Using Ambiguous Loss to Address Perceived Control During the COVID-19 Pandemic

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The concepts of ambiguous loss and perceived control will be used to explore ways to embrace the unknown during COVID-19. By defining COVID-19 as an ambiguous loss, effective therapeutic interventions emerge that can guide clinicians in creating lasting change amidst widespread uncertainty. Four ambiguous loss interventions will be proposed to alleviate the distress of living in fearful semi-isolation for an unknown period of time. In paradoxically embracing uncertainty, clients can create *new hope* in the context of a global pandemic. New hope is the ideal outcome when coping with ambiguous loss. In literature on ambiguous loss, the concept of *new hope* has yet to be recognized as a form of second-order change.

KEYWORDS: coping, ambiguous loss, perceived control, COVID-19, uncertainty, second order change.

Using Ambiguous Loss During the COVID-19 Pandemic

COVID-19 has provided a unique opportunity to reinvent human connection, a resource for resiliency now hard to come by. Clinicians in particular have seen the decline in client stabilization as support networks become secluded (Galea et al., 2020). Every citizen in the world has attempted to address the absence of proximity to loved ones while trying to maintain emotional connection. Clients may be stalled by anxiety, overwhelmed by a loss of their own autonomy. Some are faced with the loss of feeling safe outside their homes. Others may observe that some suffer more than others. Clients may report that their value of human connection has been undermined. The ambiguity of COVID-19 is the loss of continuity in family and work relationships. Clinicians are dared to reframe COVID-19 as a shared challenge driven by hope, where togetherness is not lost, just different (Solheim, Zaid, & Ballard, 2016). Ambiguous loss theory is uniquely fitted to equip professionals for this boldness, creating second-order change in the process. Second-order change is defined as the conscious shift in perspective that once achieved, is impossible to reverse (Bateson, 1979).

Ambiguous loss has been used to address a number of presenting concerns in the field of Marriage and Family Therapy, such as divorce, dementia, and addiction (Boss, 1999, 2002, 2004). The theory has also been used to initiate positive transformation during widespread catastrophes, such as tsunamis, kidnappings, and war (Boss, 2004; Huebner, et al., 2007). More recently the theory has been used to contextualize the family stress of immigration, illness, premature birth, and miscarriage (Boss & Couden, 2002; Golish, & Powell, 2003; Mcgee, et al., 2018; Solheim, et al., 2016). Pauline Boss, the creator of the theory, makes a powerful point that ambiguous loss can be applied to any situation where a loss is devoid of definition or closure, such as a loss of control (1999). The varied behaviors and symptoms of individuals in a COVID setting, such as insomnia and depression, are signs that they are experiencing prolonged uncertainty, helplessness, and a perceived lack of control (Betsch, et al., 2020; Boss, 2006; Zhang, et al., 2020). The pandemic brings about experiences classically characteristic of ambiguous loss, such as the oscillation

between joy and grief, acknowledgment and denial, control and uncertainty (Golish & Powell, 2003). Most clients report a loss in perceived control of their own safety and the safety of their loved ones, as well as the loss of a planned future. There is uncertainty about how to mourn future expectations such as wedding plans, holiday gatherings, or job prospects (Galea et al., 2020; Swartz, 2020). Uncertainty and perceived helplessness are what gives ambiguous loss its potent sting (Boss, 1999). Therefore, ambiguous loss interventions aimed at embracing ambiguity, uncertainty, and a lack of control represent an effective strategy for clinicians in creating second-order change. This article intends to use ambiguous loss theory to address possible concerns that come with the loss of control during the current pandemic. Interventions illuminated in this article will spark new hope and resiliency as humanity moves through loss together. Pauline Boss' influential work provides validity, a common ground, and a guide to coping for those experiencing the effects of a global pandemic in countless different ways.

Ambiguous Loss

Ambiguous loss is both a theory and a term, most commonly used to describe experiences where people or loved ones are absent and present at the same time (Boss, 1999). For instance, someone may be physically present but psychologically absent, as in cases of addiction or dementia (Boss, 2010; Dupuis, 2002). The term also applies when a person is physically absent but emotionally present, as in instances of family separation due to immigration or disappearance in a disaster (Boss, 2004; Solheim, et al., 2016). In either case, there is a paradox of ambiguity, a "both/and" scenario of presence and absence. When one is both present and absent, there is a lack of finality or definite loss. With definition lacking, there is no clue about how one might cope, and no outside permission to begin doing so. A client in this case may be overwhelmed by feelings of helplessness, self-blame, anxiety, and depression (Boss, 1999). Often times it is ambiguity that powers pain and grief, rather than the adverse event itself (Boss & Greenburg, 1984). In many instances of ambiguous loss, a specific problem is difficult to identify because the certainty of a loved one's presence is mixed with the uncertainty of their future (Golish & Powell, 2003). When faced with ambiguity, clients may choose one of two solutions: frantically work to regain control, or live on as if nothing has changed (Boss & Couden, 2002; Testoni et al., 2020). An astute clinician will see how these "solutions" will shortly become the problem by creating further problems. Themes such as uncertain outcomes and limited control are common for clients faced with the negative impact of COVID-19.

During the COVID-19 pandemic, most are experiencing the absence of proximity to loved ones while trying to maintain emotional connection. When loved ones are physically absent yet psychologically present with the certainty of their health and future unknown, ambiguous loss is experienced (Golish & Powell, 2003; Solheim, et al., 2016). Pauline Boss describes ambiguity as a depletion in the sense of mastery, that "experiencing an un-definable loss erodes the belief in the world as a fair, orderly, and manageable place" (1999, p. 107). The ambiguity felt within COVID-19 is rooted in the uncertainty of when loved ones will be reunited, and if they will remain safe and healthy while apart (Solheim, Zaid, & Ballard, 2016). There is an uncertainty around when the continuity of relationships will return. What exacerbates the ambiguity of COVID-19 is the degree of perceived control, which Pauline Boss calls mastery, or helplessness (1999, 2002). For this reason, perceived control is an important concept to highlight within the theory of ambiguous loss. Ambiguous loss can define any situation where there has been a loss of perceived control (Boss, 2002).

Perceived Control

Ambiguous Loss is an important therapeutic concept that interacts well with other psychological constructs such as perceived control (Boss, 1999; Wallston et al., 1987). According to Rotter (1966) Perceived control can be applied both when one perceives outcomes to be an effect of their own actions, or when due to external circumstances such as fate. In the former case, the locus of control is internal, and in the latter, external. Ambiguous loss and perceived control are linked because a client's locus of control can predict how one might cope with an ambiguous loss (Boss, 2002; Rotter, 1966). If one perceives themselves as lacking control in a given situation, anxiety will increase, especially in situations where control was perceived to be present at one point and then lost (Bowers, 1968; Wallston et al., 1987). Decades of research support that where there is a perceived lack of control, distress such as anxiety and depression will occur (Afifi & Keith, 2004; Bowers, 1968; Rapee, 1996; Roussi, 2002). As stated before, locus of control has the ability to predict how one might cope with an ambiguous loss. In fact, perceived control and a client's coping tendencies have the ability to predict life expectancy (Wallston et al., 1987). In ambiguous loss scenarios where control has vanished, clients can either fall into hopelessness or find new meaning. When faced with the ambiguousness of lost control, the aim is manifestation of new hope (Boss, 2010).

The conceptualization of perceived control has changed over the years. Knowing how will help demonstrate the means by which perceived control can amplify the negative effects of an ambiguous loss. Theorists agree that perceived control is the belief that one has the ability to influence one's internal states, direct one's behavior, bring about desired effects, and influence the world around oneself (Wallston, Wallston, Smith, & Dobbins, 1987). In 1992, Wallston (1987) referred to Rotter's 1966 concept of having an *internal locus of control* as possessing "self-efficacy." Later, this same concept was reframed as "mastery", or competence, which Diener and Suh (2003) attribute to an influx of individuation. Pauline Boss (1999) speaks of the value of mastery, such as efforts to control disease outbreaks, but also the psychological consequences of the need for control. Diener and Suh (2003) state that because a higher degree of perceived control is correlated with a higher degree of wellbeing, there is a pressure to always have control over one's circumstances. Because of this pressure, a common side effect of ambiguous loss is self-blame and depression (Boss, 1999, 2006, 20010). Blame is brought on by a perspective of causality, such as a client's belief that if they are a good person, good things will happen to them; which isn't always the case (Boss, 1999, 2002, 2006, 2010). A society of mastery insists that if a person is not able to bring about a certain outcome, the fault is theirs or someone else's. Self-blame is one of the many consequences of perceived control, which can create roadblocks to successfully coping with an ambiguous loss. When expectations of mastery are paired with uncontrollable events, clients might find themselves in a paradox. Healthcare workers for example are feeling the pressure of an uncontrollable situation, expected to know what to do in unforeseen circumstances. Because of this stress, healthcare workers are the group most affected by anxiety and depression during COVID-19 (Amin, Sharif, Saeed, et al., 2020).

Client beliefs around locus of control are important because they are known to have more of an influence on experience than specific outcome expectancies, especially in uncertain or ambiguous scenarios like COVID-19 (Bowers, 1968; Rapee et al., 1996). In other words, the appraisal of an ambiguous loss event is contingent on whether or not the event is perceived as controllable; this is because locus of control, or self-efficacy is a predictive factor in effective

coping (Afifi & Keith, 2004). How people react to a lack of control is similar to how they might react in any situation of uncertainty. Uncertainty prevents people from taking the first steps in adjusting expectations and family roles, especially when the uncertainty concerns whether or not normalcy will return (Boss, 1999; Golish & Powell, 2003; Solheim, et al., 2016). People who perceive the pandemic, for example, to be comprised of many small controllable scenarios, as opposed to one large uncontrollable event, may have a reduced stress response. Any loss of control over one's health has been classified in the literature as a form of ambiguous loss (Boss, 2002, 2010). What makes the pandemic a particularly poignant ambiguous loss is the marked lack of perceived control and prolonged uncertainty.

Perceived Control and COVID-19

What makes COVID-19 outside the scope of control is time, or not knowing how long the adversity will last (Wallston et al., 1987). COVID-19 as an illness has created an ambiguous sense of uncertain control because the prognosis is difficult to ascertain and has no official cure (Boss, 2002). Some clients no longer have the freedom to gather, travel, or work. They wonder if they might die before their time or how their actions might affect loved ones at higher risk (Boss, 2002). Addressing perceived control in the context of COVID-19 is important because behavioral and psychological symptoms increase as perceived control decreases. Betsch, Wieler, and Habersaat (2020) found that where there was uncertainty about COVID symptoms or outcome accuracy, participants were less likely to enact recommended precautionary actions. The study argues that fear-related behaviors associated with COVID-19 are rooted in a lack of control, such as the hoarding of resources. Psychological symptoms such as insomnia experienced during COVID-19 are also directly related to uncertainty (Zhang, et al., 2020).

The consequence of having a lost a sense of control in the midst of a pandemic can include loneliness, anxiety, depression, and insomnia (Amin, et al., 2020; Bah, et al., 2020; Zhang, et al., 2020). Some clients may make these symptoms worse when they try to reduce uncertainty by frantically trying to regain control out of fear (Afifi & Keith, 2004; Powell & Afifi, 2005). This proves Berger and Calabrese's (1975) point, that uncertainty and ambiguity is an undesirable state that most will actively seek to rectify. Pauline Boss emphasizes that sometimes efforts to gain control result in an increased stress response (1999). Therefore, coping with ambiguous loss hinges on the ability to let go of a causality-focused way of thinking, or an internal locus of control (Boss, 1999; Boss & Carnes, 2012; Golish & Powell, 2003; Rapee, 1996; Rotter, 1966). If a theorist is to believe that sometimes an attempted solution becomes the problem, one must also accept that in trying to regain control, control can be lost (Powell & Afifi, 2005). Pauline Boss urges that effective coping begins with embracing ambiguity, rather than trying to find a solution or closure (Boss, 2006; Boss & Carnes, 2012). Embracing uncertainty is at the heart of ambiguous loss interventions and can be used to address the helplessness a client might feel in themselves or the world around them during a global pandemic (Boss, 1999; 2002). Ambiguous loss interventions designed to embrace ambiguity can instill belief that while life is wildly obscure, there is hope (Boss, 1999).

Using Ambiguous Loss to Embrace Uncertainty

This is the paradox, to regain a sense of mastery when there is ambiguity about a loved one's absence or presence, we must give up trying to find the perfect solution.

– Boss, 1999, *Ambiguous Loss*

When working toward what seems like a "perfect" solution by fighting to regain control or living as if no loss has occurred, a client is likely to worsen symptoms of anxiety or depression. When faced with an ambiguous loss, Pauline Boss (1999, 2012) emphasizes the importance of acceptance, adaptation, and reorganization. These actions may seem counterintuitive in the moment. Accepting the uncertainty of a situation allows for mobilization towards positive change. Roussi (2002) says that accepting circumstances as out of one's control allows for effective coping through the use of compensatory control, keeping distress manageable. Compensatory control is a way to inspire a feeling of mastery where there is none (Roussi, 2002). Pauline Boss would agree, stating that in situations where there is no control, focus should be directed towards arenas that *can* be controlled, such as choosing how to spend one's time, engaging in hobbies, or learning a new skill (Boss, 1999, 2002, 2004, 2006; Beck, 1964; Bond, et al., 2006). Pauline Boss often speaks of cognitive-behavioral and humanistic examples like writing poetry, playing an instrument, sharing emotions, and working towards new accomplishments as a reinvented path towards mastery in uncertain situations (Beck, 1964; Boss, 2006; Rogers, 1946). These effective coping mechanisms can be called upon more easily once a client accepts their situation as uncontrollable and ambiguous.

By continuing to fight the uncertainty, one attempts to "explore everything while seeing nothing, which insinuates terror" (Testoni et al., 2020, p. 5). When one attempts to find the perfect solution where none exists, the healing process is stalled as energy is focused on actions that will exasperate feelings of helplessness (Boss, 1999, 2002, 2010). Even when uncertainty can be resolved, a new sense of uncertainty may result (Powell & Afifi, 2005). In the case of COVID-19, this might include questions like "Now that we have a vaccine, who will have access and when?" or "Should I receive the vaccine if it is offered in my area?" A client then finds themselves between a rock and a hard place. The client might as well accept the situation for what it is: an ambiguous loss. Once an experience is validated as ambiguous grief, movements toward healing can commence. Only in moving forward amidst ambiguity can meaningful achievements be realized (Vargas, 2019). This powerful statement can be applied to multiple domains in a client's life. Imagine the self-efficacy that can be applied to work, family, and social relationships as a result of successfully embracing the uncertainty of COVID-19. The following interventions are designed to mobilize clients after an ambiguous loss, such as a global pandemic.

1. Naming the Experience

Pauline Boss would say that the first step in staying present in ambiguity, embracing uncertainty, and accepting a lack of control is to name the experience as an ambiguous loss (1999, 2006, 2012). Terms like "divorce" and "dementia" serve as the title of an event or prognosis, yet they describe the *content* of a situation, not the *process* one goes through while experiencing the situation. The titles carry stigma that lead to judgment, self-blame, or pathology. During an uncontrollable event such as the COVID-19 outbreak, Pauline Boss recommends leading the client to verbally announce that they are experiencing an ambiguous loss, the hardest loss there is to experience (1999, 2002, 2010, 2012). With this loss comes no certain end. The loss is no one's fault. Once an experience is named as ambiguous and out of a person's control, blame can be externalized. The realization then comes that life is not always fair, that bad things can happen to good people. Clients stalled in honoring their grief due to self-blame or uncertainty can then start

to mobilize towards effective adjustment, which requires being present in discomfort (Boss 1999, 2006).

By naming the experience as ambiguous loss, a client is free to accept the situation, allowing them to be present in the ambiguity. Being willingly present in situations with a lack of perceived control has the potential to amplify courage (Vargas, 2019). Courage realized can then extend to other domains of the client's life, including relationships, school, and work. Once a client is consciously engaged in their circumstances, members of a client's mesosystem such as healthcare workers or neighbors may better know how to support the client by validating the loss, helping to further externalize the problem (Boss 1999; Bronfenbrenner, 2005; Golish & Powell, 2003; Roussi, 2002). To be present amidst ambiguous loss, one must consciously engage in celebrating what remains (Golish & Powell, 2003; Testoni et al., 2020). In COVID-19, this may look like engaging in family dinners, appreciating the opportunity to work from home, or expressing admiration for the courage shown by those who are psychologically present yet physically absent. Embracing the here and now has proven significantly helpful to those experiencing ambiguous loss (Golish & Powell, 2003). In fact, the ability to stay present in ambiguity is now the heart of many emerging theories such as Acceptance and Commitment Therapy (Bond, et al., 2006). Staying present despite uncertainty by first naming the experience could prove an effective intervention for clients experiencing a loss of control due to COVID-19. Once the present is embraced, adaptation through re-organization of a client system can commence, which is important for mobilization towards positive change.

2. Reorganization and Reinvention

Actions that coincide with staying present during ambiguous loss include adapting, reorganizing, and reinventing (Boss, 2002). The reorganization process applies to family roles, power dynamics, and household duties. The reinvention process applies to family rituals or traditions. Zhang et al. (2020) agree with Pauline Boss, that the readjustment of roles and family operations is necessary in order to reduce anxiety that comes with uncertainty. An example of having to reorganize family roles in the midst of COVID-19 might be a situation in which a member of a couple is terminated from their high paying job, while the other member of the couple is able to keep their service-oriented job. The aim is to accept and celebrate this person's new role as sole earner for the household, rather than to deny the change out of insecurity or uncertainty; effective coping looks like embracing the new role. The family readjusts financially as opposed to going on as if nothing has occurred (Boss, 1999, 2002, 2006). Confessions of anxiety or loss of power in this situation might seem like a relinquishing of control, building on the feelings of loss. Yet sharing vulnerable feelings in times of ambiguity results in a new sense of united mastery (Boss, 1999; Golish & Powell, 2003).

When a loss is ambiguous, grief is often invalidated due to the lack of supportive rituals such as funerals to help families maintain unity during a crisis (Boss, 1999, 2002; Golish & Powell, 2003). A client during COVID-19 might be tempted to cancel family traditions such as weddings, baptisms, and parties because they cannot go as originally planned. Yet the continuation of these traditions by reinventing family rituals is essential to resiliency (Boss 1999, 2002, 2010). A family may choose to gather in parks, schedule teleconferencing celebrations, or deliver meals to one another. The invention of "micro-weddings," for example, allows for the continuation of planned rituals, resulting in a renewed sense of mastery in uncertain times (Boss, 2010). To cherish what remains while adjusting to what is lost is at the heart of active coping amidst ambiguity (Boss,

2002; Wheeler, 2011). Pauline Boss (2002) would add that the process of finding higher meaning is what motivates these resilience strategies.

3. Meaning Making

In therapy, the most powerful ambiguous loss intervention is to create higher meaning. Meaning is what allows for making sense of ambiguity, mobilizing clients to again make decisions for everyday functioning (Boss, 1999, 2002). One way to create meaning is to question beliefs about mastery and locus of control (Boss, 2002). A meaning for grief could be that an adverse event was needed in order to for a client to begin thinking less of themselves and more about larger, more hopeful motives that will affect generations to come (Boss, 2010). The goal is to find a higher meaning that allows the client to live with the paradoxical presence of both control and helplessness. In other words, finding meaning is important because while a distressing situation may be uncontrollable, internal management of the problem is not (Powell & Golish, 2003). During COVID-19, for example, the inability to travel might inspire the concentration on immediate relationships, such as family living under the same roof who might have been taken for granted before. For some, the loss of freedom could mean a realization of how sacred outings with friends and family really are. For others, the extra time alone could be the opportunity to finish a long-forgotten project. Another example of finding meaning during COVID-19 could be a client who uses the time in lock-down to solidify routines; then, when the world picks back up again, they are slow to abandon their self-care habits that have become increasingly important to them during the pandemic.

Higher meaning only needs to make sense to the client. Because everyone responds differently to loss or uncertainty, clients must find personal meaning around COVID-19 that relates to their values (Boss 2002; Huebner, et al., 2007). Higher meaning has the potential to inspire the client to act now instead of waiting for things to return to normal before they can model altruism or realize a long-term goal. Finding meaning allows clients to define their experience as their own, giving them a reason to progress despite uncertainty. When a client starts to live with their higher meaning in mind, embracing reality by moving forward with a new purpose, they have gained what ambiguous loss theorists call *New Hope*. For without meaning, there is no hope; and without hope, meaning is lost (Frankl, 1963).

4. New Hope

New hope is what makes the theory of ambiguous loss unique. When a client finds new hope, they cannot go back to maladaptive ways of coping with the indefinable even if they tried. This is a point that has not yet been made in ambiguous loss literature: that the concept of new hope is a way of realizing second-order change. Second-order change is a shift in perspective so salient that a client cannot go back to the problem they came in with because the context in which they see the problem has changed (Watzlawick, Weakland, & Fisch, 1974). Perceiving a loss in a new way results in self-efficacy that touches multiple arenas of life (Boss & Carnes, 2012). Albert Einstein worded this shift of perspective brilliantly when he said that the same thinking used to create a problem cannot be used to solve the problem (Einstein & Russell, 1988). A client with new hope has embraced the paradox of being "out of control," while simultaneously controlling their actions towards resiliency. Pauline Boss urges that finding new hope is the only true solution in ambiguous loss (Boss, 2002). Supporting a client in finding new hope in the midst of COVID-

19 has the potential to reinforce other aspects of their life, either presently or in future occurrences of ambiguity, loss of control, and uncertainty. New hope allows a client to use the experience of regained mastery as reassurance that they can rise above adverse events in the future.

When new hope is gained, a client's aim is no longer to regain control, but to make something new of themselves, relate to others differently, and to set new goals while in the context of uncertainty. An example of finding new hope after a loss would be a daughter saving money in the pocket of her dead father's coat. Not only is she working towards future aspirations despite having experienced loss, she is incorporating the loss into her new motivation or hope. In a world that has slowed down due to COVID-19 restrictions, new hope might look like a college student learning how to play the guitar after finally having the time to do so. The new skill becomes an effective coping mechanism for future losses or moments lacking clarity. As a musician, this coping mechanism becomes a unique part of that student's identity, changing how they relate to themselves and others. Through ambiguous loss, situations of perceived lack of control can become opportunities to find new hope in the world. New hope is essential to effective coping with ambiguous loss (Boss, 2006, 2010). Pauline Boss (1999, 2010) says that hope is easily found in the company of others. In a life where social distancing is encouraged, the same creativity necessary in the reinvention of roles and traditions must be used to reinvent human connection (Boss, 2002, 2010).

Conclusion

"When experiencing ambiguous loss, the task is to let go, to risk moving forward, even when we do not know exactly where we are going" (Boss, 1999, p. 135). Clients who believe they can have a new life or build new hope after a loss are more likely to manage the brutality of uncertainty (Afifi & Keith, 2004). This literature review echoes a call for future research to assess ambiguous loss as associated with uncertainty of control (Powell & Afifi, 2005). In the context of COVID-19, we are living in a situation that requires adaptability. Life can no longer be dependent on stability (Boss, 1999). Life is unfair and absurdly ambiguous (Boss, 2002). This pandemic has highlighted that unfairness. There are populations disproportionally affected. There is a perceived scarcity of resources and healthcare. Yet with these realizations, seeds of new hope are planted as humanity finds the higher meaning behind a society of equity, and can begin to work towards reinvention.

Clients who find new hope after a loss of perceived control will experience lasting, positive change. The literature on ambiguous loss provides ample examples of how clients who gain new hope can go on living with renewed courage or meaningful purpose despite loss. The literature does not address that the reason why therapeutic goals are reached when new hope is achieved, is because second-order change has occurred. The ambiguous loss concept of new hope is a way to make the route to second-order change accessible to clinicians in the midst of uncertain control. The concept of new hope allows clinicians to grasp the transformative shift in perspective of second-order change, a human process that is as difficult to describe as learning the rules to life's game or waking up from a dream. One gains peace in their experience. The problem the client came in with is no longer a problem. The challenge is that new hope is easily found in community, which is seemingly absent at present. COVID-19 not only challenges our perceived control, but it reduces human connection, making the realization of new hope difficult to manifest. For this reason, ambiguous loss interventions must be drawn upon as clinicians collaborate creatively with

their clients to encourage adjustment, reinvention, meaning making, and the shifting of perspective. With new hope, there is still togetherness, just in a new way (Boss, 2002, 2010).

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