

# AMBIGUOUS LOSS AND MOURNING

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“Pay No Attention to Alice”  
by Tom T Hall

## "Normal" Loss and Mourning

When persons experience a significant loss, their natural response is mourning. As one's experience of the loss is unique, so is one's reaction to it. *There is no standard sequence or universal element. There is no right way to mourn!*

Major losses impact how people understand and view reality, their relationships, and themselves.

**Change in one's personal identity is normal and inevitable.**

## “Normal” Loss and Mourning

In so-called “normal” losses and mourning,  
the experience of grief includes a range of emotions  
separation from the lost person/thing evolves  
gradually  
it is possible eventually to make sense of the loss  
it becomes possible eventually to accept the loss  
we come to a new sense of identity and reality.

Closure is possible.

# “Normal” Loss and Mourning

Loss takes one into a *Spiral of Mourning*

Shock → Sadness → Bargaining → Deep Despair → Gradual Turning Outwards → Reentry into World → Shock → Sadness → Bargaining → Deep Despair → Gradual Turning Outwards → Reentry into World → Shock → Sadness → Bargaining → Deep Despair → Gradual Turning Outwards → Reentry into World → Shock → Sadness → Bargaining → Deep Despair → Gradual Turning Outwards → Reentry into World → Shock → Sadness

# Loss & Complicated Mourning

Sometimes persons have difficulty moving through the process of mourning. *When mourning goes beyond 18 months*, we refer to it as “Complicated Mourning.” Factors that lead to Complicated Mourning include:

- conflicted relationships with the deceased or in the family

- alcoholism or other addiction

- mental illness

- sudden or tragic death, death at a distance, suicide

- the end of long-term, intensive caregiving

- a loss that makes no sense, like the death of a child.

# Characteristics of Complicated Mourning

Sadness, depression, and or anxiety that lasts more than 18 months

On going rawness of emotions: "I feel as if the loss happened yesterday."

Intrusive thoughts

Not sleeping enough; sleeping too much. Nightmares.

Chronic irritability

Compromised physical immunity

Withdrawal and isolation from friends and community

Loss of faith

Loss of enjoyment of life

Feeling that one is "stuck" or one's mourning is "frozen."

## Case Study in Ambiguous Loss: Don P.

6 years ago, Don P was an active pastor of a small eastern NC church. He loved preaching, boating at Holden Beach, and spending time with his 4 granddaughters.

During routine surgery, he suffered a stroke. He had an allergic reaction to the medication they gave him to treat the stroke and he died on the table. Doctors resuscitated him, but he was left with what would later be diagnosed as vascular dementia.



In the hospital, Don came down with MRSA, so was unable to do physical or occupational therapy. Ultimately, he landed at Liberty Commons Nursing Facility in Benson, NC, where he spent the next 5 ½ years, usually in bed, living out his greatest fear.

Don was unable to live at home, stand or walk alone, sleep in his own bed, use a jet ski, conduct his granddaughters' weddings, play cards, preach, conduct funerals, or visit the sick. He was in chronic physical and emotional pain.

As his condition declined, he made constant demands for attention, even yelling at imaginary people; he suffered from OCD, was incontinent, at times did not know his family members, had nightmares, and struggled with dementia.

Don's wife of 50+ years, Sue, was exhausted by the responsibilities of caregiving for a demanding, angry patient.

Sue has had to

provide personal care for Don

face the stress of paying for nursing home care,

learn how to live alone,

take care of her own declining health,

present a strong face to children & community,

and plan Don's funeral & burial.

The stress has taken a toll on Sue and her family.

She can barely walk and has chronic pain,  
must have others drive her to events,  
no longer cooks, and worries about her children.

Their son has Parkinson's Disease and Prostate Cancer.

Their daughter is caught between teaching full time,  
caring for her husband who has heart problems, and  
providing care for her mother.

## Definition of *Ambiguous Loss*

A loss in which “there is no validation or clarification of the loss, and thus a lack of knowing whether the lost person is irretrievably lost or coming back again. Whether the ambiguous loss is physical or psychological, people are painfully aware of the lack of information.”

(Boss, 2006, p. 144)

## Unpacking the Definition:

- No validation or clarification of the loss (no death certificate, or grave)
- Not knowing if the person is gone or will return (boundary confusion).
- Loss may be physical, psychological, or both.
- Painful awareness of lack of information, meaning, and closure.

Ambiguous losses are relational & situational, not a sign of moral, mental, or emotional failure.

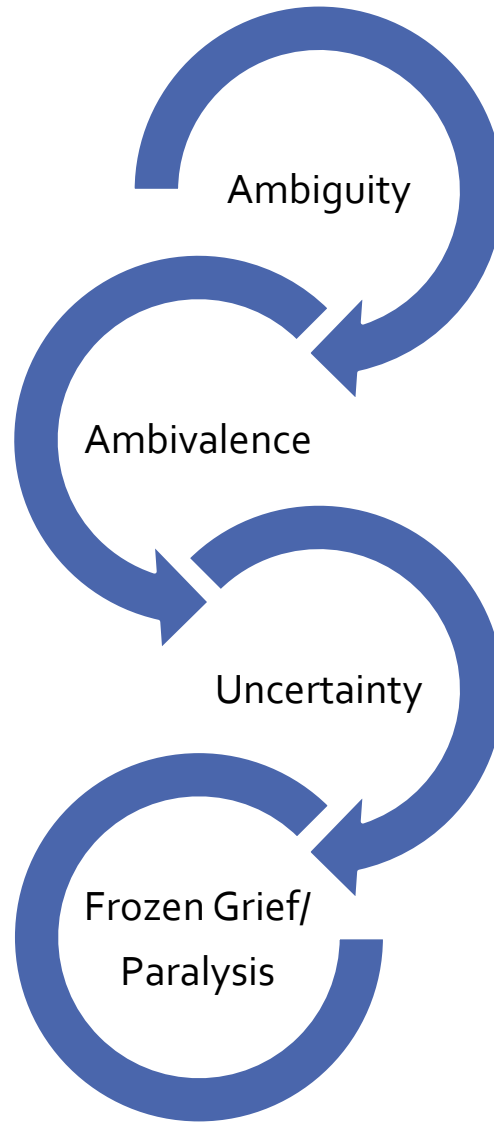
# Clinical Effects of Ambiguous Losses:

“Ambiguity feeds ambivalence; ambivalence feeds the uncertainty about which action to follow, which decision to make, which role to play, or which task to perform.

Immobilization [frozen grief] follows. In this way, ambivalence decreases personal agency and paralyzes relational processes.”

(Boss, 2006, p. 144)





# Examples of Ambiguous Loss

Abortion

Addiction

Adoption

Bankruptcy

Caregiving

Chronic illness

Dementia

Divorce

Empty nest

Kidnapping

Job loss/search

Leaving home

Learning  
disability

Mental illness

Miscarriage

Natural  
disasters

9/11

Terrorist acts

War

## Two Categories of Ambiguous Loss

*Psychological Loss:* The person is lost, but the physical body is still present creating a duality that is difficult to cope with.

Example: Alzheimer's Disease

*Physical Loss:* The body of the loved one is gone, but memories and emotional presence remain.

Example: Bodies vaporized during 9/11

## 9/11 Ambiguous Losses

- Bodies were vaporized.
- Loss of entire departments, companies, and of jobs.
- Fire & rescue workers' health problems
- Hole in city neighborhood and skyline for years
- National loss of sense of security/invulnerability
- End of one era and beginning of another

Is 9/11 similar to Pearl Harbor in scale, societal impact, and emotional consequences?

## Exercise: What are My Ambiguous Losses?

What are the losses I have experienced that are chronic, or on-going, without resolution?

Have I eventually made sense of them?

Did I do so alone or in community?

What helped?

How am I Different Now?

## The Goal of Therapy in Situations of A.L.:

The goal of therapy is for clients to discover ways to *make meaning* of their unique experiences by learning to *tolerate the ambiguity* inherent in their losses instead of seeking closure.

(Boss, 2006, p. 34)

# Treatment for Ambiguous Losses

- Every loss, every experience of loss, every process of healing, and every therapy/treatment is unique. So, be gently curious (take a “not knowing position”).
- Parker Palmer: “Don’t fix, give advice or set anyone straight!” (*A Hidden Wholeness*)

# Treatment

- Treatment is relational. The therapist/client alliance provides safety/acceptance/affirmation.
- Therapy may involve bringing in family of origin, extended family, and psychological family.
- Encourage client to connect with supportive friends, church, etc., as appropriate. Some mourn alone; others prefer support.



# Treatment

- Having a name for a condition provides a place to begin making meaning. It helps to know a condition is universal and *normal*.
- Offer a both/and approach. Normalize the experience of loss and ambiguity. Invite the client to live in the ambivalence/ambiguity of the situation.
- Reframe the situation in shades of gray.

# Treatment

- When the person seems ready, (arrives at the understanding that there is no answer to , “Why?”) perhaps reframe the situation as,

“There is no way to make *sense* what happened,  
but I wonder,  
*since* it happened, who are you today?”

- Practice being comfortable with ambiguity yourself.

# Treatment

- Naming emotions appropriately leads to a sense of lightness.
- Make a list of the triggers, explore each one, & find alternative responses.
- Don't give a lot of reading material. Provide resources as needed.

# Treatment

- Encourage clients to externalize the experience of mourning journaling, art, music, and other creative acts.
- Emphasize resilience.
- 5 Practical Things to Do Daily
  - Eat healthily
  - Sleep Healthily
  - Exercise healthily
  - Connect with friends
  - Nurture faith

# Some Pauline Boss Resources

Boss, Pauline. *Ambiguous Loss: Learning to Live with Unresolved Grief*. Harvard U. Press, 1999.

\_\_\_\_\_. *Loss, Trauma and Resilience: Therapeutic Work with Ambiguous Loss*. WW Norton. 2006.

\_\_\_\_\_. *Loving Someone Who Has Dementia: How to Find Hope While Living With Stress and Grief*. Jossey-Bass, 2011.

[www.ambiguousloss.com](http://www.ambiguousloss.com)

[www.youtube.com](http://www.youtube.com) videos

# Mourning Resources:

Dorothy S Becvar, *In the Presence of Grief: Helping Family Members Resolve Death, Dying, and Bereavement Issues*

John Claypool, *Tracks of a Fellow Struggler*

Kenneth J Doka and Joyce D Davidson, eds, *Living with Grief: Who We Are, How We Grieve*

Kenneth C Haugk, *Don't Sing Songs to a Heavy Heart*

Michael Kearney, *Mortally Wounded: Stories of Soul Pain, Death and Healing*

Nini Leick and Marianne Davidsen-Nielsen, *Healing Pain: Attachment, Loss and Grief Therapy*

C.S. Lewis & Madeleine L'Engle, *A Grief Observed*

# Mourning Resources

Junieta Baker McCall, *Bereavement Counseling: Pastoral Care for Complicated Grieving*

Doug Manning & Glenda Stansbury, *Don't Take My Grief Away from Me*

Kenneth R Mitchell & Herbert Anderson, *All Our Losses, All Our Grievs*

Therese A Rando, *Treatment of Complicated Mourning*

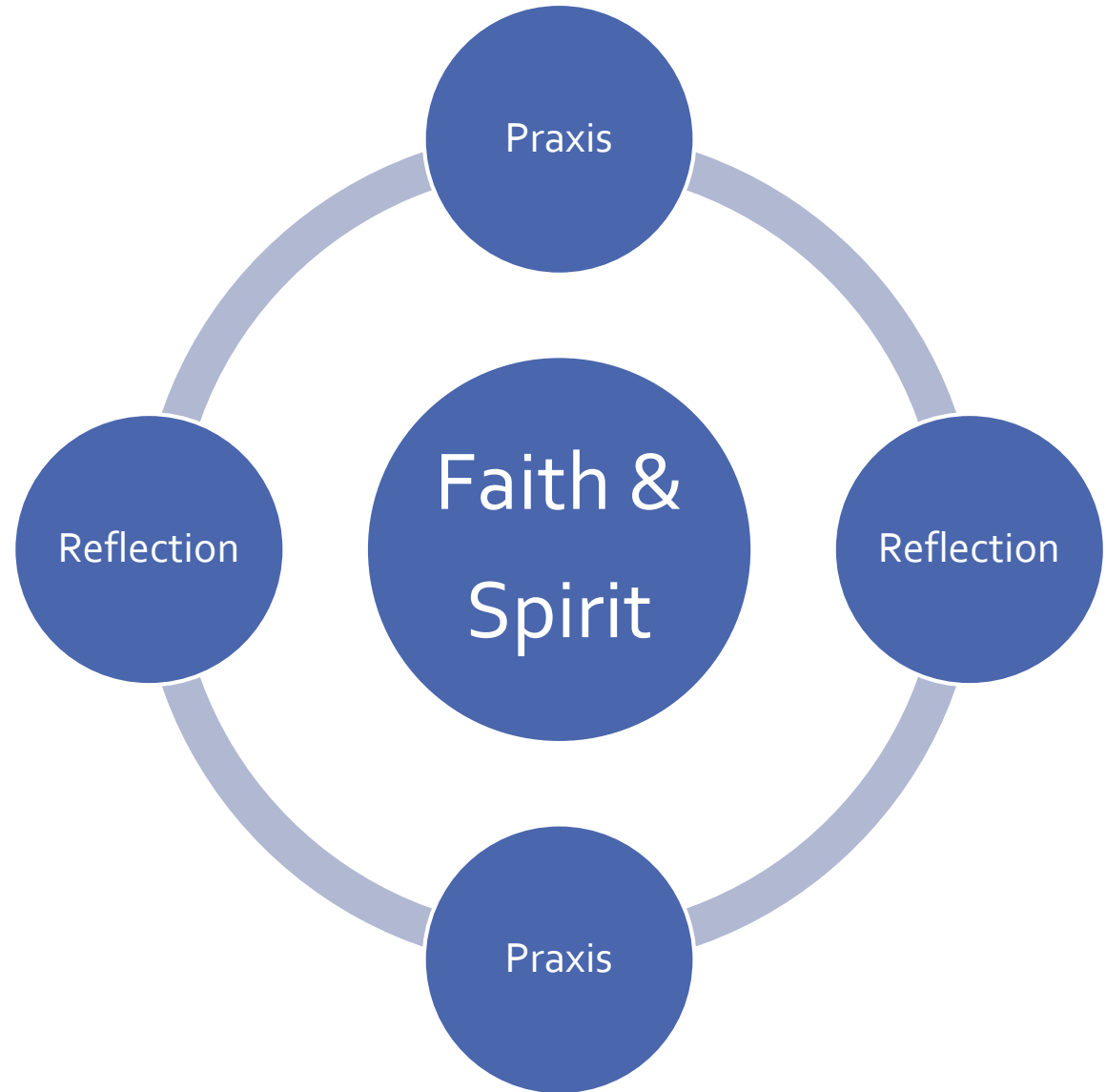
*How to Go on Living When Someone You Love Dies*

*Grief, Dying, and Death: Clinical Interventions for Caregivers*

Granger E Westberg, *Good Grief*

Susan J Zonnebelt-Smeenge & Robert C De Vries, *The Empty Chair: Handling Grief on Holidays and Special Occasions*

# Theological Reflection





# Some Resources for Theological Reflection

- Pamela Cooper-White, *Many Voices: Pastoral Psychotherapy in Relational and Theological Perspective*.
- James & Melissa Griffith, *Encountering the Sacred in Psycho-therapy: How to Talk with People About their Spiritual Lives*.
- Donna Orange, *The Suffering Stranger: Hermeneutics for Everyday Clinical Practice*.
- Kenneth Pargament, *Spiritually Integrated Psychotherapy: Understanding and Assessing the Sacred*.
- John Patton, *From Ministry to Theology: Pastoral Action & Reflection*.
- Howard Stone & James Duke, *How to Think Theologically*.