Therapeutic Work with Ambiguous Loss

Presented by Family Caregiver Alliance
Therapeutic Work with Ambiguous Loss

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www.ambiguousloss.com

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Introduction

- **Brief History:** AL theory development: read text pp. 1-22
- **Assumptions:**
- There is a psychological family: read text ch. 1
- A stress/resiliency focus balances the existing medical/pathology focus: (See Figure 1.2)
Figure 1.2

Page 12 – Figure 1-2 Where Ambiguous Loss and Boundary Ambiguity Fit into the Family Stress Model

What is Ambiguous Loss?

- A loss that is unclear and thus has no closure
- A situation or problem that has no answer and thus no resolution
- Difference b/w Ambiguous Loss and ordinary loss from death
- Difference b/w Ambiguous Loss and trauma, PTSD, complicated grief. Read text pp 1-22
Why Does It Matter?

- Due to the ambiguity surrounding the loss, individuals, couples, and families remain confused. Without comprehension, they can’t make sense of their situation to cope. Without meaning, they can’t find hope to help them move forward with their lives. They are simply stuck.
Two Types of Ambiguous Loss

- Type I: physical absence with psychological presence (e.g., missing, disappeared, kidnapped, separated, military deployment)

- Type II: psychological absence with physical presence (e.g., addictions, dementia, chronic mental illnesses: e.g., autism, depression, bipolar, schizophrenia, etc.) (see Figure 1.1)
Figure 1.1 Catastrophic and unexpected types of ambiguous loss situations, which cause varying degrees of boundary ambiguity.

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AL Types (con’t)

- Type I and II often overlap in same person, couple, or family.

- Either type can be catastrophic or more common.

Questions?
Effects of Ambiguous Loss

1. Immobilizes individuals and thus their relationships
2. Confuses decision making processes
3. Freezes the grief process
4. Blocks coping processes
5. Prevents closure
6. Leads to feelings of helplessness, hopelessness, exhaustion
Relational Outcomes of Ambiguous Loss

- Couple/family conflict
- Separation, divorce, cut offs
- Cessation of family rituals/celebrations
- Mistrust of professionals and their credibility
- Anger at professionals (social workers, etc.)
Individual Outcomes of On-Going Ambiguous Loss

- Depression
- Anxiety
- Substance abuse
- Violence
- Suicide
Assessment

- How physically present is the family member in question?
- How psychologically present is he or she from your view (and from medical view)?
- Might this change over time?
- What can family members do to enhance cognitive and emotional presence, or is there nothing they can do at this time?
Assessment (con’t)

- Describe *perceptions* of the missing person’s physical and psychological presence in your life.
- Use multiple methods: narratives, qualitative data, quantitative data.
- See special issue of the journal, *Family Relations*, March 2007, for examples.
Assessment Questions for You to Use: Family Boundary Ambiguity

- Who is “family” now for you? Has it changed due to the AL? Who is in; who is out?
- How do you see the missing person’s place in your marriage/family now?
- Who is there for you now?
- Have some of the professional team become “like family” to you now?
- What other help or support do you need?
Assessment Questions (con’t): Role Ambiguity

- What family roles/tasks have you *lost* as a result of this AL situation?
- What family roles/tasks have you *gained*?
- How do you manage these changes due to the AL?
Assessment Questions (con’t): Role Ambiguity

- What parental/family rules have changed?
- Is gender an issue?
- Is generation an issue?
- Who does what? (e.g., chores, meals, housekeeping, care giving, decision making, money management)
- Is there “a team” approach, or does it fall to one person to hold the family together?
Questions (con’t): Ritual Ambiguity

- What family or community celebrations, rituals, events did you celebrate as a couple/family before the AL occurred?
- Now?
- How did you (or your community) reconstruct family rituals and celebrations to fit the circumstances now? (Note: This is a good place to start with interventions.)
Interventions: Structure, Focus, Goal

- Individual and multiple family meetings in a community setting
- Professional training in family therapy
- Open door policy vs. termination
- Cognitive and emotional interventions
- **Focus:** Resiliency (increasing one’s tolerance for ambiguity and change)
- **The Goal:** Moving forward despite ambiguity and uncertainty
The Six Guidelines for Intervention
(Read Boss, 2006, chapters 4-9)

- Finding Meaning
- Tempering Mastery
- Reconstructing Identity
- Normalizing Ambivalence
- Revising Attachment
- Discovering Hope

Questions?
A Circular Model

- The six guidelines are NOT a linear stage model. They are CIRCULAR and meant to be applied as a process model for working over time with families of patients with chronic conditions that cause ambiguous loss.
Systemic Perspective

- All of the interventions are addressed to each family member; life cycle issues become important here.
- Each person will have their own perceptions, so there is often conflict over the differences in how the family sees the situation of AL.
- Work with dyads/families to accept these differences in perceptions of the physically or psychologically missing person.
Interventions: What Helps and What Hinders?

#1: Finding Meaning

- **What Helps?** Naming the problem; dialectical thinking; seeing suffering as part of life . . .

- **What Hinders?** Desire for revenge; secrets. .

Read Chapter 4, Finding Meaning, pp. 73-97
Intervention (con’t)

#2: Tempering Mastery

- **What Helps?** Recognizing where views of mastery come from; externalizing the blame. . .

- **What Hinders?** Too much mastery; too little mastery; blaming oneself for not being able to fix all problems. . .

Read Chapter 5, Tempering Mastery, pp. 98-114
#3: Reconstructing Identity

- **What Helps?** Redefining who family is; who plays what roles? Being flexible about gender and generation.

- **What Hinders?** Discrimination and stigma; hanging on to one absolute identity.

Read Chapter 6, Reconstructing Identity, pp. 115-142
#4: Normalizing Ambivalence

- **What Helps?** Being aware of one’s ambivalence; normalizing negative feelings and guilt, but not harmful actions.

- **What Hinders?** Ambivalence; expecting typical coping strategies for managing ambivalence.

Read Chapter 7, Normalizing Ambivalence, pp. 143-160
#5: Revising Attachment

- **What Helps?** Thinking dialectically (both/and); moving from despair to protest; relational intervention (family/community meetings, peer group support) to help build new human connection.

- **What Hinders?** Over-emphasis on individualism and self sufficiency; expecting closure on a lost relationship.

Read Chapter 8, Revising Attachment, pp. 162-176
#6: Discovering Hope

- **What Helps?** Increasing one’s tolerance for ambiguity; redefining justice; imagining options; laughing at absurdity; recreating family/couple rituals. . .

- **What Hinders?** Insisting on closure, termination, an end point to the stress of ambiguity and loss.

Read Chapter 9, Discovering Hope, pp. 177-195
Conclusion

- Ambiguous Loss is a traumatic loss, but it is ongoing (due to the ambiguity of absence and presence) and thus has no closure.
- AL is irresolvable loss and thus produces symptoms similar to complicated grief.
- AL is a relational condition and thus requires relational interventions.
- The AL framework can be used by various professionals for various illnesses or conditions. It is thus a more inclusive lens.
Conclusion (con’t)

The Ambiguous Loss lens is stress based, not medically based, and thus more readily accepted by individuals and families who, through no fault of their own, are often immobilized by loved ones who are missing – partly absent or partly present.

Recap and Final Questions
Pauline Boss originated the term, Ambiguous Loss, and is the principal theorist. See website www.ambiguousloss.com

The contents of this presentation were based on her books:

Loss, Trauma, and Resilience, WW Norton, 2006
Ambiguous Loss, Harvard University Press, (paperback) 2000