



# AMBIGUOUS LOSS

LEARNING TO LIVE WITH  
UNRESOLVED GRIEF

PAULINE  
BOSS

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*Learning to Live with  
Unresolved Grief*



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## *Frozen Grief*

I GREW UP IN A MIDWESTERN IMMIGRANT COMMUNITY where everyone I looked up to came from someplace else. Parents and grandparents had crossed the Atlantic in the early 1900s to find a better life in the fertile valleys of southern Wisconsin. But it wasn't always better, because ties had been severed with beloved family members back in Switzerland. Letters came at least until World War II, but they were bittersweet. They always ended with lines like "Will we ever see each other again?" I remember my father being melancholy for days after he got a letter from his mother or brother. And my maternal grandmother pined ceaselessly for her mother back in her homeland. She knew they would never meet again because poverty and then World War II prevented travel. Homesickness became a central part of my family's culture. I never really knew who was in or out of our family—or where home really was. Was it in the old country or the new? Were these people I had never seen or met really my family? I did not know them but I was keenly aware that my father and grandmother did. Many times their thoughts

- 2     seemed far away. Their losses of beloved family members were never resolved, and so those who lived with them also experienced the ambiguity of absence and presence.

What I as a child thought was my Walton-like family on a farm in southern Wisconsin was not the family portrait my father or my maternal grandmother would have painted. Their version of family would have included people I had never met—relatives across the Atlantic who existed only in their memories. Because part of what they thought of as “family” was always out of physical reach, and because we lived in a community where immigrants were numerous, homesickness was considered normal. Longing for faraway family members was so common that at an early age I became curious about this unnamed loss and the melancholy that never went away. It was all around me. Many times I heard my father with his heavy accent telling young foreigners who came for his counsel, “Don’t stay away from your homeland more than three months or you’ll never again know where home is.” I wondered what he meant.

For more than forty years, I remained rooted in that immigrant community, the village of my birth, commuting to the nearby University of Wisconsin in Madison when I became a student there and, later, a professor. When I finally uprooted myself, I understood my father’s words. Even though my move to the Twin Cities of Minneapolis and St. Paul was minor compared with his, I too became confused about where home was. Not only did I think a lot about the folks back home, but I refused to sell my house there and kept it furnished—as if I were coming back at any moment. But as time went on, I could see that a big city offered adventure and excitement. I set about finding a new home—a small carriage-

house loft—and new friends. My children came to visit during their breaks from college and work, and I talked often on the phone with my sister and mother. With such opportunities for visits, homesickness was short-lived. I became clear about where I wanted to be even though everyone in my family was someplace else.

Although I always felt some misgivings about what I had lost by leaving my hometown, they did not immobilize me. Things were easier for me than for my elders because my immediate family ties were not cut off by poverty and world war. Nevertheless, the move from village to metropolis was a shock. At my vulnerable moments, my family was “there” for me. One day I found in front of my mailbox a heavy package wrapped in brown paper, tied with butcher cord, and stamped with a massive amount of postage. It was a shoebox full of my father’s home-grown potatoes. “Make some soup,” my mother wrote. “It will help make you feel at home there.” And it did.

The family that exists in people’s minds is more important than the one recorded in the census taker’s notebook, especially when family members are increasingly separated and on the move because of work demands, unemployment, domestic break-ups, war, or simply their own choices. The immigration experience provides special insights into how people learn to let go of what used to be in order to embrace the new. Personal narratives illustrate the bittersweet legacy of ambiguity about psychological presence and absence for immigrant families, especially when the psychological family is not in accord with the physically present family. Unless people resolve the ambiguous loss—the incomplete or uncertain loss—that is inherent in uprooting, and bring into

- 4 some congruence their psychological and physical families, the legacy of frozen grief may affect their offspring for generations to come, compounding itself as more ordinary losses inevitably occur.<sup>1</sup> This is the legacy of immigration and migration that lies at the root of many personal and family problems.

As a researcher and a family therapist, I have worked with more than four thousand families, and am convinced that families are psychological as well as physical entities. What I look for is some degree of congruence between the physical and the psychological constructions of family, for without knowing who is perceived as absent or present in both cases, children and adults may not function optimally. Without knowing who is routinely and fully *there* for them as family, people find it difficult to function normally.

In a sense I use the word “family” loosely, but my criteria are nonetheless rigorous. By family I mean that intimate group of people whom we can count on over time for comfort, care, nurturance, support, sustenance, and emotional closeness. Family can be people with whom we grew up—called the family of origin—or it can be people we select in adulthood—called the family of choice. The latter may include biological or nonbiological offspring or no offspring at all. Instead, we might be an “auntie” or an “uncle” to a relative’s or friend’s children, or the stepparent to a partner’s child. This view of family stresses the criterion of being present—psychologically and physically—even more than that of being biologically related.

We aren’t always absolutely clear about *who is family*, even in our own families. The composition of the family



keeps changing in the minds of family members as conditions change and losses and additions occur. The real family is often not obvious to outsiders, but who's in and who's out is something that the professional therapists who work with couples and families need to know. When people experience ambiguous losses, causing confusion and distress, the psychological family becomes especially important in efforts to minimize the pain. Yet there must be some congruence between the psychological and the physical if families are to function well.

Although the clinical literature has been mostly silent on ambiguous loss, the phenomenon has always been the stuff of opera, literature, and the theater. In these genres, losses that remain vague and uncertain are embellished. Homer's Penelope waits for her missing husband; Arthur Miller's father in *All My Sons* insists his son is alive long after a fatal air crash. We romanticize what we cannot understand and take pleasure from stories about the waiting of Odysseus' wife and Puccini's Butterfly. The very situations that people least understand stir their unconscious. For the one who experiences it, however, the ambiguity of waiting and wondering is anything but romantic. Ambiguous loss is always stressful and often tormenting. Information about it belongs in the literature of psychotherapy as well as in the arts. Perhaps the reason that few, except artists, have written about ambiguous loss is that it is so common in people's lives. To be sure, the phenomenon is not new, but the explicit labeling and describing of it on the basis of clinical research and observation is new.

Of all the losses experienced in personal relationships, ambiguous loss is the most devastating because it remains

- 6 unclear, indeterminate. An old English nursery rhyme encapsulates the distressing feeling of uncertainty:

As I was walking up the stair,  
I met a man who was not there.  
He was not there again today.  
Oh, how I wish he'd go away.

Here we see the absurdity of not being certain about a person's absence or presence. People hunger for certainty. Even sure knowledge of death is more welcome than a continuation of doubt.

Consider an old woman in Bosnia hugging a fleshless skull that she takes for her son, on the sketchy evidence of a familiar shoe found nearby. This woman is suffering from a unique kind of loss that defies closure, in which the status of a loved one as "there" or "not there" remains indefinitely unclear. One cannot tell for sure if the loved one is dead or alive, dying or recovering, absent or present. Not only is there a lack of information regarding the person's whereabouts, there is no official or community verification that anything is lost—no death certificate, no wake or sitting shiva, no funeral, no body, nothing to bury. The uncertainty makes ambiguous loss the most distressful of all losses, leading to symptoms that are not only painful but often missed or misdiagnosed. Open any newspaper and you'll find a story of this unique kind of loss—an airplane crash in a Florida swamp leaving families devastated because the bodies of their loved ones cannot be found, or a mother hanging yellow ribbons for her son who mysteriously disappeared over a decade ago, or the child of a pilot shot down somewhere over southeast Asia still hoping he will come walking out of the jungle some day. Ambiguous

loss always results from war and violence, but it works even more insidiously in everyday life. Mates leave, children leave, coworkers get fired, parents grow old and absent-minded. Our hunger for absolute certainty is rarely satisfied even in the relationships we believe are permanent and predictable.

Ambiguous loss can cause personal and family problems, not because of flaws in the psyches of those experiencing the loss, but because of situations beyond their control or outside constraints that block the coping and grieving processes. Therapy based on the recognition of the ambiguity of the loss frees people to understand, cope, and move on after the loss, even if it remains unclear. The major theoretical premise underlying therapy is this: the greater the ambiguity surrounding one's loss, the more difficult it is to master it and the greater one's depression, anxiety, and family conflict.

Perceiving loved ones as present when they are physically gone, or perceiving them as gone when they are physically present, can make people feel helpless and thus more prone to depression, anxiety, and relationship conflicts.<sup>2</sup> How does ambiguous loss do this? First, because the loss is confusing, people are baffled and immobilized. They don't know how to make sense of the situation. They can't problem-solve because they do not yet know whether the problem (the loss) is final or temporary. If the uncertainty continues, families often respond with absolutes, either acting as if the person is completely gone, or denying that anything has changed. Neither is satisfactory. Second, the uncertainty prevents people from adjusting to the ambiguity of their loss by reorganizing the roles and rules of their relationship with the loved one, so that the couple or family relationship freezes in place. If they have not already closed out the person who is missing physically or psy-

8 chologically, they hang on to the hope that things will return to the way they used to be. Third, people are denied the symbolic rituals that ordinarily support a clear loss—such as a funeral after a death in the family. Few if any supportive rituals exist for people experiencing ambiguous loss. Their experience remains unverified by the community around them, so that there is little validation of what they are experiencing and feeling. Fourth, the absurdity of ambiguous loss reminds people that life is not always rational and just; consequently, those who witness it tend to withdraw rather than give neighborly support, as they would do in the case of a death in the family. Finally, because ambiguous loss is a loss that goes on and on, those who experience it tell me they become physically and emotionally exhausted from the relentless uncertainty.

With this special kind of loss, the ambiguity can stem either from a lack of information about the loss or from conflicting perceptions about *which* family members people see as absent or present in their intimate circle. For example, children of a soldier missing in action have no information about the whereabouts of their father and don't know if he is dead or alive, but children in a divorced family may know where their father is, even see him, yet disagree with their mother as to whether or not he is still part of their family.

There are two basic kinds of ambiguous loss. In the first type, people are perceived by family members as *physically absent* but psychologically present, because it's unclear whether they are dead or alive. Missing soldiers and kidnapped children illustrate this type of loss in its catastrophic form. More everyday occurrences include losses within divorced and adoptive families, where a parent or child is viewed as absent or missing.

In the second type of ambiguous loss, a person is perceived as physically present but *psychologically absent*. This condition is illustrated in the extreme by people with Alzheimer's disease, addictions, and other chronic mental illnesses. It can also occur when a person experiences serious head trauma, first becoming comatose and then waking up a different person. In more everyday situations, people who are excessively preoccupied with their work or other outside interests also fit this category.

Both types of ambiguous loss, their effects, and how people live with them are discussed in subsequent chapters, but first, ambiguous loss and reactions to it must be more clearly differentiated from ordinary loss.

In both types of ambiguous loss, those who suffer the loss have to deal with something very different from ordinary, clear-cut loss. The most obvious ordinary loss is death, an event codified by official verification—a death certificate, a funeral ceremony, and a ritualized burial, entombment, or scattering of the ashes. In the case of a death, everybody agrees that a permanent loss has occurred and that mourning can begin. The great majority of people deal with such a loss by what we might call normal grieving. In normal grieving, as Sigmund Freud wrote in 1917 in "Mourning and Melancholia," the goal of recovery is to relinquish one's ties to the loved object (person) and eventually invest in a new relationship. This is the difficult work of mourning, but it is a process that is meant to end. From this perspective, people who are emotionally healthy are expected to resolve a loss and move on to new relationships—and to do so relatively quickly.

But a few people react even to clear-cut losses with what Freud called pathological melancholia, and what therapists

10 today usually call melancholia or complicated grieving, in which a person remains stuck on and preoccupied with the lost object. Examples are a widow's refusal to eat, an orphaned child's temper tantrums, and a widower's reclusive behavior.

In the case of ambiguous loss, however, melancholia, or complicated grieving, can be a normal reaction to a complicated situation—the endless searching of a battlefield by the mother of a missing soldier; a stepchild's angry outbursts when his biological parent is totally excluded; a wife's depression and withdrawal because her husband has suffered a brain injury and is no longer himself. The inability to resolve such ambiguous losses is due to the *outside* situation, not to internal personality defects. And the outside force that freezes the grief is the uncertainty and ambiguity of the loss.

When people suffering ambiguous loss seek treatment and are evaluated in the traditional way, they often look dysfunctional, exhibiting readily diagnosed symptoms such as anxiety, depression, and somatic illnesses. The question that therapists and physicians should add to their diagnostic repertoire is this: Is the patient experiencing any ambiguous losses that might account for his or her immobilization? Even in otherwise healthy people, the uncertainty of such a loss can diminish power and get in the way of action.

Surely, people with unclear losses should not blame themselves—or other family members—for their frozen grief. Nor should clinicians limit their assessment to the internal dynamics of the patient. Unlike death, an ambiguous loss may never allow people to achieve the detachment that is necessary for normal closure. Just as ambiguity complicates loss, it complicates the mourning process. People can't start grieving be-

cause the situation is indeterminate. It feels like a loss but it is not *really* one. The confusion freezes the grieving process. People plummet from hope to hopelessness and back again. Depression, anxiety, and somatic illnesses often set in. The symptoms affect the individuals first, but can radiate in a ripple effect that impacts the whole family, as people are ignored or, worse yet, abandoned. Family members can become so preoccupied with the loss that they withdraw from one another. The family becomes a system with nobody in it.

This scenario, of course, plays out in varying degrees of severity, depending on the family and the nature of the loss. To see how ambiguous loss can affect a contemporary family, let us consider the problems of Mr. and Mrs. Johnson, who though not debilitated were becoming increasingly distant.

Mr. Johnson, a corporate executive in a large firm, called me to see if he could bring his wife in for therapy. A psychiatrist was treating Mrs. Johnson with medication for her depression and had recommended family therapy as well. When the couple arrived for their first visit, it was as if there were two strangers in the room. They did not interact with each other at all, but only interacted with me. They both reported feelings of confusion about their marriage and "couldn't sort it out." "Our marriage is a façade—there's no warmth anymore," said Mrs. Johnson. It emerged that she had felt alone for many years. Mr. Johnson was out of town much of the time or stayed long hours at the office. She never knew when or if he was coming home. When he did come home, she said, "He's extremely busy; he doesn't talk about anything and doesn't ask about my life or the children. I volunteer the information but he doesn't seem interested." About a year ago, she confronted him about his absence and he exploded, "My career is

12 more rewarding than our relationship; I'd *rather* be traveling!" She was devastated and since then has become increasingly depressed, barely making it through the day. Their two children are now in high school, needing her less and appearing only briefly in the kitchen before disappearing into their private bedrooms to their own TVs, their own computers, and their own telephones. In addition, after some probing, Mrs. Johnson revealed that her mother was also "leaving her" because she was "slipping away into dementia."

The Johnson family was full of ambiguous losses. Although neither husband nor wife could name what they were experiencing beyond the depressive symptoms that were so obvious in Mrs. Johnson, the ambiguous losses in this family were insidiously taking their toll on everyone. The marriage was empty and so was the family. To ease Mrs. Johnson's depression, the system would have to change (her children were willing, her husband was not, her mother could not be)—or she would have to change and learn to accept the ambiguity that surrounded her. But better yet, there was a middle ground. She needed to clarify for herself who was *irretrievably* lost—and mourn for them—as well as clarify who was still there for her in relationships that could be challenged, revitalized, and begun anew or restructured. That process became the basis for our couple and family therapy, during which I used the knowledge I had gained over the years about the devastating effects of ambiguous loss.

### *Studying Ambiguous Loss*

The research that enabled me to identify the phenomenon of ambiguous loss was conducted with the families of pilots



declared missing in action in Vietnam and Cambodia. It was 1974, and I was collaborating with staff at the Center of Prisoner of War Studies in the U.S. Naval Health Research Institute in San Diego. We interviewed the wives of missing pilots in their homes, and it was from them that I first learned about the power of ambiguity in complicating loss. I tried to determine how to ease their stress in spite of the ambiguity they had to live with—in many cases, for a lifetime. Not only was there a lack of information, but there was no official verification that anything had been lost. Interviews with forty-seven families of MIAs, conducted in California, Hawaii, and Europe, showed that the wife's continuing to keep her husband psychologically present in the family when he was physically missing negatively affected both her and her family. When she kept her MIA husband psychologically present for emotional support and help in decision-making, the family exhibited higher conflict and a lower level of functioning.

In one family, for example, discipline for unruly children was nonexistent because the mother always said, "Wait until your dad comes home." In another case, a wife deferred financial decisions because her husband had always made them. Overall, a wife's emotional health was improved by giving up on the search for evidence of her husband's return and by becoming involved in new relationships. This study, which showed that the presence of a family member is psychologically, if not physically, measurable, was the first to demonstrate that ambiguous loss is distressful and leads to depressive symptoms. It also indicated that neither physical presence nor physical absence tells the whole story of who is in and who is out of people's lives, because there is also a