Frozen Grief: A Systematic Review of Ambiguous Loss Experiences.

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Abstract

Purpose - *This systematic review focused on the impacts of physical ambiguous loss and the coping strategies used to manage this. The review aims to contribute to a gap in the literature and identify areas where future research could progress.*

Design/methodology/approach - *Twenty-seven papers were identified. Findings were analysed using an integration of meta-ethnography and thematic analysis.*

Findings - *Impact themes generated included 1) pervasive anger and mistrust toward authorities, 2) the emotional rollercoaster of ambiguous loss, 3) somatic effects of ambiguous loss, 4) frozen grief, 5) social isolation and loneliness, 6) identity confusion, 7) counterfactual thinking, and 8) the dual role of work as a lifeline and obstacle. Coping strategy themes included 1) conducting independent research or investigation, 2) engaging in social activities and seeking support, 3) maintaining hope and faith, 4) grieving/religious rituals, and 5) avoiding thinking about it; 6) use of exercise, and 7) emotional management and acceptance.*

Originality/value - *The current review adds to an under-researched area, namely ambiguous loss. Research has been limited with neglect of formalised intervention. The review highlights how future studies would benefit from integration of relevant theories related to traumatic experiences and further application of research designs conducive to testing the effectiveness of intervention.*

Keywords: *Ambiguous loss; Physical loss; Grief; Trauma responding; Coping with loss*

Paper type: *Review paper*

1. Introduction

Unlike more conventional forms of loss, such as known death and separation, ambiguous loss is arguably unique in that this refers to a "situation of unclear loss resulting from not knowing whether a loved one is dead or alive, absent or present" (Boss, 1999; p.65). There are two main types; physical and psychological (Boss & Bornstein, 2018). Physical ambiguous loss refers to when an individual is physically absent, which includes being kidnapped, disappearance during times of war (e.g., soldiers 'missing in action'), and loss of contact with family due to immigration or seeking asylum. It can also include situations where death has been assumed, but there are no physical remains, such as in the case of a plane crash. Psychological ambiguous loss, however, refers to cases where a person is physically present, but psychologically absent, such as in the context of severe addiction, dementia, or traumatic brain injury (Boss, 1999).

The present review focuses on physical ambiguous loss, a key characteristic of which is the oscillation between feelings of hopelessness and hope that occurs as loved ones ruminate on the location of the absent individual (Wayland, 2015). This is thought to prolong the grieving process (Boss, 2009) and often results in mental health difficulties, high levels of emotional distress, and a sense of powerlessness, not knowing whether the person will return (Boss, 2002). As global conflicts surge, the study of ambiguous loss has increased relevance. For example, it is estimated that approximately 37,000 people are currently missing related to the conflict in Ukraine, and 1,700 have been illegally detained by Russian forces (Lubinets, 2023). More broadly, around 170,000 people are reported as missing in the UK each year (Stephenson, 2024). Whilst some are found in a relatively short period of time, many are missing long-term (Bricknell, 2017). Research suggests that the experience of families of missing people is akin to those who have experienced a sudden and traumatic death (Wayland, 2015).

In addition, the risk of ambiguous loss is not evenly distributed. While military conflicts and environmental disasters may be obvious examples of this, demographic factors also remain important. For instance, in the UK, Black children represented 16% of those missing in 2023 while making up only six percent of their age-equivalent population (Missing People and Listen Up, 2023). The impact on families and the wider community can be devastating and has been associated with significant psychological and physical impairments, including difficulties attending work, diminished health, strained relationships, and a reduction in general wellbeing (Boss & Bornstein, 2018; Henderson & Henderson, 1998). Given its prevalence and the extent of the impact, a thorough understanding of this phenomenon is important for both identifying and treating related symptoms.

There are also culture-specific grieving rituals and family norms that can be derailed by ambiguous loss. For instance, in cultures where men are designated as the 'head' of the household, women may not typically assume this role unless they are widowed. An ambiguous loss can arguably create confusion as to whether that status applies (Mammadova, 2021). Individuals may also be denied access to the typical community traditions and supports received in the case of a family death when there is uncertainty about the status of a loved one (Boss & Bornstein, 2018). These complexities can extend the impact of ambiguous loss beyond that of a typical loss experience.

Previous reviews have examined the psychological impacts of ambiguous loss. Heeke and Knaevelstrud (2015) analysed seven quantitative studies, focusing on psychopathology following the disappearance of loved ones due to war or terrorism, employing thematic analysis to distil emerging themes. Their review revealed that individuals suffering ambiguous loss exhibited increased symptoms of depression and prolonged grief reactions, which were more

severe than those experienced by individuals grieving a confirmed death. They also highlighted the *compounded trauma effect*, where prior traumatic experiences exacerbate psychological distress, intensifying symptoms of PTSD, depression, and anxiety. A paradoxical effect of sustained hope was also noted, as prolonged anticipation of a loved one's return appeared to significantly impede emotional recovery. Additionally, the lack of social support and mourning rituals, which typically aid in processing grief, further complicate emotional closure and increase emotional distress. Disruptions in family dynamics and social roles added additional stress, as individuals struggled to navigate changes in their personal and social identities. These findings underscored themes of enduring uncertainty and absence of closure that contributed to sustained psychological distress. However, despite valuable findings, focus within this review was exclusively focused on ambiguous loss in the context of war and conflict.

Kennedy and colleagues (2019) expanded on the Heeke and Knaevelstrud's (2015) review by reviewing studies of ambiguous loss across several contexts and compiling information about coping. Forty-two studies were identified, of which 27 included coping data. They divided studies into those where the cause of missingness was known (e.g., a soldier 'missing in action' child abduction) versus those where it was unknown, with a focus on observing differences in coping. A descriptive analysis concluded that the most common psychological impacts were depression, anxiety, prolonged grief, and post-traumatic stress. Anger was another common reaction, being most often directed at the authorities when the reason for the disappearance was forced and at the missing person when the reason was unknown. Guilt and counterfactual thinking (i.e., "What if?") also emerged when reasons for the disappearance were unknown. Coping strategies included drawing on social supports, avoidance and distraction, denial, problem-solving (e.g., research or active searching), recreational activities, hope, expression of feelings, turning to religious leaders, cognitive reframing, seeking formal mental health support,

focusing on work, and use of substances. Acceptance was reported as a coping strategy only in cases where the reason for the disappearance was forced as opposed to unknown. While the approach used by Kennedy and colleagues was more robust, the descriptive analysis focused primarily on differences between experiences of those who knew the cause of the ambiguous loss versus those who did not, again narrowing focus.

Finally, a scoping review by Wayland and Maple (2020) considered a broader array of ambiguous loss experiences and focused on defining and identifying general treatment options. Reviewing 20 studies, the authors concluded that key differences between ambiguous and typical loss were lack of closure, challenges related to acceptance, and the ambivalent role of hope, which can be both emotionally positive and a source of renewed pain. Intervention information was limited, with few therapeutic approaches tested and no examples of randomised control trials cited. The use of a scoping design and few search terms (i.e., solely 'missing persons' and 'ambiguous loss') may, however, have diminished the quantity of articles found.

The present study endeavoured to widen scope to include all types of physical ambiguous loss experienced by anyone with a relationship to the absent person that *also* included information about coping or treatment. To date, the evidence base regarding the efficacy of psychological interventions to support individuals who experience ambiguous loss is limited (Wayland & Maple, 2020). One pilot study found that Cognitive Behavioural Therapy (CBT) in addition to mindfulness-based treatments contributed towards symptom reduction in symptoms of Post-Traumatic Stress Disorder (PTSD) and depression evidenced through pre and post intervention measures (Lenferink et al., 2019). However, the attrition rate for this study was 47.1% for several reasons, including some participants finding the intervention stressful, and others

preferring to rely on social support as opposed to formal psychological intervention. Ultimately, however, the research base is notably limited in relation to treatment and coping considerations. Building on this, the current review adopted a broad approach to the topic of coping strategies utilised by those affected by ambiguous loss, looking beyond formal intervention. The review aims to address the following questions:

Q1. What are the common impacts of physical ambiguous loss (e.g., disappearance due to war, kidnapping, forced parental separation, and loss due to migration)?

Q2. How useful and effective are the various coping strategies utilised by those affected?

Q3. What are the cumulative findings regarding the coping and interventions for ambiguous loss that could arguably help inform future research and practice?

2. Methods

2.1. Approach

Two approaches were integrated in analysing the reviewed papers: a thematic analysis was applied to quantitative findings while meta-ethnography was used to interpret the available qualitative data. The rationale for combining these approaches was to best represent the varied methodologies previously applied to the study of ambiguous loss (e.g., Kennedy et al., 2019). As prior reviews had solely used descriptive analysis to summarise the study outcomes, the addition of meta-ethnography represented a novel approach to analysis that was better suited to the integration of qualitative and mixed-methods data.

2.2. Meta-ethnography and thematic analysis

Noblit and Hare's (1988) guidelines for conducting a meta-ethnography were followed in carrying out the qualitative aspect of the review. This involved the following seven phases: 1) getting started, 2) deciding what is relevant, 3) reading the studies, 4) determining how they are related, 5) translating the studies into one another, 6) synthesising translation, and 7)

expressing the synthesis. Thematic analysis (Braun & Clarke, 2006) was applied to quantitative findings, as noted, and involved 1) familiarisation with the data, 2) selection of keywords, 3) coding, 4) theme development, 5) conceptualisation. These phases are expanded on in the sections below. The structure of the report was informed by the eMERGe reporting guidance for meta-ethnography developed by France and colleagues (2019).

Meta-ethnography and thematic analysis can both be applied to identify shared themes across several data sources. Given the common experiences and coping strategies identified in previous reviews, it was anticipated that consistent themes would emerge in the reviewed studies. A reciprocal translation approach to meta-ethnography was applied to the qualitative studies to synthesise participant narratives into common themes (Noblit & Hare, 1988). Reciprocal translation involved pulling key narrative information from qualitative data (e.g., metaphors, imagery, or concepts) and interpreting this in the context of findings and conceptual frameworks from other studies. A strength of this approach is in deriving shared meanings and allowing for interpretation rather than simply tallying similar outcomes. Thematic analysis can be used to outline common themes as well but is more suitable for use across qualitative and quantitative designs.

2.3. Search strategy

Searches of PsycInfo, PsycArticles and Web of Science were conducted. The following search terms were utilised: “ambiguous loss” AND (“intervention” OR “treatment” OR “therapy”). Following the initial search and review of relevant literature, additional terms were identified, and the search rerun with “missing pe*” OR “missing child*” OR “missing in action” added and a final search was conducted in September 2025. Hand-searching of reference lists of selected articles was performed to identify further relevant publications.

2.4. Inclusion and exclusion criteria

Studies were considered for inclusion if they focused on the concept of AL concerning a physically missing person, gathered data about some form of coping strategy or intervention, were empirical articles, and were available in English. There were no restrictions placed on the publication date or time frame. Articles were excluded if the AL referred to miscarriage (i.e., sometimes referred to as ambiguous because of the liminal state of a prenatal child) or the loss of a person that did not involve their physical absence (e.g., managing cognitive or relational changes related to dementia or addiction; grieving a prior gender identity). Studies were also excluded in cases where ambiguous loss had been resolved prior to data collection (e.g., the lost person was found or confirmed deceased), if coping or treatment was not discussed, if papers were not empirical, or if English translation of the article was not available.

2.5. Deciding what is relevant: Selecting primary studies

The initial search resulted in 572 articles being identified with 483 remaining for title review once duplicates had been removed. Meta-data was transferred to Rayyan, an open-source systematic review interface. Review of titles for terms that reflected inclusion criteria resulted in 204 papers being selected for abstract review, of which 65 were determined potentially relevant enough to merit full-text review. Twenty-one papers were found to meet all inclusion criteria. An additional six studies were identified within the reference lists of the included papers and previous systematic reviews, reaching a total of 27. At each stage, at least two researchers, blinded to the other's decisions, independently reviewed the articles for inclusion. All conflicting choices were reviewed by a third, independent researcher. Figure 1 indicates the process in accordance with PRISMA.

<Insert Figure 1 here>

2.6. Quality Appraisal

Quality appraisal was conducted using the Checklist for Analytical Cross-Sectional Studies (CASP, 2021) for qualitative designs, the Joanna Briggs Institute (JBI; Moola et al., 2017) checklist for cross-sectional studies, and the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018) for mixed methodologies. Quality ratings and assessments used are documented in Table 1. Ratings of low, moderate, and high quality were applied based on criteria outlined in each checklist, depending on the research design. Each measure is intended to capture the risk of bias or error within a given design based on whether certain information or processes (e.g., blinding) are present. Responses to each prompt were numerically represented as 0 (criteria not met) to 2 (criteria met), with a score of 1 indicating uncertainty or partially met criteria. Higher scores indicated lower risk of bias and higher quality. Studies were divided amongst the three researchers, who conducted the appraisals. To ensure interrater reliability 10% of the articles were assessed by an independent researcher. Discrepancies were discussed to reach final agreement.

2.7. Analysis

Reading, data extraction, and coding

Full-text versions of the included articles were read, and key data (i.e., participant demographics, methodology, analysis, and findings) were extracted into a shared Excel document. The findings from quantitative or mixed-methods studies were coded for common themes while qualitative data was reviewed using reciprocal translation. Coding was divided amongst the first three authors and findings compared and discussed.

Translation, synthesis, and theme development

Findings across studies were reviewed and themes generated based on related concepts. Qualitative material was coded for common concepts, wordings, and metaphors. Data were reviewed in the context of each article and any resulting conceptual frameworks. In line with

Noblit and Hare's process (1988), themes were synthesised across studies. Quantitative findings related to impacts and coping were also coded, and any data that corresponded to qualitative insights (i.e., either supporting or refuting) was documented and, when relevant, reported alongside the qualitative findings (Braun & Clarke, 2006).

3. Results

3.1. Characteristics of included studies

A diverse array of studies was reviewed, including 11 qualitative, 12 quantitative, and four mixed-method studies conducted between 1978 and 2022. Participants were from a variety of countries, including the United States (n = 7), The Netherlands (n = 5), Australia (n = 2), Sri Lanka (n = 2), Azerbaijan (n = 1), Bosnia and Herzegovina (n = 1) Colombia (n = 1), Honduras (n = 1), Israel (n = 1), Mexico (n = 1), Portugal (n = 1), Syria (n = 1), and a combined online sample of Australia, the United Kingdom, and United States (n = 2).

Sample sizes ranged from two to 1,783, with a total of 4,827 individual participants represented overall. Nearly half of this total came from Anderson and colleagues' (2020) study involving 1,783 Sri Lankan relatives of missing people identified by the Red Cross, and over a quarter from Mammadova's (2021) survey of 1,117 close family members of missing people in Azerbaijan. Three samples were involved in multiple studies, with Kennedy and colleagues analysing data from the same sample (n=110) for three papers (2021a; 2021b; & 2022) and Lenferink and colleagues examining two shared samples (n = 137 and n = 134) over three included papers (2017a, 2017b; 2018a).

Four papers summarised findings from whole families rather than individual participants (Boss et al., 2003; Ludwig et al., 2006; Teichman et al., 1978; Ziebell, 1986), and participant totals were not reported. Participant ages ranged from 16 to 81. Time since the disappearance ranged

from 1 month to 70 years with reported means ranging from two to 23 years. Table 1 provides a summary of the studies captured.

<Insert Table 1 about here>

3.2. Synthesis, conceptualisation and thematic analysis

The following eight experiential impact themes were developed related to Ambiguous Loss; 1) pervasive anger and mistrust toward authorities, 2) the emotional rollercoaster of Ambiguous Loss, 3) somatic effects of ambiguous loss, 4) frozen grief, 5) social isolation and loneliness, 6) identity confusion, 7) counterfactual thinking, and 8) the dual role of work as a lifeline and obstacle. Five common coping themes were generated including 1) independent research or investigation, 2) social activities and seeking support, 3) maintaining hope and faith, 4) grieving/religious rituals, 5) avoiding thinking about it, 6) Use of exercise, and 7) Emotional management and acceptance. Each is expanded on next (see Figure 2 for generated themes).

<Insert Figure 2 about here>

3.3. Impact themes

Pervasive Anger and Mistrust toward Authorities. Several studies described anger and a loss of trust towards police, investigators, and the legal system generally, which significantly impacted the well-being of those dealing with ambiguous loss. Mistrust was a term used by Ziebell (1986) and reiterated in the comments of participants included in Boss and colleagues' (2003) sample who asked, "Whom should I trust?" "Are the authorities really making every effort to find my loved one?" (pg. 459). A participant in DeYoung and Buzzi's (2003) study remarked on police apathy, saying, "Nobody cares because they haven't called me in three years," (p. 350). This connected to frustration with the sluggishness of legal systems (Ziebell, 1986) and concerns about lodging formal complaints for fear of being further alienated by the authorities (Boss et al., 2003). Tavares et al. (2020) referred to this as anger about the injustice of systemic failures. Additionally, Thomas et al. (2023) similarly described the frustration with the

dismissiveness of government representatives. Boss et al. (2003) highlighted the psychological toll of scepticism towards authorities' commitment to their cases. Participants in Clark and colleagues' (2009) study reiterated these sentiments, emphasising instances where the frustration with perceived inaction by authorities was redirected towards close relationships, including family members. Quantitative findings echoed qualitative sentiments. Campbell and Demi (2000) reported anger towards 'the system' while 66% of participants in Smid and colleagues' (2020) study reported a lack of support from legal authorities.

The Emotional Rollercoaster of Ambiguous Loss. Across studies, oscillating emotional and psychological responses to loss and uncertainty were identified, impacting mental and physical health. The uncertainty inherent in ambiguous loss was described by Clark et al. (2009) as an "emotional roller coaster" (p. 272) of alternating emotional states ranging from hopelessness, despair, anger, or numbness, to hope, anxiety, and surges in energy. In one study ambiguous loss was said to result in conflicting feelings of yearning and anger, as participants reported blaming the lost person for the situation (Cedeno, 2021). The families interviewed by Ziebell (1986) similarly described these emotional peaks and valleys. Relatedly, there was a perceived lack of emotional control (Tavares et al., 2020; Ziebell et al., 1986). Specific symptoms included heightened psychological distress, fear, frequent worrying, nightmares, memory loss, and anxiety, as detailed by Tavares et al. (2020) and Ludwig et al. (2006). One participant described overwhelming anxiety, saying, "I couldn't focus anything more than half an hour and I just needed my mind to stop" (p. 2274; Lee-Maturana et al., 2020). Thomas et al. (2023) and. Lee-Maturana et al. (2020) and Lenferink et al. (2019) further observed that such distress could escalate to suicidality and psychological intrusions.

Connections between ambiguous loss and fluctuating psychological distress were also apparent in the quantitative findings. Baraković and colleagues (2013) found that women affected by ambiguous loss were significantly more likely to show signs of anxiety and depression and to report using sedatives than a no-loss control group. Renner et al. (2021) noted that these emotional challenges are worsened by unresolved grief, leading to significant impairment in well-being. Kennedy and colleagues (2021) identified uncertainty as a trigger for negative responses and highlighted the exacerbating impact of psychological inflexibility.

Somatic Effects of Ambiguous Loss. The qualitative findings suggested a consistent connection between those experiencing ambiguous loss and feelings of weakness, exhaustion, and general poor health (Baraković et al., 2013; Cedeño, 2021; Lee-Maturana et al., 2020; Thomas et al., 2023; Tavares et al., 2020). These adverse health outcomes manifested as headaches, sleep disturbances (Cedeno, 2021; Lee-Maturana et al., 2020; Quirk & Casco, 1994), and weight fluctuations (Lee-Maturana et al., 2020). For instance, one participant described experiencing frequent headaches and an inability to stay awake during class, which they directly attributed to the emotional and psychological burdens they carried because of the ambiguous loss (Cedeño, 2021). Generally worsening or weakening health was reported by participants in two studies (Tavares et al., 2020; Thomas et al., 2023). Lee-Maturana et al. (2020) also reported symptoms, such as persistent illnesses and significant sleep disruptions, which one individual linked to the immense mental stress they were under. Families managing ambiguous loss interviewed by Quirk and Casco (1994) reported significantly higher rates of insomnia, over-arousal, and chronic headaches compared to both families with no recent loss history and those whose missing loved one had been confirmed dead.

Frozen Grief. Over half of the qualitative studies highlighted a phenomenon often referred to as perpetual or frozen grief, a condition exacerbated by uncertainty and the inability to perform traditional mourning rituals (Clark et al., 2009; Lee-Maturana et al., 2020; Ludwig et al., 2006; Tavares et al., 2020; Thomas et al., 2023; Ziebell, 1986). This form of grief is intensely felt by those left without closure due to the ambiguous status of a loved one, either missing or presumed dead, rendering those left behind unable to find solace or conclusion (Ludwig et al., 2006; Renner et al., 2021). One family in Ziebell's (1986) study referred to the grief as having "no end" (pg. 68). Cultural rituals that traditionally facilitate mourning and emotional recovery cannot be completed, leaving individuals in a liminal state of unresolved grief (Thomas et al., 2023). Personal accounts vividly describe this state as being trapped in a limbo of hope and despair, and life seemingly put on hold (Clark et al., 2009; Lee-Maturana et al., 2020).

The quantitative findings reflected similar trends, with uncertainty and rumination being linked to freezing the grieving process in three studies (Kennedy et al., 2021; Lenferink et al., 2017a; Mammadova, 2021). Mammadova (2021) conceptualised this as "Unless families find a way to reconstruct their own identities and roles and function without the missing person, they will forever be waiting – their grief frozen in time and in place" (p.42). Studies suggested links between the ambiguity of whether a missing person is alive and inability to obtain closure (Kennedy et al., 2021; Renner et al., 2021). Lenferink and colleagues (2017b) found a correlation between PTSD and Prolonged Grief Disorder in participants who reported engaging in more negative rumination.

Social Isolation and Loneliness. Ambiguous loss frequently disrupts social relationships, often leading to a noticeable decline in family connections and an increase in social isolation. This was observed in several studies, including Tavares et al. (2020), who noted reduced

engagement and a growing sense of isolation within family interactions. Ziebell (1986) detailed various social consequences such as mistrust towards extended family, loss of community support, and marital difficulties, all contributing to feelings of loneliness and disconnection. Lee-Maturana et al. (2020) pointed out how the emotional burden of ambiguous loss complicates maintaining personal relationships, hindering the ability to form new connections or sustain existing ones. Participants often referred to being unable to relate to others after the loss, with one participant stating, "I'm sure some people get sick of hearing my story, new friends, old friends, they don't really understand" (p. 2274; Lee-Maturana et al., 2020). Another participant commented on limited capacity of friends to support in AL circumstances, saying, "I got support from my friends. One in every 10 friends; the other nine couldn't face me. It's not that they weren't my friends. If they came, they just couldn't handle it" (DeYoung & Buzzi, 2003, p. 349). Participants in other studies similarly described struggles to find emotional support and how changes in family dynamics weakened familial bonds, exacerbating the challenges associated with social isolation (Clark et al., 2009; Lenferink et al., 2019).

Quantitative studies reinforced how the absence of support can intensify the struggles of those dealing with loss. Lenferink et al. (2018b) observed that a lack of social support was associated with poorer mental health outcomes. Similarly, Smid and colleagues (2020) found that a substantial portion of participants reported not receiving adequate support, with 72% lacking peer support and between 31-41% lacking family, crisis, and religious support. Social networks are evidently negatively impacted by the occurrence of AL. Quirk and Casco (1994) found that 47% of their ambiguous loss participants mentioned worsening relationships with neighbours. Overall, the reviewed studies demonstrated the consistent impact of AL on the social interactions and support network of affected individuals.

Identity Confusion. In three qualitative investigations, ambiguous loss was found to precipitate crises of identity (Tavares et al., 2020; Thomas et al., 2023; Ziebell, 1986). These studies pointed to identity confusion arising from conflicts between social expectations and individual meaning-making. For instance, Thomas et al. (2023) and Tavares et al. (2020) describe the uncertainty of roles within the family, where individuals grapple with defining their positions and responsibilities amidst drastically altered family dynamics. Culture may play a role in the impact of AL, as participants in these studies were of Portuguese (Tavares et al., 2020) and Sri Lankan (Thomas et al., 2023) heritage. In a US sample, Ziebell (1986) discussed the need for individuals to forge new identities and self-images that align with their changed relational web, revealing intra-family challenges in redefining personal identity in the aftermath of loss.

Similar quantitative findings were reported by Renner et al. (2021) when working with Syrian refugees. This study detailed the stress experienced by individuals uncertain of their marital status when a spouse is missing, as the cultural expectations around widowers differ from those of wives. Thus, the participants were culturally obligated to await the uncertain return of their husbands before moving forward, leading to prolonged periods of identity limbo.

Work as both a Lifeline and Obstacle. The repercussions of ambiguous loss on professional life were noted across multiple studies, but impacts varied (Lee-Maturana et al., 2020; Lenferink et al., 2018b; Tavares et al., 2020; Ziebell, 1986). Some individuals reported experiencing challenges in maintaining employment and performing effectively at work. (Tavares et al., 2020; Ziebell, 1986). Tavares et al. (2020) reported that individuals found it difficult to maintain employment, often experiencing loss of income, an inability to function effectively at work, and demotivation. Similarly, Ziebell (1986) noted general adverse work impacts without specifying details, suggesting a broad negative influence on professional life. Conversely, for

some individuals, work served as a critical distraction and coping mechanism. Lee-Maturana et al. (2020) highlight this dichotomy where one participant noted that working long hours was a form of escape, and another felt that having a routine and being able to laugh at work significantly contributed to their emotional resilience.

Reinforcing Lee-Maturana and colleagues' (2020) findings, one quantitative study (Lenferink et al., 2018b) indicated that work being used as a distraction supported grief management for participants and helped maintain a semblance of normalcy.

Counterfactual Thinking. Counterfactual thinking, which involves ruminating on "what if?" scenarios and imagining alternative outcomes, is a cognitive process that has been associated with increased psychological distress, prolonged grief, and PTSD (Kennedy et al., 2021a; Ludwig et al., 2006). Kennedy et al. (2021a) detailed how high levels of such thinking - specifically contemplating how situations might have turned out better - can compound grief and distress. Individuals often engage in mentally reconstructing events to imagine less painful outcomes, a process that, while natural, can intensify emotional turmoil. Similarly, Ludwig et al. (2006) discussed how survivors often ponder what their lost loved ones' lives might have been like if circumstances had been different, highlighting how these thoughts contribute to the complexity of the grieving process.

One quantitative study also explored counterfactual thinking (Lenferink et al., 2017a), offering a more nuanced view. Findings indicated that while prevalent, counterfactual thinking does not significantly mediate the relationship between self-compassion and prolonged grief, PTSD, or depression. Thus, the impact of counterfactual thinking might be modulated by other

psychological factors (e.g., self-compassion), underscoring the multifaceted nature of grief and cognitive responses to trauma.

3.4. Coping strategies themes

The Value of being Proactive: Independent Research or Investigation. Participants across several qualitative studies highlighted the role of individual research or initiating an independent investigation in their own coping. Individuals channelled their response to loss into proactive behaviours, including advocacy for children's rights (Ludwig et al., 2006), information seeking related to the investigation (Clark et al., 2006; Tavares et al., 2020), or research (Lee-Maturana et al., 2020) as mechanisms to regulate emotions and find some form of closure. Lee-Maturana et al. (2020) reported that 35% of participants engaged in activities like studying and researching topics related to their loss (i.e., parental alienation), which provided both a distraction and aid in reconstructing a sense of purpose and identity. Ziebell (1986) and Clark et al. (2009) described the obsession some have with finding the missing person as a coping strategy, which initially provides a purpose and outlet for emotions. However, beliefs about what happened to the missing person were found to influence effectiveness of this approach to coping in some cases (Clark et al., 2009). Lenferink and colleagues' (2018b) quantitative findings also supported the value of information-seeking. It was found that both active and passive search activities improved symptoms of distress related to ambiguous loss.

Social Activities and Seeking Support. Engagement in social activities and the pursuit of supportive relationships or mental health services were qualitatively reported to be pivotal in managing the effects of ambiguous loss. Seemingly combatting the perils of social isolation highlighted above, several studies emphasize the therapeutic power of shared experiences and collective coping, which significantly alleviated psychological distress (Boss et al., 2003;

Cedeno, 2021; Tavares et al., 2020; Thomas et al., 2023). Ziebell (1986) stressed the importance of developing new social rituals and support groups that normalise grief and provide structured spaces for mourning. This was reiterated by Boss and colleagues (2003), who added that when participants were from culturally similar backgrounds, shared language, history, values, and experiences enhanced the supportive qualities of group environments. Lee-Maturana et al. (2020) and Boss et al. (2003) further detail how community-based interventions and family gatherings foster a sense of connectedness and offer relief from isolation. The communal approach to dealing with grief through group sessions or family meetings helps individuals feel less alone, processing their emotions within a supportive network that understands their unique experiences.

Quantitative findings underscored the importance of social supports for coping. Several authors highlighted the value of sharing collective pain, potentially through group intervention (Anderson et al., 2020; Renner et al., 2021) and obtaining support from both family and friends (Lenferink et al., 2018b). Kennedy and colleagues (2021) noted a relationship between mental health help-seeking and reduced rates of PTSD and Prolonged Grief Disorder symptomology. However, Smid et al. (2020) highlighted significant barriers to obtaining mental health support, with 72% of individuals expressing negative opinions about the quality of services. A lack of available services, the costs associated with accessing support, not knowing how to seek help, and concerns over confidentiality were also cited as barriers. Additionally, societal judgment and logistical issues such as inadequate transportation and care provider discontinuity further hinder access to necessary support.

Maintaining Hope and Faith. Qualitative findings indicated that faith and hope played crucial roles in maintaining psychological resilience and fostering proactive behaviours among those

dealing with ambiguous loss (Clark et al., 2009; Heeke et al., 2014; Lee-Maturana et al., 2020; Tavares et al., 2020; Thomas et al., 2023; Ziebell, 1986). Some emphasised the role of religion and prayer in providing solace and a framework for finding strength and meaning in adversity (Lee-Maturana et al., 2020; Thomas et al., 2023), with prayer offering both comfort and a means for confronting difficulties. One participant said, *"*I pray a lot. And I get mad a lot at God, why are you doing this? But I really do believe it's a walk of faith, and there's a reason it's happening this way" (p. 2276; Lee-Maturana et al., 2020). Others spoke to general need to maintain hope (Clark et al., 2009; Ziebell, 1986) and not give up (Tavares et al., 2020). One participant said on the topic of hope, "Maybe that's just hope, hope for the fact that you can actually live your life again and not live in a constant […] void, I guess" (p. 274; Clark et al., 2009). Tavares and colleagues (2020) emphasised the value of a proactive mindset, viewing the enduring belief in positive change and the possibility of reversing losses as crucial expressions of hope. Ziebell (1986) summarised the significance of hope as a belief in the reversibility of loss, describing a "hope-to-despair continuum" (p. 64) that acted as a double-edged sword. While hope was crucial for emotional survival, it also perpetuated ambiguity and delayed the resolution of grief.

In their quantitative analysis, Heeke et al. (2014) provided a nuanced perspective on hope's impact on grief. The study showed that moderate hope was associated with higher levels of Prolonged Grief Disorder while both high and low levels of hope correlate with lower levels of Prolonged Grief Disorder. This seems to align with findings related to frozen grief, as participants with little hope may be better able to attain a sense of closure while those with high hope may not have accepted their loved one's absence to the extent of beginning a grief process.

Grieving/Religious Rituals. As evidenced by concerns related to frozen grief, grieving rituals can be essential in aiding individuals and families to navigate loss generally but are more challenging in cases of ambiguous loss. Boss et al. (2003) highlighted the role of religion in providing support during times of ambiguous loss, especially pronounced among populations from highly religious backgrounds. They noted, however, that traditional rituals often fall short in cases of ambiguous loss, prompting families to adopt alternative practices such as private masses, prayer ceremonies, or community services dedicated to the missing.

The quantitative literature reinforced the varying application and effectiveness of grieving rituals in ambiguous loss. Anderson et al. (2020) observed that families of military personnel often benefit from a more structured grieving process, facilitated by public rituals and ceremonies that honour the missing. Lenferink et al. (2018b) reported, however, that engaging in rituals generally can serve as a positive coping mechanism. This is evidently a strategy with mixed success in managing the impacts of ambiguous loss.

Avoiding Thinking About It. Avoidance and distraction were frequently mentioned coping mechanisms employed by individuals dealing with AL, serving to manage overwhelming feelings and maintain psychological stability (Clark et al., 2005; Lee-Maturana et al., 2020; Thomas et al., 2023; Ziebell, 1986). Thomas et al. (2023) discussed the use of distraction techniques as a deliberate strategy to divert attention from distressing thoughts or feelings. Similarly, Ziebell (1986) notes the resumption of work and the establishment of a daily routine as vital distractions that help individuals reestablish structure and normalcy in their lives. Clark et al. (2009) provided more insight into how individuals actively avoid painful thoughts, such as one participant treating the absence of his sibling as a sort of symbolic death. This was reported to help avoid speculation about the current situation, thereby reducing mental distress.

Other participants were described as using hobbies and busy schedules to suppress or block out painful emotions—activities that are known strategies for avoiding emotions. Lee-Maturana et al. (2020) underscore this approach with a participant who engaged in various hobbies obsessively, indicating that such activities can provide not only a distraction but also a sense of relief from persistent thoughts of loss.

Use of Exercise. Two papers suggested that engagement in exercise has played a crucial role in improving mental health and facilitating social integration. For example, Cedeño (2021) observed that participation in sports not only maintained academic motivation but also enhanced social connections by linking individuals with peers who shared their interests, thus boosting their sense of belonging. Similarly, Lee-Maturana et al. (2020) found that exercise led to improvements in self-esteem and emotional well-being, with participants noting reduced sadness and a more positive self-perception.

Emotional Management and Acceptance. Kennedy et al. (2021a) shared qualitative support for the benefits of emotion regulation interventions, which equipped individuals with strategies to manage and respond to intense emotions constructively. Such interventions assist people in processing and adapting to their emotional experiences healthily. They also emphasised the potential benefits of Acceptance and Commitment Therapy (ACT) for helping individuals accept their current situations, thereby reducing the emotional burden of unchangeable circumstances. Mindfulness was a skill identified in two studies (Kennedy et al., 2021a; Lenferink et al., 2019) as beneficial in coping with grief and managing recurrent images and intrusive thoughts associated with loss. Kennedy et al. (2021a) highlighted the general benefits of mindfulness in fostering a state of awareness and presence that can significantly mitigate the impact of stress and emotional turbulence. Expanding on this, Lenferink et al. (2019) conducted

a therapeutic intervention that included mindfulness practices and provide a detailed account of how mindfulness techniques specifically helped an individual cope with the vivid, recurrent images of a lost loved one. Further, one participant shared that mindfulness not only calmed them but also equipped them to confront and tolerate the deep sadness that emerged when thinking about their brother.

4. Discussion

4.1. Principle findings

The aim of this review was to deepen the understanding of impacts, coping, and potential interventions as related to physical ambiguous loss. Themes related to negative experiences, many of which appear unique to ambiguous loss, were identified alongside approaches to coping. This review builds on previous studies and highlights additional aspects of ambiguous loss, offering new insights into identifying and addressing the effects.

A common theme of anger and mistrust towards authority figures was similar to findings highlighted in a prior review by Kennedy and colleagues (2019). Previous studies have noted the tendency of loved ones to become frustrated with authorities when they do not see them as actively making search efforts (e.g., Parr et al., 2016). Cultural and ethnic minority groups in Western contexts may be particularly vulnerable to this experience, as these groups tend to have diminished trust in law enforcement agencies for a variety of reasons. In the UK, for example, a 2024 study (Davis et al.) asked Black children and their parents for their views on why Black children were at higher risk of going missing and stayed missing longer. Participants reported that safeguarding measures were less likely to be taken to prevent loss and that authorities would take the case less seriously because of stereotypes about Black children's behaviour. Actual and perceived neglect by authorities may be an important consideration for future researchers or practitioners when working with groups managing AL and as well as those

from visible minority groups who have been displaced due to political, ethnic, or religious persecution in their home countries.

A coping strategy identified in the present review that may be well-suited to addressing this frustration is engaging in advocacy or one's own investigative activities. Kennedy and colleagues (2019) also observed this style of coping, including it under a general theme of problem-solving. However, many of the reviewed studies suggested that proactive behaviours related to information-seeking or research (Clarke et al., 2006; Lee-Maturana et al., 2020; Lenferink et al., 2018b; Tavares et al., 2020) as well as relevant advocacy work (e.g., for children's rights; Ludwig et al., 2006) were uniquely helpful in the regulation of emotions and reduction of ambiguous loss induced distress. In turn, this was captured in a theme that focused on emotional regulation and acceptance, although this was, surprisingly, commented on in only a limited fashion in the literature.

Emotional turbulence and 'frozen grief' emerged as recurrent themes in the reviewed studies, aligning closely with prior literature. These findings support Kennedy and colleagues' (2019) conclusion that depression, post-traumatic stress, prolonged grief, and anxiety are among the most common impacts of ambiguous loss. In the broader grief and loss literature, the inability for those left behind to make meaning from a loss has been identified as a factor in prolonging and complicating the grief process as well as increasing the likelihood of PTSD symptoms (e.g., Rozalski et al., 2016). Participants' reports of being unable to engage in cultural and religious mourning practices support this theory (e.g., Boss et al., 2003). That is, the typical strategies for integrating loss experiences and giving them meaning in the larger cultural or religious context are disrupted in cases of ambiguous loss, drawing out or halting the grieving process and potentially contributing to difficult cycles of emotion. Further, the fact that a

common coping strategy participants described was to engage in their own search or advocacy activities aligns with purpose or meaning seeking. Thus, it could be valuable for those supporting people with ambiguous loss to help facilitate meaning-making in the context of therapy or other community services.

Coping strategies that may be especially helpful in addressing these challenges are engaging in grieving or religious/spiritual rituals, the maintenance of hope or faith, and learning how to cope through formal intervention. The reviewed literature suggested that activities such as prayer (Lee-Maturana et al., 2020; Thomas et al., 2023) and memorial or religious services can be useful in structuring the grieving process in cases of AL (Andersen et al., 2020; Boss et al., 2003; Lenferink et al., 2018b). However, hope and faith specific to the fate of the lost person should be evoked cautiously, as oscillation between hope and despair can be detrimental (Heeke et al., 2014). Though formal intervention and psychoeducation were relatively underrepresented in the included studies, mindfulness (Lenferink et al., 2019) and emotional regulation skill development in the context of an ACT framework (Kennedy et al., 2020) were found to be effective in reducing emotional turbulence among those experiencing ambiguous loss.

Two other common experiences described by participants were a loss of social support or feeling isolated by ambiguous loss and identity confusion. These experiences, parts of which are unique to ambiguous loss, was remarkably absent in the thematic foci of prior reviews. Many participants reported feeling alienated from close friends and family by their experience. Guilt and discomfort on the part of friends and community members was cited as a factor (DeYoung & Buzzi, 2003; Lee-Maturana et al., 2020). Being that ambiguous loss is a less common experience than grief, people may not have a clear sense of how to respond or support

those enduring it. Further, some participants reported taking out their frustration with the system, mistrust, or injustice of the experience on those closest to them (Quirk and Casco, 1994; Ziebell, 1986). Identity confusion occurred in both familial and cultural contexts, with participants struggling to know their role in the aftermath of an ambiguous loss (Tavares et al., 2020; Thomas et al., 2023; Ziebell, 1986).

Social supports, such as a group of similarly impacted individuals to depend on and share among, was a common coping strategy that showed effectiveness in addressing these concerns (e.g., Boss et al., 2003). Social support was previously identified as a helpful form of coping (Kennedy et al., 2019) and could be useful in reducing the impact of ambiguous loss, particularly given the various alienating effects reported. Supporting those who are dealing with ambiguous loss to connect with others, especially those with similar experiences, could be very useful in helping them to combat isolation and navigate the process of reestablishing their identity. This approach may be particularly useful when working with group ambiguous loss, such as among those suffering losses due to war, asylum-seekers, or in a crisis-response context (e.g., following a natural disaster).

Finally, avoidance-based symptoms and coping were mentioned by several participants, mirroring findings from previous reviews (e.g., Heeke & Knaevelstrud, 2015; Kennedy et al., 2019). Counterfactual thinking in ambiguous loss, while categorised as a symptom in the present review, can also be considered a form of maladaptive, avoidant coping insofar as preventing those left behind from accepting the present situation and moving forward in their emotional processing (Kennedy et al., 2020; Ludwig et al., 2006). This was found to prolong and worsen distress and grief in most cases. Similarly, participants also reported that work provided an opportunity to engage in avoidance. While previous studies have considered work

as a separate category of coping, the framing participants gave to their involvement with work (e.g., spending time and attention on it to reduce their rumination on the ambiguous loss) suggested that it was being used as an avoidance strategy (Lee-Maturana et al., 2020; Lenferink et al., 2018b). While providing temporary relief, prior studies looking at the development and treatment of PTSD more broadly have indicated that avoidance tends to increase the likelihood of prolonging traumatic symptomology (Pineles et al., 2011).

4.2. Strengths and limitations

This review had two key strengths. First, its comprehensive approach to integrating both quantitative and qualitative findings through a meta-ethnographic and thematic synthesis. This dual-method approach allowed for a nuanced understanding of ambiguous loss, capturing both the measurable psychological impacts and the personal, context-dependent experiences of those affected. Second, the review was designed to provide an overview of both symptomology or common responses to ambiguous loss as well as potential coping strategies to address them. The structure of this review provides clear guidance for practitioners and researchers in working with people who are affected by ambiguous loss in the future.

Nonetheless, certain limitations should be acknowledged. For example, although studies were included regardless of quality, the lower methodological rigor of some studies may limit the generalisability of findings. Further, many of the qualitative studies examined provided only summaries or limited quotes from participants, which limited the extent to which reciprocal translation could be applied (Noblit & Hare, 1988). Finally, reflexivity was also an important consideration in this synthesis process. The research team's backgrounds may have influenced the interpretation of data and development of themes, particularly in relation to cultural dimensions of ambiguous loss. Efforts were made to remain sensitive to the diversity of cultural

contexts represented, yet further research could benefit from an in-depth analysis of how cultural values and norms influence coping mechanisms in ambiguous loss.

4.3. Implications and future directions

Considered pivotal in emotional regulation and development of distress tolerance across many trauma treatment modalities, formal intervention, skill development, and psychoeducation were rarely mentioned in studies examining coping with ambiguous loss. Information about novel interventions (e.g., Boss et al., 2003) was limited in detail and there were no examples of randomised control trials cited. There is a clear gap in the AL research insofar as the application of structured intervention.

Throughout this review, several symptoms commonly associated with ambiguous loss resemble those treated in trauma-focused therapies such as EMDR (Eye Movement Desensitisation Reprocessing therapy). Individuals experiencing ambiguous loss often report symptoms like intrusive thoughts, persistent rumination, distressing mental imagery, and heightened anxiety (Heeke et al., 2014; Kennedy et al., 2019; Clark et al., 2009; Lenferink et al., 2017a). The emotional turbulence and "frozen grief" of ambiguous loss mirror the unresolved trauma seen in PTSD, where clients remain psychologically "stuck". EMDR's structured phases of desensitisation and reprocessing could help alleviate these shared symptoms in the context of ambiguous loss (Tavares et al., 2020; Lee-Maturana et al., 2020). However, EMDR's focus on achieving closure may be less suited to ambiguous loss, where the open-ended nature of the loss leaves individuals in a state of constant anticipation. While EMDR might alleviate some of the trauma-like symptoms associated with ambiguous loss, a combined approach with therapies like Acceptance and Commitment Therapy —which promotes acceptance and present-moment focus—may better support those coping with ambiguous loss's enduring ambiguity (Kennedy et al., 2020). In any case, there is a need for

studies of intervention efficacy among ambiguous loss populations that integrate the effective coping strategies identified in the existing literature and involve experimental designs.

4.4. Conclusions

The focus of this review was the implications of physical ambiguous loss for those left behind and how they cope. The effects spanned emotional, social, physical, and cognitive domains. A variety of coping strategies have been explored in prior studies, but little attention has been given to the theoretical underpinnings of ambiguous loss or the development of targeted intervention to address it. Given the prevalence of ambiguous loss and its multifaceted impacts, future work should be focused on the development and integration of relevant theory and developing treatment that expands on what is known to be effective for processing other, similar types of traumatic experience.

References

Andersen, I., Poudyal, B., Abeypala, A., Uriarte, C., & Rossi, R. (2020). Mental health and psychosocial support for families of missing persons in Sri Lanka: A retrospective cohort study. *Conflict and Health*, *14*(1), 16–16. https://doi.org/10.1186/s13031-020-00266-0

Barakovic, D., Avdibegovic, E., & Sinanovic, O. (2013). Depression, anxiety and somatization in women with war missing family members. *Materia Socio-Medica*, *25*(3), 199–202. https://doi.org/10.5455/msm.2013.25.199-202

Boss, P. (1999). Ambiguous loss: learning to live with unresolved grief. Cambridge: Harvard University. Paperback reprint in 2000.

Boss, P. (2002). Ambiguous loss: working with families of the missing. *Family Process, 41*(1), 14–17.

Boss, P., Beaulieu, L., Wieling, E., Turner, W., & LaCruz, S. (2003). Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City. *Journal of Marital and Family Therapy*, *29*(4), 455–467. https://doi.org/10.1111/j.1752-0606.2003.tb01688.x

Boss, P. E., & Bornstein, M. H. (2018). Closure and Grief. In *The SAGE Encyclopedia of Lifespan Human Development* (Vol. 5, pp. 375–378). SAGE Publications, Inc. https://doi.org/10.4135/9781506307633.n141

Bricknell, S. (2017). Missing persons: Who is at risk? Canberra, Australia: Australian Institute of Criminology.

Campbell, C. L., & Demi, A. S. (2000). Adult Children of Fathers Missing in Action (MIA): An Examination of Emotional Distress, Grief, and Family Hardiness. *Family Relations*, *49*(3), 267–276. https://doi.org/10.1111/j.1741-3729.2000.00267.x

Cedeño, S. M. (2021). Conexiones: Brokering Connections with Unaccompanied Immigrant Adolescents in Secondary Schools. *School Social Work Journal*, *45*(2), 1–20.

Clark, J., Warburton, J., & Tilse, C. (2009). Missing siblings: seeking more adequate social

responses. *Child & Family Social Work*, *14*(3), 267–277. https://doi.org/10.1111/j.1365-2206.2008.00593.x

Davis, J., Allen, J., & Hunter, J. (2024, July). *"We're told not to make everything about race, but it is about race." The experiences of Black missing children and their parents.* Listen Up Research. https://listenupresearch.org/wp-content/uploads/2024/07/Final_Experiences-of-Black-missing-children-Voices-report.pdf

DeYoung, R., & Buzzi, B. (2003). Ultimate coping strategies: The differences among parents of murdered or abducted, long-term missing children. Omega, 47(4), 343– 360

Heeke, C., & Knaevelstrud, C. (2015). Uneindeutiger verlust: Psychopathologische und psychosoziale konsequenzen imcontext gewaltsamer konflikte. Der *Nervenarzt, 86,* 826–832. https://doi.org/10.1007/s00115-014-4234-0

Heeke, C., Stammel, N., & Knaevelstrud, C. (2014). When hope and grief intersect: Ratesand risks of prolonged grief disorder among bereaved individuals and relatives of disappeared persons in Columbia. *Journal of Affective Disorders*, 173, 59–64. https://doi.org/10.1016/j.jad.2014.10.038

Henderson, M., & Henderson, P. (1998). Missing people: Issues for the Australian community. Canberra, Australia: Commonwealth of Australia.

Kennedy, C., Deane, F. P., & Chan, A. Y. (2019). In limbo: A systematic review of psychological responses and coping among people with a missing loved one. *Journal of Clinical Psychology*, *75*(9), 1544–1571. https://doi.org/10.1002/jclp.22799

Kennedy, C., Deane, F. P., & Chan, A. Y. C. (2021a). "What Might Have Been…": Counterfactual Thinking, Psychological Symptoms and Posttraumatic Growth When a Loved One is Missing. *Cognitive Therapy and Research*, *45*(2), 322–332. https://doi.org/10.1007/s10608-020-10156-7

Kennedy, C., Deane, F. P., & Chan, A. Y. C. (2021b). Intolerance of uncertainty and psychological symptoms among people with a missing loved one: Emotion regulation difficulties and psychological inflexibility as mediators. *Journal of Contextual Behavioral Science*, *21*, 48–56. https://doi.org/10.1016/j.jcbs.2021.05.006

Kennedy, C., Deane, F. P., & Chan, A. Y. C. (2022). Navigating limbo: Help-seeking for mental health problems among loved ones of missing persons, *Clinical Psychologist, 26(*1), 73-82. https://doi.org/10.1080/13284207.2021.2008767

Lee-Maturana, S., Matthewson, M. L., & Dwan, C. (2020). Targeted Parents Surviving Parental Alienation: Consequences of the Alienation and Coping Strategies. *Journal of Child and Family Studies*, *29*(8), 2268–2280. https://doi.org/10.1007/s10826-020-01725-1

Lenferink, L. I. M., de Keijser, J., Wessel, I., & Boelen, P. A. (2018a). Cognitive-Behavioral Correlates of Psychological Symptoms Among Relatives of Missing Persons. *International Journal of Cognitive Therapy*, *11*(3), 311–324. https://doi.org/10.1007/s41811-018-0024-y

Lenferink, L. I. M., de Keijser, J., Piersma, E., & Boelen, P. A. (2018b). I've changed, but I'm not less happy: Interview study among nonclinical relatives of long-term missing persons. *Death Studies*, *42*(6), 346–355. https://doi.org/10.1080/07481187.2017.1347213

Lenferink, L. I. M., Eisma, M. C., de Keijser, J., & Boelen, P. A. (2017a). Grief rumination mediates the association between self-compassion and psychopathology in relatives of missing persons. *European Journal of Psychotraumatology.* https://doi.org/10.1080/20008198.2017.1378052

Lenferink, L.I. M., Denderen, M. Y., de Keijser, J., & Boelen, P. A. (2017b). Prolonged grief and post-traumatic stress among relatives of missing persons and homicidally bereaved individuals: A comparative study. *Journal of Affective Disorders.* https://doi.org/10.1016/j.jad.2016.11.012

Lenferink, L. I., de Keijser, J., Wessel, I., & Boelen, P. A. (2019). Cognitive behavioural therapy and mindfulness for relatives of missing persons: A pilot study. *Pilot and Feasibility Studies*, *5*(1). https://doi.org/10.1186/s40814-019-0472-z

Lubinets, D. (2024). Ukraine identifies 37,000 people as missing, warns the figure may be 'much higher'.

Ludwig, K., Imberti, P., Rodriguez, R., & Torrens, A. (2006). Healing trauma and loss through a community-based multi-family group with Latino immigrants. *Social Work with Groups, 29*(4), 45–59. https://doi.org/10.1300/J009v29n04_04

Luster, T., Qin, D., Bates, L., Johnson, D., & Rana, M. (2009). The lost boys of Sudan: Coping with ambiguous loss and separation from parents. *American Journal of Orthopsychiatry, 7*9(2), 203–211.

Mammadova, A. (2021). *Psychosocial Support for People Living with Ambiguous Loss: Quantitative Evaluation of the Intervention Designed by International Committee of the Red Cross (Icrc)*. ProQuest Dissertations & Theses.

McCubbin, H. I., Dahl, B. B., Lester, G. R., Benson, D., & Robertson, M. L. (1976). Coping repertoires of families adapting to prolonged war-induced separations. Journal of Marriage and the Family, *38*(3), 461–471.

Missing People and Listen Up, *The Ethnicity of Missing People, findings from police and local authority data*, 2021-22, February 2023: https://www.missingpeople.org.uk/wp-content/uploads/2023/03/Missing_Ethnicity-report.pdf

Nen, S., Alavi, K., Ibrahim, F., Hoesni, S. M., & Sarnon, N. (2013). Missing children and parental struggle: From chaos to coping. Pertanika Journal of Social Science and Humanities, 21, 17–30.

Parr, H., Stevenson, O., & Woolnough, P. (2016). Search/ing for missing people: Families living with ambiguous absence. *Emotion, Space and Society, 19*, 66–75.

Quirk, G. J., & Casco, L. (1994). Stress disorders of families of the disappeared: A controlled study in Honduras. *Social Science & Medicine*, *39*(12), 1675–1679. https://doi.org/10.1016/0277-9536(94)90082-5

Renner, A., Jäckle, D., Nagl, M., Plexnies, A., Röhr, S., Löbner, M., Grochtdreis, T., Dams, J., König, H. H., Riedel-Heller, S., & Kersting, A. (2021). Traumatized Syrian refugees with ambiguous loss: Predictors of mental distress. *International Journal of Environmental Research and Public Health*, *18*(8), 3865. https://doi.org/10.3390/ijerph18083865

Rozalski, V., Holland, J. M., & Neimeyer, R. A. (2016). Circumstances of Death and Complicated Grief: Indirect Associations Through Meaning Made of Loss. *Journal of Loss and Trauma*, *22*(1), 11–23. https://doi.org/10.1080/15325024.2016.1161426

Smid, G., Blaauw, M., & Lenferink, L. (2020). Relatives of Enforced Disappeared Persons in Mexico: Identifying Mental Health and Psychosocial Support Needs and Exploring Barriers to Care. *Intervention (Amstelveen, Netherlands)*, *18*(2), 139–149. https://doi.org/10.4103/INTV.INTV_55_19

Stephenson, N. (2024). *Key information*. Missing People. https://www.missingpeople.org.uk/for-professionals/policy-and-research/information-and-research/key-information

Tavares, A., Crespo, C., Ferreira, L., & Ribeiro, M. T. (2021). Left behind parents: A qualitative study on the experience of parental abduction of a child in Portugal. *Journal of Marital and Family Therapy*, *47*(3), 595–613. https://doi.org/10.1111/jmft.12478

Teichman, Y., Spiegel, Y., & Teichman, M. (1978). Crisis intervention with families of servicemen missing in action. In *American Journal of Community Psychology* (Vol. 6, Issue 4, pp. 315–326). https://doi.org/10.1007/BF00885523

Thomas, F. C., Divirgilio, R., Jayawickreme, N., Sivayokan, S., McShane, K., & Jayawickreme, E. (2023). Coping with the long-term impact of civil strife: A grief-centered analysis of Tamil Sri Lankan communities affected by ethnopolitical conflict. *Applied Psychology: Health and Well-Being*. https://doi.org/10.1111/aphw.12491

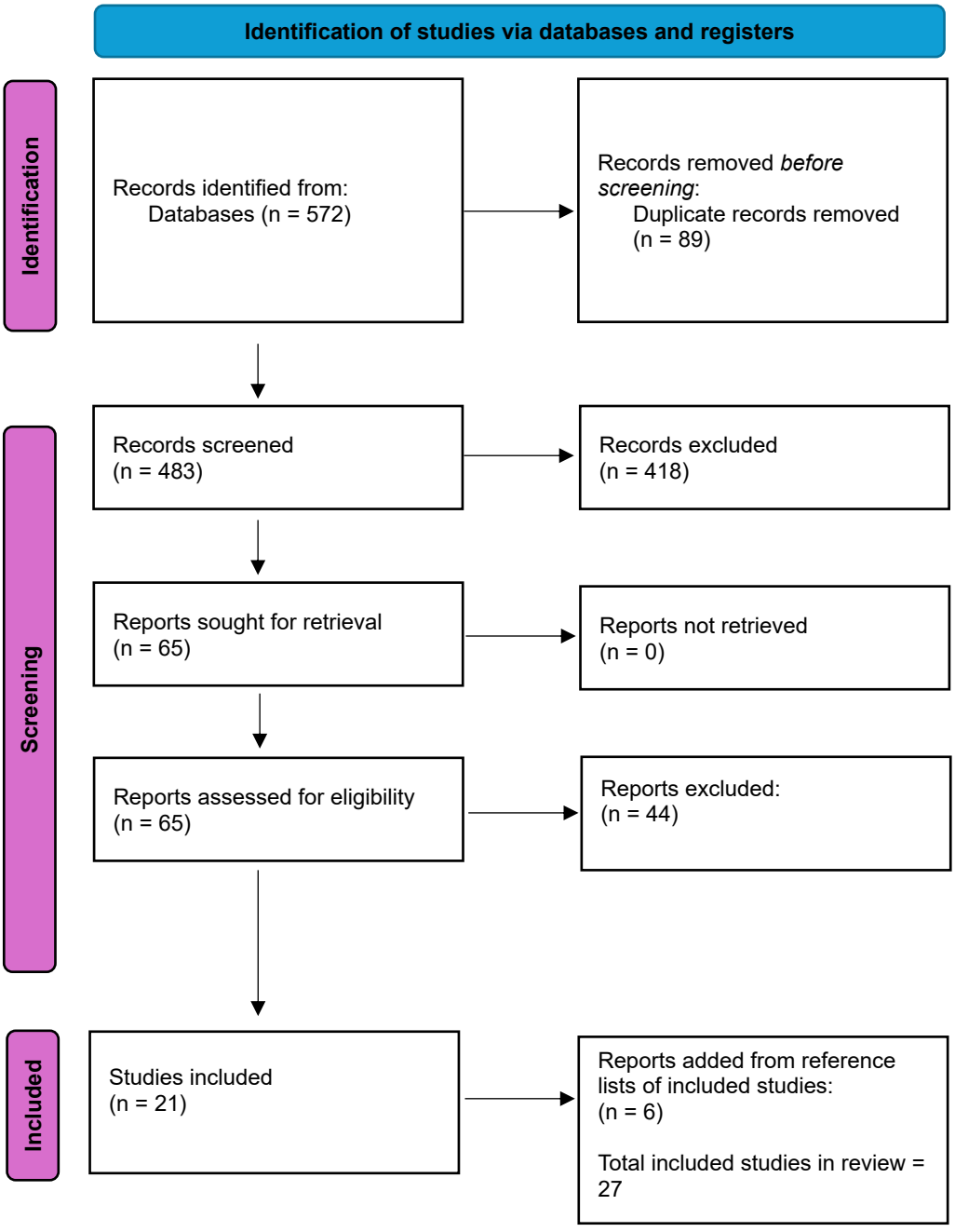
von Suhr, J. C. (2003). *The sibling experience of ambiguous loss in families with a missing child: Grief, coping, and support -seeking behaviors*. ProQuest Dissertations & Theses.

Wayland, S., Maple, M., McKay, K., & Glassock, G. (2016). Holding on to hope: A reviewof the literature exploring missing persons, hope and ambiguous loss. Death Studies, *40*(1), 54–60. https://doi.org/10.1080/07481187.2015.1068245

Ziebell, S. M. (1986). Coping with an uncertain loss: Aspects of bereavement in two families with an abducted child. In *Dissertation Abstracts International Section A: Humanities and Social Sciences, 47*(5-A), 1612–1613.

Figure 1

PRISMA flow diagram.



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71
Source: Authors own work

Figure 2

Generated Themes

Impact Themes	**Coping Strategies Themes**
Pervasive anger and mistrust toward authorities	Conducting independent research or investigation
The emotional rollercoaster of ambiguous loss	Engaging in social activities and seeking support
Somatic effects of ambiguous loss	Maintaining hope and faith
Frozen grief	Grieving/religious rituals
Social isolation and loneliness	Avoiding thinking about it
Identity confusion	Use of exercise
Counterfactual thinking	Emotional management and acceptance
Dual role of work as a lifeline and obstacle	

Source: Authors own work

Table 1.
Study details, findings and quality appraisal

Author	**Study design**	**Sample**	**Country**	**Intervention (if applicable)**	**Quantitative findings**	**Qualitative findings**	**Quality assessment/ Quality rating**
Anderson et al., 2020	Cross-sectional, pre-post; quantitative	N = 1,783 relatives of missing persons. Age < or = to 40 (11.01%); 41-50 (19.69%); 51-60 (28.09%); 61+ (41.21%) 87.66% female	Sri Lanka	Family needs assessment. Six-month mental health and psychosocial support. Eight peer-support group sessions, individual visits, referral to local services, commemoration events.	Reduced anxiety in 81% of sample, depression (79%), and somatic pain (77%). Increased functioning (75%). Predictors of improvement are severe baseline distress, Tamil and Muslim ethnicity. Attending at least three group sessions showed improvements.	N/A	JBI/High
Baraković et al., 2013	Cross-sectional; quantitative	N = 120 relatives of missing persons; n = 40 control group. Aged 17-65. Female.	Bosnia and Herze-govina	N/A	47.5% severe depression, 40% moderate to severe anxiety, 50.8% moderate to severe somatisation. All relatives of disappeared showed higher symptoms of depression, anxiety, and somatisation than controls.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Boss et al., 2003	N/A	N = 9 families Age and gender not specified.	United States	Five months of participant-led family meetings. This included discussing conflict resolution, creating new rituals, and art therapy for the children of the family. There was also a community aspect where multiple families met to discuss their loss.	N/A	Participants reported the opportunity to talk to other families was helpful. Community aspect provided solidarity and allowed participants to feel less alone. Therapy provided participants with confidence and courage. Some children's artwork suggested a more positive outlook.	CASP/Low
Campbell & Demi, 2004	Cross-sectional; quantitative	N = 20 adult children of missing fathers. Aged 29-48 (m = 37.4, sd = 5.38) 50% female	United States	N/A	Higher rates of openness to challenge and control beliefs were associated with less guilt, blame, anger, and preoccupation with ambiguous loss. Higher control and commitment correlated with less avoidance of thoughts, events and places associated with ambiguous loss.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Cedeno, 2021	Cross-sectional; qualitative	N = 4 youth estranged from family through immigration Aged approximatel 16 years All male	United States	Phase 1: Cultural brokering - adjustment and psychoeducation groups held in the minor's native language. Focuses on migratory grief, loss, and coping. Phase 2: Culturally modified trauma focused CBT used.	N/A	Ambiguous loss related to family left behind leaves unaccompanied minors feeling disconnected and alone, marginalised and ostracised in new social environments. School social workers should engage unaccompanied minors, as cultural brokers and clinicians, forging connections that promote resilience and healing.	CASP/Low
Clark et al., 2009	Cross-sectional; qualitative	N = 9 siblings of missing people Aged m = 25.5, sd = 3.84 77.8% female	Australia	N/A	N/A	Approach and avoidance strategies used to manage emotions. Searching provided purpose and focus to some. Distancing reported to prevent future hurt. Hope changed focus over time from finding missing to being able to live life. Prayer, tattoos to remember, visiting places connected helped. Possible un-ending to ambiguity made experience more intense and difficult to cope with than others.	CASP/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
DeYoung & Buzzi (2003)	Cross-sectional; qualitative	N = 4 parents of missing children N = 4 control parents of murdered children Age not specified. 50% female	United States	N/A	N/A	Most parents of missing children found friends good source of support. Mixed experiences with family and media. Largely negative with formal mental health supports. Most felt authorities not doing enough. Depression, frustration, hope, anger, and denial common emotional responses. Work both difficult and a welcome distraction. Involvement in advocacy was source of support.	CASP/High
Heeke et al. 2015	Cross-sectional; quantitative	n = 73 relatives of disappeared; n = 222 relatives of deceased (control) Age m = 48.6, sd = 12.5 61.4% female	Colom-bia	N/A	Of disappeared relatives, 23% met criteria for prolonged grief, 69% for depression and 67% for PTSD. Hope for survival of the missing person significantly associated with prolonged grief. Level of hope and depression positively correlated with prolonged grief.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Kennedy et al., 2021a	Cross-sectional; quantitative	N =110 people with missing loved ones Aged 21-70 (m = 48.8, sd = 12.3) 87.3% female	Australia UK, USA	N/A	Intolerance for uncertainty positively associated with psychological distress and trauma. Psychological inflexibility significant mediator. Emotion regulation difficulties associated with psychological symptoms. Psychoeducation, problem solving and acceptance and commitment therapy considered potentially promising.	N/A	JBI/High
Kennedy et al., 2021b	Cross-sectional; quantitative	Same as for Kennedy et al (2021a)	Australia UK, USA	N/A	Frequency of counterfactual thinking associated with all psychological symptoms. Imagining how things could have been better was largely associated with heightened psychological symptoms. Imagining how things could have been worse were not associated with psychological distress or prolonged grief but positively related to posttraumatic symptoms.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Kennedy et al., 2022	Cross-sectional; quantitative	Same as for Kennedy et al (2021a)	Australia UK, USA	N/A	43.6% has mental health disorder, 20% for prolonged grief disorder and 22.7% for PTSD. 70% indicated never seeking help. 41.9% of those who did only sought informal sources of help.	N/A	JBI/High
Lee-Maturana et al., 2020	Cross-sectional; qualitative	N = 54 parents estranged from a child. Age not specified. 48% female	Australia	N/A	N/A	Findings included negative *c*onsequences of parental alienation on remaining parents and coping strategies employed. Participants reported depression and PTSD with around one fifth attempting suicide.	CASP/High
Lenferink et al., 2017a	Cross-sectional; quantitative	N = 137 relatives of missing people Age M=57.9, SD=14.1 67.2% Female	The Netherlands	N/A	Self-compassion inversely related to scores on psychopathology and grief rumination. Higher levels of self -compassion associated with lower tendencies to ruminate and lower levels of psychological symptoms. Higher tendencies to ruminate related with increased symptoms. Grief rumination was a notable component.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Lenferink et al., 2017b	Cross-sectional; quantitative	N = 137 relatives of missing people Age M=57.9, SD=14.1 67.2% Female	The Nether-lands	N/A	Affect regulation related to depression, Prolonged Grief Disorder, and PTSD. Scales included dampening (devaluating, suppressing, or downgrading positive affect) and enhancing (positive rumination). Brooding refers to negatively ruminating. Positive rumination was negatively associated with all measured psychopathology and dampening [devaluing] and brooding [negative rumination] positively associated.	N/A	JBI/High
Lenferink et al., 2018a	Cross-sectional; quantitative	N = 134 relatives of missing people Age M = 57.8 SD = 14.2 66.4% female	The Nether-lands	N/A	Women reported higher levels of major depressive disorder than men. Ambiguous loss of a child or spouse related to higher levels of distress than missing others. Believing the missing other was still alive equated to higher levels of distress. CBT recommended.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Lenferink et al., 2018b	Cross-sectional; mixed-methods	N = 23 people with missing loved ones Aged 26-81 (M=59.7; SD= 11.6) 65.2% female	The Netherlands	N/A	Initial drop in functioning noted immediately post-disappearance, with seven noting a stable/resilient pattern and one showing an improved pattern of functioning afterwards.	No participant explicitly stated that the missing person was dead; searching was noted as helpful as well as performing rituals to honour the missing person. Some noted a new sense of personal strength and other positives.	MMAT/High
Lenferink et al., 2019	Cross-sectional, pre-post; quantitative	N = 17 relatives of missing people who scored above clinical threshold for psychological distress. Aged 22-71 (M= 54.56, SD = 12.50) 70.6% female	The Nether-lands	Participants provided with eight sessions of CBT with elements of mindfulness. Had to complete mindfulness and writing assignments as homework. Instructed to practice mindfulness exercises at least 5 times a week from sessions 3-8. Provided with 4 structured writing exercises.	Response rate low (31.7%) and dropout rate high (47.1%). CBT with mindfulness coincided with changes in psychopathology (hedges g 0.35-1.09) and mindfulness (hedges g 0.10-0.41). Participants with immediate intervention has at least twice the reduction in mental health symptoms compared with waiting list controls.	N/A	MMAT/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Ludwig et al., 2008	Cross-sectional; qualitative	A multi-family group that lost a family member on 9/11. Mostly Spanish-speaking Latino immigrants. Age and gender not specified.	United States	Bi-monthly family group met over a three-year period. Full-day meetings and encouraged to bring others. Rapport building and sharing activities that included creating a family portrait and sharing experiences. Ending the group and graduation captured.	N/A	Participants described the value of sharing their struggles in their own language and with people from similar cultures who would understand some of their grieving and emotional processing. Three main strengths: language, collective values/beliefs, and culturally based rituals. Families reported that this helped them to find meaning, attain affective connection, and create a sense of mutual aid/community.	CASP/Low
Mammadova, 2010	Longitud-inal, pre-post assessment; quantitative	N = 1117 relatives of missing people Aged 45-75 (M = 63 for women; M = 60 for men) 78% women	Azerbai-jan	Eight peer-support group sessions for families. Including social support, family systems, living with ambigous loss, coping, remembering and commemorating.	Decrease in anxiety, depression, somatic symptoms and total distress. Decrease in daily dysfunction. Follow-up testing indicated most improvements retained. However, limited data was provided 6 months and 2.5 years following.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Quirk & Casco, 1994	Cross-sectional; quantitative	N=136 relatives of a disappeared person; N = 186 relatives of non-disappeared deceased others; N= 137 relatives no loss in the last 10 years Age and gender not specified.	Hondur-as	N/A	Families with a disappeared relative exhibited more arousal symptoms such as startle reactions, insomnia, and chronic headaches and less social support. Children from families with disappeared members showed significantly greater mood changes and a significant decline in school performance compared to controls.	N/A	CASP/Mod
Renner et al., 2021	Cross-sectional; quantitative	N = 47 relatives of missing people Aged 19-64 (m = 34.8, SD = 12.3) 66% male	Germany (Syrian participa nts)	N/A	Loss of close family member correlated with severity of prolonged grief disorder. Boundary ambiguity and a missing family member predicted 59.3% of variance in grief.	N/A	JBI/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Smid et al., 2020	Cross-sectional; quantitative	N = 29 relatives of disappeared persons Age M = 54; SD = 9.2 82.8% female	Mexico	N/A	Hoped that loved one is still alive; 10.3% Not at all; 17.2% a little; 27.6% moderate; 17.2% quite a bit; 27.6% a lot.	All showed signs of severe emotional distress, intense sadness, rage, despair, exhaustion, relational stress within families, loneliness. Suicidal thinking, sleeplessness, anxiety, changes in appetite, intrusive memories, irritability, and major role impairments all noted. Hope was experienced as positive and painful. Reported death threats, social exclusion, discrimination, financial problems and being denied justice. Sense of identity changed.	CASP/Mod
Tavares et al., 2020	Cross-sectional; qualitative	N = 8 victims parental abduction of a child Aged 32-59 (M = 44.4, SD = 9.6) 100% male	Portugal	N/A	N/A	Parents/guardians had low to medium levels of adaptation. Challenging to maintain or search for a job, reporting several mental health problems,. Some coped by fighting for children's rights.	CASP/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
Teichman et al., 1978	Cross-sectional; mixed-methhods	N = 55 families of service men missing in action Age and gender not specified.	Israel	Described as a passive intervention where help was only provided when requested. Families asked for support with mental health and referrals made.	Correlations between demographic factors and particular kinds of communication and coping. Families of Western descent showed more conflicts and breakdowns in family relationships. Families more likely to be accepting of support from volunteers if the families were socially involved in their own communities.	Three main communication themes: emotional, hostility and information gathering. Coping reactions included searching for information, hope, despair, fatalism, depression, mood fluctuations, revenge-seeking and dependency .	MMAT/Low
Thomas et al., 2023	Cross-sectional; qualitative	N = 102 internally displaced persons; Study 1: N = 49 87.8% female Study 2: N = 53 68.0% female Age not specified.	Sri Lanka	N/A	N/A	Frequent worrying about their losses, sleep difficulties. Frequent anger and crying. Coping mechanisms included **s**upport seeking. Most spoke to family and neighbours for practical help. Several reported adapting their future to move forward. Some tried to reach out to government for help. Several reported avoiding the stressor and working to distract. Some reported suicidal ideations.	CASP/High

Author	Study design	Sample	Country	Intervention (if applicable)	Quantitative findings	Qualitative findings	Quality assessment/ Quality rating
von Sur, 2003	Cross-sectional; mixed methods	N = 2 siblings of a missing person Aged 31 and 26 Female	United States	N/A	Trauma, depression and anxiety scores following interview: no significant endorsement of symptoms.	Five themes: Numbness, isolation, identity crisis/role shifting, trauma issues, hope vs. hopelessness. Remaining hopeful about the ambiguous loss contributed to a better quality of life and less "frozen grief." Further, community, family and media support reduced risk.	MMAT/High
Ziebell (1986)	Cross-sectional; qualitative	N = 2 families with missing children Age and gender not specified.	United States	N/A	N/A	Unresolvable anger (largely aimed at law enforcement) and grief were tolerated inconsistently through reliance on community supports. Maintaining hope they were still alive was negative and prevented normal course of grief from taking place.	CASP/High

Source: Authors own work