

# The Myth of Closure

PAULINE BOSS\*  
DONNA CARNES†

To read this article in Spanish, please see the article's Supporting Information on Wiley Online Library ([wileyonlinelibrary.com/journal/famp](http://wileyonlinelibrary.com/journal/famp)).

*Therapies for grief and loss have traditionally focused on the work of grieving. The goal was to reach an endpoint, now popularly called closure. There are, however, many people who, through no fault of their own, find a loss so unclear that there can be no end to grief. They have not failed in the work of grieving, but rather have suffered ambiguous loss, a type of loss that is inherently open ended. Instead of closure, the therapeutic goal is to help people find meaning despite the lack of definitive information and finality. Hope lies in increasing a family's tolerance for ambiguity, but first, professionals must increase their own comfort with unanswered questions. In this article, the authors, one a poet, the other a family therapist and theorist, offer a unique blending of theory, reflection, and poetry to experientially deepen the process of self-reflection about a kind of loss that defies closure.*

*Keywords:* Ambiguous Loss; No Closure; Unresolved Loss; Unresolved Grief; Meaning Making; Sadness Versus Depression; Self-Reflection; Complex Grief

*Fam Proc* 51:456–469, 2012

In the world of grief and mourning, there is a type of loss that defies closure even with healthy families. It is called *ambiguous loss*, a term coined in the 1970s to illustrate a unique kind of loss when a loved one disappears in body or mind.<sup>1</sup> A family member vanishes *physically* with no verification of whereabouts or fate as dead or alive or fades away *psychologically* from dementia and other cognitive or emotional impairments. In either case, grief is inherently complicated, not by psychic weakness but from the profound complications of loss shrouded in doubt. Meaning is ruptured, relationships go awry, and family conflict increases. When a loved one is here but not here, or gone but not for sure, the family as a whole, and the individuals in it, struggle as their story continues without an ending.

To illustrate that closure is a myth, we begin with the extreme example of ambiguous loss, but ultimately make the point that there is ambiguity in a validated death as well. Yet in a culture that craves certainty, the idea that closure is impossible is still resisted, despite professional updates in knowledge. To deepen the understanding of why some losses will, through no fault of the mourner, resist closure, we encourage reflection about one's personal experience with loss, clear or ambiguous.

\*Department of Family Social Science, College of Education and Human Development, University of Minnesota, St. Paul, Minnesota.

†San Francisco, California.

Correspondence concerning this article should be addressed to Pauline Boss, Department of Family and Social Science, College of Education and Human Development, University of Minnesota, 299F McNeal Hall, 1985 Buford Ave., St. Paul, MN 55108. E-mail: [pboss@umn.edu](mailto:pboss@umn.edu).

<sup>1</sup>In the early 1970s, Boss researched families of soldiers missing-in-action using the more quantifiable term *boundary ambiguity* (1973, 1975, 1977). As a clinician, however, she sought a less structural term, coining the term *ambiguous loss*. While Boss used her term *ambiguous loss* in papers written in the 1970s, its first appearance in *Family Process* was in 1984 (Boss & Greenberg, 1984). For more information, see [www.ambiguousloss.com](http://www.ambiguousloss.com).

For this reason, we note at the outset that both authors live with ongoing ambiguous losses. For Boss, it was growing up with homesick immigrant elders, living with an addicted spouse, and subsequently, divorce. For Carnes, it is living with a mother suffering from Alzheimer's disease—and a scientist husband who vanished without a trace, having sailed out to sea 5 years ago, never to be seen again (Association for Computing Machinery, 2012; Carnes, 2008; Silberman, 2007).

Mystery persists with ambiguous loss, sometimes forever—and even across generations. People desperately search for meaning in the unrelenting confusion; the mind tries to make sense of the nonsensical. When loss has no certainty, the search for meaning is excruciatingly long and painful, but it is the only way to find resiliency and some measure of peace. Carnes searches for meaning through writing poetry,<sup>2</sup> and Boss searches for it still through her theoretical and clinical writing (Boss, 1999, 2002, 2004a,b, 2006, 2007, 2011).

This article then melds the disparate voices—poetry and theory—into a duet that explores the yearning for closure within the context of a cultural heritage of massive un-resolved loss. Both poet and therapist share the same experiential discovery about ambiguous loss, that one can live with it. Rather than closure, the goal is a search for meaning. This discovery, a hopeful one, is that at some deeper level, we can personally and professionally hold the incompleteness of our particular story. It is as it is, unfinished.

At a personal level, this discovery challenges yet again the validity of closure. It is not only a mythical, unobtainable goal, but also an especially unhealthy goal to expect of those who must carry ambiguous loss, for years or even a lifetime.

To reflect on the idea of closure and its persistence, think of this article as a kind of performance, with narratives, reflections, and poetry intermingling throughout. The academic narrative sets the frame, the reflections transition from theory to experiential, and the poetry punctuates with intensity of real life experience and feeling. Paradoxically, each part could stand alone, but together, they more fully enrich one's understanding of *why* and *when* closure is impossible.

## THE PROCESS OF LIVING WITHOUT CLOSURE

The process of living without closure, however, is made more difficult by those who cannot hold that ambiguity. They cannot distinguish between official death versus ambiguous loss. As Carnes discovered,

People wanted to call me a “widow” right after my husband disappeared; they psychologically resisted thinking of ambiguous loss as anything other than death. They would say, “Oh, Donna, just call yourself a widow. It will make your life easier and no one will know the difference”—except, of course, I was so mindful of the difference. To call myself a widow was diminishing my life experience. It was another way of tucking away what happened under the cultural veneer of a *closure* word.

The extreme experience of ambiguous loss serves to remind us professionally and personally that closure never really happens. If we understand that point more deeply through the example of ambiguous loss, with its profound anxiety about the unknown, then we may grow less terrified about death.

What we know is that people can and do carry the ambiguity and live well despite such loss. The journey, however, is even more challenging if one must carry two different ambiguous losses at the same time. Carnes reflects:

<sup>2</sup>Rutlin, L., curator. (2010). *Perception*. [Exhibit]. Madison, WI: Pyle Center, University of Wisconsin; Rutlin, L., curator. (2012). *Seasoned*. [Exhibit]. Madison, WI: Pyle Center, University of Wisconsin; Sweitzer-Beckman, M., curator. (2012). *Sonata*. [Exhibit]. Madison, WI: Benedictine Life Foundation; Sweitzer-Beckman, M., curator. (2013). *Now*. [Exhibit]. Madison, WI: Benedictine Life Foundation; *The Blue Hour* (forthcoming).

When my husband first disappeared, I could go to my mom, have her hold my head on her lap, and get comfort... but already 5 years ago, the dementia was changing her, and so she would uncharacteristically say things to me that were over the line in directness. For example, that first winter after my husband went missing, and I was back in Wisconsin living with her, she asked how I was (she doesn't do that anymore), and I said that I was sad about Jim. She paused and then it clicked, and she said, "Oh, yes, Donna, that is just horrible, and you must feel terrible. I feel so bad for you. If only you knew what happened to him, you could get some peace." And then she added something that startled me and brought tears: "He is probably at the bottom of the sea, being eaten by fish." She actually said those words. Ordinarily kind, she realized she had done something that hurt me, and she said she was sorry and hugged me. But in the months that followed, she repeated those exact same words about being eaten by fish several times, when she noticed my sadness, at those times when she could still notice.

More recently, Mom is there, but not really. Now when I come into her room to say hello, she no longer always looks up to nod or does her usual wonderful look-her-daughter-in-the-eye hi, but instead just keeps right on compulsively reading. Even after I sit down next to her, she often just doesn't look up.

So there I am sitting next to my Clara Mom, who doesn't see that I am there, signing papers to start the process to establish Jim's death and legally become a widow. Mom was always so present for me, and I miss her. She was always on the lookout for me, her one remaining child. Her lack of eye contact now happens most days and it is so... dangling. I accept—no, I carry her absent presence—just as I bear the necessity of the legal process to establish the death of my missing husband. Yet I also realize that the legal process establishes nothing, really, because I will probably never know what happened to him.

And sitting next to my mom, who doesn't see that I am there, I work on the Petition to Establish the Fact of Death for my missing husband. The law is crisp and based on evidence, but ironically, the lack of evidence in and of itself becomes... evidence. To establish his official death, I have to sign an affidavit, saying that my husband has not tried to contact me since his disappearance, nor has anyone heard of his presence. For after 5 years of being a missing and "presumed alive" person, my Jim is now a missing and "presumed dead" person. *Presumed* is the key legal word (as I understand it), but nothing changes legally until I, as trustee/conservator of my husband and his material world, petition the Superior Court of San Francisco to "establish" his death.

So yet another strange and singular part of the journey through missing-person land begins. For I am now a widow-in-the-making who must initiate a process and provide "evidence" so that the state will feel comfortable with declaring my missing husband dead; and I understand that this is a very serious thing to do, to declare someone dead without one piece of evidence. I would like to talk to Mom about how doing this feels, and she is here right next to me, but she does not see me. She cannot talk or comfort or give me hope for the future. I am alone.

### **Density (Petition to Establish Death)**

*The law is crisp while  
Missing Person Land is shadow,  
Full of foggy data  
You can't see through,  
Just like the sea.  
I'd rather fall  
Through airy sky  
And be seen,  
Than into the sea  
Of lingering loss.*

Psychological closure rarely is completed with legal declarations of death, and perhaps not even when a coroner officially verifies a death. When someone we love disappears or

dies, we reluctantly accept the legalities, but know in our hearts and minds that such clarifications do not bring complete psychological closure. The people whom we loved are always with us in some way—through remembering them at a certain time or place. Divorced people know this, adoptees know this, immigrants know this, and families of the missing know this—whether from psychological losses such as dementia or autism, or physical losses such as being kidnapped or lost at sea.

### WHY DO PEOPLE YEARN FOR CLOSURE?

Recently, a young, but seasoned CNN reporter, talking with others about a tragic loss, said that *closure* was just a made-up media word. His criticism of this over-used term was most refreshing. More often, reporters see the term as the necessary feel-good ending to a painful story—satisfying for the reader, perhaps, but not for people who know from experience that grief continues even after such simplistic declarations of an end to suffering. The continuous use of the term *closure* among various professions perpetuates the myth that grief has a demarcated end, and that it is emotionally healthier to close the door on grief than to live with it. More important than the term, however, is understanding why so many people, at least in our society, yearn for closure. When was this expectation set?

A primary answer to this question lies in the cultural legacy in the United States of massive unresolved loss—most without closure. Historian Drew Gilpin Faust calls the United States “a republic of suffering” (2008) and documents the 620,000 deaths plus a myriad of missing as a result of our Civil War, still the deadliest war for our country. Families had no bodies to bury and were desperate to throw off the pain. But in addition to the ambiguous losses that Faust documents from the Civil War, there were many other bloody occasions when families did not know the fate of loved ones—the genocide of the American Indians, the forced separation of slavery for African American families, and the forced uprooting of refugees seeking asylum from the Holocaust, Rwanda, Cambodia, and other countries where genocide and kidnappings continue today (Robins, 2010). Adding to this traumatic, loss-filled history, we are also a nation of immigrants who are often cut off from the family in home countries or islands. For all these reasons, it is no wonder that the phenomenon of missing family members and subsequent unresolved loss was—and still is—at the core of our societal hunger for closure.

Whether we speak of slavery or genocide or of soldiers in unknown graves or abandoned in the killing fields or of the myriad of people cut off from loved ones by wars and forced relocation, we are a society born out of the pain of ambiguous loss. Family members were traumatically cut off; relationships were painfully ruptured. Given this messy history of loss, no wonder we deny death and insist on the tidiness of closure. Our historical legacy of unresolved grief and loss encourages us still to seek closure and an end to suffering. This is not possible.

Until we as a society acknowledge our psychological roots, temper our need for certainty, and learn to manage our societal anxiety about loss, clear or ambiguous, we will continue to pathologize and isolate people who are necessarily and understandably still grieving. We deny death by denying the need to mourn. Our fear of death may ultimately be the fear of ambiguity. It frightens us. We are left to suffer without a clear ending to the story, thus we deny death as well as the need to keep the door open. This denial in concert with our historical legacy of ambiguous loss increases the stigmatization and isolation of the very people in need of compassion and human connection. Carnes relates:

People are often so uncomfortable being in the room with loss. With strangers, I am very careful not to mention the word “disappeared,” for all sorts of reasons, including not wanting to see their discomfort about my missing husband or go into the world of voyeurism with them. Alzheimer’s is handled a bit easier, I think, because of its frequency now, but even so, there is a “hush” in the

room when it is discussed, as though if we talk in a hush about this loss of a living person, it might be less horrible. It might not happen to us.

### **Sticky Time**

*Watch all the busy people  
Stride boldly past on  
Bright city sidewalks  
While I stand frozen –  
Unseen.*

With a person who has vanished without a trace, people want to delve down and get more facts, or they are authentically blown away—or they just can't deal with it and change the subject. They want a clear ending. I have many endings, but I never believe any one of them for more than a short time.

### **He is ...**

*The man who fell into the sea,  
The man the Koreans stole,  
The man sighted yesterday  
In Fiji,  
The lost man ...  
You get to choose your ending.*

### **Smoke**

*Truth dawns  
Through  
A sea of  
Slumbering fog,  
Sheathed in steel.*

What we know from experience is that with ambiguous loss, truth remains illusive for a long time. Whether a validated death or a mysterious disappearance, both challenge us to face the unknown.

Historically, much has been written about the work of grief (Lindemann, 1944) and finishing that work in linear stages (Kübler-Ross, 1969). The assumption was that there would be an end point to the mourning process if you were normal or if you did the work right. But even Freud, when a patient asked about his deceased daughter, said, "She is here." He was pointing to a tiny locket that he wore fastened to his watch chain (Gay, 2006).

Following their conference in Ireland, Walsh and McGoldrick (1991) published the first family therapy book on the impact of death and other losses on families. Since that landmark book, family therapy for loss and grief is increasingly recommended across disciplines and for different types of loss (Becvar, 2001, 2012; Boss, 2006; Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003; Kissane, 2011; Kissane & Bloch, 2002; Landau & Hissett, 2008; Shapiro, 1994; Walsh, 2007; Walsh & McGoldrick, 2004a). Based on research and clinical updates, the therapeutic goal is now to live with loss rather than getting over it. To do this, the focus is necessarily on meaning and how to make sense of one's loss, clear or ambiguous (Becvar, 2001; Boss, 1999, 2006, 2011; Garwick, Detzner, & Boss, 1994; Imber-Black & Roberts, 1992; Nadeau, 1998; Neimeyer, Harris, Winokuer, & Thornton, 2011; Walsh & McGoldrick, 2004b). Despite this ongoing professional shift, however, many in the general population still believe that closure is necessary. Given our cultural

distaste for loss and grief, neither family therapists nor individual therapists can assume that everyone is aware that closure is no longer the therapeutic goal.

Today, with increases in Alzheimer's disease, dementia, autism, brain injury, and addiction, for example, plus increases in kidnapping and disappearances as tools of war and terror, there is hopefully more enlightenment in general society for normalizing ongoing grief and less push for "getting over it." With all loss, and especially with ambiguous loss, the goal is to live with the grief rather than to close the door. We live with the lack of finality.

## IMPLICATIONS FOR THERAPY AND INTERVENTION

What does this mean for being a family therapist—and being someone who has experienced a loss? To answer, think about loss and grief as distinct and separate concepts. That is, the type of loss we experience will influence the type of grief we experience.

### The Type of Loss Shapes the Type of Grief—and the Therapeutic Challenge

Historically, the focus has been on *types of grief*, mostly pathological. Today, the types of grief are much more nuanced. For example, grief can be anticipated (Rolland, 1994), disenfranchised (Doka, 1989), or frozen (Boss, 1999). But such types of grief are often the result of ambiguous loss. That is, the type of loss (ambiguous) creates the type of grief (anticipatory, disenfranchised, frozen). With Alzheimer's, for example, the disease is terminal so even though the patient may still live for years, the family anticipates what is to come and grieves early. Their grief, however, is disenfranchised because rituals of support are socially sanctioned only after death. Frozen grief results.

With couples in an aging population, we often see various types of grief following ambiguous loss. The relationships become one-sided (Boss, 2011) with one person more fully present than the other. Family members understandably resist closure (or fight about it) because the terminally ill on occasion experience remission or the physically missing on occasion come back. This type of loss—ambiguous loss—inherently creates complicated grief. But the pathology lies in the ambiguity, not in the person whose grief is frozen. The therapeutic challenge then is not closure, but a paradoxical search for meaning in meaninglessness.

### Confessional

*I admit that  
 My first fear was  
 To actually find you,  
 Out there in the wild  
 Where the great whites breed.  
 Deep down below  
 In some sea canyon,  
 Where the octopus spawn  
 Into sand blankets of  
 Living krill.  
 My lost golden boy,  
 Tethered to my  
 Beached whale of a  
 Red boat,  
 Undulating in dark water –  
 Unless of course  
 You're in Fiji ...*

## Fiji

*Is Fiji like  
My Catalina?  
Mythical reality  
Wrapped in continental  
Drift;  
Belt of fire cousins  
Edging toward the  
Mid-sea ridge;  
A family reunion ...  
Maybe.*

## Grieving is a Normal Reaction to Loss

Grief is not an illness. It is a normal reaction to loss and should not be pathologized. It can not only result from the death of a person to whom you were attached but also from a loved one who disappears in either mind or body. Whether or not society acknowledges such grief, it manifests itself physically (tears, somatic symptoms, lack of sleep, change in appetite) and psychologically (sadness, anger, denial, ambivalence) and socially (loss of identity, loss of attachment, loss of trust in the world as a safe place). Rather than the linear stages of grief espoused by Elisabeth Kübler-Ross (1969), recent researchers found that grief is an oscillating process of ups and downs (Bonanno, 2009; Kissane, 2011; Kissane & Bloch, 2002) with no pressure to reach closure. This idea alone is a comfort. Paradoxically, the lack of closure allows people the freedom to both remember the lost person—and move forward with new hope and relationships.

## A Time Limit for Grief is Unreasonable and Unfair

Given the vast cultural differences in how, where, and when to grieve, as well as the differences in types of loss, grieving should not be prescribed to end within a set period of time. With ambiguous losses, for example, the mourning process may necessarily continue or re-emerge now and then for years (as with loving someone who has dementia or another chronic mental illness) or across generations (as with slavery, the Holocaust, and other disappearances of loved ones).

What looks like complicated grief may instead be complicated loss; what looks like depression may instead be sadness that results from the ongoing nature of ambiguous losses. The existing rule of “getting over it” within 2–6 months is offensive to families and hopefully to us as well. What mourners and family members need, more than medication, is human connection, along with society’s empathy, compassion, and patience (Boss, 2011; *The Lancet*, 2012).<sup>3</sup>

## Sadness is Not Depression

To think differently about closure, we must also acknowledge the difference between depression and sadness. We might also think about it as the difference between pathology and normality.

<sup>3</sup>As written in *The Lancet*: “Putting a time frame on grief therefore is inappropriate—DSM-5 and ICD-11 please take note. Occasionally, prolonged grief disorder or depression develops, which may need treatment, but most people who experience death of someone they love do not need treatment by a psychiatrist or indeed by any doctor. For those who are grieving, doctors would do better to offer time, compassion, remembrance and empathy, than pills” (from “Living With Grief,” 2012, 379(9816), p. 589).

Right now, perhaps because of insurance providers, clinical professionals lean toward diagnoses of depression. But receiving such diagnoses, for people who have lost someone to dementia, for example, erodes their resilience. They now think they have failed because in their words, they are now also “sick.” With persons missing physically, family members are considered strange when they resist funerals before a body is found. Their loss then is multiplied—not only do they suffer the uncanny disappearance of a loved one but they now also suffer the loss of confidence and understanding from the professional community. They are unfairly pathologized if diagnostic manuals do not take the *type of loss* and its context into account.

Most people experiencing ambiguous loss are not clinically depressed, but they are indeed sad, chronically sad. While depression requires some medical intervention, sadness requires human connection and social support. With sadness, we intervene to help people find meaning and hope in the company of others; with depression, we intervene individually to alleviate symptoms and heal. Each has a different therapeutic goal.

Not being able to “cure” or “fix” an ambiguous loss, we intervene to lower distress and anxiety and most important, to increase the family’s tolerance for the ambiguity that persists. People can and do learn to tolerate and even thrive despite their unanswered questions.

### Rune

*Slow walker,  
Gentle rain,  
Wistful wind,  
Lingering light,  
Ruminations.*

### The Goal is to Live with Grief by Finding Meaning

In the 1970s and 1980s, most family therapy researchers were trained to solve problems and heal and not simply accept the vagaries of, let us say, absence and presence. Back then, when positivism ruled, the goal was to clarify systemic roles, rules, and boundaries. Family members were either absent or present; they could not be both. While Boss wrote about the duality of absence and presence as early as 1973 (see footnote 1), it was not a generally accepted idea in academia. Father or mother absence was studied in what was then called “broken families,” never intact families. If trainees learned about loss and grief, it was only from the example of death, not disappearance. Family members were either in or out of the family; people were either in or out of your life. Boundaries had to be maintained and made clear whether they were or not. The idea of living with the ambiguity of loss was new in research and therapy. Only in the arts, from Homer’s *Odyssey* in the eighth century B.C. to Keats’s “Ode to A Grecian Urn” in 1819 to John Patrick Shanley’s Broadway hit *Doubt* in 2004, was ambiguity a welcome idea.

That the loss and grief of families who face ambiguous loss lingers for years, even across generations, is an idea more generally acknowledged in therapeutic circles after the World War II Holocaust where relatives sent to concentration camps disappeared by the millions. Surviving generations often bore the scars of loved ones who vanished years ago.

When people live with such unresolved loss and grief, the goal is resilience for the long haul. There may be no clarification of the loss—ever. To strengthen one’s resilience, one needs to be able to manage an irrational situation. To do this, as sociologist Aaron

Antonovsky (1987) put it, one needs to know that the situation is manageable. It was, however, Victor Frankl (1963) who called for the search for meaning, a prelude to finding manageability and thus hope in even the most gruesome situation. To live with even the most horrific ambiguous loss, we help people find meaning in their experience, no matter how baffling it is. They may say that their loss will never have meaning, but that, too, is a meaning. Horror and irrationality exist. It is not their fault.

When working with ambiguous loss, we shift from the goal of closure to the search for meaning because there is no other choice. The therapeutic work becomes necessarily more collaborative as we are no longer the only experts in the room. In the absence of facts and certainty about the family's loss, we listen more and do less. We, too, learn to live with ambiguity and doubt—and hopefully find some meaning in their incurability.

### **Aim for Good Enough, Not Perfection**

With ambiguous loss, the goal of a precise end to one's grief is never reached. Nor should it be. Due to the lack of definitive information, the meaning of what has happened continues to shift. One day the missing person is perceived as alive or curable; the next, as irretrievably lost.

#### **Sighting**

*He was sighted today  
Standing outside the  
San Francisco house, staring,  
A blurred Monet-like image –  
Well maybe, but probably not.*

The imperfections of absence and presence and their effect on one's relationship can be devastating unless the need for precision and control are tempered. As Carnes writes above, she lives with confusion now, never perfect clarity. The goal now is to embrace the paradox and move forward with the “good enough” (Boss, 2011).

### **Paradoxical Thinking Helps**

To live with the paradox of ambiguous loss, both-and thinking becomes the most authentic way to think. Truth is relative and contradictions abound. Such thinking can, of course, make us as healers and problem solvers uneasy.

To manage the tension of such dialectical thinking, we encourage people to form their own both-and thoughts. But first we provide some examples: “My loved one is both gone—and still here; I am both married—and not married; I am both my mother's child—and now the mother of my mother; I am both married—and a widow(er) waiting to happen.” Clients will be eager to add their own sentences. They know that contradictions are now the reality of their life.

#### **The Blue Hour**

*I drift slowly now,  
In a blue hour dream,  
Wondering how can it be  
That my warm-blooded mate  
Just fell off the face of the earth.  
Tell me, Sailor, does that ring true?*

## When Loss Remains Ambiguous, the Only Window for Change Lies in Perceptions

Sociologist W. I. Thomas (1923) suggested that human perceptions matter because they are real in their consequences.<sup>4</sup> This is especially true when there is no clear information about a loved one's absence or presence. To understand symptoms, therapists have only family perceptions to rely on. Do they perceive the missing person as gone and "close them out" as if they were truly dead? Or do they deny that anything is lost and perceive the person as present and as they always had been?

Neither of these rigid polarities—denial or early extrusion—is desirable. Instead, the goal is perceptual malleability. When facts are lacking, the only window for hope and change lies in a person's ability to shift perceptions. When a situation of loss will not change, one's view of it can. Through the shifting of perceptions, we can be empowered to see our ambiguous loss in a new way, one that no longer renders us powerless.

Without a verified ending to their story of loss, family members and friends experiencing ambiguous loss are left to create their own ending. Of course, they will disagree. When we ask "What does this situation mean to you?" we no longer wince at the different perceptions. Instead, we normalize, and say, "It is alright to see the situation differently right now." At the same time, we work toward more congruence. But this takes much more time.

Overall, when doing clinical work with ambiguous loss, the goal is to change perceptions toward a new narrative that is less burdened with negative attributions, which invoke guilt, shame, remorse, or desire for retribution. Paradoxically, what we hope for is motivation for personal change despite having a problem that resists change.

### I am...

*The sea nymph girl  
In the old  
Beach Boys' song,  
A wild little honey,  
With a feral heart.  
A single woman  
With a missing husband,  
Taking my time  
In the dying light  
Of a thousand suns.*

## There is Some Ambiguity in All Loss, Including Death

Neither death nor disappearance is devoid of ambiguity; thus closure is a false goal for both. Whether it be popular stages of grief or the process as dictated in professional diagnostic manuals, time lines for closure are unrealistic and culturally biased for death as well as ambiguous loss. Even after certainty of death, a relationship often continues on some level through rituals of remembrance and symbols of affection. We think about a loved one, not obsessively, but mindfully, in good times and bad. We reprise some axiom taught by a respected elder, now gone, when we struggle with a difficult decision.

<sup>4</sup>To read more about W. I. Thomas's ideas in relation to family perceptions about loss and grief, see Boss, 1988/2002, 1992, 2006; and Nadeau, 1998.

Remembering loved ones who are deceased is normal. It is common in all cultures except perhaps Euro American. It is, however, the Euro American culture that has produced the textbooks and diagnostic manuals that decree extended mourning and grief as illness. Better we learn from others—the Chinese Americans who have altars in their homes to honor their ancestors, the Ojibwa who see life as a circle and their dead as reincarnated, and the Mexican Americans who celebrate death once a year at the grave sites of their loved ones—that we do not need closure to live well.

Keeping deceased loved ones in your heart and mind like a sort of psychological family can be rich in meaning. It should not be branded as pathology.

For all loss, grief requires patience. Carnes dreamed of every possible end for her missing husband before she could awake peacefully and carry the doubt, enjoying the moment.

### **In Between**

*Amber dream  
Enters day,  
Hears dawn sigh  
And thinks  
... How light.*

### **The Therapeutic Relationship Shifts**

When we focus on finding meaning instead of finding closure, the therapeutic relationship changes. Finding meaning requires holding the multiple truths about the missing person. This affects the therapeutic relationship for several reasons: First, there will then also be multiple meanings between therapist and client, among family members, and even among authorities such as search officials and clergy. The lack of information breeds conflict. Be ready for it. Normalize it. Second, with more than one interpretation of the loss, and no information to refute such variations, the process of finding meaning and new hope is immensely complicated. Brief therapy will not suffice. Whatever the format, however, the therapeutic relationship must be collaborative with a lowered hierarchy. The utter power of the ambiguity must not be replicated in the therapy setting. Finally, there should be no termination in the usual sense. If you do so, you and the therapeutic relationship become one more ambiguous loss. Rather, celebrate the ending of a particular part of therapy and keep the door open. In the face of unrelenting ambiguous loss, a more collaborative model empowers and strengthens the resilience needed for living with this unique kind of loss.

### **Sun**

*Prairie beauty  
Beneath who's upturned  
Beckoning face  
The hills grow high with  
Bursting gold,  
Reach for and attend.*

### **SUMMARY**

Personally and professionally, ambiguous loss with its lack of closure makes immense demands on the human capacity to cope and grieve. Perhaps our particular

ambiguous loss will never make sense to us, but knowing that some losses are incomprehensible, and always will be, helps us to move toward change and some new measure of hope. Understanding that some losses are utterly senseless, and always will be, gives us the permission and freedom to let go of searching for the perfect solution. We begin to accept the paradox, find meaning in even meaninglessness, and hope in what we thought was hopeless. Increasing our tolerance for ambiguity and unanswered questions frees us from the burden of needing to close the door on loss. Instead, we can see the absurdity and perhaps even some humor in the losses with which we must live. This is resilience.

As professionals, we need to know that what we carry into the therapy room about loss and closure is influenced not only by our training but also by our personal experience. If we are mindful, we become aware when *what we know* and *what we do* are no longer working and that a new approach is needed. It is up to us to reflect on what we know from personal experience to let go of the need for closure while increasing our own tolerance for ambiguity.

And that brings us back to self-reflection. Where are we, the authors, now?

Boss reflects:

Most of my losses have been from death—a brother from polio; a sister from cancer; both parents from congestive heart failure; grandparents, uncles, and aunts from various maladies; plus recently, numerous dear friends who died and several who now have dementia. But overall, the ambiguous loss of immigration and my father's homesickness is still with me. I hold on to the Swiss dialect as a connection to my elders, and while I visit Switzerland often, the experience is bittersweet when something reminds me of painful family losses, past and present. And there is still the divorce, which one never gets over. Nor do the children. We live with that ambiguous loss as best we can, but the door is surely never closed. Today, well into my 70s, my experiences of ambiguous loss are mostly due to aging when health becomes precarious and being fully present is not always possible. I write about the imperfections of aging and have learned from experience that the "good-enough relationship" is really very good. Imperfections are now the norm.

Carnes reflects:

Over 5 years have passed since my husband disappeared. The trauma and fear of the disappearance, the hurly burly search days—the bravery of the search teams and the invasiveness of the media and crazy people attention—are behind me, but the mystery remains. I have sought and found new meaning in my life, with the help of my friends, family, and my dear old Clara Mom, who held me and comforted me, even as she was losing her own memory. My poetry writing has also helped me process and learn to carry the dual ambiguity of Jim's unknown ending and my mother's diminishing persona. I write about Jim, about how grown men cried searching the sea for him. And I write about my beautiful mother, who comforts my serious heart, even though some days she is so confused, that she asks me: "Did you adopt me?," genuinely puzzled about who is the mother. And sure, in the wee hours of night, or when I listen to a particular soulful bit of music, or see an old movie that reminds me of my old life, or hear about a plane that fell into the sea, I feel deep loss and loneliness. But then I hear my greyhound pup snoring lightly by the fire, or I see the full moon rising, and I realize again how wonderful (and mysterious) being alive is, and I just have to write about those little pleasures, as I feel them so deeply. The lingering sadness I now carry is countered by an intense joy in living; they are side by side in me, and I am at peace with the duality.

My husband is probably dead and under the sea—unless he was kidnapped by a rogue government, or he is in Fiji fishing, or, or, or... I carry the ambiguity; I learn to live with it; I crack black humor about some of it; I rebuild my life. But it never goes away.

## Walk On

You walk on  
 Still beside me,  
 Eyes shadowed in dusk;  
 You're the  
 Lingering question  
 At each day's end.  
 I have to laugh  
 At how  
 Open-ended you remain—  
 Still with me  
 After all these years  
 Of being lost.  
 I carry you like  
 My own personal  
 Time Machine,  
 As I put on  
 My lipstick, smile,  
 And head out to  
 The party.

## REFERENCES

- Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco, CA: Jossey-Bass.
- Association for Computing Machinery. (2012). A. M. Turing Award; James (Jim) Nicholas Gray. Retrieved April 30, 2012, from [http://amturing.acm.org/award\\_winners/gray\\_3649936.cfm?searchterm=a.m.+turing+Gray](http://amturing.acm.org/award_winners/gray_3649936.cfm?searchterm=a.m.+turing+Gray)
- Becvar, D.S. (2001). *In the presence of grief: Helping family members resolve death, dying, and bereavement issues*. New York, NY: Guilford.
- Becvar, D.S. (Ed.). (2012). *Handbook of family resilience*. New York, NY: Springer.
- Bonanno, G.A. (2009). *The other side of sadness*. New York, NY: Basic.
- Boss, P. (1973). Father absence in intact families. In *Research and Theory Section*. Presentation at the annual meeting of the National Council on Family Relations, Toronto, Canada.
- Boss, P. (1975). Psychological father presence in the missing-in-action (MIA) family: Its effects on family functioning. *Proceedings: Third Annual Joint Medical Meeting Concerning POW/MIA Matters* (pp. 61–65). San Diego, CA: Naval Health Research Center, Center for Prisoner of War Studies.
- Boss, P. (1977). A clarification of the concept of psychological father presence in families experiencing ambiguity of boundary. *Journal of Marriage and the Family*, 39(1), 141–151.
- Boss, P. (1988/2002). *Family stress management*. Thousand Oaks, CA: Sage.
- Boss, P. (1992). Primacy of perception in family stress theory and measurement. *Journal of Family Psychology*, 6, 113–119.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MA: Harvard University.
- Boss, P. (2002). Ambiguous loss: Working with the families of the missing. *Family Process*, 41, 14–17.
- Boss, P. (2004a). Ambiguous loss. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss* (2nd ed., pp. 237–246). New York, NY: Norton.
- Boss, P. (2004b). Ambiguous loss, theory, research, and practice: Reflections after 9/11. *Journal of Marriage and Family*, 66(3), 551–566.
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York, NY: Norton.
- Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners [Special issue]. *Family Relations*, 56(2), 105–111.
- Boss, P. (2011). *Loving someone who has dementia: How to find hope while coping with stress and grief*. San Francisco, CA: Jossey-Bass.
- Boss, P., Beaulieu, L., Wieling, E., Turner, W., & LaCruz, S. (2003). Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City. *Journal of Marital and Family Therapy*, 29, 455–467.
- Boss, P., & Greenberg, J. (1984). Family boundary ambiguity: A new variable in family stress theory. *Family Process*, 23(4), 535–546.

- Carnes, D. (2008). Ode to a sailor. *SIGMOD Record*, 37(12), 16–18.
- Doka, K. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. New York, NY: Lexington.
- Faust, D.G. (2008). *The republic of suffering*. New York, NY: Vintage.
- Frankl, V. (1963). *Man's search for meaning: An introduction to logotherapy*. New York, NY: Washington Square.
- Garwick, A., Detzner, D., & Boss, P. (1994). Family perceptions of living with Alzheimer's disease. *Family Process*, 33, 327–340.
- Gay, P. (2006). *Freud: A life for our time*. New York, NY: Norton.
- Imber-Black, E., & Roberts, J. (1992). *Rituals for our time: Celebrating, healing, and changing our lives and our relationships* (1st ed.). New York, NY: Harper Collins.
- Kissane, D. (2011). Family therapy for the bereaved. In R.A. Neimeyer, D.L. Harris, H.R. Winokuer & G.F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 287–302). New York: Routledge.
- Kissane, D., & Bloch, S. (2002). *Family focused grief therapy: A model of family centred-care during palliative care and bereavement (facing death)*. Berkshire, UK: Open University Press.
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: Macmillan.
- Landau, J., & Hissett, J. (2008). Impact on identity and ambiguous loss in the family. *Families, Systems, and Health*, 26(1), 69–85.
- Lindemann, E. (1944). Symptomatology and management of acute grief. *American Journal of Psychiatry*, 101, 141–148.
- Nadeau, J. (1998). *Families making sense of death*. Thousand Oaks, CA: Sage.
- Neimeyer, R.A., Harris, D.L., Winokuer, H.R., & Thornton, G.F. (Eds.). (2011). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Taylor and Francis.
- Robins, S. (2010). Ambiguous loss in a non-western context: Families of the disappeared in postconflict Nepal. *Family Relations*, 59, 253–268.
- Rolland, J. (1994). *Families, illness, and disability. An integrative treatment model*. New York, NY: Basic.
- Shapiro, E.R. (1994). *Grief as a family process*. New York, NY: Guilford.
- Silberman, S. (2007, August). Where is Jim Gray? *Wired Magazine*, 15(08), 130–139, 154–155.
- The Lancet. (2012). Living with grief. *The Lancet*, 379(9816), 589. doi: 10.1016/S0140-6736(12)60248-7
- Thomas, W.I. (1923). *The unadjusted girl*. Boston, MA: Boston, Little.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46, 207–227.
- Walsh, F., & McGoldrick, M. (Eds.). (1991). *Living beyond loss* (1st ed.). New York, NY: Norton.
- Walsh, F., & McGoldrick, M. (Eds.). (2004a). *Living beyond loss* (2nd ed.). New York, NY: Norton.
- Walsh, F., & McGoldrick, M. (2004b). Loss and the family: A systemic perspective. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss* (2nd ed., pp. 3–26). New York, NY: Norton.