


Applying Ambiguous Loss Theory to Torture Survivors: A Conversation with Pauline Boss


November 10, 2021



Objectives

- Define Ambiguous Loss and consider how Ambiguous Loss theory applies to clinical work with torture survivors.
- Identify the six Ambiguous Loss therapeutic guidelines and consider how they apply to torture survivors.
- Implement at least two Ambiguous Loss interventional concepts with torture survivor clients.

Presenters




Pauline Boss, PhD,
Professor Emeritus at the University of Minnesota

Dr. Boss, Professor Emeritus, family therapist, and consultant, is a Fellow in the American Psychological Association and the American Association for Marriage and Family Therapy, and a former president of the National Council on Family Relations. With her groundbreaking work in research and practice, Dr. Boss coined the term ambiguous loss in the 1970s and since then, developed and tested the theory of ambiguous loss, a guide for working with families of the missing, physically or psychologically.

She summarized this research and clinical work in her widely acclaimed book, *Ambiguous Loss: Learning to Live with Unresolved Grief* (Harvard University Press, 2000). In addition to over 100 peer reviewed academic articles and chapters, her other books include *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss* (W. W. Norton, 2006) and *Loving Someone Who Has Dementia: How to Find Hope While Coping with Stress and Grief* (Jossey-Bass, 2011). Her most recent book, *The Myth of Closure: Ambiguous Loss in a Time of Pandemic and Change*, will be published by W. W. Norton in December 2021. Her work is known around the world wherever ambiguous losses occur, and thus her books are now available in 20 different languages.


Presenters



Anne Eichmeyer, MSW, LICSW
Therapist
The Center for Victims of Torture

Anne Eichmeyer holds a Masters of Social Work degree from the University of Wisconsin, Madison. She has been working as a psychotherapist at the Center for Victims of Torture since April 2015, providing psychological evaluation and treatment services to clients in an individual and group capacity. She has experience working in healthcare and nonprofit settings with clients experiencing depression, anxiety, PTSD, and grief and loss. She is licensed by the Minnesota Board of Social Work as a Licensed Independent Clinical Social Work.

Presenters



Rosa Garcia-Peltoniemi, PhD, LP
Senior Consulting Clinician
The Center for Victims of Torture

Dr. Garcia-Peltoniemi obtained a Ph.D. in clinical psychology from the University of Minnesota and is a licensed psychologist in Minnesota. Rosa has worked at the Center for Victims of Torture since 1987. She served as the Director of Client Services at the Center from 1993 until September 2016 when she was named Senior Consulting Clinician. She retired from clinical work at the Center in October of 2020 where she now works on special projects on a part-time basis. Rosa came to the United States as a refugee at the age of 27. She completed her undergraduate degree in psychology at the University of Texas, Austin. She has lived in Minnesota since 1977; she is married and has children and grandchildren who value the mix of Cuban and Scandinavian (Finnish, Swedish and Norwegian) cultures in their upbringing.

Rosa's clinical and research background is in cross-cultural assessment and intervention with survivors of political trauma. She has lectured extensively on refugee mental health topics and served as a consultant for the National Institute of Mental Health's Refugee Program. Rosa also served on the Committee on Scientific Freedom and Responsibility of the American Association for the Advancement of Science. She is a member of the American Psychological Association and charter member of its Division 56, Trauma Psychology.

Ambiguous Loss: Definition

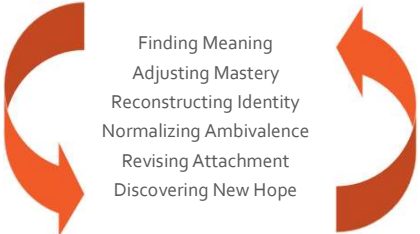
- A physical or psychological loss that remains unclear and thus has no certainty or resolution.
- A loss that has no official or social verification; can't be clarified, cured, or fixed.
- Loss can be physical or psychological, but in either case, there is incongruence between absence/presence.
- The source of pathology lies in the external context of ambiguity, not in the individual or family.

Intervening with Ambiguous Loss

Requires eclectic approaches including:

- Cognitive: Name the problem/losses
- Experiential: creating a lifeline of losses
- Narrative: Storytelling

Six Guidelines For Living with Ambiguous Loss




Finding Meaning
 Adjusting Mastery
 Reconstructing Identity
 Normalizing Ambivalence
 Revising Attachment
 Discovering New Hope

Finding Meaning

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

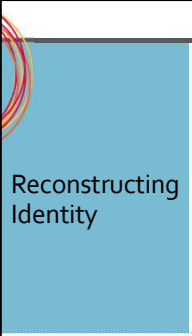
Give the problem a name:
 Share term "ambiguous loss;" talk with others; use both-and thinking; find spirituality; forgive yourself or others; continue but adapt family rituals.



Adjusting Mastery

Adjusting Mastery: Recognizing you can't control everything

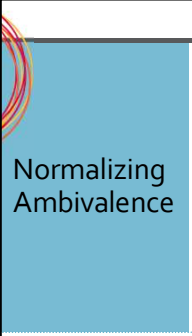
Recognize the world is not always fair; decrease self blame; externalize blame; master one's internal self (meditation, prayer, mindfulness); believe that bad things can happen to good people; know that sometimes there are problems that have no solution.



Reconstructing Identity

Reconstructing Identity: Who am I now?

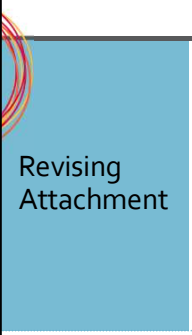
Find a psychological family; redefine family/marital boundaries: who's in, who's out, who plays what roles. Who am I now, what community or group do I belong to now? What is my purpose in life now?



Normalizing Ambivalence

Normalizing Ambivalence: Mixed Emotions


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



Revising Attachment

Revising Attachment: Letting go while remembering


Recognize that your loved one is both here and gone (grieve what you lost, celebrate what you still have); find new human connections; not expecting closure. Loved ones remain part of the fabric of our lives even after they die.



Discovering New Hope

Discovering New Hope

Become more comfortable with ambiguity (a kind of spirituality), laughing at absurdity, redefining justice, imagining new options, feeling some control even if the ambiguity persists and things don't go your way.



Both-And Thinking

Example statements:

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

Contact

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Dr. Pauline Boss: Publications

- Boss, P. (1999). *Ambiguous loss: Learning to live with unresolved grief*. Harvard University Press. (paperback-2000).
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. W. W. Norton.
- Boss, P. (2011). *Loving someone who has dementia: How to find hope while coping with stress and grief*. Jossey-Bass.
- Boss, P. (2021). *The myth of closure: Ambiguous loss in a time of pandemic and change*. W. W. Norton. (in press)

For order information, see www.ambiguousloss.com.

Thank you for attending this webinar!

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The National Capacity Building Project is a project of the Center for Victims of Torture: www.cvt.org

More resources are available at www.healtorture.org.

