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Sudden Loss: The Experiences of Bereavement

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Living With Grief After Sudden Loss
Suicide Homicide Accident Heart Attack Stroke

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Foreword by Jack D. Gordon, President Hospice Foundation of America
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There can be few more powerful introductions to the topic of sudden loss than Victoria Cummock's very personal account of the loss of her husband when Pan Am 103 was bombed. Her story is echoed daily by survivors of those who are killed in other terrorist actions, the Oklahoma City bombing of the Murrah Federal Building, for example, as well as the survivors of countless victims of inner city violence, crime, drunken driving and other causes of sudden death. Cummock's chapter is a poignant reminder that death totals are more than just statistics; they are events seared indelibly into the lives of all who survive them.

Sudden loss, death without forewarning, understandably creates special problems for survivors. Three of the most common include intensified grief, the shattering of a person's normal world and the existence of a series of concurrent crises and secondary losses.

Grief is often intensified since there is little or no opportunity to prepare for the loss, say good-bye or finish unfinished business. In addition, the nature of the loss can bring on grief reactions such as anger, guilt and hopelessness, among others. There can also be a lingering sense of disorganization and consuming obsession with the person who died.

Survivors of this kind of loss often experience a heightened sense of vulnerability and anxiety. Nothing appears safe anymore. Activities previously casually undertaken, such as driving a car, now can seem fraught with danger. Survivors may have to deal with pressures of media interest and intrusion, and of police or legal entanglements. They may experience secondary losses, too, like lost income or even their homes, and the inevitable search for the meaning of the loss can challenge spiritual resources.

The grieving process is, simply, very complicated, intensified, and demands possibly even more than normally that a survivor struggle to cope both with the loss and its aftermath.
There are a number of factors—I list six—that further affect the nature of any particular sudden loss. They exist on a kind of continuum, and where a given loss falls on this continuum can affect how survivors experience the loss.

1. **Natural—Human Made**

Some losses like a heart attack or a hurricane are natural while others such as a homicide or a bombing are the result of individual hostile actions. In natural losses the anger may be directed toward the deceased person ("Why didn’t you watch your health better?") or even toward God (How could you allow a hurricane to kill?). In human-made events the anger is likely to be directed at persons held responsible.

2. **The Degree of Intentionality**

Some losses are the result of highly intentional acts such as homicide. Others such as vehicular homicide due to reckless or drunken driving have a degree of intentionality. Here, the individual responsible made choices that resulted in another’s death, but there was no premeditation. In other cases such as an accident there is no clear intentionality. In intentional deaths anger and blame can be highly directed.

3. **The Degree of Preventability**

Some losses like a sudden heart attack may not be perceived as highly preventable. Others such as a homicide may be highly preventable. When deaths are perceived as preventable, there may be a strong obsession with the losses, a constant replaying of the “What ifs?” (“What if we came home later?”, “What if he did not go out?”). Preventable deaths are also likely to increase a sense of guilt (if one holds oneself responsible for the loss) or anger (if one holds others at fault).

4. **Suffering**

In some losses, the death is instantaneous. But in other situations there may be the question whether the deceased suffered
anxiety or physical pain. While the perception of suffering may complicate reactions to loss, instantaneous death may also leave feelings that the person who died had no time to prepare for death.

5. Scope

The number of people affected by the loss may also affect the intensity of grief. When large numbers of people are involved, the ability of others to offer support may be limited. But conversely, large-scope losses may also provide for support from the larger community and allow opportunities for survivors to bond together.

6. The Degree of Expectedness

Some sudden loss may still have a degree of expectedness. For example, the heart attack of someone at risk or the sudden loss of someone struggling with a life-threatening illness, even supposedly in recovery, may not be a total surprise. Other losses, though, may have no forewarning at all.

All of these factors remind us that sudden losses, like all losses, are highly individual and are likely to affect survivors in very different ways. Each loss may have factors that complicate or facilitate grief of survivors. That becomes a critical recognition. One cannot compare loss. Each loss, whether sudden or not, creates its own issues. Losses are not more or less difficult. They are different. One, after all, cannot measure pain.

The articles in the succeeding section carry that theme. They remind us of the nuances of each particular type of loss. Stephen Hersh’s chapter begins by exploring the issue of sudden loss through natural causes such as stroke or heart attack. Such losses illustrate many of the issues previously discussed. For example, survivors may experience shock. There may be unfinished business that leaves a void. Survivors may constantly review the death, wondering if they misread early signs or could have taken more effective action. In addition, since many causes of death are influenced by prior behaviors, survivors may feel
deep anger or guilt. This should remind caregivers to explore whether survivors had prior fears about the death.

Janice Lord, director of Victim Services for Mothers Against Drunk Driving (MADD) has a sensitivity to the variety of difficulties that drinking and driving deaths leave for survivors. She explores both the pain of survivors and the role of advocacy in providing an outlet for grief. In similar fashion, Judith Stillion explores the impact of suicide on survivors. Stillion notes that anger at the person who committed suicide and guilt are common reactions to this form of sudden loss.

Stillion also notes a key complicating factor in suicide. Survivors often fear rejection from others who believe that suicide brings a stigma to the survivors. In my own work, I have discussed disenfranchised grief that occurs when a loss cannot be openly acknowledged, publicly mourned or socially supported. Grief can be disenfranchised for a number of reasons. The relationship is not acknowledged (a friend or lover), or the griever is not perceived as capable of grief (a person with developmental disabilities or a growing child). But there are also disenfranchising deaths, such as suicide or victim-precipitated homicide, where the very circumstances of the loss can complicate the survivor’s ability or willingness to attract support. In certain losses, such as suicide, survivors may be ashamed to share their loss with others.

Stillion, like Lord, provides very practical guidelines for organizations to deal with the aftermath of a suicide. One might also add that groups such as schools can also do much by building self-esteem and problem solving skills, thereby helping to prevent adolescent suicide.

Lula Redmond’s chapter powerfully describes the ways that homicide complicates grief. Again Redmond explores the intense anger survivors experience as well as guilt and vulnerability. Redmond also notes that many homicide, like suicide, survivors experience stigmatization and disenfranchisement. And, as with suicide, there are negative effects resulting from the intrusion of law-enforcement agencies, the criminal justice system and the media. Redmond’s chapter has particular relevance to understanding the destructive effects of the violence that plagues inner cities. Here the anger, cycles of revenge and distrust of law
enforcement, criminal justice and the media fuel a heightened sense of vulnerability and hopelessness.

Bonnie Carroll notes that military deaths are different. They are often unexpected and traumatic. Survivors are ripped suddenly from the protective environment that military life can allow and stripped of their identities, thrust into a civilian world that they may not have experienced recently and left to grieve alone. Bonnie Carroll, Lisa Hudson and Dianne Ruby offer not only their touching and compelling stories, but clear lessons on sensitivity to the special needs that both the military and clinicians need to hear.

Carroll's chapter also evokes Dan Leviton's 1991 work on horrendous death, which reminds us that we need not simply pick up the pieces after the sudden loss, but, in some instances, can prevent it. Leviton's work also reminds us that horrendous death or massive, large scale, sudden and often intentional death found in a bombing like Beirut deeply affects not only survivors, but society as a whole.

Sudden loss creates distinct issues for survivors even as it shares many reactions common to the grief process. In highlighting certain sudden loss, there is no attempt to minimize other types of sudden loss. Each type of sudden loss, whether a heart or a terrorist attack, leaves survivors bereaved, dazed and vulnerable.