

Ambiguous Loss

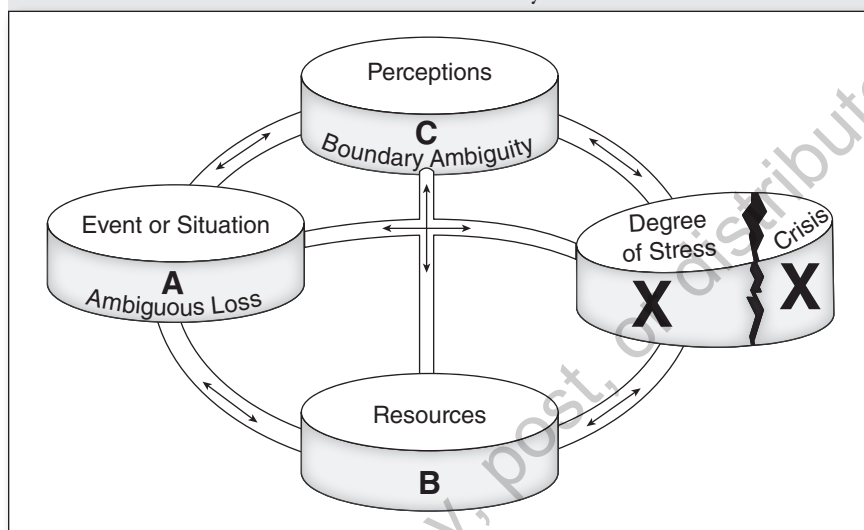
A Major Stressor

Pauline Boss coined the term *ambiguous loss*. Her earliest work was on “psychological father absence in intact families” (1973), then on boundary ambiguity in families of soldiers missing in action (1975b, 1977, 1980b; Boss & Greenberg, 1984), and finally on ambiguous loss (1987, 1991, 1999, 2004a, in press). While boundary ambiguity was operationalized by roles and membership in what family social scientists Kingsbury and Scanzoni (1993) called “neo-structure functionalism,” since the 1990s, Boss and others have focused on the broader construct, ambiguous loss. To clarify each construct, we have devoted a chapter to each. We discuss ambiguous loss in Chapter 4, followed by boundary ambiguity in Chapter 5.

When a family member’s absence or presence is unclear, the stressor event or situation is called *ambiguous loss*. It is the A factor in Figure 4.1. How the family as a whole and its individual members perceive the situation is called *boundary ambiguity*, a construct that belongs under the C factor in Figure 4.1.

While the goal of ambiguous loss is meaning, the goal of boundary ambiguity is structural. That is, the goal of work with ambiguous loss is to find some meaning in the absence of facts, whereas the goal with boundary ambiguity is to clarify family membership and roles, who is in or out of the family and who does what in the family. To decide which construct is of interest to you and relevant to your particular work, we recommend that you read both Chapters 4 and 5 and then decide which best fits your needs at this time. (Also see Boss, 1992, 2004b, 2006, 2007a).

Figure 4.1 Where Ambiguous Loss and Boundary Ambiguity Fit Into the Contextual Model of Family Stress



Source: Adapted from Boss (2002).

Ambiguous Loss Theory

Here are two stories: The first illustrates physical ambiguous loss, and the second illustrates psychological ambiguous loss.

Computer scientist and Turing Award winner Jim Gray sailed out of San Francisco Bay on January 28, 2007 and has not been seen since. No debris from the red sailboat was ever found nor is there any proof of death. His family and colleagues in the computer industry still do not know what happened to him. (Silberman, 2007)

Country singer legend Glen Campbell continued singing on tour with his family despite growing dementia from Alzheimer's disease. In 2015, he sang his final words to the world: "I'm still here but yet I'm gone." He recognized his own ambiguous loss. His family and fans learned from his public acknowledgment and gained strength from his ability to keep singing as long as he did. (Silverman, 2007; Albert & Keach, 2014)

Ambiguous loss is a loss that remains unclear and thus without closure. Unlike verifiable death, there is no official validation that any loss has occurred. The family is left in a limbo of confusion and unanswered questions. Ambiguous loss is a complicated loss, with reactions similar to those of complicated grief (Shear et al., 2011). This means that the frozen grief of ambiguous loss (Boss, 1999) may be easily misconstrued as a personal disorder. With ambiguous loss, however, the loss itself remains unresolved, sometimes for years. The family's grief continues not because of psychiatric weakness but rather because of the ambiguity of loss. The pathology lies in the persisting ambiguity, not the family.

Ambiguous loss is a relational phenomenon. That is, one cannot experience ambiguous loss unless previously attached to the missing person. Because attachment is a prerequisite, ambiguous loss is an inherent part of family relationships.

Premise

The premise of ambiguous loss theory is that the pathology lies in the external context of ambiguity, not in individual or family deficits. Thus, the model is stress based. The goal of interventions is to build enough resilience to lower stress and anxiety caused by ongoing ambiguity.

With ambiguous loss, family members have few options: to hold out for the truth or to develop a new narrative they can live with. In the absence of truth, we hope for the latter. To do this requires increasing the tolerance for living with unanswered questions. Without definitive information to clarify the loss, many learn to live well within the paradox of absence and presence (Boss, 2006).

To repeat, ambiguous loss centers on meaning, while boundary ambiguity centers on structure. There are thus essential differences in assessment or measurement. Here we briefly discuss the general aspects of assessment regarding ambiguous loss.

Because ambiguity is difficult to quantify, ambiguous loss has been assessed primarily with phenomenology or with qualitative methods. Yet some researchers have quantified some aspects of ambiguous loss—for example, outcome or length of time missing (Robins, 2010, 2014). Family gerontologists Blieszner, Roberto, Wilcox, Barham, and Winston (2007) found that using a combination of qualitative and quantitative measures provided a more accurate assessment of the meaning and outcome of ambiguous loss experiences. Although their study was of older families with mild cognitive impairment, studying people of any age or type of ambiguous loss may benefit from multiple methods. However, this requires a team that has competence in both quantitative and qualitative methods as well as in clinical practice. For recent examples of researchers who tested the theory of ambiguous loss with various populations and situations, and with various methodologies, see the special issue of *Journal of Family Theory and Review* (Blume, in press). For more examples, see Additional Readings, this chapter.

Types of Ambiguous Loss

There are two types of ambiguous loss. The first type is *physical ambiguous loss (Type I)*, which occurs when a loved one is physically absent but kept psychologically present because there is no assurance of death or permanent loss; that is, “Gone but not for sure.” Catastrophic examples include missing persons due to war; terrorism; ethnic cleansing; genocide; disappearances (sea, air, land); or natural disasters such as tsunamis, earthquakes, mudslides, and floods. More common examples of physical absence with psychological presence are military deployments, giving up a child for adoption, not knowing who your birth parents are, being placed in foster care, divorce, desertion, or leaving family behind after immigration. More recently, researchers have added gender transitioning to this list as some families feel they lost the loved one they thought they had; at the same

time, the transitioning person may feel as if *they* have lost their family (Norwood, 2012, 2013a, 2013b; Wahlig, 2015). You may think of other examples.

The second type is *psychological ambiguous loss (Type II)*. This stressor situation occurs when a person to whom you are attached is physically present but psychologically absent; that is, “Here but not here.” Catastrophic examples are Alzheimer’s disease and other dementias, traumatic brain injury, autism, serious chronic mental illness, and addictions. More common examples are serious preoccupations with computer games, the Internet, or work. The person is physically present but psychologically unavailable to others at that time.

Both types of ambiguous loss can occur simultaneously to one person or family. For example, after 9/11 in New York City, a woman had a missing husband at the same time she was caring for her mother who had Alzheimer’s disease. Some children who had a missing parent said that they lost *both* of their parents on 9/11 (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003). What they meant was that their remaining parent was so depressed that they also seemed “gone” even though they were physically present at home with them (Boss et al., 2003).

With both types of ambiguous loss, the ambiguity continues as long as there is no definitive information about the whereabouts or fate of the absent person. The sailor is never found; the dementia deepens. A child is autistic; a soldier disappears. Ambiguous losses often remain mysteries that enable families to keep a sliver of hope that the missing person may reappear. To add to the confusion, sometimes they do.

Effects of Ambiguous Loss

Regardless of the type of ambiguous loss, it is the ambiguity that immobilizes family processes. With no rituals of support for losses other than death, families are left on their own to cope. Isolation increases as friends and neighbors don’t know what to do or say to the families of the missing. For these reasons, ambiguous loss is viewed as a systemic relational rupture and not a psychiatric condition (Boss, 2006, 2012a). Processes of decision making, coping, and grieving are frozen (Boss, 1999). People are stuck because they are in the dark about what is happening. While ambiguous loss is a family variable, it is systemic at multiple levels, and we must pay attention to each level.

Individual Level

For individuals, ambiguity freezes the grief process (Boss, 1999) and prevents cognition, thus blocking processes of coping and decision making. In not having definitive information, people are immobilized with feelings of helplessness, hopelessness, and confusion that may continue for years, even across the generations. The lack of information and “not knowing” can create a chronic hyper vigilance, anxiety, anxious attachment, chronic sorrow, or depressive symptoms (Boss, Roos, & Harris, 2011).

What to do? If this occurs, the individual should find someone to talk with—a professional, a peer, or another family member. Also, others in the family

should take notice and talk with that person, offer help, and if needed, go with him or her to a professional therapist or counselor. Negative thoughts and feelings about a missing person are normal but wanting to act on them is not. Seeking retribution, for example, only compounds the pain of kidnapping.

Family Level

On the family level, ambiguous loss ruptures relationships and freezes or blocks coping, decision making, and grief processes (Boss, 1999, 2006, 2011). In the absence of facts, family members typically disagree on how they see the situation of loss so conflict tends to increase; the incongruence among perceptions becomes a trigger for dissent. Some see the loss as temporary; others see it as final. Still others want to wait and see. Without intervention, permanent family alienations and cutoffs may result. In addition, the family often cancels holiday rituals, gatherings, and celebrations, thinking that this is the proper thing to do. The family then becomes even more isolated and is without the human connection so essential to their resilience.

What to do? We highly recommend that families continue their usual celebrations and rituals, albeit with modifications. A wedding may take place at a nursing home chapel so as to include a frail grandparent; birthday celebrations may be moved in time and place to accommodate the loss situation. Flexibility is the key to continuing the rituals and celebrations that are the core of family life, even in times of adversity.

Community Level

Because of the ambiguity surrounding the loss, there may be little or no community support. Friends and neighbors are uncomfortable with lingering sadness and grief and instead may seek closure. Well-meaning people may do this in either of two extremes: They may treat the ambiguous loss like a death in the family, or they may ignore or deny it as if nothing has happened. Neither of these extremes is helpful to families of the missing.

What to do? Community members must acknowledge the stress that families of the missing are experiencing. They can best do this with memorialization (Robins, 2014) or a gathering of flowers or other symbols or a person-to-person acknowledgment of their ambiguous loss with a simple “I am so sorry.” Neighbors, colleagues, and friends must provide support as they might for a death in the family (bringing food, driving, helping with chores) but should not push the family for closure. Telling them to get over it or to consider the lost person as dead is cruel. Rather, staying with a simple, “I am so sorry,” while intentionally increasing their own tolerance for ambiguity is best.

Being a supportive community member means visiting a neighbor who is ill, helping a caregiver who is overwhelmed with work, or simply remembering those who went missing in war or other disappearances. What families need to know is that others in their community recognize their unique kind of loss and are patient with them, as the grief from ambiguous loss often has no end point.

Core Assumptions for Working With Ambiguous Loss

As we stated in Chapter 1, we need to know the assumptions embedded in any theory before we can determine if it will be useful in guiding our work or research. The following are the assumptions for working with ambiguous loss (Boss, 2004b, 2007b, in press).

1. The Myth of Closure

When loss remains ambiguous, there is no possibility of closure (an end point). We assume, therefore, that sadness and grief continue for as long as the ambiguity continues, even for a lifetime or across the generations, as with slavery, the Holocaust, and more recently, events such as 9/11 or more personal ambiguous losses you know about. The void is never closed or resolved. This lack of closure is not pathology, as some would suggest. Rather, we assume it is the inevitable outcome of ambiguous loss. The window for change lies in shifting perceptions (Boss, 1992, 2006).

2. The Paradox of Meaning

We assume that understanding that some losses are senseless, and always will be, can give people the permission and freedom to let go of searching for the perfect but illusive end point. In this way, families are more likely to accept the paradox of finding some new meaning even in meaninglessness. This often means working for a larger purpose or cause in honor of the missing or memorializing them so they are not forgotten (for more, see Betz & Thorngren, 2006; Boss & Carnes, 2012; Boss & Dahl, 2014; Boss & Ishii, 2015).

3. The Psychological Family

We assume that family relationships are psychological as well as physical. The psychological family exists in people's minds and hearts (Boss, 1999, 2006; Fravel, McRoy, & Grotevant, 2000). This is akin to the idea of fictive kin¹ or families of choice² except that the family here can exist in one's mind. That is, the family can be comprised of loved ones now deceased or ancestors long gone but still remembered or called upon in times of trouble.

4. The Primacy of Perceptions—or Perceptions Matter, but They Are Not All That Matters

Values and beliefs are culturally based; thus, we assume perceptions will vary about the same stressor event or situation of ambiguous loss. This could be true even within the same couple or family and is highly likely within a community or city.

5. Cultural Differences in Valuing Mastery

We assume that suffering from ambiguity and not knowing is more problematic in Western cultures where the assumption is that people can avoid suffering and solve problems than in cultures that are more fatalistic or believe in destiny. We assume that the more mastery-oriented people are in their beliefs and values, the more difficulty they will have with ambiguous loss.

6. Cultural Differences in Tolerance for Ambiguity

We assume that cultural beliefs and values will influence how a family tolerates ambiguous loss and how it is perceived. Sometimes those beliefs and values are rigidly closed to individual and family differences; this is why some families experience a great deal of upheaval or conflict when dealing with homosexuality or divorce. Family therapy researcher Hernandez and social work researcher Wilson (2007) found that religious values and beliefs that were intolerant of lesbian, gay, bisexual, and transgender (LGBT) persons and also of divorce, merged into an untenable situation of distress. One just needs to read the newspaper to see that many religious cultures and congregations today insist on homogeneity and will not tolerate the ambiguity that comes from accepting diversity.

7. With Ambiguous Loss, Truth Is Relative

We assume that in situations of ambiguous loss, truth is, in reality, unattainable and thus becomes relative. That is, in the absence of facts, family members understandably will make up their own truth about the loss. Scholars, too, make unique assumptions. Instead of the usual epistemological question about truth, we ask, “How do people manage to live well despite not knowing?” Understanding ambiguous loss follows what sociologists Klein and White (1996) called the interpretive approach to knowing, with truth being subjective—meaning it is perceptual.

8. A Narrower Meaning of Resilience

In situations of ambiguous loss, we assume resilience has a specific meaning—being able to live well despite unanswered questions. Said another way, resilience means having a high tolerance for ambiguity. The goal is to find meaning without the benefit of facts. (For differentiation from the concept of coping, see Chapter 7.)

9. Linear Stage Theory Is Incompatible With Ambiguous Loss Theory

Theories or intervention models that involve stages or linear steps (e.g., Kübler-Ross’s [1969] stages of grief) are not conceptually congruent with ambiguous loss theory. Rather than a linear stage model, we assume that the process of regaining resilience despite ambiguous loss is more compatible with postmodern dialectical systemic process models (e.g., see Hernandez & Wilson, 2007; Additional Readings, this chapter). More appropriate terms to use when working with ambiguous loss are themes, systems, processes, and dynamics (Boss, 2007b)—any terms that imply movement, paradoxical possibilities toward change, and diverse paths to resilience (Boss, 2006; see also Chapter 7).

These are core assumptions for working with people experiencing ambiguous loss. With more understanding of the underlying assumptions, we now move to a discussion of interventions that can be used to help families manage the stress of ambiguous loss.

Interventions: What Helps With Ambiguous Loss?

A new way of thinking is required for living well with ambiguous loss. We call this *both-and thinking*. This means we hold two opposing ideas at the same

time: “My father is here but also gone” or “My missing sibling is probably dead but maybe not.” Family members, individually and collectively, quickly learn to think in this practical way of coping with ambiguous loss. Some see this as the thesis and antithesis of dialectical thinking, but more simply, it is what poet John Keats called *negative capability*. (Keats loved mystery and wrote to his brother with a positive spin on ambiguity.) Keats believed people were “capable of being in uncertainties, mysteries, doubts, without any irritable reaching after fact or reason” (Forman, 1935, p. 72). He believed that we all have the ability to accept uncertainties, that not every question has to have an answer, and that not every problem has to be solved. Furthermore, he believed that ambiguity is the place where we more fully understand our existence and who we are. Negative capability is the ability to embrace life’s mysteries. It allows us to let things go, without feeling guilty about not being able to solve a problem or find an answer to a question (Boss, 2011).

While more research is needed, this way of thinking helps people reduce their stress from an ambiguous loss (Boss, 2006, 2011, in press). Why? We propose that with ongoing ambiguous loss, holding two opposing ideas in one’s mind at the same time is easier and more calming than absolute thinking (“He is gone for sure and dead to me” or “She is here and the same as she always was; nothing has changed”) (Boss, 1999, 2004b, 2006, 2011).

As families apply both-and thinking, Boss (2006) proposes six guidelines for use by family therapists, social workers, educators, nurses, clergy, and families themselves. Although we refer you to Boss (2006), the guidelines are summarized briefly here:

1. Finding meaning: This means making some sense out of the situation.

What Helps? Giving the problem a name: “ambiguous loss”; talking with peers; using both-and thinking; increasing one’s tolerance for ambiguity; continuing but adapting family rituals and celebrations.

What Hinders? Seeking revenge, retribution, or closure; family secrets; isolation.
2. Adjusting mastery, up or down: This involves increasing one’s agency to live with the ambiguity or decreasing one’s need for fixing or solving the problem.

What Helps? Knowing that the world is not always fair; decreasing self-blame; externalizing blame; mastering one’s internal self (meditation, prayer, mindfulness, yoga, exercise, music, etc.).

What Hinders? Believing that you have failed if you are not “over it.”
3. Reconstructing identity, seeing oneself in a new way now that someone is missing: “Am I a wife or widow if my husband is missing?”

What Helps? Finding supportive family members or a “psychological” family; redefining family/marital boundaries: who’s in, who’s out, who plays what roles, who you are now.

What Hinders? Not wanting to change who you are or what you do.
4. Normalizing ambivalence: This is tolerating the tension of mixed emotions and conflicted feelings.

What Helps? Normalizing feelings of love and hate; wishing for the ambiguity to be over with evidence of death and then feeling guilty for having that wish.

What Hinders? Not talking with anyone about these negative feelings.

5. Revising attachment: This means letting go while also holding on to someone you love.

What Helps? Recognizing that your loved one is both here and gone (grieving what you have lost, acknowledging/celebrating what you still have); finding new human connections.

What Hinders? Holding on without also developing new attachments.

6. Discovering new hope: This suggests imagining a new way of being with or without the missing person.

What Helps? Becoming more comfortable with ambiguity (spirituality); laughing at absurdity; redefining justice; finding something you can control or master to balance the ambiguity.

What Hinders? Isolation; insisting on always having the answer; seeking closure instead of meaning.

These intervention guidelines are now being tested in Eastern cultures by humanitarian researchers/practitioners in the field (Hollander, in press; Robins, 2010, 2013, in press). Thus far, the only change is that the guideline title “tempering mastery” is now changed to “adjusting mastery” because in some cultures, especially patriarchal cultures, wives of missing husbands have no status or agency because they are now neither wife nor widow. They need to be empowered, thus increasing their mastery and agency, not tempering it (Robins, 2010).

The most difficult step in managing and coping with ambiguous loss is to make sense of it—that is, to gain meaning from it. Gaining meaning from ambiguous loss, however, is even more difficult than doing so from a death in the family because the stressor situation is unclear. While it is difficult to find meaning in ambiguity, research findings and clinical observations (Boss, 1999) indicate that the following characteristics appear to influence how and whether families gain meaning despite having a family member with Alzheimer’s disease (physically present but psychologically absent). These characteristics appear to emanate from (1) the family of origin and early social experiences, (2) spiritual beliefs and values, (3) habits of thinking optimistically versus pessimistically, and (4) beliefs about mastery and how the world works.

This list begins to identify the protective factors and resources that help keep families resilient in the difficult process of finding meaning in ambiguous loss. Further research is needed to identify both diversity and commonalities in how this occurs.

What Ambiguous Loss Is Not

To more precisely understand what ambiguous loss is, and to alleviate misunderstandings with similar terms, we now state what it is *not*.

Ambiguity Is Not Ambivalence

While ambivalence is a feeling or emotion, ambiguity is a cognitive state of having no answer. Ambivalence means having simultaneous positive and negative feelings about a person or object such as love and hate. In the case of an abusive father, a child may have conflicted feelings of love and hate for his father because it is confusing to have a parent who is not acting like a parent—protecting his child and not hurting him. Although there is much written about ambivalence in psychiatric manuals, it is important here to differentiate the type of ambivalence. Here, the ambivalence from ambiguous loss is not a psychiatric condition, but a “social rupture.” We repeat: The ambiguity is the culprit. For more about the theoretical linkage of ambiguity to ambivalence, see Boss (2006), Boss and Kaplan (2004) regarding marital partners where one spouse has been institutionalized due to Alzheimer’s disease, and Roper and Jackson (2007), family scientists who discovered themes of ambivalence (and guilt) in mothers of profoundly disabled children who were placed in out-of-home care. Such examples emphasize the need to normalize ambivalence by differentiating between psychiatric and social causes.

Ambiguity Is Not Uncertainty

Scholars sometimes use the term “uncertainty” as synonymous with “ambiguity.” We discourage this because uncertainty has a literature and scale of its own in the field of nursing, where it focuses on illness diagnosis (Mishel, 1981, 1990). There is also the Uncertainty Reduction Theory used in communication studies (Berger & Calabrese, 1975). For precision and theoretical consistency, we strongly recommend using the terms “ambiguity” or “unclear” when discussing ambiguous loss.

Ambiguous Loss and Spirituality

Some clergy have said that having tolerance for ambiguity is having faith in the unknown. While there is indeed a connection between spirituality and ambiguous loss, Boss (2006) states that there is no pattern of prediction as she has also worked with religious people who have little tolerance for ambiguity and nonreligious persons who do. What then is the critical factor? It may be finding the meaning without having proof. It may be tolerating doubt. Marital and family resilience may emanate more from being able to find meaning in unanswered questions than from a particular dogma.

Ambiguous Gain Versus Ambiguous Loss

An idea Boss raised in 1980 but did not develop is ambiguous gain. As Carroll, Olson, & Buckmiller (2007) point out, ambiguous gain is an area ripe for study. While it is obvious that gain is different from loss, the terms are alike in that change in family boundaries (losses or gains) can lead to incongruent perceptions of who is in and who is out of the family—with subsequent conflict

or alienation. Examples of ambiguous gains (Boss, 1980a) may be a new baby from birth or adoption, gaining in-laws, or in-home professional help such as nannies or professional caregivers who are in the home regularly to tend to an elder or disabled child. Today, there is both ambiguous gain and loss in families where someone is transitioning gender (Wahlig, 2015). While encouraging more study on ambiguous gain, Boss's focus has centered on ambiguous loss. Why? Because it is the stress of loss (more than gain) that lies at the core of human suffering. In the 1970s, when she began her work, few, if any, family scholars were studying loss. The lack of research on loss as a major family stressor was surprising. It may have been because loss was an unpopular idea. Back then, most people preferred to focus on gain.

What we hopefully understand now is that ambiguous loss is a unique construct that is not synonymous with ambivalence or uncertainty, nor is it a spiritual tolerance for the unknown. We hope the definition of ambiguous loss is made clearer and more precise by peeling away what it is not.

Conclusion

In reality, it is rare that loved ones are totally present or totally absent. This means that many of us have already had some experience in coping with ambiguous loss—a break up, a parent deployed by the military, a noncustodial parent moving away, a partner relocating for work, or unwanted separations from long-time friends. Once we see that absence and presence in human relationships are frequently unclear, then we begin to understand the possibilities of managing to live well despite the stress of ambiguous loss.

Summary

This chapter described ambiguous loss and explained the premises behind the theory. With ambiguous loss, there is no closure; the loss is unclear. This can leave individuals and families feeling confused and hopeless. Those feelings can last for years, even a lifetime, and may lead to depressive symptoms or anxiety. Given the relational nature of ambiguous loss, one must have been previously attached to the missing person in order to experience it. This stress-based theory posits that the pathology exists in the external context of the family, rather than the individual. Remember, making sense of the loss is the most challenging aspect of coping with ambiguous loss. Living with ambiguous loss is possible, but a new way of thinking is needed. Families must be able to engage in what is called “both-and” thinking.

Points to Remember

1. *Physical ambiguous loss (Type I)* occurs when a loved one is physically absent but kept psychologically present because there is no assurance of death or permanent loss.

2. *Psychological ambiguous loss (Type II)* occurs when a person to whom you are attached is physically present but psychologically absent.
3. Both types of ambiguous loss can occur simultaneously in one person or family.
4. Ambiguous loss is viewed as a systemic relational rupture and not a psychiatric problem.
5. With ambiguous loss, family members have few options: (1) either hold out for the truth or (2) in the absence of solid evidence of the loved one's death, develop a new narrative with which they can live.
6. When loss remains ambiguous, there is no possibility of closure (an end point) for sadness and grief. This lack of closure is not pathology.
7. Theories or intervention models that involve stages or linear steps are not conceptually congruent with ambiguous loss theory.

Notes

1. *Fictive kin* refers to family-type bonds that are not based on blood ties or marriage.
2. "The idea of 'families of choice' was framed as a form of political affirmation towards rights for homosexual ways of life, particularly in the USA" (Weston, 1991, as cited in McCarthy & Edwards, 2011, p. 56).

Discussion Questions

1. What events (current or past) have you heard or read about that reflect individuals or families experiencing ambiguous loss? (Try to identify an event that was not mentioned in this chapter.)
2. What would be more difficult for you to do: deal with a loved one who is physically absent but psychologically present or deal with a loved one who is physically present but psychologically absent? Why?
3. How are some people able to live well without knowing if a loved one is alive or dead? Why are some people able to live with ambiguity?
4. How does ambiguity freeze the grieving process?
5. How can an individual experience both types of ambiguous loss at the same time?

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