

Ambiguous loss in families of the missing

Pauline Boss

Ambiguous loss is caused when loved ones suddenly vanish. For the families left behind—when soldiers are declared missing in action or relatives disappear during political unrest and civil conflict—not knowing whether a loved one is dead or alive defies emotional comprehension.

Around the world, terrorists kidnap family members so often that the term “desaparecido” (disappeared) has entered the common vocabulary in Argentina, Brazil, Columbia, Chile, Panama, Peru, Mexico, and other countries. Ethnic cleansing in Kosovo, with all its horrors, is compounded by ambiguous loss, with many families still searching for loved ones missing in this war-torn region. And for thousands of Americans, ambiguous loss was the result of the terrorist attacks of Sept 11, 2001.

There are two basic types of ambiguous loss. In the first type, people are physically absent, but remain psychologically present. Even if they are presumed dead, their remains have never been found. Family members are preoccupied with the lost person, and think of little else, even years later. In the second type, people are perceived as physically present but psychologically absent, emotionally and cognitively unavailable to those around them. These people may have depression, addiction, or dementia. Both types of ambiguous loss can occur in the same family. For example, families affected by the attack on the World Trade Center may have included a missing parent whose remaining partner is so depressed and preoccupied with the missing mate that children are ignored and feel as if they have lost both parents—one physically, the other psychologically.

Despite differing circumstances, families left behind share common concerns. How to cope? How can they grieve when there is no body to

bury? How can these people move on if there is even a remote possibility that the missing person could be alive? What are the long-term effects of this kind of loss?

Many family members experience feelings of helplessness, depression, and anxiety; relationship conflict; and somatisation. These negative effects occur for several reasons: ambiguity is confusing; people cannot make cognitive sense of the situation; and not knowing whether the family member will return prevents reconstruction of family and marital roles, rules, and rituals. Ambiguity destroys the customary markers of life or death, so a person’s distress is never validated. The community loses patience with the lack of closure, and families become isolated. Ambiguity causes even the strongest of people to question their view of the world as a fair, safe, and understandable place. Finally, ambiguous loss that persists for a long time is physically and emotionally exhausting.

Those who live reasonably well even when a loved one is missing do so by learning to hold two opposing ideas in their minds at the same time. They may believe that their loved one, though dead, is still with them in some sense; or they may move on with their lives while still holding out hope of finding the body. Such dialectical thinking is good because it begins the healing process even while confusion persists. The only way out of the despair is to hang on to two opposing ideas. As one wife said, “I must move on and organise life without the missing person, but at the same time, I can hope and remember”.

For many, there is never a body or body part to bury. What then? Why is having a body so important? The answer may be cultural. People need to see the body and participate in rituals to break down denial, and cognitively begin to cope and grieve. Without a body, they feel confused. We become impatient with those who linger because we expect “closure”. But, when there is no body to bury, needing more time to resolve the situation is normal, and closure should not be expected or required.

Another reason is that, paradoxically, having the body of a loved one empowers letting go of it. The primitive need to say “good-bye” to a person is greater when there was a deep attachment. Bowlby’s attachment theory suggests that it might be impossible to let go of a loved one unless one can actively participate in the rituals of honour and farewell that begin the process of detachment.



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The long-term effects on families of the missing are remarkably similar across time and culture. Military families of missing soldiers may have been told to keep silent about the circumstances of their loss, which may explain the lingering grief in children affected by the Vietnam War nearly 30 years later. In Argentinian families of the desaparecidos, psychiatrists find confusion of roles (uncle or daddy, perhaps), denial of facts, and guilt if the person dares to give up hope. These family disagreements threaten permanent splits and suppress communication. Secrets and silence are especially confusing to children, and without intervention will eventually cause anxiety and depression.

To head off long-term consequences, specialised therapy and support are needed. Traditionally, therapists deal with disaster situations where people have vanished with classic therapies for complicated grief or for post-traumatic stress disorder. But here the pathology lies in an external situation that causes a loved one's absence or presence to remain unclear, rather than in the person's psyche or the family's functioning. Thus, therapists label the situation as one of ambiguous loss, externalise the cause, and normalise what is usually considered individual and family pathology. Depression, anxiety, and family conflict are seen as symptoms of an untenable situation that creates helplessness. People need therapy then not because of psychic weakness, but because of immobilising ambiguity.

Part of the therapeutic task is to get family members to share their perceptions even though they differ, to encourage tolerance of these, and to help them express anger, fear, helplessness, hope, and ambivalence. Above all, ambiguity is labelled as the culprit to assuage self-blame and guilt. Finding meaning after a loved one has disappeared also requires continued participation in family and community rituals and celebrations, finding some spiritual or optimistic interpretation, learning to tolerate uncertainty, and participating in storytelling and reminiscing. Unless families find a way to reconstruct their own identities and roles and function without the missing person, they will forever be waiting—their grief frozen in place. Through family therapy, the grief process is begun, and they start to accept the idea of never knowing for sure. Such acceptance is not easy. Even those who move on are forever working hard to manage the stress of living with ambiguity. But with systematic work, a new reality slowly emerges. Our job as clinicians is to listen more patiently than we have. Closure is not the goal.

Professionals need to understand the paradox: the more pressure for closure, the more resistance. The human need to find and bury a loved one illustrates the intersection of cognitive and emotional processes in close human relationships—the circle of attachment and detachment. Professionals need to be patient and have respect for individuals and families who are dealing with this agonising and complex process.

Some families make perceptual shifts on their own to decide that they can move on without finding a body. Such shifts are often eased by support from respected people in authority who offer help in the way of choices, time, and symbols. The urn of ashes from “Ground Zero” offered by the city of New York to each family with a missing person from the World Trade Center was one example. Families debated whether to accept the offer. One young man said, “I choose to believe that part of my brother's body is in these ashes”, but the wife of that same missing man did not. Different perceptions are to be expected when there is ambiguous loss and each person's view, unless it is life-threatening, needs validation.



Corina Arranz

Families in search of their missing in New York after Sept 11, 2001

Sometimes, the denial of death is broken experientially by returning to the scene of destruction. A New York grandmother told me about her 10-year-old grandson whose father was missing. When Mayor Giuliani invited families down to Ground Zero for a ceremony, the little boy was elated; he was certain he could find his father. His grandmother said she could see his hopes were high because he was so happy on the ferry going over to the site. But once there, the boy saw the acres of rubble, and grew quiet. He realised that finding his father was hopeless, and he cried for the first time.

Learning to live with this special type of loss is one of the greatest challenges to families, particularly in this time of terrorism, external threat to safety, and loss of innocence. Loss by itself is difficult enough, but add ambiguity to it, and the results are agonising and immobilising, even across generations. Our job as professionals is to address ambiguous loss with patience, care, and compassion.

Further reading

- Boss P. *Ambiguous loss*. Cambridge, MA: Harvard University Press, 1999.
- Boss P. *Ambiguous loss: working with families of the missing*. *Family Process* 2002; **41**: 14–17.
- Boss P. *Family stress management*. Newbury Park, CA: Sage Publications, 2002.