.

A different participant shared similar feelings toward her surgeon who also protected her sense of agency and provided a supportive presence, "He was spectacular, he listened to me. He tried to support my longing to return to sports as much as possible." Regardless of the role of the medical provider, the participants fondly recalled every positive interaction with a staff member. For instance, another female participant reflected about a nurse who was caring, compassionate, and attuned to her needs:

> I remember the one person that actually made my surgery amazing was the nurse and like I don't remember her name or anything. But I just remember wanting her to stay in the room, they really make a difference. It's been 10 years now and I still remember that.

Lastly, a male participant shared his fondness for his physical therapist. He described his appreciation for his support, as well as the safety he felt in his presence because of his ability to recognize the athlete as part of him. He proudly shared:

> My PT, that's my guy. I became pretty close to him and like he's a hero for sure. He helped me to move again, but he also played sports, so he got that part of me.

Mistreatment in Healthcare.

Five participants shared their negative experiences with medical providers. While all of these participants experienced incidents where they felt discounted, misunderstood, or mistreated, three of these individuals also reporting being accused of "faking it" or "having anxiety" because of the complexity and difficulties in their assessment and diagnosis processes. For example, one participant shared the doctors questioned her because the proper test to identify the underlying cause of her symptoms was not yet developed. She expressed, "I was told it was anxiety, that I made it up, there are a lot of really, really terrible doctors."

This experience of being gaslighted by a medical provider was shared by another participant who painfully stated, "Do you know how it is when you ask for help and the doctors don't want to deal with you, or they don't want to listen to that explanation and jump to 'she did this to herself'." She later added to this grievance by saying, "When all else fails, the doctors blame the patients."

Another participant shared the importance of supportive medical care for adolescents who are incredibly vulnerable, detailing how the power differentiation and absence of sensitivity and attunement impacted her:

> I had doctors who were incredibly dismissive and honestly like straight up rude sometimes, and that's really difficult as a teenager like you don't have a lot of confidence in yourself, and you know, these are professionals. They are the people who are supposed to know everything, I shouldn't contradict them, and it was tough to navigate as a teenager with the issues I had.

In addition to the passivity that these participants experienced, a different participant bravely shared her account of being sexually assaulted by the primary doctor who was overseeing her care. She described the grooming process that occurred throughout her adolescent years, and her inability to notice the signs because of her desperation and relief at finally finding a doctor who was able to treat her. She painfully shared the following:

> You know when you see doctor after doctor, and they don't believe you. They're not listening, they're brushing you off, and then there's someone who finally has the answer and it's going to help, you think they're God. And so naturally you just put all your trust in them, right?

These segments of their stories highlight their varying treatment experiences with medical providers and the significant impact *active listening*, *attunement*, and *connection* has on the health and recovery of adolescent athletes.

Mental Health Professionals

Throughout the interviews, participants shared their positive and negative experiences with mental health professionals. While five participants received care at the onset of their diagnosis, the others first sought mental health support in adulthood. Participants explained their different viewpoints on this phenomenon, describing their resistance to treatment or difficulties in accessing care due to their age, demographics, or socioeconomic statuses. The five participants who received psychotherapy as adolescents described different perspectives on their therapeutic relationship and the appropriateness of care for young athletes coping with illness and loss.

The Therapeutic Relationship.

Eight of the participants described the positive impact therapy had on their lives, and the healing nature of the therapeutic relationship. Of these eight participants, two had a positive experience while undergoing treatment as an adolescent and three experienced the benefits of this process in adulthood. Of these three participants, two of them attended therapy as adolescents but felt disconnected from their clinicians and found the process to be very unhelpful. In particular, one participant reflected on the meaningful relationship she had with her therapist as an adolescent athlete:

> He was the first clinician I worked with that believed that you could keep an athlete in there even if you're sick. He was instrumental in my sustained recovery and the most influential clinician I ever worked with. He really understood me.

Her experience highlights the significance of the therapeutic relationship; as well as the power of connection, agency, and meeting the client where they are at.

Psychotherapy for Adolescent Athletes.

The participants shared their unique experiences of psychotherapy as adolescent athletes coping with a new diagnosis of a physical illness. For example, a participant shared the positive benefits of seeking mental health support immediately after her diagnosis and the powerful impact it had on her recovery process. As she said, "I worked with him at least once a week for eight years and he was incredible. He got me, he got the athlete part of me."

On the other hand, the devastation of being misunderstood by clinicians was expressed by a participant who shared, "They didn't get my athlete strive; they didn't get me at all." This intensified her resistance to engage in mental health treatment; in fact, those participants who declined mental health services as adolescents shared similar sentiments explaining that they were simply sick children who wanted to recover and return to the playing field. As a male participant said, "There was nothing he could do to help me. I just wanted to play hockey again."

This participant further expanded on his experience at a later time in his interview:

> As soon as I heard the word cancer, I shut down. I was angry and annoyed at people all the time… the social workers in the hospital would always come and try to talk to me and ask me questions, but I was like, "You're an idiot, what do you want to talk about?" And the truth is at that time there was nothing to talk about… It wasn't until I was an adult that I was ready for psychological help.

The perception of therapy being unhelpful at the time of the diagnosis was expressed by another participant who shared his subjective experience as an adolescent as well as a young adult:

> I never wanted to see a therapist but my parents' kind of forced me. I always thought that if you went to a therapist then something is wrong like you need help. I went for a couple

> of sessions, and I hated it. Then in college, I had like one panic attack and I just went back to him for a couple of sessions. I haven't been back in eight years, I feel like all of them are kind of the same, they don't really care.

Their accounts speak of the importance of connecting with the adolescent athlete from a place of compassion and empathy, and the need to address their concerns with sincerity, acceptance, and understanding. That is, while it might seem imperative to process their illness from a clinical standpoint, it might be inconsequential for the adolescent as their athletic loss might take precedence. As mentioned earlier, mental health professionals (i.e., social workers) need to meet the adolescent athlete where they are at.

Lack of Access to Mental Health Care.

Two participants shared that they did not receive support because of a lack of access to mental health treatment. One participant explained there was minimal mental health awareness when she was an adolescent; the doctors didn't suggest it, and her parents were unaware it was an option for her. The second participant shared that his parents were divorced and lacked the financial resources to access mental health support. Both participants reported feeling optimistic about the recent changes in awareness and accessibility, but still believe more needs to be done in the healthcare system to improve the accessibility of mental health support for adolescents.

Integrated Care

Many of the participants who had negative experiences with helping professionals expressed the implications of improving care and collaboration between health providers. In particular, one participant shared a painful encounter of being misdiagnosed with bulimia by her therapist because of her complex and confusing symptomology. Being that her condition caused

her to frequently vomit and to rapidly lose weight, she was told, “You are trying to do this to yourself.” She later shared that when she received the accurate medical diagnosis, she had the impulse to return to her former therapist to teach her the importance of integrated care. A different participant reflected on her negative experiences with helping professionals in the hospital, emphasizing the consequences of a lack of collaboration between providers:

> I was really struggling after one of my surgeries and my parents asked the hospital staff a number of times for someone to come in to talk to me. When they finally did, they were very unreceptive, and I did not get the support I needed. They sent this old, nasty psychiatrist who did a ten-minute assessment and concluded that I did this to myself. I was completely dismissed. They wanted nothing to do with me. There was no form of any kind of support.

Through tears, she continued to share that she was chained to the hospital bed as the consensus was that she was a danger to herself because she was “making herself sick.” It was only when the clinician who was assigned to her case recognized the misdiagnosis and advocated on her behalf to receive the appropriate care on a medical and mental health front.

Another participant shared his pain and longing for systematic change by saying:

> I don’t blame anyone for the way things were, I just wish they could have been better. I hope they’re changing now; you know. I hope there are things they learn.

Theme Three: Medical Trauma and Post Traumatic Stress Disorder

As mentioned previously, many of the participants experienced primary and secondary trauma in response to their illness. Consequently, this theme emerged based on six of the participants’ reflections of their traumatic memories that led to symptoms of acute distress and/or

post-traumatic stress disorder. One participant shared that she developed an eating disorder, two of the participants expressed struggling with substance use, and three described the lasting effects of their medical trauma on their ability to seek the necessary healthcare. In particular, one participant shared:

> There were times when I would return to the playing field, but it became such a traumatic thing for me that I literally couldn't do any physical activity. It was about 12 or 13 years where I did almost nothing.

He further speaks about the effect of cancer on his life by sharing the following:

> It affects everything, it's not like you have the flu and then you recover and forget it ever happened. There's trauma, there's tremendous trauma. It affects the way I think about things, and there's stuff that affects me every single day and we're talking about 17 and half years later.

Similarly, the other participant who survived cancer shared how his body still remembers:

> It's been 10 years, but I have everlasting stuff because I can't feel my toes and I limp. It's not like I see a hospital and it reminds me, it's more like I'm walking down the street and someone's staring at me. And that just takes me all the way back.

Another participant shared the way his body encoded the traumatic memories:

> When I began physical therapy, I started having panic attacks. I didn't realize what a scary place my body has become for me, there was so much stored trauma.

The fear of medical providers was shared by a participant who was misled by doctors in regard to her symptoms and subsequent healthcare:

> I still have a lot of trepidation around medical stuff. I'm really intense when I search for a new doctor… I have a lot more awareness of how much harm doctors can do.

Similarly, a participant who was sexually assaulted by her doctor shared:

> I went through a period where I really just didn't want to go to doctors, and so my health got worse, and I got quite sick. Then I found a clinic that is trauma informed, and my doctor now is really, really phenomenal.

These accounts highlight the devastating effects of illness, and how their bodies hold the traumatic memories until they are processed in a healthy, safe way.

Theme Four: Coping with Illness and Loss

This theme emerged from the participants' descriptions of their trials and triumphs through coping with their illnesses, losses, and traumatic experiences. The participants shared a multitude of emotional responses, coping mechanisms, needs, and supports. Consequently, these descriptions are categorized below in subthemes to underline the psychological, physiological, social, and spiritual experience of adolescent athletes living with physical illnesses.

Common Emotional Responses

The participants shared a myriad of emotional responses in response to their diagnoses and physical illnesses. Included in these reactions were anger, sadness, fear, shame, isolation, gratitude, grief, and loss. These emotional responses are categorized and detailed below to provide an inkling into the complexity of their internal experiences.

Anger, Sadness, and Fear.

Being diagnosed with a physical illness and the subsequent loss of sports conjures up strong emotions for adolescent athletes. The participants shared their moments of vulnerability when they experienced feelings of anger, sadness, fear, and shame. Specifically, one female participant who was planning to compete for the Olympics explained the sudden onset of anxious symptoms she experienced following one of her surgeries:

> I wasn't the same person anymore after my surgery. I never had this fear before, but suddenly I was scared I was going to slip or fall. It was a pretty intense response.

Another participant shared the irritability and anger he felt in response to the unknown:

> I was angry and upset all the time. It was really tough to be in limbo and not know if you would recover and be able to join the team again.

The experience of battling anger, frustration, and anxiety as an adolescent athlete was described by a different participant who survived cancer:

> I was never scared about dying, I didn't think about it as an option. I only thought about my next treatment and what I needed to do to get back to the playing field. But in hindsight, I was anxious about a lot of things. Frustrated, angry, all those things.

This participant further expanded on his anger by explaining that it was fueled by the loneliness he felt, as he said, "I was so angry and lonely because no one gave it the attention it needed and they were basically like, get over it, at least you're alive." Again, this emphasizes the importance of meeting the adolescent where they are and being able to acknowledge the implications of their athletic losses from their perspective despite knowing the gravity of their situation.

Shame.

The feeling of shame was also commonly experienced by the participants. In particular, one participant shared how his complex battle with shame led him to further isolate himself from his peers, as he explained, “I ended up isolating myself from friends and family because I was so embarrassed that I lost all my fitness and couldn’t be part of the team anymore.” This sense of shame was indirectly expressed by two other participants who either tried to keep their illness a secret, or never spoke about it in fear of people’s judgments and negative perceptions. As one male participant stated, “This is kind of the first time I’ve talked about this at all.”

A Sense of Isolation.

The participants experienced a universal sense of isolation throughout their illness and recovery. As seen in other sections of this chapter, their sense of isolation has deeply impacted their identity, ability to access support, and cope with their illnesses. In particular, one participant shared, “I didn’t have anyone who really understood what it meant to be the sick kid who can’t play sports anymore.” Another participant shared how the receival of her diagnosis provided hope and normalcy, but still left her feeling somewhat isolated from her peers:

> With the diagnosis, often comes treatment, and while it doesn’t feel great, it makes you feel better because now there’s a future. I’m not just one person on an island, having an experience that no one else ever had. Yes, I still feel isolated, but now I can have a future.

Gratitude.

The participants expressed gratitude despite experiencing so much anguish, pain, and loss. For example, one participant shared:

> Honestly, I felt really grateful for my diagnosis. I was so relieved to finally have an answer. It was a positive experience for me because it gave me hope that I can one day have a future like everyone else.

Another participant shared a similar sentiment:

> It was actually a really good feeling when I got the diagnosis, because so many things have been wrong for so long. I'm still really grateful for that doctor.

While these participants recall feeling grateful for their illnesses at the time of their diagnoses, the majority of the participants reported only feeling thankful for their experience once they recovered or reached remission. For instance, a male participant who survived cancer reflected on his gratitude for being able to participate in daily life:

> I still have daily challenges but I'm fine. Like I went to college, I graduated, I'm working and I'm out and about every single day. I could walk, I could basically do every daily task.

Ambiguous Loss and Grief.

The participants shared the implications of their losses and grief. Although some of their losses were permanent, the nature of the majority of their losses were ambiguous and resulted in heightened levels of anxiety, loneliness, and confusion. Specifically, participants shared their uncertainty about returning to sports and the lack of support they received from others due to the ambiguity of their conditions. The extent of their losses varied across athletic, physical, and psychological domains; and so, these categories of losses are presented in three subthemes: athletic, physical, and psychological losses.

Athletic Losses.

While every participant experienced an athletic loss, their grief process was determined by the degree of their commitment to sports and the severity of their medical condition. For instance, a cancer survivor shared his uncertainty of regaining his mobility to participate in sports after receiving his diagnosis:

> The hardest part of my illness was being told, "You can never touch a hockey stick again." I would literally go to sleep at night thinking about hockey. Dreaming about it. I think about it even at this point in my life.

Another cancer survivor, age 27, shared his experience with losing his ability to engage in his primary sport because of his health:

> I've taken up other hobbies, but I've never really filled that gap. It's just a hole inside of me, a hole inside my story. I still wish I could play sports.

A different male participant shared the depth of his grief in a comparable way, "It's still really hard not to play anymore; I just feel wrong all the time. It's never been the same."

Physical Losses.

Aside from the grief associated with the loss of physical activity, participants also endured changes to their physique which led to body image issues and loss of agency. For example, one female participant shared, "I lost all control over my body. I had to learn to walk three different times, and so I think the inability to have any say over my body was really, really hard." She later added, "I missed out on so many things, so many things were taken away from me. It just felt very unfair, and I couldn't help but ask, "Why me?"

Six participants expanded on the long-term effects of their illnesses and physical limitations on their grief process. For example, one participant shared:

> There was a grief that came along with my diagnosis and cessation from volleyball. Seeing other people running around was really difficult at first, and even now as an adult, I sometimes get angry when I see people taking their ability to walk for granted. It's a loss that will never go away.

A participant who is a cancer warrior shared a similar sentiment:

> Even though it's been so long, it's a different challenge every day. It affects every single part of my life. There are a lot of daily reminders even though it's been 10 years.

Lastly, a different participant expressed the permanence of this experience:

> There were times when I would sit down and take inventory of all the things that cancer affected in my life. It's just never ending.

Psychological Losses.

The participants describe a myriad of psychological losses that ensued their diagnoses. Being that the researcher addresses the participants reflections around losing their confidence and sense of identity in a different section, this subtheme focuses on their experiences with losing their sense of agency and trust in authority figures.

Loss of Agency. The participants shared their subjective experiences of losing their sense of agency during the most pivotal time of their life. They discussed its impact on their confidence, self-esteem, relationships, and life choices. Like one participant shared:

> I didn't have the confidence, to like you know, stand up for myself. I didn't think I could contradict the doctors or say what I needed.

A different participant shared about the process of regaining her autonomy:

> I like having my autonomy back in my life and having choices about my health. I like having options about what I'm doing and being able to ask myself, "What choices align most with my values?"

Loss of Trust. Three of the participants shared losing their trust in authority figures in response to the lack of proper treatment. In particular, one participant who was sexually assaulted by her doctor shared the impact it had on her:

> I trust other people less now, especially people in a position of power. But I also learned to challenge people more and I think I'm much more aware of how people show up.

Another participant explained how he lost trust in authority figures, particularly athletic trainers, because of their inability to be present and attuned to his needs. Like he shared, "I'm less likely to trust athletic trainers now which I think is kind of fair based on my experience."

Coping Mechanisms

This subcategory emerged from the participants' reflections of their coping mechanisms throughout their illness and recovery processes. While some accessed healthy, adaptive ways of coping, other participants turned to maladaptive mechanisms to ease their pain and suffering. The participants' ways of coping speak of their physiological responses to the threat of survival, the implications of illness and loss, and the need for support to cope with challenges. As

mentioned earlier, it also alludes to the strength of their relationships and the significance of attachment. For instance, one participant shared:

> I didn't like to be home a lot because I thought everyone blamed me for getting sick. So, I got busy with weed and stuff. I was just angry all the time and felt like I wasn't good enough because I couldn't play on the team anymore.

Another participant shared her struggles with coping with the emotional aspects of her loss by stating:

> I coped with it by ignoring it at the time, I mostly shoved everything down. It's like I'm not going to think about this and not going to deal with it. Of course, you know, everything blows up and you have to deal with it.

At the same time, she explained that despite her need to numb the pai to survive, she found adaptive ways to distract herself:

> I got more into kind of nerd stuff like playing video games and doing more kind of sedentary activities. I read a lot, and I got to catch up on all the TV shows I never watched as a child because I was always too busy playing sports.

In addition, three participants shared how they were able to access adaptive coping mechanisms to regulate their emotions. One participant shared how faith helped her cope with her illness, like she said, "My whole world got shaded, but I was really, really into my faith during that time and I think that's what helped me." The other two participants shared their decision to get dogs for security and emotional support. As one explained, "My dog was my lifeline. It was the only thing that was stable amidst the chaos of my sickness and endless recovery."

Needs and Supports

This subtheme emerged from the participants' expressions of their physical and psychological needs throughout their illness and recovery processes. Their stories highlight the significance of attachment, support, community, and various other needs of adolescent athletes living with physical illnesses. As mentioned previously, the participants shared their need to be seen and understood by their parents, family members, and friends. The importance of attachment, collaborative care, and mental health support are described in other parts of this chapter; therefore, this section solely focuses on the need for support from other people who are closely or distantly involved in the adolescents' daily lives. In particular, one participant expressed:

> I just needed people to take me seriously and to see my suffering. Everyone was so busy with my body healing, but no one realized I was hurting so much inside. I was so, so angry but it didn't seem like there was any real care at all.

Similarly, a participant shared his deep longing to be understood by someone else who experienced a similar phenomenon:

> I would argue that I had the best support system that anyone can have. I have loving parents, and I was overshadowed with support from family and friends. But there was no one in my life equipped to help me. No one understood what I was really going through; I was really angry. The people that came to speak to me were ill-equipped. They didn't have the knowledge or skills to understand what I'm about to go through, or what I'm going through. They could have been detrimental to my recovery if I had let them be.

This need for support and a sense of community was expressed by another participant:

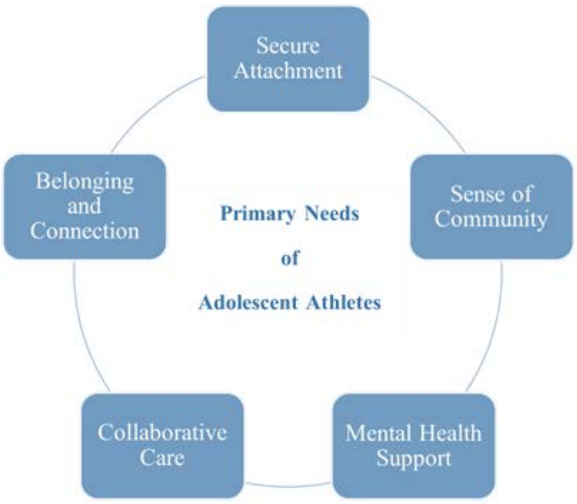
> I would have needed someone else who went through it like with me. It's just like everyone feels bad for you, everyone is looking at you, but I still don't know anyone till this day that had an experience like I've had.

Additionally, three participants shared the need for greater awareness in the school system as the lack of their teachers' sensitivity only intensified their struggles to integrate and connect with their peers. As one participant expressed:

> I have invisible illnesses and I just really wish people understood that you don't know what capacity someone's working at, whether they're diagnosed or not, and what their situation is. Teachers need to assume the best and not that someone's just trying to get away with something or being lazy, because that's usually not the case. Most people are trying their best. We don't know what anyone's battery is on that day.

The diagram below summarizes the primary needs of the adolescent athlete living with illness:

Figure 1.



Theme Five: Identity Reconfiguration

This theme emerged from the participants' descriptions of their subjective experiences with identity development and reconfiguration. The participants shared the losses associated with their illness, including the threat of losing their athletic identity and the process of rebuilding their sense of self in order to lead productive and fulfilling lives. There are four subcategories in this theme: athletic identity, illness identity, losing an identity, and rebuilding a sense of self.

Athletic Identity

Participants described the strength of their athletic identity prior to their diagnosis and the threat of potentially losing this part of themselves. They describe the impact it had on the trajectory of their lives and the way it forced them to reconsider their identity and rebuild their sense of self. In particular, one participant shared, "I've always loved hockey; I was always the best at it. It was my identity." A different participant described his loss and confusion as such, "Playing rugby was such a big part of my identity. It was like I kept thinking if I can't be on the varsity team anymore then "Who am I?"

The strength of their identification with athletics is further described by another participant who experienced challenges since childhood and therefore deeply cherished this part of herself:

> I was diagnosed with learning disabilities from a very early age, and so for me, language, words, and communication never made sense to me. But my body made sense to me. Being athletic like that was my way of learning.

Illness Identity

The participants described the impact their illnesses had on their sense of self, and the process of integrating this part of themselves into their identities to avoid overidentification or feelings of disempowerment. For example, one participant shared:

> I think, especially when you get sick, and you're quite young, it's hard to differentiate between who I've been because it's just sort of built into your foundation of how you experience the world.

She later added to this sentiment by stating:

> It's a balance to integrate having a chronic illness into who I am, and I feel like there's me, there's this part of me that's sick, but not I. I think a lot of people don't realize someone can be sick, but they are still a person. It's like everyone has something. Were all so complex and no one is just one thing. And there are so many identities that every single person alive is juggling. For me, it couldn't just be about my illness, I needed to find a way to integrate it into my identity.

Another participant shared her struggle with coming to terms with her illness and how she worked to integrate it into her identity in spite of her grief:

> I think the most challenging part, especially at 17, is that these are both chronic illnesses and like, there's no cure for them. So, coming to terms with the fact that I'm never going to be 100% healthy again was a weird thing to think about… It's a big thing for a 17-year-old. You're so young and you think you're immortal and everything at that age…I felt like I was kind of shifting the mental image of who I was, and like what I did, and my hobbies and everything.

Losing an Identity

The participants describe their experiences with losing their identity during adolescence, detailing the significance of its impact on their confidence and sense of self. Specifically, one participant shared the magnitude of this loss and the impact it had on his ability to process and integrate his illness:

> When I couldn't play anymore, I was stripped of my identity, of my confidence. I lost who I was, and it was scary to fall in love with anything again because I didn't know if I would lose it too. I couldn't put effort into anything else.

Similarly, a different participant expressed the devastation and anguish he felt in response to his loss as follows, "Not being able to be part of the team created a lot of tension inside of me. I felt like I lost a part of myself. To add to the depth of this experience, a male participant expressed, "It was a devasting loss, playing sports was my whole life."

Lastly, a female participant shared how her fractured identity led to the development of an eating disorder:

> It was really tough to lose the one thing that really defined me. For a very long time, I didn't know who I was without my sport. I didn't know who I was like, I had no other interests…. At one point I just spiraled in my head and developed an eating disorder. It wasn't until I was in treatment that I really started exploring who I was.

Rebuilding A Sense of Self

The participants described their process of reconfiguring their identities and strengthening their sense of self in the face of their illness, trauma, and loss. In particular, one participant shared:

> I was on a health journey of finding myself physically, mentally, emotionally, and spiritually. All these things were kind of unleashed when I started engaging in physical activity again. It opened my mind and heart.

A participant who was planning to compete in the Olympics described her journey:

> I started with the little things, and then there was a lot of exploration. It was simple at first, and once I was in treatment, I knew I wanted to give back. There were so many things that contributed to this process, but now I would say I have a work identity and a personal identity. I might not be able to name every part of my identity, but I'm content inside, and I will absolutely always be that athlete. It will always be a part of me.

Another participant described her experience with exploring and rebuilding her identity as such:

> I had to take the time to explore and think of the things I wanted to do and be outside of volleyball. I was by myself a lot, so I had the time to just create a dream, you know who I want to be, and everything. Like anything can be taken from me at any point, so like who am I outside of the things I do?

The participants ability to strengthen their sense of self and rebuild their identities in the wake of such significant loss, and at such a vulnerable stage of psychological development, speaks of

their resilience and ability to experience better-than expected outcomes. These results are expanded on in the successive theme of resilience.

Theme Six: Resilience and Post Traumatic Growth

This theme emerged from the participants' accounts of their fortitude to continue to build meaningful lives in wake of their illness, loss, and grief. It highlights their strength, resilience, and commitment to recovery and growth. In particular, one participant shared:

> My illness influenced me in so many ways; it changed me forever in a really good way. I'm much less judgmental and much more understanding and sensitive to all types of people.

Another participant, who is 35 years old, shared how her resilience is grounded in gratitude and the message she wishes to convey to those experiencing a similar loss:

> It's possible to prove people wrong, and it's possible to succeed beyond what's expected of you. I'm living a new normal, but I'm happy for the first time ever. I'm married to the man of my dreams, I have a dog, I have tons of friends, and I'm giving back through my work.

Similarly, a different participant expressed her growth in terms of giving back as well as healing emotionally:

> I'm trying to bring some perspective into my work, especially since I work with children with disabilities. I also learned to be a lot more accepting and that it's okay to challenge people of authority…This experience led me to a different path that I think most people aren't prompted to even consider.

Often, along with growth comes deep-seated grief. Like this participant shared:

> I often wonder about my college career if I wouldn't have gotten sick in senior year. But I ended up having to become pretty motivated to do everything I accomplished. I had to really work to become competent in my sport again and now I'm captain on my college team. It ended up being okay. Eventually.

A different participant describes his resilience and growth process:

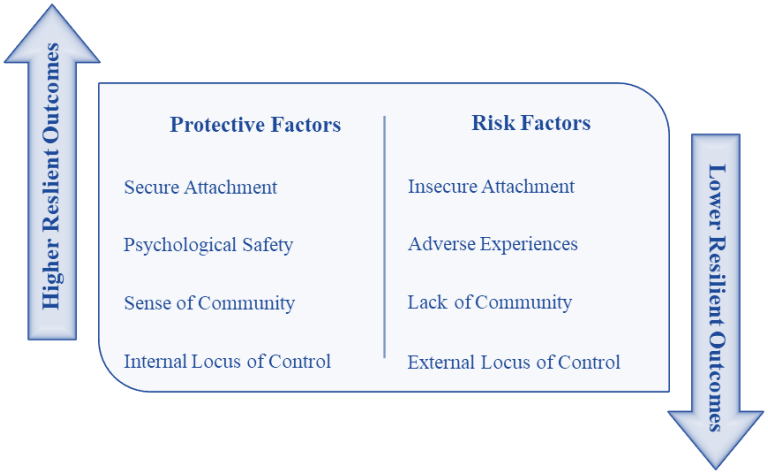
> For so long I was on the sidelines just watching people live life, and now that I'm on the other side, I can't stop. I was always missing out on things, and I don't want to miss out anymore.

Lastly, this participant shared his courage, strength, and resilience as follows:

> Some days are harder than others, some days you just wish that you could run or do stuff, but my only option is to just keep living life. So, why not live it to the best… Are there dark periods? Yeah, but it's not always all bad.

Their resilience is an outcome of the promotive factors in their lives. The figure below demonstrates this process to emphasize the importance of establishing protective factors for youth. While the left side of the diagram details promotive factors that lead to higher resilient outcomes, the right side of the diagram describes common risk factors that lead to lower resilient outcomes. As the research suggests, mediating factors influence the degree of resilient outcomes in times of adversity.

Figure 2.



Summary

These results emphasize the participants subjective experiences with being diagnosed with a physical illness as an adolescent athlete. It underlines their courage, vulnerability, and resilience in the wake of illness, loss, and grief. It describes the importance of connection and the way their illnesses impact their relationships with their parents, coaches, friends, and helping professionals. The participants also described their varied emotional responses and how they coped with their illnesses. They shared both their adaptive and maladaptive coping mechanisms and the way they challenged their pain into growth. In particular, their resiliency was highlighted in how they reconfigured their identities and rebuilt their sense of self in response to the threat of losing their athletic identities. Moreover, the innate need for a secure attachment and to be seen, heard, and understood by others was emphasized and expressed in various meaningful ways throughout their reflections.

The following section describes the discussion of the dissertation.

Chapter Eight: Discussion

This study sought to provide an understanding of the lived experience of adolescent athletes with physical illness. Through a phenomenological lens, the researcher engaged in an exploratory study to better understand the experience of these adolescents from a retrospective standpoint. The findings highlight the significance of relationships, the important role of helping professionals, and the psychological and psychosocial aspects of illness, grief, and loss. More importantly, it provides imperative contributions to the social work profession and other healthcare professions by shedding light onto some of the key components of care for adolescent athletes living with physical illness.

Key Findings

The Significance of Relationships

The significance of relationships is threaded within each of the participant's narrative and subjective experience with illness and loss. While the adolescent athletes' attachment with primary caregivers seems to have the most powerful impact on their psychological development, their interactions with surrounding systems also influence their growth. This could be understood through the work of veteran researchers who explain the significance of attachment (Bowlby, 1988), and the leading tasks of adolescence (Erikson, 1994; Shwartz et al., 2011). Similar to the power of their connection with adult figures, adolescents need to feel a sense of connection and belonging with their counterparts.

Attachment with Parental Figures

The participants' responses seemed to indicate that their relationships with primary caregivers played a central role in their ability to cope and exercise resiliency in response to their

diagnoses. Their relationships with their parents strongly impacted their confidence, optimism, and ability to access internal and external resources. Those participants who felt dismissed or misunderstood by their parents struggled with stronger feelings of anxiety, depression, and hopelessness. For example, one participant who felt misheard by his mother reported resorting to substances to ease his pain, grief, and feelings of "not being good enough." Other participants internalized their pain which led to feelings of shame, isolation, and insecurities. Conversely, the participants who felt emotionally supported and seen by their parents reported feeling more hopeful and confident irrespective of their pain, grief, and losses. Their parent-child relationship provided them with the security needed to take the inevitable risks of recovery. This highlights the significance of secure attachments with parental figures and the impact it has on an individual's ability to cope with adversity. As mentioned earlier in this study, the research on attachment continuously emphasizes the significance of a secure base on adolescent development and later life functioning (Bowlby, 1988; Marjo et al., 2021; Shao et al., 2022). This is further supported by the work of researchers who revealed adolescents have better than expected outcomes in the presence of supportive relationships (VanBreda, 2018; Waller, 2001; Werner & Smith, 1982; Zimmerman, 2013).

Connection and Belonging

The participants' stories signify the effects of athletic coaches on the psychological, psychosocial, and physical well-being of adolescent athletes. Participants who felt supported by their coaches and athletic trainers also felt less isolated from their teammates. Their coaches and trainers' compassion and support strengthened their confidence, sense of self, and resilience. On the other hand, the participants who felt misunderstood or judged by their coaches also struggled with deeper feelings of inadequacy and shame. These participants questioned their ability to

reengage in physical activities and were also uncertain about their future success as adults. The lack of support added another dimension of grief and loss to their experience. These findings are consistent with previous studies that explore the significance of the relationship between trainers and adolescent athletes (Lininger et al., 2019), yet the participants' stories provide a nuanced understanding of the influence it had on their ability to manage their illnesses.

Additionally, the participants' relationships with their peers had a significant impact on their recovery and reintegration processes. Being that the basic tasks of adolescence are connection and belonging (Erikson, 1994), the invisibility of the participants' physical or emotional pain created a barrier between them and their peers. All of the participants reported feeling disconnected or isolated from their peers. They shared that while they received support from their peers in the form of gifts, the uniqueness of their experiences led them to feel different and separated from the rest of the group. Moreover, seven of the participants shared their social relationships shifted because of their experiences and post-traumatic growth. These findings emphasize the importance of belonging, and the need to help our adolescent athletes connect with peers who might be experiencing a similar situation. Moreover, it also suggests providing these adolescent athletes with the proper skills to reintegrate with their peers so they can maintain these friendships and hopefully minimize their feelings of isolation.

The Role of Helping Professionals

The findings indicate the vital role that helping professionals play in the adolescent athlete's journey through illness and recovery. Overall, the participants noted that medical providers had a significant impact on both their physical and mental health. While some of the participants had positive experiences with their medical providers, others shared stories of neglect, abuse, and maltreatment. The participants' accounts emphasized the importance of

safeguarding the adolescents' autonomy, dignity, and sense of agency. Through their positive and negative reflections, it was understood their connection with providers mattered. Indeed, these findings are consistent with previous studies that explore the detrimental effects of minimizing the adolescent's voice in their journey toward recovery (Behrman et al., 2018; Butcher, 2012)

This notion seemed consistent in regard to the participants' experiences with mental health professionals. While three of the participants had positive experiences with clinicians, five participants felt misunderstood or disconnected from their providers. Consequently, further education is needed to improve the treatment provided to adolescent athletes living with physical illnesses. That is, five of the participants felt that the assigned clinician did not understand the athlete part of them, or that their grief was minimized or discounted. Yet despite having these negative experiences as adolescents, eight of the participants believed in the value of mental health support and thereby accessed therapy in adulthood to process their earlier experiences. This provides insight into their resilient natures and their ability to integrate these experiences into their stories. It also suggests the importance of meeting clients where they are by helping them integrate their losses into their identities to prevent prolonged trauma responses like fragmentation of self or dissociation. As many of the participants expressed, they will always be athletes. With the clinician honoring this part, adolescents are more likely to feel seen and less inclined to engage in risky behaviors.

Access to Care

Two of the participants noted they lacked access to mental health treatment as they were undergoing the diagnosis and treatment processes. While one participant's parents lacked financial resources, the other participant's parents were unaware of the accessibility of mental

health treatment. One of these participants, who is 31 years old, explained that therapy was not as common when she was an adolescent; while the other participant, age 27, acknowledged that the availability of resources has expanded significantly since he was an adolescent. However, the remaining seven participants who are approximately the same age had access to treatment during their adolescent years. This infers, much like the literature, that there is a greater need for policy implications and educational workshops to expand the accessibility of care (Edmonds et al., 2021; McGuine et al., 2022; Panza et al., 2020; Reger, 2022). It also suggests enhanced strategic advancements where medical professionals are obligated to inform and provide parents with mental health resources, so they are aware of available support. The existing pattern of poor and fragmented treatment regiments could likely explain the rising number of suicides among adolescent athletes; and can hopefully serve as a guide to implement preventative practices.

Integrated Care

Six of the participants expressed the importance of improving treatment protocols for adolescent athletes living with physical illness. They explained a lack of collaboration between medical and mental health providers, and a disconnect between their providers understanding of their care. Four of the participants explained there was also a lack of collaboration between the helping professionals involved in their care and athletic coaches, which resulted in lost opportunities and increased feelings of guilt, shame, and isolation. They expressed a longing for things to have been better for them, and their hope for changes in professional practice for current youth. These findings imply that further collaboration is needed between providers in conjunction with a more integrated care approach to meet the needs of adolescent athletes living with illness. As mentioned previously, strategic advancements are needed to ensure that *all* adolescent athletes living with illness have access to treatment. By implementing methods to

improve collaboration, helping professionals could meet this need and subsequently lessen the rates of depression, anxiety, and suicide among adolescent athletes.

The Psychological and Psychosocial Impact of Illness and Loss

Participants noted varied psychological responses to their illness and recovery process. Most of the participants experienced common emotional responses like anger, fear, sadness, and shame. While three of the participants were cognizant of these emotions during their illness, six of the participants reported first recognizing its impact when they entered adulthood. Moreover, the participants expressed feelings of loss and grief that currently influence their lives. These ambiguous losses are invisible and thereby intensify their feelings of isolation and loneliness. As previous research has shown, loneliness and isolation are risk factors for suicidality (Hensley-Clancy, 2022), and thus it is imperative for helping professionals to intervene and conduct mental health assessments following a diagnosis and throughout the treatment and recovery phases. By expanding our awareness of their internal experiences, professionals can provide patient-informed care and proper support. This awareness can also inform us of our shortcomings; creating space to improve our skills and to develop educational opportunities for professionals and the larger community.

The participants also reported varied ways of coping with these emotions, including both adaptive and maladaptive mechanisms. While a few participants were able to access available resources, others turned to substances or other numbing activities to dissociate from their pain. These findings support the literature on resilient outcomes, particularly in regard to the implications of a secure relationship on a person's ability to cope with adversity. To further expand on this, the participants shared a universal need for greater support and connection throughout their journeys. Indeed, these findings suggest that a lack of attachment could lead to

higher rates of depression, anxiety, and isolation. Consequently, it is imperative to implement strategies to increase mental health accessibility and to educate parents about the impact of attunement and connection. As previous research on resilience shows, secure relationships are a primary mediating factor that allows for resilient outcomes (VanBreda, 2018; Waller, 2001; Werner & Smith, 1982; Zimmerman, 2013).

Trauma and Post-Traumatic Stress Disorder

The findings show six of the participants experienced medical trauma. While these traumatic memories occurred following their diagnoses, the participants did not express being traumatized by their illnesses themselves. That is, the findings indicate that the trauma occurred in the absence of connection and a secure attachment with a primary caregiver. The participants who experienced symptoms of post-traumatic stress either experienced an attachment rupture with their primary caregiver (parent) or were abused and mistreated by helping professionals. For example, one participant who was sexually assaulted by her doctor developed PTSD and struggled to access healthcare for a significant amount of time. Another participant who became afraid of moving her body, which led to the development of an eating disorder, also reported feeling abandoned by her parents during her scariest moments at the hospital. Again, these findings imply the value of a secure attachment with a primary caregiver, specifically in regard to trauma and resilient outcomes. It also emphasizes that it is not *what* happened to these adolescent athletes, but *how* they perceived and processed their experiences.

Identity

Overall, the participants reported a powerful sense of athletic identity. Despite their level of involvement in sports or their classification of illness, they all struggled with their identity and

self-worth. The threat of losing this part of their identity was devastating, and seven of the participants expressed that it was a long tumultuous process of reconfiguring their identity and rebuilding their sense of self. Notwithstanding the complexity of this process, all of these participants shared that in hindsight, they have tremendous gratitude for the opportunity to explore and discover new skills, strengths, and hobbies. This notion is in alignment with research that emphasizes the importance of guiding adolescent athletes toward strengthening other identity markers (de Moor et al., 2019; Snelgrove, 2015). Overall, the participants' lived experiences add a new dimension to the research by lending insight into the emotional process of reconfiguring an identity during a vulnerable stage of development.

In addition, the findings indicate that their parents' level of involvement in sports impacted the intensity of their identity losses and reconfiguration processes. The participants whose parents were highly committed and involved in their athletic development and performance, experienced lower levels of self-esteem which eventually led to higher rates of anxiety, depression, and a tendency toward substance use or an eating disorder. This highlights the powerful relational dynamic between a parent and child, and the importance of establishing secure attachments with children to yield greater resilient outcomes in times of hardship.

Resilience and Post Traumatic Growth

Despite their pain and grief, the participants exemplified resilience and growth in the face of adversity. All of the participants returned to school following their illnesses, and eight continued on to higher education. Regardless of their chosen professions, they are cultivating successful careers. While six participants are practicing within the helping professions, the others are giving back to the community through volunteer work. Three of the participants are married with children, and the others maintain healthy relationships with significant others, family

members, peers, and colleagues. Throughout the continuation of their journeys, the participants have developed adaptive coping mechanisms and ways to meet their psychological, psychosocial, and physical needs. While only five of the participants continue to engage in sports, the others have cultivated hobbies and found new ways to bring joy into their lives. Most importantly, the participants reported feeling confident and content, with a deep sense of gratitude for being alive. They are leading meaningful and productive lives while making a difference in the lives of those less fortunate than them. Undoubtedly, this underlines the adolescent athlete's ability to heal from trauma, cope with hardships, and exhibit resilient outcomes in the wake of illness and loss.

Connecting Findings to Theory

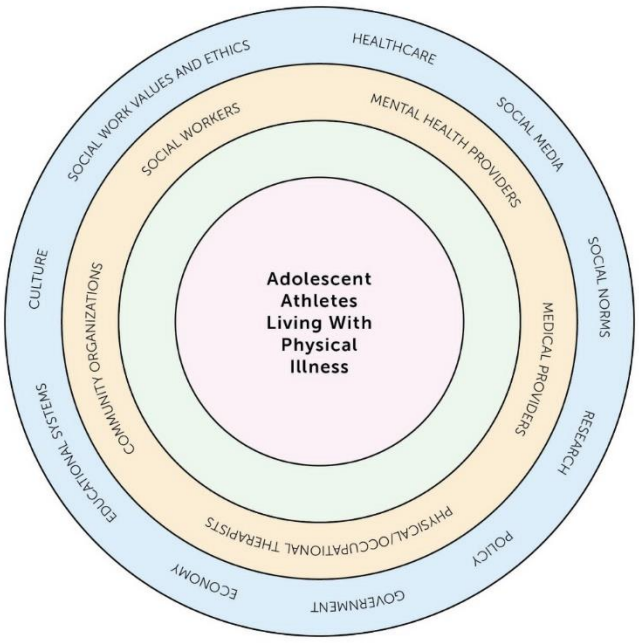
Ecological Systems Theory

According to the ecological systems theory, adolescent athletes living with physical illnesses are influenced by the societal structures and systems with which they interact (Bronfenbrenner, 1979). Understanding their experiences from an ecological standpoint ensures their needs are met on a physical, psychological, familial, social, and spiritual level. As noted in the findings, the participants expressed varying needs ranging from intrapersonal to interpersonal. Moreover, the participants also shared the influential forces of the different systems within their ecological network. While their parents seemed to have had the strongest impact on their psychological well-being, their relationships with coaches, athletic trainers, teachers, and peers also significantly impacted their sense of self and ability to cope with their losses. Additionally, healthcare providers, therapists, and community organizations played a pivotal role in their journey toward health and recovery. Lastly, the participants alluded to the external influences of policy, research, healthcare, media, economy, culture, and societal norms

through their stories. This emphasizes the importance of educating the varying systems that directly or indirectly influence adolescent athletes.

The following diagram presents an ecological map with the interconnecting systems that influence the adolescent athlete's journey through illness and recovery. At the core, is the adolescent athlete as their intrapersonal experience is widely shaped by their identity and self-perceptions. The innermost circle surrounding the athlete represents the systems that have the most influence on their development like family, friends, schools, athletic coaches, and religious affiliations. The next layer of the circle takes us further away from the individual and represents the systems that interact with one another for the well-being of the adolescent. Finally, the outermost layer represents the political, cultural, and ideological structures that indirectly influence the adolescent athlete's journey.

Figure 3.



Identity Theory

In accordance with identity theory, the key task of adolescence is to solidify one's identity and sense of self (Erikson, 1994). This theory further supports the concept of an athletic identity as well as the complexities of it being threatened during the adolescent stage of development. As the participants shared, the strength of their athletic identity only intensified the magnitude of their losses when faced with illness. A few of the participants shared this loss was compounded by external messages they received from others, as well as by their parents and coaches' disappointment in their performance levels. These experiences deepened their conflicts with losing their athletic identities, and further challenged their ability to reconfigure and solidify their sense of self. As the research suggests, these experiences eventually led the participants to strengthen their other identity markers and to create a separation between their athletic capabilities and other self-identification markers.

In addition, the participants shared the consequences of illness on their identity. While three of the participants experienced terminal illnesses, the remaining six were diagnosed with chronic illnesses. Despite these differences, they collectively struggled to embrace this part of themselves and to accept their bodily limitations. The findings suggest that while this process eventually led to a greater integration of self, it was proceeded by feelings of shame, low self-worth, loneliness, and isolation.

Resilience Theory

According to resilience theory, environmental structures play a pivotal role in a person's ability to exercise resiliency in times of adversity (VanBreda, 2018; Zimmerman, 2013). Despite the risk to exposure, many adolescent athletes who incur injuries, illnesses, or losses are able to

bounce back due to supportive figures in their life. In fact, the theory explains that healthy development and resilience is cultivated because of supportive figures in an adolescent's life. This notion supports the findings as the participants' responses indicate the strength of their relationships influenced their ability to cope with their illnesses. While the participants reported shared their struggles, they also acknowledged their triumphs and moments of growth, introspection, and success. These victories underline their strengths and ability to cultivate resilience in the face of illness.

Implications and Contributions

This study sought to understand the impact of a diagnosis of a physical illness on the identity formation of adolescent athletes. The researcher examined the psychological and psychosocial implications of illness as well as the role of parents and helping professionals in their recovery and healing processes. The study expands the social work profession by contributing to the field on an educational, practice, policy, and research level. In addition, it suggests implications for inter-professional practice between medical and mental health providers.

Educational and Practice Contributions

Currently, social workers provide services to adolescent athletes in hospitals, local schools, community-based settings, behavioral health clinics, and private practices. As the number of clinical cases continues to rise nationwide, social workers are called upon to provide more enhanced services to those most vulnerable. Consequently, this study contributes to educational and practice domains by shedding light on the lived experiences of adolescent athletes with physical illnesses. By understanding the adolescent athletes' intrapersonal and

interpersonal struggles, social workers can expand their skillset to conceptualize the nuances of their need areas. With this understanding, social workers could advocate for their needs and deliver more appropriate clinical services. Moreover, this knowledge leads social workers to be better skilled at identifying risks, ensuring access to resources, and finding appropriate services for their clients. As many of the participants have shared, they felt misunderstood by many helping professionals including social workers. It is sufficient to say that the more nuanced understanding clinicians have about a specific population, the less traumatization will occur and the more resilient outcomes. The same applies to those who practice within the medical field, as the more they could conceptualize the impact of physical illness on a person's psyche, the more equipped they will be to provide trauma-informed care. Thus, the researcher uses this study to build on the literature that speaks of the value of integrated care so social workers can collaborate with their clients' medical teams.

To add to these contributions, the study provides a framework by which to develop educational resources for caregivers, helping professionals, and the individuals living with physical illnesses. The participants express their primary needs of attachment, connection, and support. They speak of their pain, isolation, and loneliness in their quest toward recovery and self-integration. Social workers have to seriously consider these needs and advocate on their behalf. As mentioned, social workers provide services in school and community-based settings and are therefore in close contact with adolescent athletes, their families, educators, and community members. Thus, this research creates space for social workers to bring this knowledge into these arenas to better support these adolescents. By providing knowledge and skill-based workshops in schools and community-based settings, people will understand their primary needs and adolescents will learn self-regulation, problem-solving, and coping skills.

Offering psychoeducational workshops for parents will succeed in educating, empowering, and supporting parents during this challenging time. These spaces can create openings for conversations around the parents' struggles or obstacles in accessing care, lending social workers an opportunity to provide referrals and resources. Ultimately, the more support parents have, the better they can show up for their children; just like the more knowledge people have about a particular phenomenon, the more equipped they are to deliver services and to seek the necessary resources to meet their needs.

Research Contributions

Currently, there is minimal existing literature on this phenomenon. While current studies explore the impact of an injury on an athletic identity, few studies explore the implications of physical illness on the identity formation of adolescent athletes. Moreover, there is minimal research examining the influence of physical illness on non-athlete adolescents. Thus, this study contributes to the field of research by providing a preliminary perspective on the experiences of athletes who incur physical illnesses during adolescence who can or cannot engage on the playing field. By exploring their psychological and psychosocial needs, the researcher hopes to shed light on the intimate experience of being diagnosed with a physical illness during adolescence to generate further research and to enhance clinical practice. The participants shared their heroic journeys through illness and existing mental health challenges. These stories potentially signify a correlation between illness, athletic loss, eating disorders, and/or substance use. They also highlight the importance of attachment, and the deep-seated shame that often replaces connection. These phenomena need to be further explored as they can potentially serve as valuable insight for a grounded theory study. The research also sheds light on the effects of

integrated care with the intention to prompt further discussion around social work involvement and its impact on adolescent development.

In addition, most of the research on this phenomenon was conducted in other disciplines like sports psychology and medicine. Social work literature has barely examined this phenomenon, especially through a qualitative lens. Thus, this study creates a platform for the adolescent athletes' voices to be heard so researchers could continue to explore their lived experience from a social work perspective. In addition, the research does not include studies that explore the relationship between social workers and their clients who belong to this subgroup. Therefore, this study begins this exploration with the intention of creating a platform for future exploratory studies. While some of the participants maintained a strong therapeutic alliance with their social worker, others felt misunderstood and disconnected. These therapeutic encounters, along with the overall findings of this study, contribute to the literature by revealing the lived experiences of the participants and providing perspective into the challenges that emerge in the face of pediatric illness.

Policy Contributions

In addition to improving practice and expanding the scope of research, the study contributes to policy by raising awareness about the underlying needs of adolescent athletes who incur physical illnesses. The number of clinical and suicidal cases are continuing to climb across the country, specifically in the adolescent population, and more services are needed to meet the needs of the people. The lack of access to care is impacting people of all ages, sexual orientations, nationalities, and socioeconomic backgrounds (Newton et al., 2022), and it is of paramount importance that social workers advocate on behalf of this vulnerable subgroup to minimize harm.

While there are policies that address the individualized needs of those with mental health challenges and physical disabilities, few pieces of legislation address the needs of the person from a holistic, integrated healthcare standpoint. Thus, this study raises awareness of the obstacles that impede people from accessing care to address their needs from a holistic standpoint. By providing insight into the impact of current policies on the adolescent athletes' functioning and the power an integrated care system can have on their healing processes, social workers could better advocate for program and policy implications. For instance, social workers could advocate for policies that streamline the adolescent's treatment from varying health providers within one system to minimize the medical trauma and neglect that so many of the participants have experienced across the States. They can also advocate for family services, so the parents of these children have the necessary support to manage this crisis. The ability to understand the experiences of adolescent athletes who incur physical illnesses will provide insight into the mental health challenges that ensue such a loss; thereby producing knowledge to implement preventative strategies for care to mitigate the nationwide mental health crisis.

Inter-Professional Practice Contributions

This study provides vital implications for improving inter-professional practice. By exploring the adolescent athletes' subjective experience with helping professionals, the medical and mental health professions are given insight into this population's treatment needs. While helping professionals often collaborate with each other, the adolescents' accounts indicate that greater integration is needed to support their recovery and healing journeys. The more open communication there is between healthcare disciplines, the less likely it is for misdiagnoses and incidents of abuse, neglect, or maltreatment to occur. These efforts could help mitigate the rise in suicidal rates and health crises among adolescents, while also ensuring that adolescents have the

proper support to manage the physical and emotional aspects of illness. The lack of inter-professional practice follows adolescents into adulthood, and thus it is imperative for the social work profession to model collaboration and begin to implement strategies on an educational, practice, research, and policy level. It is with this hope that the other health disciplines will respond by integrating similar procedures into their professional practices.

Areas of Future Research

There are several areas left unexplored that justify further research and exploration. First, the study maintains a small sample size due to challenges in recruitment. Based on the sample size, the study cannot be generalized to the greater population and does not fully represent the experience of adolescent athletes living with physical illness. By conducting another qualitative study with a larger and more diverse sample, or by conducting a quantitative or mixed-method study, researchers could gain a broader understanding of the impact of physical illness on adolescent athletes. While it is possible that participants might have been uncomfortable coming forward with their stories, this research serves as a preliminary study that will hopefully yield greater awareness on the subject. Moreover, the sample size calls for further examination of the systematic issues that potentially increase the stigma and shame around this human experience.

Second, the findings suggest a connection between substance use, physical illness, and the loss of athletic identity. Two of the participants have shared experimenting with substances in response to their illness because of their pain, powerlessness, and isolation. While this does not indicate a correlation, it does suggest a need for deeper exploration and potentially more advanced education and mental health support. In particular, it is recommended that clinicians carefully consider their clients' use of painkillers and continuously assess for addictive behaviors to prevent the development of substance use disorders. Of course, this is best monitored through

collaborative care with medical providers. While resilience theory provides a framework to understand this phenomenon, exploring this issue from the lens of the polyvagal theory could provide social workers with a better understanding of the implications of medical of trauma on the body. Illness can disrupt one's ability to regulate their nervous system, and the consequences of dysregulation can manifest itself in multiple ways other than substance use.

Third, the participants universally shared this overall sense of not being seen or heard by the adults in their lives. While some participants experienced this outside of their familial system, others spoke about attachment ruptures within their parent relationships. These experiences speak to the implication of attachment to primary caregivers, as well as the significance of connection, attunement, and authenticity. It is recommended that future studies explore this phenomenon to better understand the impact of attachment on coping with illness during adolescence. Studying this through an attachment lens will likely provide valuable insight for medical and clinical social workers.

Fourth, the participants shared incidents where they felt misheard or mistreated by medical and mental health professionals. Adolescence is a pivotal stage of development and proper treatment is essential to their healing, growth, and psychological maturity. Consequently, further research is needed to understand these issues from the perspective of parents and helping professionals. Understanding whether these incidents occurred from a lack of collaboration, integrated care, or education will provide invaluable insight and direction into resolving this issue.

Fifth, the study includes individuals who were and were not able to return to sports. This blurs the unique distinctions of their experiences with illness and further exploration is needed to identify the nuances of these diverse experiences. It is likely adolescent athletes have different

struggles when they face a permanent loss as opposed to a more ambiguous one, which might also influence their ability to reconfigure their identity when threatened by illness. This further opens the possibility of conducting a study with specific classifications of illness. As noted in the research, the experiences of the participants with terminal illnesses (i.e., cancer, life threatening infections) were somewhat different than those with chronic illnesses (i.e., celiac disease, hypothyroidism).

Lastly, the study explores the experience of adolescent athletes living with physical illness from a retrospective lens. This potentially minimizes the intensity of the participants emotional responses and memory retrieval. The sample also includes a wide age range which possibly impacts the findings. For instance, the participants' memories and recollections might have been altered by their maturity, growth, or healing. Therefore, conducting a cross-sectional study with adolescents who were recently diagnosed might provide a deeper understanding of this phenomenon.

Conclusion

This study explores the impact of physical illness on the identity formation of adolescent athletes. The specific aims of the study were to examine the process of identity formation, psychological and psychosocial factors in response to physical illness and loss, and the role of parents and helping professionals in the adolescent athletes' healing journey. As stated, the researcher used a phenomenological approach to provide this population with a platform to share their stories and to make meaning of their lived experiences (Creswell & Poth, 2018). Nine participants participated in this study, and through their exploration and sharing of consciousness, the researcher unveiled several important implications and contributions to the social work profession.

By exploring the lived experience of this population, social workers are introduced to their subjective perspectives on illness, loss, and recovery. Their accounts highlight the impact illness has on the adolescent's identity, relationships, and the overall trajectory of their lives. Through the framework of resilience theory, social workers can better understand the implications of protective and risk factors. In addition, ecological systems theory further supports the need for integration and collaborative care between those who are directly or indirectly involved in the adolescent's care. Moreover, it highlights the significance of connection and the core components of attachment. Ultimately, this preliminary study serves as a framework for clinical social workers as well as those who are involved in research, policy, and community-based work like schools and medical facilities. Through these stories, social workers and other helping professionals learn the power of connection and the importance of safeguarding the dignity and worth of the adolescent athlete.

References

Aggraeni, L.D., Indiyah, E.S., & Kusumaningsih, I. (2018). Phenomenological study: Quality of life of adolescents with cancer. *Indonesian Nursing Journal of Education and Clinic*, *2*(2), 205-216. http://dx.doi.org/10.24990/injec.v2i2.33

Arnett, J.J. (2015). *Emerging adulthood: The winding road from the late teens through the twenties*. Oxford University Press.

Bartholomew, T. T., Joy, E. E., Kang, E., & Brown, J. (2021). A choir or cacophony? Sample sizes and quality of conveying participants' voices in phenomenological research. *Methodological Innovations*, *14*(2), 1-14. https://doi.org/10.1177/20597991211040063

Bartholmew, T. T., Pérez-Rojas, A. E., Lockard, A. J., & Locke, B. D. (2017). Research doesn't fit in a 50-minute hour: The phenomenology of therapists' involvement in research at a university counseling center. *Counselling Psychology Quarterly*, *30*(3), 255–273. https://doi.org/10.1080/09515070.2016.1275525

Beaudin, J., Chouinard, M.-C., Girard, A., Houle, J., Ellefsen, É., & Hudon, C. (2022). Integrated self-management support provided by primary care nurses to persons with chronic diseases and common mental disorders: a scoping review. *BMC Nursing*, *21*(1), 1–19. https://doi.org/10.1186/s12912-022-01000-2

Behrman, G. U., Secrest, S., Ballew, P., Matthieu, M. M., Glowinski, A. L., & Scherrer, J. F. (2018). Improving pediatricians' knowledge and skills in suicide prevention: Opportunities for social work. *Qualitative Social Work*, *18*(5), 868–885. https://doi.org/10.1177/1473325018771727

Bernhardt, F. & Roberts, W.O. (Ed.). (2019). *PPE: Preparticipation Physical Evaluation.* American Academy of Pediatrics.

Bérubé, S., Amesse, C., & Sultan, S. (2020). Illness perceptions and their relation to physical activity in children and adolescents with hemophilia. *Health Psychology and Behavioral Medicine*, *8*(1), 461–474. https://doi.org/10.1080/21642850.2020.1823226

Bhattacharjee, B., & Acharya, T. (2020). The COVID-19 pandemic and its effect on mental health in USA – a review with some coping strategies. *Psychiatric Quarterly*, *91*(4), 1135–1145. https://doi.org/10.1007/s11126-020-09836-0

Bowlby J. (1988). *A secure base: Clinical applications of attachment theory.* Routledge.

Bradford, Y. S. (2018). Realigning macro and micro social work after tragedy. *Reflections: Narratives of Professional Helping*, *24*(1), 21–25.

Bretzin, A. C., Zynda, A. J., Wiebe, D. J., & Covassin, T. (2021). Time to authorized clearance from sport-related concussion: The influence of health care provider and medical facility. *Journal of Athletic Training*, *56*(8), 869–878. https://doi.org/10.4085/JAT0159-20

Brewer, B.W., Van Raalte, J.L., & Linder, D.E. (1993). Athletic identity: Hercules' muscles or Achilles heel? *International Journal of Sport Psychology*, *24*(2), 237-254.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Brown, L. S., & Wright, J. (2001). Attachment theory in adolescence and its relevance to developmental psychopathology. *Clinical Psychology & Psychotherapy*, *8*(1), 15–32. https://doi.org/10.1002/cpp.274

Butcher, L. (2012). The mental health crisis. *Hospitals & Health Networks*, *86*(5), 9-24.

Burke, P. J. & Stets, J. E. (2009). *Identity theory*. Oxford University Press.

Bunt, S. C., Meredith-Duliba, T., Didehhani, N., Hynan, L. S., LoBue, C., Stokes, M., Miller, S. M., Bell, K., Batjer, H., & Cullum, C. M. (2021). Resilience and recovery from sports related concussion in adolescents and young adults. *Journal of Clinical and Experimental Neuropsychology, 43*(7), 677–688. https://doi.org/10.1080/13803395.2021.1990214

Canady, V.A. (2020). National action plan to address mental health, suicide amid pandemic. *Mental Health Weekly.* https://doi:10.1002/mhw.32615

Champ, F. M., Ronkainen, N. J., Littlewood, M. A., & Eubank, M. (2020). Supporting identity development in talented youth athletes: Insights from existential and cultural psychological approaches. *Journal of Sport Psychology in Action*, *11*(4), 219–232. https://doi.org/10.1080/21520704.2020.1825027

Chan, D. K., Lonsdale, C., & Fung, H. H. (2012). Influences of coaches, parents, and peers on the motivational patterns of child and adolescent athletes. *Scandinavian Journal of Medicine & Science in Sports*, *22*(4), 558–568. https://doi-org.ezproxy.yu.edu/10.1111/j.1600-0838.2010.01277.x

Chien, C.-H., Chang, Y.-Y., & Huang, X.-Y. (2020). The lived experiences of adolescents with cancer: A Phenomenological Study. *Clinical Nursing Research*, *29*(4), 217–225. https://doi.org/10.1177/1054773818799226

Choudhury, R., Kolstad, A., Prajapati, V., Samuel, G., & Yeates, K. O. (2020). Loss and recovery after concussion: Adolescent patients give voice to their concussion experience.

Health Expectations, 23(6), 1533–1542. https://doi-org.ezproxy.yu.edu/10.1111/hex.13138

Clark, G.W., Robinson, Y., Fischer, D., & Vanderwill, W. (2022). Sport social work: The maize and blueprint. *Sport Social Work Journal, 1*(1), 53-59. https://doi.org/10.33043/SSWJ.1.1.53-59

Conley, M.I., & Baskin-Sommers, A. (2023). Development in uncertain contexts: An ecologically informed approach to understanding decision-making during adolescence. *Cognitive, Affective, & Behavioral Neuroscience,*1-7. https://doi.org/10.3758/s13415-023-01067-7

Côté, J., & Erickson, K. (2016). *Athlete development.* Routledge.

Coward, C. K. (2005). *The impact of competitive sport on adolescent athlete's interpersonal relationships outside of Sport* [Dissertation, University Microfilms International, Ann Arbor, MI]. ProQuest Dissertations.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design choosing among five approaches.* SAGE.

Crocetti, E. (2017). Identity formation in adolescence: The dynamic of forming and consolidating identity commitments. *Child Development Perspectives, 11*(2), 145-150. https://doi.org/10.111/cdep.12226

Clayton, M. G., Pollak, O. H., Owens, S. A., Miller, A. B., & Prinstein, M. J. (2021). Advances in research on adolescent suicide and a high priority agenda for future research. *Journal of Research on Adolescence, 31*(4), 1068–1096. https://doi.org/10.1111/jora.12614

Daniels, E. W., Onks, C. A., Gallo, R. A., & Silvis, M. L. (2021). Is the preparticipation physical examination replacing the annual well child examination among student athletes? *Permanente Journal*, *25*(3), 82–86. https://doi.org/10.7812/TPP/20.298

Datoc, A., Horne, K., & Golden, C. (2020). Sport-related concussion and risk for suicide in athletes. *Aggression and Violent Behavior*, *54*, 1-9. https://doi.org/10.1016/j.avb.2020.101413

De Moor, E.L., Van der Graaf, J., Van Dijik, M.P.A., Meesus, W., & Branje, S. (2019). Stressful life events and identity development in early and mid-adolescence. *Journal of Adolescence, 76,* 75-87. https://doi.org/10/1016/j.adolescence.2019.08.006

Edison, B.R. Melissa A. Christino, & Katherine H. Rizzone. (2021). Athletic identity in youth athletes: A systematic review of the literature. *International Journal of Environmental Research and Public Health, 18*(7331), 7331. https://doi.org/10.3390/ijerph18147331

Edmonds, W. A., Craig, L. L., Christopher, R., Kennedy, T. D., & Mann, D. T. Y. (2022). Adolescent athletes and suicide: A model for treatment and prevention. *Aggression and Violent Behavior*, *64*. https://doi.org/10.1016/j.avb.2021.101580

Erikson, E.H. (1994). *Identity and the life cycle.* W.W. Norton Publications.

Erikson E.H. (1996). *Childhood and society.* W.W. Norton Publications.

Evans, T. (2004). A multidimensional assessment of children with chronic physical conditions. *Health & Social Work*, *29*(3), 245–256. https://doi.org/10.1093/hsw/29.3.245

Ezzat, A.M., Brussoni, M., Whittaker J.L., Emery, C.A. (2018). A qualitative investigation of the attitudes and beliefs about physical activity and post-traumatic osteoarthritis in young

adults 3-10 years after an intra-articular knee injury. *Physical Therapy in Sport*, *32*, 96-108. https://doi.org/10.1016/j.ptsp.2018.05.0001

Finlay, L. (2014). Engaging phenomenological analysis. *Qualitative Research in Psychology*,*11*, 121-141. https://doi.org/10.1080/14780887.2013.807899

Flynn, H. C., Mote, S. L., & Morse, B. L. (2022). Social media and adolescent mental health: Sounding the alarm. *NASN School Nurse*, *37*(5), 271–276. https://doi.org/10.1177/1942602X221079758

Ford, K., Dickinson, A., Water, T., Campbell, S., Bray, L., & Carter, B. (2018). Child centered care: Challenging assumptions and repositioning children and young people. *Journal of Pediatric Nursing*, *43*, E39-e43. https://doi.org/10.1016/j.pedn.2018.08.012

Gabay, G. (2019). A nonheroic cancer narrative: Body deterioration, grief, disenfranchised grief, and growth. *OMEGA - Journal of Death and Dying*, *83*(2), 287–309. https://doi.org/10.1177/0030222819852836

Goldstein, E. V., Prater, L. C., & Wickizer, T. M. (2021). Preventing adolescent and young adult suicide: Do states with greater mental health treatment capacity have lower suicide rates? *Journal of Adolescent Health*. https://doi.org/10.1016/j.jadohealth.2021.06.020

Gouttebarge, V., Bindra, A., Drezner, J. A., Mkumbuzi, N., Patricios, J., Rao, A., Thornton, J. S., Watson, A., & Reardon, C. L. (2022). Minds matter: how COVID-19 highlighted a growing need to protect and promote athlete mental health. *British Journal of Sports Medicine*, *56*(17), 2–4. https://doi.org/10.1136/bjsports-2022-106017

Griggs, S., & Walker, R. K. (2016). The role of hope for adolescents with a chronic illness: An integrative review. *Journal of Pediatric Nursing*, *31*(4), 404–421. https://doi.org/10.1016/j.pedn.2016.02.011

Giroir, B.P. (2019). *The national youth sports strategy*. U.S. Department of Health and Human Services. https://d1il786i4vdqy4.cloudfront.net/sites/default/files/2019-10/National_Youth_Sports_Strategy.pdf

Haefner, J. (2014). An application of Bowen family systems theory. *Issues in Mental Health Nursing*, *35*, 11, 835–841, https://doi.org/10.3109/01612840.2014.921257

Hensley-Clancy, M. (2022, May). Reeling from suicides, college athletes press NCAA: This is a crisis. *The Washington Post.* https://link.gale.com/apps/doc/A704306161/ITOF?u=nysl_me&sid=bookmark-ITOF&xid=253b4a07

Hjemdal, O., Friborg, O., Stiles, T. C., Martinussen, M., & Rosenvinge, J. H. (2006). A new scale for adolescent resilience: Grasping the central protective resources behind healthy development. *Measurement and Evaluation in Counseling and Development, 39*, 84-92. https://doi.org/10.1080/07481756.2006.11909791

Hoffman, T. (2004). “The mental health crisis is not going away!” *Equities*, *52*(1), 14–17.

H.R. Res. 6983, 110th Cong. (2008) (enacted). https://www.congress.gov/bill/110th-congress/house-bill/6983

H.R. Res. 3590, 111th Cong. (2010). (enacted). https://www.congress.gov/bill/111th-congress/house-bill/3590

H.R. Res. 34, 114th Cong. (2016). (enacted). https://www.congress.gov/bill/114th-congress/house-bill/34.3

Johnson, S.K., Odakjian, K, & Park, Y. (2022). I am whatever I say I am: The salient identity content of U.S. adolescents. *Journal of Research on Adolescence, 32*(2), 737-755. https://doi.org/10.1111/jora.12721

Jutel, A. (2009). Sociology of diagnosis: a preliminary review. *Sociology of Health & Illness, 31*(2), 278. https://doi.org/10.1111/j.1467-9566.2008.01152.x

Katz, M.B. (1996). *In the shadow of the poorhouse: A social history of welfare in America.* Basic Books.

Keles, B., Grealish, A., & Leamy, M. (2023). The beauty and the beast of social media: an interpretative phenomenological analysis of the impact of adolescents' social media experiences on their mental health during the Covid-19 pandemic. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues*, 1–17. https://doi.org/10.1007/s12144-023-04271-3

Kim, M., Kim, K., & Kim, J. S. (2018). Impact of resilience on the health-related quality of life of adolescents with a chronic health problem: A structural equation approach. *Journal of Advanced Nursing, 75*(4), 801–811. https://doi.org/10.1111/jan.13888

Koons, C. (2019). It's time to address America's mental health. *Bloomberg Businessweek, 4619,* 12-14. https://www.magzter.com/stories/Business/Bloomberg-Businessweek/Its-Time-To-Address-Americas-Mental-Health

Kuntz, L. (2022). New 988 suicide hotline hope or hype? *Psychiatric Times, 39*(7), 1-11. https://www.psychiatrictimes.com/view/new-988-suicide-hotline-hope-or-hype

Lally, P.S. & Kerr, G.A. (2005). The career planning, athletic identity, and student role identity of intercollegiate student athletes. *Research Quarterly for Exercise and Sport, 76*(3), 275-185. https://doi.org/10.1016/j.sams.2006.04.004

Lam, K. C., Valier, A. R. S., Bay, R. C., & Mcleod, T. C. V. (2013). A unique patient population? Health-related quality of life in adolescent athletes versus general, healthy adolescent individuals. *Journal of Athletic Training*, *48*(2), 233–241. https://doi.org/10.4085/1062-6050-48.2.12

Lassman, M. E., Rathwell, S., Black, A. M., & Caron, J. G. (2022). Exploring student-athletes' perceptions of their psychological readiness to return to sport following a concussion. *Sport, Exercise, and Performance Psychology*, *11*(4), 444–458. https://doi.org/10.1037/spy0000309

Lee, S., Chung, N.-G., & Choi, J. Y. (2020). Comparison of resilience and quality of life between adolescent blood cancer survivors and those with congenital heart disease: a cross sectional study. *Health & Quality of Life Outcomes*, *18*(1), 1–7. https://doi.org/10.1186/s12955-020-01487-w

Levine, J., & Sher, L. (2020). How to increase the role of social workers in suicide prevention interventions. *Acta Neuropsychiatrica, 32*(4), 186-195. https://doi.rog/10/1017/neu.2020.11

LeFevre, M.L. (2014). Screening for suicide risk in adolescents, adults, and older adults in primary care: U.S. Preventive Services Task Force. *Annals of Internal Medicine,160*(10), 719–726. https://doi.org/10.7326/M14-0589

Lindsay, R. K., Wilson, J. J., Trott, M., Olanrewaju, O., Tully, M. A., López-Sánchez, G. F., Shin, J. I., Pizzol, D., Allen, P., Butler, L. T., Barnett, Y., & Smith, L. (2021). What are the recommendations for returning athletes who have experienced long term COVID-19 symptoms? *Annals of Medicine*, *53*(1), 1935–1944. https://doi.org/10.1080/07853890.2021.1992496

Lininger, M. R., Wayment, H. A., Craig, D. I., Huffman, A. H., & Lane, T. S. (2019). Improving concussion-reporting behavior in national collegiate athletic association division I football players: Evidence for the applicability of the socioecological model for athletic trainers. *Journal of Athletic Training, 54*(1), 21–29. https://doi.org/10.4085/1062-6050-47-18

Logan. D.E., Engle, l., Feinstein, A.B., Seiberg, C.B., Cohen, L.L, & Masuda, A. (2012). Ecological system influences in the treatment of pediatric chronic pain. *Pain Research and Management, 17*(6), 407-411. https://doi.org/10.1155/2012/289504

Lombardi, B. M., Zerden, L. de S., Guan, T., & Prentice, A. (2019). The role of social work in the opioid epidemic: Office-based opioid treatment programs. *Social Work in Health Care*, *58*(3), 339–344. https://doi.org/10.1080/00981389.2018.1564109

Louw, D. & Louw, A. (2014). *Child and Adolescent Development*. Psychology Publications.

Lyons, L. K., Dorsch, T. E., Bell, L. F., & Mason, L. G. (2018). Renegotiating identity: A phenomenological investigation of the college transition for former high school athletes

no longer engaged in varsity competition. *Identity, 18*(1), 18–33. https://doi.org/10.1080/15283488.2017.1410156

Marcia, J.E. (1980). Identity in adolescence. *Handbook of Adolescent Psychology, 9*, 159-187.

Marcia, J.E. (2001). A commentary on Seth Schwartz's review of identity theory and research. *Identity, 1*(1), 59-65. https://doi.org/10.1207/s1532706xmarcia

Marcia, J.E. (2002). Adolescence, identity, and the Bernardone family. *Identity, 2*(3), 199-209. https://doi.org/10.1207/s1532706xid203_01

Masten, A., Best, K., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*(4), 425-444. https://doi.org/10.1017/S0954579400005812

Mayer, F., Bonaventura, K., Cassel, M., Mueller, S., Weber, J., Scharhag-Rosenberger, F., Carlsohn, A., Baur, H., & Scharhag, J. (2012). Medical results of preparticipation examination in adolescent athletes. *British Journal of Sports Medicine*, *46*(7), 524–530. https://doi.org/10.1136/bjsports-2011-090966

McGinley, J., Stapleton, E., Worrall, H., Ellis, H. B., Wilson, P. L., & Ulman, S. (2022). Sport participation and psychosocial factors which influence athletic identity in youth athletes with Anterior Cruciate Ligament Injury. *Frontiers in Psychology,13*, 1-7. https://doi.org/10.3389/fpsyg.2022.906300

McGuine, T.A., M. Biese, K., Hetzel, S.J., Schwarz, A., Klietheremes, S., Reardon, C.L., Bell, D.R., Brooks, M.A., & Watson, A.M. (2022). High school sports during the COVID-19

pandemic: The effect of sport participation on the health of adolescents. *Journal of Athletic Training, 57*(1), 51-58. https://doi.org/10.4085/1062-6050-0121.2

McGuine, T. A., Biese, K. M., Petrovska, L., Hetzel, S. J., Reardon, C., Kliethermes, S., Bell, D. R., Brooks, A., & Watson, A. M. (2021). Mental health, physical activity, and quality of life of US adolescent athletes during COVID-19–related school closures and sport cancellations: A study of 13 000 athletes. *Journal of Athletic Training*, *56*(1), 11–19. https://doi.org/10.4085/1062-6050-0478.20

McMahan, I. (2022, February 22). Do you think of yourself as an athlete or an exerciser? Here's why it matters. *Washington Post*. https://washingtonpost.com/wellness/2022/02/22/athlete-definition-exerciser-difference/

Midgley, C., Lockwood, P., Thai, S. (2022). Can the social network bridge social distancing? Social media use during the COVID-19 pandemic. *Psychology of Popular Media.* https://doi.org/10.1037/ppm0000437

Monaco, M. R., Brewer, B. W., Van Raalte, J. L., May, C. N., Tchounwou, P. B., & Heath, G. (2021). How many concussions would it take for athletes to choose to discontinue participation in their primary sport? *International Journal of Environmental Research & Public Health, 18*(4), 1-7. https://doi.org/10.3390/ijerph18041582

Moore, M., Blom, L., Califano, K. *et al.* (2021). Redesigning a youth soccer program: Holistic development of athletes. *Child Adolescent Social Work Journal, 38*, 409-421. https://doi.org/10.1007/s10560-021-00770-z

Moore, M., & Gummelt, G. (2019). *Sport social work: Promoting the functioning and well-being of college and Professional Athletes*. Cognella Academic Publishing.

Moore, M., Loken, L., & Kelly, A. (2023, September 18-19). *Mental Health, Social Connectedness, and Risk Factors in NAIA Student-Athletes* [Conference session]. The Alliance of Social Workers and Sports, New Orleans, LA, United States.

National Alliance on Mental Illness (NAMI). (n.d.). *Mental health by the numbers*. https://nami.org/mhstats

National Association of Social Workers (NASW). (2021). *Code of Ethics.* https://www.socialworkers.org/about/ethics/code-of-ethics-english

National Center for Health Statistics. (2022, October 19). *Adolescent health*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/adolescent-health.htm

National Center for Health Statistics (2021). *Interactive summary health statistics for children*. Center for Disease Control and Prevention. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_child/index.html

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. (1979). *The Belmont Report.* Retrieved March 9, 2023, from https://www.hhs.gov/ohrp/sites/default/files/the-belmont-report-508c_FINAL.pdf

National Institute of Mental Health. (n.d.). *Mental illness*. Retrieved December 29, 2022, from https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=An%20estimated%2049.5%25%20of%20adolescents%20had%20any%20mental,based%20criteria%20were%20used%20to%20determine%20impairment%20level.

Newman, T.J., Magier, E., Okamoto, K., Kimiecik, C., Shute, l., Beasley, L., & Tucker, A.R. (2022). Social work in sport: Playmakers in the athletic arena. *Journal of Social Work, 22* (3), 692-714. https://doi.org/10.1177/14680173211009743

Newton, H., Beetham, T., & Busch, S. H. (2022). Association of access to crisis intervention teams with county sociodemographic characteristics and state Medicaid policies and its implications for a new mental health crisis lifeline. *JAMA Network Open*, *5*(7), e2224803. https://doi.org/10.1001/jamanetworkopen.2022.24803

Norlin, T., Fitzgerald, U. T., & Alricsson, M. (2016). Barriers to and possibilities of returning to play after a severe soccer injury: a qualitative study. *European Journal of Physiotherapy*, *18*(3), 179–184. https://doi.org/10.3109/21679169.2016.1174296

Padgett, D. (2017). *Qualitative methods in social work research.* SAGE.

Park, A. (2022, July). There's a new number to call for mental-health crises: 988. *TIME Magazine, 20* (5/6), 24. https://times.com/6197997/988-mental-health-crisis-hotline/

Park, A. L., Furie, K., & Wong, S. E. (2023). Stronger athlete identity is a risk factor for more severe depressive symptoms after musculoskeletal injury in pediatric athletes: A systematic review. *Current Reviews in Musculoskeletal Medicine*, *16*(5), 220–228. https://doi.org/10.1007/s12178-023-09828-0

Patsy Mink Equal Opportunity in Education Act, 20 U.S.C. 1681 *et seq.* (1972). https://www.justice.gov/crt/title-ix-education-ammendments-1972

Peat, G., Rodriguez, A., & Smith, J. (2019). Interpretative phenomenological analysis applied to healthcare research. *Evidence Based Nursing, 22*(1), 7-9. https://doi.org/10.1136/ebnurs-2018-103017

Piatt, J. & Nagata S. (2018). Changing identity through sport: The paralympic sport club experience among adolescents with mobility impairments. *Disability and Health Journal. 2*, 262-266. https://doi.org/10.1016/j.dhjo.2017.10.007

Plaza, M. (2003). The scope of Title III of the Americans with Disabilities Act ought not be restricted strictly to clients or customers. *Wayne Law Review, 49*(1), 163-180.

Podlog, L., Kleinert, J., Dimmock, J., Miller, J., & Shipherd, A. (2012). A parental perspective on adolescent injury rehabilitation and return to sport experiences. *Journal of Applied Sport Psychology, 24(*2), 175–190. https://doi.org/10.1080/10413200.2011.608102

Prikhidko, A., Long, H., & Wheaton, M. G. (2020). The effect of concerns about COVID-19 on anxiety, stress, parental burnout, and emotion regulation: The role of susceptibility to digital emotion contagion. *Frontiers in Public Health, 8*, 567250. https://doi.org/10.3389/fpubh.2020.567250

Reger, S. (2022, May 31). Following student-athlete suicides, answers remain difficult. *The Breeze*. https://breezejmu.org/sports/following-student-athlete-suicides-answers-remain-difficult/article_57bddfa8-e11a-af28-e3eb6abca44a.html

Reynolds, J.F. (2017). Jane Addams' forgotten legacy: Recreation and sport. *Journal of Issues in Intercollegiate Athletics*, 11-18.

Rice, S. G. (2008). Medical conditions affecting sports participation. *Pediatrics*, *121*(4), 841–848. https://doi.org/10.1542/peds.2008-0080

Richman, J.A., Cloninger, L., & Rospenda, K.M. (2008). Macrolevel stressors, terrorism, and mental health outcomes: Broadening the stress paradigm. *American Journal of Public Health*, *98*(2), 323-329. https://doi.org/10.2105/AJHP.2007.113118

Rosen, V.P., Kottorp, A., Fridén, C., Frohm, A., & Heijne, A. (2018). Young, talented, and injured: Injury perceptions, experiences, and consequences in adolescent elite athletes. *European Journal of Sport Science*, *18*(5), 731–740. https://doi.org/10.1080/17461391.2018.1440009

Rousseau C, Jamil U, Bhui K, & Boudjarane M. (2015). Consequences of 9/11 and the war on terror on children's and young adult's mental health: A systematic review of the past 10 years. *Clinical Child Psychology and Psychiatry*, *20*(2):173-193. https://doi.org/10.1177/1359104513503354

Rovesti, M., Fioranelli, M., Petrelli, P., Satolli, F., Roccia, M. G., Gianfaldoni, S., Tchernev, G., Wollina, U., Lotti, J., Feliciani, C., & Lotti, T. (2018). Health and illness in history, science, and society. *Journal of Medical Sciences*, *6*(1), 163–165. https://doi.org/10.3889/oamjms.2018.056

Ruth, B.J., & Marshall, J.W. (2017). A history of social work in public health. *American Journal of Public Health, 107,* S236-S242. https://doi.org/10.2105/AJHP.2017.304005

Salmela-Aro, K. (2011*). Stages of adolescence.* Academic Press.

Scarneo, S. E., Kerr, Z. Y., Kroshus, E., Register-Mihalik, J. K., Yuri Hosokawa, Stearns, R. L., DiStefano, L. J., & Casa, D. J. (2019). The socioecological framework: A multifaceted approach to preventing sport-related deaths in high school sports. *Journal of Athletic Training, 54(*4), 356–360. https://doi.org/10.4085/1062-6050-173-18

Schneider, Sauer, J., Berrsche, G., Lobel, C., & Schmitt H. (2019). Playing hurt: Competitive sport despite being injured or in pain. *German Journal of Sports Medicine, 70*(2), 43–51. https://doi-org.ezproxy.yu.edu/10.5960/dzsm.2019.365

Schwartz, S. J., Luyckx, K., & Vignoles, V. L. (2012). *Handbook of identity theory and research*. Springer Science and Business Media.

Scoloveno, R. (2015). A theoretical model of health-related outcomes of resilience in middle adolescents. *Western Journal of Nursing Research*, *37*(3), 342–359. https://doi.org/10.1177/0193945914524640

Secrest, S., Ballew, P., Matthieu, M. M., Glowinski, A. L., Scherrer, J. F., & Behrman, G. U. (2019). Improving pediatricians' knowledge and skills in suicide prevention: Opportunities for social work. *Qualitative Social Work*, *18*(5), 868–885. https://doi.org/10.1177/1473325018771727

Shao, S., Stanzel, A., Duan, T., McKay, S.L., & Cameron, C.A. (2022). Adolescent attachment, affect, and behavior as related to coping responses to a psychosocial stressor. *Journal of Research and Practice in Children's Services*, 1-17. https://doi.org/10.1007/s10566-022-09718-5

Smith, J. (2016). Interpretative phenomenological analysis: Getting at lived experience. *The Journal of Positive Psychology, 12*(3), 303-304. https://doi.10.1080/17439760.2016.1262622

Snelgrove, R. (2015). Youth with chronic illness forming identities through leisure. *Journal of Leisure Research, 47*(1), 154–173. https://doi.org/10.1080/00222216.2015.11950355

Sokol, J.T. (2009). Identity development throughout the lifetime: An examination of Eriksonian theory. *Graduate Journal of Counseling Psychology, 1*(2). https://epublications.marquette.edu/cgi/viewcontent.cgi?article=1030&context=gjcp

Sparks, A.C. (1998). Athletic identity: An Achilles' heel to the survival of self. *Qualitative Health Research, 8*(5). https://doi.org/10.1177%2F104973239800800506

Starks H. & Trinidad S.B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*(10), 1372-1380. https://doi.org/10.1177/1049732307307031

Stewart, C., Smith, B., & Sparks, A.C. (2011). Sporting autobiographies of illness and the role of metaphor. *Sport in Society, 14*(5), 581-597. https://doi.org/10.1080/17430437.2011.574358

Suicide and Crisis Outreach Prevention Enhancement Act, S. 2488, 117th Cong. (2022). https://www.congress.gov/bill/117th-congress/senate-bill/2488

Tamminen, K. A., Poucher, Z. A., & Povilaitis, V. (2017). The car ride home: An interpretive examination of parent–athlete sport conversations. *Sport, Exercise, and Performance Psychology*. https://doi-org.ezproxy.yu.edu/10.1037/spy0000093

Trbovich, A. M., Preszler, J., Emami, K., Cohen, P., Eagle, S., Collins, M. W., & Kontos, A. P. (2021). Is overparenting associated with adolescent/young adult emotional functioning and clinical outcomes following concussion? *Child Psychiatry & Human Development, 53*(6), 1231–1239. https://doi.org/10.1007/s10578-021-01204-8

Tümlü, G. Ü., & Akdoğan, R. (2021). Persistence in the face of ecological challenges: A phenomenological study of parents of children with disabilities in Turkey. *International Journal for the Advancement of Counselling*, 1–22. https://doi.org/10.1007/s10447-021-09453-x

Tsukahara, Y., Kamada, H., Torii, S., Yamamoto, H., & Yamasawa, F. (2023). Awareness and knowledge of medical issues related to female athletes among track and field coaches. *Journal of Sports Medicine, Volume 14*, 9–19. https://doi.org/10.2147/oajsm.s403703

Van Breda, A. D. (2001). Resilience theory: A literature review. *Pretoria, South Africa: South African Military Health Service*.

VanBreda, A. (2018). A critical review of resilience theory and its relevance for social work. *Social Work, 54*(1), 1-18. https://doi.org/10.15270/54-1-611

Vani, M. F., Sabiston, C. M., Santa Mina, D., & Trinh, L. (2022). Your body is not at all where you left it: Adolescent and young adult cancer survivors' experiences transitioning back into physical activity after treatment. *Qualitative Health Research, 32*(6), 998–1013. https://doi.org/10.1177/10497323221089855

Wall, J., McGowan, E., Meehan, W., & Wilson, F. (2023). "Back pain is part of sport… I'm just gonna have to live with it": Exploring the lived experience of sport-related low back pain

in adolescent athletes. *Physical Therapy in Sport, 62*, 71-78. http://dx.doi.org/10.1016/j.ptsp.2023.05.005

Waller, M. A. (2001). Resilience in ecosystemic context: Evolution of the concept. *American Journal of Orthopsychiatry, 71*(3), 290–297. https://doi.org/10.1037/0002-9432.71.3.290

Walsh, F. (2006). *Strengthening family resilience (2nd ed.*). The Guilford Press.

Weber, M. L., Welch Bacon, C. E., & McLeod, T. V. (2019). School nurses' management and collaborative practices for student-athletes following sport-related concussion. *Journal of School Nursing, 35*(5), 378–387. https://doi-org.ezproxy.yu.edu/10.1177/1059840518774391

Weppler, B. (2022). There's no "gender" in team: Developing state policies for the inclusion of the transgender interscholastic athlete. *Touro Law Review, 38*(1), 495–521.

Werner, E.E., & Smith, S. (1982). *Vulnerable but invincible: A study of resilient children.* McGraw-Hill Publications.

Wingerson, M. J., Baugh, C. M., Provance, A., Armento, A., Walker, G., & Howell, D. R. (2021). Differences in quality of life, sleep, and physical activity in adolescent athletes before and during Covid-19. *Orthopaedic Journal of Sports Medicine, 19*, 282–285. https://doi.org/10.1177/2325967121S00152

Wise, I. (2004). *Adolescence*. Routledge.

Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior, 40*(4), 381–383. https://doi.org/10.1177/1090198113493782

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention. *Child Development Perspectives, 7*(4), 215–220. https://doi.org/10.1111/cdep.12042

Appendix A: Questionnaire

1. What is your current age?
2. What year were you born?
3. Where are you located?
4. How do you describe your gender identity?
5. How do you describe your race/ethnicity?
6. What sport did you play as an adolescent?
7. Were you diagnosed with a physical illness during adolescence? If yes, what was the diagnosis?
8. Were you planning to engage in sports as a collegiate or pro athlete?

Appendix B: Interview Guide

1. Tell me about your adolescence.
2. What was the process of the diagnosis like for you as an adolescent until now?
3. How often do you require medical treatment for that diagnosis?
4. What were the most challenging aspects of receiving a diagnosis of a physical illness as an adolescent?
5. How did relationships with your family change with your diagnosis?
6. How did the diagnosis impact your social relationships?
7. How do you cope with your diagnosis?
8. What role did helping professionals (e.g., doctors, therapists, etc.) play in your journey?
9. Did you receive support from a social worker, or other mental health professional following your diagnosis?
10. Tell me about any specific needs you have related to your physical illness.
11. What do you see as some of your identities in life?
12. How did these identity markers change following your diagnosis?
13. How did your illness impact your sense of self?
14. What did you wish people understood about your experience?
15. Looking back, how has the diagnosis of a physical illness influenced you?

Appendix C: Mental Health Resources

The following is a list of mental health resources within the New York City region:

1. **NYC Mobile Crisis Team**

   Number: 888-NYC-WELL (888-692-9355)

   Mental health crisis mobile response team.

2. **NYC Care**

   Number: 646-NYC-CARE (646-692-2273)

   Support to access mental health services at low costs.

3. **NYC Well**

   Number: 888- NYC- WELL (888-692-9355)

   Mental health support via phone, text, or chat.

The following is a list of national mental health resources:

1. **988 Suicide and Crisis Hotline**

   Number: 988

   Mental health support via call or text.

2. **SAMSHA'S National Helpline**

   Number: 800-662-HELP (800-662-4357)

   Treatment referral routing services.

Appendix D: Informed Consent Form

Informed Consent for Participation in Research Projects Involving Human Subjects

Title: If I Can't Be an Athlete Anymore, Who Am I? The Impact of Physical Illness on Identity

PROTOCOL NO.: 44956610

WCG IRB Protocol #20231664

SPONSOR: Shannon Lane, Ph.D., MSW

INVESTIGATOR: Dena Werner, MSW, LCSW, Ph.D. Candidate Wurzweiler School of Social Work Yeshiva University 2495 Amsterdam Avenue New York, New York 10033 United States

STUDY-RELATED PHONE NUMBER(S): 347-448-1707

FACULTY SUPERVISOR: Shannon Lane, Ph.D., MSW

CO-CODER: Emily Murphy, LMSW

Taking part in this research is voluntary. You may decide not to participate, or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are otherwise entitled. If you have any questions, concerns, or complaints or think this research has hurt you, talk to the research team at the phone number(s) listed in this document. Thank you for considering participation in this research.

Purpose of This Research Project

We, the researchers, are interested in learning about the impact of a medical diagnosis on the identity formation of adolescent athletes. This study is being conducted by Dena Werner, LCSW at Wurzweiler School of Social Work,

Procedures

We invite adults ages 18-35 years who 1) have been diagnosed with a physical illness during adolescence, 2) have participated in sports during adolescence, and 3) were required to cease sports during adolescence due to this diagnosis of a physical illness.

Participation will involve answering a few basic questions online to determine eligibility for the study. This will be followed by a series of questions related to your experience with incurring a physical illness as an adolescent athlete through one-on-one interviews. These interviews could be held online via Zoom or in-person in New York. The initial questionnaire takes approximately 5 minutes to complete, and the one-on-one interview will typically take 60-90 minutes.

Risks

Minimal risk is associated with this study.

Benefits

We cannot promise any benefits to you or others from your taking part in this research, however, by participating in this study, you will be providing valuable insight to further support the care provided to adolescent athletes who incur physical illnesses.

Compensation

Participants will receive a $25 Amazon gift-card via an encrypted email following the interview.

Confidentiality

The results of this study will be published with no identification of individual respondents.

Voluntary Consent

Participation is completely voluntary, and you may choose to withdraw from the study at any time and for any reason. If you choose to withdraw from the study, there will be no penalty.

If you have any questions, concerns or complaints about the study or your rights as a research participant, please contact: Dena Werner, LCSW at dwerner1@mail.yu.edu or 347-448-1707.

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This study has been reviewed and approved by the Institutional Review Board (IRB) of Yeshiva University. If you have any questions, concerns, or complaints, please contact WCG IRB at researchquestions@wcgirb.com or 855-818-2289.

Do you consent to participate in this research study?

Please check/circle one and return to dwerner1@mail.yu.edu

- Yes, I agree to consent.
- No, I do not agree to consent.