

Summary

Ambiguous Loss: Learning to Live with Ambiguity

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Loss is an individual experience followed by grief and it has profound effects on some people (Purcell, 2009). Every individual shows a different response to loss, yet grief is a universal phenomenon (Bentley, Zvonkovic, McCarty, & Spiringer, 2015).

Theoretical models explain grief by using two distinct approaches. The first group is based on stages or tasks defining grief with predetermined patterns, while the second group discusses grief as a process with an emphasis on reconstruction. Among the first group, for instance, Bowlby (1973) defined grief in four phases; numbness, yearning and searching, disorganization and despair, and reorganization. Kübler-Ross (1969), in turn, introduced a Five-Stage Model, which has been one of the most popular theories on grief. This model suggests that grief is experienced through the stages of denial, anger, bargaining, depression and acceptance; however, these stages are not linear and not every person is expected to live through all five stages. Rando's (1993) Six "R" Processes of Mourning described six processes under three phases (avoidance, confrontation and accommodation), while Worden's (2009) Tasks of Mourning suggested four tasks (accepting the reality of loss, working through the pain of the grief, adjusting to the environment without the deceased, and emotionally relocating the deceased and moving on) for an individual to accomplish in order to adjust to the loss.

The stage/task-based models, also known as the traditional models of grief, have a common ground that grief involves a final phase such as detaching from the deceased or moving on. In 1996, Klass, Silverman and Nickman challenged this prevailing premise and introduced a brand-new concept called *the continuing bonds*. This new approach claimed that maintaining bonds with the deceased might be actually the healthy way of grieving because human nature requires attachment even in death. This new point of view has clearly shifted the focus of the grief literature toward the advantages of continuing bonds with the deceased; however, the current understanding suggests that a definite and a specific choice cannot be made between detachment and main-

tenance of the bonds (e.g. Field, 2008; Stroebe & Shut, 2005).

Grief is usually associated with loss from death, yet grief follows every loss even when it is not caused by the death of a loved one. The significant ones may vanish physically or cease to exist psychologically. Such non-absolute state of presence and absence creates ambiguity, leading to a unique type of loss with both physical and psychological features (Boss, 1999; 2006). The notion of ambiguous loss on a trauma basis was first introduced by Pauline Boss (1999) who asserts that the ambiguity combined with loss hinders grieving and coping mechanisms, and results in several symptoms such as depression, anxiety and relationship conflicts.

The theory of ambiguous loss postulates that the uncertainty regarding the whereabouts of a loved one or whether the loved one is alive or dead, present or absent traumatizes many individuals, couples and families (Boss, 1999; 2004). The lack of knowledge and such ambiguity about the loss freezes grief that is naturally expected after the loss as well as blocking the coping and decision-making processes (Boss, 1999; 2007). This leaves family members no choice but to live in the dilemma of presence and absence (Boss, 2006).

The degree and severity of the stress caused by ambiguous loss adversely affects the "path a family follows as it adapts and prospers . . . both in the present and over time" (Hawley & DeHaan, 1996, p.293). Ambiguous loss is the most stressful kind of loss as it challenges resolution and creates conflicted perceptions about who is in the family and who is not (Boss, 2016). Furthermore, the grieving rituals such as death certificates and funerals are not available to family members, which prevents the family from keeping their boundaries intact sociologically and finding closure psychologically (Boss, 2006).

According to Boss (2016), ambiguous loss is a structural problem since it causes high levels of boundary ambiguity that manifests itself in ignored parenting roles, delayed decisions, unfulfilled daily tasks, disregarded family members and cancelled family traditions and rituals. At the same time, it is a psychological prob-

lem because it results in depression due to hopelessness, and self-blame, anxiety and immobilization due to emotional ambivalence (Boss, 2016). However, all these symptoms and issues are not rooted in any mental or familial weaknesses; these are simply the outcomes of the tremendous stress from living with no answers (Boss, 2004).

One of the concepts underlying the theory of ambiguous loss is *psychological family*, referring to an individual's family created mentally. This means that people have their own perceptions regarding who is a member of their family (Boss, 2006). Psychological family is an extension to the biological one, rather than being an alternative, and it includes people that we want to be together in our special occasions (celebrations, holidays, etc.), people that we need to talk whenever we feel good or bad, and people who are always there for us. Although there is a dominant understanding about the family members in a society, individuals can freely shape their own psychological family (Mitchell, 2016).

The second concept frequently mentioned in the ambiguous loss theory is *boundary ambiguity*. This term refers to the uncertainty sensed by family members about their boundaries and roles when a significant one is missing cognitively, emotionally or physically, and the perception of each member and the whole family about the ambiguous loss. As a continuous variable, boundary ambiguity is a risk factor for both individual and relational well-being with an unfavorable effect on resilience (Boss, 2004). In case of ambiguous loss, the family boundaries cannot be preserved sociologically and become blurry, leading to confused roles, unfulfilled tasks and family immobilization as well as obstructing cognition, suspending decisions and freezing the grieving and coping mechanisms (Boss, 1999; 2006). Such ambiguity in boundaries also causes identity ambiguity, which means that the identity of each family member and their definition within the family becomes vague due to the uncertainty (Boss, 2006).

Ambiguous loss occurs in two different situations; physical absence with psychological presence (leaving without good-bye) and psychological absence with physical presence (good-bye without leaving). In the physical type of ambiguous loss, the significant one is absent physically, but continues to be psychologically present within the family system. There is not any proof or validation of his/her well-being or whereabouts. Examples of this type include soldiers missing in action, bodies that cannot be found as a result of natural disasters, kidnapped people, adopted children, deployed military personnel, incarcerated family members or a divorced parent. In such cases, there is always room for hope that the loved one will return some day, yet there is

despair due to the lack of resolution. This causes family processes to freeze, boundaries to become ambiguous, roles to confuse and relationships to be dysfunctional (Boss, 2006).

Without a body, grief is challenged. Although the significance of body may vary across cultures, people usually need to actively participate in death rituals to give their final farewell, which allows death to be cognitively clear and deactivates defense mechanisms. Paradoxically, people's desire to see the body also paves the way for accepting the fact that their loved one is now gone (Boss, 2002b). Regarding the influence of seeing the loved one's body, the grief literature has undergone a considerable change over time. The early studies recommend encouraging the family of a stillborn baby to be a part of issuing a death certificate and arranging a funeral in order to prevent grieving (e.g. Lewis, 1979). Wilson (2001), on the other hand, asserted that the family keeps their stillborn baby alive in their memory, and maintains their bonds through story telling or ritualistic behaviors, which supported the findings of Klass et al. (1996). Finally, the finding of Hughes, Turton, Hopper, McGauley and Fonagy (2002) could not confirm that seeing the stillborn baby will complicate the grief or the family should be advised not to see or hold their baby, concluding that the only thing matters is the wishes of the family.

According to Robins (2010), who conducted a study in Nepal, the most important effect of the loss is the lack of finding closure, and finding meaning and reconstructing identity are found to be directly associated with the challenges experienced by the families of the missing. Likewise, the study by Kürüm (2012) with the Saturday Mothers reported that the families create a new identity through the initiation of a new social movement, and the demonstration place allows them to honor and respect their missing members while making both the families and the missing visible.

Luster, Qin, Bates, Johnson and Rana (2009) examined the coping strategies of Sudanese refugees and established that all of the participating refugees use problem- and emotion-focused strategies as well as placing importance on support from the peers and the elderly.

The second type of ambiguous loss, *psychological* loss occurs when a loved one is physically present within the family, yet unavailable emotionally or cognitively (Boss, 1999; 2004). Examples include dementia, Alzheimer's disease, brain injuries, autism, addictions (drugs, alcohol, gambling etc.), depression and hoarding disorder. In such cases, the relational and emotional processes are frozen, daily tasks are neglected, family roles and the situation become confusing and family members cannot decide what to do or how to behave (Boss, 2006).

According to the study by Gollish and Powell (2003), families with a premature baby experience psychological loss with their feelings of joy-sorrow, and the dialectical tensions of acceptance-denial, control-helplessness and certainty-uncertainty. Bentley, Zvonkovic, McCarty and Springer (2015), in turn, evaluated the ambiguous model in the context of Down's syndrome and concluded that the stress of the fathers is caused by ambiguity, not by the presence of the syndrome or the inability of the fathers.

As an extraordinary stressor, ambiguous loss is traumatic by nature since it leads to pain, confusion, shock, distress, immobilization as well as freezing grief and stimulating the denial of the loss (Boss, 2006). The trauma becomes chronic due to the lack of closure, yet remains in the present time and it may last for life, even across generations unlike PTSD (Boss, 2016). Ambiguous loss is also a relational issue although the symptoms are at the individual level (Boss, 2016). This unique type of loss is caused by an external context that prevents the family to find any logic or meaning in the ambiguity surrounding the presence and absence of their significant one (Boss, 2004). However, some people can adjust to such losses and manage to live without any answers due to resilience. Resilience is a state of balance providing people with additional support systems even though they will never find any closure (Boss, 2006). Resilience is affected by several factors such as culture, age, strengths and vulnerabilities (Boss, 2006). Therefore, both internal and external resources have influence on resilience of an individual who is experiencing an ambiguous loss.

The theoretical framework of ambiguous loss is derived from the family stress model that is based on the contextual stress approach with an emphasis on resilience. According to Boss (2006), the therapeutic goal is to enhance the tolerance for ambiguity for resilience, rather than using the traditional grief approaches or medical models, provided that the individual pathologies should not be ignored. From this perspective, Boss (2010) developed six guidelines focusing on resilience in order to deal with complicated loss. These circular guidelines should be applied considering individual and cultural differences.

The first guideline, *finding meaning*, discusses how to make sense of the loss because it is specifically challenging in case of ambiguous loss. Giving the problem a name (ambiguous loss), dialectical (both/and) thinking, talking with the peers, spirituality and adjusted family rituals help, while thoughts of revenge, family secrets and seeking for closure hinders this process (Boss, 2010). The second guideline, *tempering mastery*, recommends acknowledging the unjust nature of the world, minimizing and externalizing self-blame, and mastering

the internal self (meditation, prayer, art etc.). The third guideline, *reconstructing identity*, highlights the social constructionist approach to reconstruct one's identity by starting with defining the family boundaries and finding a psychological family for support. The next guideline is *normalizing ambivalence* in order to manage the anxiety caused by conflicted feelings (Boss, 2010). The fifth guideline advises family members to *revise their attachment* with their loved one through new human connections and social activities. The last guideline suggests that family members can *find a new hope* when the ambiguity of their loss is still continuing. Individuals have their own ways of discovering hope, but isolation and self-blame will hinder this process (Boss, 2010).

In addition to these guidelines, there are certain therapeutic methods that can be beneficial while working with ambiguous loss. The first method, dialectical behavior therapy (DBT) features learning new skill sets and generalization of these new skills with a focus on the interactional relationships between individuals and contexts (Feigenbaum, 2007). This therapy method may help individuals and families to develop a sense of dialectical thinking by rejecting the absolutes. The second therapeutic model is cognitive behavioral therapy (CBT) that can be used especially to develop and improve cognitive coping strategies in people who are experiencing ambiguous loss. The third method is called family systems (FS) model, which is also the basis of the ambiguous loss theory. Boss (1999; 2007) recommends this method to deal with boundary and identity ambiguities within the family.

Besides these therapeutic methods, the significance of storytelling is particularly underlined because Boss (2006) states that the most eligible framework for ambiguous loss is social constructionism that focuses on meaning. Therefore, narrative therapy, which is based on storytelling, aims to help individuals to reconstruct their narratives by telling their stories for finding more positive meanings (White and Epton, 1990). This therapeutic approach has been also discussed in the grief literature. For instance, Prilleltensky and Nelson (2002) define narrative therapy as a "particularly promising critical approach" that provides "critical alternatives to oppressive and pathologising practices in psychology" (p.89). Neimeyer, Klass and Dennis (2014) argue a social constructionist model of grief, which describes a narrative process of finding, adjusting or revising the meaning. Likewise, Betz and Thorngren (2006) suggest that narrative therapy in combination with the family stress model will help therapists and consultants to guide families through defining their losses, discovering their current and prospective resources and reconstructing the meaning attributed to the loss in therapeutic terms. The spe-

cific literature on ambiguous loss, however, is even more limited regarding therapeutic approaches. One of the rare studies by Harvey, Stein and Scott (1995) established the efficiency of storytelling in coping with loss and trauma among veterans, whereas Abrams (2001) reported alleviated effects of ambiguous loss when storytelling is used as a way of treatment strategy for resilience.

The ambiguous loss model focusing on context and resilience provides a new insight for the clinicians and therapists with clinical training background. Boss suggests that family- and community-based approaches are the best treatment strategy; clinicians and therapists working with such cases should first identify the psychological family structure as it is of critical importance for the success of the therapy. Furthermore, Boss (2006) especially points out that the therapists should change their own perceptions about ambiguity as they will have to deal with it constantly during the therapy.

The theory of ambiguous loss is currently used as a framework by various studies across the globe, resulting in an extended scope of applicability to different subjects and therapeutic approaches. Unfortunately, there is almost no research in our country where there are many situations of such loss. Therefore, it is believed that research especially on the political missing people and family systems will provide significant contributions to the theory.