

Ambiguous Loss Theory: Challenges for Scholars and Practitioners

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Introduction

On the occasion of my retirement from the University of Minnesota, a symposium was held to encourage the continuation of research about ambiguous loss and boundary ambiguity. This special issue continues that goal. The papers herein illustrate how a new generation of scientists and practitioners applies ambiguous loss theory to understand previously unstudied situations and populations. Their work generates new questions and hypotheses and, hopefully, stimulates others to join the ongoing process of research, practice, and theorizing.

Why Do We Need Theorizing?

In these times of crises and terror, we need new theories to guide our work in safeguarding the natural resiliency of families. To assess both diversities and commonalities in how families stay strong, we need more inclusive theory to analyze data and guide interventions for easing the family stress and trauma. I began with a universal family experience—loss—and studied it in the context of an additional stressor—ambiguity. Indeed, as Dilworth-Anderson (2005) writes, intuition begins this process. Observing family therapy in the early 1970s, I noticed physically present fathers were often psychologically absent (Boss, 1972). Soon, I realized that psychological absence was not only just about fathers but also about any loved one in the family who was *there, but not there*. Out of observation and intuition emerged a more inclusive term, “ambiguous loss,” and a model of the two types: physical absence with psychological presence, psychological absence with physical presence (Boss, 1999, 2004, 2006). Family

members have described the first type of ambiguous loss as “Leaving without good-bye,” and the second type as “Good-bye without leaving.” Both are distressing and may traumatize. Today, the stress- and resiliency-focused theory of ambiguous loss includes linkages to meaning, mastery, ambivalence, identity, attachment, and hope (Boss, 2006). Although many practitioners report anecdotally that the theory is useful, more research-based evidence is needed. This special issue serves as a beginning for more research to continue integrating theory, research, and application.

What Is Ambiguous Loss?

Ambiguous loss is a loss that remains unclear. The premise of the ambiguous loss theory is that uncertainty or a lack of information about the whereabouts or status of a loved one as absent or present, as dead or alive, is traumatizing for most individuals, couples, and families. The ambiguity freezes the grief process (Boss, 1999) and prevents cognition, thus blocking coping and decision-making processes. Closure is impossible. Family members have no other option but to construct their own truth about the status of the person absent in mind or body. Without information to clarify their loss, family members have no choice but to live with the paradox of absence and presence (Boss, 2006). For example, when families are separated by military deployment, they of course hope to be reunited again but also know that they will never be the same as they were before the separation. I propose that “both/and” thinking strengthens adults’ and children’s resiliency despite the ambiguity of a family member’s absence or presence. That is, it is useful for a family member to think dialectically about

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thesis, antithesis, and synthesis in a practical way: my loved one is gone, but s/he is also here; I can learn to tolerate the stress of the ambiguity (Boss, 1999, 2004, 2006).

When relationships are unclear and closure is impossible, the human need for finality can distress or traumatize families. Whether it is caring for a mate in the grip of dementia from Alzheimer's, or waiting to learn the fate of a child gone missing, the ambiguity in such losses immobilizes and traumatizes. Bereft of rituals to support them (because the loss is unverified), families are left on their own. Because of the ambiguity, relationships dissipate as friends and neighbors do not know what to do or say to families with unclear losses. For all of these reasons, ambiguous loss is a relational disorder and not psychic dysfunction. The ambiguity ruptures the meaning of loss, so people are frozen in both coping and grieving (Gergen, 2006). Without meaning, there is no hope (Boss, 2006).

The brief review here serves as introduction only, as the focus of this issue is on the collection of articles that follow, the best of many submissions. In this special issue are good examples of applying ambiguous loss theory to new situations and using various research methodologies. These papers serve to stimulate new questions, hypotheses, and innovative methods and interventions for families.

Moreover, the studies contained in this issue draw attention to the validity of the theory of ambiguous loss particularly with regard to conceptual congruence between ambiguous loss and boundary ambiguity. The issue of congruence also extends to the fit between one's methodology and the proposed intervention. In order to answer these core challenges, one must first understand the assumptions underlying the theory.

Core Assumptions

At the core of this collection of papers in this special issue are the following assumptions: First, ambiguous loss theory assumes that a psychological family exists and that this perceived construction of one's family may differ from the physical or legal family structure. This assumption is illustrated in many of the articles and especially by Allen's discussion of ambiguous loss after lesbian couples with children break up. There we see family members differ in their perceptions of who the family is, and thus, the

psychological family becomes the refuge for a non-custodial parent in a splintered family. Other articles demonstrating the psychological family's comfort include Huebner, Mancini, Wilcox, Grass, and Grass's discussion of deployed parents and children in military families and Roper and Jackson's study of families with ill children being cared for away from home. In this collection of articles (as in ambiguous loss theory), the assumption is that families have both physical and psychological structures, and that both are sources of resiliency (Boss, 2006).

Second, ambiguous loss as an external situation is assumed to be neutral. How it is perceived, however, has valence—the higher the degree of boundary ambiguity, the more negative the outcomes. For example, O'Brien's article on ambiguous loss in families of children with autism spectrum disorders found that the higher the mother's levels of identity ambiguity, the higher her depressive symptoms, independent of the severity of diagnosis.

Third, it is assumed that cultural beliefs and values influence a family's tolerance for ambiguity and how it is perceived. This assumption is illustrated in the study by Hernandez and Wilson concerning the ambiguous loss experienced by Seventh-day Adventist women in mixed-orientation marriages. Religious values and beliefs against homosexuality and divorce merge into an untenable situation of immobilizing distress for the women (and men) in these marriages.

Fourth, we assume that with situations of ambiguous loss, truth is unattainable and thus relative. The theory follows what Klein and White (1996) called the interpretive approach to knowing, with truth being subjective, that is, perceptual. Information upon which to assess and build interventions is gleaned from analyzing conversations and narratives. In this issue, Leite's exploration of aspects of boundary ambiguity among young, unmarried expectant fathers illustrates this gleaning of information from narratives. In fact, all the studies here, regardless of methodology, illustrate the relativity of truth when clarity is not forthcoming. The goal is to find meaning in the situation despite the absence of information and persisting ambiguity. Here, resiliency means being able to live with unanswered questions. Instead of the usual epistemological question about truth, we ask, "How do people manage to live well despite not knowing?" Allen's interpretive and perceptual reflections illustrate this assumption.

Fifth, ambiguous loss is inherently a relational phenomenon and thus cannot be an individual

condition. Although ambiguous loss theory may not be a typical “family” theory, it nevertheless helps us understand family and relational processes stymied by ambiguity—of which there are many—in both everyday life and disasters. The symptoms may be individual, resembling those of complicated grief, or depression, anxiety, and ambivalence, but the culprit lies in the context outside the individual and their couple or family relationships. Because of the external context, the family’s ability to find coherence and meaning in the ambiguity surrounding the absence and presence of a loved one is impaired.

Sixth, it is assumed that there is a natural resiliency in families. To preserve that resiliency when there is ambiguous loss with subsequent boundary ambiguity, family scientists and practitioners must use more inclusive theories with less emphasis on the normative structures of couples and families. *All* of the articles in this collection suggest that there is rarely absolute presence or absence of loved ones in marital and family life. Given the ubiquity of ambiguous absence and presence, family resiliency requires tolerance for ambiguity and the ability to live well despite its persistence.

Seventh, it is assumed that a phenomenon can exist even if it cannot be measured. Even if ambiguous loss is not quantifiable, it exists phenomenologically. As Carroll, Olson, and Buckmiller concede in their 30-year review of theory, research, and measurement, it may be necessary to measure “ambiguity” qualitatively because reliability does not make sense in assessing a perceptual phenomenon that is expected to change over time. This collection of articles will serve to illustrate to a second generation of researchers how best to study ambiguous loss and boundary ambiguity. It is the latter that I believe has potential for quantitative measurement, not the former. Which ever construct is the focus of study, and whatever method is selected, moving to a more collaborative research design (respondent as expert) is necessary because of the primacy of perception in both ambiguous loss and boundary ambiguity. That is, without official validation of loss from the outside community, the existence of ambiguity in boundaries, roles, membership, or identity is limited to perceptions.

These seven assumptions represent key elements underlying the theory of ambiguous loss. I encourage readers to explore the fuller accounts of assumptions, definitions, and linkages in Boss (2006). For now, this brief review suffices in order to focus on the challenges for future scholars, which surfaced

from this varied collection of papers. Although all of the authors faced these issues, note that they may have dealt with them differently, yet correctly, according to the theory. Essentials in need of further attention by scholars and practitioners include validity, levels of analysis, measurement, multimethods, clear definitions (ambiguity versus uncertainty; ambiguity versus ambivalence), dialectical systems processes versus linear stages, ambiguous loss versus ambiguous gain, and finally, the ambiguous loss and spirituality link.

Challenges for Future Researchers Studying Ambiguous Loss and Boundary Ambiguity

Validity

For validity, we must measure what we say we are measuring. There is a conceptual difference between ambiguous loss and boundary ambiguity. Ambiguous loss is a stressor *situation* (located heuristically under the A factor in the contextual model of family stress [CMFS]; see Boss, 2002, 2006); boundary ambiguity is a perceptual *response* (located heuristically under the C factor). Boundary ambiguity is a continuous variable, with higher levels being a risk factor leading to negative individual and family outcomes. In this special issue, Berge and Holm’s paper especially illustrates the integration of the CMFS to study boundary ambiguity, in this case to understand the complex processes in families of chronically ill children.

Levels

There are two types of ambiguous loss situations, but each can occur at extreme levels of disaster or simply in everyday life (Boss, 1999, 2002, 2006). At either level, the two types of ambiguous loss often occur simultaneously in one individual, couple, family, or community. This complexity, while valid, adds to measurement and intervention challenges.

Underlying Framework

Although my earliest work focused on boundary ambiguity operationalized by roles and what Kingsbury and Scanzoni (1993) called “neo-structure functionalism,” I have since the 1990s focused more

on the broader construct, ambiguous loss, with a focus on meaning and using a social construction approach (Gergen, 1994, 2001). As Gergen (2006) said in his review of Boss (2006), "We all confront loss in our lives, and with loss comes a rupture in meaning" (back cover). When loss combines with ambiguity, there is no closure and the rupture continues until a perceptual shift restores relations, meaning, and hope. With focus on meaning for assessment and intervention, social constructionism becomes the most compatible underlying framework for the study of ambiguous loss (Boss, 2002, 2006).

Measurement

Boundary ambiguity lends itself to quantitative measure using a neo-structural approach, whereas ambiguous loss lends itself to social construction and qualitative assessment. Quantitative researchers have tended to study boundary ambiguity more than ambiguous loss because it can be operationalized more easily (Boss, Greenberg, & Pearce-McCall, 1990). But the boundary ambiguity measures need updating, a major challenge to future researchers skilled in psychometrics. Existing scales are Boss et al. (1990) and Mu and Tomlinson (1997), plus clinical assessments questions newly generated in this special issue. Building on the existing boundary ambiguity scales (Boss et al.), the research of Mu and Tomlinson, and their own clinical experience, Berge and Holm, for example, developed a list of questions to clinically assess boundary ambiguity in families of ill children.

Multimethods

I emphasize that both qualitative and quantitative methods are necessary to advance the theorizing process. The richness of the ambiguous loss theory will be missed if only quantitative measures are valued, and its generalizability will be negated without numerical evidence gained with reliable and valid measures. In this issue, Blieszner, Roberto, Wilcox, Barham, and Winston recommend that because ambiguity is difficult to measure, using a combination of qualitative and quantitative measures should provide a more accurate assessment of the meaning and outcome of ambiguous loss experiences. Although their study was of older families with mild cognitive impairment, studying any age cohort or any situation of ambiguous loss may require

multimethods with a team that has competence in both quantitative and qualitative methods as well as in clinical practice and assessment.

Definitions: Ambiguity Versus Uncertainty

Scholars too often use the term "uncertainty" as synonymous with "ambiguity." I encourage minimizing this interchange of terms for two reasons: The meanings of the two words are not precisely synonymous but more important, uncertainty has a literature and scale of its own (in nursing) where it means something different than Boss's ambiguity (due to focus on illness diagnosis). To prevent confusion then, I recommend using the term "ambiguity" most of the time in this work. Note that in this issue, Huebner et al. use the term "uncertainty" to study parental deployment and youth in military families, but they distinguish between overall perceptions of uncertainty and loss and boundary ambiguity, operationalized by roles. Their particular use of uncertainty is more like its use in medical diagnosis or prognosis because adolescents expressed uncertainty about how long their soldier parent would be gone, and whether they would ever see them again. Indeed, the terms "ambiguity" and "uncertainty" are not synonymous.

Definitions: Ambiguity Versus Ambivalence

Ambiguity is not synonymous with ambivalence. In ambiguous loss theory, ambiguity emanates from a situation outside the person or family, whereas ambivalence is expressed individually. What we have is an ambiguous social situation creating ambivalent feelings and behaviors in an individual and thus affecting relationships. The ambivalence linked to ambiguous loss is then sociological ambivalence, not psychiatric disorder. For more about the theoretical linkage of ambiguity to ambivalence, see Boss and Kaplan (2004). In this issue, Roper and Jackson discovered themes of ambivalence (and guilt) in mothers of profoundly disabled children who had been placed in out-of-home care. Ambivalence was also mentioned in findings from other studies, suggesting that the link between ambiguity and ambivalence exists (Boss, 2006) and needs further study.

Dialectical Systems Processes Versus Linear Stages

Any mention of stages or linear steps is not conceptually congruent with ambiguous loss theory. As

evidenced by Hernandez and Colwick's exploration of Seventh-day Adventist women in mixed-orientation marriages, rather than a linear stage model, regaining resiliency despite ambiguous loss is instead a dialectical systemic process. More appropriate terms then to use with ambiguous loss studies are themes, systemic processes, and dynamics—any terms that imply movement, paradoxical possibilities of change, and diverse paths to resiliency. Although such process terms are more compatible with the assumptions of ambiguous loss theory, note that they may differ if you are working from a social construction stance versus neo-structural functionalism. The challenge is to be theoretically consistent not only in your ideas and methods but also in your terms.

Ambiguous Gain Versus Ambiguous Loss

An idea I raised in 1980 but have not developed is ambiguous gain. As Carroll et al. point out in their review, ambiguous gain is an area ripe for study. Indeed, family scholars and practitioners need to know more about the dynamic of ambiguous gain, as well as loss, because the vulnerable times for couples and families are not only losses but also any time of change and transition. Specifically, we propose that the more ambiguous the changes in family boundary (losses or gain that affect perceptions of who is in and who is out), the higher the stress levels. Examples of ambiguous gains (Boss, 1980) may be a new baby from birth or adoption, gaining in-laws, in-home professional help such as nannies, or professional caregivers living in the home to tend to a chronically ill family member. Because of my belief, however, that unresolved losses lie at the root of most family problems, I have devoted my career to studying ambiguous losses. It seemed important to do so because, despite its universality in family life, few family scholars have studied loss, clear or ambiguous. I agree then with Carroll et al. that ambiguous gain warrants study, while maintaining my stance that it is loss that is sorely understudied by family scientists and practitioners.

Ambiguous Loss and Spirituality

Although I am not a religious scholar, many have told me that there is a link between ambiguous loss theory and spirituality. Indeed, I have come to see that a tolerance for ambiguity is having faith in the unknown. Yet, I have worked with deeply religious

people who have no tolerance for ambiguity and nonreligious persons who do. What then is the dynamic? To stimulate further study to answer this question, I proposed a linkage among spirituality, religious beliefs, and ambiguous loss. In this issue, Hernandez and Wilson alert us to the deep complexities of this link when ambiguous loss occurs in the context of religious beliefs about marriage and sexual orientation. More study is of course needed. Marital and family resiliency may emanate more from a tolerance for ambiguity than from a belief in absolute dogma (Boss, 2006).

Testing the Theory With New Populations

Ambiguous loss theory is currently being tested and applied in new situations and populations. In this special issue are numerous examples of ambiguous loss and boundary ambiguity theory applied to families of ill children, autism, military deployment, young unmarried fathers, children with profound disabilities and in need of out-of-home care, couples with mild cognitive impairment, mixed-orientation marriages, or same-gender parents' breakup. Because of this unexpected diversity of situations and samples, I am deeply indebted to the researchers and practitioners in this collection for their new and innovative studies on ambiguous loss and boundary ambiguity. Along with the 30-year review of literature, these studies set the stage for a second generation of researchers to apply AL theory to new populations. Sadly, this now includes families of Iraq veterans returning home with traumatic brain injury.

Reading More Closely

To study ambiguous loss and boundary ambiguity is deceptively complex. One reason is its multidisciplinary roots and linkages. A scholar's challenge is to locate the publications that exist in a wide variety of journals from various fields. Carroll et al. have provided a superb service to future scholars by providing a 30-year review of literature from multiple disciplines. I am deeply grateful to them for their review, as it is important to know what has come before in the process of accumulating new knowledge.

In addition to reading about AL and BA across disciplines, I recommend reading early writings and not just the recent writings by a principal theorist.

Scholars must read closely to see what is included in the theory and what is not. If AL theory encompasses all things, then it is nothing, as it cannot be tested. To prevent overgeneralizing and tautologies, I have devoted great effort (Boss, 1999, 2002, 2004, 2006) to delimit what ambiguous loss is and what it is not—and importantly, to differentiate ambiguous loss from boundary ambiguity and their respective underlying paradigms. To understand the complexity of AL theory, and then build on it or critique it, it is essential to first read these sources. Although Carroll and colleagues' 30-year review of the literature is a must read for anyone who wants to do work in this area, serious scholars must also read the original theorist's writings, especially the most recent.

Conclusions

What follows in this special issue are nine articles representing a new generation of scholars studying various populations and situations of ambiguous loss and subsequent boundary ambiguity.

Indeed, the ambiguous loss theory appears to be useful for understanding and assessing traumatic loss in families, but more evidence is needed. Although quantitative measures must be developed further, qualitative studies continue to generate hypotheses for yet unstudied areas of ambiguous loss and boundary ambiguity in couple and family life. In addition, phenomenological studies are needed to shed light on the link between spirituality, meaning, and tolerance for ambiguity. Meanwhile, this collection of studies in the special issue serves to stimulate new scholars to carry on this work. I encourage practitioners as well as researchers to take up this challenge.

Good theory is useful theory. When practitioners are faced with human suffering, a theoretical map can guide what we must often do quickly. To say that theory is not useful is to say that we intervene best by the seat of our pants. Although it is fun now and then to improvise, it is not efficient, effective, or ethical when marriages and families are suffering or at risk. Under such conditions, useful theory guides us to more effectively understand, assess, and intervene.

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Reviewers

Special Issue on Ambiguous Loss

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