Death of a teammate

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It is inevitable that the tragic circumstances that occur in life will also occur in sport, and sport psychologists may play pivotal roles when working with teams to ensure athletes’ psychological needs are addressed on and off the sporting field. The death of a teammate is not a situation commonly discussed within sport or in the sport psychology literature. Perhaps to some it seems an unlikely scenario; however, as with all tragic situations, it often happens when it is least expected, and the effects can be far reaching. Death is a reality of life, and the death of an athlete will have a profound and lasting influence on any sporting team. Deaths in sport will occur, and it is important to be adequately prepared to support a team in managing the diverse and complex issues that will arise when a teammate dies (Buchko, 2005; Vernacchia, Reardon, & Templin, 1997).

There are many examples from around the world of athletes dying suddenly and tragically from illness, accidents, and suicide (among other causes: Buchko, 2005). Training accidents across many sports have claimed the lives of athletes. Teams have been involved in accidents, and athletes have witnessed the deaths of teammates. In Australia recently, the nation was shocked at the news of a road accident involving a team of six Australian elite cyclists. The team was on a training ride in a small European town preparing for an upcoming race when a car veered across to the wrong side of the road and crashed straight into the group. It took the life of one cyclist, leaving the five other athletes critically injured. As with many heartbreaking circumstances, this accident happened without warning, and the Australian sport community was faced with a tragedy on a scale that it had not dealt with previously. A rapid and comprehensive response was coordinated, and a team of staff immediately traveled to Europe to facilitate recovery and to assist athletes in coping with the death of their friend. This example is just one of many tragedies that can occur in sport. An unthinkably and unexpected situation occurred outside of anyone’s control that required a rapid response. In these types of situations, the sport team and organization tend to immediately look to the sport psychologist for direction on the appropriate strategies and services to best manage the critical incident. Athletes, coaches, and staff are confronted with emotions not usually encountered, when faced with the death of a teammate, and the loss will have an intense effect on the team (Buchko, 2005). Understanding the complexities of grief, designing a
helpful intervention plan for the team, and providing grief counseling support will be critical in facilitating recovery.

**Understanding grief and loss**

Loss is an inescapable part of life, and people experience considerable distress when confronted by the reality of death. Grief is defined as “the pain and suffering experienced after loss” (Humphrey & Zimpfer, 1996, p. 1). Grief is a normal emotional reaction to death, and has significant psychological and physical effects on individual functioning (Raphael, 1994). Although grief is a universal response to loss, there will be individual differences in how each athlete and coach cope with and resolve the loss (Humphrey & Zimpfer, 1996). Grief is an intensely personal experience, and how an individual works through the grieving process will be influenced by a multitude of factors including the relationship to the person who has died, the way it happened, individual personality dispositions, and cultural beliefs about death. There is no correct way to grieve or specific time frames in which grief is resolved (Kübler-Ross & Kessler, 2005). A range of physical, cognitive, emotional, and behavioral symptoms are commonly present in an uncomplicated grief reaction (Worden, 2002), including any of the following:

- **Emotions:** sadness, anger, guilt, anxiety, loneliness, fatigue, shock, numbness;
- **Physical sensations:** tightness in the chest, breathlessness, lack of energy, agitation, dryness in the mouth, fatigue, sense of depersonalization;
- **Cognitions:** disbelief, confusion, helplessness, hopelessness, preoccupation with thoughts of the deceased, poor memory, loss of control;
- **Behaviors:** sleep disturbance, appetite disturbance, absentminded behavior, social withdrawal, avoidance of reminders of the deceased, crying, bad dreams.

**Stages of grief**

A variety of models have been used to explain the complex reactions following loss (Humphrey & Zimpfer, 1996). Observations that symptoms of grief were often characteristic throughout specific time periods related to the loss, resulted in the development of theories about the experience of grief at certain stages following the loss (Stroebe & Stroebe, 1987). The Kübler-Ross (1993) stage theory is perhaps the most widely recognized. This theory originally focused on the grief process for those who were dying, but in later work was developed to explain the grief process following loss (Humphrey & Zimpfer, 1996; Kübler-Ross & Kessler, 2005). The five stages of grief give insight into the emotional experience of grieving, thereby providing a guide for support throughout the counseling process (Kübler-Ross & Kessler, 2005).

**Denial**

The first stage helps individuals to unconsciously manage feelings, therefore assisting to initially survive the loss. Denial arises because it is difficult to believe the individual is gone and won’t be seen again. The response may be feelings of shock and numbness, and the questioning process begins on how and why it would happen. As individuals ask these questions, denial begins to fade and the reality of the loss begins to be accepted. The movement
away from denial begins the healing process, and the feelings previously denied will start to be experienced (Kübler-Ross & Kessler, 2005).

Anger
There are diverse ways individuals may experience the second stage. Anger appears when individuals are feeling safe and able to survive the emotion. Anger will not be logical and can be directed at the one lost, at others for allowing it to happen, or toward themselves for the inability to be able to do something to have prevented the death. Anger presents at the front of many other feelings such as sadness, panic, hurt, loneliness, or guilt. Behind anger is the pain of the reality of being abandoned and of dealing with the loss. Individuals may experience anger throughout the different stages of the grieving process (Kübler-Ross & Kessler, 2005).

Bargaining
It is a natural instinct to want to return to life as it was, and remaining in the past becomes a way of avoiding the hurt. The if only or what if questions arise as bargaining is used as a means of escape from the pain of the reality. The experience of guilt may arise when questioning what could have been done differently. Although individuals may not always believe the bargaining, it provides temporary relief from the pain and keeps other strong emotions at a distance (Kübler-Ross & Kessler, 2005).

Depression/sadness
As the reality that the loved one is gone is accepted, feelings of sadness may become overwhelming. Life may feel pointless, and the individual may withdraw and struggle with the daily activities of life. The feeling of sadness is not a sign of mental illness at this point, but a natural response to a tragic reality. This feeling is a necessary step of the recovery process, and needs to be experienced to work through the meaning of the loss. It enables individuals to slow down and confront the reality of the loss, allowing for the exploration of thoughts and feelings (Kübler-Ross & Kessler, 2005).

Acceptance
The final stage is when individuals accept that the individual has gone permanently. Learning to live with the new reality and adjusting to living life in a world without the individual become key issues. Ways to remember and commemorate the loss are explored, as individuals reinvest in life (Kübler-Ross & Kessler, 2005).

The stages of grief are intended to be a conceptualization of the process of grieving, not set rules or strict guidelines on where an individual is placed along a prescribed course (Stroebe, Hansson, Stroebe, & Schut, 2001). Kübler-Ross and Kessler (2005) argued that the stage model has often been misunderstood. It was never intended to be a model that compartmentalizes grief, where emotions were neatly packaged into specific stages. The model provides a framework of understanding a complex process experienced while learning how to cope and then live with the loss. There is no typical grief response. Not everyone will go through all of the stages, and there is no simple timeline or structured progression through them (Kübler-Ross & Kessler, 2005). Grieving is a fluid process and individuals may pass both backward and forward among the stages of grief (Raphael, 1994).
Dealing with grief and loss in sport: coordinating a response

On receiving the news of the death of an athlete, the sport organization often will look to the sport psychologist for guidance in managing the aftermath. There are practical considerations when establishing the plan for intervention to make certain the range of issues that may arise will be efficiently and effectively handled.

**Practical considerations**

*Establish who the clients are*

It is important to clarify who the primary clients are, and how best to provide services to other parties involved. It is not only athletes and coaches who may need assistance. Consideration needs to be given to what level of intervention is required by family members and staff from the sport organization. Decide with whom you will be working, and how the other parties can receive support if needs are beyond the scope of your practice.

*Define the services provided*

Be clear in what services you can provide for the team and what your limitations are. If you are working only with athletes, establish referral options for those with whom you will not be directly working, such as family members and staff. Ensure processes put in place and the services provided are culturally specific. If you cannot cater for cultural needs, then use outside resources (Stroebe et al., 2001).

*Education of the team/organization on service provision*

Inform staff and management within the organization on the types of services that facilitate the process of dealing effectively with the loss. Don’t assume people will understand the effect of the death on an athlete or the potential implications for the team. Provide education on the grieving process to highlight the complexity of the nature of grief, thereby assisting in gaining support for the services available over time.

*Designing your intervention*

*Provide a comprehensive assessment*

Any plans for intervention should be based on a comprehensive assessment of the effect of the loss on athletes and the current needs of the team. The assessment should include the circumstances of the death, the nature of the relationship with the deceased, and the potential effects of the loss on both individual and team functioning. Because grief will affect individuals and groups in different ways, tailor the interventions to fit the unique requirements of the team. Provide the opportunity to have individual athletes assessed to ensure there are no significant mental health risks present.

*Design the intervention plan*

Using the assessment as the foundation, design the intervention plan to meet the identified needs of the team. Although there is not a set of prescribed interventions for managing the
effects of the death of a teammate, there are key elements of psychological service provision that will facilitate the recovery process. Educate the team on the nature and effects of grief and the support available to them. Develop strategies for working with all involved including athletes, coaches, the team, staff, and family members, by either the direct provision of counseling services or establishing referral options to external psychological services. In collaboration with coaching staff develop strategies for the management of the team dynamics and critical issues. The ongoing monitoring of athletes should ensure any complicated grief reactions are identified and managed. Make provision for longer term counseling support options. As with all interventions, monitor the outcomes and re-evaluate the intervention plan as required.

Call in for assistance

If you are not experienced in delivering grief counseling services, or it is beyond the scope of your role within the team, call in a specialist to assist with service provision. Alternatively, establish a referral system for athletes to access grief counseling.

Counseling principles when working with grief and loss

The aim of grief counseling is to facilitate the process of uncomplicated grieving, supporting the individual to adjust to the loss (Stroebe et al., 2001). Worden (2002) has applied grief and loss theory into a counseling framework, providing counselors with guidelines on the practical application of theory to practice when working with grief.

Goals of grief counseling

Worden (2002) suggested the primary goal of grief counseling is to assist the client to identify, and work through, the four key tasks of mourning. The first task is the cognitive acceptance that the individual has died and will not return. The second task is to experience the affect, pain, and behavioral responses that are an inescapable part of the grieving process. The third task is to learn to adapt to the environment without the deceased. And finally, find a way to remember the deceased while becoming comfortable in reinvesting in life by engaging in other relationships and activities.

General counseling strategies

The counseling process encourages the client to experience the pain of grief, rather than avoid or deny it (Humphrey & Zimpfer, 1996). There are no timeframes for the course of a grief reaction, and issues that may need resolution will vary with the individual (Stroebe & Stroebe, 1987). No prescribed number of sessions for grief is recommended, because it will vary according to a range of influencing factors including the individual's personality and coping skills, the nature of the loss, and the social support available. General counseling principles developed by Worden (2002) provide the practitioner with guidelines to help the client work through the experience of grief (See Table 38.1).

Uncomplicated and complicated grief reactions

Successful adaption to grief results from the interaction of environments, personal resources, the circumstances of the death, and how an individual appraises and copes with the event.
Factors found to facilitate an uncomplicated grief reaction include personality and coping variables, circumstances of the death, relationship to the deceased, social support, and positive family functioning (Schaefer & Moos, 2001). Burnell and Burnell (1989) recognized that unresolved grief can lead to pathological symptoms. Unresolved grief may develop if individuals do not recognize the significance of the loss, display an extreme reaction that is beyond what is considered culturally normal, or have a lack of movement through the grief process and recovery fails to take place (Stephenson, 1985).

It is difficult to make the distinction between what is considered to be a normal grief reaction, and when the reaction becomes pathological, or a complicated grief reaction, because grief reactions do not fit into simple diagnostic criteria. A complicated grief reaction is defined as occurring when the reactions differ from what is considered to be the cultural norm in both the intensity of symptoms or time course of symptoms (Stroebe et al., 2001). The *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (American Psychiatric Association, 2000) defines unresolved grief as occurring when symptoms are not characteristic of a normal grief response and can be differentiated from the symptoms of a major depression (Humphrey & Zimpfer, 1996).

**Identification of individuals at risk of a complicated grief reaction**

Preventative intervention will reduce the likelihood of a complex bereavement outcome (Raphael, 1994). Practitioners should identify individuals with unresolved grief issues and those people who may be vulnerable to complicated grief reactions, to ensure they are directed to the appropriate support services (Burnell & Burnell, 1989; Stroebe & Schut, 2001). Factors identified as influencing the likelihood of the development of a poor bereavement outcome include an ambivalent attachment or dependent relationship with the deceased, a sudden, unexpected and untimely death, concurrent stress or crisis, and previous losses, particularly if they have been poorly resolved in the past (Burnell & Burnell, 1989). The therapeutic goal is to help the client proceed through the grieving process, and counseling intervention will assist in shifting the complicated grief reactions to normal responses to grief (Raphael, 1994).

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**Table 38.1 Grief counseling guidelines (Based on Worden, 2002).**

- Help to actualize the loss to assist clients in gaining awareness of the reality of the death.
- Support clients to identify the feelings that may not be recognized, and encourage clients to experience the emotions.
- Assist clients to adapt to living without the deceased.
- Find ways to help clients find meaning in the loss.
- Facilitate the process whereby clients are able to emotionally accept the loss and find a place for the memory of the deceased in their lives to allow the clients to move forward and form new relationships.
- Provide time for clients to grieve.
- Interpret normal behavior to clients so they do not fear there is something wrong.
- Allow for individual differences in the behavioral responses to grief.
- Examine coping styles to help clients develop adaptive coping responses to effectively manage their distress.
- Identify pathology or abnormal reactions that are triggered by the loss and refer on to specialist services. Further assessment from specialist services would be required when the time course and intensity of symptoms differ from what is considered to be a typical grief reaction.
Dealing with traumatic deaths

Loss through violent deaths such as a traumatic accident or suicide may lead to the development of trauma reactions, intensifying the grieving processes for athletes and teams (Bonanno & Kaltman, 1999). Grief over suicide is a unique type of grief. The complex emotions of anger, guilt, fear, and shame are present alongside the stigma that surrounds suicide, and people may be reluctant to discuss suicide. These issues need to be acknowledged in the team, and athletes encouraged to discuss them openly and honestly. The key role of the practitioner is to assist athletes to understand the complexity of emotions that suicide presents, and provide an intervention model that supports athletes to work through their grief (Buchko, 2005, Humphrey & Zimpfer, 1996).

Unexpected loss when associated with the witnessing of traumatic events has been found to be a predictor of a complex grief response (Parkes, 2001). Athletes involved in an accident that results in the death of a teammate will not only be dealing with the loss, but also the trauma of the event. Although relieved to have survived the accident, athletes may feel guilt at surviving the event in which a teammate died. Commonly referred to as survivor’s guilt, this emotion can be intense, where individuals feel that their survival was at the cost of another’s life (Raphael, 1994). A common reaction is suppressing or denying what happened, which serves as an adaptive function to protect individuals from both confronting the reality of the threat of death to themselves, and identifying with the victim (Raphael, 1994). Intervention in these cases requires careful consideration because trauma is not just loss. The initial focus of the athletes tends to be on their survival of the event, and the athletes will then confront the loss of those who did not survive (Humphrey & Zimpfer, 1996). Individuals will potentially be dealing with both trauma reactions and bereavement (Green, 2000). The role of the counselor is to assess which processes are primary and need attention first. The effects of the trauma will need to be acknowledged before athletes can process the meaning of the loss (Humphrey & Zimpfer, 1996). Exposure to trauma can have significant psychological and physical effects (Vernacchia et al., 1997). Athletes will be dealing with a complex range of emotions in response to many varied issues including a sense of powerlessness, identifying with the victim, and the implications of witnessing the event or being involved in the process of trying to save the individual. A fear of returning to training or participating in similar activities to the accident may become overwhelming. If the issues associated with the trauma are overlooked, it could leave individuals at risk of developing complicated or pathological grief reactions, or other psychiatric problems such as post-traumatic stress disorder (Humphrey & Zimpfer, 1996).

Due to the complexity of trauma and grief reactions, long-term psychological support options need to be available to facilitate recovery from the event over the timeframe needed by the athletes.

Memorials

The funeral is a public and a final statement that commemorates death and provides an opportunity to acknowledge the life, express grief, and share thoughts and feelings about the deceased with the support of others (Raphael, 1994). Memorials are often used to perpetuate the memory of the deceased for the team. Annual trophies, sporting scholarships, and game day rituals have all been used to mark the memory of the achievements of the athlete. There are always significant anniversaries following a loss such as the athlete’s birthday, last game played, anniversary of the death. People often don’t know
how to respond and may say nothing in fear of hurting, or bringing up unwanted feelings (Kübler-Ross & Kessler, 2005). It is important to mark the significance of the death by establishing ways for the team to acknowledge the loss at poignant times, particularly at the first year anniversary of the death. Be mindful that there will be individual differences with athletes within the team in how to publicly acknowledge the loss, and for how long the loss should be commemorated.

Managing team dynamics following the death of a teammate

Athletes may be reluctant to acknowledge the effects of the death of a teammate, adopting the notion of “soldiering on” while grieving privately. Sustaining effective team functioning begins with well-functioning individuals within the team. Encouraging the use of grief counseling services will assist in athletes developing adaptive coping skills, which will contribute back to a healthy team environment. Limited information has been written on the management of grief in sporting teams (Vernacchia et al., 1997). Looking to the literature on coping with grief in family units and groups provides insight to the issues that will arise in teams, and the suggested intervention strategies to manage the impact of the loss within a group (Gilbert, 1996). As with all groups, distress of one member will directly influence team functioning (Buchko, 2005). Encouraging the team to assertively and salubriously manage the grief process will assist in recovery and strengthen the team dynamic.

When dealing with the death of a teammate practitioners should consider ways for the team to:

- recognize the death of the athlete and accept the reality of the loss;
- acknowledge the effects of the loss on each individual and the team as a whole;
- reorganize the team following the loss because roles may need to be reassigned and strategies put in place for the team to continue to function without the athlete's contribution;
- recognize the memory of the teammate to assist the team to move forward without feeling the guilt of moving on without that person;
- establish common goals or tasks for the team to work on to assist in rebuilding the team dynamic following the loss (Gilbert, 1996).

Conclusion

Allow for individual differences in the way athletes will cope with and respond to intervention strategies. Emphasizing the importance of open and honest communication, and respect for each other's individual reactions to grief, will contribute to the successful management of the team's response to the death. It is critical that coaches receive support during this time, in both coping with the loss and working with the team. Grief has no timeframe for resolution, so ensure that strategies can be implemented across time and until the team feels it can move forward. See Box 38.1 for key points from this chapter.
Box 38.1

Key points for helping a team deal with the death of a teammate

- The sport psychologist will play a pivotal role in the coordination of the response to a traumatic event, so be prepared to manage the wide range of situations and dynamics that will confront a team following the death of a teammate.
- Understand the complex nature of grief and loss to ensure useful services are provided to facilitate the recovery of individuals and the team.
- Coordinate a comprehensive response that addresses the practical aspects of service delivery within the sport organization, and develop an intervention plan detailing the services to meet the needs of individual athletes and the team as a whole.
- Ensure grief counseling is accessible to assist athletes in working through the grieving process.
- Be mindful of the need to identify athletes who may be at risk of a complicated grief reaction, or who have been through a traumatic event, and refer to specialist services.
- Manage the team dynamics by establishing strategies that address the key aspects of the grief process, allowing the team to grieve, adjust to the loss, commemorate the memory of the athlete, and then unify to move forward.
- Every individual and team will respond differently to loss. Understanding how grief will affect the team enables the sport psychologist to develop targeted interventions to provide comprehensive support and facilitate the recovery of the team following the death of a teammate.

References


