

that we who can afford to travel should visit these countries. We could investigate issues of common interest both from the perspective of the host country and from our perspective as visitors. Then we could blend in groups for further discussion. We can not continue to have *only* exclusive and excluding conferences in big cities, in fancy hotels that only the rich can afford. All of us, in small or big ways have to fight the injustices that partly have brought on the situation we have been thrown into now.

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## Ambiguous Loss: Working with Families of the Missing\*

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*Fam Proc* 41:14–17, 2002

**I**N societies that value gain, talk about loss implies failure, but the subject of loss is now on the table for discussion. The situation in New York City is especially complicated because it is the “capital” of prosperity, and is also the site of colossal loss. For the friends and families of over 3,000 people missing in the pile where the World Trade Center stood, there will be no tangible evidence of death and no body to honor and bury.

On September 12, I received a phone call from New York from a former student whose husband, president of a large labor union, was seeking help for union members and their families who were traumatized by the collapse of the towers so near their own building. With the aid of Minnesota and New York colleagues, I have been working with families of the missing as well as training New York therapists about ambiguous loss (see Boss, 1999). I’ve encountered incredible strength and courage but also despair and anger. I see how persistently people search for evidence of their

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\* An earlier version of this commentary was presented at the International Family Therapy Congress, Port Alegre, Brazil, November 17, 2001.

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missing. How can we help families to resolve their losses when they never have verification of death or a body to bury? What most surprised me was the frequent question asked by journalists, politicians, and, yes, therapists: "Why is having a body so important? Can't families see that everyone in that pile of rubbish is dead?"

I thought of Sophocles' *Antigone* who defied the King and faced death in order to retrieve and bury her brother's body; and more recent reports of mothers roaming deserted Kosovo battlefields, picking at bones, trying to find their sons; adult children searching Southeast Asia for fathers whose planes had been shot down decades ago; Russian and Japanese families waiting to collect their dead from sunken vessels. People go to great lengths to retrieve their dead. But *why* people do this has never really been addressed.

I have some hypotheses. First, a family's culture influences how essential the body is before one can let go and say goodbye. In US culture, known for its denial of death (Becker, 1973), viewing of the body for many is the most expedient way to start the grieving process. Seeing the remains provides a cognitive certainty of death, and wears down defenses. One *sees* the need to reconstruct their image of that person: the body is dead. The image they have held of themselves tied inexorably to the missing person must now change.

My second hypothesis is that people yearn for the body because, paradoxically, *having* the body enables them to let go of it. There appears to be a primitive need to be in the presence of the remains before one is able to separate from the lost person. In World War II, Kamikaze pilots observed a ritual before suicide missions, leaving behind some hair or nail trimmings as a part of themselves. A wife whose electrician husband was missing in the WTC said, "I would be happy just to have a part of him to bury—even if it's just a fingernail." She was clear that he was dead, but she was not satisfied that he was buried without her volitional participation, which would be proof of his irretrievability.

The need for a body to stimulate grieving illustrates an intersection of cognitive and psychodynamic theories. Bowlby's ideas on attachment and loss (1980) and Victor Frankl's ideas on the search for meaning after traumatic loss (1984) provide a link between emotions, family processes, and the social environment of trauma. If the environment remains ambiguous, uncertain, and incomprehensible, cognition is blocked, emotions are frozen, and continued individual and family functioning are severely hampered (Boss, 2001).

In mastery-oriented cultures, losing a person makes families and friends feel helpless since the cultural tendency is to seek "closure." When people used to being in charge cannot stay on top of a situation, find the answer, fix the problem quickly, society itself grows impatient and withdraws from them. Therapists must resist joining this impatience and accept that there can be no closure when a body is missing. We must aim for some resolution, some meaning, as well as learning to live with ambiguity. Naming the situation as one of "ambiguous loss," and the most difficult loss there is, appears to quiet some of the turmoil of the bereaved. This allows externalization of blame and diminishes the tendency to blame themselves for feeling so confused and helpless.

The good news is that people eventually can and do move on to some measure of resolution despite never finding the body. One grieving family rented a coffin and put the missing man's guitar in it, and held a funeral, after which they buried the guitar and returned the coffin. Some may resist accepting the reality of death while others

decide on their own that their beloved one is gone. Many are helped by the support of outside authorities (the mayor, clergy, therapists, nurses, physicians, elders) who give them choices and time. Official symbols sometimes are provided to help the process. The urn of ashes from “ground zero” was offered by the City of New York to each family with a missing person. The brother of a missing man said, “I choose to believe that part of my brother’s body is in these ashes.” He was able to revise his perception from hope of life to acceptance of death. But the wife of that same missing man wanted to wait for proof of death, perhaps a DNA match. Family members rarely reach the same conclusion at the same time, and in families of the missing there is often conflict. There may also be disagreements at the community level. This was painfully illustrated by the fight between NYC policemen and firemen (virtual brothers) about whether and how to keep digging for bodies (Barry & Flynn, 2001). Cool heads fortunately prevailed.

Community authorities can also help. A grandmother of a union man told me about her 10-year-old grandson whose father is missing. When the Mayor invited families to ground zero for a ceremony, the boy was elated. He said he would look for his father and find him for his Mommy. His grandmother said she could see his hopes were high because he was so happy on the ferry going over to the lower Manhattan disaster site. Once there, the boy saw the acres of rubble and smoke, and realized it was hopeless. For the first time, he cried. He knew he would never find his father.

Rituals, ceremonies, even symbols provided by persons of authority signal permission to begin grieving. Ordinarily, coroners and clergy do this. Families with members must not be left to fend for themselves. The Mayor of NYC sensitively *offered* official “certificates of presumed death,” giving people permission to let go, stop hoping, and begin thinking about the missing person as dead. Many families found the symbolic death certificates emotionally helpful; others found them pragmatically useful to settle finances. *But thousands have not yet picked up their death certificates.* Few may continue to talk about the possibility of life, but many told me that they are waiting for evidence of death. Their slower pace may reflect a particular psychology in dealing with ambiguity and traumatic loss, but it may also be that their particular culture and belief system prescribes another way of coping—unlike the quick-fix and get-over-it approach of mainstream US culture.

As for “the person of the therapist,” I am constantly reminded that friends and family of the missing will tolerate only as much ambiguity as I personally can tolerate. I cannot work effectively with these families unless I keep checking on my own ambiguous losses. Unless we label and struggle with our own ambiguous losses, we are less potent in urging others to do so (see Boss, 1999, for details). In my workshops, I always ask therapists to discuss and describe their losses: was the lost person missing physically or psychologically, normatively or catastrophically; was this a problem for them or their family; what cultural rituals, values, and beliefs helped or hindered their coping or grieving. I encourage all therapists to think about and discuss these questions with a few professional peers.

Our first task as therapists is to learn ourselves to live with this ambiguity. Focusing on classic grief work and PTSD is not enough. Being confused, unable to grieve, feeling ambivalent, defying the idea of “closure”—all are natural reactions to ambiguous loss. They are not evidence of resistance or psychic weakness, but the result of ambiguity piled on top of loss. Ambiguity can become lifelong trauma if it continues incessantly. Understanding ambiguous loss and the paradox that surrounds it will help therapists and their clients: the more we press for closure the more they will resist. Increasing our

own tolerance for ambiguity will increase our patience with families as they search for options at the pace they can tolerate. There may never be closure even with a clear-cut death, but there is resilience—the ability to tolerate ambiguity without forcing inappropriate closure.

Preliminary research in this area suggest that persons who tolerate best this kind of loss may have one or more of the following qualities:

- They were socialized in a culture less oriented toward mastery, control, and finding answers to all questions, and they report a higher tolerance for ambiguity and not knowing all the answers.
- They are deeply spiritual and don't feel helpless when they can't understand a situation; they say they have faith and trust in the unknown and are less distressed by ambiguity; they believe they will reunite with the missing person in Heaven.
- They are able to hold two opposing ideas in their mind at the same time: "My son is gone, but he is also still here and always will be in some ways." Or, "I'm moving forward with my life but I won't stop looking for him."

From my work with missing families in 1974, I have observed that dialectical thinking is helpful to people more cognitively oriented. When there is no clear answer, the only way out of despair is to hold on to both possibilities of absence and presence. Families in NYC, trying to grieve without having a body to bury, say that having a label for what they are experiencing—ambiguous loss—has helped them to know that the confusion they feel is not their fault, and that symptoms of depression, anxiety, and relationship conflict can result from an external impasse. Where ambiguity surrounds a loss, where the context remains unclear, the human condition is most deeply challenged.

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