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The Context and Process of Theory Development: The Story of Ambiguous Loss

This is the story of how the theory of ambiguous loss was born—the context of time and space in which it developed; the misunderstandings, clarifications, and corrections; and now, the theory's cultural updates. From an early interest in family stress theory, I coined the term ambiguous loss to name a previously unidentified stressor common to families everywhere. Discovering this phenomenon and developing the theory has been a lifelong process, but with a new generation of scholars, the theory continues to build and improve. This narrative is my tribute to a new generation of scholars, many of whom are testing the theory and broadening its application across cultures, disciplines, and types of ambiguous loss. May this account also stimulate the building of other useful theories of the middle range that include, without bias, the broad diversity of families today.

> *Scientific discoveries happen not through method or magic, but from being open to discovery, by listening to one's emotions, and responding to intuition. Like a poet, the researcher as well as the therapist needs the ability to imagine what the truth might be. Each tests it, but in a different way. The poet words a couplet, the therapist tries a strategy, and the researcher tests hypotheses. A theorist, however, must be aware of all three.* (Adapted from Boss, 1987b)

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Like a Möbius strip, theory building is a process that never ends. Family theories especially must be tested continually to determine their relevance for the ever-shifting context of family life. Although theory developers are expected to test their own theories, it is even more important to have others, less invested, continue and expand the testing. This special issue is a tribute to a new generation of researchers who are, in new ways, testing and applying what is now called the theory of ambiguous loss. By improving its relevance across cultures, contexts, and circumstances, their work and that of others previously published, continues this necessary and unending process.

My task here is twofold: to tell the story of how the term *ambiguous loss* and the theory originated; and second, to update what has been discovered since its inception to clarify and improve the theory. In telling this story, much of it personal, I hope to encourage others, especially students and new researchers and practitioners, to value theory as a coherent guide and to be open to new discoveries, not just about ambiguous loss, but also about easing the stress and suffering of families wherever they are.

In a nutshell, with more details to follow, the idea of ambiguous loss began in the 1970s, when I was a graduate student at the University of Wisconsin–Madison. My first construct was *psychological absence*, then *physical absence*, both of which morphed into *boundary ambiguity*, and finally in the mid-1970s, upon recommendation from a wise professor who pressed for more abstraction, I coined the term *ambiguous loss*.

The first research upon which the theory of ambiguous loss was built took place in the early

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1970s with families of pilots who had been declared missing in action (MIA) during the Vietnam War (Boss, 1977, 1980b). The second major testing occurred in the 1980s with families of veterans diagnosed with Alzheimer's disease (Boss, Caron, & Horbal, 1988; Boss, Caron, Horbal, & Mortimer, 1990; Caron, Boss, & Mortimer, 1999). On the basis of both sets of research, I wrote the book *Ambiguous Loss* (1999), which argues that the phenomenon of ambiguous loss exists and that it leads to boundary ambiguity, a continuous variable, which predicts family conflict and personal symptoms of depression and anxiety. Today it is translated and read around the world by researchers and professionals across disciplines, as well as the general public. In 2006, following my work with families of the missing in New York City after the September 11, 2001 terrorist attacks on the World Trade Center, as well as my family therapy practice (Boss, 2002a, 2002b, 2004b), I wrote a book for academics and professionals, *Loss, Trauma, and Resilience* (2006), which extends the theory and answers the question of how to treat or prevent the negative effects of ambiguous loss.[1] Today, this book, also translated, is used globally to guide and test interventions after disasters such as earthquakes and tsunamis, kidnappings, political disappearances, and in 2014, the mysterious disappearance of Malaysia Airlines flight 370—as well as more ordinary ambiguous losses. In 2011, I wrote *Loving Someone Who Has Dementia* for family caregivers whose loved ones have dementia. This book is also translated and used internationally. Overall, it appears that the term *ambiguous loss* is now part of a global lexicon.

The Theory of Ambiguous Loss: An Overview

Definitions

Ambiguous loss is defined as a situation of unclear loss that remains unverified and thus without resolution (Boss 1999, 2007). There are two types of ambiguous loss: Type 1 is physical, and Type 2 is psychological (see Figure 1). With *physical* ambiguous loss, families do not know where their loved ones are or whether they are dead or alive. A person is physically absent, yet kept psychologically present because there is no proof of death or permanent loss. Families call this "gone, but not for sure." The second type of ambiguous loss is *psychological*: A family member is physically present, yet psychologically missing, as a result of some cognitive impairment or memory loss from illness, injury, addiction, or obsession (see Boss, 1999, 2006, 2011). Family members refer to this type of ambiguous loss as "here, but not here." With both types of ambiguous loss, people must construct their own meaning of the situation within a paradox of absence and presence (see Boss, 2007).

The stressor, ambiguous loss, leads to a perceptual variable called boundary ambiguity; it is defined as not knowing who is in or out of one's family system, and thus there is incongruence among individual perceptions about family membership and roles. Is the missing person ever coming back? Do we keep his or her roles open until we know for sure? Am I still married if my spouse has been missing for years? Am I wife or widow? Am I still the child if I am parenting my parent who no longer knows who I am? Such questions indicate ambiguity about who is in or out of the family system. While family boundaries are never absolutely clear, a high degree of boundary ambiguity is a risk factor for individual and family well-being.

To differentiate further between ambiguous loss and boundary ambiguity, it helps to see where these constructs fit heuristically into the Contextual Model of Family Stress (CMFS) (Boss, 2002c, 2004b; Boss, Bryant, & Mancini, in press) (see Figure 2). Ambiguous loss is the stressor (A factor), which leads to boundary ambiguity (C factor), the perceptions of the ambiguous loss by individual family members as well as the family as a whole. Boundary ambiguity is a continuous variable that predicts the outcome (X factor), with a high degree being immobilizing, systemically and relationally. Congruent with the recursive CMFS model, the process of struggling with ambiguous loss is also circular and continuous.

The Premise

The basic premise is this: Ambiguous loss is the most stressful type of loss because it defies resolution. Unlike with death, there is no official

[1] For more details, see Boss (1999), which introduces the theory, and Boss (2006), which expands the theory for professionals and researchers and includes six guidelines for intervention.

FIGURE 1. TWO TYPES OF AMBIGUOUS LOSS.

PHYSICAL ABSENCE with Psychological Presence	**PSYCHOLOGICAL ABSENCE with Physical Presence**
Examples:	**Examples:**
War, terrorism (missing soldiers, civilians)	Alzheimer's disease or other dementia
Natural disasters (missing persons)	Traumatic brain injury
Kidnapping, hostage taking	Autism
Desertion, disappearance	Coma
Missing body (murder, plane crash, lost at sea)	Chronic mental illness
Incarceration	Addictions: drugs, alcohol, gambling
Immigration, migration, expatriation	Depression
Foster care, adoption	Complicated grief
Divorce	Homesickness (immigration, migration)
Work relocation	Preoccupation with lost person, with work
Military deployment	Obsessions: computer games, Internet
Young adults leaving home	Gender transitioning (also physical absence)
Mate or child moving to care facility	

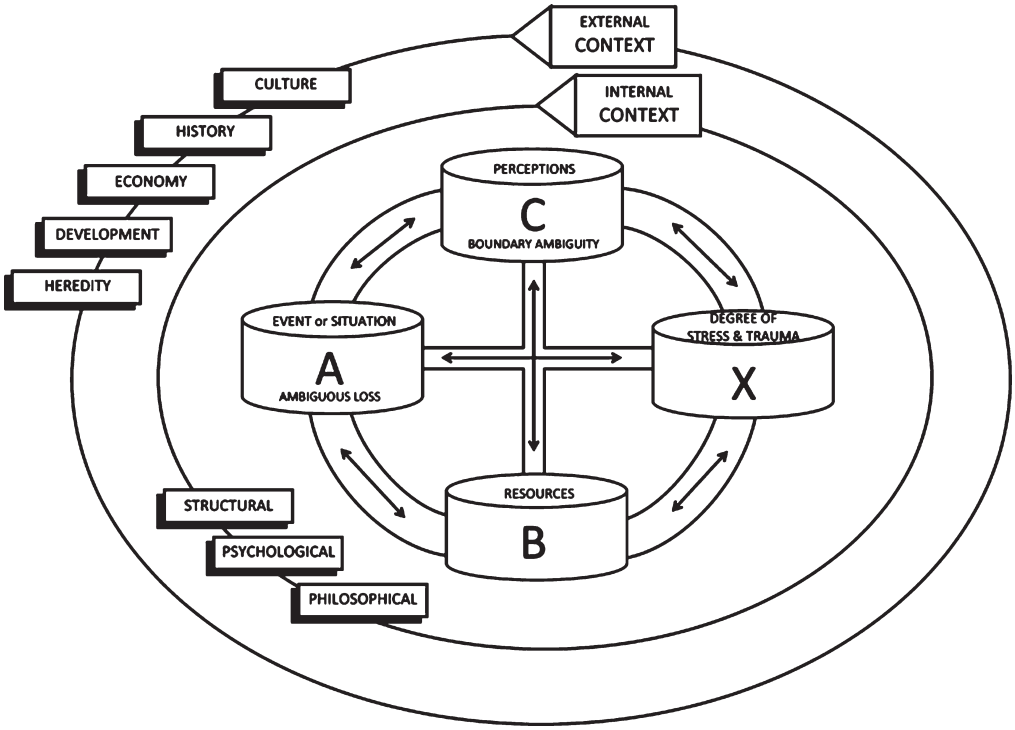
verification of loss and thus no finality with rituals of support. Instead, people are often criticized for not "finding closure" and left on their own to cope, isolated and trapped between hope and despair, with lingering grief that is often unfairly diagnosed as personal or family pathology (Boss, 1999, 2006, 2007).

Underlying Assumptions

Family theories are social constructions because the knowledge on which they are based is influenced by one's context. They are more subjective than objective. Given this stance—and influenced early on by Gouldner (1970), who called for revelation of assumptions—the following underlie the theory of ambiguous loss:

1. A phenomenon can exist even if it cannot be measured.
2. With ambiguous loss, we assume that truth is not attainable and thus is relative. Instead of the usual epistemological questions, we ask how people manage to live well despite the *absence* of truth. Many do, and we learn from them.
3. Ambiguous loss is a relational phenomenon; it assumes attachment to the missing person. The theory is thus useful for studying couples and families as well as other close relationships.
4. Cultural beliefs and values influence how individuals, families, and communities tolerate ambiguous loss, as well as how they perceive it. We assume the primacy of

Figure 2. The Contextual Model of Family Stress.



Source: Adapted from Boss (2002c).

perceptions but are aware that they are not all that matters.

5. With ambiguous loss, the source of pathology lies in the type of loss and not in the type of grief (Boss, 2010, 2012a, 2015a; Boss & Carnes, 2012; Boss & Dahl, 2014; Boss, Roos, & Harris, 2011).
6. With ambiguous loss, closure is a myth. Without finality, the loss and grief may continue indefinitely, for years or a lifetime, and even across generations (e.g., slavery, the Holocaust, genocide, war, terrorism, forced migrations).
7. People cannot cope with a problem until they know what the problem is. Naming the stressor as ambiguous loss therefore allows the coping process to begin.
8. If a loss remains unclear and ambiguous, it is still possible to find some kind of meaning in the experience. This requires a new way of thinking, one that is not binary, but dialectic. For example, "She is both gone, and maybe not"; "He is both here and also gone"; "My kidnapped husband is probably dead—and maybe not"; "My grandfather who has dementia is still here but also gone."
9. With ambiguous loss, resilience has a specific meaning; that is, resilience means increasing one's tolerance for ambiguity. Ambiguous loss theory, built on the CMFS (see Figure 2; Boss, 1987a, 1988, 1999, 2002c, 2004b, 2006, 2014; Boss et al., in press), assumes a natural resilience in families (Masten, 2007, 2014), but we assume that the tolerance for ambiguity can be influenced by the family's cultural beliefs and values.
10. Core to the theory of ambiguous loss is the assumption that families can be both physical and psychological entities and that *both* are sources of resilience. A psychological family is the family in one's mind. It comprises loved ones near or far, related or not related, alive or dead. The psychological family is made up of the people we lean on (physically or symbolically) in times of adversity or celebration. For example, a bride and groom light candles at their wedding to symbolically acknowledge the presence of deceased parents; a student,

far away from home, texts or phones a parent for help. A traveler is invited to the home of strangers to celebrate a religious holiday they all value. Or close friends become family for one another in lieu of biological families who are unavailable or unsupportive. To assess the presence of a psychological family, we ask the following questions: Who is there for you now? Who is there for you in times of sadness or joy? Who do you want to be present at your special events—birthday, graduation, wedding—or holiday gatherings? Who can you call when you need help? Cross-culturally, the answers vary, and often surprise. Recently, I learned that many families who survived the earthquake and tsunami of 2011 in Japan find comfort in the belief that their ancestors are looking after their missing loved ones (Boss & Ishii, 2015). Once again, I was reminded that the psychological family manifests itself differently across cultures.

These 10 assumptions anchor the theory of ambiguous loss. They alert you to what is to come. While I aimed for assumptions that would be inclusive across cultures, I was always aware that my own experience and context were influencing my thinking.

Effects

The effects of ambiguous loss are viewed differently on the basis of one's discipline or training. From a sociological perspective, the clarity needed for boundary maintenance is unattainable. The problem is structural—not knowing who is in or out of the family circle—and thus leads to a high degree of boundary ambiguity. Roles may be unfilled, decisions delayed, tasks undone, and all too often, rituals and celebrations canceled. The family and its members are immobilized.

From a psychological perspective, the resolution of loss and grief is impossible without knowing the status of a loved one as absent or present, or dead or alive (Boss, 1999, 2004b). Ambiguous loss is problematic psychologically when feelings of hopelessness and helplessness lead to depression. It is also a problem psychologically when conflicted feelings of ambivalence lead to guilt, anxiety, and immobilization. Overall, however, and whatever the discipline, people experiencing ambiguous loss are immobilized both socially and psychologically (Boss, 1999, 2004a, 2006).

Interventions

Dialectical thinking. People often respond to ambiguous loss with absolute thinking, either acting as if the missing person were definitely dead or denying the loss and acting as if nothing has changed. Neither binary is helpful. Instead, I recommend dialectical or both–and thinking (Boss, 2006). That is, the only way people can lower the stress of ambiguous loss is by holding two opposing ideas in their minds at the same time, for example, "He's both dead, and maybe not," or "She's both here, and also gone."

A granddaughter told me that such both–and thinking reminded her of the thought experiment by physicist Erwin Schrödinger, called Schrödinger's cat. Theoretically, a cat is placed in a closed box containing a lethal substance that may or may not activate. Because no one knows whether the cat is alive or dead until he or she opens the lid, the cat is thus simultaneously, for that period of time, both alive and dead (Gribbin, 1984).

She was right—but just partly. With ambiguous loss, a similar paradox exists about the possibility of both life and death, but here there is no box to open. For the families of the missing, the mystery continues without end. For them, the box may stay closed forever.

Six guidelines. Because an ambiguous loss may never be clarified, the goal of intervention is resilience—the resilience to go the distance, the resilience to live well despite "not knowing." To strengthen resilience, we externalize the pathology by telling families that their distress is not their fault (Boss, 2006; White & Epston, 1990). Symptoms are attributed not to individual or family dysfunction but rather to an external dysfunction—the context of ambiguity surrounding the loss. Families feel relieved when guilt is lifted and thus are more likely to accept support.

For clinicians trained to focus on medical symptoms, ambiguous loss theory provides a new lens for intervention (Boss, 2004b). To help, six guidelines were proposed for increasing resilience in the face of ambiguous loss: (i) finding meaning, (ii) adjusting mastery, (iii) reconstructing identity, (iv) normalizing ambivalence, (v) revising attachment, and (vi) discovering new hope (Boss, 2006). For more details on each guideline, see Boss (2006), but meanwhile, more to the aim of this article, how did I come

up with this idea of ambiguous loss? What was the context? What was the process?

The Story of Ambiguous Loss

Looking back, I suspect my curiosity about ambiguous loss began when I was a child in the 1930s. It was the time of the Great Depression, and I lived in an extended immigrant family on a southern Wisconsin farm. We were poor but happy. Our family consisted of parents, four children, my mother's mother and brothers, "hired man" and "hired girl," and often boys from town who were in trouble for minor infractions and in need of guidance, which my good parents provided.

Most relevant, however, for our topic, is the fact that I grew up around a father and maternal grandmother who were often pining for their respective families back in Switzerland. I watched my father mourn deeply after the death of his beloved mother in Bern, Switzerland, and then over the years, his seven siblings. I knew none of them but could see how close he was to them despite being thousands of miles away. His mind was often with them, across the Atlantic, even though he was physically with us in Wisconsin. Once, when I was older, I overheard him telling a young student from Switzerland who had come for his counsel that he should not stay in America longer than 3 months or he would never again know where home was. I have never forgotten those words.

My maternal grandmother was also torn between two families, but she manifested this in another way. She refused to learn English because she said (in her Swiss dialect, which I had to learn to communicate with her) that she had "lost" her mother, her home, the mountains, and her friends back in Glarus, Switzerland, and so she would not also lose her language. She was often sad. The village doctor called it melancholia, a condition he said was common among the immigrants in my hometown because so many were separated from loved ones far away (Boss, 1996; Schindler, 1954). Early on, I sensed this yearning for the loss of homeland and family; it was all around me—in my home and in the Swiss American community of New Glarus, Wisconsin, where we lived. No wonder I became curious about ambiguous loss.

In the 1940s, as World War II raged on, surrounding the borders of neutral Switzerland, I became even more aware of such loss. Because of censors, only a few transatlantic letters got through, but two managed to arrive. One was from my Swiss grandmother to my father. Reading it years later, I saw that it reflected what I then sensed: that they were during the duration of World War II psychologically present for one another even though physically cut off (Boss, 1993).

In 1942, she wrote:

> *Meine Lieben:* Finally a few lines from me. I had the blues badly today. I was longing for my dear ones far away . . . . I think of you every day. You have two big girls now [one was me]. I wish I could see them . . . . May God protect you always, Mother. (Boss, 1993, pp. 372–373)

In a 1943 letter, she wrote:

> *Meine Lieben:* I am asked by your brothers and sisters if I have any news from you. After such a long silence, we are longing for a letter from you and to find out how you are doing . . . . Even if it is not possible to write, I am with you at all times … in my thoughts. I am sure you have two big sons by now. I wish I could see them in person. Many times, I take the pictures out of the drawer to just look at them. Write as soon as you can. May God protect you always, Mother. (Boss, 1993, p. 373)

More pertinent perhaps for our discussion here were the research advances made during World War II that affected theory development in the family studies field. In 1936, Alan Turing made a machine that was the precursor of computers as we know them today (Hodges, 2014). His lifework from 1936 to 1954, along with that of Hewlett and Packard and a barrage of others, set off the explosion of computer technology from 1940 to 1950, which then led to our field's preference for quantification. I was told that the case study approach of the 1930s Depression-era family research was no longer acceptable. From then on into the 1950s, the dominant theory and methods in family social science and family sociology were based on the quantifiable roles of structure functionalism and measured numerically via computer analysis. As late as 1973, I was told that if a phenomenon could not be quantified, it did not exist.

Also important during World War II was the fact that many small-group researchers (Talcott Parsons and Robert Bales, among others) transferred their research to the military, much of it with bomber crews. Their work became known

as "cockpit dynamics" (Milanovich, Driskell, Stout, & Salas, 1998). Back then, it was found that small groups functioned best if there was an "instrumental leader" (to connect to the outside world and to see that tasks were fulfilled) and an "expressive leader" (to care for people and their emotions inside the group). After the war, the researchers returned to their universities and began transferring findings about optimal small-group functioning to what then became the "normal American family" (Parsons, 1965; Parsons & Bales, 1955). The major flaw in this idea, perhaps influenced by the Freudian psychology of the day, was that the two family leadership roles were split by gender: the husband-father was to be the instrumental leader; the wife-mother was to be the expressive leader. Her role was in the home while her husband's place was in the outside world at work (Boss & Thorne, 1989; Osmond & Thorne, 1993). This family model dominated after the war and into the 1950s and 1960s, when its rigidity and sexism were heavily criticized. Today, the historian Stephanie Coontz (1992) has documented that this model of the isolated nuclear family with rigidly prescribed sex roles was an aberration of postwar America and not found in any other period in the history of family.

In 1952, I began studying children and families at the University of Wisconsin–Madison, but what I was learning did not fit the family I knew. Aside from being extended, parental roles were not prescribed by gender. My mother made the wine; my father sang to us. My mother helped in the fields; my father often took care of us when we were sick or hurt, as his Swiss mother had taught him homeopathy. I was curious and kept studying. The behemoth campus in Madison was freeing. New ideas! New people! And yet the traditional mores in my community—*kinder, kirche, und küche* (children, church, and kitchen)—pulled at me. In 1953, I moved back to my hometown, married my high school sweetheart, commuted to complete my bachelor's degree, then raised two children and helped cook church suppers, but never gave up hope of returning to the University of Wisconsin–Madison campus for more learning.

In the decade of the 1960s, I was quietly at home, raising two dear children and out of the loop for the decade of rebellion and change. Meanwhile, in the nation and on campus, a lot was happening—civil rights protests, antiwar protests, the burning of draft cards, the feminist movement, and the beginning of the gay rights movement. Being miles away from campus, I witnessed history being made—on TV.

A decade later, in the 1970s, when my children were in school and with the help of my parents who cared for them after school, I was once again on the road to Madison, this time to earn a master's degree. My thesis research involved three generations of Swiss American and Amish women and girls (Boss, 1971). Research was exciting so I decided to keep going.

I was majoring in child development and family studies but took coursework across campus, notably a theory-building seminar from Jerald Hage in sociology. I wrote a paper on father absence in intact families—a phenomenon I observed in a family therapy clinic in psychiatry. It was still the 1970s when a father routinely complained that the children were their mother's concern, so why did he need to be there? Didn't we know that he needed to be at work? Gender roles were still rigidly split into public versus private, and the fatherhood movement had not yet been born.

In 1973, then a doctoral student, I presented my first conference paper, "Psychological Father Absence in Intact Families," at the National Council on Family Relations annual meeting.[2] Afterward, I was offered the opportunity by Hamilton McCubbin and Edna Hunter, from the Center of Prisoner of War Studies in San Diego, who were present at my presentation, to interview wives of pilots still missing in action from the Vietnam War (see Boss, 1986). Although I was a student at the University of Wisconsin–Madison, the center had assigned its consultant, Reuben Hill, to meet with me. For the rest of his life, Dr. Hill was a valued mentor (see Boss, 2002c, on our last meeting). He noticed my dissatisfaction with existing family theories. The isolated nuclear family was a foreign idea to me; so was the Duvall and Hill (1945) model of normal family development (Boss, 1980a). Dr. Hill and I debated often, yet he continued to support my ideas. I shall never forget that.

Meanwhile, the University of Wisconsin–Madison students continued to challenge everything, including family theories that did not

[2]Its publication, which did not come until 1986, is titled "Psychological Absence in the Intact Family: A Systems Approach to the Study of Fathering."

reflect racial and gender equality. I knew the tide had shifted as even my mention of the term *role* was being challenged. It was freeing. Hill recommended I read Erving Goffman, a symbolic interactionist more attuned to the protests of the 1970s.

Goffman's book *Frame Analysis* (1974) inspired me. What he meant by *frame* was the bracketing or the putting in order of a person's experience. (I thought of meaning.) Whether one's experience was ordinary or full of confusion, Goffman's (1974) premise was that frame could be analyzed by asking, "What is going on here?" (p. 8)—and the answer would reveal the structure (frame) of that person's experience. In hindsight, I realize that in all my years as a family therapist, working with families experiencing ambiguous loss, the question I ask most often is, "What does this mean to you?" There is the echo of Goffman.

Yet Goffman inspired me more by what he left *unsaid*. In the index of *Frame Analysis* was the term *boundary ambiguities* (Goffman, 1974, p. 578), but he never used the term or discussed it in his text. More important, Goffman never addressed the lack of frame that families of the missing might endure—but he did discuss what I thought were lesser *ambiguities*. He wrote, "We often give over to specialists the task of clearing up an ambiguity of frame." For example, "when a man dies during a bar fight, we call in a medical examiner" to verify the facts of death (Goffman, 1974, p. 303). I saw this as an example of how social frame shields people from having to determine the fact and finality of death themselves.

Although Goffman recognized the problem of missing persons, he naively assumed that families would shortly have an answer, a frame. He wrote:

> The sudden disappearance of an individual also leaves matters fully up in the air until he can be found. Incidentally, this latter source of ambiguity is very much limited by the retrieval machinery we have for persons, this making it very difficult for them to disappear from everyone's view, although disappearance from the view of family and friends is not so uncommon. When it appears that an individual has suffered foul play, it is important to discover his remains, unsettling as this may be, not merely so that they can be given a decent burial, but so that issues of frame can be decently put to rest. (Goffman, 1974, pp. 307–308)

Now this caught my eye! Goffman did not consider "issues of framing" that are *never* put to rest. And *that* is the hardest part. What he referred to as "puzzlement" is often never cleared up for families (p. 302). With ambiguous loss, there is, all too often, no "retrieval machinery."

Acutely aware of this missing piece because I was at the time interviewing wives of pilots still missing in action, I knew I was on the right track for my dissertation research. These wives and children suffered because there were no "specialists" in our society to "frame" their "puzzlement." Instead, they alone were required to initiate the phone call and paperwork to request a change in their husband's status from "missing" to "killed." Many told me they felt as if they would be "killing" their husband with this act.[3]

I then linked the *lack of frame* with ambiguous loss. My committee members, however, except for Carl Whitaker, wanted simplification with quantification, so boundary ambiguity became the focus (Boss, 1975a, 1977, 1980a; see also Boss, Greenberg, & Pearce-McCall, 1990, and the website www.ambiguousloss.com for *Measurement of Boundary Ambiguity in Families*).[4] I knew there was more, but I could wait.

While doing this research, pioneer family therapist Whitaker asked me to be his cotherapist on a case that continued for a year and a half. From him, I learned about intuition, paradox, and the symbolic (Boss, 1987b, 1995). About the psychological family, I saw that it was real. About ambiguous loss, I saw its pain. Whitaker became my right-brain mentor.

In 1975, I finished my dissertation, "Psychological Father Absence and Presence: A Theoretical Formulation for an Investigation into Family Systems Pathology"; earned a doctorate from the University of Wisconsin–Madison; started life as an assistant professor there; and received tenure in 1980. In 1981, with my children in college, I moved to the University of Minnesota, where my research focused on Type 2 ambiguous loss—psychological absence with physical presence, caused by the dementia

[3] More recently, I heard this same expression from a woman whose husband vanished at sea (Boss & Carnes, 2012). We also hear similar expressions in the media from families of the people who vanished without a trace on Malaysia Airlines flight 370.

[4] Jane Allen Pilavin, chair; Bert Adams; William Marshall; Kathryn Beach; and Carl Whitaker.

and memory loss of Alzheimer's disease (Boss, Caron, & Horbal, 1988; Boss, Caron, Horbal, & Mortimer, 1990). My team and I surveyed family caregivers and also organized family meetings (videotaped) to study their perceptions about living with a loved one who has dementia. Family was self-defined, so meetings often included multiple generations and sometimes a friend or neighbor. These meetings were not family therapy, but they were therapeutic.

After the decade of the 1980s, which focused almost totally on the psychological type of ambiguous loss (from dementia), family therapists began noticing my work. Froma Walsh and Monica McGoldrick invited me to write a chapter for their now-classic book *Living Beyond Loss: Death in the Family* (Boss, 1991, 2004a). "Ambiguous Loss" became my chapter title, and later, in 1999, with Harvard University Press, my book title. Ambiguous loss was then a new term in the lexicon of psychology, sociology, and family therapy (Boss 1999), nationally and internationally.[5]

Today, I continue to train and mentor family therapists, researchers, and other professionals as they work with individuals and families around the world who suffer with various kinds of ambiguous loss. At age 81, my role now is to mentor, encourage, and cheer on this new generation of scholars who are improving the theory of ambiguous loss. To them, I say thank you.

Theory Updates

First, humanitarian field workers for the International Committee of the Red Cross (ICRC) have been testing the theory's usefulness in Eastern cultures (see Hollander, 2016; Robins, 2016). Thus far, ambiguous loss theory has been supported in Eastern cultures with one correction: The guideline "Tempering Mastery" (i.e., lowering the need to be in control of one's life) needs to be changed to *adjusting* mastery (i.e., either increasing or decreasing one's sense of mastery), depending on cultural assumptions of agency. For example, many of the wives of missing men in Eastern patriarchal cultures needed *more* mastery, not less (see Robins, 2010, 2013). On the basis of this finding, I have here and in recent writings updated the title of this guideline to "Adjusting Mastery."

Second, we found in Japan, as we did with 9/11 families in New York (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003) that, in addition to professionals, community leaders and paraprofessionals could also understand and apply the theory of ambiguous loss. After the March 11, 2011 earthquake and tsunami in northeast Japan, I have been training (first directly and now via Skype) family therapists, social workers, nurses, and psychologists, who then train local family helpers from the Fukushima region (Boss & Ishii, 2015). For example, a Japanese psychiatrist and a family therapist translated Boss (2006) to bring its stress-based approach to the tsunami area (see Boss, 2015b). The theory is proving useful at various levels because its focus is on stress rather than on pathology and because it allows for shaping interventions to fit a local culture where teachers and paraprofessionals work more directly with children and families than do psychologists or psychiatrists. Although more research is needed, we see once again that if theory is understandable, more people are able to use it to help at the local level. In this context, a theoretical framework that is easily understood and parsimonious is especially important.

Theoretical Clarifications

For this article, I reviewed my own writings from the 1970s to the present. This body of work reveals a pattern of curiosity and study that evolved from psychological father absence in intact families (1973, 1975a, 1977) to physical father absence in families of missing (1975a, 1975b, 1977), to ambiguity of frame and ambiguity of boundary (1977, 1980a), to boundary ambiguity (Boss & Greenberg, 1984), and finally to writings explicitly about ambiguous loss (1988–present). I noticed, however, that early in the process, there were two examples of imprecise terms.

[5] *Ambiguous Loss* (Harvard University Press, 1999) translations: Chinese; Taiwan Chinese; German (C. H. Beck, 2000, Munich); Japanese (Gakubun-Sha, 2005, Tokyo); Marathi (Mehta, 2006, Maharashtra, India); Spanish (Gedisa, 2001, Barcelona). *Loss, Trauma, and Resilience* (Norton, 2006) translations: German (Klett-Cotta, 2008, Stuttgart, Germany); Japanese (Seishin Shobo, 2015, Tokyo). *Loving Someone Who Has Dementia* (Jossey-Bass, 2011) translations: German (Ruffer & Rub, 2014, hardcover; 2015, audiobook; Zurich); Norwegian (in press).

Ambiguity Versus Ambivalence

First, in Boss (1977), the concepts of ambiguity and ambivalence were blurred. My subsequent writings differentiated the two terms, but to clarify here: Ambiguous loss and ambivalence are neither synonymous nor interchangeable. In the theory of ambiguous loss, ambivalence means conflicted emotions such as love and hate, whereas ambiguity means a lack of clarity or simply being unclear (see articles by Boss from 1980 to present; for a summary, see Boss, 2006).

Although ambiguity and ambivalence are very different constructs, they are theoretically linked: Ambiguous loss (in the relational sense) leads to ambivalence (in the social sense). That is, the lack of clarity (ambiguity) surrounding a loss leads to conflicted feelings and emotions (ambivalence) about that missing person (Boss & Kaplan, 2004). A frequent example of ambivalence resulting from a situation of ambiguous loss is the wish for "it to be over" and then feeling guilty for having that wish. Why? Wishing for "it" to be over is construed as wishing the missing person were dead. The conflicted feelings (wishing for death and wishing for life) create a level of guilt and anxiety that often becomes overwhelming. If so, we recommend professional treatment and talking with peers to normalize the ambivalent feelings—but not harmful actions.

Ambiguous Loss Versus Boundary Ambiguity

The second example of blurring terms in the early 1970s concerned ambiguous loss and boundary ambiguity (Boss, 1977). In hindsight, I had not yet clarified the difference for myself—perhaps because of the need to quantify roles and boundaries rather than study the more phenomenological construct of ambiguous loss. By early 1980, however, I had figured it out. I began to clarify the difference between ambiguous loss and boundary ambiguity by classifying "types of stressor events" (clear vs. ambiguous) (Boss, 1980a; 1988, p. 40) and by placing the two terms heuristically in an update of Hill's (1949) ABC-X family stress framework, now known as the Contextual Model of Family Stress (Boss, 1987a, 2002c, 2004b; Boss et al., in press).

From the mid-1980s to the present, the constructs of ambiguous loss and boundary ambiguity were increasingly clarified (Boss, 1987a, 1999, 2002a, 2002b, 2002c, 2004a, 2004b, 2006, 2007; Boss et al., in press). Readers are therefore encouraged to check the later sources, especially Boss (2006, 2007), and the third edition of *Family Stress Management* (Boss et al., in press). Readers interested in quantitative measurement are also encouraged to read Carroll, Olson, and Buckmiller (2007).

Most gratifying is that recent research on both concepts—ambiguous loss and boundary ambiguity—indicates that terms are for the most part being used correctly. Scholars now know that ambiguous loss is the stressor event or situation (A factor), whereas boundary ambiguity is the perception of that stressor (C factor). (Revisit Figure 2 and definitions earlier in this article.) Know that both constructs have merit, but the one you select depends on your research question or practice challenge (see Table 1).

The Crucible of Application

It was not until the terrorist attack on New York's World Trade Center Towers on September 11, 2001 that I realized the usefulness of theory to guide interventions needed swiftly and in an unfamiliar place. What became the MN-NY team (Boss, Beaulieu, Wieling, Turner, & LaCruz, 2003) had only 3 weeks to develop an intervention to help the families of the union workers who had serviced and maintained the twin towers and who were missing. I met with New York City colleagues. Should we develop a new intervention on short notice? Or could we instead apply the theoretical model used for Minnesota families with psychological ambiguous loss (Boss 1999; Boss, Caron, Horbal, & Mortimer, 1990; Caron, Boss, & Mortimer, 1999)? If the theory of ambiguous loss was indeed inclusive and applicable across cultures and situations, could we not apply it in this new setting with new families experiencing a new kind of ambiguous loss? It was a tough test.

With a team of University of Minnesota and New York therapists, my graduate students, and language-proficient interns from the Roberto Clemente Center in Lower Manhattan, the family- and community-based meetings began (Boss, 2002a, 2002b, 2004b, 2006; Boss et al., 2003). Common to all of the family meetings was this goal: to protect and support the natural resilience of each individual and family. That goal required that the theory that guided us be multicultural because the families we worked

Table 1. *Differences Between Ambiguous Loss and Boundary Ambiguity*

	Ambiguous Loss	Boundary Ambiguity
Definition	Event or situation of unclear loss that has no closure	Perception of event or situation about who is in or out of the family
Theory base	Social construction (see Berger & Luckmann, 1966; Gergen, 2001)	Neo–structure functionalism (see Boss, 2007; Kingsbury & Scanzoni, 1993)
Assessment	Qualitative primarily (see Boss, Dahl, & Kaplan, 1996; Dahl & Boss, 2005; Fravel & Boss, 1992; Robins, 2010)	Quantitative (see Boundary Ambiguity Scale in Boss, Greenberg, & Pearce-McCall, 1990, and www.ambiguousloss.com)
Variable	Categorical	Continuous
Goals for treatment and intervention	Resilience via meaning (both–and thinking)	Resilience via structure (roles, membership)

with there came from 60 different countries or islands and spoke 24 different languages (Boss et al., 2003).

For the next year and a half, we continued the family meetings every few months at the union headquarters building. Families were self-defined—often with three generations, sometimes with a friend or neighbor or clergy—but all considered family. The theory of ambiguous loss remained our guide, but inductively we discovered what was useful and what was not. The goal was to strengthen individual and systemic resilience in order to carry the stress and anxiety of "not knowing"—perhaps for a lifetime (Boss, 2012b). Still today, half the families who lost loved ones on 9/11 do not have DNA proof of death (Dunlap, 2015).

Out of the crucible of 9/11 emerged a broader theory of ambiguous loss with six nonlinear guidelines for intervention based on meaning, mastery, identity, ambivalence, attachment, and hope (Boss, 2006). All of these constructs are redefined to increase one's tolerance for ambiguity. Pathology is also redefined—and reassigned—to an external context. Importantly, living with ambiguous loss requires long-term support, so we were pleased to hear that when the 9/11 project ended, many of the families, who became acquainted through the family meetings, continued to meet in their neighborhoods on their own.

Upon reflection, working in New York after 9/11 with families of the missing moved me away from the Midwest to an international community of human suffering—even though it was still in the United States. In 2006, I wrote:

> Working in New York after 9/11 brought me out of the ivory tower into the community, and it pushed my thinking and my feelings to the brink. My experiences with the families of workers who vanished on that terrible day tested my assumptions—and me—more rigorously than any research test could have. The challenge was to apply the theory to this catastrophe and to help this immensely diverse group of families. The work was exceedingly difficult those first few weeks and called for frequent time-outs to reflect. On one of those early days, I looked out of the window from the 21st floor of the union building where we were working with the families. The smoke was still rising from Ground Zero. I hungered for another view, but only later did I find a more comforting view. At a friend's high-rise home in lower Manhattan, in the late afternoon sun, I saw the Statue of Liberty—the same statue that welcomed my father and my maternal grandparents into the New York harbor so long ago. I realized then that I had come full circle, back to where my family had begun life in the United States. I felt a deep calm. Hope and loss had merged for them, and now for me, too. Out of this new insight, came renewed strength.
>
> Many of the families we worked with had come to this shore, like my elders, hoping for a better life. By uprooting, they, too, had lost contact with parents and siblings. After 9/11, they faced an ambiguous loss even more horrendous. Could they regain their resiliency and strength while being cut off from loved ones in faraway islands or countries? Thankfully, with family- and community-based interventions, many have. (Boss, 2006, pp. xx–xxi)

What was learned from 9/11 is that we need this new model to understand and treat the reactions of the majority of families after large-scale disappearances. Some people need medical help, but the majority can recover from a traumatic loss *if* given intervention of family and community support (Bonanno, 2004; Boss,

2006; Landau & Saul, 2004; Speck & Attneave, 1973).

New Directions and New Propositions

My latest proposition, still untested, is that symptoms resulting from ambiguous loss are either the same as, or similar to, those of complicated grief, a disorder based on prolonged grief from a death (Shear, Boelen, & Neimeyer, 2011). The symptoms of prolonged grief from ambiguous loss have most often been diagnosed symptomatically, not contextually, and thus viewed as pathology or disorder. Even the grief that lingers from more common ambiguous losses (e.g., divorce, adoption, immigration) is viewed as suspect. For these reasons, I propose that with any ambiguous loss, catastrophic or common, the pathology lies in the type of loss (unclear and irresolvable) and not in the family or individual experiencing it. Said another way, ambiguous loss is a complicated type of loss that leads to a complicated type of grief.

That complicated loss leads to complicated grief is a controversial idea and requires further research. The propositions above all need testing because new diagnostic guidelines (*DSM*-5) appear to be pathologizing grief, especially grief that is ongoing (American Psychiatric Association, 2013; Boss & Dahl, 2014). Although some symptoms do need medical attention, the cause of those symptoms, I propose, is the stress and trauma from immobilizing ambiguity. Especially in can-do and mastery-oriented cultures, the inability to find a solution is a major stressor. To make matters worse, such cultures often stigmatize people for not finding answers, or closure. The idea of closure, I propose, is linked to values of mastery and needing to find answers to all problems all the time.

Finally, on the basis of the above and my more than 40 years of being a family therapist, I propose that closure is a myth. Incessantly spoken by the media and general public, this term—*closure*—and the ideas embedded in it, will, I propose, erode the resilience of families suffering from losses, both ambiguous and clear. For the readers of the *Journal of Family Theory & Review* (*JFTR*), know that the idea of closure is incompatible with the theory of ambiguous loss and any words or ideas that smack of the binary (dead or alive, absent or present) are unacceptable. That's the point; there is no closure with ambiguous loss.

Closure is a good term for real estate and business deals in which there are true absolutes and clear conclusions, but it is not a valid term for human relationships (Boss, 2011; Boss & Carnes, 2012). In my neighborhood in Minneapolis, I often see evidence of no closure. At a Thai restaurant nearby, the owners place a plate of fresh food for their ancestors in their window *daily*. Is that a disorder? No. It simply means that for them a psychological family exists. As you may already realize, the idea of closure is antithetical to the idea of a psychological family.

Criteria for Evaluating Family Theory

In this article, I have alluded throughout to the idea that context influences the process of theory building. Our experiences of time and place shape our curiosity and thus the research questions we ask. Theories are a product of who we are and where we have been.

What I have learned is that we can develop more useful and inclusive family theories by focusing on more universal family *experience.* Why loss has not been studied more in family social science is a mystery to me. It may be that its inevitability makes it too painful to study. I, too, had second thoughts, for as I did this work, I lost my little brother, my father, sister, mother, former husband, and now, most of my old friends. Surely, this leaves a mark.

Although it is essential to pay attention to one's own experience while doing the work of theory building, there are also objective criteria for evaluating one's work (e.g., Burr, 1973; Chafetz, 1978; Hage, 1972; Klein, 1973; Shaw & Costanzo, 1982). In 1993, this list of 17 criteria was offered for evaluating theory:

1. Richness of ideas
2. Clarity of concepts
3. Coherence of connections among concepts
4. Simplicity or parsimony
5. Clarity of theoretical assumptions and presuppositions
6. Consistency with its own assumptions and presuppositions
7. Acknowledgment of its sociocultural context
8. Acknowledgment of underlying values positions
9. Acknowledgement of theoretical forebears
10. Potential for validation and current level of validation
11. Acknowledgment of limits and points of breakdown

12. Complementarity with other theories and levels of explanation
13. Openness to change and modification
14. Ethical implications
15. Sensitivity to pluralistic human experience
16. Ability to combine personal experience and academic rigor
17. Potential to inform application for education, therapy, advocacy, social action, or public policy (Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993, pp. 24–26)

And I add one more:

18. Inclusivity and usefulness across cultures, east and west, north and south. This means that family theories must accommodate multiculturalism and families that vary in race, class, religion, gender, generation, and sexual orientation.

These 18 criteria are presented as a starting point for dialogue about the process of theory development. Readers can decide if the theory of ambiguous loss is proceeding in the right direction.

The Limits of Theory

Stephen Hawking aside, a theory cannot include everything or it is a theory of nothing. Most recently, a young man asked me if the loss of his cell phone could be an ambiguous loss. He knew that attachment was a prerequisite, and I knew that, for many, the loss of treasured family items such as photo albums or mementos were perceived as ambiguous loss. So why not a cell phone, which the young man said, "has all of my life on it"? To quote the symbolic interactionist W. I. Thomas (1928), "If [people] define things as real, they are real in their consequences" (p. 572). I believe that. But although perceptions matter, they are not all that matters (Boss, 1992).

How I answer such questions as this young man asked depends on the hat I am wearing at the time. In clinical work, if a client perceives the loss of an inanimate object—a house, a photo, or perhaps even a cell phone—as ambiguous loss, then I proceed within that framework to coconstruct their meaning of that loss. If, however, researchers ask me about studying ambiguous loss, I advise them to select one that is unequivocally and indisputably ambiguous. For example, if you are researching ambiguous loss created by Alzheimer's disease or autism or brain injury, select a sample of families in which the affected person has been medically diagnosed as having that specific illness or condition under study. With physical ambiguous loss, select a sample that has verification from witnesses and officials who agree that a family member is indeed physically missing. Verification of ambiguous loss is necessary to validate that we are studying what we think we are studying.

Why We Need Family Theory

Theory summarizes disparate information into a unified whole so that regardless of time and place, it provides us with more understanding and direction for the challenge at hand. The challenge for me has been ambiguous loss. Today, the theory of ambiguous loss helps ordinary people as well as professionals and scholars to understand this heretofore-unnoticed phenomenon. It helps us to answer the question, "Why?" Why, given the same stressor, do some families remain resilient while others collapse? Why, after loved ones go missing, are some people debilitated while others grow stronger? How can we help individuals, couples, and families live well despite ambiguous loss? These questions have fed my curiosity—and I hope now yours.

Because of the variation among families today, we need more middle-range family theories—theories that consider stressors that occur across diversities and cultures. Ambiguous loss is just one example. When asked why I did not consider ambiguous gain, I answered that loss affected every family at some time or place, and thus its study was more urgent. Although I learned that ambiguous loss is the most stressful of family losses, I also learned that many individuals and families are amazingly resilient. There lies the hope and joy in this work.

Conclusion

I have emphasized that the process of theory development never ends. This point is tested by real life as well. After both of my parents died, and I was emptying their house, I found my father's leather wallet. In what was then called the "secret compartment," there was a yellowed photo postcard, cut in half to fit a wallet. His eldest brother had sent the card to my father in 1929, after he had immigrated to

the United States. On it was the picture of their home in Burgdorf, Switzerland, where they grew up, and the bluffs behind the house where they had played together as boys. I was stunned. My father had carried this photo, the symbol of his Swiss home and family, close to him for his entire life in Wisconsin.

What I had sensed as a child was real and lifelong for my immigrant father. That I lived with ambiguous loss allowed me to see it—and then label it. New theories are rarely premeditated; more often, they are the result of being open to discovery.

Testing the Theory of Ambiguous Loss: A New Generation

If family theories are to explain the "why" of ever-shifting human experience across time and place, then they need continuous testing in new times and new places and with new examples of ambiguous loss. In the past 10 years, studies testing and applying the theory of ambiguous loss increasingly include a wider range of populations: same-sex couples, lesbian couples with children, international disappearances, immigration, refugee diaspora, military deployment, Down's syndrome, mild cognitive impairment, epilepsy, chronically ill children, autism, maternal depression, stillbirth, and effects on families after a member transitions to another gender (for a review, see Boss et al., in press).

For this special issue of *JFTR*, I am delighted to introduce to you a new generation of researchers who are doing just that—studying different populations, cultures, genders, and stressor situations ranging from global to local. The following authors, representing various disciplines, have applied and tested the theory of ambiguous loss.

Theo Hollander is the author of "Ambiguous Loss and Complicated Grief: Understanding the Grief of Parents of the Disappeared in Northern Uganda." Based on his research in northern Uganda, he addresses the link and also the essential difference between ambiguous loss and complicated grief. He is currently working in Burma (Myanmar). He works with international development and studies the complex relations of conflict, justice, and gender. With a strong focus on the impact of armed conflict on affected communities and individuals, he is currently working as a peace-building adviser for the Department for International Development Burma.

Simon Robins has authored "Discursive Approaches to Ambiguous Loss: Theorizing Community-Based Therapy After Enforced Disappearance," thus being the first to clarify in depth the postmodern base of ambiguous loss theory. He is a humanitarian practitioner and researcher who focuses on transitional justice, humanitarian protection, and human rights. With the ICRC, he has applied the theory of ambiguous loss to construct more humanitarian and culturally relevant interventions with families of the missing. This new humanitarian approach, based on ambiguous loss theory, has been applied in Nepal and East Timor.

Rose Perez is the author of "Lifelong Ambiguous Loss: The Case of Cuban American Exiles." She applies the theory of ambiguous to loss of one's homeland. As a researcher and educator at Fordham University in New York City, she focuses on the well-being of immigrants and refugees in the context of social services. She uses ambiguous loss theory to better understand the often lifelong grieving and yearning of people cut off from their homeland and family as a result of politically *enforced* migration.

Catherine Solheim and Jaime Ballard, coauthors of "Ambiguous Loss Due to Separation in Voluntary Transnational Families," show that ambiguous loss exists even with *voluntary* migration. This is the inevitable push and pull of uprooting and moving to a new country. Their work as family social scientists at the University of Minnesota focuses on economic and social decisions in transnational, immigrant and refugee families, generally Southeast Asian refugee families including Hmong, Laotian, Bhutanese, and Karen (from Myanmar).

Monique Mitchell, author of "The Family Dance: Ambiguous Loss, Meaning Making, and the Psychological Family in Foster Care," applies ambiguous loss theory to frame the experience of foster children from their own views. She is the first to acknowledge the grief of foster children when they are removed from their own parents and siblings and from subsequent foster parents and foster siblings. Trained in psychology, anthropology, family relations and human development, and thanatology, her research at University of South Carolina is interdisciplinary.

Jenifer McGuire and Jory Catalpa, University of Minnesota; Vanessa Lacey, Transgender

Equality Network Ireland (TENI); and Katherine Kuvalanka, Miami University of Ohio are coauthors of "Ambiguous Loss as a Framework for Interpreting Gender Transitions in Families." Family studies and human development scholars and practitioners, McGuire and her coauthors conduct community- as well as clinically-based research on transgender youth. Their work is situated internationally with studies from the United States, Ireland, and the Netherlands. In this issue, they apply the ambiguous loss framework to interpret the complexities of gender transitions as both ambiguous loss *and* ambiguous gain and also affecting both the transitioning youth and their family.

In "Ambiguous Loss and Emotional Recovery After Traumatic Brain Injury," Jeffrey Kreutzer, Ana Mills, and Jennifer Marwitz illustrate how family members regain their emotional strength while a loved one suffers from traumatic brain injury (TBI) or other neurological disorders. They illustrate how the theory of ambiguous loss influenced their development of a research-based, manualized intervention for families where the stressor is Type 2, or psychological ambiguous loss. Kreutzer is a clinical psychologist at Virginia Commonwealth University, with specialties in neuropsychology, rehabilitation psychology, and family therapy.

Finally, I want to thank Ann Masten for her insightful commentary advancing family and child theory development across multiple disciplines. She is the first to reveal so clearly the common factors across ambiguous loss theory and developmental resilience science. This parallel development hopefully encourages new researchers and practitioners to work across disciplines to understand resilience in families and children who face adversities that have no closure. Building on theoretical commonalities, we strengthen both families and children, who after all, are inseparable.

It is at the interaction between disciplines that new discoveries and insights tend to emerge, but first, it is through broader theoretical discussions that disciplinary borders are softened. That *JFTR* is the platform where many of these interdisciplinary discussions are now taking place is thanks to our editor, Libby Blume.

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