Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss.

This book is a treatise on the impact of traumatic loss on an individual’s psychological development, including the capacity to form healthy relationships and to develop stronger resilience to the impact of future losses. The author’s central premise is that the most significant predictor of resilience after the experience of a traumatic loss is an individual’s ability to “learn how to hold two opposing thoughts in their minds at the same time.” The author describes, in detail, multifaceted dimensions of ambiguous loss and differentiates ambiguous loss from other loss experiences such as unresolved grief or complicated grief -concepts that are more familiar to contemporary clinicians. Boss describes ambiguous loss as unique and specific and divides it into two basic types: (1) loss of a loved one who is physically absent but psychologically present (e.g., a person missing in action, a divorced spouse, etc.) and (2) loss of a loved one who is physically present but psychologically absent (e.g. a parent or spouse with Alzheimer’s disease; an emotionally distant/absent parent or spouse). Central to Boss’s theory is the concept of the psychological family- a family that exists in a person’s mind, but is not the same as his/her biological family. Her theory of ambiguous loss is derived from theoretical underpinnings of family systems theory and family stress theory. Additionally, she has formed precepts from her extensive professional experiences as a family therapist, spanning three decades, as well as from personal experiences as a child growing up with immigrant parent(s); a father who migrated from Switzerland to the US in the 1900s. Her clinical work is broad and intensive and her clients are from diverse populations, including but not limited to military families, adoptive parents, children of adoptive parents, and persons experiencing multidimensional processes of separation and divorce. All of her clients, according to Boss, were suffering from ambiguous losses and were, in some ways, experiencing extreme difficulties in letting go or finding closure. Boss describes in considerable detail, the significant role of a clinician’s therapeutic strategies in facilitating a client through various stages of the struggle to find closure.

The book is well organized, and, for the most part, easy to read, with some notable exceptions. The author presents an argument that ambiguous loss is different from traditional concepts of complicated grief and unresolved grief. Her objective is to convince the reader that the traditional training of clinicians is not sufficient for preparing them to work with clients who are experiencing ambiguous loss. A major weakness of the book, overall, is its lack of empirical data to support the author’s premises, especially the concept of the psychological family- a central concept to Boss’s theory of ambiguous loss. While she acknowledges that her theory is derived primarily from her extensive professional/phenomenological experiences as a family therapist and that more empirical research is needed, she simultaneously criticizes traditional research in family therapy and its reliance on objective measurements to support the presence or absence of an event (content), negating the existence of phenomenological experiences (process). For example, in Chapter 1, the author discusses the psychological family and its significance a central precept in understanding how persons resolve losses and develop closure, according to the author. However, Boss relies primarily on her personal narrations to support this premise. Another limitation of the book is the author’s sharp criticism of contemporary family therapy scholars and family therapists for not considering the concept of the psychological family because of a lack of measurable evidence to support its existence, yet she wants the reader to
accept, without scrutiny, her premise that the psychological family does exist based on her professional phenomenological experiences. While a lack of supporting empirical data does not negate Boss’ premises, based primarily on her phenomenological experiences as a seasoned clinician (a credible source of information), a more convincing strategic approach to strengthen her argument would have been to discuss the historical and contemporary debate among proponents of clinical vs. actuarial approaches to psychological assessment and validation of psychological phenomena and the ongoing nature of this debate.

In Chapter 2, the author discusses Trauma and Stress, both topical areas generating increasing volumes of empirical research over the past decade, including controlled clinical trials outcome data. Boss devotes a special section to a discussion of PTSD and its symptoms and how she differentiates PTSD symptoms from symptoms of ambiguous loss. This section is vague and unconvincing, primarily because it does not discuss the extensive body of empirical research devoted to studying the effects of early traumatic experiences on later development of a spectrum of losses - including depression and trauma-related disorders, i.e. PTSD. Successful treatment results from these controlled clinical trial studies have identified predictor variables, i.e. PTSD contributing to relapse after successful treatment of a primary disorder. Furthermore, the changing definitions and criteria for PTSD when researching DSMII through DSM IV reflect the constant flux in identifying symptoms and manifestations of disorders related to traumatic loss experiences. A process differentiating ambiguous loss from other traumatic losses is by no means clean and clear-cut.

The book is divided into three sections: Section I has three chapters focused on the author’s theoretical precepts and theoretical foundations that led to her formulations of concepts of “ambiguous loss, the “psychological family” and “family resilience” (a new concept she distinguishes from individual resilience). She makes a convincing case for the role of a resilient family in facilitating the restoration of health in a family member who has experienced loss. Section II has six chapters dealing with successful therapeutic strategies used by the author in successful ameliorating symptoms of ambiguous loss. The content of these chapters ranges from helping a client delineate his/her own phenomenological experiences, to finding one’s own hindrances and stumbling blocks, to re-establishing boundaries and normalizing ambivalent feelings, to revising one’s attachments and inspiring hope. Section III, the epilogue, is designed to give psychological support to therapists who are currently experiencing or have experienced professional or personal losses. This section gives the reader an opportunity to experience, phenomenologically, the struggles of a client who is trying to control an unclear situation by searching for absolutes. Successful resolution of this struggle, according to Boss, is observed when an individual learns how to tolerate ambiguity and live a function life simultaneously.

This book is recommended for clinicians, especially family therapists, who work with clients who are experiencing chronic symptoms of traumatic loss. Graduate students in psychology and social work will also find this book helpful in developing a new repertoire of therapeutic techniques for work with clients experiencing ambiguous loss or traumatic loss. A lay audience might also benefit from reading this book, especially persons who have experienced the loss of a loved one and are struggling to find closure.

Christine H. Carrington, Ph.D
Chief Psychologist, Assistant Professor of Psychiatry (Retired)
Howard University College of Medicine
Washington, DC

Copyright 2007 by the International Association for Cognitive Psychotherapy
Clinical Associate Professor of Psychiatry
Department of Psychiatry
Georgetown University Medical Center
Washington, DC