

AMBIGUOUS LOSS: THE IMPACT OF ABSENCE -  
AN INVESTIGATION OF BOSS'S AMBIGUOUS LOSS THEORY AND  
IMPLICATIONS FOR WILDERNESS-BASED HEALING

by

LEAH L. STEINDORF

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## **An Abstract of the Thesis of**

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Approved: Dr. Jeff Todahl, Ph. D.  
Primary Thesis Advisor

This research paper will explain the experience of Ambiguous Loss, a loss that is constructed by both the absence and presence of an individual, and then introduce an effective and impactful healing modality. This project intends to portray the difficulties surrounding losing someone ambiguously and the necessity to hold two seemingly incompatible realities - absence and presence - at the same time. The steps recognized in the healing of grief from loss and death, which is commonly experienced and understood in our world today, will be used to carefully distinguish how the experience of Ambiguous Loss is uniquely different. From the perspective of the person who is experiencing the loss, this paper will explore and substantiate the emotional complexity and state of inconclusiveness and confusion resulting from Ambiguous Loss.

This paper will also present wilderness therapy as a promising modality that may uniquely support a process of acceptance and integration that is well-tailored for Ambiguous Loss. Wilderness therapy, and the impact of the raw natural setting, may be an instrumental modality for helping individuals process the unique grief that arises from Ambiguous Loss due to the expansive and complex nature of both this form of loss and the natural environment. Wilderness therapy may provide individuals a concrete, real-life surmountable challenge that creates a tangible rather than conceptual experience, beautifully countering the disorienting experience of Ambiguous Loss itself.

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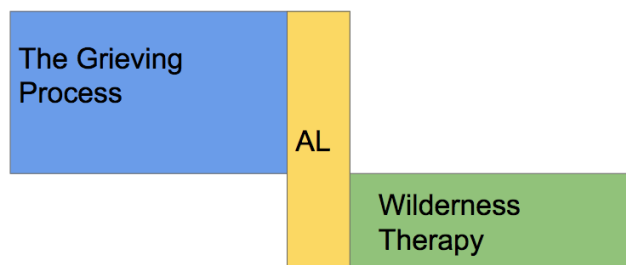
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## Introduction

This paper will explain the challenges that accompany the experience of Ambiguous Loss, a loss that is constructed by both the absence and presence of an individual. Given the unique characteristics of the loss itself, it also requires a unique grieving process and healing modality. This paper portrays the necessity to hold two seemingly incompatible realities - absence and presence - at the same time. The understanding of the characteristics of conventional loss will be used to contrast the unique experience of Ambiguous Loss. This research project will explore and substantiate the emotional consequences from the experience of Ambiguous Loss, the inherent divergence of the reality forced upon a person, and the challenge in coming to terms with the loss itself. It will examine the resulting state of inconclusiveness and, from the perspective of the person and community experiencing the loss, the degree to which Ambiguous Loss is incredibly unique. Further, this paper will investigate components of wilderness therapy, and explore ways in which wilderness therapy can be used to help individuals accept and integrate the experience of Ambiguous Loss. This thesis strongly suggests that using wilderness therapy as a healing modality has the potential to optimally support integration and healing from losing someone ambiguously and proposes a new “Ambiguous Loss informed approach.”

### The Building Blocks



## **Methods**

This literature review explored Boss's theory and its potential relationship with wilderness-based therapies. It explored the following four research questions:

### **Research Questions**

1. What factors and processes support acceptance and integration of Boss's Ambiguous Loss?
2. What new, informed approach can be created to help and support individuals experiencing Ambiguous Loss?
3. What is the role of wilderness therapy in facilitating the Ambiguous Loss grieving process and in supporting the acceptance and integration of the Ambiguous Loss?
4. What factors of interacting with the unfiltered natural world directly support individuals who face distressing, and at times debilitating, ambiguity?

The articles reviewed and used were directly related to the research questions, Pauline Boss's Ambiguous Loss theory, and wilderness-based healing modalities. The research questions directly relate to several core concepts across this paper. Therefore, the research questions will be mapped to each pertinent section throughout the paper. For example, research question one, pertaining to factors that support the acceptance and integration of Ambiguous Loss, is referenced in each of the following sections of the paper: protective factors, elements in the natural environment, and resiliency.

Diverse sources were used including hard copy books, case studies, peer-reviewed journal articles, interviews, videos, testimonial and online website. Most sources were located using the following peer-reviewed search engines: JSTOR,

University of Oregon library and Google scholar. Except for Boss's (1999, 2006) seminal work and one source describing wilderness therapy origins, only those manuscripts published in 2010 to 2021 were reviewed. Research-based and conceptual articles were included in the review. The core constructs of this literature review include grief and loss, Ambiguous Loss, and wilderness therapy.

**Grief and Ambiguous Loss:** Research on grief and loss was done in order to better understand parallels between Ambiguous Loss and traditional loss. Traditional grief and loss as defined by the work and research of Kübler-Ross's were used to contrast and help anchor the idea of Ambiguous Loss. Articles on the stages of grief and the history of the study of dying and grief were included. Key terms used to research grief included death, dying, grief, chronic grief, loss, stages of grief, and complicated grief. Research going in depth on varying types of grief were excluded. An estimate of about 20 sources about grief, loss and Ambiguous Loss were examined. All pertinent content on Ambiguous Loss found was used, including qualitative and quantitative data, except for personal testimonials and stories. Most of the research and information on Ambiguous Loss were derived from both of Pauline Boss's books as she is the most prominent scholar in this field and has done the most amount of research on the topic "Ambiguous Loss: Learning to Live With Unresolved Grief" and "Loss, Trauma, and Resilience: Therapeutic Work With Ambiguous Loss." Additional sources that were carefully examined were Kübler-Ross' Five Stages of Grief model, the Ecological Systems Theory Model and an interview with Boss titled "Navigating Loss Without Closure" where she explains and differentiates Ambiguous Loss from other forms of grief and loss. Common traits and characteristics were logged and noted. Key terms



used to research Ambiguous Loss included Ambiguous Loss, ambiguous, grief, psychological and physical absence, resiliency, and case studies.

**Wilderness Therapy:** An estimate of about 30 sources about wilderness-based therapies were examined. Research on wilderness-based therapies looked at included various studies showing effectiveness over a period of time, consisting of mainly longitudinal studies on adolescents and veterans. These studies went into detail about the specific wilderness therapy programs studied, observations and analysis on the program. This included, but was not limited to, therapy sessions, phone calls, assessments done throughout the program as well as pre and post intake sessions on clients participating in the programs. Sources that were carefully examined included “Adventure Therapy: Theory, Research, and Practice” by Michael Gass (who is also the research director for the Outdoor Behavioral Healthcare Center), Evoke Therapy programs including clinical treatments, intensives and proven results, and the research article “Wilderness Experience Outcomes for combat Veterans.” Key terms used included: wilderness therapy, outdoor education, outdoor behavioral healthcare, adventure therapy, wilderness treatment program, wilderness expedition, case study, outcome and therapeutic wilderness experience. Inclusion criteria were mainly based on qualitative and quantitative data, theory-based articles, case studies and personal testimonials. Exclusion criteria included qualitative and quantitative data from shorter and more extreme outdoor experiences such as adventure therapy, information about programs not structured as intentional or safe and programs not provided by licensed health care professionals.

## **Part 1: Conventional Grief & Loss**

The Oxford Dictionary defines “loss” as the state of “no longer [having] something or [having] less of something” (Cambridge English Dictionary). The term “grief” is defined as “deep and poignant distress or sorrow caused by” the loss of something or someone (Merriam-Webster Dictionary). Feelings of grief usually accompany the experience of a loss. The term loss, however, can be applied to a variety of experiences, from losing a home, loss of a limb, a child leaving for college, or losing the consistency of a routine. Therefore, it is important to distinguish between the varying types of loss, and the varying types of grief that accompany them. The most common and mainstream model of thinking about grief and loss in a traditional sense is the work of Elizabeth Kübler-Ross and her stage-based theory (Kübler-Ross, 2002).

### **The Research of Kübler-Ross**

Kübler-Ross was a Swiss American psychiatrist who pioneered studies and information on death and grief (Davis, 2020). Kübler-Ross had a background in the medical field and, throughout her career, became increasingly more fascinated with death. Death and dying is an integral part of mankind’s existence, but Kübler-Ross is credited with first studying and popularizing common stages of grief. She was astonished and disturbed to find that in medical school there was no literature or content addressing the personal experience and process of death and dying. She began to research the process more deeply in the 1960’s, and a “small project about death with a group of theology students” evolved into a lifelong commitment for her (Biography Editors, 2014).

Through her research, Kübler-Ross identified five stages of grief, also known as the “Kübler-Ross Model,” that breaks down into phases the process that people dealing with death and loss typically go through (Gregory, 2021). Her new research was pivotal for personal and professional use, is known world-wide, and has been used in a broad scope of practices. Over the course of her life, she published more than twenty books and her research has been used to further our knowledge on death, dying and the grieving processes they involve.<sup>1</sup>

### **The Five Stages of Grief and Loss**

Dr. Kübler-Ross’s life-time dedication to this study resulted in identifying five distinct stages that a person experiences when facing death or while grieving: denial, anger, bargaining, depression and acceptance (Gregory, 2021). These five stages are recognized universally in grief therapy and have been used to help people all over the world. Although in their process, some people skip certain stages of the five identified, and others remain in a stage for extended periods of time, the critical aspect of this model is that her framing of the grieving process indicates there is a progressive process involved - ending in a stage of some form of acceptance, if not peace. However, these stages of grief do not account for unique features of Ambiguous Loss.

The experiences of grief and loss, how they impact an individual, and ways to cope and deal with them have been researched extensively. Grief and loss can have long lasting effects on an individual, especially when experienced as a child or adolescent. Although conventional definitions of grief and loss (and accompanying support) have

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<sup>1</sup> *Although there are various other types of loss and identified forms of grief, this paper will refer to the most commonly used analysis of the 5 stages of grief and loss according to the research of Elizabeth Kübler-Ross.*

been helpful in many ways, they do not address the unique features of Ambiguous Loss. With unresolved grief, as is the case with Ambiguous Loss, there is an even deeper impact (Boss, 1999, p. 7). To date, there has been little to no research done on how Ambiguous Loss, a unique form of loss, affects the body, brain and the long-term health of individuals.

## **Part 2: What is Ambiguous Loss?**

### **Contrasting the Five Stages with Ambiguous Loss**

Ambiguous loss differs significantly from a loss with finality, such as the experience of loss through the finality of death (Tippett & Boss, 2016). With Ambiguous Loss, there is no completion, no end destination for the grief, and no outlined stages of grieving for what has been lost. Oftentimes, there is no validation, internal or external, that a loss has even occurred in the first place. There is no body to bury and no actual closure, as it is largely not possible given the circumstances. Moreover, there is no social or cultural confirmation of the person's leaving or absence, such as when someone dies, having a funeral, a memorial or ritual to signify the loss and passing. With Ambiguous Loss, "people are denied the symbolic rituals that ordinarily support a clear loss - such as a funeral after a death in the family" (Boss, 1999, p. 8). Unlike death, Ambiguous Loss "may never allow people to achieve the detachment that is necessary for normal closure" (p. 10). Feelings of grief can be overwhelming, confusing and often seemingly never-ending. Yet, with traditional loss, there is a process that leads to resolution. Just as ambiguity complicates the loss itself, it also complicates the mourning process and, left untreated, prohibits resolution (Boss, 1999).

Ambiguous Loss is more challenging to navigate than what has been identified as traditional grief and loss. The uncertainty associated with Ambiguous Loss makes it the most “distressful of all losses, leading to symptoms that are not only painful but often missed and misdiagnosed” (Boss, 1999, p. 6). The ambiguity of the loss itself creates a framework in which the sometimes sequential and at least cohesive process of what is now recognized as stages of grieving simply does not take place. That natural grieving process is arrested as the circumstances of the ambivalent loss prohibit such healing from taking place. The arrested grieving feature of Ambiguous Loss may be a central factor in an important healing and facilitative role for wilderness therapy.

Ambiguous loss is defined as the loss of a person that occurs without closure or clear understanding. Unlike traditional loss or death, this kind of loss leaves a person searching for answers, thus complicating and delaying the process of grieving, and often resulting in unresolved grief (Boss, 1999 p. 7). Simply put, “*there is no validation that any loss has occurred*” (Boss et al., 2017, p. 13) Dr. Pauline Boss began studying families of American military soldiers who went missing in action during war and originally coined the term Ambiguous Loss in the 1970s. She states clearly that the phenomenon is not new, but the “explicit labeling and describing of it on the basis of clinical research and observation is” (Boss, 1999, p. 5). There are differing types of Ambiguous Loss and varying degrees of impact. Importantly, Boss identified how common the experience really is.<sup>2</sup>

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<sup>2</sup> For more information please refer to Loss, Trauma, And Resilience Therapeutic Work with Ambiguous Loss

The complexity of this form of grief only increases the necessity to grasp and understand the subject itself, as well as learn how to help those experiencing the loss. Other than the studies that Boss has conducted, there is almost no research and data on the subject. It is only within the past 30 years that “the idea of Ambiguous Loss as traumatic has reached therapeutic circles,” yet it remains largely unknown and unidentified, hence not widely addressed to help clients work through it (Boss, 2006).

### **Two Types of Ambiguous Loss**

Ambiguous Loss can be categorized into two types of losses: psychological presence with physical absence (Type I), and psychological absence with physical presence (Type II). Physical loss and psychological loss differ in terms of what is being grieved for. In Type I there is the absence or loss of the physical body, but the emotional or cognitive connection to the person remains intact. In Type II there is loss of the psychological or emotional presence, but the physical being remains.

Examples of psychological presence and physical absence (Type I) include experiences such as a baby being placed for adoption, a soldier going missing in action, and losing physical contact with a loved one through, for example, abduction, immigration or seeking refuge. Examples of physical presence and psychological absence (Type II) include Alzheimer’s dementia, traumatic brain injury, disassociation, a psychotic break, disorders of consciousness, trans-identities and addiction. It can be described as experiencing the physical person being with you, yet they are no longer themselves or whom you knew them to be. It feels as though a completely different soul is inhabiting the familiar body.

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## Catastrophic and Unexpected Situations

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- war (missing soldier)
- natural disasters (missing persons)
- kidnapping, hostage-taking, terrorism
- Incarceration
- desertion, mysterious disappearance
- Missing body (murder, plane crash etc.)
- Alzheimer's disease & other dementia
- chronic mental illness
- addictions (alcohol, drugs, gambling, etc.)
- depression
- traumatic head injury, brain injury
- coma, unconsciousness

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## More Common Situations

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- immigration, migration
- adoption
- divorce, remarriage
- work relocation
- military deployment
- young adults leaving home
- elderly mate moving into a nursing home
- homesickness (immigration/migration)
- preoccupation with work
- obsession with computer games, Internet TV

Figure 1: Types of Ambiguous Loss

Figure depicts examples of Ambiguous Loss categorized in catastrophic and unexpected situations, and more common situations (Boss, 2006, p. 9).

It is important to note that Ambiguous Loss (AL) is a distinct form of grief and loss. Its uniqueness lies in the definitions of AL Type I and AL Type II as the criteria that make this grieving experience unique, as opposed to the commonly identified experience of traditional grief. Being a lesser-known form of grief does not mean it is rare in its occurrence. It is a much more common occurrence than one thinks or than is currently recognized, making it all the more vital to have effective and accessible therapies to support those grieving. This paper will show how and in what ways wilderness therapy has high promise as an effective and natural modality to help individuals process and heal from Ambiguous Loss.

### **Part 3: The Impact of Ambiguity**

#### **Why ambiguity is difficult**

As humans and as a society we seek to solve problems and make sense of the world by categorizing ideas and experiences. Ambiguous Loss does not give you permission to segment experiences into categories, into black and white, good or bad, present or absent. In an interview on navigating loss without closure, Boss states that we are “not comfortable with unanswered questions, this [Ambiguous Loss] is full of unanswered questions. These are losses that are minus facts” (Tippett & Boss, 2016). Somebody is gone, but you don’t know where they are. You don’t know if they are dead or alive and you don’t know when, or if, they are coming back. That kind of mystery “gives us a feeling of helplessness” (Tippett & Boss, 2016). It forces one to exist in ambiguity, of being both gone and present simultaneously. The situation is infused with uncertainty and “there is no possibility of closure or resolution (Tippett & Boss, 2016).” In many cases, one can feel like they are going crazy due to the constant vacillation.

Cognitive dissonance is a psychological term used to describe the mental state of holding simultaneously two or more conflicting and contradicting ideas, beliefs or knowledge (Medical News Today, 2019). It can cause extreme tension and discomfort and can result in different coping mechanisms such as rejection, avoidance, over-explaining, disregard and dismissing, or defensiveness of existing or new information (Medical News Today, 2019). F. Scott Fitzgerald once wrote “the test of a first-rate intelligence is the ability to hold two opposed ideas in mind at the same time and still retain the ability to function” (Fitzgerald, 1936). The experience of losing someone



ambiguously tests this paradigm to every length, since it forces the individual to hold seemingly contradictory concepts at the same time on an ongoing basis.

However, with Ambiguous Loss, it is not only the intellect involved, as Fitzgerald referred to, but the deep emotional world of an individual. Attempting to grapple with the ambiguity of the situation impedes on grasping any simplicity in the situation at all. Whenever one is able to find some small ledge of stability, seeking acceptance of the person's absence or their presence, it is snatched away again by the circumstance itself. Hence, there is no place of certainty to land emotionally. That is the ambiguity one is forced to live with - the never-ending ridge of presence and absence.

According to Boss, perceiving a loved one as gone when they are physically present, or perceiving them as present when they are physically gone, can make an individual experiencing the loss feel “helpless, and thus more prone to depression, anxiety, and relationships conflicts” (p. 8) Boss outlines four specific reasons as to how Ambiguous Loss does this: (1) “the loss is confusing, people are baffled and immobilized,” (2) the consistent uncertainty prevents individuals from “adjusting to the ambiguity of their loss by reorganizing the roles and rules of their relationship with the loved one, so that the couple or family relationship freezes in place,” (3) “people are denied the symbolic rituals that ordinarily support a clear loss,” and (4) because Ambiguous Loss is a loss that continues to demand attention and emotional investment without an end. Ambiguous Loss is a loss that continues endlessly, and those who have experienced it report “that they become physically and emotionally exhausted from the relentless uncertainty” (Boss, 1999, p. 8).

### *Contradicting Realities*

One can see the person in physical form every day, as with a family member with Alzheimer's, and recognize their facial expressions, the tone of their voice and even their preferences. However, all familiarity of the intimate relationship no longer exists. The indicators are comfortable, warmly known, but the interaction and relationship reminds one that this has become a total stranger. Alternately, the emotional connection to someone who has gone missing, as in an abducted loved one, remains strong. Memories arise at every turn, such as the bereaved believing that they see the person's face in a crowd only to be disappointed yet again. The longing and hope persist as does the fact that the person has not and may never, return. How does one come to terms with such heart-wrenching and opposing forces? One bounces between the two realities of absence and presence in a constant attempt to find footing in a shifting landscape.

The individual becomes lost in emotions such as hope for the person's return, confusion in understanding the situation, attempting to make sense of both realities and going back and forth when new situations or evidence arise. The necessity to hold two seemingly incompatible realities of absence and presence at the same time without the promise of reconciliation is one of the main challenges surrounding losing someone ambiguously. The effects of doing so, especially for long periods of time, can have a tremendous impact on an individual and the people around them. No matter how much your brain grapples with holding so tightly to one of the two realities, the possibility of the opposing one always lingers.

## **Lack of Clarity Generates Confusion and Conflict**

Without the possibility of closure or understanding of the loss experienced, the person experiencing Ambiguous Loss is left searching for answers that are not to be found (Boss, 2006). Since the grief process is halted in a loss that is ambiguous, it is harder to cope or move on to acceptance. One of the difficulties that accompanies losing someone ambiguously is that one cannot *really* grieve them fully, as they are both present and absent simultaneously. One cannot use the same kind of therapy for Ambiguous Loss as is used for traditional loss, because the circumstances creating the loss interrupt the normal progression of the grieving process (Tippett & Boss, 2016). The loss the grieving person feels is incomplete and unfinished. For example, in Type II Ambiguous Loss, the person who is being grieved may still look like themselves, smell and sound like themselves, but they do not at all act like themselves. The person's body remains present, yet the essence of the person who had been known and loved in that body is gone. The individual grieving can feel terribly lonely even while the person could be standing right next to them. The immense pain and confusion of this kind of loss of a loved one can lead to a crippling form of complex grief and complete loss of groundedness.

In the pursuit of resolution and confirmation with given circumstances, there arises for an individual immense frustration within oneself, as well as with and from others. Individuals experiencing Ambiguous Loss are plagued by feelings of self-judgement and that one should be able to "just accept" one reality of either absence or of presence, instead of constantly fluctuating between the two. This self-judgment and constant fluctuation causes deep doubt of one's personal perception. It challenges one's

ability to stay centered and sane even in daily life, while navigating a reality of cloudy confusion.

From an external perspective it may be easy to judge the situation and see it as simple; either you see and interact with the person in your everyday life, or they are gone. The person grieving is told to “get over it” or simply “let it go.” Yet the experience of losing someone ambiguously, not only because of its severity of ambiguity but also its social incongruency, is far too often overlooked, falsely categorized (according to the traditional grieving process), or dismissed. People experiencing Ambiguous Loss cannot “problem-solve because they do not yet know whether the problem (the loss) is final or temporary. If the uncertainty continues, families often respond with absolutes, either acting as if the person is completely gone, or denying that anything has changed” (Boss, 1999, p. 7). This, then, causes further conflict, not only with the individual that is missing in some capacity, but conflict with those surrounding the individual attempting to emotionally and mentally compute and make sense of the loss.

Oftentimes Ambiguous Loss is misdiagnosed as complicated grief. Complicated grief does in fact exist and is believed that “it requires some kind of psychiatric intervention” (Tippett & Boss, 2016). In an interview about Navigating Loss Without Closure, Pauline Boss states clearly that her point is very different from both traditional and complicated loss: “Ambiguous Loss is a complicated loss, which causes, therefore, complicated grief” (Tippett & Boss, 2016). But the crucial difference here is that Ambiguous Loss is not pathological: “It's not a pathological psyche; it's a pathological situation” (Tippett & Boss, 2016).

In other words, there is nothing off with the individual experiencing Ambiguous Loss; there is something off, sometimes even crazy, with the situation. In the interview Boss explains that it is an “illogical, chaotic, unbelievably painful situation” that individuals go through when missing a loved one either physically or psychologically (Tippett & Boss, 2016). In addition to the grief being complicated, it is also chronic. For instance, when a child is kidnapped and as time goes on, the parent may experience deepened grief when their child’s friend graduates from high school, or their other friend gets engaged, or has their first baby. The continuing loss and grief over the missing child is long term; it remains chronic (Tippett & Boss, 2016).

### **Effects on the Individual**

When a person dies, there is no longer any question of whether they are still alive or not; their human form is dead and is no longer present. The process of grieving their confirmed absence can begin. However, with Ambiguous Loss that is not the case. According to the Oxford English dictionary the term “ambiguous” is defined as “unclear or inexact because a choice between alternatives has not been made” (English Oxford Lexicon Dictionary). For both Type I and Type II of Ambiguous Loss, there is evidence that can be found to support both alternatives: a person's presence and a person’s absence.

For example, if a soldier goes missing in action (MIA) (example of Type I), not only is there a lack of information about their disappearance or supposed death, but there is “no official verification that anything had been lost” (Boss, 1999, p. 13). One can mentally and emotionally perceive the soldier as present or as absent, since there is “evidence” for both: the hopefulness, the wishing and the disbelief that they will never

come back supports the idea of their return; and there is “evidence” that they are gone for good, such as them not returning to their military base or not hearing from them for a long period of time. However, there is not, and oftentimes never will be, evidence to fully conclude that they are dead by either finding their dog tag or the return of their corpse back home.

As humans, we do not sit comfortably with lack of clarity. The mind constantly seeks to find an absolute answer, to find out which is the “truth.” With Ambiguous Loss, quite literally, one may never know. The loss simply lacks any kind of certainty. Boss explains that “people hunger for certainty,” and even death, a loss that is certain and final, is more welcome than a continuation of doubt (Boss, 1999, p. 4). It is challenging because one does not, and cannot, know which reality to believe. For both types of losses, there is evidence to support the reality that someone is present and there is evidence to support the reality that someone is absent. Yet, neither can be true simultaneously. So, one is caught in the fog of critical confusion.

Boss conducted interviews with 47 families of MIAs in California, Hawaii and Europe, and the results showed that

the wife’s continuing to keep her husband psychologically present in the family when he was physically missing negatively affected both her and her family. When she kept her MIA husband psychologically present for emotional support and help in decision making, the family exhibited higher conflict and a lower level of functioning (p. 13).

Just within Boss’s research on soldiers MIA and their families, she found that those “with loved ones who were ‘there but not there’ were indeed more distressed than those who had suffered a more ordinary loss” (Boss, 1999, p. 16). It is important to note that this study also indicated that neither physical presence nor physical absence paints the

whole picture of who is in or out of someone's life, because a psychological family also exists. Boss states that her findings and those of other studies "support the thesis that Ambiguous Loss is the most difficult loss people face and that absence and presence are psychological as well as physical phenomena in families" (p. 13-14).

From 1986 to 1991, Boss expanded her research on the subject and included families coping with psychological absence of a loved one (Boss, 1999). She studied families of 70 patients with Alzheimer's and found that the severity of the patients' dementia "bore no relationship to the extent of their caregivers' depressive symptoms" (Boss, 1999, p. 15). The extent of the patient's dementia or illness was not the impacting factor of the caregiver's relationship with the patient and their experience of grief and loss. Rather, "it was the degree to which the family caregivers saw the patients as 'absent' or 'present' that strongly predicted their depressive symptoms" (Boss, 1999, p. 15). The caregiver's experience, of how absent or how far removed the person in care was from a connection to the caregiver, had the largest impact on the mental health and emotional distress of the caregiver.

What is crucial here to understand is that however the caregiver experienced the individual's presence or absence is the strongest determinant to predict the caregiver's emotional well-being. The emotional interpretation of the person experiencing the loss is crucial. One can have criteria to determine how severely demented someone is, for example testing memory loss, cognitive abilities and grasp of the details of current reality. Such diagnosis can be used to determine how demented someone is according to a particular scale. However, that in *no* way determines the experience of the person in relationship with the individual. What is so incredibly difficult and distressing about

Ambiguous Loss is the person's emotional absence; it is an interactive dynamic between people that can be clearly felt yet not easily captured objectively. This is the core of understanding Ambiguous Loss, because it takes the loss out of the realm of diagnosis.

Not only can the experience of Ambiguous Loss devastate an individual, it can destroy and disrupt a family. This happens by “diminishing the number of its functioning members and requiring someone else to pick up the slack, but more uniquely, the ambiguity and uncertainty confuse family dynamics, forcing people to question their family and the role they play in it” (Boss, 1999, p. 20). This confusion and lack of clarity forces people to question themselves and their surroundings and pose questions like: “Am I married or not since my husband has been missing for decades? How do I answer how many children I have when I gave one up for adoption? Are we still a couple even though my partner has dementia and no longer knows me?” (p. 20). How can someone feel completely absent, when they could be sitting right beside you? How can someone feel so present, when they cannot be experienced with the physical senses? Boss's clients often and consistently tell her that they would rather have clarity about their identities, roles and relationships, instead of ambiguity or uncertainty (Boss, 1999). In these circumstances, the mind is constantly attempting to make sense of an incomprehensible situation, trying to understand how to categorize and manage an untenable situation.

The term resiliency has come up a lot around individuals learning to deal and cope with trauma and hardship; Pauline Boss does the same. However, she refines her definition using a beautiful analogy of a bridge: “stress means the bridge has pressure



on it, strain means the bridge is shaking but holding, crisis means the bridge is collapsing, and resiliency means the bridge is bending in response to the stress on it but can absorb this pressure without incurring damage” (Boss, 2006, p. 48).

Relating the term resiliency to Ambiguous Loss, Boss says “individual resiliency depends on the ability to live comfortably with the ambiguity” (Boss, 2006, p. 48). Maintaining a healthy level of mental and physical health in the face of stress is important, both in the present and in the future. Given the untenable and difficult nature of the ongoing ambiguity experienced, identifying and supporting the resiliency of an individual is key for not only survival but also thriving. With Ambiguous Loss it means “thriving not just despite the pressures,” but because of being able to manage the reality of having a loved one that is both absent and present simultaneously (Boss, 2006, p. 48). All types of Ambiguous Loss represent varying degrees of trauma, stress and ambiguity, but possessing and fostering one’s ability to live, thrive and maintain mental and physical health is how Boss associates resilience with grieving someone ambiguously.

#### **Part 4: “Treating” Ambiguous Loss & Accepting What Is**

In the human service profession, it is important to view and help an individual from a holistic point of view so that they can function fully in their life and in their world. While working with someone who may be experiencing Ambiguous Loss, it is important to simultaneously be aware of other levels of an individual's identity that are in play. Viewing a person from anything other than a holistic perspective is actually doing them a disservice. Disciplines like wilderness therapy that “hope to understand the human condition cannot neglect any level of our identity” (Sue et al., 2013, p. 40).

Examining what aspects of a person's life can be supported or improved upon and being aware of an individual's identity and risk and protective factors is key. It is also important to be acutely attentive to the role of intersectionality and how an individual sees themselves.

The art of living with Ambiguous Loss is learning how to accept the persistent ambiguity. In Boss' Five Tips For Approaching Ambiguous Loss, the fourth tip suggests "celebrating what remains" (Angle, 2020). Boss's foundation for her couples and family therapy work has been guiding people to find clarity within themselves; clarifying who or what has been *irretrievably* lost and clarifying who or what is still there to be in a relationship with (Boss, 1999). Finding this middle ground of balance is challenging but can revitalize their sense of self as well as their sense of purpose. Creating one's own ceremony or event to mark the "ending or death" for the part of the person that has been lost, even if it is merely symbolic, can help in the grieving process.

### **Risk and Protective Factors**

Risk factors are community conditions, life circumstances and individual characteristics that increase the likelihood of an adverse event or experience to occur and affect someone. Protective factors, on the other hand, are community conditions, life circumstances and individual characteristics that reduce that likelihood (J. Todahl, personal communication, November 2019). In other words, protective factors act as a buffer for possible negative consequences across time. One holistic model that has been useful in working with individuals and applies to those experiencing Ambiguous Loss is called the ecological or family systems model. Within the ecological model, there can be a variety of protective and risk factors on each level, whether it be on the individual,

micro, meso, exo, or macrosystem level. When thinking about individuals who are dealing with losing someone ambiguously, there can be a multitude of risk and protective factors that can either act as a support system or cause additional harm.

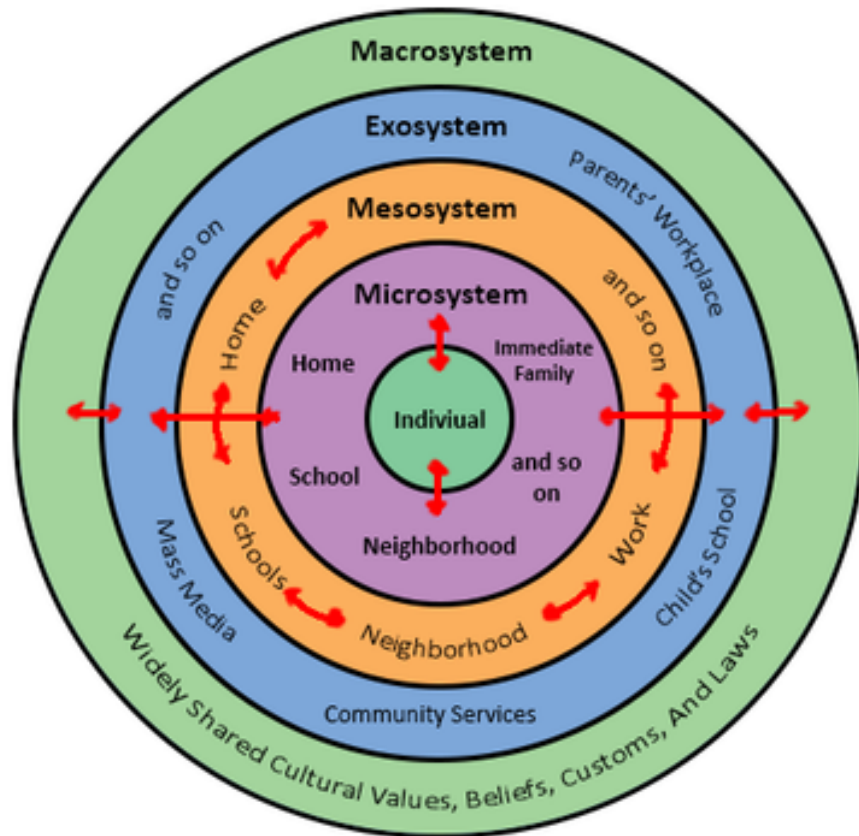


Figure 2: Ecological Model

Figure depicts a visual representation of how each system tier is it's individual category, yet is impacted by, interacts and blends with others (Guy-Evans, 2020).

Risk factors can vary from psychological to biological to environmental and are often out of the individual's control. The more risk factors an individual experiences or has to deal with, the higher the likelihood that they will suffer from hopelessness, depression and anxiety (J. Todahl, personal communication, November 2019). Adding other risk factors to the already confusing and debilitating experience of Ambiguous

Loss can be extremely difficult, and even critical, for an individual. It is important for clinicians to not only be aware of these risk factors, but also be able to differentiate them.

When individuals who are experiencing and suffering from Ambiguous Loss attempt to seek treatment and are evaluated according to the traditional grief model, they “often look dysfunctional, exhibiting readily diagnosed symptoms such as anxiety, depression and somatic illnesses” (Boss, 1999, p. 10). Boss identifies and outlines that physicians and therapists should add to their diagnostic repertoire the question of “is the patient experiencing any Ambiguous Losses that might account for [their] immobilization?” Even in otherwise healthy people, the uncertainty of such a loss can diminish power and get in the way of action” (p. 10). In many cases of Ambiguous Loss, trauma is a factor and needs to be considered in the therapy treatment plan (Herman, 2015).

Protective factors help an individual get through difficult times and increase their quality of life. For those experiencing Ambiguous Loss, the combination of resiliency, faith, the practice of accepting what is, as well as emotional intelligence on an individual level are crucial protective factors (Boss, 1999, p. 10). These are factors and processes that support acceptance and integration from Ambiguous Loss. Resiliency is a key characteristic to overcoming life challenges as well as overcoming grief and loss, including Ambiguous Loss.

Research has shown that among individuals who have experienced trauma and abuse, resiliency specifically is a key factor in overcoming those life challenges (Herman, 2015). Two people, for example, can endure extremely similar experiences

and the defining factor in their long-term recovery is their level of resiliency. It is an important trait to nurture, especially among those experiencing Ambiguous Loss. Here, the term resiliency is defined as the ability to sit with, work through, bounce back from and integrate hardship of any kind, coupled with the desire to find meaning in life and choosing to thrive (Boss, 2006, p. 48). Resiliency is crucial for any individual, especially when experiencing Ambiguous Loss, but also refers to more than just the individual level. Fostering not only the resiliency of an individual, but the resiliency of the family and the larger systems at play, such as mental health professionals, is also important. The resiliency of an individual can largely be determined by the protective factors that the larger systems at play provide (Manitoba Trauma Information & Education Centre). As humans, we are evermore connected to the people around us, the systems in place, social constructs, cultural paradigms and priorities, and environmental factors.

One way to increase the protective factor of the surrounding community is to ensure that members of the community are able to support the individual, have the ability to interact positively with each other, to regulate their behavior under stress, to demonstrate empathy and to help teach them how to effectively communicate their feelings and needs. Knowing specific self-care methods, tactics to help themselves and tools to work through emotions is important and can offer a sense of comfort and support to the individual trying to grieve for what has been lost. As a therapist or physician, it is important to be acutely aware of both risk and protective factors across all levels of an individual's mental health and well-being.

The protective factors on the microsystem level are extremely important, as they pertain to family and home relationships. The role that family plays throughout a person's life is important and impactful. Hence, having concrete support in times of need is a major protective factor, especially when experiencing a great loss. Ensuring that families have the ability to identify, find and use services in order to meet the needs of the family, of its members, and the needs of the individual needing additional support can make an enormous difference (Boss, 1999, p. 12). When thinking of protective factors of individuals who are experiencing Ambiguous Loss, and of their families, it is important to gain understanding and knowledge of their circumstances and to foster resiliency.

Increasing social connection on the mesosystem level can also be very effective in building a strong support system (Herman, 2015). Breaking the sense of isolation and secrecy, and increasing social connection between friends, family members and neighbors can provide emotional support and concrete assistance for one another. Not only will social connection and interaction act as a support system between families, neighbors, and social groups that are challenged, but it will also and especially support the individuals within those systems who are struggling with Ambiguous Loss.

All levels of systems of ecological the model affect any individual, even those not suffering from Ambiguous Loss. With Ambiguous Loss, the individual level, the microsystem and the mesosystem have arguably the most impact on the person's resiliency and ability to learn to integrate the loss. Ambiguous Loss can cause

personal and family problems, not because of flaws in the psyches of those experiencing the loss, but because of situations beyond their control or outside constraints that block the coping and grieving processes. Therapy based

on the recognition of the ambiguity of the loss frees people to understand, cope and move on after the loss, even if it remains unclear (Boss, 1999, p. 7).

Boss suggests that each level of the ecological model must work together in order to support in the best way possible the individual grieving. In order to help others cope with such loss, “we must first understand their tolerance for the unknown. Family members, neighbors, and therapists must talk together as they try to reach a consensus about how they will respond to the inevitable ambiguities concerning who is in or out of the lives of children and adults who have suffered a loss” (Boss, 1999, p. 19). Certainly, others within the family and surrounding the situation will have different experiences, even around the “same” loss.

### **Cultural Differences and The Importance of Faith**

As with everything in life, our individual history, culture and beliefs impact our experience. Still, there are useful models that help us to understand events of life and the grieving process in general. Models like the ecological system help us make sense of our world and are useful in the discussion of an individual's context in the world. On the macrolevel lies the attitudes and ideologies of the culture that surrounds an individual. The attitudes and the beliefs embedded in the culture that someone grows up in are also influential. Depending on the cultural norms and beliefs held, they can affect an individual and their life positively or negatively. Not only those who are experiencing Ambiguous Loss, but people in general often feel as though what they are experiencing is not valid or justified by those around them (Boss, 1999, p.15). As a result, people frequently judge themselves for what they are feeling and experiencing as not valid or unjustified, and therefore keep it to themselves. However, that behavior is mostly learned from the actions and reactions of those surrounding them, who have also

been influenced by cultural norms. In order to support individuals dealing with a culturally unknown experience, such as Ambiguous Loss, an important first step is to change the paradigm.

Viewing Ambiguous Loss through not only a cultural, but also a spiritual lens, can be immensely useful in understanding the loss as well as in finding doses of closure. The ignorance embedded in society and the lack of rituals and traditions to mark Ambiguous Losses is “an indicator of a cultural tolerance for ambiguity” (Boss, 1999, p. 18). Interestingly enough, there are few such markers in the United States, and most western cultures as a whole (Boss, 1999, p. 18). Only recently have hospitals begun to recognize miscarriage and infant death as real losses that warrant grieving (Boss, 1999). Given how high infant mortality rates used to be, it made sense, in a rational way only, to seek to defer attachment to a baby until their life on earth was assured. While such practices and beliefs may have made at least logical sense historically, it is dysfunctional and cruel for women to be expected to act as if nothing has happened when they experience a miscarriage or give birth to a still born child (Boss, 1999). It remains a tragic loss, and also an ambiguous one if it is not even acknowledged as such.

As Boss continued to study both physical and psychological losses, she wanted to know if her findings and interpretations were ethnocentric and, so, began meeting with some Anishinabe women in northern Minnesota who lived in families with an elder experiencing dementia. As she sat in a circle with sage burning in the center, she learned that these Native American women cope with the “psychological absence of a demented parent by combining mastery of the situation with a spiritual acceptance of the illness” (Boss, 1999, p. 17). These women took what charge they could of the



situation by making sure their parents were taken care of medically and took their medication, yet at the same time “they accepted the challenge that nature had given them” (p. 17). The women saw the elderly person’s illness as a part of nature’s cycle from birth to death. The social recognition, and understanding, for this type of loss has a huge impact as well on those experiencing the loss. The nature of dementia as a type of Ambiguous Loss can be viewed as more natural and ordinary than, for example, abduction. This community of women offers us an alternate way of coexisting with ambiguity by giving it credence, and by viewing and treating it as an integral part of the life cycle.

At the core of this indigenous community is their foundation in spirituality, and the belief that everything happens for a reason. One mother shared her wisdom: “I just believe things happen the way they happen because that’s the way they are meant to be” (p. 17). And another added, saying that ““there’s always good [that] comes out of it if you look far enough”” (p. 17). Without diminishing the experience or the challenges in losing someone ambiguously, these Anishinabe women were able to cope with their losses because “they believed that life is a mystery that they must embrace and give themselves to willingly” (p. 17). This belief and deep knowing is clearly illustrated in an Anishinabe morning prayer: “I step into the day; I step into myself; I step into the mystery” (p. 17).

In the United States, as in most western cultures, the mainstream assumptions about how the world operates “tend to be mastery-oriented” (Boss, 1999, p. 19). The majority believe that they can master their own destinies, because they assume “that the world is a fair and logical place where effort matches outcome” (p. 19). It makes sense

to think that good things happen to good, hard-working people, and that bad things happen to those who have done something wrong or have not done enough. However, this seemingly two-dimensional paradigm does not stand well when faced with problems that cannot be solved, or when “bad things happen to good people.” Such is often the case with Ambiguous Loss. Given the cultural circumstances, the Anishinabe women were comfortable with not knowing what lay ahead for their sick loved ones, or for themselves. Yet, that certainly has not been the case with most of Boss’s other clients.

As a family therapist in a city, Boss most often sees people who are accustomed to having access to information. When they have a problem, they want to solve it and then move on with their lives. Unfortunately, this is definitely not how ambiguity functions, and that fact makes most people anxious and extremely uncomfortable. In her book, Boss writes that she, of course, does encounter “city-dwellers with spiritual beliefs, and they, like the Anishinabe women on the reservation, tend to remain resilient despite their experience of Ambiguous Loss” (p. 18). Although more research is needed in regard to faith’s impact on the ability to deal with Ambiguous Loss, this highly educated observation and conclusion indicates that “our tolerance for ambiguity is related to our spiritual beliefs and cultural values, not just to our personality” (Boss, 1999, p. 18). Faith in something beyond the human existence may allow for more peace in living with ambiguity than if no faith or spiritual worldview is present. In regard to research question one, acceptance of the challenges individuals face in life and practicing faith as the Anishinabe women do are two major factors and processes that support acceptance and integration from Ambiguous Loss.

An incredibly important trait that is evident in how the Anishinabe women so comfortably confront ambiguity is their ability to not struggle *against* nature. Instead, they choose an alternative: accepting what is being “offered” to them in this experience, this situation, this loss, and this lifetime. Nature is a perfect teacher for learning to flow with what is. Since it provides and coordinates everything in our physical world, it offers the optimal portal into feeling connected to the world and something greater than oneself. In the wilderness, one does not necessarily know how the weather will change or what obstacles one will run into, yet one must persevere and ultimately prevail. Having faith that the situation one is in, as mysterious as it appears, has a purpose in the larger picture is a powerful foundation to encounter the unexpected.

The practice the Anishinabe women have of dealing with Ambiguous Loss opens the door, in a practical manner that is woven together with a spiritual or natural worldview, to finding peace with such loss. In nature, it is not just about putting a backpack on your back and walking through the landscape; it is about connecting with yourself and your environment - interacting with the gifts and challenges that arise, being connected to something bigger than yourself. This is why wilderness therapy and what raw nature offers is a unique, powerful, and precious methodology to support those who have had, and continue to experience, Ambiguous Loss.

## **Part 5: Wilderness Therapy**

### **The Power of Nature**

As long as humans have been on the planet, we have been an integral part of nature, living in and with it. Over time, however, we have as a species become physically, mentally and spiritually increasingly removed from our natural environment.

To our detriment, we have largely lost our innate connection with nature.

Unsurprisingly, “natural environments offer unbelievable benefits for our health,” including “domains of contact with animals, plants, landscapes, and wilderness experiences” (Van Hoven, 2014, p 14). Being exposed to and spending time in nature has physical, mental and emotional benefits for people of all backgrounds and ages (White et al., 2019).

There is an elusive quality one experiences in and with nature that cannot be easily quantified. That experience powerfully underlies the detailed and quantifiable aspects of spending time in nature and its role in healing. Although the impact of that amorphous aspect of nature cannot be easily defined or captured in words, the results of experiencing it can be studied. Fifteen years ago, there was not much research showing the plethora of health benefits of being in nature. Today there are many studies that back up those benefits with research (White et al., 2019; Robinson, 2020; Maller et al., 2005). Nature has a vital role in physical health and cognitive functioning. Various studies prove that spending time in nature, and specifically in wilderness, also has psychological benefits (Van Hoven, 2014). It is important to note, however, that simply spending time outside does not necessarily mean therapy is occurring (Becker, 2010). Therefore, it is crucial to critically examine theory and research associated with wilderness therapy in order to clarify variances and its therapeutic impact (p. 14).

A study of 20,000 people at the European Centre for Environment & Human Health found that people who spend just two or more hours a week in green spaces “were substantially more likely to report good health and psychological well-being” (White et al., 2019). A recent Yale article on ecopsychology stated that even more

studies are proving that time in nature is an “antidote for stress: it can lower blood pressure and stress hormone levels, reduce nervous system arousal, enhance immune system function, increase self-esteem, reduce anxiety and improve mood” (Robbinson, 2020) Additional studies performed by psychiatric unit researchers are proving that being in nature reduces feelings of isolation, promotes feelings of calm, and lifts patients’ moods (Maller et al., 2005).

When immersed in the natural environment an individual focuses on what is in front of them; they are anchored in a concrete reality, which grounds someone who is dealing with such extreme ambiguity. Instead of wrestling with an intangible concept, like ambiguity, the elements of nature are real, are experienced through the senses, and cannot be shifted and questioned. They simply are. These real elements affect movement through the landscape, temperature, weather, hydration, needed equipment to cope, and more. Nature is a master teacher of resiliency as it requires an individual to continue on, despite unexpected challenges that may arise.

Nature requires people to find a way to deal with the elements at hand, without judgement or ambivalence; simply direct, real and immediate engagement is needed. That may mean needing to get up in the middle of the night to secure the tent due to high winds, or to change the course of navigation because a lake that is not indicated on the map has formed in your path, or an expected water source has dried up and one must find another source of drinking water. In nature, one learns the necessity and importance of being flexible and creative, of accepting what is and of dealing with what is directly in front of you without veering off the subject. One learns acceptance, resourcefulness, and resilience (Gass et. al., 2020, p. 74).

## **History and Shaping into Formal Practice**

The use of nature and the outdoors as an organized therapeutic tool emerged as a consequence of two separate events in the early 1900s (Good Therapy, 2016). As a result of overcrowding in the psychiatric care unit at the Manhattan State Hospital in 1901, forty patients were relocated to the lawns of the facility, after which there were significant improvements in physical and mental health (Good Therapy, 2016). Five years later, the San Francisco Agnew Asylum suffered serious damage due to an earthquake and resulted in residents being moved outdoors, after which patients displayed improvements immediately, particularly significant reductions in violent behavior. It slowly dawned on the mental health community that the natural environment could benefit an individual's health in a variety of ways, but it was not until the early 1960's that therapeutic practices in outdoor education became an established field in itself.

A handful of individuals advanced outdoor education and its increasing recognition as a useful modality for growth and healing. Kurt Hahn and Madolyn M. Liebling were two pioneers in this field. Kurt Hahn was a German educator who founded Outward Bound, which is now one of the leading outdoor education programs in the world (Heckendorn, 2011). In the 1920s, Outward Bound started providing expeditions into the wilderness that encouraged self-discovery and personal growth and challenged individuals on a variety of levels (Bacon & Kimball, 1989). Hahn designed outdoor education as a structured experience that has led to the creation and opening of many other similar organizations.

In the 1970's several self-proclaimed therapeutic nature organizations gained traction but were styled more as outdoor "bootcamps" (DeAngelis, 2013). In 1994, when a 16-year-old boy died from a treatable ulcer on a trip in southern Utah, this type of treatment reached a nadir (DeAngelis, 2013). He had complained of abdominal pain and instead of taking his physical health seriously, his counselors called him a "faker," then "deprived him of his sleeping bag for 14 nights and food for 11 nights" (DeAngelis, 2013). That is when the program directors and founders of five other wilderness therapy programs came together and "recognized that discussing best practices and agreeing on common principles would be best for the industry" (DeAngelis, 2013). These individuals proceeded to create the Outdoor Behavioral Healthcare Research Cooperative (OBHRC) to ensure programs were properly studied, monitored and evaluated. Due to their rigorous activities, wilderness programs across the country have provided them with client results and longevity data to help prove the effectiveness of wilderness therapy (Evoke Therapy Programs).

Madolyn M. Liebing was the first clinical psychologist to integrate clinical therapy with outdoor programming and created "the first professional, sophisticated psycho-therapy element in wilderness therapy" (Hallows, 2017). She spearheaded work in implementing mental health assessments and developing individual treatment plans (The Journey, 2015). A number of therapists have trained under Liebing's leadership and have used her high level of psychotherapy as the foundation for other established programs (The Journey, 2015). Instead of being able to give credit to one individual, the origins of outdoor-based therapy practices were birthed through a blend of several different people, organizations, and slightly differing philosophies.

Wilderness therapy, and research about and surrounding it, has become increasingly more popular. There are a variety of populations, as well as client problems, that are treated through wilderness therapy. Additionally, “the therapeutic approach in wilderness therapy does not appear to force change, but instead allows the environment to influence client response through natural consequences” (Gass et. al., 2020, p. 74). Given the impact nature has on our health and mental well-being, harnessing that unique power and its benefits to humans proves highly effective as a therapeutic process.

### **Wilderness Therapy Defined**

Capturing a precise definition of wilderness therapy and related components is challenging. There is an overwhelming quantity of research proving the mental and physical health benefits of being in nature, yet finding a well-explained definition of the intentional use of nature as a therapeutic context is more difficult (Maller et al., 2005). Although one could think it easy to define, “considerable variability in the definitions, explanations, and therapeutic strategies utilized throughout the research exploring wilderness therapy” proves it otherwise (Van Hoven, 2014, p. 17).

In current literature there are a number of different terms that are used interchangeably, such as: challenge courses, adventure therapy, wilderness experience programs, therapeutic camping, adventure camp, adventure-based therapy, ecopsychology, nature therapy and outdoor behavioral healthcare. Clearly, defining an outdoor experience is not black and white, especially when the experience is structured, therapeutic, and can differ greatly between organizations and programs.



Here, in regard to wilderness therapy, healing indicates a process of attending to an emotional wound and providing, directly or indirectly, the resources needed to promote unhindered and more complete emotional well-being. Similarly, the therapeutic process that takes place in a natural setting can also provide a spectrum of various healing opportunities, from a session of walk therapy outside to weeks spent in the wilderness, distant from all modern connections and conveniences. Wilderness therapy can be found at the farther end of that healing spectrum, where the individual is challenged for extended periods of time beyond “only” the emotional level addressed in therapy. This continuum is depicted in Figure 3.

Figure 3: Spectrum of Healing and Outdoor Immersion Modality



Figure depicts a visual approximation of the benefits of wilderness immersion on a comparative scale from high to low. Live treatment centers, for example are emotionally intensive and taxing, whereas wilderness therapy is both emotionally and physically demanding.

One definition of wilderness therapy could be as simple as the combination of “traditional psychology with wilderness experiences [where] mental health professionals offer psychological support while the outdoor setting provides a unique environment for healing” (Rivera, 2018). For the purpose of this research project, the definition of wilderness therapy will remain somewhat broad - still placed at the far end of the nature healing modality spectrum - as *a structured outdoor therapeutic program*

*that can vary in climate, terrain, length, accessibility and level of physical demand within a small group, and which is provided by licensed mental health practitioners.*

Wilderness therapy is a method that can tremendously help those who struggle with a variety of issues such as at-risk youth, PTSD, mental health, substance use and abuse, depression and suicidal thoughts. It is often used when other methods and techniques, usually more traditional ones, have not worked or have not been effective (University of Hampshire, 2013). The therapeutic skills required in this setting are very similar to those used in traditional therapies, including cognitive behavioral therapy to change harmful thinking, group activities to help overcome insecurities, and learning how useful skills in the backcountry can be applied to finding stability in one's everyday life. Additionally, specific skills and education are vital due to the uniqueness of the wilderness setting.

Wilderness therapy uses the healing and inspirational elements of nature to facilitate individuals' growth, change, transformation, improvement and healing. As an outdoor therapy modality that helps individuals work through emotional challenges by facing physical ones, wilderness therapy combines experiential education and individual and group therapy in an outdoor wilderness setting (Coley & Watson 2020). It is a fully immersive experience in nature that provides the opportunity to fully dive into self-exploration. Although it can be a rigorous experience, it is a long-term process (generally lasting between one to six months) that is in no way designed to put individuals under stress.

The beauty and complexity of wilderness therapy allows individuals to process their emotions and life events that challenge them by simultaneously having to manage

external factors in nature. This very process - requiring an individual to find within themselves and to cultivate the very stability, resiliency and strength lost, damaged or forgotten due to the emotional factors experienced - is the power of wilderness therapy as an impactful healing modality. The interplay of the internal processing with, and while, mastering external conditions makes this modality truly unique in its efficacy of emotional healing.

Among many important characteristics of a wilderness therapy program and the therapists that facilitate it, competence and clinical experience provide legitimacy and effectiveness. This, especially, is important for vulnerable populations that need structure and safety in order to move through their process, whether it be trauma, addiction, loss or learning to live with varying abilities. Unfortunately, “history and common sense have shown that any person (or organization), rightly or wrongly, who can attract enough paying clients to be financially profitable” can self-proclaim themselves to be a wilderness therapy program or wilderness therapist (Gass, et. al., 2020, p. 67). This fact makes it essential that facilitation and supervision is provided by a “licensed mental health practitioner, [the presence of] trained clinical staff, develop[ment of] individualized treatment plans monitored by licensed clinical staff, and [the conduction of] formal evaluations of treatment effectiveness” (Van Hoven, 2014, p. 17). These declarations are vital for the credibility and safety of a wilderness therapy program.

### **Effectiveness of Wilderness Therapy**

There are wilderness therapy programs that have long-term results of success (Evoke Therapy Programs). One branch of an organization in particular is based out of

Bend, Oregon called Evoke Therapy Programs. The therapy programs that Evoke offers help individuals, parents, couples and families “develop an awareness of the impact their history has on their present-day challenges and relationships” (Evoke Therapy Programs, Types of Intensives). They consistently strive to treat each client’s whole health with comprehensive family support (Evoke Therapy Programs, Clinical Treatment). Some of the needs that Evoke focuses on include codependency, healing trauma and childhood wounds, healing self-medicating behaviors, grief and loss issues, and understanding cycles of depression and anxiety (Evoke Therapy Programs, Types of Intensives).

As a leader in wilderness therapy, Evoke’s most common result in research is the “significant change that lasts long after graduation” from their programs (Evoke Therapy Programs, Types of Intensives). Both branches of Evoke joined the Outdoor Behavioral Healthcare Council (OBHC) in 2011. They have contributed significantly to research, proving wilderness therapy long-term efficacy with their research published in almost a dozen professional peer-reviewed journals (Roberts et al., 2017; Combs et al., 2015; Combs et al., 2016) and presented at “conferences such as the American Psychological Association, Association of Experiential Education, and the National Association of Therapeutic Schools and Programs” (Evoke Therapy Programs).

Upon entering their programs, adolescent clients, parents of adolescents and young adult clients reported “acute levels of dysfunction, similar to clients at in-patient treatment settings” (Evoke Therapy Programs, Proven Results). At completion and graduation of Evoke programs, clients and their parents both “reported healthy levels of functioning with fewer emotional struggles, increased hopefulness, and more success in

their relationships” (Evoke Therapy Programs, Proven Results). Additionally, Evoke’s participants also demonstrated significant improvement in overall motivation, life skills, interpersonal relationships, hope, self-confidence and emotional control (Evoke Therapy Programs, Proven Results).

One of the many reasons that wilderness therapy is so effective is because *there is no way to escape what is right in front of you*. In other words, any issues or feelings that may arise throughout the duration of the program cannot just be swept under the rug. Evoke, for example, teaches their clients how to feel by providing a “digital detox,” by removing distractions and access to debilitating coping mechanisms (Evoke Therapy Programs, Clinical Treatment). There is no room to hide in, no computer games to distract oneself with, and no other people on whom one can blame their experience. One is confronted with and must deal with what comes up, as it does, which makes wilderness an ideal environment for the therapeutic process. Throughout a wilderness therapy program, clients can learn ways to defeat "unproductive emotional and psychological patterns," which helps improve their self-esteem, self-confidence, and mental state as a whole (DeAngelis, 2013).

Participants have access to the beauty of nature, a healthy diet, exercise and sleep, which are core pillars to overall functioning and health for any human being. As clients live a nomadic-type life in the wilderness by hiking and camping they are able to implement insights gained from individual and group therapies into their everyday routine. The intentionally small groups provide participants the opportunity to practice skills they acquire and to immediately apply those skills in their immediate circumstances. The reliance on one’s own skills, and the dependability of those in the

group, contribute to the healing process of the individual and the group as a whole. As such, in wilderness therapy the “lessons offered are not separate from daily living” (Evoke Therapy Programs, Clinical Treatment). On a daily basis, participants are physically tasked with breaking down their camp and packing up, carrying all of their own belongings to a new destination, exerting physical energy, unpacking to set up camp, and then doing the same thing again the following day.

Living in the wilderness means experiencing and dealing with the delay of gratification, learning adaptability and frustration tolerance, and applying problem-solving and conflict resolution skills. It also includes becoming acutely aware of group dynamics, the desires and needs of those surrounding you, not to mention grooming the self-awareness needed to survive and thrive in the backcountry. By debriefing the day, participating in therapy, reflecting on emotions, one’s state of mind and the reasoning behind it, self-reflection starts to become a daily habit. Participants realize “a greater sense of accomplishment by meeting the challenges and experiencing the pleasures of outdoor living” (Evoke Therapy Programs, Clinical Treatment). Additionally, research shows that wilderness therapy is particularly effective in building a strong sense of confidence, resiliency and healthy coping skills (Combs et al., 2015). Learning and applying such skills and elements of personal awareness are fundamental in aiding grieving processes, especially one as complex, distressful and unresolvable as Ambiguous Loss.

## **Part 6: Nature Facilitating the Grieving Process**

Existing research clearly indicates that time spent in nature and the exposure to the natural environment has a number of mental, physical and emotional health benefits.

However, currently there is little to no research and data on the intersection of grief and loss and nature as a supportive healing modality. There are certainly some programs like the Outward Bound bereavement program, LEAP, and Comfort Zone Camp, for example, that provide a structured support for grief in the outdoor environment. However, the qualitative and quantitative data behind the effectiveness of such programs is most certainly lacking. The only studies that currently have a correlation between the two revolve around veterans with varying severities of PTSD (Dietrich et al., 2015; Peipert, 2012). The glaring lack of scientific research is monumental and highlights that the application of wilderness therapy for grief and loss should certainly continue to be professionally explored, studied and researched by, and for, the scientific community.

Spending time immersed in nature, or Wilderness Experience Programs (WEPs), have been “shown to enhance psychological well-being for numerous populations” (Dietrich et al., 2015, Page 1). In 2015 a study on post-9/11 combat veterans engaging in a 6-month long-distance thru-hike of the Appalachian Trail was conducted. These combat veterans had witnessed people losing their lives and found it challenging to reintegrate into civilian life due to their unique experience of trauma and loss. During the researchers’ qualitative analysis, they found that hikers agreed that the experience was enjoyable, “that it would have lasting effects, that their fellow hikers were important, that the environment was important, and that the duration of the hike was important” (Dietrich et al., 2015, p. 7). Researchers also found specific ‘themes’ that were true for participants after completing the program and corroborate with other wilderness therapy program results: social reconnection, life-improving change, inner

peace, reflection and psychological healing.

**Connection:** All combat veterans had reported having difficulties in their relationships prior to starting the program. Afterwards, they said that the relationships they had created with what were strangers at the beginning, were now going to be lifelong friends (Dietrich et al., 2015). Creating community and connection with others who are facing similar human experiences is a large part of being in a structured and safe outdoor program. Wilderness therapy offers to those in bereavement the solitude and simplicity of a temporary nomadic lifestyle in conjunction with support, community and connection with not only others, but also themselves, the natural environment and something greater than and beyond the physical senses.

**Life Improving Change:** Veteran participants had reported difficulties in coping with reintegrating into civilian life after being discharged from the military. They had described “difficulties with finding or maintaining employment, difficulties making decisions, and for some, a general disinterest in civilian life” (Dietrich et al., 2015, p. 8). When asked, researchers found “a salient theme” that was visible throughout all participants in regard to how the trail had given them a “renewed sense of motivation to tackle these changes” with “newfound expectations and motivation” (Dietrich et al., 2015, p. 8). This is a type of resilience that the combat soldiers gained through their time in nature.

**Inner Peace, Reflection and Psychological Healing:** Although diagnoses were not asked for in interviews, all combat veteran participants reported dealing with psychological distress and discussed their difficulties with PTSD. Participants described how their time hiking through nature provided them “reflection, acceptance and self-



discovery” (Dietrich et al., 2015, p. 7). They expressed that it gave them time they needed to heal and accept who they were and where they were at. One participant even found themselves not having to take their “prescribed medications for mental health issues” for their combat experiences and reported “I guess it’s just natural medicine” (Dietrich et al., 2015, p. 8).

Understanding, compassion and support is more easily expressed when grief and loss are more readily recognized and understood, such as PTSD is today. It took, however, decades for research on PTSD to integrate into mainstream therapeutic modalities. Research such as the combat veteran study contributes to providing individuals help they need. To that end, more research on Ambiguous Loss, what it is and how it can best be treated is not only overdue, but also mandatory.

Dr. Alan Wolfelt is a grief expert and a nationally respected author who suggests not going around or above one’s grief, but instead going straight through it (Funeral Basics, 2018). For many people who are grieving, time to think and process is vitally important, but often hard to achieve (Funeral Basics, 2018). Nature provides an unfiltered opportunity to do exactly that: reflect, be present to, feel and understand one’s own feelings. Wolfelt also found specific ways that nature helps the process of grieving, many of which match with other results and seem to be a consistent theme throughout: (1) Nature provides physical evidence that life goes on, (2) nature nurtures our mental and emotional health, (3) nature affords us quietness and solitude and (4) nature activates social support if we enjoy it with others (Funeral Basics, 2018). Observing the cycle of birth, life, death and rebirth in the natural environment helps to

put our experiences into perspective. It reminds us that death and loss are part of life, and that life does indeed go on.

Outward Bound has a bereavement program that helps teens and young adults. It intends to “provide respectful healing experiences in a wilderness environment” where personal growth methodologies are implemented, and a simple support model honors the griever and their journey (Outward Bound, 2021). Starting at age 5, Jason Stout (a former participant in the program) had grieved the death of his sister due to a brain disorder, the murdering of his great-grandmother and the death of his father due to a heart attack. Although many things about the natural environment are healing qualities to pain and loss, Stout said of the program that “grief is dealt with using peer support and a series of metaphors tied to the outdoors” (Peipert, 2012). Stout explained how “climbing a 14,000-foot Colorado mountain symbolizes overcoming a larger challenge in life. Waves lapping against a sailboat represent the waves of emotion associated with grief. A babbling brook becomes a conduit to send a message to a loved one who has passed” (Peipert, 2012).

“The beauty and tranquility of the natural elements provide a powerful metaphor and backdrop to addressing life’s difficulties” (Evoke Therapy Programs, Clinical Treatment). Drawing a parallel between one’s internal process dealing with the tangible aspects of nature and the larger, uncontrollable realities of life, helps one to integrate personal challenges from yet another, perhaps less painful, perspective. This in part answers research question number four as to how the unfiltered natural world can help one deal with ambiguity that can be debilitating. Metaphors can be a powerful tool to incorporate into counseling and can help facilitate participants to “think for themselves

and to determine what something means to them” (Piper, 2019, p. 10). When “clients find their own meaning within a metaphor, that metaphor becomes more powerful and important to them as individuals, and they will be more inclined to accept and take responsibility for it” (Piper, 2019, p. 10).

Similar to the processes in nature, the journey of grieving and loss takes time and patience. Just like the ongoing cycles of the seasons, of day and night, of the orbits of the sun and the moon, “grief is often processed in a non-linear, cyclical way” (Piper, 2019, page 16). The cycles of ebb and flow, drought and downpour, dark and light; one cannot have one without the other. And more importantly, it often reinforces gratitude for the existence of both. All parts of human existence and experience are normal and natural. “Particularly, when working with ambiguous grief, which may not have a clear beginning or ending, nature-based expressive therapy interventions may be helpful” (Piper, 2019, page 16). Another important aspect of spending time in nature is being able to find connections between living normal life and spending time in the backcountry, then translating those experiences, skills and newly found understanding not only into daily life, but into the longer journey of grieving the loss of a loved one.

LEAP is an outdoor organization in Oregon that connects individuals to the “therapeutic qualities of nature while encouraging them to harness their strength and recognize their innate value and abilities” (LEAP Wilderness Program, 2020). They run five-day whitewater kayaking experiences for a variety of individuals, but also have specific programs for individuals who have lost a loved one. Although their programs are comparatively short outdoor therapy-based experiences, the lessons and

understanding their participants come away with are nonetheless powerful and long-lasting.

Participants reported feeling very cautious when they started and “came out feeling empowered” (LEAP Variety Show Video, 2021). Not only were they surrounded by people who totally understood what they were going through, which felt “comforting, heartwarming and easy,” but they also gained a tremendous amount of confidence from the river and the trip that “definitely made a huge difference in [their] daily life” (LEAP Variety Show Video, 2021). By gaining a sense of strength, accomplishment and confidence, participants were left thinking “if I could do that, what else could I do?” (LEAP Variety Show Video, 2021). Sometimes testing the limits of our physical world can open the understanding of our emotional capacity and ability to be resilient in the face of adversity. One participant expressed how her newly found understanding from the natural environment has impacted her daily life:

When you're in a boat, and you're going through a rapid, you have as much control as you have to make yourself go where you're going, but ultimately, the river will decide where you go. And I think about that a lot in my day-to-day life to just remember to go with the flow - live life like you are on a river, because you are, always. (LEAP Variety Show Video, 2021)

Grief grips a person fiercely. It is not a process one can direct, but rather learn how to navigate in a healthy manner. Being subject to the experience, does not mean being victim to it or shutting it down. Healthy grieving is letting moments that occur and the deep feelings that arise, all texture and colours of the grief, to emerge organically. Nature is the ultimate context, providing both the environment and the supportive challenges, stability and reliability. Through interacting with nature in an intentional experience, such as wilderness therapy, one discovers that innate

resilience, has opportunities to strengthen the resilient facets of self, and find ways to move forward into, through and beyond the grief. Nature is a modality that can help individuals heal and integrate losses they experience and includes that of an ambiguous one.

### **Part 7: Wilderness Therapy as a Healing Modality for Ambiguous Loss**

Given the unique features of Ambiguous Loss, it requires a unique modality for healing. This paper proposes that wilderness therapy is particularly useful as an informed approach to facilitate the Ambiguous Loss grieving process. Ambiguous Informed wilderness therapy provides a powerful combination of factors and processes which supports and fosters the integration and healing from Ambiguous Loss: the natural environment, informed and knowledgeable support, resiliency, and faith. This answers the question posed of what new, informed approach can be created to help and support individuals experiencing Ambiguous Loss.

# AMBIGUOUS INFORMED WILDERNESS THERAPY

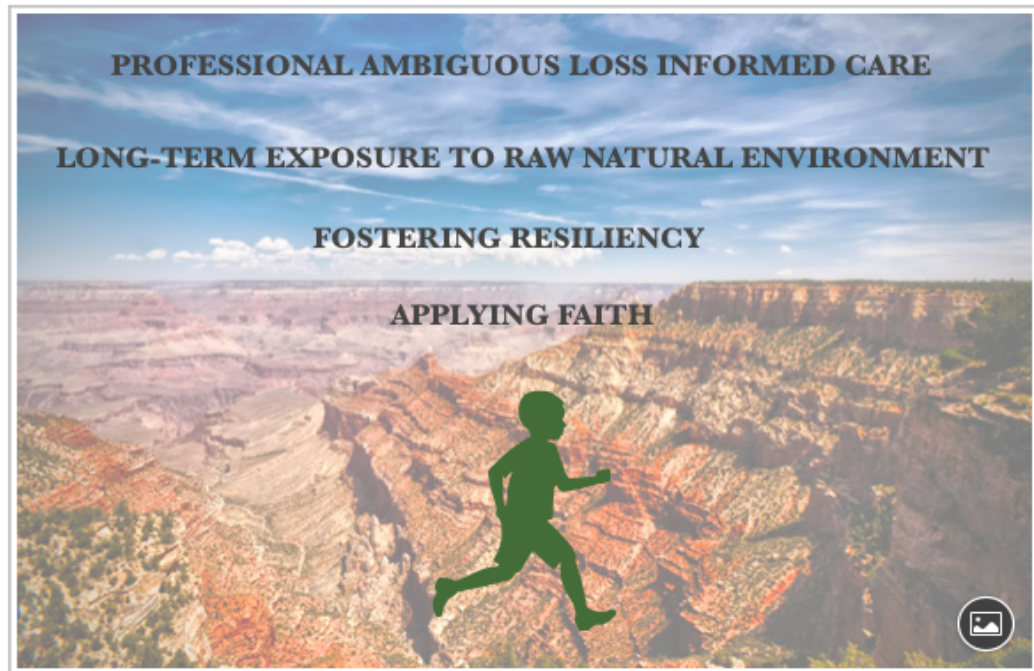


Figure 4: Ambiguous Informed Wilderness Therapy

Figure depicts how the combined components of Ambiguous Informed wilderness therapy may serve as a backdrop for healing individuals experiencing Ambiguous Loss.

**The Natural Environment:** Nature itself offers us lessons and learning; all we need to do is listen and become more aware. Given its robust, life-supporting character, factors in the unfiltered natural world directly and consistently support individuals facing ambiguity. The “therapeutic approach in wilderness therapy does not appear to force change. Instead, it allows the environment to influence client response through natural consequences (Gass et. al., 2020, p. 74). The natural environment gently and firmly holds the grief that an individual who loses a loved one ambiguously is left with and helps facilitate that very complex grieving and healing process. The modality of

wilderness therapy mirrors the experience of losing someone ambiguously in that they are both expansive and complex.

**Knowledgeable and Ambiguous Loss Informed Support and Validation:**

Similar to the already existing, proven and widely spread trauma informed therapeutic process, this author is proposing the importance and necessity for an Ambiguous Loss informed therapeutic practice. Informed support and validation, provided by licensed and educated professionals applying the practical skills of integrating the natural world with the healing process of an individual, offers impactful therapy for this unique form of loss and grief. Implementing that process through the unique components of wilderness therapy creates a robust, comprehensive, and perfectly harmonious framework for the healing and integration of losing someone ambiguously.

**Resiliency:** Starting in early childhood, and continuing throughout life, our ability to trust ourselves, our intuition and to deal with what is presented to us is weakened and too often even forgotten. We forget how resilient we are; we lose the connection to our core of strength and stability. The consistency and longevity of exposure to the raw elements and the challenges, inconveniences, difficulties and struggles that come with living, even short-term, a nomadic lifestyle, help foster and strengthen an inner stability that we all innately have. Nature has the ability to kindly, but firmly, show an individual how to withstand, overcome and integrate hardship, while at the same time strip away the excess; in so, it gently reminds them of what truly matters and who they really are. Fostering resiliency is key in helping someone deal with losing someone ambiguously and is offered abundantly in exposure to the natural environment.

**Faith:** Even facing challenges in nature, being surrounded by silence, serenity and sureness, it is difficult to not feel connected to something larger and stronger than oneself. The harmony, the unique colours, the shapes and sounds, the creatures and organisms that support each other's survival and thriving, the incredible formations and the absolute, pure and immense beauty that so effortlessly coexist, are a portal for trusting life and having faith. Finding, or regaining, faith in oneself, and in life, is crucial to recovering from the grief and uncertainty of an Ambiguous Loss.

Given the incredibly unique facets of Ambiguous Loss, and the complexity of grief the loss generates, wilderness therapy is optimally matched to facilitate the healing and integration process of Ambiguous Loss. The fact that, in Ambiguous Loss, the grieving process is arrested makes wilderness therapy a uniquely tailored therapy modality for this form of grief. The wilderness itself is a catalyst for resilience, faith, healing and integration. Wilderness therapy catalyzes the needed healing process and urges the process of integration into a natural completion of healing. The modality of wilderness therapy is, in its own multi-faceted character, more expansive and complex, and serves as an exceptional mirror to the experience of Ambiguous Loss. It is a therapy that is based “on the recognition of the ambiguity of the loss [which] frees people to understand, cope and move on after the loss, even if it remains unclear” (Boss, p. 7). Wilderness therapy is a useful tool in healing from an Ambiguous Loss in that one is asked to surrender to the unresolvable. Focusing on what is in front of an individual anchors them in a concrete reality, where also focusing on what remains helps to navigate the Ambiguous Loss. Coming to terms with their circumstances by facing the inescapable reality of nature and the absolute necessity to deal with it as is,



no negotiating possible, is crucial. Nature gifts a grieving person unavoidable truth, without judgment. It is the most beautiful, generous and blatantly realistic teacher of acceptance.

## **Conclusion**

Based on the review of Boss's theory and on the close examination of Ambiguous Loss as well as wilderness therapy, this literature review verifies the value of Ambiguous Loss informed practices. Much like the widely used and implemented trauma informed practices (Herman, 2015), this author is proposing establishment of “Ambiguous Loss informed care”, and specifically in conjunction with the use of the natural environment. This author identifies and proposes that resiliency, faith, knowledgeable and Ambiguous Loss informed support and validation are key factors to live with and to integrate the experience of Ambiguous Loss. Wilderness therapy, as an Ambiguous Loss informed therapeutic model, can specifically support, develop and anchor the key factors for an individual. As examined in this literature review, wilderness therapy has shown to improve the overall mental and physical well-being of veterans with varying severities of PTSD. Similarly, this author suggests that the therapeutic modality of nature in an intentional health care setting can offer healing for those suffering from Ambiguous Loss.

This investigation reviewed four specific questions:

1. What factors and processes support acceptance and integration from Ambiguous Loss?
2. What new, informed approach can be created to help and support individuals experiencing Ambiguous Loss?

3. What is the role of wilderness therapy in facilitating the Ambiguous Loss grieving process and in supporting the acceptance and integration of the Ambiguous Loss?
4. What factors of interacting with the unfiltered natural world directly support individuals facing distressing, and at times debilitating, ambiguity?

There are three specific factors and processes that support acceptance and integration from Ambiguous Loss that this paper addresses. The first being indefinite community support received by informed professionals with knowledge and understanding of Ambiguous Loss, and personal help from varying levels of the ecological model (immediate family, friends, school or work network, social communities). The second is fostering resiliency, which is crucial in an individual's ability to live comfortably with ambiguity (Boss, 2006). And lastly, is the practicing acceptance of challenging experiences in life and applying faith as Boss's research exemplified with the Anishinabe women in northern Minnesota (Boss, 1999).

The components of the new, informed approach of "Ambiguous Loss informed care," that this author proposes include: 1) Ambiguous Loss informed care to be provided by professionals, 2) long-term exposure to raw natural environment, 3) fostering resiliency and 4) applying faith. There are a number of roles that wilderness therapy adds into the facilitation of the Ambiguous Loss grieving, acceptance and integration process. It provides the healing properties of nature and its health benefits: actively engaging with nature, physical activity, sounds, fresh air as well as the elimination of distractions and vices. It also offers benefits from the group setting for example the community support and interactions with those who are going through

similar experiences. And lastly, wilderness therapy utilizes various, traditional therapeutic practices provided by licensed mental health professionals, such as cognitive behavioral therapy and talk therapy in an outdoor setting.

There are several different factors of interaction with the unfiltered natural world that directly support individuals facing distressing, and at times debilitating, ambiguity. The beauty and complexity of wilderness therapy allows individuals to process their emotions and the life events that challenge them by simultaneously having to manage external factors in nature. It also confronts individuals with getting comfortable with unpredictability by being exposed to varying obstacles and weather. The unfiltered natural world also supports individuals experiencing Ambiguous Loss through personal development by fostering resiliency, gaining confidence and improving cognitive functioning. Lastly, individuals also have the opportunity to develop practical skills such as translating and integrating survival skills and metaphors of the natural environment into real life.

The experience of acceptance has a somewhat different meaning with Ambiguous Loss. It means surrendering to what is unresolvable, getting comfortable with the unknown and integrating that experience into an individuals' daily life. Boss has continued her research on Ambiguous Loss and has come to realize that it is actually experienced a lot more commonly than people think. As humans, it is useful to be able to identify, make sense of, explain and categorize things, especially our emotions and experiences. Being able to do so for ourselves on an individual level, as well as for others on a community and professional level, is tremendously important. And should one with time forget the lessons learned from these key factors, the

experience of wilderness immersion provides each person the opportunity to return to the natural world at any time - a reliable and constant reminder of what they truly know.

Independently of this research paper, awareness and understanding about Ambiguous Loss is important for our human experience. Having understanding, compassion, and the ability to support someone is more easily expressed when Ambiguous Loss is more commonly recognized and understood. To that end, more research is mandatory. A therapeutic process geared to this very dynamic and to this complex form of grief and loss is key. To have access to a well-designed, professionally facilitated, naturally supportive experience tailored to this form of grieving can literally be a life-saving experience for someone experiencing Ambiguous Loss.

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