Traumatic Grief: Looking Through a Wider Lens

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What is ambiguous loss?

• A loss that remains unclear and thus has no closure.
  • A loss that has no official verification; can’t be clarified, cured, or fixed.
  • The loss can be physical or psychological but with incongruence between absence/presence.
  • The pathology lies in the external context of ambiguity, not in the individual or family.

Pauline Boss, University of Minnesota
Two types of ambiguous loss

• Type I: Physical absence with psychological presence
  • (e.g., kidnapped, missing, disappeared, lost without a trace, family member living elsewhere-- college, institutional care, military, immigration, incarceration, expats, adoption, foster care, divorce, desertion.)

• Type II: Psychological absence with physical presence
  • (e.g., dementia, depression, addiction, preoccupation with lost person, chronic mental illness, autism, homesickness, obsessions with games, Internet, addictions, etc.)
How this is experienced by the griever

• Physical ambiguous loss is:
• “Leaving without goodbye.”
• “Gone, but not for sure.”

• Psychological ambiguous loss is:
• “Goodbye without leaving.”
• “Here, but not here.”
How does the framework of ambiguous loss apply to death by drug overdose

• OVERLAP of types—deceased IS physically absent by death, but may have been psychologically absent prior to death, or a sense that “this wasn’t my son/daughter/sister/etc.” is perceived after death.

• The deep sense of **uncertainty** about the circumstances of the death is felt by the griever.
• Ambiguous loss is inherently a complicated loss. Through no fault of the individual, couple, or family, it can lead to complicated grief. It is a normal reaction to an abnormal situation of loss. (after Boss)
How does this compare to disenfranchised grief?

• In disenfranchised grief, the death is not socially endorsed and the grief is (perceived as or may be) not supported.

• In the grief of ambiguous loss, the grief is not internally endorsed, and this internal endorsement is compromised by the **uncertainty** of the circumstances of the overdose and death.
• Ambiguous loss creates risk for complicated grief, but complication is due to type of loss, not individual pathology.
• Grief is ongoing; greater threat to grief resolution.
• Need to address uncertainty
Primary assumptions of care

• Ambiguous loss is a relational phenomenon; it ruptures human relationships.
• A psychological family exists in one’s mind.
• Ambiguity/uncertainty complicates loss and thus complicates grief and coping processes.
• The grief is ongoing so there is no “closure.”
• Intervention is based on stress/resiliency model, not medical model.
• Professional tolerance for the stress of ambiguity is essential.
Because the human mind finds *ambiguity* and *uncertainty* **stressful**....

- Depression
- Anxiety
- Hopelessness (no meaning)
- Helplessness (low mastery without certainty)
- Confused identity (who am I now?)
- Increased ambivalence: social, not psychiatric
- Anxious attachment
- STUCK, ie., COMPLICATED grief (sadness vs. depression)
Resilience

• Able to recover quickly from misfortune; able to return to original form after being bent, compressed, or stretched out of shape. A human ability to recover quickly from disruptive change, or misfortune without being overwhelmed or acting in dysfunctional or harmful ways.
Ambiguous (and disenfranchised) grief-Steps toward Resiliency Coping
Finding Meaning
Tempering Mastery
Reconstructing Identity
Normalizing Ambivalence
Revising Attachment
Discovering Hope
Finding Meaning

• *What Helps*? Giving the problem a name: e.g., “ambiguous loss;” talking with peers; using both-and thinking; finding spirituality; forgiveness; continuing but adapting family rituals and celebrations.

• *What Hinders*? Seeking revenge, retribution; secrets; being isolated.
Tempering Mastery

• **What Helps?** Knowing that the world is not always fair, decreasing self blame, externalizing blame, mastering one’s internal self (meditation, prayer, mindfulness, yoga, exercise, music, etc.).

• **What Hinders?** Believing that you have failed if you are not “over it.”
Reconstructing Identity

• *What Helps?* Finding supportive family members—or finding a “psychological” family, redefining family/marital boundaries: who’s in, who’s out, who plays what roles now, who you are now?

• *What Hinders?* Not wanting to change who you are or what you do.
Normalizing Ambivalence

• *What Helps?* Normalizing anger and guilt, but not harmful actions; seeing conflicted feelings as normal; talking about them with a professional.

• *What Hinders?* Denying or keeping secret the idea that you sometimes may “wish it was over.”
Revising Attachment

• *What Helps?* Recognizing that your deceased family member is both here and gone (grieving what you have lost, recognizing/celebrating what you still have), finding new human connections.

• *What Hinders?* Holding on without finding new attachments.
Discovering Hope

• *What Helps?* Becoming more comfortable with ambiguity (spirituality), laughing at absurdity, redefining justice, finding something you can control or master to balance the “not knowing,” accepting the “good-enough” relationship.

• *What Hinders?* Isolation: Insisting on always having the answer.
Note—the impact of social isolation

• Value of Grief Support Groups
• Value of loss-specific care-
  • sudden death, overdose death
• Need for specialized psychotherapy
• if Complicated Grief
When we honestly ask ourselves which person in our lives means the most us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares. *Henri Nouwen*