Conclusion to *Living with Grief After Sudden Loss*

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**Recommended Citation**  
There are five critical points that thread through the concluding chapters.

1. *Grief is a highly individual reaction.*

No one experiences or copes with a loss, whether sudden or similar, in the same way. Each person responds very individually to loss. As the chapters in the book indicate, this can be the result of many factors including:

- The nature and quality of the relationship with the deceased
- The circumstances and type of loss
- Psychological aspects of the bereaved including their grieving styles and coping strengths
- The availability of social support
- Cultural and spiritual factors
- The presence of concurrent crises and stressors

When dealing with bereaved, it is essential to explore that unique experience of loss and develop suitable interventions based on the needs and style of the individual.

2. *Different types of sudden loss create unique issues for survivors.*

While grief is a highly individual experience, we also recognize that each situation of loss creates special issues for survivors. It is helpful for counselors to recognize the distinct stressors of each particular type of loss. For example, the involvement of media and the criminal justice system may complicate grief for survivors of suicide, homicide and disasters. In accidents, the perceptions of preventability may generate intense guilt and pain. Caregivers working with such survivors need to educate themselves on the particular problems of different losses. This knowledge can help as they advocate for their clients and validate and explore client...
responses. We do not minimize the individuality of loss. Each survivor will react and cope in his or her own way.

3. **Survivors of sudden loss are often coping simultaneously with both grief and the loss of their normal world.**

Survivors of sudden loss face two difficulties. First, they are coping with significant losses. These may include not only the death of someone they have loved, but in the case of accident or disaster, may involve multiple losses. In addition, there may be many secondary losses as well. These refer to other losses that are related to the primary loss. For example, in an automobile accident, one may lose a car and injure oneself, even be party to a lawsuit or criminal case.

In addition to these losses, there may be a loss to one's sense of normalcy. We may assume that the world is generally a safe and predictable place. One gets in a car, goes to work and then returns home. A sudden loss may make one feel that the world is a very dangerous place so that even simple acts now cause anxiety. In short, sudden loss assaults a sense of safety and predictability. Often that sense of safety has to be addressed early in the interventive process.

4. **Survivors of sudden loss need both short and long term intervention.**

Many of the chapters have emphasized the need for survivors to receive counseling. Yet these chapters have also stressed that this interventive process needs to be phased over the short and long term. One of the great strengths of Critical Incident Stress Debriefing (CISD) is that it provides a mode of approach that includes both short- and long-term interventions. Whatever process is used, the role of ritual can be a critical tool.

5. **Caregivers at all levels may be affected by traumatic loss so self-care is critical.**

Many of the chapters have emphasized the extensive effects of sudden and traumatic loss. In many cases, all the caregivers, on all levels may be affected. For example, in a horrible fire two adolescents were killed. Their deaths troubled not only surviving family and friends but a host of others such as firefighters, emergency personnel, police, funeral director and the mother's counselor.
In such situations self-care is critical. Some of this is the responsibility of caregivers themselves. Caregivers need to acknowledge and validate their own needs, practice effective lifestyle management, find respite and tap into their own spirituality. But part of this is an organizational responsibility as well. Organizations should provide opportunities for ongoing support such as debriefings, support groups, rituals, opportunities for individual counseling and in-service education. Even in the midst of crisis taking care of caregivers remains a critical priority.

6. **Communities need to be proactive.**

It would be nice to think we can eliminate sudden loss. That would, of course, be impossible. Yet this does not mean we can ignore the root causes. Many times, sudden losses are in fact preventable. In addition, we can develop effective ways to intervene. While each situation is idiosyncratic, there are policies and procedures that can be in place. For example, police and emergency room personnel can be trained in humane ways to break bad news. Organizations such as schools or governments should have policies, procedures and crisis teams in place. These plans should be periodically reviewed.

Any book, especially one produced for a teleconference, has a certain incompleteness. Surely there are far more areas of sudden loss to explore, from natural disasters and accidents and sudden infant death syndrome to the reactions of involved caregivers such as nurses. Unfortunately every work has limits to comprehensiveness.

We hope that both this book and the teleconference itself will help educate a wide range of caregivers on the distinct issues raised after sudden loss. For in few other types of loss is the need for care so profound.