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5.2 Coping With the Suffering of Ambiguous Loss

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Abstract This chapter addresses a particular kind of suffering—that of having a family member go physically missing. There is no official proof of being either dead or alive. Remaining family members are immobilized by the confusion, but many live a quality life despite the pain of no closure. The goal here is to provide a better understanding of ambiguous loss, its unique kind of suffering, and the surprising resilience that often emerges despite unanswered questions. Intervention guidelines, now tested for cross-cultural application, are provided.

Keywords Suffering, ambiguous loss, unresolved loss, frozen grief, meaning, mastery, identity, ambivalence, attachment, hope, psychological family, cultural differences

Ambiguous loss is a loss that has no resolution or closure. Unlike with death, there is no official verification of loss, no funeral or rituals of support, and no ending for grief (Boss, 1999, 2004, 2006; Boss & Greenberg, 1984).

There are two types of ambiguous loss. In the first type, the missing person is *physically absent* but kept psychologically present in the minds of family and friends because there is no proof of death and yet, their whereabouts are unknown. Examples are loved ones kidnapped, politically disappeared, vanished in explosions such as New York's 9/11 or from nature's fury—disappeared and swept away by tsunamis, earthquakes, or landslides. In the second type of ambiguous loss, a family member is *psychologically absent* while physically present, here but gone, as in the case of Alzheimer's disease, autism, severe mental illness, or addiction, among others. Due to space limitations, only the first type of ambiguous loss—the *physically missing*—will be discussed in this chapter.¹

The suffering addressed here is the relentless pain of not knowing the physical whereabouts or fate of a loved one who has been kidnapped or disappeared. With no body to bury nor proof that the loss is permanent, families understandably maintain some hope. As a result, grief is frozen, decisions are postponed, and relationships are in limbo (Boss, 1999, 2006). Having to live with such uncertainty embodies a kind of suffering that terrorists now know wounds, and yes, tortures, families longer than even the horror of a witnessed killing. Such unending suffering becomes chronic sorrow (Boss, Roos, &

¹For more information about Type II ambiguous loss, psychologically absent while physically present, see Boss, 1999, 2004, 2006; Boss & Dahl, 2014.

Harris, 2011; Roos, 2002), often lasting a lifetime, even across generations. Adding to the agony, the family's grief is disenfranchised (Doka, 1989) because no one died. In the eyes of the law, religious institutions, and the larger community, ambiguous loss is not real. Families are left to cope on their own.

The suffering from ambiguous loss is all too often attributed to the pathology of the remaining family members. While individuals often exhibit symptoms of depression and anxiety, and families exhibit more conflict and secrets, the source of pathology lies in the external social context, not in personal deficits. With no script or rituals for moving forward with ambiguous loss, and with no ending to the loss story, the family's plight is akin to what Frost and Hoggett (2008) call "double suffering"; first, a loved one is lost, and second, never found.

Today, this suffering continues globally from genocide, war, terrorism, crime, and natural disasters (Boss, 2006; Faust, 2008; Robins, 2013; Sluzki, 1990, 2003, 2006). Such losses are frozen in the agonizing doubt that comes with the inability to "know" a loved one's fate. I think of T. S. Eliot who, perhaps because of his wife's institutionalization, wrote, "And what you do not know is the only thing you know."² Indeed, this paradox lies at the center of the pain from ambiguous loss.

Brief Background

The theory of ambiguous loss was introduced to the social sciences in the 1970s (Boss, 1977, 1980a, 1980b, 1987; Boss & Greenberg, 1984) and since then, has been applied and tested with families of *physically missing* loved ones, e.g., pilots missing in action (MIA) in Vietnam and Southeast Asia; families of workers who vanished after the 2001 World Trade Center terrorist attacks (Boss, 2002; Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003) and most recently, with the villages and families of men and boys kidnapped in Nepal and East Timor (Robins, 2010, 2013).

Ideas about ambiguous loss are now linked across disciplines to resilience and trauma (Becvar, 2012; Boss, 2006) as well as grief and loss (Neimeyer, in press; Neimeyer, Harris, Winokuer, & Thornton, 2011); chronic sorrow (Boss, Roos, & Harris, 2011) and humanitarian work globally (Robins 2010, 2013). Perhaps most important, the theory has been recognized as a model for bridging science and practice (Neimeyer & Harris, 2011; Neimeyer, Harris, Winokuer, & Thornton, 2011).

Effects of Ambiguous Loss On Families and Individuals

From a systems perspective, ambiguous loss has a negative effect on families *structurally* when parent or spousal roles are ignored, decisions are put on hold, daily tasks are left undone, and family members are fighting or alienated, cut off from one another. Customary family rituals and celebrations are cancelled, thus inhibiting essential

²From "Four Quartets." Eliot, T. S. (1980). *The complete poems and plays: 1909-1950*. New York: Harcourt Brace & Co.

meaning-making processes. Ambiguous loss has a negative effect on individuals *psychologically* when there are feelings of hopelessness and helplessness that lead to guilt, anxiety, depression, or life-threatening behaviors (Boss, 2006).

Overall, the most frequent stressor reported both individually and collectively is the impossibility of closure. People are held in a state of uncertainty, oscillating between hope and despair. They understandably resist change because they still hope to find the missing person. Their lives are frozen in an uncanny complexity of loss. Even having some bones, with DNA verification, would give them clarification and some measure of peace.

To ease the suffering, a multi-disciplinary stress based approach is essential: In *sociological* terms, ambiguous loss is a stressor that prevents the maintenance of family boundaries; in *psychoanalytic* terms, it is an uncanny loss that combines the known and the unknown to violate one's trust in reality (Feigelson, 1993). In *psychological* terms, it severely complicates the search for meaning, a necessary component for easing the pain of any loss, clear or ambiguous (Boss, 2006; Frankl, 1963; Niemeyer, in press; Neimeyer & Sands, 2011). All of these approaches are valid.

Cultural Differences

In a culture that is highly mastery oriented, the assumption is that every problem has a solution. This is impossible with ambiguous loss. Instead, we need to increase our tolerance for ambiguity.

After decades of working with families of the missing and training therapists to do so, I find that the more people are accustomed to mastery, having agency, being in charge, and being able to solve problems, the more they seem to suffer from ambiguous loss. For example, many New Yorkers accustomed to finding answers were stunned and some even angry just weeks after 9/11 when families of the missing continued to hope that their loved ones would turn up alive somewhere. (A few actually did.) Perhaps because their pain was so raw, there was little patience for lingering; they wanted closure. They wanted the pain to be done. One year later, a New York reporter asked me why I thought New Yorkers weren't over 9/11 yet. My answer: "Because you're trying to get over it." Paradoxically, as T. S. Eliot suggests, what we do not know about a missing loved one becomes *all* that we know. Living in this void, those who persist in trying to master the ambiguity will suffer more. It was another poet, John Keats, who recommended in his letters to a young poet, that he develop a capability for the void. He called this "negative capability" (Forman, 1935).

While poets from Western cultures address ambiguity, we find it a more integral part of Eastern cultures. There, values of mastery, independence, and self-sufficiency are considered barriers to the reduction of suffering rather than means to lessen suffering. Eastern views encourage us to find a "way beyond the excesses of rationality and individualism" (Mishra, 2004, p. 51). Their way appears to be more useful when problems are irrational and have no solution. For people who live with ambiguous loss,

the goal then is not to get rid of suffering, but rather to allow for its coexistence with some joy in a life well lived.

Recently, Simon Robins with the International Committee of the Red Cross and Red Crescent (ICRC) tested the theory of ambiguous loss in more Eastern cultures of Nepal and East Timor (Robins, 2010, 2013). While the theory of ambiguous loss was found more useful than the truth and reconciliation model previously used, he also found that one intervention component, tempering mastery, did not hold in patriarchal cultures where wives of kidnapped men were now without identity or status. Robins concluded that to survive, their mastery did not have to be tempered but heightened.³

What we learn from Robins is that the theory of ambiguous loss, corrected to include his finding, provides a useful framework for guiding interventions with families of the missing in both Eastern as well as Westernized cultures. Where people are more mastery-oriented, their suffering will be eased if interventions lower their expectations for finding clear and absolute solutions. Where people are disenfranchised and have little or no mastery, interventions to ease suffering need to empower.

The degree of suffering from ambiguous loss is highly influenced by the cultural belief systems of family members and the community frame (Boss, 2006; Goffman, 1974; Reiss & Oliveri, 1991, Robins, 2013). What the powerful demand or what the neighbors think will still influence how families perceive loss and whether or not they receive social support for living well despite the ambiguity. Especially with problems that have no solutions, a prime example being ambiguous loss, human suffering can be lowered if the community as a whole acknowledges that the family's anguish is justifiable. One of the most effective ways for doing this is through local memorializing (Robins, 2013). The names of the missing are displayed in the village square so that families are no longer alone in their suffering and have a sanctioned place to mourn in lieu of a grave. Among the many others throughout the world, the 9/11 Memorial in lower Manhattan in New York is a good example.

Interventions to Ease the Suffering of Ambiguous Loss

Setting the Stage

Family and Community Meetings

For most families experiencing ambiguous loss, the most effective support mechanism is

³As a result of Robin's findings, I have adjusted Guideline #2, "Tempering Mastery" and re-titled it as "Adjusting Mastery," which can mean either raising or lowering one's mastery orientation, depending on the culture.

meeting with peers—other families with missing persons (Boss et al., 2003; Robins, 2010, p. 261). For this reason, we do not rely solely on medical treatment. We look beyond symptoms of pathology to further assess the social and relational environment. People with missing loved ones often fit the diagnoses of depression or complicated grief, but they are having a typical reaction to an atypical loss. While diagnostic manuals list atypical losses, such as suicide or death of a baby, among others, the atypical loss of ambiguous loss should also be added to this list.⁴

For family meetings, find a familiar community setting—a school, church basement, community hall. In the case of families of New York workers missing after 9/11, it was their labor union hall in Lower Manhattan. Families were self-defined, but needed to have some commonalities such as being part of the same community and having the same type of loss. When families traveled long distances, we offered food and beverages when they arrived and before they left for home. The group was comprised of multiple families, often three generations plus friends and clergy. Early on it was essential to triage to determine if anyone needed medical treatment. But most of all, people liked sitting in a large common circle to listen to each other’s stories, not just of suffering, but of resilience and survival. The elders in the group were especially helpful to the younger generation as they had suffered in their earlier lives and survived to become stronger for it.

The Psychological Family

We are reminded however that one’s family and community may *not* always be helpful and empowering. Some family members may be judgmental and shaming; others may stay away because they feel helpless in the face of unclear loss. Still others may be part of families and communities where strict social traditions and mores are barriers to coping, especially for women and girls. Without positive support from family members, the person suffering with ambiguous loss needs what I have called a *psychological family* (Boss, 1999, 2006), a chosen family of peers who are empathic and supportive. With the previously discussed wives of kidnapped men who were now neither wife nor widow, support and empowerment was found only by joining a “psychological family” with other women experiencing the same type of loss (Robins, 2013).

Dialectical Thinking

With ambiguous loss and its lack of truth, meaning will not emerge from absolute thinking. Rather, it comes from being able to hold two opposing ideas at the same time (Fitzgerald, 1945). Such dialectical thinking indicates a cognitive shift toward multiple

⁴To ease the pain of ambiguous loss, traditional grief therapies are insufficient because the family will resist the fact of death and the idea of closure. They will exhibit symptoms of unresolved grief, but that may reflect a normal sadness, not depression. While the treatment for depression is often medication, the treatment for sadness is human connection. Such connection lies beyond that of therapist and patient; it requires a steady community connection to the people in one’s everyday life—relatives and friends, neighbors. (Boss, 2006; Landau, 2007; Robins, 2010; Saul, 2013).

meanings—the only way one can make sense of the incongruence of absence and presence. Decades after her boy was kidnapped, a mother says, “He’s probably dead . . . but maybe not.” A year after 9/11, the father of a missing electrician told me, “My son has been missing so long now. He’s probably dead. But I feel he’s here with me and always will be.” Such ability to hold two conflicting ideas simultaneously provides the resilience to ease suffering even while ambiguity persists (Boss, 2006, p. 91). Given the absurdity of ambiguous loss, the meaning that promotes emotional growth and well-being comes from holding a complexity of possibilities, not one absolute truth.

Six Guidelines for Living With Ambiguous Loss

The following guidelines are useful both in family meetings and psychotherapy settings. The guidelines are not linear; they can be used in any order. Space allows only a brief description here, but each of the six guidelines is described in depth in Boss, 2006.

1. Finding Meaning

When facts are unavailable, perceptions become the only window for change and easing the stress of ambiguity (Boss, 1992, 1999, 2006). Families of the missing desperately want an explanation of what happened (Robins, 2010). Was he killed; if so, how; did she suffer; where is his body; or is she still alive in prison somewhere? Most often, answers are illusive, so meaning has to be socially constructed.

The first step is to name the problem. We keep it simple: “What you are experiencing is an ambiguous loss. It’s one of the most stressful kinds of loss because there is no possibility of closure. This is not your fault. The problem is the ambiguity, not you.” This is called externalizing the blame (White & Epston, 1990).

Providing people with a name for their pain paradoxically provides them with some understanding that it is not their fault and thus allows for movement. As Viktor Frankl said, “Suffering ceases to be suffering as soon as we form a clear and precise picture of it” (1963, p. 117; in Boss, 2006, p. 90.) The picture for these families may not be that clear, but once named, the agonizing doubt can be acknowledged by the larger community so that survivors feel less alone. This is the power of family and community-based interventions—they provide human connections that, unlike psychotherapy, can continue back in the neighborhood and validate that indeed one’s loss is real.

The beliefs and values of the people we work with usually differ from our own so we always ask: “What does this situation mean to you?” Some believe it is a punishment from God; some believe it is a challenge that they can meet; others believe in fatalism (what will be, will be) or destiny, or karma, or a spiritual acceptance by trusting and having faith in God or Allah. Still others believe in the harmony of nature and are more sanguine with what they cannot see or prove. Robins (2010) found that for some families in East Timor who believed in a spirit world, the dreams of the healer or a family member

erased all doubts about the fate of a missing person. "Many interpreted repeated dreams of the disappeared as evidence that the missing person was still alive and that his spirit was communicating" (Robins, 2010, p. 262).

While such thinking may ease the suffering in the short term, it is likely not useful long term. When religious beliefs are absolute and insistent about absolute truth (e.g., alive or dead), the family is more brittle. Missing family members are "closed out" and considered dead and in a "better place" now. Such closure is concocted however and can cause even more pain because secrets and silence are needed to keep the door closed. Sooner or later, a younger family member discovers the story of the family's missing person and feels betrayed for not having been told.

2. Adjusting Mastery

People accustomed to being in charge of their own destinies understandably try to stop the pain by seeking closure. They want to stay in charge. They search underwater for a lost sailor, seek the best doctors, use the best technology, but in the end, their lost person may remain lost. To balance living with the unmanageability of ambiguous loss, we encourage the suffering to find something in their lives that they can control. For empowerment and agency, we must allow people with missing family members "to choose their own forms of both expression and action" (Robins, 2013, p. 172).

For example, Robins found that some women from poor and marginalized communities "made the decision to believe that their disappeared husbands were dead and move on with their lives in what appears to be a conscious mastery of ambiguity" (2010, p. 263). This too is a way to empower oneself in the absence of truth.

Using psychoeducational approaches, we can help people to live with the ambiguity of loss. As they discover some usefulness in their suffering, they can stop struggling to avoid it. This shift makes people stronger and more able to handle the other uncertainties throughout the life course.

3. Reconstructing Identity

Ambiguous loss is confusing and family members no long know who they are supposed to be. When someone goes missing, they wonder about their roles and status within the family and community. They ask, "Am I still a wife if my husband is missing? Am I still married? Do I still have the privileges of a wife? Or am I now a widow?" Later on, we ask, "Who are you now? What roles do you play now? What could help you in doing this? Is there any gender, age, or generational discrimination or bias that makes reconstructing your identity more difficult?"

Telling and listening to stories in interaction with others who suffer the same loss sets the stage for one's identity to be relationally changed. Who one is becomes gradually reconstructed through the symbolic interaction of language and rituals. Peers serve as "the looking glass" to discover who one is now because the missing person, is in all probability, not coming back (Boss, 2006, p. 129).

4. Normalizing Ambivalence

Ambivalence, a term originated in 1911 by psychiatrist Eugen Bleuler, refers to conflicted feelings and emotions (Boss, 2006, p. 144). But unlike psychiatric ambivalence, the ambivalence from ambiguous loss is sociological (Merton & Barber, 1963) as the ambiguity ruptures relationships and confuses people. As a result, the ambiguity feeds the ambivalence about which action to follow, which decisions to make, what roles to play, and how to feel about the missing person. If feelings are too horrific—such as wishing the missing person dead—family members may suffer traumatizing stress.

Ambivalence is an expected outcome of ambiguous loss. In the social sense, this means recognizing that others feel the same way. Predictably, there is a flood of conflicted emotions such as love for the missing person with simultaneous hate because their absence is causing so much suffering.

5. Revising Attachment

When someone vanishes without a trace, the individuals and family left behind feel abandoned. Their attachment is severed and now, painfully insecure. Re-connection is not possible nor is grieving and closure. The family is in a double bind, frozen in place. Anxiety heightens. Revising attachment means using both-and thinking to break the immobilization. As we emphasize that closure is not expected, people are relieved. They know that they can hang on while also moving forward with new connections. We repeat over and over again: There is no need for closure. It is after all not the attachment that ends but the relationship as it was.

6. Finding New Hope

Paradoxically, telling family members that closure is not necessary helps them to focus on finding meaning and hope. This takes time and is best done in the company of others who are experiencing a similar loss. By asking questions and sharing stories, people become more open to new interpretations of their struggle.

People with missing loved ones often find hope in helping others to prevent such suffering. They discover a greater good and see their plight in a larger frame, one that can help others, even though they cannot help themselves. The mother of a kidnapped boy begins a national website that revolutionizes the speed at which information about missing children is posted worldwide; the nephew of a WW II soldier missing-in-action renews the search to bring his uncle home. Finding a greater good in one's life balances the nonsensical with a way to honor the missing person and help others to avoid such pain. The suffering then is not entirely in vain. There is hope in it.

Summary

The goal of this chapter was to increase awareness of a unique kind of suffering—ambiguous loss—so that social science researchers and practitioners are more able to recognize this all too common phenomenon, name it, and ease human suffering. What I see clinically and in the field is that the suffering of ambiguous loss can deepen

people's humanity and thus, their ability to have a good life. They live with the opposing ideas of pain for what they lost and joy for what they still have. While ambiguous loss is cruel, uncanny, irrational, confusing, and unrelenting, we learn that we can live well despite unanswered questions and not having everything go our way. Painful as that may be, especially for those of us accustomed to mastery, this newfound negative capability, as the poet John Keats put it, makes possible the coexistence of human suffering and well being.

References

- Becvar, D. (Ed.). (2012). *Handbook of family resilience*. New York: Springer.
- Bleuler, E. (1911). Dementia praecox oder gruppe der schizophrenien [Dementia praecox or the group of schizophrenias]. Leipzig and Wien: Franz Deuticke.
- Boss, P. (1977). A clarification of the concept of psychological father presence in families experiencing ambiguity of boundary. *Journal of Marriage & the Family*, 39(1), 141-151.
- Boss, P. (1980a). Normative family stress: Family boundary changes across the life-span. *Family Relations*, 29(4), 445-450.
- Boss, P. (1980b). The relationship of psychological father presence, wife's personal qualities, and wife/family dysfunction in families of missing fathers. *Journal of Marriage & the Family*, 42(3), 541-549.
- Boss, P. (1987). Family stress: Perception and context. In M. Sussman & S Steinmetz (Eds.), *Handbook of marriage and family* (pp. 695-723). New York: Plenum.
- Boss, P. (1992). Primacy of perception in family stress theory and measurement. *Journal of Family Psychology*, 6(2), 113-119.
- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Cambridge, MN: Harvard University Press.
- Boss, P. (2002). Ambiguous loss: Working with the families of the missing. *Family Process*, 41, 14-17.
- Boss, P. (2004). Ambiguous loss. In F. Walsh & M. McGoldrick (Eds.), *Living beyond loss: Death in the family* (2nd ed., pp. 237-246). New York: Norton.
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: Norton.
- Boss, P., & Dahl, C. M. (2014). Family therapy for the unresolved grief of ambiguous loss. In D. W. Kissane & F. Parnes (Eds.), *Bereavement care for families* (pp. 171-182). New York: Routledge.
- Boss, P., & Greenberg, J. (1984). Family boundary ambiguity: A new variable in family stress theory. *Family Process*, 23(4), 535-546.
- 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 & Family Therapy*, 29(4), 455–467.
- Boss, P., Roos, S., Harris, D. L. (2011). Grief in the midst of uncertainty and ambiguity. 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. 163-175). New York: Taylor and Francis.
- Doka, K. (1989). *Disenfranchised grief: Recognizing hidden sorrow*. New York: Lexington Books.
- Faust, D. G. (2008). *The republic of suffering*. New York: Vintage Books.
- Feigelson, C. (1993). Personality death, object loss, and the uncanny. *International Journal of Psychoanalysis*, 74(2), 331-345.
- Fitzgerald, F. S. (1945). *The crack-up*. New York: New Directions.
- Forman, M. H. (Ed.) (1935). *The letters of John Keats* (2nd ed.). New York: Oxford University Press.
- Frankl, V. (1963). *Man's search for meaning*. New York: Washington Square.
- Frost, L., & Hoggett, P. (2008). Human agency and social suffering. *Critical Social Policy*, 28(4), 438–460.
- Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. New York: Harper & Row.
- Landau, J. (2007). Enhancing resilience: Families and communities as agents for change. *Family Process*, 46, 351–365.
- Merton, R. K., & Barber, E. (1963). Sociological ambivalence. In E. Tiryakian (Ed.), *Sociological theory: Values and sociocultural change* (pp. 91-120). New York: Free Press.
- Mishra, P. (2004). *An end to suffering*. New York: Picador, Farrar, Straus, & Giroux.
- Neimeyer, R. A. (in press). *Meaning in bereavement*. In R. Anderson (Ed.), *World Suffering and Quality of Life*. New York: Springer.
- Neimeyer, R. A., & Harris, D. L. (2011). Building bridges in bereavement research and practice: Some concluding reflections. 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. 403–418). New York: Taylor and Francis. pp. 403-418.

- Neimeyer, R. A., & Sands, D. C. (2011). Meaning reconstruction in bereavement: From principles to practice. 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. 9-22). New York: Taylor and Francis.
- 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.
- Reiss, D., & Oliveri, M. E. (1991). The family's conception of accountability and competence: A new approach to the conceptualization and assessment of family stress. *Family Process, 30*(2), 193-214.
- Robins, S. (2010). Ambiguous loss in a non-Western context: Families of the disappeared in post-conflict Nepal. *Family Relations 59* 253–268.
- Robins, S. (2013). *Families of the missing: A test for contemporary approaches to transitional justice*. New York /London: Routledge Glasshouse.
- Roos, S. (2002). *Chronic sorrow: A living loss*. New York, NY: Brunner-Routledge.
- Saul, J. (2013). Collective trauma, collective healing: Promoting community resilience in the aftermath of disaster. New York: Routledge.
- Sluzki, C. E. (1990). Disappeared: Semantic and somatic effects of political repression in a family seeking therapy. *Family Process, 29*, 131–143. doi: 10.1111/j.1545-5300.1990.00131.x
- Sluzki, C. (2003). The process toward reconciliation. In A. Chayes & M. Minow (Eds.), *Imagine coexistence: Restoring humanity after violent ethnic conflict* (pp. 21–31). Cambridge, MA: Jossey-Bass.
- Sluzki, C. E. (2006). Foreword. In P. Boss, *Loss, Trauma, and Resilience* (pp. xiii–xv). New York: Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: WW Norton & Company.