**KNYSAK, Karol, MAJ, Alicja, PIĄTEK, Maja, JASTRZĘBSKI, Michal, HEJNOSZ, Aleksandra, SZCZERBA, Mateusz, WILKOWSKA, Krystyna, KACZOROWSKI, Wojciech, MICHAŁOWSKI, Maciej Karol, SUDOMIR, Maria and STRUMIŃSKA, Julia. Mental Health of Youth Athletes After Sport Career Termination: A Systematic Review. Quality in Sport. 2026;49:67166. eISSN 2450-3118.**
**https://doi.org/10.12775/QS.2026.49.67166**
**https://apcz.umk.pl/QS/article/view/67166**

**The journal has been awarded 20 points in the parametric evaluation by the Ministry of Higher Education and Science of Poland. This is according to the Annex to the announcement of the Minister of Higher Education and Science dated 05.01.2024, No. 32553. The journal has a Unique Identifier: 201398. Scientific disciplines assigned: Economics and Finance (Field of Social Sciences); Management and Quality Sciences (Field of Social Sciences).**
**Punkty Ministerialne z 2019 - aktualny rok 20 punktów. Załącznik do komunikatu Ministra Szkolnictwa Wyższego i Nauki z dnia 05.01.2024 Lp. 32553. Posiada Unikatowy Identyfikator Czasopisma: 201398. Przypisane dyscypliny naukowe: Ekonomia i finanse (Dziedzina nauk społecznych); Nauki o zarządzaniu i jakości (Dziedzina nauk społecznych).** 
**The authors declare that there is no conflict of interest regarding the publication of this paper.**
**Received: 06.12.2025. Revised: 29.12.2025. Accepted: 30.12.2025. Published: 03.01.2026.**

# Mental Health of Youth Athletes After Sport Career Termination: A Systematic Review

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**Abstract**

**Background.** Mental health challenges in youth athletes following career termination represent a significant but understudied public health concern. Despite increasing recognition of mental health issues in sports, there remains limited comprehensive evidence regarding the psychosocial experiences and effective interventions for former youth athletes transitioning out of competitive sport.

**Aim.** To systematically review and synthesize qualitative and quantitative evidence on mental health outcomes and coping mechanisms in youth athletes following sport career termination, identify research gaps, and provide recommendations for clinical practice.

**Material and methods.** A comprehensive systematic literature review was conducted following PRISMA 2020 guidelines. Electronic databases were searched for English-language peer-reviewed articles. Thirteen studies met the inclusion criteria (11 qualitative, 2 quantitative). Quality assessment was performed using appropriate tools for observational and qualitative studies.

**Results.** The synthesis reveals a predominance of qualitative evidence highlighting "social death" and identity foreclosure as primary psychological mechanisms of distress. Quantitative data suggest significant psychological distress in the acute post-selection phase and a link between high athletic identity and anxiety. However, contrary to the deficit narrative, long-term qualitative data indicate high levels of wellness and post-traumatic growth facilitated by communal coping and body recalibration. Only two specific interventions (online support groups and *Bodies in Motion*) were identified.

**Conclusions.** While the transition out of sport poses significant risks for psychiatric symptoms driven by identity loss and institutional silence, it also offers opportunities for growth when supported by holistic interventions. Urgent priorities include developing evidence-based programs that address somatic "relearning" and leverage mentorship networks to mitigate isolation.
**Key words:** youth athletes, career termination, mental health, athletic identity, post-traumatic growth.

## 1. Introduction

Sport career termination represents a critical developmental juncture with significant implications for the mental health and long-term well-being of youth athletes. Those who transition out of sport, particularly involuntarily or with a strong, exclusive athletic identity, face an elevated risk of psychological distress, including symptoms of anxiety, depression, and reduced life satisfaction [1].

Meta-analytic evidence indicates the prevalence of such clinical symptoms among former elite athletes ranges from 16% to 26% [2], with female and younger athletes often at greater risk [3]. This vulnerability is frequently attributed to the concurrent loss of athletic identity, structured routine, and social support systems inherent to the sporting environment [4, 5].

While protective factors like multidimensional identity and proactive planning are recognized [1], the American Medical Society for Sports Medicine has identified substantial gaps in the literature concerning psychosocial outcomes, especially for youth athletes in the context of early specialization and career termination [6]. Notably, there is a lack of longitudinal and methodologically diverse studies that track young athletes aged 12 to 26 through the transition process into young adulthood [6, 7]. Existing research often focuses on reasons for dropout rather than the psychological sequelae of termination, leaving the long-term mental health trajectory poorly understood [7].

Therefore, this systematic review aimed to synthesize and critically appraise the existing evidence on psychosocial outcomes following sport career termination specifically in youth and young adult athletes (aged 12–26), with the goal of mapping the mental health sequelae, identifying key risk and protective factors, and highlighting critical gaps to inform future research and targeted support interventions.

**Research Objective**

To conduct a systematic literature review examining mental health outcomes in youth athletes (aged 12-26 years) following sport career termination, synthesizing current evidence on prevalence, risk factors, protective factors, and intervention effectiveness.

**Research Problems**

- What is the prevalence of mental health disorders in youth athletes following career termination?
- What risk and protective factors predict mental health outcomes during sport-to-life transitions?
- What intervention approaches have demonstrated effectiveness for this population?
- What are the critical research gaps limiting evidence-based practice?

**Research Hypotheses**

- Mental health disorder prevalence will exceed general population rates among former youth athletes.
- Involuntary career termination and high athletic identity will emerge as primary risk factors.
- Limited high-quality intervention studies will be identified, indicating significant research gaps.
- Geographic and cultural bias will be evident in the current literature base.

## 2. Research Materials and Methods

### 2.1. Participants

The systematic review included studies examining former youth athletes aged 12-26 years who had terminated competitive sport careers at high school, collegiate, or junior elite levels. Studies were required to include participants from organized, competitive sporting contexts rather than recreational activities.

### 2.2. Search Protocol

A comprehensive literature search was conducted across electronic databases: PubMed and Web of Science. The search strategy combined controlled vocabulary terms and keywords

related to: (1) youth/adolescent athletes, (2) career termination/retirement/transition, and (3) mental health outcomes. Search terms included:

PubMed: ((Athletes[Mesh] OR youth athlete*[tiab] OR adolescent athlete*[tiab] OR collegiate athlete*[tiab]) AND (Retirement[Mesh] OR career termination[tiab] OR sport* retirement[tiab] OR retire* from sport*[tiab]) AND (Mental Health[Mesh] OR Depression[Mesh] OR Anxiety[Mesh] OR mental health[tiab] OR psychological well-being[tiab] OR identity[tiab])),

Web of Science: ((youth* OR young OR adolescent* OR teen* OR junior OR collegiate OR university OR student* OR "emerging adult*") NEAR/3 (athlete* OR sport* OR player*)) AND (("career termination" OR "career ending" OR "athletic retirement" OR "sport* retirement" OR retirement OR retiring OR retired OR "end* career" OR "post-career" OR "post-sport*" OR "career transition*" OR "sport* transition*" OR deselection OR "career end*") NEAR/5 (sport* OR athletic OR competition*)) AND ("mental health" OR "mental wellbeing" OR "mental well-being" OR "psychological health" OR "psychological wellbeing" OR "psychological well-being" OR depress* OR anxiety OR stress OR "mood disorder*" OR "psychological distress" OR "emotional distress" OR adjustment OR adaptat* OR identity OR "identity crisis" OR "athletic identity" OR "loss of identity" OR "psychological adjustment" OR "life satisfaction" OR wellbeing OR well-being OR "quality of life").

The search was limited to English-language peer-reviewed articles published between January 2014 and September 2025. Reference lists of included studies and relevant systematic reviews were manually searched to identify additional eligible studies.

### 2.3. Data Collection and Analysis/Statistical Analysis

#### 2.3.1. Statistical Software

Data extraction and synthesis were conducted using standardized forms developed for this review. Quantitative synthesis was not possible due to heterogeneity in study designs, populations, and outcome measures.

#### 2.3.2. AI

AI was utilized for two specific purposes in this research. Text analysis of clinical reasoning narratives to identify linguistic patterns associated with specific logical fallacies. Assistance in refining the academic English language of the manuscript, ensuring clarity, consistency, and adherence to scientific writing standards. **AI** were used for additional linguistic refinement of the research manuscript, ensuring proper English grammar, style, and clarity in the presentation of results. It is important to emphasize that all AI tools were used strictly as

assistive instruments under human supervision. The final interpretation of results, classification of errors, and conclusions were determined by human experts in clinical medicine and formal logic. The AI tools served primarily to enhance efficiency in data processing, pattern recognition, and linguistic refinement, rather than replacing human judgment in the analytical process.

### 2.3.3. Statistical Methods

Due to substantial heterogeneity in study populations, methodologies, and outcome measures, meta-analysis was not feasible. Results are presented as a narrative synthesis organized by mental health condition and research question. Methodological quality assessment was stratified by study design: the ROBINS-I tool was utilized for quantitative observational studies to evaluate risk of bias, while the CASP Qualitative Checklist was employed to appraise the trustworthiness and rigor of qualitative inquiries. Results were categorized as low, moderate, or serious risk of bias (ROBINS-I), and high, moderate, or low methodological quality (CASP), respectively.

| Study | Design | Quality Tool | Risk of Bias / Quality Rating | Key Issues / Notes |
|---|---|---|---|---|
| **Blakelock et al. (2016)** | Quantitative Longitudinal | ROBINS-I | **Serious Risk** | Significant attrition bias (47.6% attrition in deselected group). |
| **Giannone et al. (2017)** | Quantitative Longitudinal | ROBINS-I | **Moderate Risk** | Confounding bias controlled (pre-retirement anxiety), but self-selection bias present. |
| **Barrett et al. (2022)** | Qualitative (Interviews) | CASP | **High Quality** | Strong reflexivity; long-term follow-up (2-6 years) adds robustness. |
| **Johnson et al. (2025)** | Qualitative (IPA) | CASP | **High Quality** | rigorous IPA methodology; clear theoretical framing (Kübler-Ross). |
| **Manthey et al. (2023)** | Qualitative (Case Study) | CASP | **Moderate Quality** | Single-institution sample limits transferability. |
| **Nam et al. (2022)** | Qualitative (Phenom.) | CASP | **Moderate Quality** | Small sample (n=15), cultural specificity to Korean context. |
| **Neely et al. (2018)** | Qualitative (IPA) | CASP | **High Quality** | Two-interview structure enhances data saturation. |
| **Plateau et al. (2016)** | Qualitative (Open-ended) | CASP | **Moderate Quality** | Data depth limited by survey format compared to interviews. |
| **Rohrs-Cordes et al. (2018)** | Qualitative (Interviews) | CASP | **Moderate Quality** | Small sample (n=12), heavy reliance on retrospective recall. |
| **Smith et al. (2020)** | Qualitative (Interviews) | CASP | **High Quality** | Comparative design (DI vs DIII) enhances analytic depth. |
| **Warehime et al. (2017)** | Qualitative (Phenom.) | CASP | **Moderate Quality** | Snowball sampling may induce homogeneity. |
| **Jewett et al. (2018)** | Qualitative (Narrative) | CASP | **High Quality** | Deep longitudinal narrative analysis of a single case. |
| **Neely et al. (2017)** | Qualitative (Phenom.) | CASP | **High Quality** | Dyadic analysis (parent-athlete) provides triangulation. |

Table 2. Quality Assessment Summary

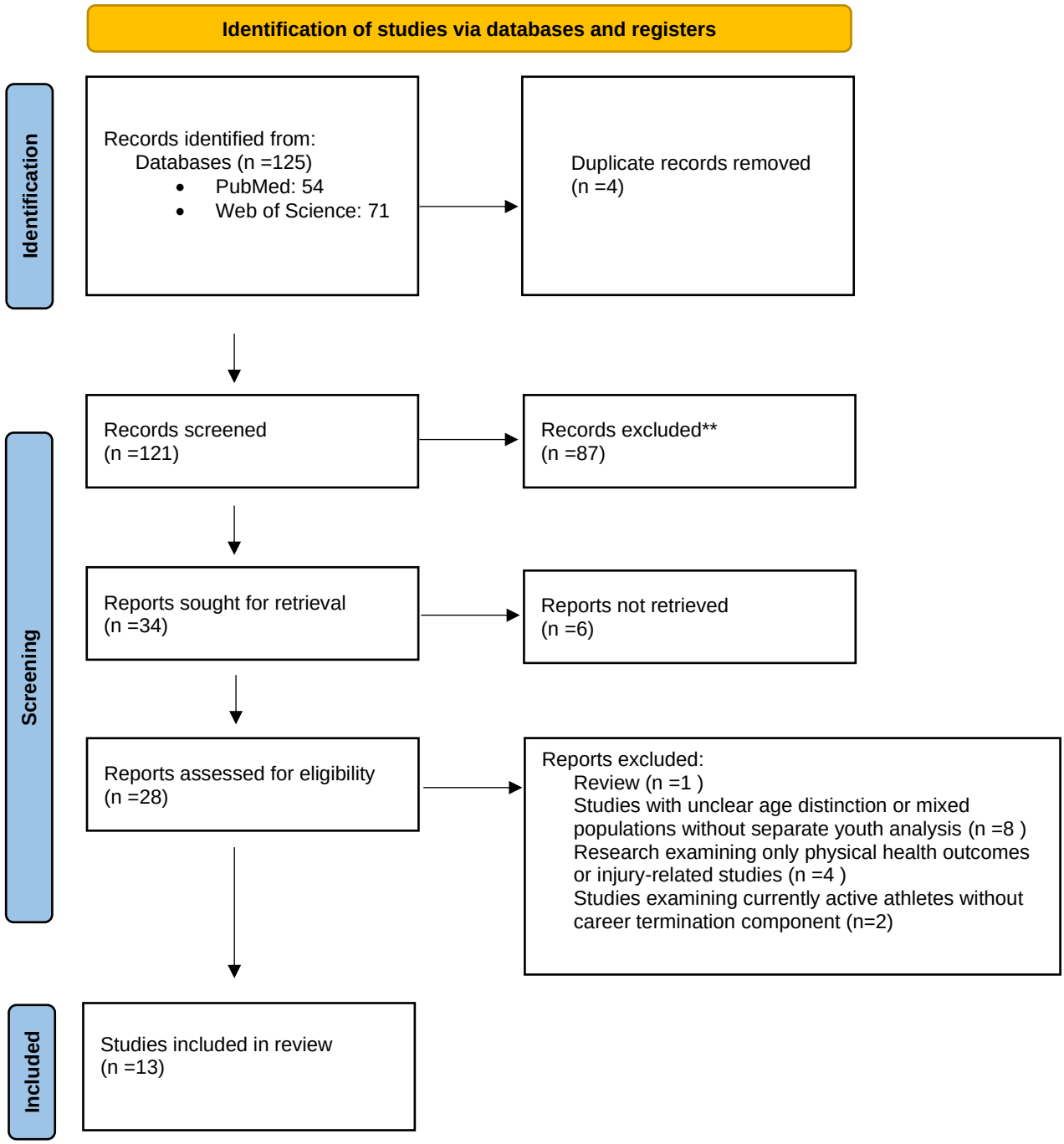


Table 2. PRISMA flow-chart

| Population Description | Sample Size | Study Design | Publication Year | Authors |
|---|---|---|---|---|
| Elite adolescent male soccer players | 91 | Quantitative (longitudinal) | 2016 | Blakelock et al.[8] |
| Korean male college sport dropouts | 15 | Qualitative | 2022 | Nam et al.[9] |
| Varsity athletes (75% F); mean age 22.1 | 72 | Quantitative (repeated measures) | 2017 | Giannone et al.[4] |
| Elite female university athlete | 1 | Qualitative (case study) | 2018 | Jewett et al.[10] |
| NCAA medically disqualified athletes | 15 | Qualitative | 2025 | Johnson et al.[11] |
| Former NCAA female athletes | 12 | Qualitative | 2022 | Barrett et al.[12] |
| Female adolescent athletes and parents | 14 | Qualitative | 2017 | Neely et al.[13] |
| Female athletes deselected in adolescence | 18 | Qualitative | 2018 | Neely et al.[14] |
| Retired collegiate female athletes | 218 | Qualitative | 2016 | Plateau et al.[15] |
| Former NCAA athletes with career-ending injuries | 12 | Qualitative | 2018 | Rohrs-Cordes et al.[16] |
| Current NCAA athletes | 19 | Qualitative | 2020 | Smith et al.[17] |
| Former college student-athletes | 12 | Qualitative | 2017 | Warehime et al.[18] |
| Female former collegiate rowers | 11 | Qualitative | 2023 | Manthey et al.[19] |

| Time Category | Time Since Transition | Transition Type | Countries/Settings |
|---|---|---|---|
| Acute | 7-21 days post-selection | Involuntary Deselection | England |
| Long-term | 2-6 years since dropout | Voluntary Retirement | South Korea |
| Short-term | 3 months post-retirement | Age/Eligibility Retirement | Canada |
| Long-term | 20 months post-retirement | Voluntary Retirement | Canada |
| Long-term | 1-4 years since disqualification | Medical Retirement | United States |
| Long-term | 2-6 years post-retirement | Age/Eligibility Retirement | United States |
| Acute | 10-12 weeks post-deselection | Involuntary Deselection | Canada |
| Long-term | Min. 3 years post-deselection | Involuntary Deselection | Canada |
| Long-term | 2-6 years post-retirement | Age/Eligibility Retirement | United States |
| Long-term | Varied (injuries post-2009, interviews 2015) | Medical Retirement | United States |
| N/A | Current athletes | Anticipated Transition | United States |
| Long-term | Within 5 years of retirement | Age/Eligibility Retirement | United States |
| Long-term | Min. 2 years post-retirement | Age/Eligibility Retirement | United States |

| Primary Outcomes Measured | Comparator/Group |
|---|---|
| Psychological distress (GHQ-12) | Retained players |
| Sport dropout experiences; burnout; career transition | N/A (Within-group) |
| Athletic identity (AIMS); anxiety (STAI); depression (CES-D) | Pre-retirement scores (within-subject) |
| Mental health; adjustment disorder; identity | N/A (Single case) |
| Grief stages; emotional responses; support | N/A (Within-group) |
| Body image; relationship with food/exercise | N/A (Within-group) |
| Communal coping; communication; emotional responses | N/A (Within-group) |
| Posttraumatic growth; identity; cognitive processing | N/A (Within-group) |
| Eating practices; coping strategies | N/A (Within-group) |
| Transition experiences; NCAA support opinions | N/A (Within-group) |
| Transition perceptions; athletic identity; support | N/A (Within-group) |
| Wellness factors (IS-WEL model) | N/A (Within-group) |
| Transition experiences; identity; grief; loss | N/A (Within-group) |

## Key Findings

Deselected players had significantly higher GHQ-12 scores than retained players. 35.7% (7 days) and 54.5% (21 days) of deselected players reached clinical distress levels.

Main Themes: 1) Burnout/Termination Factors (injury rehab failure, bullying), 2) Career Transition Barriers (prejudice, absence of mentors). Identity crises were common.

Athletic identity significantly predicted post-retirement anxiety symptoms ($\beta = .34$, $p < .05$) after controlling for pre-retirement scores.

Main Themes: 1) Performance narrative created "gloried self", 2) Retirement as a disruptive "tornado", 3) Loss of status-contingent structural supports.

Main Themes: Non-linear progression through Kübler-Ross grief stages (Depression 93%, Acceptance 67%). Identified institutional support gaps.

Main Themes: 1) Increased awareness of beauty standards, 2) Shift to self-compassion, 3) Application of new skills (mindfulness), 4) Positive impact on retirement transition.

Main Themes: Three-phase communal coping: 1) "Our problem, parents' responsibility", 2) "Our problem, our responsibility", 3) "Our problem, my responsibility".

Main Themes: Deselection as traumatic event leading to gradual posttraumatic growth in domains: Appreciation of life, Personal strength, Closer relationships, New opportunities.

Main Themes: 1) Permission to eat freely, 2) Recalibrating internal hunger/satiety cues, 3) Eating for physical/nutritional needs.

Main Themes: 1) Struggle with acceptance/identity loss, 2) Variable institutional support, 3) Perceived lack of NCAA support, 4) Desire for peer support groups.

Main Themes: 1) Moving In: Institutional compatibility, 2) Moving Through: High athletic identity, 3) Moving Out: D1 uncertainty vs. DIII acceptance for redefinition.

Main Themes: High post-retirement wellness across Creative, Coping, Essential, Social, and Physical Self domains, though physical activity decreased.

Main Themes (Schlossberg's 4 S's): Self (lost identity), Support (lost community), Strategies (new fitness routines), Situation (stressful, freedom, physical changes, grief).

Table 3. General Characteristics of the studies

| Study Limitations Mentioned by Authors | Key Themes/Constructs |
|---|---|
| Small voluntary sample; low response rate; attrition; recall bias | Psychological Distress, Deselection |
| Male team sports only; no female athletes | Identity Crisis, Burnout, Lack of Support, Career Transition |
| Small sample; self-report only; no long-term follow-up | Athletic Identity, Anxiety, Depression |
| Single case; limited generalizability | Identity Loss, Adjustment Disorder, Loss of Support |
| Small sample; self-selection bias; qualitative design | Grief, Medical Disqualification, Institutional Support |
| Self-selection bias; homogeneous sample; no causality | Body Image, Self-Compassion, Mindfulness |
| Retrospective; homogeneous sample; no repeated measures | Communal Coping, Parental Support, Deselection |
| Retrospective; homogeneous sample; self-selection bias | Post-Traumatic Growth, Identity Crisis, Social Support |
| Weight-sensitive sports only; survey method limitations | Body Image, Intuitive Eating, Disordered Eating |
| Preliminary qualitative study; need for intervention research | Career-Ending Injury, Institutional Support, Athletic Identity |
| Limited participant diversity; underclassmen overrepresented | Athletic Identity, Transition Anticipation, Institutional Fit |
| Non-generalizable sample; recall bias; social desirability | Wellness, Identity, Coping, Life After Sport |
| Case study limits generalizability; potential researcher bias | Athletic Identity, Grief, Loss of Community, Transition Strategies |

## 3. Results

### 3.1. Study Selection and Characteristics

The initial database search yielded 125 records. After duplicate removal (n=4), 121 records underwent title and abstract screening. Following the exclusion of 87 irrelevant records, 28 studies were assessed for full-text eligibility. Of these, 15 studies were excluded with the following reasons: review article (n=1), studies with unclear age distinction or mixed populations without separate analysis for youth (n=8), research examining only physical health outcomes (n=4), and studies of active athletes without a career termination component (n=2). The final systematic review included 13 studies meeting all inclusion criteria (see Table 1 for full characteristics)[4, 8-19].

The included papers (n=13) comprised 11 qualitative studies (85%) and 2 quantitative longitudinal studies (15%). Methodological approaches in qualitative studies were diverse, including interpretive phenomenological analysis and narrative inquiry. Sample sizes exhibited substantial variability, ranging from a single-subject narrative case study (n=1)[10] to a large-scale open-ended survey of 218 retired athletes[15]. Geographically, the data are predominantly derived from North American contexts (85%, n=11)[4, 10-19], with isolated representation from Europe[8] and Asia[9].

### 3.2. The Temporal and Non-Linear Trajectory of Grief and Distress

The cessation of an elite athletic career consistently precipitates significant psychological morbidity, the magnitude of which is modulated by the nature of the exit (voluntary vs. involuntary) and the temporal distance from the event. Involuntary deselection and career-ending injuries are identified as particularly potent catalysts for acute trauma, challenging athletes' existing cognitive schemas regarding their competence and place in the social world [14].

Quantitative inquiries provide rigorous longitudinal evidence of the deterioration of mental health over time. Blakelock et al. (2016)[8] demonstrated within elite youth soccer cohorts that while 35.7% of deselected players exhibited clinical levels of psychological distress (GHQ-12 scores $\geq 3$) at 7 days post-deselection, this prevalence escalated significantly to 54.5% at 21

days [8]. This delayed intensification suggests an initial "shock phase" wherein the full cognitive appraisal of identity loss is temporarily suspended [8] . This phenomenon is corroborated by qualitative findings from athlete-parent dyads, where the immediate aftermath of deselection (typically the first 48 hours) was characterized by "consoling" and emotional numbness prior to active processing of the stressor[13] .

In the long term, this distress can evolve into a profound existential crisis. Manthey et al. (2023)[19] reported that among retired Division I female rowers, the transition period persisted for approximately 1.5 years, during which participants experienced a pervasive "loss of purpose". This experience was frequently conceptualized by participants not merely as a vocational shift but as a form of identity grief; as one participant articulated, "It's like a death... you need to allow yourself to grieve that loss and that identity"[19] . Similarly, Jewett et al. (2018)[10] presented a narrative analysis of a university athlete diagnosed with an adjustment disorder characterized by mixed anxiety and depressive symptoms that persisted for months following retirement and graduation. This highlights the "narrative wreckage" that occurs when an athlete's life story no longer aligns with their lived reality[10]. The risk of such psychiatric symptoms in the post-retirement period is significantly predicted by the strength and exclusivity of athletic identity maintained during the athlete's career[4].

This grieving process defies a linear progression. Johnson et al. (2025)[11] utilized the Kübler-Ross framework to categorize the experiences of medically disqualified NCAA athletes, revealing a high prevalence of depression (93%) and anger (53%) among participants. Crucially, while 67% of the cohort eventually achieved a state of acceptance, the trajectory was characterized by oscillation between stages rather than a sequential resolution[11]. The complexity of this adaptation is exacerbated by social isolation and the loss of structured institutional support, which Rohrs-Cordes et al. (2018)[16] identified as a critical barrier for athletes transitioning out of sport due to career-ending injuries. While positive growth—including reprioritization and the recognition of new opportunities—is possible, it appears to be a gradual process unfolding over years rather than weeks[14].

### 3.3. Athletic Identity and Foreclosure: Institutional Moderation

A robust body of evidence identifies exclusive athletic identity—the degree to which an individual identifies with the athlete role—as a central predictor of maladaptive transition outcomes [4]. Giannone et al. (2017)[4] established a significant predictive relationship between high athletic identity and the emergence of post-retirement anxiety symptoms, a

correlation that persisted even after controlling for pre-retirement psychiatric distress [4]. This vulnerability is often exacerbated by identity foreclosure, a state where athletes commit prematurely to an athletic role without sufficiently exploring alternative identities or career paths [10, 17].

Structural factors significantly moderate this risk. Smith et al. (2020)[17] introduced a critical nuance by comparing NCAA Division I (DI) and Division III (DIII) athletes. Their analysis revealed a distinct divergence in coping mechanisms dictated by institutional culture: DI athletes, immersed in a high-performance environment, predominantly utilized avoidance strategies regarding their inevitable retirement, with participants explicitly stating, "I try not to think about it too much"[17]. In stark contrast, DIII athletes, whose institutional environment emphasized holistic development and the co-existence of academics and athletics, exhibited acceptance and even excitement for post-sport professional opportunities[17].

The consequences of such foreclosure are profound when the athletic role is forcibly removed. Jewett et al. (2018)[10] described how high-performing athletes often internalize a "gloried self," which, upon retirement, results in a loss of confidence and self-worth when disconnected from the achievement context[10]. Furthermore, Nam et al. (2022)[9] utilized Social Cognitive Career Theory to demonstrate how structural barriers—such as "abandonment" by coaches and a lack of academic mentoring—prevent athletes from developing the self-efficacy required for career transition, trapping them in a foreclosed identity [9] . Conversely, athletes who successfully navigate this transition often engage in identity diversification (e.g., internships, job shadowing) during their collegiate tenure, as noted by Warehime et al. (2017)[18], which fosters higher levels of wellness and career maturity [18]. Therefore, the distress observed by Giannone et al. (2017)[4] is not merely an individual psychological failure but often a product of institutional environments that fail to encourage identity exploration outside of sport[16].

### 3.4. Institutional Frameworks: The Deficit of Support

A systemic deficit in institutional support pervades the literature, with athletes frequently characterizing their exit as a sudden and traumatic severance of the "team family"[19]. Johnson et al.(2025)[11] conceptualize this phenomenon as "institutional silence," where the trauma of medical disqualification is exacerbated by a lack of acknowledgement from coaches and administrators, leading athletes to question the validity of their own grief[11]. This silence is often accompanied by active social exclusion; Nam et al. (2022)[9] reported that college sport dropouts in Korea experienced "abandonment" and "bullying" from senior

teammates and coaches, which significantly hindered their post-retirement career advancement[9].

The psychological impact of this abandonment is amplified by what Jewett et al. (2018)[10] describe as the "protective bubble" of elite sport. The accessible, integrated support systems provided during an athlete's career stifle autonomous decision-making, leaving individuals ill-equipped to navigate the "narrative wreckage" of retirement when those resources effectively vanish overnight [10] . Manthey et al. (2023)[19] noted that for female rowers, this meant the immediate loss of a support system comprising over 50 teammates, resulting in acute social isolation [19]. Furthermore, Rohrs-Cordes et al. (2018)[16] highlighted that even when support is theoretically available, it is structurally inequitable; athletes injured later in their collegiate careers (juniors/seniors) reported qualitatively better support from coaches than those injured in their freshman or sophomore years, who often felt "non-relevant" to the program[16].

Coping strategies in the absence of institutional support are highly context-dependent. Neely et al. (2017)[13] identified a "communal coping" process in youth sport, where responsibility for managing the stressor shifted dynamically between parents and athletes over a 10-12 week period[13] . In contrast, older collegiate athletes often lacked such safety nets. Rohrs-Cordes et al. (2018)[16] noted that only 3 of 12 participants with career-ending injuries were connected with peers in similar situations, despite the clear desire for mentorship programs [16]. However, successful interventions do exist; Barrett et al. (2022)[12] found that programs like "Bodies in Motion," which utilize small-group dissonance-based interventions, helped retired athletes maintain psychological well-being and body satisfaction up to six years post-retirement[12].

### 3.5. Somatic Renegotiation: Body Image and Wellness

Retirement necessitated a significant and often difficult renegotiation of the athlete's relationship with their body and physical activity. Plateau et al. (2016)[15] found that 69% of retired female collegiate athletes reported substantive changes in eating behaviors, requiring an "effortful recalibration" of hunger and satiety signals that had been previously overridden by training regimens and performance demands [15]. This physiological adjustment is frequently accompanied by psychological distress; Manthey et al. (2023)[19] noted that 9 of 11 participants expressed acute anxiety regarding potential weight gain and physical changes post-retirement, with some describing being "freaked out" by the loss of the athletic physique[19].

However, the data also presented a counter-narrative of liberation and improved holistic health. Warehime et al. (2017)[18] found that for some athletes, retirement facilitated an improvement

in overall wellness through the Indivisible Self Model [18]. In their qualitative analysis, the majority of former athletes (8 of 12) reported that their current wellness was greater than or equal to their time as student-athletes, citing relief from the relentless pressure of performance[18]. Interestingly, while 9 of these 12 participants reported being less physically active than during their collegiate careers due to time constraints, 10 reported that their nutritional habits had actually *improved* post-retirement, moving away from a utilitarian view of food toward a balanced approach[18]. This aligns with Plateau et al. (2016)[15], who observed that many retired athletes felt "liberated" by the "permission to eat" what they wanted without the scrutiny of coaches[15].

Intervention research offers promising avenues for mitigating somatic distress during this transition. The longitudinal evaluation of the "Bodies in Motion" program by Barrett et al. (2022)[12] demonstrated that structured, dissonance-based interventions could yield enduring benefits that persist well into retirement[12]. Participants reported a sustained "shift to self-compassion" and an increased critical awareness of societal and sport-specific beauty standards (such as the "female athlete paradox") that persisted 2–6 years post-intervention[12]. These findings suggest that early educational interventions can successfully equip athletes with the skills to navigate the somatic renegotiation of retirement, transforming a potential crisis of body image into a period of continued growth.

## 4. Discussion

### 4.1. Interpretation of Divergent Findings: The "Relief-Grief" Paradox

This synthesis integrates seemingly disparate findings into a cohesive developmental narrative regarding the transition out of elite sport. The literature reveals a distinct paradox wherein athletic retirement elicits both acute grief and significant relief. On one hand, Manthey et al. (2023)[19] and Johnson et al. (2025)[11] describe a profound "loss of purpose" and identity crises comparable to mourning a death. On the other hand, Warehime et al. (2017)[18] and Plateau et al. (2016)[15] report that many former athletes experience improved holistic wellness and a sense of "liberation" from the constraints of their athletic role.

This duality can be explained by the dissolution of what Jewett et al. (2018)[10] term the "performance narrative"—a singular dedication to sport that excludes other areas of life . In high-pressure environments, particularly NCAA Division I programs as described by Smith and Hardin (2020)[17], the structural demands are so intense that they often stifle autonomous

development. Consequently, while the sudden removal of the "athlete" status precipitates a crisis of self (Grief), the simultaneous cessation of surveillance and performance pressure allows for the restoration of broader psychosocial and physical wellness (Relief) [9, 15].

Evidence of this concurrent processing is found in the narratives of medically disqualified athletes. Johnson and Sun (2025)[11] noted that despite the trauma of injury, several participants eventually described their disqualification as a "blessing in disguise" because their bodies could no longer sustain the physical toll, allowing them to reclaim their identity as "just a person" rather than a commodity. Similarly, Warehime et al. (2017)[18] found that while former athletes missed the competition, they reported higher satisfaction with their social and essential selves post-retirement due to the newfound freedom to pursue leisure and relationships previously sacrificed for sport. Thus, distress and growth are not mutually exclusive outcomes but concurrent processes in the reconfiguration of the self following the collapse of the athletic "protective bubble"[10].

### 4.2. Mechanisms of Risk and Resilience

The synthesis underscores that exclusive athletic identity functions as a primary mechanism of risk during the transition out of sport. While potentially performance-enhancing during an active career, it becomes a distinct liability during transition; Giannone et al. (2017) established that the strength and exclusivity of the athletic role are significant predictors of post-retirement anxiety, independent of pre-retirement mental health status[4]. This vulnerability is theoretically underpinned by what Jewett et al. (2018) describe as the collapse of the "performance narrative"—a singular dedication to sport that, when removed, leaves the individual with no alternative scaffold for self-worth[10].

The findings from Smith et al. (2020) are instrumental in contextualizing this risk, suggesting that institutional culture acts as a critical moderator. Division III (DIII) institutions, by enforcing a balance between academic and athletic roles, naturally buffer students against identity foreclosure; participants from these programs exhibited "acceptance" and "excitement" for their professional futures [17]. In contrast, Division I (DI) institutions often structurally enforce foreclosure through high-performance demands, leading athletes to utilize avoidance coping strategies ("I try not to think about it") and increasing vulnerability to post-retirement psychopathology[17]. Nam et al. (2022) further elucidate this mechanism, noting that the

"abandonment" of athletes by coaches once they are no longer useful creates a vacuum of mentorship that prevents the development of career self-efficacy[9].

However, resilience is not merely the absence of risk factors but the presence of active identity diversification. Warehime et al. (2017) demonstrated that former athletes who reported high levels of wellness had often engaged in specific career development activities (e.g., internships, job shadowing) during their collegiate tenure, thereby fostering "career maturity" before retirement occurred[18]. Furthermore, resilience can be structurally induced; Barrett et al. (2022) showed that interventions which actively disrupt the internalization of sport-specific body ideals (cognitive dissonance) can create lasting protective effects, shifting the athlete's internal mechanism from self-criticism to self-compassion[12].

### 4.3. Methodological Limitations and Bias

The rigorous interpretation of these findings requires acknowledging significant limitations inherent in the extant literature. A critical demographic blind spot exists regarding sampling homogeneity. Approximately 92% of participants in key intervention studies such as Barrett et al. (2022) were White[12]. This lack of diversity is systemic across the included qualitative research; for instance, 100% of participants in Neely et al. (2018) identified as White-Canadian[14], and 88.1% in Plateau et al. (2016) were White/Non-Hispanic[15]. Furthermore, samples were heavily skewed towards female athletes[12, 13, 15], which limits the generalizability of findings regarding body image and identity to male cohorts and racial minorities who may face unique intersectional challenges, as indicated by Nam et al. (2022) in the context of Korean student-athletes[9].

Additionally, the reliance on retrospective qualitative interviews introduces risks of recall bias and narrative reconstruction[10, 18]. This methodology may color the narrative of "growth" by potentially overemphasizing positive resolution as a coping mechanism rather than an objective outcome. This risk is compounded by self-selection bias, where individuals who believe they have coped effectively are more likely to volunteer for studies than those who remain in distress[12, 13]. In specific narrative inquiries, pre-existing social relationships between the researcher and participant may have further influenced subjects to engage in positive impression management[10].

Regarding the quantitative subset, the application of ROBINS-I revealed serious to moderate risks of bias. Blakelock et al. (2016) reported a substantial attrition rate of 47.6% among deselected players compared to only 16.1% for retained players, suggesting a significant survivorship bias[8]. Similarly, Giannone et al. (2017) were limited by the absence of follow-up data to determine if psychiatric symptoms persisted or evolved into disorders[4]. These confounding variables necessitate caution in inferring causality and suggest that the reported prevalence of positive growth may be overestimated in the current body of knowledge.

### 4.4. Implications for Clinical Practice and Policy

The evidence indicates a critical need to shift from reactive "deficit models" to proactive, holistic intervention. The profound "institutional silence" described by Johnson et al. (2025) constitutes a secondary trauma for medically disqualified athletes and must be addressed through policy reform[11]. Institutions should implement mandatory "off-boarding" programs that parallel orientation programs, but as Smith et al. (2020) emphasize, career planning must occur continuously throughout the collegiate experience, not solely at its conclusion[17].

These programs must address psychological "grief work"[19] and incorporate a two-stranded approach: therapeutic services for those with clinical distress and preventative education for at-risk groups[8]. Furthermore, the integration of Certified Mental Performance Consultants (CMPCs) is recommended to facilitate identity reconstruction within the athletic department[11].

The success of the Bodies in Motion program[12] suggests that interventions challenging the "performance body" ideal should be standard practice, particularly in aesthetic and weight-sensitive sports. Additionally, establishing mentorship networks with alumni is crucial to model successful post-sport lives and mitigate isolation[9, 18]. Finally, the stark contrast between DI and DIII outcomes suggests that high-performance programs must actively engineer spaces for identity diversification (e.g., mandatory internships) to prevent the foreclosure that leads to post-retirement distress[17].

## 5. Conclusion

Athletic transition constitutes a multifaceted psychosocial process where the very psychological structures that facilitate elite performance—specifically rigid athletic identity—can become liabilities during retirement[4]. The evidence supports a paradigm shift beyond

physical rehabilitation towards holistic transition programs. These programs must actively dismantle identity foreclosure and validate the grieving process as a legitimate response to "social death" or disenfranchised loss[11, 19].

However, this transition should not be viewed solely through a deficit lens; evidence confirms that with time, athletes can experience significant post-traumatic growth and achieve high levels of wellness comparable to or exceeding their active years[14, 18]. To achieve this, interventions must address the somatic dimension, facilitating a recalibration of the athlete's relationship with food and body image as they move away from performance-based metrics[12, 15].

Ultimately, fostering career self-efficacy must occur during the athlete's active career rather than waiting for the inevitable exit[9, 17]. Furthermore, effective support systems must expand beyond institutional walls to include communal coping strategies involving parents and mentorship networks, ensuring that the burden of transition is shared rather than borne in isolation[13, 16].

**Disclosure**

**Author Contributions**

Conceptualization, K.K., A.M.;

Methodology, K.K., A.M.;

Software, Not applicable;

Check, K.K., A.M., J.S.;

Formal Analysis, K.W., W.K., M.P., M.J.;

Investigation, K.K., A.H., M.S.;

Resources, Not applicable.;

Data Curation, K.K., M.Su., M.M.;

Writing – Original Draft Preparation, K.K., A.M.;

Writing – Review & Editing, K.K., A.M.;

Visualization, K.K., A.M.;

Supervision, K.K.;

Project administration, K.K.

All authors have read and agreed to the published version of the manuscript.

**Funding** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Institutional Review Board Statement** Not applicable. Ethical review and approval were not required for this study as it is a systematic review of previously published literature and did not involve primary data collection involving human or animal subjects.

**Informed Consent Statement** Not applicable.

**Data Availability Statement** All data generated or analyzed during this study are included in this published article. No new datasets were created or analyzed in this study.

**Conflicts of Interest** The authors declare no conflicts of interest.

**Declaration of generative AI and AI-assisted technologies in the writing process**

In preparing this work, the author(s) utilized AI for the purpose of enhancing the clarity and readability of the text. After using this tool, the author(s) have reviewed and edited the content as needed and accept full responsibility for the substantive content of the publication.

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