The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change

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W. W. Norton, 2006
2020 to 2022: A Time of Pandemic and Immense Loss

- Clear/verified loss (e.g., death): COVID-19 and its variants now have caused over 4.6 million deaths globally; over 670,000 US deaths. (Johns Hopkins Coronavirus Resource Center)
- Even more from ambiguous losses: e.g., loss of trust in the world as a safe place; loss of touching and being physically with loved ones; loss of certainty, not knowing what’s safe.
- A world and nation of loss and grief.

Ambiguous Loss

*Learning that closure is a myth from the extreme situation of loss.*
The theory of ambiguous loss is:

- Stress-based, systemic, relational, inclusive across cultures and different losses.
- A useful guide for therapy and intervention with individuals, couples, groups of individuals/couples, multiple family groups, and community groups.

What is Ambiguous Loss?

- A loss that remains unclear and without resolution.
- A loss that has no official or social verification; thus can't be clarified, cured, or fixed.
- AL loss can be physical or psychological, but in either case, there is incongruence between absence/presence. Gone, but not for sure; here, but gone; absent but still present.
- A rupture in a close relationship caused by an external context of ambiguity, not individual or family pathology.
Two Types of Ambiguous Loss

I: Leaving Without Goodbye

*Physical absence with psychological presence*

*Catastrophic:* forced separations due to pandemic, disappeared, unable to say goodbye, missing bodies, kidnapped, missing-in-action, imprisoned; *more common.* move to care facility, divorce, adoption, immigration/migration, military deployment, transitioning gender, etc.

II: Goodbye Without Leaving

*Psychological absence with physical presence*

*Catastrophic:* Alzheimer’s disease and other dementias; brain injury; addiction; depression; *more common.* preoccupation with absent loved ones, feeling unsafe.

Note:

Both types of ambiguous loss can occur simultaneously in *one person:* the simultaneous loss of physical and psychological functions (being unable to walk plus loss of cognitive functioning).

Both types of ambiguous loss can occur simultaneously in *one family:* a husband disappeared and a child addicted.
New: Personal Ambiguous Loss

- Physical: loss of a limb, loss of reproductive organs, loss of sight or hearing, etc.
- Psychological: loss of one’s memory and cognitive skills
- Again, implies an attachment.

Ambiguous Losses Due to COVID-19

- Loss of hopes, dreams, and plans for your future—the loss of a way of life that had promised fulfillment and satisfaction
- Loss of certainty about safety and health for yourself and family
- Loss of routines
- Loss of playdates for young children and at-school learning for all students regardless of age
- Loss of parental time and freedom to go to work due to the need for at-home schooling for their children
- Loss of ability to be with a loved one who is hospitalized and/or dying
- Loss of traditional rituals of mourning and burial, not knowing where the body of a loved one is
Ambiguous Losses, COVID (cont.)

- Loss of ability to celebrate or mourn major life events—births, graduations, marriages, deaths, etc., in community with others
- Loss of support and comfort from your community at times of loss
- Loss of being able to say goodbye to friends as schools and colleges closed abruptly
- Loss of ability to attend large events—concerts, sports, lectures, reunions, and so on
- Loss of control of how much time is spent with partner and children (too much, too little)
- Loss of trust in the world as a fair and just place
- Loss of trust in leaders and authorities
- Loss of freedom to move about as we please

Clearer Losses (May Still Have Some Ambiguity)

- Validated deaths of family, friends, and colleagues
- Loss of a job
- Loss of a business
- Loss of income
- Loss of retirement savings
- Loss of one’s home or apartment
- Loss of security about food and shelter

Boss, 2022
What Ambiguous Loss is *Not* (*with caveats*)

- Not death* (yet this depends on beliefs)
- Not a grief disorder* (yet akin to complicated grief)
- Not PTSD* (yet traumatic)

Unlike Death . . .

- AL has no official verification: no official death certificate or information about where they may be; or the lost person is still here and alive, but mind and memory are gone (dementia, addiction, etc.).
- AL creates *complicated grief* (on-going), but the complication is due to the **type of loss**—a **complicated loss**.
- Pathology lies in the external context (ambiguity), not in the family or its members.
Unlike Complicated Grief . . .

- With AL, chronic grief is a normal reaction to an abnormal social situation; a relational loss. The source of pathology lies externally in the type of loss, ambiguous—not in individual psyche.

- Yet, because AL is a complicated loss, it’s linked to complicated grief. With no deficiency in the individual, couple, or family, it leads to symptoms similar to complicated grief.

(Shear et. al., 2011; mayoclinic.org: on-going state of grief, problems accepting death, lack of trust in others, bitterness about the loss, etc.)

As written in The Lancet: “Putting a time frame on grief is therefore inappropriate—DSM-5 and ICD-11 please take note. Occasionally, prolonged grief disorder or depression develops, which may need treatment, but most people who experience death of someone they love do not need treatment by a psychiatrist or indeed by any doctor. For those who are grieving, doctors would do better to offer time, compassion, remembrance and empathy, than pills.” (From “Living With Grief,” 2012, 379 (9816), p. 589).
Unlike DSM 5 Grief Disorder . . .

- Most people with loved ones missing physically or psychologically should not be labeled as sick; instead, the pathology lies in their social context of ambiguity and not knowing.
- However, they may also manifest these symptoms: depression with intense grief that interferes with daily functioning (eating, sleeping, working, etc.), preoccupation with lost person, difficulty finding meaning, putting life on hold, chronic sadness, not accepting their death.
- Externalize the blame to their context; it is not their fault (e.g., war, 9/11, dementia, pandemic, etc.)

Is There Ambiguity in Death?

- An officially validated or witnessed death is not an ambiguous loss, but there is often a degree of ambiguity after a death due to unanswered questions.
- Some deaths have more ambiguity than others: don’t make sense; lack meaning:
  - Suicide, murder, friendly fire
  - Death of an infant or child
  - Miscarriage, stillborn
  - Execution of innocent person
New Thinking About Ambiguous Loss

- Clear vs. ambiguous losses due to COVID
- Personal ambiguous loss (based on relationship with self): internally caused, externally caused
- Societal and global ambiguous losses:
  -- Climate change
  -- Racism as unresolved ambiguous loss
  -- Cross-generational transmission of trauma (van der Kolk, 2014) from ambiguous loss.
  -- More research needed
- Many people with AL eventually live good lives despite having no closure.

Effects of Ambiguous Loss
What People Say is Lost

- Loss of loved one as she was—and thus the relationship as it was.
- Loss of knowing whereabouts of loved one or status as dead or alive; no body to bury.
- Loss of control over my life (on edge, not knowing, in limbo, frozen in place).
- Loss of trust in the world as a fair and rational place.
- Loss of dreams for the future.
Individual Effects of Ambiguous Loss

- Depression
- Anxiety
- Hopelessness (no meaning); brain does not like ambiguity
- Helplessness (no mastery without facts)
- Confused identity (Who am I now?)
- Increased ambivalence: social, not psychiatric
- Anxious attachment (insecure, searching)
- Frozen grief (sadness vs. depression)

Family Systemic Effects

- Family conflict: cutoffs, rifts, alienation
- Family rituals/celebrations: canceled
- Roles: confused; who does what?
- Family/couple boundaries: who is in, who is out? Not clear.
- Family decision making: process frozen
The Myth of Closure

What Does Closure Mean?

- Definition: an act of closing—like the closing of a door, a gate, a road, or business deal.
- Popular meaning: the completion of grief. The mourner can now move on without further grief or sadness. They (and we) are “over it.”
- Closure implies there is a finite ending to normal grief; with no clear end point, then one’s grief is pathological.
Why is closure a myth?
--with ambiguous losses?
--with death?
Or is it a misnomer?
Multiple meanings (Berns, 2011)
Will we have, do we need, closure on the pandemic? No.
--on our personal losses?

Where Did the Idea of Closure Come From?

- Our historical legacy of unresolved loss
- Cultural need for certainty.
- Societal impatience with grief and suffering, thus needing people to “get over it” fast.
- Our fear and denial of death.
- Other?
The Culture of Closure

This is how I see it:
A culture that values mastery and control will demand closure;
A culture that denies death will demand closure;
A culture that assumes we can solve any problem will demand closure;
And our own anxiety about death demands closure (Boss, 2011.)
Denial of historical losses is false closure (Boss, 2022.)

Racism as Unresolved Loss
The world needed to see what I was seeing. Stuff like this happens in silence too many times.

--Darnella Frazier

(Walsh, 2020)

Cross-generational Transmission of Trauma:
Unresolved Grief from the Ambiguous Losses of Slavery

- Is it real? Can past trauma affect our bodies?
  (Pinderhughes, 2004; van der Kolk, 2014)
- Patterns of coping--and resilience
- Is it a biological or social process?
- Nature vs. nurture
- Historical context matters in human development.

- “It is unethical and irresponsible to medicate and therapize a population suffering from long-standing vulnerability without also removing its source. This means that white America must give up the benefits of racism (Pinderhughes, 2004).

- We need a new look at the grief literature (Boss, 2022).

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**Update on Loss & Grief**

- Freud: “... although mourning involves grave departures from the normal attitude toward life, it never occurs to us to regard it as a pathological condition and to refer it to a medical treatment” (Shear et al., 2011, p. 243).

- Freud is considered largely correct in normalizing grief, but no mention of ambiguous loss or its complicated grief.
Update (cont.)

A. Focus: Finishing the Work of Grief
- Grief as Repressed or Delayed (Lindemann, 1944)
- Grief in Five Stages (Kübler-Ross, 1969) (denial, anger, bargaining, depression, acceptance)

B. Focus: More Nuanced Types of Grief
- Disenfranchised Grief (Doka, 1989); Complicated Grief (Shear et al., 2011)
- Chronic Sorrow (Harris, 2010; Olshansky, 1962; Roos, 2002)
- Grief as normal oscillations instead of closure (Bonanno, 2009; Kissane, 2003, Kissane & Hooghe, 2011).

C. Focus on Living With Grief; No Need to “Get Over It;”
- No Timeline
  - Becvar, 2001 Kissane & Hooghe, 2011
  - Boss, 2006-2011 Kissane & Parnes, 2014
  - Boss & Carnes, 2012 Klass et al., 1996
  - Boss & Ishii, 2015 Neimeyer et al., 2011

D. Focus on Types of Loss (Context)
- Traumatic Loss (Huppertz, 2019; van der Kolk, 2014)

E. Focus on Resilience Instead of Closure
- Film: Wind River, etc.

F. Focus on Family/Community After Loss
- Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003 Landau, 2007
- Robins, 2013
- Kissane, 2003 Saul, 2013
- Kissane & Hooghe, 2011
Cultural Views of Loss and Grief

Mastery over Nature (more Western view)
- One can master anything if you try hard enough.
- Loss and grief are things to “get over.”
- We can cure, fix, solve anything.
- Successful people don’t suffer.

Harmony with Nature (more Eastern view)
- Suffering is part of life.
- Thinking that suffering can be avoided is ego wanting its own way.
- It is possible to have a good life while living with the suffering of loss.

Cultural Beliefs About Closure After Death

- More Eastern Views
  Desire to stay in touch with ancestors who often perform a symbolic role, e.g., they watch over the missing family members. (Fukushima)

- More Western Views
  Need for closure, need to be productive again, “need to get over it,” discomfort with others who are suffering.

- East and West: Rituals of comfort provided for families after a death but often withheld from families suffering with ambiguous loss. (9/11 and 3/11)

- Community support vs. self-reliance.
Ambiguous Loss & Religious Beliefs

- Yes, tolerance for ambiguity is faith in the unknown.
- But, no correlation between the religious and non-religious in their tolerance for ambiguity.
- Thus we pay less attention to specific religious beliefs than to meaning.
- Unless you are trained in theology, do not ask about religion.
- Ask instead: What does this situation mean to you?

Normal Grief
Conflicting Ideas:  
The Personal vs. the Professional

Although grief experts have historically promoted the idea of closure and finishing the work of grieving, they, surprisingly, tell a very different story when referring to their own losses.

When a patient asked Freud about his beloved daughter who died from the flu, he touched a tiny locket that he wore fastened to his watch chain, and said, "She is here."


Others:
Freud's letter to Binswanger after he lost his son (Freud, E. L., 1960)
Kübler-Ross's last writings after she was suffering from strokes (Kübler-Ross & Kessler, 2001, 2014)

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Sadness vs. Depression

- **Sadness:** mildly grieving and unhappy, but still functioning; oscillation.  
  *Intervention:* human connection, peer groups, social support and activities.

- **Depression:** sadness so deep one cannot function; cannot care for self or others.  
  *Intervention:* professional psychotherapy, family therapy, perhaps medication.

(Adapted from Boss, 2011, pp. 26 & 130.)
ASSESSMENT: Family Roles, Rules, & Rituals

Roles
- What marital/family roles or tasks have you lost?
  Gained?
- How do you manage the change?

Rules
- Who makes the decisions and plans for daily routines?
- Is gender, race, age, class, religion affecting your ability to cope?
- Is safety, poverty, or economic security an issue?

Assessing Family Roles, Rules, & Rituals (cont.)

Rituals
- What family and community celebrations, holiday events, and religious rituals did you observe before your ambiguous loss?
- How did you and your family adapt your usual rituals and celebrations since your ambiguous loss?
- Did your community recognize your loss? Help memorialize? (e.g., Malaysian airliner; Jim Gray disappearance, see Boss, 2008; Also, see Robins, 2013; Saul, 2013; Boss, 2022)
Staying Strong and Resilient

Our best hope with ambiguous losses and other stressors that have no solution is resilience.
What is Resilience?

- Family resilience is the path the family follows as it adapts and prospers in the face of stress in the present and over time (paraphrased, Hawley & DeHaan, 1996).
- Strengths forged through adversity (Walsh, 2012).
- Ordinary magic (Masten, 2001).
- With ambiguous loss, resilience is having a high tolerance for ambiguity (Boss, 2006).

Update on Resilience

(Boss, 2006; Boss, Bryant, & Mancini, 2017)

- Resilience is more than recovery.
- Resilience is more common than we thought.
- There are often uncommon pathways to resilience: e.g., family, community, culture, spiritual beliefs, etc. (See Boss, 2006, Ch. 3.)

Cautions About Resilience

- Resilience is not always desirable (injustice, abuse).
- Focus on resilience may ignore symptom focus (need both).
- Strength-based therapy assumes agency and power. The disenfranchised need more than resilience; they need empowerment.

Cautions About Always Expecting Resilience

- Racial and cultural differences in defining and achieving.
- Focus can blind us to fixing the problem, e.g., poverty, racism, homelessness, etc.
- One’s family or community can be both a source of resilience and a barrier to it.
The Psychological Family: A Major Support for Resilience

- The family in our heart and mind.
- A chosen family; kinship network, tribe, etc.
- Family members may differ in their perceptions; this is okay.
- Determining who that is via rituals, celebrations.

What Helps to Build Resilience?

- Increasing your tolerance for challenge, the unfamiliar and for diverse others (Tolerance for Ambiguity Scale items, Budner, 1962; MacDonald, 1970).
- Accepting the absurdity of paradox.
- Improvisation, the arts.
- Using both/and thinking.
Both/And Thinking

- The test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time, and still retain the ability to function.
  -- F. Scott Fitzgerald
  The Crack-Up, 1945, p. 69

- When absolute thinking is necessary: financial matters; competitive games--(win vs lose).
- When precision is essential: surgery, rovers/helicopter on Mars.
- Other?
Both-And Thinking
Examples for Relationships

- She is both gone—and still here.
- I must find a way to both hold on—and let go.
- He is both here—and gone.
- I have both the anxiety of no closure—and the opportunity to move forward with new relationships and interests.
- I am both sad about my lost hopes and dreams—and happy about some new ones.

... As Opposed to Absolute Thinking

- Nothing is wrong: Deny that anything is wrong; "Nothing has changed." "Dad is only forgetful because he is aging. Let him drive."
- Premature closure: Person is alive, but extruded from the family. "He is dead to me." "She no longer knows me so I no longer visit her."
- Binary thinking: "She is either alive or dead and gone"; nothing in between.
Six Guidelines for Building the Resilience to Live with Ambiguous Loss and its Unresolved Grief

Find Meaning

Find Meaning: How can I make sense of my loss?

What Helps? Giving the problem a name: “ambiguous loss;” talking with others; using both-and thinking; finding spirituality; forgiving yourself or others; continuing, but adapting family rituals.
Adjust Mastery

Adjust Mastery: Recognizing you can’t control everything

What Helps? Recognizing world is not always fair; decreasing self blame; externalizing blame; mastering one’s internal self (meditation, prayer, mindfulness); believing that bad things can happen to good people; knowing that sometimes, there are problems that have no solution.

Reconstruct Identity

Reconstruct Identity: Who am I now?

What Helps? Trying new roles and experiences; finding a psychological family; redefining your relationship boundaries: who’s in, who’s out, who plays what roles. Who am I now, what community or group do I prefer now? What is my goal or purpose in life now?
Normalize Ambivalence

**Normalize Ambivalence: Mixed Emotions**

*What Helps?* Normalize anger and guilt, but not harmful actions; see conflicted feelings as normal with ambiguous loss, talk about them with a professional or peer group.

Revise Attachment

**Revise Attachment: Letting go while remembering**

*What Helps?* Recognizing that your loved one is both here and gone (grieve what you lost, celebrate what you still have); finding new human connections; not expecting closure. Loved ones remain part of the fabric of our lives even after they die.
Discover New Hope

What Helps? Becoming more comfortable with ambiguity (a kind of spirituality), being able to laugh at absurdity, redefine justice, imagine new options, feel some control over your life—even if the ambiguity persists and things don’t always go your way.

Our Personal/Professional Challenge: Embrace Ambiguity, Not Closure

- Enjoy paradox.
- Practice, have fun with ambiguity: Go fishing, walk a new trail, go sailing, play a game or cards, go for a drive without a map, play sports, enjoy improvisation in theater or music, travel alone to a new place.
- Do something different; be spontaneous, no plans.
- Try new challenges, new places; new experiences with diverse people.
Our Challenge: Embrace Ambiguity (cont.)

- Give up on perfectionism in human relationships.
- Temper your need for mastery, control.
- See your anxiety with ambiguity as normal, not an illness.
- Consider Keats’ idea of “negative capability.”

Keats: Being Comfortable with Unanswered Questions

- John Keats wrote about being comfortable with the uncertainty, mystery, and doubt—"remaining content with half knowledge" (Forman, 1935, p. 72).

- “Keats' description of ‘negative capability,’ then, is precisely the skill needed to discover new hope when the ambiguity will not alter” (Boss, 2006, p. 179).
The Self of the Therapist:  
Increasing Our Own Tolerance for 
Ambiguity and Lack of Closure

Warning Signs:

Physical: tired, exhausted, depressed, frequent headaches, hypertension

Psychological: feeling angry with others, hopeless; less sense of personal accomplishment; consistently arriving late

Relational (spouse, children, coworkers): blaming; abusing alcohol, drugs; abusing others, abusing self.

Self of the Therapist (cont.)

How to Stay Resilient and Strong:

- Practice having fun with ambiguity.
- Be mindful of your own feelings and health.
- Tell/write your own story.
- Set firm boundaries for work; take time for rest and recreation. Play with ambiguity. (examples)
- Talk with colleagues, friends. Have a social life, exercise, eat well, get enough sleep, pay attention to your dreams.
Self of the Therapist (cont.)

(How to Stay Resilient & Strong, cont.) --

- Acknowledge YOUR ambiguous losses and feelings. Find someone to talk to. Share stories about your loss with coworkers—and then with your family.
- If you feel overwhelmed—helpless or hopeless—seek professional supervision or therapy.
- With disasters and COVID, debrief daily or weekly as needed. Typical warning signs need to be spoken and shared. Professional secrets lead to more trauma and stress. Rx: Whitaker’s “cuddle group.”

Summary

- Ambiguous loss is the most complex loss because there is no possibility of resolution.
- To cope, we build resilience to live with unanswered questions, and instead, search for meaning and new hope.
- Culturally, we may value closure, but we can also learn to live with loss—clear or ambiguous.
AL Online Training

The University of Minnesota’s Department of Family Social Science now offers an online noncredit professional development certificate program led by Dr. Pauline Boss, professor emeritus and the groundbreaking therapist revered as a pioneer in the interdisciplinary study of ambiguous loss. Human relationships are often traumatized by ambiguous loss; however, this unique kind of loss is just beginning to be discussed in professional texts and training courses. Understanding the difference between ambiguous loss and other kinds of loss will help you serve students, clients, and patients more effectively.

Cost: Multiple options. $100 for just the introductory module, or $500 for entire program. You will earn a professional development Certificate of Completion and 15 CEUs from the University of Minnesota.

Presentation Based On:

- Also, see www.ambiguousloss.com.
Additional References & Readings


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