



Suicide Bereavement with Sports Teams

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A suicide death on a sports team can have serious negative consequences for the teammates left behind. Given the short- and long-term psychological sequelae experienced by suicide loss survivors, it is critical that teams who lose a teammate to suicide are provided with comprehensive bereavement support. This practice note details the unique suicide bereavement needs of sports teams, outlines key approaches to utilize following the suicide death of a teammate, provides a framework that can be followed when conducting bereavement work with teams who lose a fellow athlete to suicide, gives an example and evaluation of suicide bereavement support provided to a high school girls athletic team following the death of their teammate, and concludes with lessons learned and future directions for suicide bereavement work with sport teams.

Keywords: mental health, academic balance, socioeconomic pressures, athletic performance

Over the past two decades, from 2000-2022, the suicide rate has increased by 36% in the U.S. (CDC, 2024a) while suicide rates in all other countries outside of the Americas have simultaneously declined (Ilic & Ilic, 2022). In the U.S., suicide is a significant public health problem facing adolescents and young adults, as suicide is the second leading cause of death for ages 10-14 and the third leading cause of death for ages 15-24 (CDC, 2024b). Losing someone to suicide has a profound and widespread impact, with one study finding that for every suicide loss in a community, 135 people are affected (Cerel et al., 2019). Suicide can have a particularly strong impact on the social circles of the suicide decedent, which for adolescents often includes their sports team. Although there is a dearth of data on suicide rates for high school athletes specifically, CDC reports show that 22% of high school students, many of whom identify as

athletes, reported seriously considering attempting suicide (CDC, 2023). One meta-analysis found that rates of suicidal ideation ranged from 3.7 to 6.5% among college athletes and 6.9 to 18% among professional athletes (Gill et al., 2024).

A suicide death on a sports team can have serious negative consequences for the teammates left behind. Acute grief is frequently experienced following a sudden or violent death (Andriessen et al., 2019), making it imperative that the loss of a teammate to suicide is immediately addressed. Suicide-loss survivors are at higher risk for post-traumatic stress, major depression, suicidal thoughts and behaviors, and complicated grief compared to those who have not lost a loved one to suicide (Tal Young et al., 2012). They frequently experience prolonged grief symptoms and struggle with complex emotions associated with the death of a loved one like guilt, anger, or shame (Levi-Belz et al., 2023). Given the short- and long-term psychological sequelae experienced by suicide loss survivors, it is critical that teams who lose a teammate to suicide are provided with comprehensive bereavement support.

Teammates are interdependent on one another inside and outside of their sport, having substantial influence on each other's individual behaviors. One systematic review found that both supportive and pressuring behaviors by teammates (i.e., encouraging weight gain or loss, and/or more exercise) affect individual eating habits, behaviors, and attitudes (Scott, Haycraft, & Plateau, 2019). Findings demonstrated that the quality of teammate friendships had protective impacts on individuals within a team, including reduced negative effects and problematic attitudes and behaviors (Scott, Haycraft, & Plateau, 2019). Athletes with poor mental health and high levels of depression and anxiety are more vulnerable to negative teammate behaviors such as disordered eating, body dissatisfaction, and exercise pathology (Scott, Haycraft, & Plateau, 2019). In contrast, athletes with high self-esteem are more likely to have healthier teammate friendships, in turn leading to reduced psychopathologies (Scott, Plateau, & Haycraft, 2020).

Given the unique and interdependent relationship of teammates, the impact of a teammate's death by suicide is profound. One phenomenological study that conducted interviews with student-athletes following the unexpected death of a teammate found that they dealt with many emotional and behavioral difficulties and needed support in the aftermath with supportive coaches being a critical component (Simpson & Elbert, 2018). Experiencing the suicide of a loved one is associated with multiple negative health and social outcomes (Pitman et al., 2014), and those with pre-existing mental health concerns can experience greater emotional sequelae. As such, athletes with pre-existing mental health concerns or other emotional vulnerabilities may be more likely to struggle following the unexpected death of a teammate. Although research consistently demonstrates the negative effects of grief on survivors, almost no research exists on how the death of a teammate impacts a sports team and the corresponding unique bereavement needs for athletes and coaches (Fogaca, Cupit, & Gonzalez, 2023). To our knowledge, no formal

case studies or other research exist that describe or evaluate approaches to suicide bereavement specifically for sports teams.

The purpose of this practice note is to detail the unique suicide bereavement needs of sports teams and outline key approaches to utilize following the suicide death of a teammate. We present a case study of suicide bereavement with a high school girls' athletic team and propose a framework that can be used to guide related suicide bereavement support efforts. We conclude with lessons learned and future directions for suicide bereavement work with sport teams.

Unique Suicide Bereavement Needs of Sport Teams

Effective suicide bereavement work requires providing information about suicide and grief, holding space to process emotions about the death including survivor guilt, assessing for suicide contagion, and creating linkages to outside resources (Jordan, 2020). Comprehensive bereavement work is essential given that suicide loss survivors experience more shock and trauma related to the unanticipated and violent death of a loved one compared to those with other forms of bereavement (Andriessen et al., 2019). In addition to these universal guidelines for suicide bereavement, sport teams typically require different spaces and formats for processing the suicide death of a teammate. Grieving athletes need shared emotion- and restoration-focused coping skills, with the most important factor facilitative to coping being bringing the team together (Fogaca, Cupit, & Gonzalez, 2023). Unique considerations for suicide bereavement work with sports teams include the length of time of the bereavement process, media attention and community support, memorializing the deceased player, preceding team dynamics and coach-player relationships, building individual skills and supportive communication patterns surrounding coping with the loss, and identifying individual teammates in need of more support.

Teams may need a longer and more intensive bereavement process than what is typically provided by the school, college, or institution. There is a lot of pressure to speed up the therapeutic process by providing short term crisis-oriented work following a suicide, but a more effective approach may be infrequent sessions with long term availability (Jordan, 2020). On a sports team this long-term availability should last at minimum throughout the season during and/or following the death of the teammate. Long-term availability may help to combat suicide-loss survivors' frequent feelings of poor social support and lack of belonging and disrupt behaviors of low self-disclosure (Levi-Belz et al., 2023). Teams need support in working through the changes in all aspects of the season which may include questions such as what to do with their locker, how to manage first game emotions, what communication patterns among teammates need to be adapted, and how to keep the memory of the teammate alive while simultaneously moving forward. Working through these difficult elements is impossible to do in one session and requires a constant back-and-forth between the grief clinician and the team to

build trust and determine which needs are precedent at which times. It is also worthwhile to consider whether the death occurred during pre-season, in-season or off-season (North Western Melbourne Primary Health Network, 2020). If the death happened during the off-season, a more conscious effort to bring the team together may be necessary to properly offer support for players, connect them with one another, and provide crucial resources. If the death occurred in-season, coaches must carefully consider when the team should return to play following the death, which is difficult to discern given that team members will be at different points in their grief process (Fogaca et al., 2023).

Media attention and community support are important factors to consider for sports teams affected by the death of a teammate to suicide. One qualitative study found that suicide-loss survivors frequently reported negative experiences with the press, where loved ones felt the deceased were misrepresented, privacy was violated, and that the press did not properly consult with the bereaved (Gregory et al., 2020). Another study found that media was the most common factor impeding the bereavement process (Fogaca et al., 2023), suggesting that minimizing athletes' exposure to news media may allow for more effective healing process. In contrast to the negative effect of media, community support was found to be beneficial for suicide loss survivors on teams (Fogaca et al., 2023). One study found that greater perceived social support was significantly associated with decreased grief difficulties, depressive symptoms, and suicidality, as well as increased personal growth, among suicide loss survivors (Oexle & Sheehan, 2019). Community members can serve to enhance the suicide loss survivors' social network and perceived level of social support, which may improve the overall effectiveness of suicide bereavement (Levi-Belz et al., 2023). Communities can offer critical opportunities to rally around teams to provide support and aid the team in collectively honoring the life of the teammate lost to suicide.

Memorialization of the teammate is a complex question that requires input from all team members and careful thoughts about where, when, and how. Teams often do not feel the school or institutional memorial of the teammate is enough to serve the needs of the surviving teammates or the need for commemoration of the deceased player's contribution to the team and sport. Many players choose to wear armbands or helmet stickers with initials, while others may design special uniforms or patches. Athlete memorials have demonstrated the greatest perception of importance if wearable and institutionalized (Fogaca, Cupit, & Gonzalez, 2023). Athletic events can also provide an opportunity for mental health and suicide awareness that can benefit the entire campus community. One study found that younger generations are more prone to using social media to commemorate a loved one lost to suicide, making social media a key component of the contemporary grief process (Leaune et al., 2024). As a result, it may also be worthwhile to discuss the role of social media and how team members may individually use social media to memorialize their teammate (North Western Melbourne Primary Health Network, 2020).

Regardless of the memorial chosen, the most important part of the process is the team coming together to decide how to commemorate the athlete. Deciding this together further bonds the team and gives them some autonomy and control in the context of a traumatic situation, helping them to move forward in the grief process.

Preceding team culture and dynamics, including coach-player relationships, is another unique element of suicide bereavement work with teams. To work effectively with the team in the grief process the clinician must get an understanding of the team culture and interpersonal dynamics that preceded the suicide, the athletic and social role that the deceased athlete had on the team, and how the team dynamic has shifted since the death of the teammate. One element of team dynamic that warrants attention is the role of the deceased on the team, and whether that individual was considered a significant team member (Fogaca et al., 2023). It is also essential to address the bereavement needs of the team members as well as the coaches to minimize disenfranchised grief (Fogaca et al., 2023). Having separate meetings with the coaches, captains, and other key team members can help to elucidate these dynamics. To better understand team dynamics, the grief clinician collaborating with the team would ideally have a background in sports psychology, given that the death of a team member can negatively impact the performance of players and coaches alike (Fogaca et al., 2023). Coaches and players often experience these dynamics differently, emphasizing the importance of using captains as the team barometer and the go-between across players and coaching staff. Coaches typically want and need to process the effect of the suicide along with the players, but players often feel hesitant to share their honest thoughts and emotions for fear of how this disclosure may impact their coaches' perception of them and how it may impact their playing time and performance.

Effective suicide bereavement with teams involves building both individual skills and team communication patterns among coaches and players to support coping with their profound loss. Improving team communication means training team members in effective communication and understanding social connections within the group (Berardelli et al., 2020). The clinician must emphasize the understanding that no athlete grieves in the same way, which will require flexibility of the coaches in understanding and responding to a variety of emotional reactions and honoring when certain players may need time away from the arena. Being able to identify and label feelings is a critical first step for athletes. Once they have identified a feeling or emotional response they need support around, they not only need to build individual skills and tools to help themselves manage their emotions in the moment, but they also need to have the ability to openly communicate their feelings and needs with teammates and coaches. This involves learning individual level coping skills alongside team-based communication strategies that offer support and validation for their emotions and experience.

Throughout the team bereavement process, an important goal is to identify and assist individual athletes in need of greater support. Survivors of suicide lose emotions such as guilt, shame, anger, confusion, rejection, and others (Tal Young et al., 2012). Throughout the course of a season, athletes may cycle in and out of emotional responses and corresponding need, with those with pre-existing vulnerabilities such as mental health disorders and/or previous trauma or loss at greater risk of being impacted by the suicide death. It should be noted that some athletes do not endorse professional counseling as being helpful when grieving a fellow athlete's suicide (Fogaca, Cupit, & Gonzalez, 2023), suggesting the importance of a peer support option in addition to professional support offerings. In addition, when counseling is offered to teams following a teammate's suicide, it is most effective if the sessions are conducted by clinicians not directly affected by the loss (Simpson & Elberty, 2018).

Case Study of Suicide Bereavement with a Sports Team

Upon request from school administration, an outside PhD-level clinical social worker provided bereavement support to a high school girls' sports team after the death of their teammate to suicide. The clinician used a flexible grief group framework that could be adapted for the dynamic needs of athletic teams as they progress throughout their season. Supports provided were in alignment with the suicide toolkit for schools developed by the American Foundation for Suicide Prevention and Suicide Prevention Resource Center (AFSP & SPRC, 2018). The session frequency and quantity were not predetermined; rather, the clinician requested feedback from the athletes, captains, and coaches following each session to inform the content and format for the next session.

Prior to the first session, the clinician requested to speak with the head coach to get an understanding of his perception of the team's needs at that point in time (one month after the teammate's death and one month prior to the first game of the season). The first session included both players and coaches and aimed to provide a collective safe space to grieve the loss of their teammate together, provide psychoeducation on suicide and the grief process, discuss the school's response to the suicide thus far and the corresponding thoughts and emotions of the team, and assess individual and team needs moving forward.

Using clinical judgement and feedback from captains, the clinician planned for the second session to be held without coaches present so that the athletes could feel safer speaking on their thoughts and emotions about the loss and to speak honestly about how the teammate's suicide had affected the current team dynamic. The session was quiet, and team members appeared hesitant to speak about their feelings. Following the session, the clinician debriefed with the captains who gave valuable information about specific team dynamics that differed by grade and were profoundly affecting the team's sense of psychological safety. Using this

feedback from captains after the session alongside the clinician's sensing of continued tension across grades and smaller groups within the team, the clinician conducted the third session using a different strategy.

The third session began all together as a team but without the coaches. The clinician explained to the team that for this session the clinician would meet alone with each grade (10th, 11th, 12th) and then come back together as a whole team to discuss concrete ways to move forward together and best support each other. Separate groups were critical to elucidating the problem related to culture and safety which was directly related to the guilt and shame many felt about the teammate's suicide. The grade of the deceased player was particularly sensitive and fractured. For this team, it was only once these fractures were repaired, and psychological safety was established that the team could effectively move forward in planning for the upcoming season. At the end of this third session, the team determined a need to meet once more to discuss emotions around the first game, as well as how to best commemorate or memorialize their teammate.

The fourth and final session was used to decide together on the way the team wanted to remember their teammate throughout the season as well as memorialize her at the first game, and ended with the clinician leading a visualization of the first game back to prepare them for thoughts and emotions that may arise. In addition, the clinician attended the team's first to support the team and in case individual needs of players arose before, during, or after the game. Following the first game, the clinician discussed separately with coaches and captains their perceptions of the emotional needs of the team and decided that grief support would be delivered as needed ongoing.

To evaluate the sessions and interactions related to the suicide bereavement support provided by the clinician, the athletes completed a questionnaire about each of the components and their perceived helpfulness one month following the end of the season, and one qualitative open response question was also asked to elicit feedback on the support they received. Of the 23 team members, 17 completed the survey. As illustrated in Table 1, the players found the sessions to be more helpful after the first two sessions, which were laying the groundwork for psychological safety. Once teammates felt safe and secure in their ability to open about their emotions and share them with each other, concrete work was done to help them build individual coping skills, learn effective communication strategies, and move forward together as a team after the loss.

Table 1. Helpfulness of grief sessions/interactions (N=17)

How helpful were the following:	M	(SD)	Median	Range	Response
First session, with coach	2.7	0.85	3	3	94%
Second session, without coach (in auditorium)	2.9	1.00	3	3	100%
Third session, without coach (on the turf)	4.5	0.72	5	2	88%
Fourth session, beginning with coach and ending without, to prep for first game (in the school)	4.3	0.67	4	2	100%
First game memorial and presence of clinician	3.9	1.11	4	4	100%

How helpful were the following:

Having a safe space to express thoughts and emotions	3.8	0.71	4	2	100%
Learning about the grief process	4.00	0.69	4	2	100%
Getting a better understanding of suicide	3.8	1.06	4	4	100%
Learning skills to manage emotions	3.7	1.02	4	3	100%
Learning strategies for team communication	3.7	0.76	4	3	100%
Learning ways to improve team culture	3.9	0.87	4	2	100%
Having the outside ability to communicate with clinician	4.1	0.68	4	2	88%

Qualitative comments on the open response question suggested the importance of having a professional available to work with the team, as one athlete noted the helpfulness of “having a person to answer questions” and another commented on the value of “knowing that someone was there to talk to if I needed.” Other athletes commented that the bereavement work helped them to understand critical aspects of how it feels and what people experience after losing a loved one to suicide. One athlete noted the helpfulness of “learning about the grieving process and that all feelings are normal during that time” while another pointed out the importance of “learning that it is okay that everyone goes through the grief process differently.” Other athletes talked about the helpfulness of having a safe space for the team to share their experiences and communicate with each other about what happened. Four different athletes commented on this by stating the work helped by “being able to say my thoughts to my grade and hearing theirs,” “being able to

talk without getting judged,” “having a space where I felt comfortable to share my thoughts,” and “us as a team being able to express what was bothering us and seeing we weren’t alone and that our teammates felt the same about situations.” In sum, one athlete encapsulates the work that was done by stating, “she helped the team come together and deal with our grief.”

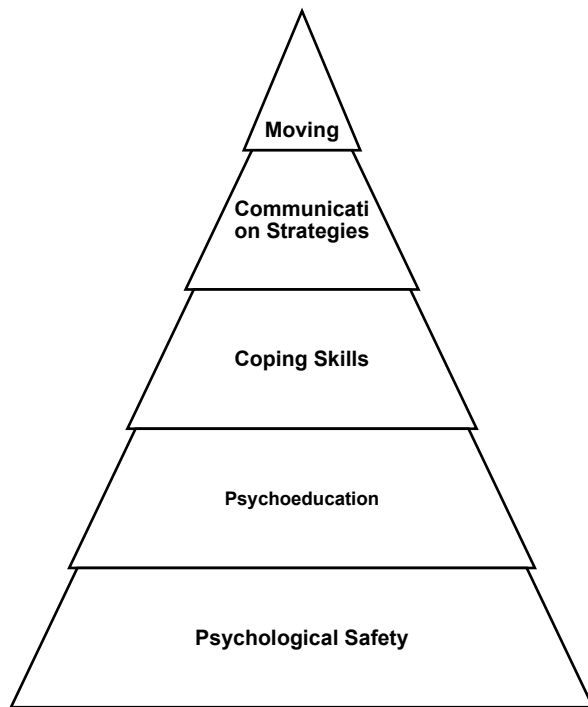
Lessons Learned and Future Directions

Over the past two decades, the incidence rate of suicide in college athletes has increased (Whelan et al, 2024), emphasizing the importance of implementing suicide prevention programs with this population. Suicide postvention and community engagement have been found to be key aspects of effective suicide prevention (Calabrese et al., 2024). As mental health is becoming a greater focus in athletics, schools and leagues need to proactively develop resources that schools can utilize in the event of an unexpected suicide loss.

This practice update details one such example of the type of helpful support that can be provided to teams following the suicide death of a teammate. To best prepare schools and programs to effectively respond to the suicide loss of a teammate, a flexible and adaptable framework should be readily available for use that addresses the unique needs of athletes. We have taken the first step in the development of this framework (See Figure 1) which includes the key components of establishing psychological safety, providing psychoeducation on suicide and grief, developing individual coping skills, building team communication strategies, and finally, moving forward.

Psychological safety, the perception that one is protected from, or unlikely to be at risk of, psychological harm in sport (Vella et al., 2024), provides the necessary foundation for information delivery, skills acquisition, and communication needed for effective suicide bereavement on sports teams. Key team-level outcomes that may result from building psychological safety include improved social connections, team effectiveness and performance, learning and transfer of knowledge, and social climate (Vella et al., 2024). Without feeling psychologically safe, individuals cannot express how they feel or what they think for fear of judgment or mistreatment by other individuals or the group. Healing in the aftermath of the suicide of a teammate simply cannot happen if this fear exists. Once psychological safety is established, true healing can begin. When teammates feel psychologically safe to take risks that express their vulnerability, they are not only in a better state of mind to access information and learn individual coping skills, but they can also connect with teammates at a deeper level and communicate together more effectively. Having all these elements in place allows them to move forward together as a team.

Figure 1. Framework for suicide bereavement support with sports teams



Conclusion

To mitigate the enormous toll that a suicide death on a sports team can have on the teammates left behind, comprehensive and effective approaches to suicide bereavement must be utilized with the team for as long as necessary. Bereavement support frameworks must be flexible and easily adaptable to the dynamic needs of athletic teams as they progress throughout their seasons. Such frameworks must emphasize the need for psychological safety as an integral foundation for information delivery, skill acquisition, and communication needed for effective long term suicide bereavement processes among sports teams.

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