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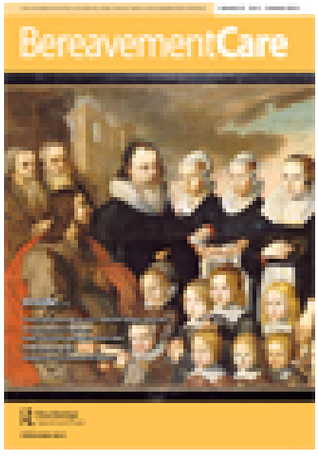

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Ambiguous loss: a complicated type of grief when loved ones disappear

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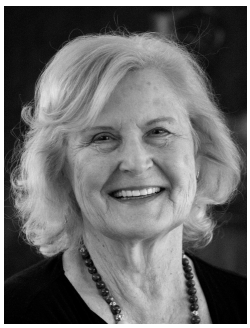

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Abstract: Ambiguous loss is an unclear loss that continues without resolution or closure. It is a relational rupture that can be physical or psychological. The chronicity and complexities of ambiguous loss create symptoms that may be construed as medical disorders such as depression or persistent complex bereavement disorder. Because the family's story of loss may never have an ending, the therapeutic goal shifts to resiliency. Tthe authors present six guidelines about meaning, mastery, identity, ambivalence, attachment, and hope. They have been found useful in empowering individuals and families to move forward with their lives despite the 'not knowing'. Links to chronic sorrow and disenfranchised grief are also discussed.

Keywords: ambiguous loss, unresolved loss, complicated grief, lack of closure, resilience

Poets and artists have for ages written about ambiguous loss, but it is a relatively new term in the grief and loss literature. Historically, the research began with families of pilots missing in action (MIA) in Southeast Asia (Boss, 1977, 1980) and then with families of veterans with Alzheimer's disease (Boss, Caron, & Horbal, 1988; Boss, Caron, Horbal, & Mortimer, 1990; Boss & Greenberg, 1984; Caron, Boss, & Mortimer, 1999). After decades of clinical application and continued research, Boss summarised what has been learned about ambiguous loss for professionals (2006a) and for general readers (Boss, 1999, 2011). We encourage reading the original sources for depth and details because this paper serves primarily as a brief introduction to the construct of ambiguous loss, its effects, and guidelines for intervention.

Since the early research of Boss and colleagues, more has been learned about ambiguous loss and the complications of grieving when there is no closure (Becvar, 2012; Boss, 1999, 2002, 2004, 2006a, 2006b, 2010, 2011, 2012a, 2012b; Boss & Carnes, 2012; Boss & Dahl, 2014; Boss, Roos, & Harris, 2011; Kissane & Parnes, 2014; Neimeyer *et al*, 2011; Robins, 2010, 2013). In this article, we make the point that bereavement therapists and counselors must assess *type of loss*, not just type of grief. Our premise is that unresolved grief may be the outcome of a context of unresolved loss.

Living with someone who is both here and gone – or gone and not for sure – is a bizarre human experience that produces sadness, confusion, doubt, and anxiety. In the 1970s, Boss studied families of soldiers missing in action (MIA) and coined the term *ambiguous loss* (for summaries, see Boss 1999, 2006a, 2011). Ambiguous loss is a loss that remains unclear and without resolution. It has no closure or finality because the loss is ongoing. There are two types of ambiguous loss: The first is *physical*: a loved one is physically absent but kept psychologically present because there is no validation of whereabouts or status as dead or alive. In such a context of doubt, hope for return of the lost person continues. The second type of ambiguous loss is *psychological:* a loved one is physically present but

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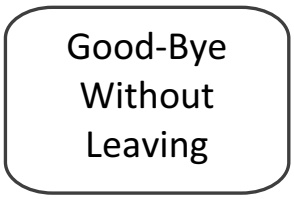

Physical Absence with Psychological Presence

Examples:
War (missing soldiers, civilians)
Natural disasters (missing persons)
Kidnapping, hostage-taking, terrorism
Desertion, mysterious disappearance
Missing body (murder, plane crash, lost at sea)
Incarceration
Suicide
Immigration, migration, expatriate
Adoption, foster care
Divorce
Work relocation
Military deployment
Young adults leaving home
Elderly mate or child moving to care facility
Miscarriage
Infertility

Psychological Absence with Physical Presence

Examples:
Dementia, Parkinson's disease, brain injury
Coma
Chronic mental illness
Depression
Unresolved grief
Homesickness (immigration, migration)
Addictions: drugs, alcohol, gambling
Hoarding disorder
Preoccupation with lost persons, work
Obsession with computer games, Internet, TV
Autism

Figure 1
Two types of ambiguous loss

psychologically absent due, for example, to memory loss and cognitive impairment, as a result of dementia from Alzheimer's disease or one of the over 50 other diseases or injuries that cause dementia. (See Figure 1 for more examples.)

The difference between ambiguous loss and death

Ambiguous loss differs from death due to the lack of definitive information and finality that allows for transformation and change. Unlike loss from death, ambiguous loss has no official verification of loss because the missing person is still present (eg. dementia) or may yet be alive (eg. lost at sea). Ambiguous loss thus creates complicated grief because there is no possibility of resolution for the bereaved. The complication is due to the type of loss: *complicated loss*. The loss is complicated because of the *context* of ambiguity, not because of the characteristics of those who are grieving. To illustrate the differences between ambiguous loss and death, consider the stories of Mary and Ruth (adapted from Boss, 2011, pp24–25).

Mary's husband suffered a massive stroke. The ambulance came and a doctor pronounced him dead. Clergy came to say prayers, and in a few days, after a wake, there was a funeral. People sent flowers, gave eulogies, read scripture, recited poetry, sang songs, and yes, shared food and stories that honored her deceased husband. All of this provided Mary with some solace – plus the certainty that her husband was no longer alive. As her loss was acknowledged officially and by the community at large, she knew it was real and final. He was dead and would not return. She was sad and still numb from the shock, but her family and friends were there to help her grieve and find some measure of meaning in her loss. There were familiar religious rituals to help her honor and mourn her husband – and most important, she was not left alone in her grief. The community was there for her because her loss was obvious.

Ruth's husband also had a massive stroke, but he survived, albeit with memory loss and cognitive impairment. As years passed by, he slipped deeper into dementia. She continued to care for him but often felt a deep sorrow and sadness as if there had been a death. Yet, she felt guilty because her husband was still alive. She had mixed emotions and doubt about how to feel, who to be, and what, if anything, remained of their relationship, and her identity as a married woman. She felt alone. Few outsiders noticed all that she had lost or that she was constantly in mourning (Boss, 2011).

The question for us is this: Which woman was experiencing the more complex and confusing loss and thus more likely to develop symptoms of complicated grief? Ruth's loss was severely blurred by ambiguity and the confusion and ambivalence that followed. Mary's loss was also very painful, but she has the benefit of clarity – informational, legal, and social. Less haunted by doubt, she was freer to move forward with grieving and eventually find renewed life as a widow. Ruth, on the other hand, was a widow-waiting-to-happen.

While there is a degree of ambiguity even in death, there is more in ambiguous loss, so much so that it can

immobilise people and freeze their grief. Because the lack of clarity impedes one's willingness to grieve, knowing which kind of loss a person has (clear or ambiguous) helps therapists and counselors shape their interventions. Indeed, each person's grief is unique, and there are additional variables that impact an individual's experience of loss (eg. social and family support, respite services, and past experiences of loss) but here we add to the list*: type of loss; is it ambiguous*?

Mary's loss was clear. Her grieving began as normally expected – *after* the death of a loved one. For Ruth, with ambiguous loss, her grieving began years *before* her husband actually died. This too was normal. In such cases, the therapeutic goal shifts to focus on resiliency and strength to withstand ongoing loss and sadness.

The difference between sadness and depression

Normal grief involves feelings of sadness, emptiness, and loss, fatigue and guilt, but the complication of a major depressive disorder (MDD) also involves 'persistent depressed mood and the inability to anticipate happiness or pleasure' (American Psychiatric Association [APA], 2013, p134). Also, in situations of normal loss and grief, 'self esteem is generally preserved whereas in a MDD, feelings of worthlessness and self loathing are common' (APA, 2013, p134).

Not every person who lives with ambiguous loss will manifest symptoms of MDD, but almost all will experience sadness and grief. To further understand this difference, yet overlap between sadness and depression, we quote *The Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) list of symptoms, five of which are needed for a diagnosis of MDD:

1. Feels sad, empty, hopeless
2. Diminished interest or pleasure in activities
3. Decrease or increase in appetite
4. Insomnia
5. Slowed down or restless
6. Loss of energy, fatigue
7. Feelings of worthlessness or excessive guilt
8. Diminished ability to concentrate; indecisive
9. Recurrent thoughts of death, suicidal

(APA, 2013, p125, paraphrased)

As clinicians who work with ambiguous loss, we see many of these symptoms in people experiencing an ambiguous loss. For example, caregivers of mates with dementia often experience a diminished sense of pleasure in their usual activities, changes in appetite, insomnia, fatigue, guilt, and indecisiveness (ambivalence). We may see this as MDD, but consider symptoms exacerbated by the relational context. Their relationships and marriages are ruptured, their partners are no longer who they were; many say, 'There is a stranger in the house now.'

Such people are not depressed in the DSM sense. They are understandably sad; they cannot sleep because their partner often wanders at night, keeping them awake and thus chronically fatigued in the daytime. Given the hard work involved in home caregiving, meals and self-care are often skipped, leisure time activities cease, and rumination and guilt about not being able to fix the situation – or on the other hand, wishing it was over – become overwhelming.

Yet, for clinicians working with clients who have non-death losses or ambiguous losses, the new manual gives us conflicting direction. The authors encourage the diagnosis of MDD but also show tentativeness and a need for further research: 'Responses to a significant loss (eg. bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss…' which may resemble a depressive episode. 'Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered.' But they say, 'This decision inevitably requires the exercise of clinical judgment based on the individual's history and cultural norms for the expression of distress in the context of loss.' (APA 2013, pp125–126, footnote).

To be sure, clinical judgment is needed to differentiate normal grief and sadness from full-blown depression. To do this, we consider the context of grief and loss. We ask clients about what has been lost, what is clear, and what remains unclear. If the external context is one of illness, injury, or disasters that create losses in a closer relationship of either mind or body, then depressive symptoms in family members may be due to the immobilising effects of ambiguity. Helping families to find meaning and hope in such confusion is challenging for therapists but not impossible. For an example, see Boss *et al*, (2003) for a description of our intervention and outcomes with families of missing workers in New York after the 9/11 attack on the World Trade Center Towers. Yet even in New York, journalists and citizens often asked, 'Why aren't they over it yet?' There seemed to be little empathy for families of the missing who needed more time to grieve. It was as if the general public did not realise it would take more time to grieve a loss when there was no body to bury.

Ambiguous loss as disenfranchised grief

With ambiguous loss, grief is often disenfranchised by the media, as well as legal and religious institutions that are impatient with ambiguity. In 1989, Doka coined the term *disenfranchised grief*. It is defined as 'grief that

people experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported' (p86). One example of people needing more time to grieve was 9/11 with its missing persons. Another is families of dementia patients. Dempsey and Baago (1998) reviewed research conducted with family caregivers. Variables of denial, ambiguity of the dementia diagnosis, lack of acknowledgment of the caregiver's loss, and the untying of attachment bonds were found to be factors that impacted the caregiver's experience of loss and grief. On the basis of our clinical experience, we agree that disenfranchised grief appears to be a common experience for caregivers who live with the ambiguous loss of dementia.

Ambiguous loss then represents a category of loss and grief that is frequently disenfranchised. That is, when no one has died, or there is no assurance of death, society seems to deny mourners their rights to grieve long term. Such grieving is not overtly barred, but it is rarely offered easily. It may be that the larger society simply does not know how to recognize and respond to non-death losses. We could help educate the public in this regard.

Effects of ambiguous loss

Ambiguous loss ruptures close relationships. What are the effects of ambiguous loss on individuals and families?

Immobilisation

Ambiguous loss raises people's anxiety and ambivalence, which impacts the ability of family members to communicate effectively with each other. Decision making becomes confused, grief is frozen, and coping is blocked. Dreams about the missing person are frequent (Boss & Carnes, 2012). People are immobilised until they can find some measure of meaning and hope even if the mystery of loss persists.

Relational

Due to the lack of information, families frequently perceive the situation differently and thus conflict ensues. Family rifts and alienations are frequent. We intervene early on to prevent such cut offs. We normalise their different perceptions by stating, 'It is okay for you all to see the situation differently right now.' We say this over and over. The ability of a family to allow its members to each see the situation differently is important in helping to minimise the negative effects of ambiguous loss.

Instead of urging everyone to see the situation the same way, we work on clarifying family roles and rules, on clarifying boundaries within and among remaining relationships, and on adapting traditions and family rituals so that they are not cancelled when there is the stress and sadness of ambiguous loss in the family.

Individual

Although ambiguous loss is a relational disorder, individuals within the system may manifest symptoms as well. They may include: depression and anxiety, trauma, ambivalence and guilt, helplessness, identity issues, stress-related illnesses, substance abuse, and interpersonal violence to self or others. Identification and treatment of these symptoms can help lessen the isolation and distance that individuals routinely experience with ambiguous loss (see Boss, 2006a, for more details).

Assessment for ambiguous loss

Family assessment

Assessing people's levels of grief as well as their resilience is contextual and systemic. Analysis of individual symptoms is essential, but insufficient. The following questions are helpful in guiding a broader and more contextual assessment process.

- How do you see your loved one's physical and psychological presence now? Before?
- What have you lost? What do you still have?
- What does this situation mean to you?
- Is there disagreement in the family about this?
- How do you see your role now?
- What is the next celebration your family would have had?
- Are you resilient enough to change or adapt?

Living well despite ambiguous loss requires flexibility and a loose holding on to familiar routines and ways of relating. The ability to adapt family roles, rules, and traditions makes it possible to shift in the context of uncertainty and hold more lightly the things that are outside of one's control. We suggest the following questions (Boss, 2006a).

Family roles

- What family roles/tasks have you lost as a result of your ambiguous loss?
- What family roles/tasks have you gained?
- How do you manage these changes?
- What would help you to manage these changes?

Family rules

- What family rules have changed?
- Do rules about race, religion, class, age, or gender create stress for you?
- Who is allowed to do what in your family now?
- Is there a 'family team' approach or does the work fall to you alone?
- Is there sibling conflict?

Family rituals and traditions

- What family traditions did you celebrate as a couple or family before your ambiguous loss?
- What family traditions do you celebrate now?
- How can you reshape your family traditions and celebrations to fit the circumstances now?

Community assessment

To continue more systemic and contextual assessment, it is necessary to determine who the individual or family's community is. Those living with ambiguous loss often feel misunderstood and unsure about where they might find some help for the changing circumstances. It can be difficult to know whom they can turn to because there is no script for losses that are not from death. Because of the confusion, they may be reluctant to reach out to others for support. It is the therapist's duty to connect them to someone in their family, neighborhood, or community because therapists are not permanent in their lives. We cannot go home with them. Those living with ambiguous loss should be encouraged to broaden their perspective as to who is in their community. They may need a psychological family (Boss, 2006a, 2011) as part of a newfound community of support. Assessment of community support is broad and includes examining spiritual, recreation/respite, information, and emotional supports.

Both-and thinking

Because there is no absolute answer to ambiguous loss, individuals, couples, and families must learn to develop new ways to find meaning in their losses. This requires a way of thinking that is new for most of us in Westernised cultures. It is based on dialectical thinking, more commonly called 'both-and' thinking.

The uncertainties of ambiguous loss are best understood with the paradoxical thinking of both-and. For example, the wife of a husband lost at sea is affirmed when she says, 'He is probably dead – AND maybe not. I have both the anxiety of no closure – AND the opportunity to move forward with my life in a new way.' We affirm the daughter of a mother who has dementia when she states she is both this woman's daughter – AND her mother now (Boss, 2006a).

The six guidelines for resilience with ambiguous loss

The following guidelines are meant to guide grief therapists and counselors as they intervene to ease the pain of ambiguous loss. With individuals, couples, and families, the goal is to live well despite the 'not knowing.' Note that these guidelines are circular, not linear (see figure 2). Whatever the discipline, they can be used in the order that fits the particular work, but eventually, it will be most helpful to address them all. See *Loss, trauma, and resilience* (Boss, 2006a) for more detailed information about each of the six guidelines.

Finding meaning

What does this situation mean to you? Victor Frankl said that without meaning, there is no hope; and without hope there is no meaning. This idea inspired the circularity of the six guidelines. We begin with meaning and end with

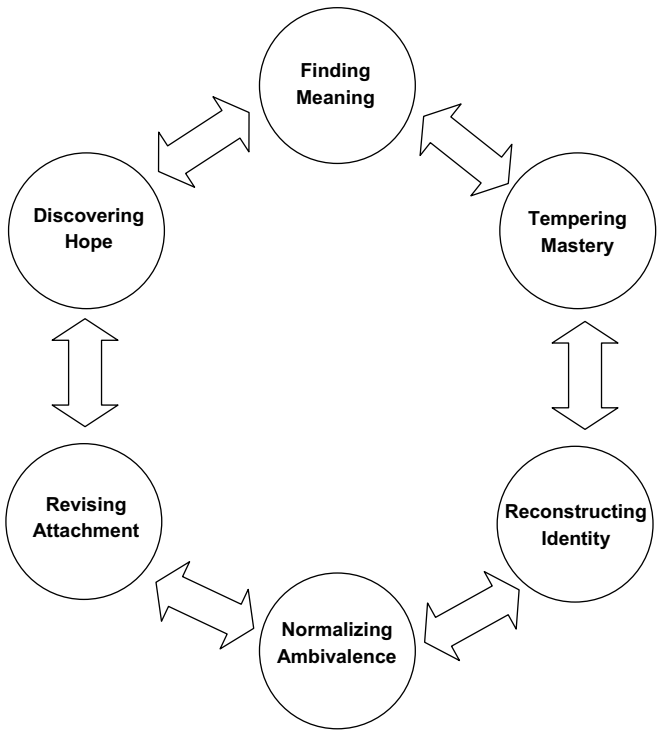

Figure 2
Six guidelines for resilience with ambiguous loss

it. Because cultural differences influence meaning, the central question for us to pose to clients is: 'What does this situation *mean* to you?' Various answers ensue, eg. God is punishing me; God is giving me another way to show my love to this person; It's just another challenge in my life; It's *destino* or destiny. And so on. We build on what they say, reinforcing positive meanings and working to ease the intensity of meanings that call for retribution or violence.

Grieving the loss of someone who is here but not here, or gone but not for sure, defies logic. Its irrationality challenges meaning making. So how do people make sense out of an ambiguous loss? It takes some time, but we begin by naming the problem: 'What you are experiencing is ambiguous loss, one of the most difficult kinds of loss because there is no possibility of resolution.' Once people have a name for what is bothering them, they can begin the coping process. Meaning making begins. Families and individuals with similar losses can meet and talk together in order to find some level of meaning in their loss. Both-and thinking helps: 'My loved one is both gone and still here.' With ambiguous loss, meaning is found within that paradox. What hinders meaning making is isolation, as well as anger, desire for revenge, and family secrets.

Tempering mastery

How do I let go of what I cannot control? Recognising that the world is not always fair can help individuals and families decrease guilt and self blame. When it's difficult, if not impossible, to master or control the ambiguity surrounding a loss, then we encourage individuals and families to balance the feelings of helplessness with internal self-mastery, eg. meditation, prayer, mindfulness, playing music, and exercising. Such activities help when one feels powerless. What hinders individuals and families here is believing that bad things only happen to bad people (Kushner, 1981; 2012); believing that the harder one works, the less one will suffer; and finally, believing that we should always be able to control things.

Reconstructing identity

Who I am now that my loved one is ambiguously lost? Who am I now that my husband no longer knows who I am? Am I still a wife? Redefining relationships is helpful in developing resilience after ambiguous loss. The ability to be flexible with relationship boundaries, roles, and rules allows for individuals and families to shift their ways of functioning despite the missing person. Yet, there is a tendency to hold on to the status quo in hopes that things will go back to normal. Most likely they will not, so it is important to talk about changing identity – who they are, what they do, how they see themselves in the family and in the world. What hinders is resisting change, waiting for closure, and staying isolated from others.

Normalising ambivalence

What do I do with my conflicted feelings? I am happy she is still alive but angry that I feel so trapped. Sometimes I wish it was over. And now I feel guilty for thinking that. It is normal for individuals and families to feel angry – even with the missing person – and develop guilty feelings about the anger. Because there is a lack of clear evidence, ambiguity understandably leads to ambivalence. It is not a psychiatric ambivalence but rather, a social ambivalence as discussed by Merton and Barber (1963) where the cause emanates from an external social context. With ambiguous loss, we normalise such conflicted emotions because the ambiguity seeds them. Seeing that conflicted feelings are normal and talking about them with others helps to manage the ambivalence. What does not help is denying such feelings with subsequent rage at self or at others.

Revising attachment

How do I both let go and still remember? Ambiguous loss assumes attachment. The pain of loss comes from the loss of that close relationship. The ability to hold and practice both-and thinking helps people discover new insights and transformations of attachment to their lost loved one. They learn with both-and thinking that there is no closure and that they can both hold on to what was and seek new relationships. Revising attachment means grieving what and who is lost while celebrating what remains. It also means being with people socially who can be fully present. What hinders the revision of attachment is thinking one needs to get over it and that there needs to be an end to the attachment to the missing person.

Discovering hope

How do I find hope in an ongoing loss that has no closure? Once people become more comfortable with the ambiguity and uncertainty, they are freer to imagine and discover new sources of hope. We encourage them to laugh at the absurdity in ambiguous loss while also acknowledging the pain of it. We help them redefine justice – perhaps by putting their energies into helping others avoid the pain they have suffered. We brainstorm with them to imagine new options for creating hope for themselves. Even for caregivers who are house bound, we encourage imagining what they might do in the future and using the computer to explore possibilities. What hinders here is insisting on an end to grief and suffering. This impedes the opportunity to build resilience.

Summary

In the field of loss and grief, the emphasis for years has been on the pathology of grief. The term *normal* was used primarily in reference to completing the work of

grief and getting over it quickly. Our thesis has been that ambiguous loss is an example of a *type of loss that causes a longer and more complicated grief*. Rather than labeling this as major depressive disorder, we proposed that there can be ongoing sadness and grief without pathology. The term chronic sorrow (Harris, 2010; Olshansky, 1962; Roos, 2002) is more appropriate. We also emphasised the importance of type of loss. When a loved one goes missing in body or mind, and there is no possibility of resolution, the pathology lies in the type of loss (ambiguous) and not in the person who is grieving. In our years of clinical work, we have found that lifting this burden of pathology from the bereaved is a welcome relief for them; it shifts attention to their resiliency, which can now grow stronger. To aid in this process, we have introduced and now recommend using the ambiguous loss framework with the six circular guidelines in work with individuals, couples, or families with ambiguous loss to find meaning, temper mastery, reconstruct their identity, normalise ambivalence, revise their attachment to the missing person, and discover new hopes and dreams despite the pain of ambiguous loss. Whatever the source of their loss and grief, the lens of ambiguous loss has been found useful to better understand a type of loss that is complex and without finality or time limits for grief.

Note: This article is an expansion of the first author's keynote speech at the 9th International Conference on Grief and Bereavement in Contemporary Society and the Association for Death Education and Counseling (ADEC) 33rd Annual Conference on June 25, 2011, in Miami, Florida. ■

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