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Families and Cultural Intersections in a Global Context

Innovations in Research, Practice, and Policies
Special Session

Global Challenges: How Families Manage the Stress of Ambiguous Loss

(Organized by the Families and Health, Family Therapy, and Research and Theory Sections)

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1:30-2:45 pm

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Outline

- Assumptions and Definitions
- Where Ambiguous Loss (AL) and Boundary Ambiguity (BA) Fit Into the Contextual Model of Family Stress (CMFS)
- Two Types of AL; Global Applications
- What AL is Not
- Update on Loss and Grief
- Cultural Values and Beliefs
- Effects of AL; Assessment
- Therapy and Interventions: Resilience
- Six Guidelines; Both/And Thinking
- Existing Research; Future Directions
Assumptions

- Ambiguous loss is a relational phenomenon (loss of other to whom one is attached).*
- A psychological family can exist in one’s mind.
- Ambiguity complicates loss and thus complicates grief and coping processes.
- The grief is ongoing so there is no resolution.
- Intervention is based on a stress/resilience model; thus focus is on relational rupture, not individual, medical deficits.

* New research -- Ambiguous loss can also be relational to oneself: recognizing the physical or psychological loss of who one used to be.
Definition of Ambiguous Loss

- **Ambiguous loss:** a loss that remains unclear due to incongruence between absence and presence.
- Ongoing and without clear ending.
- Can be physical or psychological, but with each type, there is incongruence between absence/presence.
- Pathology lies in the external social context of ambiguity, not in the individual or family.
- Goal = Finding meaning and **new** hope.

*(FSM3, Boss, Bryant, & Mancini, 2017)*
Definition of Boundary Ambiguity

- The degree to which the family as a whole and its individual members disagree in their perceptions about who is in or out of the family.

- Focus: structural, regarding roles, rules, rituals.

(FSM 3, Boss, Bryant, & Mancini, 2017)
Where Ambiguous Loss & Boundary Ambiguity Fit Into the Contextual Model of Family Stress

Source: Boss, Bryant, & Mancini (2017); Adapted from Boss (2002)
Type 1 AL: Physically Absent but Psychologically Present

- Kidnapping, hostage taking, desertion, disappearance
- No body to bury; no proof of death (9/11, Malaysian airliner, lost at sea)
- War, terrorism and natural disasters (missing persons)
- Incarceration
- Immigration, migration, expatriation
- Divorce, foster care, adoption
- Forced uprooting and relocation
- Military deployment
- Children and youth separated from parents
- Transitioning (may be relevant to Type 2 as well.)

See FSM 3, p. 37, for types of stressor events and situations, e.g., volitional vs.
Type 1
Global Applications
Physical AL: Natural Disaster

March 11, 2011
Earthquake and Tsunami
Fukushima and Northeastern coast of Japan

Physical AL: Political Disappearance
May 27, 2015 (SKYPE)
International Committee of the Red Cross (ICRC)
Tbilisi, Georgia

Accompanying Missing Persons' Families Through Ambiguous Loss:
Regional Conference on the Theory and Practical Application of
the Concept

ICRC (International Committee of the Red Cross) Tbilisi Delegation.

Physical AL: Separation

2018

Mexico/U.S. Border

Separation of parents and children


Physical AL: Disappearance

Disappeared March 8, 2014
Government search ended January 2017

Dr. Boss consults with therapists in Kuala Lumpur via SKYPE on March 16, 2014.
Type 2 AL: Psychologically Absent but Physically Present

- Alzheimer’s disease and the over 70 other diseases and conditions that cause dementia (TBI, etc.)
- Addictions: drugs, alcohol, gambling
- Depression
- Coma
- Serious chronic mental illness
- Autism
- Homesickness (immigration, migration)
- Obsessions: Computer games, Internet
- Ruminations, intrusive thoughts, preoccupations
Type 2
Global Applications
Psychological AL: Dementia Caregiving

Launched in 2017
Finding Meaning and Hope
A Video Discussion Series for Family Caregivers

Sponsored by Duet Partners in Health & Aging
Phoenix, AZ
https://duetaz.org/family-caregiver/

Based on Loving Someone Who Has Dementia (Boss, 2011, Jossey-Bass).
Psychological AL: Dementia Caregiving

Norwegian: Boss, P. (2017). *En jeg er glad i har fått demens* [Someone I love has got dementia]. Oslo, Norway: Conflux AS. http://www.conflux.no/?site=default/1/646/726


Psychological AL: Dementia Caregiving

2014

Waid City Hospital, Zurich (Trainings)


Note:

- Both types of ambiguous loss can occur simultaneously within *one person*: the simultaneous loss of physical and psychological functions (being unable to walk plus loss of cognitive functioning).

- Both types of ambiguous loss can occur simultaneously within *one couple or family* (a husband disappears and a child is addicted to drugs).
What Ambiguous Loss Is Not

with caveats

- Not death, yet depends upon beliefs.

- Not a grief disorder, yet has similar symptoms to complicated grief (Shear et al. 2011).

- Not PTSD (yet traumatic)

- Not ambivalence (because it’s an outcome of ambiguity, not a synonym)

(Let’s look more closely at each item.)
Unlike Death

- AL has no official verification: no official death certificate or information about where they may be; or the lost person is still here and alive but mind and memory are gone (dementia, addiction, etc.).

- AL creates *frozen grief* akin to complicated grief, but the complication is due to the *type of loss—a complicated loss*, not personal weakness.

- Pathology lies in the external context (ambiguity), not in the family or its members.
Unlike DSM-5 Grief Disorder

- Family members with loved ones who vanish physically or psychologically cannot be labeled as sick; the pathology lies in their social context of ambiguity and not knowing.

- Note: they may nevertheless manifest symptoms similar to grief disorders, which are:

  - Intense grief that lasts longer than two weeks, depression with intense grief that interferes with daily functioning (eating, sleeping, working, etc.), preoccupation with lost person, difficulty finding meaning, putting life on hold, chronic sadness.
Unlike PTSD

While both AL and PTSD can lead to depression, anxiety, guilt, psychic numbing, flashbacks, and distressing dreams, differences are:

- **PTSD** is viewed as an individual disorder, medically defined, individually diagnosed and treated. The goal=return patient to health.

- **Ambiguous loss** is a relational stressor, thus relational interventions are needed. The therapeutic goal=resiliency to live with the ambiguity because the loss has no closure. It may continue for years, even across generations.
Unlike Complicated Grief

- With AL, chronic grief is a normal reaction to an abnormal social situation. The source of pathology (ongoing grief) lies in the type of loss—ambiguous—not in the individual psyche. Grief is ongoing because the loss is ongoing.

- Yet, because AL is a complicated loss, it is linked to complicated grief. Without any deficiency in the individual, couple, or family, it can lead to symptoms akin to complicated grief (ongoing state of grief; problems accepting death, lack of trust in others, bitterness about loss, etc. (Shear et al., 2011; mayoclinic.org).
Unlike Ambivalence

- **Different definitions:**
  - Ambivalence means: conflicted emotions
  - Ambiguous loss means: a situation of unclear loss

- **Linkage:** The ambiguity surrounding loss leads to ambivalence about the missing person.

- **Problem:** Conflicted feelings (e.g., love/hate; wishing for remains/wishing for life) creates overwhelming guilt and anxiety.

- **Goal:** Talk about and normalize conflicted feelings but not harmful actions.
Update on Loss & Grief

A. Focus: More Nuanced Types of Grief
- Disenfranchised Grief (Doka, 1989)
- Chronic Sorrow (Harris, 2010; Olshansky, 1962; Roos, 2002)

B. Focus on Living With Grief; No Need to “Get Over It;” No Time Line
- Becvar, 2001
- Boss, 2006-2011
- Boss & Carnes, 2012
- Boss & Ishii, 2015
- Kissane, 2011
- Kissane & Parnes, 2014
- Neimeyer, Harris, Winokuer, & Thornton, 2011
C. Focus on Types of Loss (Context)
- Traumatic Loss (van der Kolk, McFarlane, & Weisaeth, 1996/2007)

D. Focus on Resilience Instead of Closure
- Becvar, 2001
- Boss, 2006, 2012b
- Hawley & DeHaan, 1996
- Film: *Wind River*, etc.
- Masten, 2001
- McCubbin & McCubbin, 1993
E. Focus on Family/Community After Loss

- Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003
- Boss, & Ishii, 2015
- Kissane, 2003, 2011
- Kissane & Parnes, 2014
- Robins, 2013
- Saul, 2013
Cultural Views of Loss and Grief

Mastery over Nature (more Western view)
- One can master anything if you try hard enough.
- Loss and grief are things to “get over.”
- We can cure, fix, solve anything.
- Successful people don’t suffer.

Harmony with Nature (more Eastern view)
- Suffering is part of life.
- Thinking that suffering can be avoided is ego wanting its own way.
- It is possible to have a good life while living with the suffering of loss.

(Boss, 2006)
Beliefs About Loss and Grief

- **More Eastern Views**
  Desire to stay in touch with ancestors who often perform a symbolic role, e.g., they watch over the missing family members. (Fukushima)

- **More Western Views**
  Need for closure, need to be productive again, “need to get over it,” discomfort with others who are suffering.

- **East and West:** Rituals of comfort provided for families after a death but often withheld from families suffering with ambiguous loss. (e.g., 9/11 in New York City, 3/11/11 earthquake, tsunami in northeastern Japan)

- Community support vs. self-reliance.
Ambiguous Loss and Religious Beliefs

- Yes, tolerance for ambiguity is faith in the unknown.
- But, no correlation between the religious and non-religious in their tolerance for ambiguity.
- Thus we pay less attention to specific religious beliefs than to meaning.
- Unless you are trained in theology, do not ask about religion. Ask instead: *What does this situation mean to you?* Then follow their lead. Self-blame or desire for revenge are serious concerns.
Individual Effects of Ambiguous Loss

- Depression
- Anxiety
- Hopelessness (no meaning); brain does not like ambiguity
- Helplessness (no mastery without facts)
- Confused identity (Who am I now?)
- Increased ambivalence: social, not psychiatric
- Anxious attachment (insecure, searching)
- Frozen grief (sadness vs. depression)
Sadness vs. Depression

- **Sadness:** mildly grieving and unhappy, but still functioning; oscillation.
  *Intervention:* human connection, peer groups, social support and activities.

- **Depression:** sadness so deep one cannot function; cannot care for self or others.
  *Intervention:* professional psychotherapy, family therapy, perhaps medication.

(Adapted from Boss, 2011, pp. 26 & 130.)
Family Systemic Effects

- Family conflict: cutoffs, rifts, alienation
- Family rituals/celebrations: cancelled
- Roles: confused; who does what?
- Family/couple boundaries: who is in, who is out? Not clear.
- Family decision making: process frozen
Assessment: Family Roles

- What marital/family roles or tasks have you lost? Gained?
- How do you manage the change?
Assessment: Family Rules

- Who has the power to make the decisions and plans for daily routines?

- Is gender, race, age, class, religion affecting your ability to cope?

- Is safety, poverty, or economic security an issue?
Assessment: Family Rituals

- What family and community celebrations, holiday events, and religious rituals did you observe before your ambiguous loss?

- How did you and your family adapt your usual rituals and celebrations since your ambiguous loss?

- Did your community recognize your loss? Help memorialize? (e.g., Malaysian airliner; Jim Gray; National Memorial for Peace & Trust, Montgomery, AL--memorials can be political) Also See Robins, 2013; Saul, 2013.

- Involve families of the missing in deciding whether or how to memorialize.
The goal for therapy and intervention is this: **resilience to live with loss**. Why?

- With “not knowing” the facts of life or death, or whereabouts of the lost person, there can be no finality or closure.

- Grief remains frozen (Boss, 1999/2000) and is understandably ongoing. The culprit is ambiguity.

- When a stressor of ambiguity has no solution or cure, the **treatment goal is to build enough resilience** to live with it.
What Is Resilience?

- Family resilience is the path the family follows as it adapts and prospers in the face of stress in the present and over time (paraphrased, Hawley & DeHaan, 1996).

- Strengths forged through adversity (Walsh, 2012).

- Ordinary magic (Masten, 2001).

- With ambiguous loss, resilience is having a high tolerance for ambiguity (Boss, 2006).
Update on Resilience
(Boss 2006; Boss, Bryant, & Mancini, 2017)

- Resilience is more than recovery.
- Resilience is more common than we thought.
- There are often uncommon pathways to resilience: e.g., family, community, culture, spiritual beliefs, etc. (See Boss, 2006, Ch. 3.)

Cautions About Resilience

- Resilience is not always desirable (injustice, abuse).

- Focus on resilience may ignore symptom focus (need both).

- Strength-based therapy assumes agency and power. The disenfranchised need more than resilience; they need empowerment.
How to Increase Resilience to Live with Ambiguous Loss

1. Name the stressor as “ambiguous loss.”
2. Use both/and thinking. . .
3. As opposed to absolute thinking. Give up on the absolute of closure because ambiguous loss can last for years, even through generations; the task is to live with it while still having a good life.
4. Hold two opposing ideas at the same time (both/and thinking).
5. Hold the ambiguity.
6. Be comfortable with unanswered questions: Keats.
7. Embrace ambiguity, not closure.

Let’s look more closely at each item on this list.
Name the Stressor

- Name the stressor as “ambiguous loss” so people can begin their coping process.
- We can’t cope with a problem until we know what the problem is.
- The problem is the ambiguity!
Use Both/And Thinking

Encourage client/patient/family to do the same.

Examples:
- She is both gone—and still here.
- I must find a way to both hold on—and let go.
- He is both here—and gone.
- I have both the anxiety of no closure—and the opportunity to move forward with new relationships and interests.
- I am both sad about my lost hopes and dreams—and happy about some new
...As Opposed to Absolute Thinking

- **Nothing is wrong**: Deny that anything is wrong; “Nothing has changed. Dad is only forgetful because he is aging. Let him drive.”

- **Premature closure**: Person is alive, but extruded from the family. “He is dead to me.” “She no longer knows me so I no longer visit her.”

- **Binary thinking**: She is either alive or dead and gone; nothing in between.
Hold Two Opposing Ideas at the Same Time (Both/And Thinking)

“The test of a first rate intelligence is the ability to hold two opposed ideas in the mind at the same time, and still retain the ability to function.”

Hold the Ambiguity

- Give up on perfectionism in human relationships.
- Embrace the paradox of absence and presence.
- Temper your need for control, mastery.
- See anxiety from ambiguity as normal, not as an illness. But manage it.
Embrace Ambiguity, Not Closure

- Enjoy paradox. Absent can be present; the present can be absent.

- Practice, have fun with ambiguity: Go fishing, walk a new trail, go sailing, play a new game, go for a drive without GPS or map, play a new sport, enjoy improvisation in theater or music, travel alone to a new place.

- Do something different; do something spontaneously. Take a risk; get out of your comfort zone.

- Modify your need for certainty.
Guidelines for Resilience to Live Well Despite Ambiguous Loss

Finding Meaning
Adjusting Mastery
Reconstructing Identity
Normalizing Ambivalence
Revising Attachment
Discovering New Hope

Boss, 2006, 2011, 2017
Finding Meaning

Finding Meaning: How can I make sense of my loss?

See Boss, 2006, Chapter 4, pp. 73–97.
Adjusting Mastery

Adjusting Mastery: Recognizing you can’t control everything

Research Update

ICRC Testing AL Intervention: Many people, because of discrimination, prejudice, stigma, poverty, war, or terrorism have little or no mastery or control. Their mastery needs to be increased, not decreased, to find the resiliency needed to move forward with their lives (Robins, 2010, 2013). Instead of “tempering mastery,” we now use the term “adjusting mastery,” up or down, depending on cultural context.

See Boss, 2006, Chapter 5, pp. 98–114.
Reconstructing Identity

Reconstructing Identity: Who am I now?

See Boss, 2006, Chapter 6, 115–142.
Normalizing Ambivalence

Normalizing Ambivalence: Mixed emotions

Revising Attachment: Letting go while remembering

See Boss, 2006, Chapter 8, pp. 162–176.
Discovering New Hope

See Boss, 2006, Chapter 9, pp. 177-196.
These six guidelines are also helpful in building our professional resilience.
Update on AL Research

**Ambiguous Loss Research Using Qualitative Methods**


Update on AL Research (cont.)

Update on AL Research (cont.)


Update on BA Research

Boundary Ambiguity Research Using Quantitative Methods


Update on BA Research (cont.)


### Boundary Ambiguity Research Using Qualitative Methods

Update on BA Research (cont.)

Boundary Ambiguity Research Using Mixed Methods


Future Directions

- Personal ambiguous loss
- Transitioning
- Global warming
- Global migrations, volitional and forced
- Gender, race, ethnicity
Summary
Presentation Based On:

- www.ambiguousloss.com
Additional References & Readings

Additional References & Readings (cont.)


Additional References & Readings (cont.)

Additional References & Readings (cont.)

Additional References & Readings (cont.)

- Mayoclinic.org, complicated grief.
Additional References & Readings (cont.)

Additional References & Readings (cont.)


Coming Fall 2018
AL Online Training Course

The University of Minnesota’s Department of Family Social Science is offering an online noncredit professional development certificate program led by Dr. Pauline Boss, professor emeritus and the groundbreaking therapist revered as a pioneer in the interdisciplinary study of ambiguous loss. Human relationships are often traumatized by ambiguous loss, however this unique kind of loss is just beginning to be discussed in professional texts and training courses. Understanding the difference between ambiguous loss and other kinds of loss will help you serve students, clients, and patients more effectively.

Cost: Multiple options. $100 for just the introductory module, or $500 for entire program. You will earn a professional development Certificate of Completion and 15 CEUs from the University of Minnesota.

Learn more: