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Intervening in Sudden and Traumatic Loss

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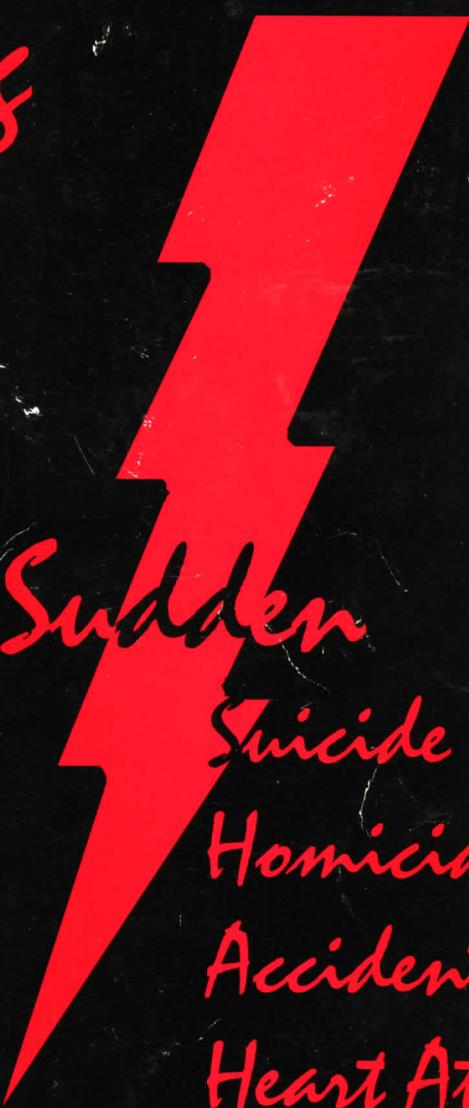
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*Living
With
Grief
After Sudden
Loss*



*Suicide
Homicide
Accident
Heart Attack
Stroke*

EDITED BY **KENNETH J. DOKA, PH.D.**
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HOSPICE FOUNDATION OF AMERICA

Intervening in Sudden and Traumatic Loss



KENNETH J. DOKA, PH.D.

It is one thing to recognize the particular problems and difficulties of sudden loss; it is quite another to intervene and counsel those who have experienced sudden loss. From the emergency room doctor to the policeman at the door, the very act of informing someone of sudden loss causes intense stress and grief for all of the involved parties.

The articles in this section try to provide some tools and sensitivities for those who have to assist survivors. Charles Figley begins by reminding grief counselors and traumatologists about the dangers of overspecialization. He emphasizes that each approach offers unique strengths that should be synthesized. Vanderlyn Pine, one of the earliest sociologists writing about disaster, explores the types of reactions and feelings that may be common in survivors. His chapter provides a good theoretical background for understanding the types of clinical interventions that would be helpful.

These are explored quite fully by Dana Cable and Therese Rando in their respective chapters. Cable provides a detailed description of critical counseling interventions such as critical incident stress debriefing. Rando offers a succinct summary of complications that can arise in sudden and traumatic death. And, as is her style, she provides concise clinical interventions for caregivers assisting survivors of sudden loss.

In Terry Martin's and my chapter, we draw from our emerging work on masculine grieving patterns. That work reminds us that there are different patterns of coping with loss. Many men and some women tend to exhibit more cognitive, solitary and active expressions of grief. We emphasize that there is no one way to cope with loss and that interventions need to be tailored to an individual's grieving style.

Lois Chapman Dick echoes some of these points in her approach to emergency personnel and offers two significant contributions.

First, she reminds us that sudden loss may affect many of those who may never have known the deceased, but are involved, in one form or another, in the death. Her chapter provides a detailed description of the many ways that crisis workers may be troubled by loss. Second, Dick's chapter emphasizes the critical importance of self care. Not just crisis workers but anyone involved in these situations may experience vicarious grief and shock. It is critical then that caregivers develop ways to nurture themselves.

Duane Weeks' contribution goes beyond simply reminding us of the need to consider the role of the funeral and the funeral director in situations of sudden loss. Weeks makes a poignant plea for developing meaningful rituals that are participatory and personal. My own research has found that this is critical, especially when loss is sudden. For, in such situations, the funeral service provides special opportunity to expiate guilt and bring a sense of closure that would otherwise be denied.

Finally, Rabbi Earl Grollman finishes this section underlining that spiritual care is part of the process of healing. It is suggested that one of the tasks of grieving is "to reconstruct faith and philosophical systems challenged by loss" (Doka and Morgan, 1993). This may be especially difficult in cases of sudden loss, for here the very nature of the death may challenge one's faith in a loving God or assumptions of a benign universe. Reconstructing one's faith in the face of sudden loss can be an extraordinary challenge. And it is not simply a task of clergy and spiritual advisors. It is a task that is shared by all caregivers. Grollman's chapter offers his own brand of gentle wisdom to assist us in this process.