



**Therapeutic work with
Ambiguous Loss associated
with Mental Illness**

*Kanthi Perera,
Senior Social Worker
Western Australia
2005 Churchill Fellow*

**We face many losses during
our lifetime.....**

**What happens when loss is not
as clear-cut as a death?**

**When grief must be endured
day after day without any
validation or support from
those around you?**

Ambiguous Loss

**Losses that are incomplete,
uncertain and lack
resolution are termed
“ambiguous losses”.**

Boss (1999, 2006)

**TWO KINDS OF AMBIGUOUS
LOSSES**

**Perceiving loved ones as
present when they are
physically missing
(Claremont serial killings,
Bali bombings, Missing
persons, 9/11 victims)**

**Perceiving them as gone
when they are physically
present but
psychologically
inaccessible (mental
illness, Alzheimer's,
dementia, alcohol and
substance abuse, head
injury)**

**People grieving ambiguous losses
are unable to problem solve not
knowing if the uncertainty is
final or temporary.**

**Uncertainties prevent adjustment
to loss by reorganizing roles and
rules of relationship with
"missing" person.**

Ambiguous loss is not always a problem. Everyone goes through normative ambiguous losses in their life.

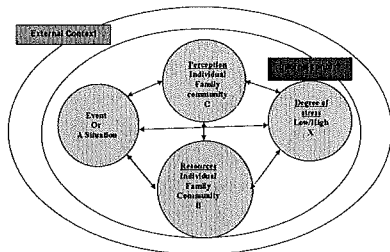
It is a problem when

- Parenting roles are ignored
- Decisions are put on hold
- Daily tasks are not done
- Family members are ignored or cut-off
- Rituals and celebrations are cancelled.

or when

**There are feelings of hopelessness that lead to depression and passivity.
Feelings of ambivalence that lead to guilt, anxiety and immobilization.**

Contextual model of Family Stress



Family meanings of an event

Perception – it embodies both cognitive and affective (feeling)
As in any system, especially a human one, the whole is greater than the sum of its parts.

CLASSIFICATIONS OF STRESSOR EVENTS & SITUATIONS

- Source
- Type
- Duration
- Density

SOURCE

Internal	External
Events that begin from someone inside the family	Events that begin from someone or something outside the family

TYPE

•Normative •Developmental •Predictable	•Catastrophic •Situational •Unexpected
•Ambiguous	•Clear
•Volitional	•Non-volitional

DURATION

Chronic	Acute
A situation of long duration e.g. diabetes, chemical addiction, discrimination or prejudice, schizophrenia	Events that last a short time but is stressful e.g. broken leg

DENSITY

Cumulative	Isolated
Events or situations that pile up one after another	One event that occurs with no other stressor

EXERCISE 1 "TIME LINE OF LOSSES IN YOUR LIFE"

- Identify those events in your life that you consider caused loss and grief.

- Identify those that you consider as ambiguous losses.

CONSEQUENCES OF AMBIGUOUS LOSS

Family Boundary Ambiguity

A state where family members are uncertain in their perception about who is in or out of the family and who is performing what roles and tasks within the family.

**DEVELOPMENTAL TRANSITIONS IN
FAMILIES WITH POTENTIAL FOR
BOUNDARY AMBIGUITY**

- 1. Formative of the couple.**
- 2. Birth of first child.**
- 3. Children first going to school**

- 4. Job related parent/spouse absence or presence.**
- 5. Adolescent children leaving home.**
- 6. Taking children in who are not your own.**
- 7. Loss of mate through death or divorce.**

- 8. Formation of a new dyad.**
- 9. Remaining single.**

The higher the degree of ambiguity, the more negative the outcomes.

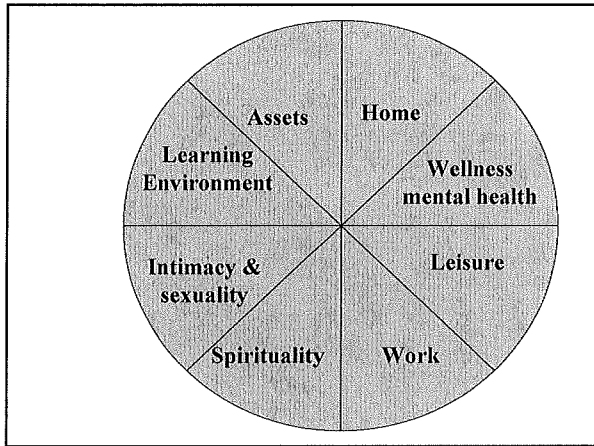
To help people manage ambiguous loss, it is necessary to know about their:

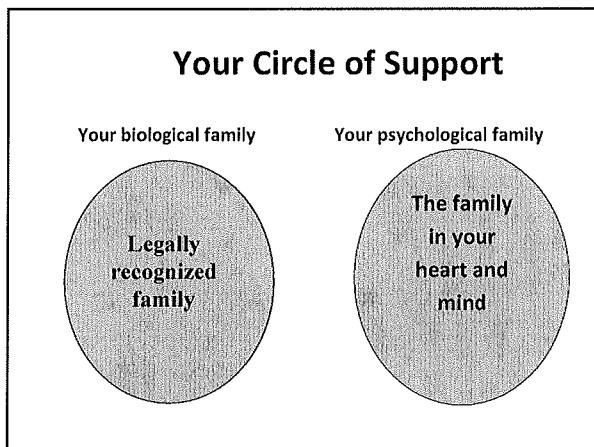
- Psychological family
- Family of choice
- Intentional family
- Club of life
- Circle of support

Exercise 2

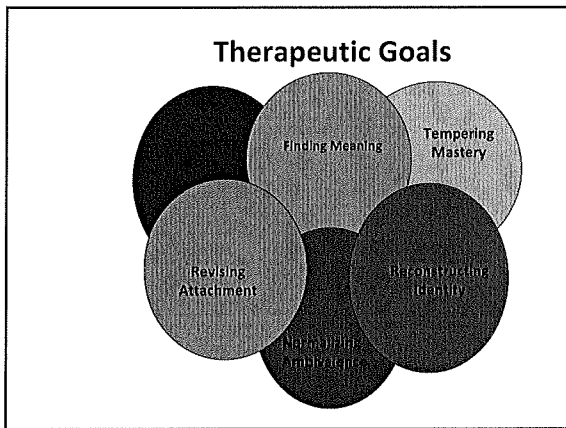
Identifying your :

- Circle of support
- Psychological family
- Intentional family
- Club of life
- Family of choice





Part 2
Therapeutic goals



Finding Meaning

Being able to make sense of an event or situation. To find some logic, coherence or rational reasoning about what has happened.

Each of the therapeutic goals

What helps?	What hinders?

Tempering Mastery

Mastery is defined as a sense of control over one's life.

Tempering their use of mastery to fit time and place. Normalizing people's need for mastery but also helping them temper their needs to higher, lower or better-timed mastery. (Tempering not avoiding)

Reconstructing Identity

Identity is defined here as knowing who one is and what roles one will play in relation to others in the family and community. The process is interactional.

Normalizing Ambivalence

Means acknowledging its existence.

Ambiguity is something one knows.

Ambivalence is something one feels.

Revising Attachment

In this context, it means living with the ambiguity of a close attachment while simultaneously finding new connections.

Discovering Hope

The ability to see beyond the present circumstances. Hope is both a belief and an emotion. Having hope means periodic re-evaluation and discovering more realistic things to hope for.

What helps find meaning?

- Naming the problem
- Dialectical thinking
- Spirituality and religion
- Forgiveness
- Small good works

- Rituals
- Positive attribution
- Sacrifice for a greater good or love.
- Perceiving suffering as inevitable
- Hope

In situations that have no clear resolution, perception provides the main window for intervention

- What to build on?
- What to reframe?
- What to externalize?
- What to change?
- What hopes to revise?

What hinders?

- Hate and revenge
- Secrets
- Violent and sudden deaths
- Disillusionment

What helps temper mastery?

- Recognize that the world is not always just and fair.
- Recognize where views of mastery originate.
- Externalize the blame.
- Decrease self-blame

- Identify past competencies
- Managing and making decisions.
- Increase success experience
- Softening attribution
- Accepting (sometimes) what will not change.
- Having (sometimes) a sense of invincibility.

- **Knowing the exceptions.**
- **Reconstructing rituals**
- **Mastering one's internal self**

What hinders mastery?

- **Too much mastery**
- **Too little mastery**
- **Ill-timed mastery**
- **Belief that one's effort will always result in the desired outcome.**

- **Belief that bad things cannot happen to good people**
- **Blaming oneself or others for not being able to solve the problem.**

What helps reconstruct identity?

Consider the following 3 therapeutic questions:

1. What helps define family boundaries?
2. What helps select major developmental themes?
3. What helps develop shared values and views?

1. What helps define family boundaries?

- Establishing who the family is.
- Reconstructing roles
- Being flexible about gender and generational roles
- Recognizing ex-identities

- Becoming more aware of cultural identities and diversity in individuals and families
- Broadening family rules for problem solving
- Revising family roles and tasks for rituals and celebrations
- Using symbols to indicate reconstructing identity

- Learning a new language for additional identity.
- Discouraging intergenerational transmission of hatred
- Uncovering secrets about family identity

2. What helps select major developmental themes?
- Identifying positive family themes about resilience through genograms
 - Co-constructing rituals with/without the lost person.
 - Exploring themes about gender
 - Be aware that sometimes people hide their identity for safety

3. What helps develop shared values and views?
- Developing a spiritual identity under harsh and uncertain conditions.
 - Finding choices about family values and identities.
 - Assuming that the world is not always just and fair.
 - Modeling dialectical rather than absolute thinking.

What hinders reconstructing identity?

- Discrimination and stigma
- Forced uprooting
- Isolation and disconnection
- Hanging on to one absolute identity
- Resisting change

What helps normalize ambivalence?

- Normalizing guilt and negative feelings, but not harmful actions.
- Using the Arts to increase understanding of ambivalence.
- Regaining personal agency.
- Reassessing and reconstructing the psychological family.

- Seeing the community as family.
- Reassigning everyday roles and tasks.
- Asking questions about context and situation.
- Bringing ambivalent feelings into the open.

- **Uncovering latent or unconscious ambivalence.**
- **Managing the ambivalence once aware of it.**
- **Seeing conflict as positive.**

- **Valuing diverse ways of managing ambivalence.**
- **Knowing that closure does not lower ambivalence.**
- **Developing tolerance for tension.**
- **Using cognitive coping strategies.**

What hinders?

- **Using only a symptom focus.**
- **Expecting typical coping and adaptations**

What helps revise attachment?

- Thinking dialectically.
- Moving from despair to protest.
- Thinking systemically but not seeing maladaptations as bilateral pathology.
- Developing rituals for ambiguous loss.

- Knowing that fantasies of the person lost is common.
- Watching out for no-talk rules.
- Paying attention to developmental stages that exacerbate anxiety.
- Including children, adolescents and grandparents in therapy.

- Using multiple family groups to build new connections
 - Encouraging the use of the Arts.
- What hinders?**
- An overemphasis on individuation.
 - Expecting closure.

Hope

With the circularity process, families find that hope lies in change rather than a dearly held status quo. Therefore having hope required period re-evaluation and discovery of more realistic things to hope for.

When hope helps

- Finding spirituality
- Imagine options (Arts are important)
- Laughing at absurdity
- Developing more patience
- Redefining justice

- Finding forgiveness
- Creating rituals for ambiguous loss.
- Rethinking termination
- Revising the psychological family

When hope hinders

- Hoping for closure and finding definitive answers.
- Unrealistic outcomes that denies ambiguous loss.
- Hope is toxic when feeding revenge.

- **Dialectical**
- **Systemic**
- **Narrative**

Approaches of clinical work are basic to all interventions.

**Mona Wasow Research (1989)
Concluding with a paradox!**

- Hope from perspective of adults with Serious Mental Illness (SMI)
- Hope from parent's perspective.
- Hope from service providers' perspective

Hope of adults with SMI

- Desire to be normal
- Those in locked wards said they had no hope, felt rejected.
- Hope for employment, independent living, marriage, children and health
- Acutely aware of stigma

- Security – psychological, physical, economic and inter-personal.
- Manage emotional pain.
- Finding meaning for a role or activity that provided a sense of usefulness.

Hope from Parents' perspective

- Science would find a cure or more effective medication.
- There was conflict between maintaining and giving up hope.
- The more parents understood the illness, the better they coped but the more they gave up certain kinds of hope.

- Better housing
- “normal” life
- Society’s acceptance
- More self-sufficiency
- Freedom from relapse
- Friends for their child

Hope from perspective of service providers

- Clients would accept their illness.
- They would be accepted without stigma.
- Will manage their medication
- Control side-effects for highest possible functioning
- Research would find a cure.

- Important to remember that although service providers, clients and families may start with differing hopes, the belief and attitude of one group often influence the others.
- Service providers do not see those who are doing well and no longer need professional advice.

Bibliography

Antonovsky, A (1979) *Health, Stress and Coping*, San Francisco, Jossey-Bass.

Antonovsky, A & Sourani, T (1988) Family sense of coherence and family adaptation, *Journal of Marriage and the Family*, 50, 79-92.

Blieszner, R, Roberto, K A, Wilcox, K L, Barham, E J, Winston, B L (2007), Dimensions of Ambiguous Loss in Couples Coping With Mild Cognitive Impairment, *Family Relations*; April; 56, 2.

Boss P, Greenberg J (1984) Family Boundary Ambiguity: A New Variable in Family Stress Theory, *Family Process*, 23:535-546.

Boss, P. (1992) Primacy of Perception in Family Stress Theory and Measurement, *Journal of Family Psychology*, Vol. 6, No. 2, 113-119.

Boss P (1993) Boundary Ambiguity: A Block to Cognitive Coping, in *Cognitive Coping, Families, and Disability*, Turnbull P (ed) et al, Baltimore: P.H. Brookes Publisher, 257-269.

Boss P (1999) *Ambiguous Loss: Learning to Live with Unresolved Loss*, Harvard University Press.

Boss P (2002), *Family Stress Management: A Contextual Approach*, 2nd ed, Thousand Oaks, CA, Sage.

Boss, P (with Mulligan, C) (Eds.) (2003), *Family Stress: Classic and Contemporary Readings*, Thousand Oaks, CA, Sage.

Boss, P (2004b), Ambiguous Loss. In F. Wash & M. Mc Goldrick (Eds), *Living Beyond Loss: Death in the Family* (2nd ed.), New York, WW Norton & Company.

Boss, P (2006) *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss*, W.W. Norton & Co, New York.

Fox, V (2009), Schizophrenia and Socialization, *Psychiatric Services*, April, Vol. 60, No 4.

Frankl, Viktor (1962) *Man's Search for Meaning*, Beacon Press, USA.

Hill, R (1958, February/March) Generic features of families under stress. *Social Casework*, 49, 139-150.

Human Rights & Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness (1993), Australian Government Publishing Service.

Jones, D W (2004) Families and Serious Mental Illness: Working with Loss and Ambivalence, *British Journal of Social Work*, Vol. 34, No.7.

Kristoffersen, K, Dr Polit, Mustard, G W and Min, D (2000) Towards a Theory of Interrupted Feelings, *Scand J Caring Sci*, 14, 23-28.

Landau, J & Hissett, J (2008), Mild Traumatic Brain Injury: Impact on identity and Ambiguous Loss in the Family, *Families, Systems, & Health*, Vol. 26, No.1, 69-85.

Patterson, J.M. & Garwick, A.W. (1994), Levels of meaning in family theory, *Family Process, Inc.*, 33, 287-304.

Perera, K (2003) An Investigation of the Relationship between Intensity of Grief and Coping patterns of Parents of Individuals Affected by Psychotic Disorders, *Master of Social Work Dissertation*, Curtin University of Technology.

Perera, K (2009) Ambiguous Loss Associated with Mental Illness, in recommended reading section of *YOU, Your Family, Your Community, Your Mental Health – Proceedings of 19th TheMHS Conference*, Perth.

Ridgeway, P., McDiarmid, D., Davidson, L and Bayes, J. (2002) Pathways to Recovery: A Strengths Recovery Self-Help Workbook, *The University of Kansas, School of Social Welfare, Office of Mental Health Research & Training*, Lawrence, Kansas.

Wasow, M (2000) *The Skipping Stone: Ripple Effects of Mental Illness on the Family*, 2nd ed, Science and Behaviour Books, Inc. Palo Alto, California.