

Ambiguous Loss and Clinical Context

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Agenda

- Overview of Ambiguous Loss theory
- Impacts of Ambiguous losses in cultural context
- Review of framework for clinical application
- Application of framework in case scenario(s)

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Ambiguous Loss Theory: Pauline Boss: see 2006

Developed to understand the losses we experience most often not attributed to a death: losses with profound effect and unresolved.

Ambiguous Losses are External and outside of personal control; more pronounced ambiguity leads to greater stress and potential conflict.

A constant state of Stress often unrecognized: people must hold paradigm of “both/and” without ‘closure’ and an inherent conflict.

Is this person/support here (real) or not?

Boss: Two Types of Ambiguous Loss: creates disruptive effect

Two Types (can exist simultaneously)

Type 1: ***physical absence with psychological presence (missing person)***

Type 2: ***psychological absence with physical presence (dementia)***

Some Potential Areas of Difficulty:

Ambiguous Boundaries, Psychological Family Construction, impact of Non-validated or unclear losses, Stigma/oppression.

Ambiguous Loss: Ambiguity & Ambivalence

Ambiguity: perceptual response of system to loss, impact on relationships. This ambiguity may be described as ‘things are fuzzy, foggy’, lack of clarity about roles, duties, who is in charge or does tasks.

Ambivalence: conflict of internal feelings.

We often experience Ambivalence: but does not mean we are experiencing an ambiguous loss.

Ongoing Boundary ambiguity and/or Ambivalence may lead to ambiguous loss(es).

Core Elements

1. Structural Changes occur in relationships; not an internal dysfunction
2. The Change is Undesired and out of One's Control.
3. Changed patterns can create stress
4. Role of Psychological Family is critical
5. Meaning Making is often Interrupted
6. Focus on learning to develop resilience

& living with paradox of
“Both/And”

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The Both/And Paradox

Juxtaposition of emotional feelings and reactions:

I both love and feel so angry
with.....about.....

I want to be with my family and I dread
what will happen.....

I want to trust (others), feel like I can't,
yet I still care about them.

**This is an emotional maturity
skill tied to resilience.**

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Construct of Psychological Family and Importance across cultural contexts.

The role of the psychological family is essential in identifying sources of both emotional and physical supports.

Assess for full scope of family definition beyond biological ties: kinship, friends who are 'adopted' as family, chosen family or other key supports and resources.

Can be community, interpersonal or Other (remember pets).

Ambiguity become Disruptive

Ongoing Stress is unresolved and starts to negatively impact psychological, physical, spiritual well-being. People are often trying to manage or suppress reactions.

The ongoing lack of clarity (ambiguity) Leads to disruptions in identified family system. Breakdown in roles, Communication, support.

CLOSURE does not Exist

Let's Practice: Type of Ambiguous Loss

Physical Absence (type 1)

Psychological Absence (type 2)?

- 1. Caregivers preoccupied with work: child lonely**
- 2. Adult with schizophrenia often not invited to extended family events.**
- 3. Trans identified youth is only allowed to have friends visit who are not trans or nonconforming.**
- 4. A Mixed Race couple attends family wedding; the spouse is not permitted in 'family photo'.**
- 5. Children of parent with cognitive decline aren't sure who should make decisions.**
- 6. Female Youth has male sibling with chronic illness: states "it feels like I don't exist".**

Cultural Contexts

Appreciation for the Psychological Family in all its varied forms has strong cross-cultural capacity.

Spiritual and/or Religious Differences: moral & ethical values of more fundamental thinking.

Racial/Cultural Constructs: feeling 'othered', family expectations, gendered norms

Sexual Orientation and Gender Identity:

Family Norms related to Expectations, Assigned Roles, Identity. I.e. who is The Outcast/Bad Apple/Rebel?

Clinical Application: Boss, 2006

6 Therapeutic Goals:

1. Finding Meaning

2. Tempering Mastery (desire to control)

3. Reconstructing Identity

4. Normalizing Ambivalence

5. Revising Attachments

6. Discovering Hope

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Finding Meaning

Name the problem, practice dialectical thinking, spirituality, forgiveness, rituals, focus on personal positive attributes, sometimes life asks us to give for the greater good, perceiving suffering as a part of life, cultivating hope.

What interferes: hate/revenge, keeping secrets, disillusionment, if a loss was sudden and violent

Methods: Narrative and dialectical approaches, identifying family & community support, attaining sense of hope

Tempering Mastery:

Not about control or ability to be in charge of one's life, destiny. This is challenging. We struggle between exertion of will and not falling into helplessness

Explore how the world is not always just and fair, externalizing blame, decrease self blame, identify past competencies, look at decisions, increasing opportunities for some successes, accepting what will not change, knowing the exceptions

What interferes: beliefs that if I try hard enough, it will be different, bad things do not happen to good people, blaming self or others for not solving the problem

Methods: focus on human connection, not separation or Judgment, recognize where those ideas come from, acceptance of what is, managing internal self desire to control

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Reconstructing Identity:

Individual, couple, family, community, Race/Tribal: what are the messages we received about identity and what we are 'supposed' to be like?

What helps: defining boundaries, recognizing what we are/are not, gender roles, family roles, themes about family, community, creating new rituals? Examine shared values and views

What Interferes: identities that have been stigmatized, discrimination, forced uprooting (generational/historical trauma) isolation or disconnection, Hanging onto one absolute identity.

Methods: Narrative, reconstruction of roles and boundaries with family if possible, becoming flexible with gender and generational roles.

Recognize EX identities (not a victim), look at cultural identity, broaden family rules for problem solving.

Normalizing Ambivalence:

If it's unconscious, can become paralyzing (ambiguity feeds ambivalence, that feeds uncertainty about what to do)...guilt, depression, anxiety. The lack of information adds to confusion.

What helps: normalizing negative feelings, but not harmful actions, arts to express, regain personal agency, look at supports, bring feelings into the open, see conflict as a positive, develop tension for tolerance, CBT

What Hinders: too much focus on symptoms, expecting typical coping and adaptations to work.

METHODS: focus on being present, be aware of the debate and all that influences that.

Asking about mixed emotions, frustration, avoid seeking closure, cognitive coping (CBT methods)

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Revising Attachments:

This is not detachment or denying the loss. Examine relational and reciprocal connections we have with others, not necessarily about letting go or forgetting.

RESILIENCE often shows up first as protest, followed by hope, moving to a place where the absence is acknowledged.

What Interferes: disowning and repressed feelings, avoiding pain.

What helps: moving from despair to protest, thinking systemically, maladaptive actions are not pathology, finding rituals and ceremonies, encouraging ongoing discussion, including children and family members to discuss and plan in the revision of attachments and roles, art/play therapy.

Methods: TIME, building on trust, family genograms, Creating safe place for people to talk, explore trauma with support, group work to build new connections, Community interactions for relationships.

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Finding Hope:

Hope is believing the future will be better...positive thoughts with expectations that it will be fulfilled. Hope is not optimism, but that meaning will focus for future, being comfortable with uncertainty.

What helps: finding spirituality, imagination, humor, patience, redefining justice, forgiveness, new rituals, revising the psychological family.

What Hinders: without the dialectical process, hope may be unrealistic or dysfunctional outcomes, seeking closure when there is none, hoping an abuser/user will 'see the light'...terminal illness.

Methods: Narrative exploration of ideas, hopes,
What new goals or dreams are possible.

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Case Scenario:

James is a 30-year old gay white male living in an urban city since age 18. He grew up in a small, Midwest town 400 miles away. He has two older brothers who live near his parents. They are both married and have children. James has infrequent contact with his family. While they are 'okay' with James' being gay, they rarely raise the topic. James learned 6 years ago that he contracted HIV. He started a relationship with Paul shortly after. Paul is Black and he is out to his family, but they all live on the East Coast. Paul's family is more receptive to their relationship, and often ask about James during phone calls or video chats. The couple have not visited Paul's family since COVID began due to James' health. James and Paul own their home, and both work full time at jobs they enjoy. James does delivery work and is taking college courses at night. He hopes to teach someday as Paul is also a teacher. They have a few friends and identify as being 'introverts' who prefer being together but also have job related concerns. James has begun having some health problems of pain in his feet and legs. He takes a few medications, and an anti-depressant. He was recently hospitalized due to a car accident that severely fractured one leg, requiring surgery. He will be out of work for several weeks and developed a lung infection. He seems quite depressed and hasn't had visitors other than Paul.

What are some potential ambiguous losses?

Type 1

Type 2

This is a “Snapshot”: Look at these Resources:

Boss, P. (1999). *Ambiguous loss*. Harvard University Press.

Boss, P. (2006). *Loss, trauma and resilience: Therapeutic work with Ambiguous Loss*. New York: W. W. Norton & Company.

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Anderson, S. O. & McGuire, J. K. (2021). “I feel like God doesn’t like me”: Faith and Ambiguous loss among Transgender youth. *Family Relations*, 70, 390-401.

Knight, C. & Gitterman, A. (2019). Ambiguous loss and its disenfranchisement: The need for social work intervention. *Families in Society*, 100(2), 164-173.

LeFebvre, L. E. & Fan, X. (2020). Ghosted? Navigating strategies for reducing uncertainty and implications surrounding ambiguous loss. *Personal Relationships*, 27, 433-459.

<https://www.ambiguousloss.com/>

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