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Gabrielle Betz and Jill M. Thorngren

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Ambiguous Loss and the Family Grieving Process

Gabrielle Betz

Jill M. Thorngren

Montana State University

Ambiguous losses are physical or psychological experiences of families that are not as concrete or identifiable as traditional losses such as death. Ambiguous loss could include anything from miscarriage to losing one's spouse to Alzheimer's disease while he or she is still living. Ambiguous loss may include not knowing whether or not a loved one is living or dead, such as cases of child abduction or military personnel who are missing in action. Ambiguous loss is inherently characterized by lack of closure or clear understanding. This article defines types of ambiguous losses and details some of their characteristics. A model for counseling families who are experiencing ambiguous loss is described. Specifically, the model combines family stress theory with narrative therapy techniques to help families define their losses, assess their resources, and develop meaningful narratives about the loss.

Keywords: *ambiguous loss; grief; family stress; narrative therapy*

CHARACTERISTICS OF AMBIGUOUS LOSS

When Grandmother dies, it is a clear and recognizable form of loss. Although it is terribly painful to lose a loved one, the passing of an elderly person is viewed as a natural part of life. There are prescribed rituals such as the receipt of the death certificate, the reading of a written will that allocates finances and possessions to certain individuals, and an obituary in the newspaper, and there is typically a funeral where friends and family members gather to lay the deceased to rest. It is often unquestionable that family will take time off from work, and they will receive condolences, cards, and flowers from sympathizers. Many find comfort in their religion and hope to be reunited with their loved one after death. These cultural practices and social support systems help to facilitate the grieving process. Because their loss is publicly recognized and legitimized, family members are more likely to receive support from the community.

Authors' Note: Correspondence concerning this article should be addressed to Jill Thorngren, College of Education, Health and Human Development, Montana State University, Bozeman, MT 59717; e-mail: jillt@montana.edu.

There are numerous losses families experience on a daily or ongoing basis that are not recognized or legitimized by society. Many losses are not as clearly definable as death. It may not even be certain as to what was lost. Loss may involve a person, an object, an experience, or an event. Such ambiguous losses may include divorce or the ending of a relationship, infertility, miscarriage, abortion, unemployment, migration, sexual abuse, chronic illness or disability, adult children leaving home, or mental illness (Boss, 1999; Knauer, 2002; Rycroft & Perlesz, 2001). Boss (1999) identifies two types of ambiguous loss. The first is when a person is physically absent yet psychologically present. A child who is given up for adoption, a soldier who is listed as missing in action, or a divorced father who is no longer living with his children are all examples. Family members may not know if the person is still alive or the state of his or her well-being. Although the person is not physically present, he or she is still very much a part of the psychological family and continuously in family members' thoughts. The second kind of ambiguous loss involves someone being physically present but psychologically absent. A mother who is slowly deteriorating because of Alzheimer's disease, a brother whose life is consumed by alcoholism, or a husband who is preoccupied with his career and spends little time with his family are examples. Psychological absence is confusing because the emotional bond appears to be missing or gradually slipping away. As with Alzheimer's, the sufferer may no longer recognize loved ones or resemble the person he or she used to be. Family members may question whether the person who is psychologically absent is even a part of the family anymore. This may bring up further questions regarding role shifts in the family.

For the family who experiences ambiguous loss, the situation is stressful and oftentimes cruel in its unending torment. Because the loss is intangible or uncertain, the mourning process for family members becomes complicated. Ambiguous loss is characterized by factors that inherently impede the grieving process (Boss, 1999, 2002). For example, it is cognitively difficult to understand what has happened or why. The family of a child who has been kidnapped may endure

for years not knowing if that missing child will ever return. The natural progression of their lives stops the day the child is abducted. Parents may berate themselves for not having protected their child and jump at every phone call hoping that it may be news of their child's whereabouts. A surviving child may harbor guilt for fighting with his or her sibling, wondering if he or she is to blame or if he or she may be abducted as well. The family may be terrified of betraying their missing member by considering the child dead when they should be out searching. The typical stages and rituals related to grieving no longer apply.

When faced with ambiguous loss, family members may get stuck in the same roles or no longer know what their roles entail. For the mother who has given up her child for adoption, she is uncertain how to answer the question when posed as to how many children she has. She may feel confused as to whether or not she is a mother at all if she is not raising her child. A family whose member is physically absent but psychologically present may go on with daily life as if the person is still with them. They may set a place for the missing person at the dinner table or buy gifts for the holidays. Family members may feel on edge, afraid to talk about what is happening or how they really feel. They become trapped in their helpless roles. Other losses such as divorce, infertility, chronic illness, and disability can cause one to view the self as less than ideal, a failure as a man or woman (Tshudin, 1997).

Loss is a reminder that life is not always kind or fair (Boss, 1999). Tragic circumstances can strike the happiest and healthiest of families. The family is put in a no-win situation, and their questions may never be resolved. Ambiguous loss leaves people feeling powerless in their lives and insecure in their future. For example, a woman who suffers a miscarriage may wonder if she did something wrong. Others may not understand or recognize the depth of her loss—the death of a child, the ending of a dream and future, and the unfulfilled expectation of being a mother (Werner-Lin & Moro, 2004). Comments such as “you can always have another one” or “it was meant to be” invalidate the experience as an important loss. Perhaps if she miscarried early in the first trimester, she may not have told others yet about the pregnancy and subsequent miscarriage. She can become isolated in her grief. Loss forces the individual to recognize that there are some things that cannot be controlled.

Grieving often involves an examination of one's values and beliefs and calls into question who one truly is. Losing a job may prompt the unemployed person to consider his or her self-worth if he or she is not contributing or supporting his or her family financially. He or she may feel incapable, helpless, angry, ashamed, rejected, betrayed, and useless (Tshudin, 1997). It is customary in American culture to define oneself by a person's career. When people ask, “What do you do?” they are really asking, “Who are you?” Job loss affects a person's identity and role in society. When people lose their previous state of health because of illness or

injury, they may no longer be able to do the things most important to them such as traveling, recreating, or socializing. They lose their identity and way of being in the world. They may question if life is even worth living. The recently deceased Christopher Reeve expressed his desire to die after he was paralyzed in a horseback riding accident. It was only through a painful grieving process that he redefined himself and became a passionate advocate for stem cell research. Losses such as death can trigger associated ambiguous losses. The death of an elderly mother may cause the adult daughter to grieve for her own lost youth and realize her own mortality (Tshudin, 1997). She mourns the loss of her role as daughter or caretaker and a connection to her past. She may feel that her relationship was not what she had hoped and sense the loss of the opportunity to resolve past differences or issues. She may regret that her children no longer have a grandmother.

If not dealt with, ambiguous loss can exacerbate family stress tremendously. Although stress in all families is inevitable and the stress related to ambiguous loss can be particularly depleting, family stress theory contends that the family's response to stress determines the degree of its impact (Madden-Derdich & Herzog, 2005). Utilizing Hill's (1958) ABC-X model of family stress is one method for helping families who are experiencing ambiguous loss recognize their grief and harness the resources they have for coping with such loss. Although Hill's original work is somewhat dated, adaptations of the model are still very much used in working with contemporary family issues (McKenry & Price, 2005). The ABC-X model of family stress contends that the intensity or severity of stress is comprised of three components. The actual stress (*A*), plus the available resources for coping with the stress (*B*), plus the perceptions of each family member about the stress (*C*) equals the actual degrees of stress (*X*).

Because of the inherent nature of ambiguous loss, there is no one-size-fits-all model for helping families cope with its multifaceted stressors. One must cope differently when still caring for a spouse with Alzheimer's than one would cope with the ambiguous loss that accompanies losing a spouse through divorce. Rituals surrounding a terminally ill child are probably different than those related to coping with a child who is missing. The first step, therefore, in applying this model to ambiguous loss would entail determining what the actual stress is or defining the loss. Is the loss physical or psychological? What or who exactly is lost or missing? How does the loss redefine relationships, roles, and responsibilities? For some family members, simply defining their experience as loss and worthy of grief may be comforting. Because their loss is not typical, it may be that they have not allowed themselves the same empathy that they would allow for an actual death or more readily identifiable loss.

In conjunction with identifying the loss, an exploration of available resources must also be conducted. Social support may be difficult for the family to find (Boss, 1999). People

are afraid to face their own fears about loss and do not have the language to discuss ambiguous loss. Caretaking of a chronically ill person may go on for years, so friends and neighbors may not have the stamina or desire to make such a long-term commitment. Most often, people do not understand the trauma of loss—especially when that loss is unclear and uncertain (Rycroft & Perlesz, 2001). When the loss is not acknowledged socially, family members may be denied their right to grieve (Werner-Lin & Moro, 2004). This is especially true if the loss is socially stigmatized, such as if a loved one suffered from AIDS. Lesbian, gay, bisexual, and transgendered people may not have their losses validated because they are a marginalized group. The loss of a relationship or death of a partner may not be recognized if the couple had not been open about their relationship or did not receive public recognition as a married couple. Often the surviving partner has few, if any, legal rights and may lose his or her home, possessions, and children. When mourners are socially isolated, they tend to believe that they do not have a right to their feelings (Rycroft & Perlesz, 2001). Such invalidation prevents people from understanding their loss and asking for help (Werner-Lin & Moro, 2004).

Although resources may be limited when dealing with ambiguous loss, counselors still need to explore what family members are already doing to cope with the loss. The assumption is that in his or her own way, each family member is doing things to help him or her function in the face of loss. This exploration is important for two reasons. First, as family members hear what each is doing, they may develop new ideas about how to better support one another and gain new respect or understanding for what others around them are experiencing. Acting out or misbehavior may make more sense in this light. Second, the family counselor can develop an awareness of both the strengths and weaknesses in the coping strategies. Healthy behaviors such as seeking out friends or journaling can be encouraged, whereas less healthy behaviors such as turning to substances or ignoring feelings can be empathized with and then a search for more healthy coping skills can begin. In addition to assessing what resources are already being used, counselors will also want to assess what or who could be a resource that the family is not utilizing. Perhaps family members have not thought to tap potential resources, or perhaps there are negative beliefs in the family about seeking help. Accessing resources, in sum, involves looking at the behaviors related to the ambiguous loss. What are members doing or not doing, and what could be done differently in terms of coping are questions to ask.

Exploring the family's beliefs about seeking help is related to Hill's (1958) third component of stress: beliefs or perceptions family members have about the stressor. Here it is important to explore each member's thoughts and feelings about the loss. Some family members may believe that they are responsible for the loss. Others may only be expressing a limited amount of emotion regarding the loss because they

are not sure what feelings they are entitled to have regarding it.

Contributing to the perceptions and emotions family members have about their loss is the fact that for most ambiguous losses, there are no rituals for mourning (Boss, 1999; Rycroft & Perlesz, 2001). A child of divorced parents is expected to adjust to his or her parents' new lifestyles. He or she desperately misses his or her old life when his or her family was all together. For the woman who has an abortion or a miscarriage, there is no body to bury or a funeral to attend (Werner-Lin & Moro, 2004). The father who experiences "empty nest syndrome" may regret not spending more time with his child and does not have a ritual to help him release the past and embrace the future (Boss, 1999). With the absence of ritual or social support, family members believe that they are unjustified in their emotions. They may try to suppress their grief and move on as they are socially expected without giving themselves permission to mourn their loss.

Counselors can help each family member tell the story of his or her loss from his or her perspective and each should be allowed an opportunity to express a wide range of feelings applicable to the loss. From this exploration of the family's stories about their losses can arise new rituals that honor the past yet also embrace the future and present. For example, the child who is experiencing the loss of his or her parent's marriage can be encouraged to mourn what he or she misses about the past and having his or her parents together and also to develop new rituals in each of his or her new homes or for staying in contact with the parent he or she less frequently sees. The woman who gives up her baby for adoption can share the mixed feelings she has regarding this decision and decide to do something that honors that child regardless of where the child now lives.

A never-ending rollercoaster, ambiguous loss takes its toll on family members physically, cognitively, behaviorally, and emotionally (Boss, 1999; Weiner, 1999). Physically they may experience fatigue, sleep disruption, headaches, or stomachaches. Cognitively they may experience a preoccupation with the loss, forgetfulness, dreaming about the loss, or worrying. Behaviorally they may experience talkativeness, quietness, crying, hyperactivity, inactivity, sighing, support seeking, withdrawal, dependence, or avoidance. Emotionally they may experience loneliness, yearning, anxiety, depression, fear, anger, irritability, apathy, or relief (Weiner, 1999). For years, they may go through cycles of hope only to be disappointed once again. The unpredictable nature of an uncertain future leaves family members in a reactive position. The family may feel tremendous guilt and may be unable to make decisions, fearing that the wrong choice will be made. Family members experience an onslaught of conflicting emotions—love and hate, hope and despair, joy and sadness, anger and frustration. Something is wrong, and the family does not know how to fix it. Family members likely differ in their views and emotions. They may withdraw from one another furthering their sense of isolation. Their grief can be exhausting.

Although working with families who are experiencing ambiguous loss is similar to working with those who are struggling with more typical grief scenarios, the biggest differences lie in defining the losses and creating meaningful narratives about the loss. Losses are more readily identifiable in traditional grief work. Those who are experiencing ambiguous loss may need additional help with defining their loss. They may also struggle with understanding that although their losses are ambiguous in nature, this makes them no less real than more tangible losses.

Although it is clear that ambiguous loss is a complex phenomenon that presents many different scenarios to which families can and do react very differently, family stress theory (Hill, 1958; McKenry & Price, 2005) provides counselors with some useful parameters within which their work can be loosely structured. In sum, these guidelines include defining the loss, assessing resources, and exploring the perceptions or meanings members have about the loss.

EFFECTS ON FAMILIES

In spite of the 2-month allotment for bereavement of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), mourning is a natural and lifelong experience. Grief does not disappear after one has accepted the loss. Mourning a loss is a unique and complicated experience for the individual and the family. Grieving is a physical, emotional, intellectual, spiritual, and social event (Tshudin, 1997). Rycroft and Perlesz (2001) stated that grief is misunderstood within the counseling field. Grief counseling is considered a specialization; yet all counselors deal with grief and loss at some level with their clients. The grieving process in American culture is constricted and denied, viewed as something to avoid or to get through quickly. The language used surrounding loss often implies judgment and societal expectations. For example, when someone asks if the loss was expected, it often implies that an expected loss should be easier to deal with than an unexpected loss (Hedtke, 2002).

The ABC-X model of family stress (Hill, 1958; McKenry & Price, 2005) is an example of a broad systemic approach that is appropriate for counselors to take when working with grieving families. It allows room for consideration of cultural and religious practices and beliefs, the family support system, the environment, and multigenerational relationships and issues. Counseling should focus on the family's strengths and coping strategies that have already been working for them (Shapiro, 1994). When working with families from diverse backgrounds, it is important to consider their culture or family history. Cultures vary greatly in their perceptions, beliefs, and rituals about death and other types of losses (Weiner, 1999). Entire nations and groups of people can be seriously affected by ambiguous loss (Boss, 1999). Jews who survived the Holocaust, Native Americans whose cultures have become decimated by disease and Anglo

American oppression, or African Americans who were slaves and separated from their families of origin are examples. The residual effects of ambiguous loss—grief surrounding the loss of a way of life and cultural identity—are passed down through the generations.

People are expected to move on with their lives after a loss. With ambiguous loss, the family simply cannot just move on. Their immobility or inability to deal effectively with the situation is not the result of the family's failure; it is the impossibility of the situation that may leave them powerless (Boss, 1999). Especially early in the counseling process, family members may need to tell their stories over and over. It is through telling stories that meaning is made. "People make meaning; meaning is not made for us" (Drewery & Winslade, 1997, p. 33). If we make meaning through talking and language, then meaning can also be changed through talking and language (Drewery & Winslade, 1997). By telling their story over and over, family members can create new meanings about their losses and discern what they need to heal (Tshudin, 1997).

The counselor needs to help the family identify the ambiguous loss and label it as such. The counselor can help to normalize the family members' experiences even if the situation is not typical. Family members may hesitate to share their grief with others because of shame, fearing judgment, or believing that they should just get over it (Shapiro, 1994). Feelings are not inherently good or bad; it is the clients' perception that labels them such. When the counselor assures the family that no matter how they have responded to the loss, their feelings and behaviors are understandable given the situation. The family is less likely to be resistant in therapy if they feel validated by the counselor. The counselor should help family members accept and explore their wide range of emotions. By practicing mindfulness, the clients may learn to observe their thoughts and emotions passively without judgment, censorship, or action (Tshudin, 1997).

Death or loss interferes with the family's natural developmental process. The family is thrust into crisis and seeks stability (Shapiro, 1994). With ambiguous loss, the crisis is ongoing and the family may be unable to adjust on some levels. According to Shapiro (1994), "Grief is a crisis of both attachment and identity, disrupting family stability in the inter-related domains of emotions, interactions, social roles, and meanings" (p. 17). The grief process includes an adjustment and redefining of identity and roles. Families want to derive meaning from the loss to restructure and define their roles. The therapist can help facilitate the process of reorganizing the family structure and adjusting roles (Rycroft & Perlesz, 2001).

In counseling, the family may not be able to resolve the situation but can create ways to deal with the stress so that the loss does not devastate the family (Boss, 1999). The therapist provides a safe holding environment for the family to discuss their issues and air emotions that may have become suppressed (Rycroft & Perlesz, 2001). All family members need to have the time to express their views, what they

believe is happening, and what the loss means to them personally. By pointing out similarities, the therapist can help family members find common ground when there is conflict and disagreement. However, the family does not need to agree to improve intimacy. The therapist should encourage family members to validate one another, listening and drawing closer, even when they disagree. The therapist's task is to help the family members reduce isolation within the family. By giving the loss a name, family members have the opportunity to change relationships, roles, and interactions. Family members can learn to compromise with each other about those changes. Boss (1999) states that "overcoming the solitude of ambiguous loss is the first step on the road to healthy change" (p. 103).

Grief is a complicated emotion. It surfaces as sadness, shock, anger, confusion, apathy, and guilt. It is common for individuals to experience a variety of conflicting feelings such as love and hate or joy and despair (Tshudin, 1997). For individuals who are depressed, unresolved grief may be at the root of their symptoms, and loss may have been unrecognized by health care professionals (Boss, 1999; Knauer, 2002). It can be helpful for the therapist to point out to the clients that their mixed and strong emotions are a part of grief. Grief is multidimensional and not just limited to sadness. If the counselor can help normalize those feelings, the client may learn to embrace and accept the full spectrum of emotions (Tshudin, 1997).

Families are faced with many important decisions. When there is uncertainty about how to proceed, the family resists change while waiting for some kind of resolution. Boss (1999) calls it the family gamble when the family makes an educated guess about the most likely outcome of a situation and creates a plan. It is risky because the family may make the wrong decision or may never know if they have gone in the right direction. The family may fear that a wrong decision will finalize the loss. Part of the healing process is for the family to give up the idea of perfection and absolute truth. They may have to make some difficult decisions based on very little information. At some point, the family must be willing to live with their decisions. Although the family may have to come together to make decisions, each individual should consider for themselves what will work for them and how to personally deal with the loss.

Family members may enter counseling blaming themselves or each other for their situation. Boss (1999) believes that blame is toxic and only interferes with the grieving process. Family members must learn to forgive themselves and each other. Ambiguous loss leaves the family struggling to understand the causes of their pain. Searching for meaning despite a lack of answers is important to the family's grieving process (Boss, 1999). Discussions do not need to always focus on the negative aspects of the loss. The family should be encouraged to share individual memories and experiences. Clients need to tell their family stories—traditions, how they celebrate holidays, rituals, relationships, and roles.

Through storytelling, family members can begin to piece together their lives and figure out what place the loss should take (Rycroft & Perlesz, 2001).

NARRATIVE THERAPY AND AMBIGUOUS LOSS

When working with families who are experiencing ambiguous loss, it is suggested that counselors use a broad, systemic approach such as the ABC-X model of family stress (Hill, 1958; McKenry & Price, 2005). This model encourages counselors to help families define all aspects of their loss, assess what resources they are currently using and what other resources they could use to cope with their losses, and provide families with ways to share their perceptions and beliefs about their losses. This last piece, sharing perceptions about loss, lends itself to further therapeutic work in the form of helping families redefine or create new meanings and rituals surrounding their losses.

From an early age, children learn family rules such as those concerning what can and cannot be openly discussed, what emotions are acceptable, and what roles family members play. This becomes part of their family story. When family stories do not provide for adequate means to grieve or cope with stressors related to ambiguous losses, the family may function in less than healthy ways. Often there are triangles created in grieving families in an effort to protect themselves and manage anxiety. Loss can become debilitating in families whose anxiety is high and differentiation is low. Symptoms such as behavioral disorders, compulsions, marital conflicts, or mental illness may reflect the family's inability to adjust to loss (McGoldrick, 2004). If families can share their current stories related to their loss and have the experience of being heard, in a nonjudgmental and accepting manner, they may also be able to tell their stories again in new ways that capture different nuances of their experiences. This does not change the facts of the experience or loss, but it can change the meanings that family members assign to their losses and to their part of the loss.

Narrative therapy (Freedman & Combs, 1996; White, 1989; White & Epston, 1990) provides a way for clients to be heard and validated and also to explore alternate meanings around their experience of ambiguous loss. Narrative therapy assumes that each individual is the author of his or her life. Within each life is a multitude of stories that could be told about our experiences. Some stories are more meaningful and useful than others. For example, stories told about loss could have plots of blame or guilt or plots of hope and good memories.

Using elements of narrative therapy in conjunction with the ABC-X model of family stress (Hill, 1958; McKenry & Price, 2005) allows counselors to help family members articulate and define their losses, explore current and potential resources, and therapeutically define and redefine the meaning assigned to losses.

Identifying the stressor can be accomplished by asking each family member to tell his or her story of what he or she has lost. Perhaps it is something or someone tangible; perhaps it is a feeling or part of a relationship. Each client should be encouraged to recall the memories of who or what he or she has lost, including positive and negatives. He or she can then be encouraged to name the loss or the stressors associated with the loss. Perhaps the name is something like "missing grandma" or "readjusting to life without him." When problems or stressors are named, they can be externalized (White, 1988/1989), which means that although they are still part of the person's life, they are not the person. This allows clients to be able to step outside of their losses and stressors and look at them more objectively with less blaming of themselves.

In writing about illness narratives, Weingarten (2001) borrows from Frank's (1995) classification system to describe three types of stories that can be told in relation to illness. Restitution narratives are told from the perspective of diagnosis and treatment. Modern medicine and science are the key players in this plot. Chaos narratives are told from the perspective of the patient who is experiencing the turbulence of conflicting emotions, thoughts, and physical experiences. Quest narratives are those that allow for fate to be turned into experience and meaning to be extrapolated from the turbulence. Restitution, chaos, and quest narratives could all be articulated in relation to ambiguous loss.

As stories about illness or other ambiguous losses are told, it may be helpful to introduce two of Weingarten's (2001) and Frank's (1995) classifications of narratives. Is the story being told from a factual (restitution) perspective of what actually happened and what is being done to alleviate the loss? Perhaps a narrative of chaos more clearly depicts the range of emotions and thoughts that are occurring. Weingarten notes that chaos narratives are the most difficult to hear because of their rawness and poignancy. These may be the most important stories to hear as they encapsulate the myriad of feelings and beliefs associated with ambiguous loss.

In addition to naming and describing the problem, the narrative technique of mapping the problem (White 1988/1989) can also be used in relation to the loss. Here, clients are asked to describe all the ways in which the loss affects them. Included may be school and employment issues, changes in relationships with friends and other family members, changes in family rules and routines, and so on. This exercise is conducted to help normalize the experiences that family members are having that they may not connect to the loss they are experiencing. It is helpful for families to become aware of how they are being affected and how their experiences are affecting one another. Empathy is typically engendered when members begin to understand how others are feeling and what is influencing their behaviors.

As the losses are named and mapped, it is then important to begin assessing the resources available for coping. White (1988/1989) uses "exception" questions to ferret out when

people are able to cope healthily despite their feelings of grief. For example, "When was the last time you allowed yourself to rest despite your ongoing worry?" is an exception question that points out that family members are coping and allowing themselves to do healthy activities despite their grief. Another strategy is to discuss what the person who is physically or emotionally absent might name as strengths of the family if he or she were present. As families create maps of their loss and the influences of the loss, members can be encouraged to notice who else is feeling similarly to them and to ascertain ways in which the members can help one another. No potential resource, however small, should be overlooked.

Finally, an assessment of the perceptions that each family member has about the loss should be conducted. This includes an exploration of not only what is being experienced by each person but what each is telling himself or herself about the loss. Previous activities focused more on the present and past. Here is an opportunity to discuss the future. The quest (Frank, 1995; Weingarten, 2001) category of narrative may be used to extrapolate issues such as, "What will the loss mean to the family?" How will it affect their future goals and plans? How can they continue to function in a healthy manner while still honoring the loss? Now is the time to gently lay to rest the guilt and blame that family members may be experiencing and help them construct a new meaning system that incorporates what they have learned about themselves and each other. To paraphrase Weingarten, "How can fate be turned into experience?" It is important to help family members develop rituals that allow each to move on developmentally but still provide for remembrance and celebration of his or her loved one.

The assessment of the family's stressors, resources, and perceptions thus also becomes a treatment strategy. Through exploring ambiguous loss using narrative techniques, counselors can become more aware of the intensity and context of the stressors, and family members can become more aware of their resources and potential ways to reframe their perceptions. This model can be used flexibly, of course. The primary premises include letting family members share their stories, empathizing with their feelings, and encouraging them to take authorship of new and more meaningful stories about their losses.

CONCLUSION

Ambiguous loss can complicate the grieving process. Rycroft and Perlesz (2001) state that counseling can help the family "to find a balance between grieving and living, between the past and the future, and between despair and hope" (pp. 63-64). Even when a family member is lost either psychologically or physically, remembering that person and maintaining a connection is important to the family. The loved one does not have to be forgotten to move forward in

life. Family members should be encouraged to share individual memories or stories about their loved one (Hedtke, 2002). Storytelling can transform grief into a growth process rather than leaving the family stuck. Whether the loss involves a person, event, object, or experience, the same principles of expression, exploration, and connection apply. Change becomes possible when families are willing to let go of the need to be in control (Boss, 1999). Mourning does not have to unfold in neat stages. Family members may need to revisit their ambiguous loss many times through the years and continue to grieve. The biggest risk for the family is to move forward even when they are unsure of the way.

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Gabrielle Betz is a recent graduate of the marriage and family counseling program at Montana State University.

Jill M. Thorngren, College of Education, Health and Human Development, is an associate professor and assistant dean at Montana State University. She serves as program leader of the marriage and family counseling program.