

# Supporting those who are left behind

A counselling framework to support families of missing persons

NATIONAL MISSING PERSONS COORDINATION CENTRE



# AFP

AUSTRALIAN FEDERAL POLICE



Each year in Australia, 35,000 people are reported missing to police<sup>1</sup>. That's one person every 14 minutes. For every missing person's case reported, at least 12 people are affected whether it is emotionally, psychologically, physically or financially. That means that a significantly large number of people will endure the trauma associated with the unresolved loss of a loved one. For some, the impact on their lives is momentary; for others it's a lifetime.

1 James, M, Anderson, J and Putt, J (2008) *Missing persons in Australia*, Australian Institute of Criminology.

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This publication is intended only to provide a summary of the subject matter covered. It does not purport to be comprehensive or render professional advice.

It is intended that the health practitioner or professional reading this publication will consider the information as a guide to assist their own professional experience and judgment.

No other reader should act on the basis of any matter contained in this publication without first obtaining specific professional advice.

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# About the author



Sarah Wayland is a social worker with ten years experience in Australia, New Zealand and the United Kingdom, in the fields of trauma and unresolved loss.

In 2004 Ms Wayland accepted a position as counsellor with the Families and Friends of Missing Persons Unit (FFMPU), Attorney General's Department of New South Wales (NSW). The FFMPU provides counselling to families of missing persons who are residents of NSW or where the missing person was last seen in NSW. During her three years in the position Ms Wayland met with more than 200 family members all experiencing differing degrees of trauma and ambiguity as a result of a loved one's disappearance.

In 2005, Ms Wayland was awarded a Fellowship by the Winston Churchill Memorial Trust to study the international approach to counselling families of missing persons in unresolved loss. In travelling to the United States of America (USA), Canada, England and Ireland she was able to research the differing approaches taken by government and non-government agencies in responding to the specific support needs of families.

As part of the Fellowship, Ms Wayland spent time with Emeritus Professor Pauline Boss at the School of Family Social Science, University of Minnesota, USA. Professor Boss pioneered the concept of ambiguous loss in the 1970s as a way of addressing the uncertainty people experience when a trauma occurs that is difficult to define as either temporary or permanent. She has worked as a therapist in the fields of physical and psychological missing for more than three decades and was instrumental in the provision of support to families left behind following the September 11 attacks in New York City in 2001. Discussions with Professor Boss resulted in the development of the 'five themes for working with families of missing persons' presented in this document.

In 2007 Ms Wayland commenced as a Project Officer with the National Missing Persons Coordination Centre (NMPCC), Australian Federal Police. Its mission is to reduce the incidence and impact of missing persons and to educate the Australian community about this significant issue.

Ms Wayland is now the Coordinator of the FFMPU.

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In the sharing of your stories it is hoped that you are able to recognise the strength and resilience you epitomise.

# Introduction

In the initial stages of the loss of a loved one, families are overwhelmed by feelings of anxiety and ambivalence about the ways in which they approach the disappearance.

When someone first disappears and is reported missing, the police and non-police search agencies are the primary support mechanisms for families. However, the initial focus is on the physical location and return of the missing person and the emotional needs of the family are often set aside while these practical issues are dealt with. While families are sometimes provided with telephone numbers for 'support', in the midst of juggling the practical details with the uncertainty of the disappearance, it is difficult for families to adequately express their needs. They don't know why, where or how a loved one has disappeared and, perhaps more importantly, they don't know how they will cope with being left behind.

How do health practitioners and professionals discover what it is that families of missing persons need in order to deal with being left behind?

Those working in the field of missing persons often feel a sense of both helplessness and frustration in terms of finding ways to support and engage families without adding to the ambiguity and uncertainty they experience. Further hindering the limited number of professionals working in this field has been the lack of international literature exploring the *specific* support needs of families of missing persons.

Some health practitioners and professionals have attempted to align the experience of having someone missing with the concepts of grief and bereavement. Others have linked the experience to a form of post traumatic stress. However anecdotal evidence collected from the missing persons' sector shows that families are often confronted with ambiguity when they reach out for professional help.

There is currently no model of counselling that allows health practitioners and professionals to adequately explore the specific needs of families who are left behind. While there is grief support available, it does not take into account the long-term ramifications of never gaining closure when a loved one's location remains unknown.

In response to this, the National Missing Persons Coordination Centre has developed *Supporting those who are left behind*. This national counselling framework aims to assist health practitioners and professionals in understanding the trauma and impact on families of missing persons and how they can best support those who are left behind.

Five key themes for working with families of missing persons are addressed in this framework: Reanimation, A celebration so far, The trauma timeline, A protected place, and Opportunities for growth.

These five key themes are not mutually exclusive: they may overlap depending on the needs expressed by the family or the status of the missing person's investigation. There are also sub-sections within each of the themes that relate to some of the multi-dimensional needs of families and some of the differing types of 'missing' that health practitioners and professionals may come across.

The framework does not differentiate between the different types of missing: stranger abduction, parental child abduction, homicide, suicide, lost and wandering, or those affected by mental health issues. Instead it suggests techniques, tools and strategies that may be of use in addressing the complex responses demonstrated when someone disappears, regardless of the circumstance.

The framework will be shared with key agencies across Australia to 'up-skill' health practitioners and professionals in responding to the ambiguity experienced as a result of unresolved loss. It is designed to assist the development of a relevant model of counselling that can be incorporated into the support given to these families.

In essence, the overarching theme of the framework is to educate health practitioners and professionals in addressing the ambiguous nature of missing as well as the uncertainty of how to live with 'not knowing'. The attached appendices may also assist in forming close and beneficial relationships with the families of missing persons that seek this type of support.

*Supporting those who are left behind* attempts to cement some of the clinical issues that have become apparent within the Australian missing persons sector. Information presented herein has been derived from an anecdotal perspective, focus groups with families of missing persons, and from clinical discussions with health practitioners and professionals within the sector. Discussions with national and international colleagues in addition to relevant trauma counselling models have also contributed to shaping this framework.

**Please note.** For the purpose of this framework references to 'families' or 'family' have been used to define anyone that has a close relationship with the person that is missing. Counsellors have been referred to as health practitioners/professionals.

# Part 1: The crisis response

Prior to exploring the five themes for working with families of missing persons, it is necessary to first consider the crisis intervention approach.

People generally fluctuate on a baseline of equilibrium, with change occurring slowly over long periods of time.<sup>2</sup> When a loved one disappears a family's sense of the world shifts so significantly that it is difficult for them to focus on anything other than the disappearance and investigation. There are no longer certainties and absolutes: when someone is missing a family's sense of control and expectation is impacted.

It is reiterated throughout this document that in society we do not cope well with ambiguity: 'not knowing' why something has occurred and not being able to control an outcome. In Australia approximately 95 per cent of people reported missing<sup>3</sup> are located or return home of their own volition within a short period of time. Whilst this statistic is encouraging it takes emphasis away from the crisis response experienced by those who wait for their loved one's return – be it two days or two years.

'Missing' is rarely an expected event which the wider community experiences. It is a situational crisis: unexpected and unanticipated. People are conditioned to expect a variety of traumas that may impact them at some point in their life such as illness, accident, the impact of drug use, poor mental health etc. People are not, however, conditioned to expect that a person will go missing and that, for some, no matter how hard they try they cannot locate their loved one and bring them home.

Families of missing persons respond in similar ways to those exposed to a sudden trauma: shock, distress, confusion, ambivalence and a considerable sense of being overwhelmed.

## Observing the lived experience

In meeting with families of missing persons, crisis intervention skills are required particularly with those enduring the first six months of a person's disappearance.

Whilst some of the following suggestions may not be suitable for certain counselling services they may offer useful tools for future reference.

<sup>3</sup> Australian College of Applied Psychology (1989) *Crisis intervention: a manual*, ACAP, Sydney, Australia, p. 3

<sup>4</sup> Henderson, M and Henderson, P (1998) *Missing People - Issues for the Australian Community*, National Missing Persons Unit, Australia.

- Most families of missing persons will conduct their own investigations alongside police and non-police search agencies. This can be an overwhelming task as they are dealing with their personal trauma in conjunction with the need to be alert and aware. Health practitioners and professionals may suggest to families that they keep a notebook of their investigations. This concept differs from the therapeutic tool of journaling one's experiences. Journaling may not be useful in the 'early days' due to the shock and fluctuation of moods from hour to hour.
- In focussing on positive coping capacities, families should feel a sense of achievement in surviving each day and drawing strength on what they need for the next day.
- From a practical perspective there are many families – particularly those with young children missing – that refuse to return home until a loved one is found. Ensuring that families have access to financial services, have appropriate accommodation and have access to a support network is necessary in protecting the families own mental health.
- Health practitioners and professionals may wish to support families when they meet with the professionals investigating their case. Cataloguing questions with them prior to the meeting and taking notes on their behalf allows families to concentrate on the information being presented to them.
- Health practitioners and professionals may need to take a more simplistic approach to counselling – dealing only with the events of the day prior, the present day and what may happen tomorrow.
- Rather than entering into discussions about the whereabouts or fate of their loved one, concentrate on naming the fact that the person is 'missing' as the trauma – not what may or may not have happened to the missing person.
- The space between the person being here and not being here is the trauma i.e. the space 'in between'.

The framework explored within the remainder of this document refers primarily to a time when the initial crisis response has subsided and the family is living with the medium to long-term impacts of having someone missing.

At different times during the journey of living with an unresolved loss there are periods where the families are plunged back into crisis. These could include: a possible sighting, the location of remains near where the missing person was last seen, a missing person being located in extraordinary circumstances, and also more predictable times such as anniversaries and special occasions. The health practitioner or professional may have to take on a dual role and apply a crisis intervention model in conjunction with the ideas presented within this document.

# Part 2: Five themes for working with families of missing persons

## 1 Reanimation

When a loved one disappears families often speak of being frozen or 'stuck' in the time of the disappearance: a sense that time has stood still from the moment they learned their loved one was missing.

In the initial meetings with families the health practitioner or professional may ask the family to talk about their loved one, not their 'missing' loved one but *the person*. In asking families to tell their story, the health practitioner or professional is asking them to 'reanimate' their lives – including before, during and after the person went missing - not only in relation to their current experiences.

Families have a tendency to habitually read into, and re-perform, their experiences during counselling sessions. When asked about the traumatic experience of a disappearance they are able to recount intricate details of the event such as dates, times and people present. However their emotional response has often been superseded by the investigative details of the case. This appears to be true regardless of what stage the investigation is at. It may be concurrent with the notion of police and non-police search agencies being the only available support in those early stages or perhaps because the physical return of the missing person is paramount.

In taking these details into account, the role of the health practitioner or professional is to explore the traumatic experience by assisting families to tell their story or explore the lived experience of having someone missing. Epston and White speak of the benefit of externalising an issue or situation. 'In helping families to explore their experiences through the use of stories a person becomes separated from their stories. They are able to experience a sense of personal agency; as they break from their performance of their stories they experience a capacity to intervene in their own lives and relationships'.<sup>4</sup>

In today's society people want to deal with absolutes, therefore the concept of 'missing' is complex in its very definition. People want to know if someone is alive or dead: missing is the space in between. The health practitioner or professional's role is to explore with families the paradox of both absence and presence<sup>6</sup>, of the missing person being 'both here and gone'. In the absence of resolution, families are unsure whether to grieve the loss or wait for the person's return. In some ways the counselling room provides a space between the two concepts: a 'holding zone' for the present time.

5 Epston D and White, M (1990) *Narrative means to therapeutic ends*, Australia Dulwich Centre Publications, Adelaide, Australia, p. 16

6 Boss, P (2006) *Loss, trauma and resilience - therapeutic work with ambiguous loss*, Norton and Company, New York, USA

In order for those affected by unresolved loss to reanimate their lives the health practitioner or professional must begin a process of helping families to move forward, rather than moving on. Experience has demonstrated that suggesting to families that they 'move on' is tantamount to suggesting that they attain closure. Rarely has there been a family who is *completely* willing to accept that a missing person is not going to return, without clear and substantiated evidence. Therefore assisting families by using the phrase *moving forward* allows them to explore the unresolved nature of the loss and the impact of ongoing hope. Whereas the prevalent idea of 'closure' suggests that in the act of 'closing' one must leave a person behind, it may be helpful for families to feel that in 'moving forward' they can retain the memories and the hope that the missing person will return.

In discussions between Professor Boss<sup>7</sup> and Sarah Wayland, some of the ways in which this 'reanimation' can be explored included the following therapeutic suggestions:

- i. **Share with families what has been helpful with other families.** This sharing happens in the form of communicating to families what has been witnessed through sessions with others who are experiencing similar losses. It is a conversational style of sharing rather than a physical introduction of families to each other.

In the process of sharing, the health practitioner or professional can assist in providing evidence based practice, normalising the experience of unresolved loss by sharing what others have done before. 'Missing' and its associated impacts are not issues that are openly discussed within the community. For some families the details of the person's disappearance are kept secret for fear that the missing person will be judged on their return. This secrecy, coupled with the community's difficulty in conceptualising what it may mean for someone to be missing, creates a sense of isolation that leads to enhanced feelings of ambiguity or 'stuckness'. In only exploring the impact of a person being missing with one member of the family the health practitioner or professional can perpetuate the sense of secrecy or aloneness for that person.

Judith Herman in *Trauma and Recovery* speaks about the need for families to tell their own stories to allow them to 'unpack' their own individual experiences.<sup>8</sup> In cataloguing some of these individual experiences families can feel a sense of shared experience.

- ii. **Acknowledge that the sense of being frozen is caused by an external factor (the incidence of missing) rather than an internal weakness.** Acknowledging this is a powerful medium to externalise the issue of missing from the family unit. Acknowledging this externalisation assists families in helping to remove some of the guilt and responsibility, particularly for parents of missing children. Herman refers to this as 'uncovering work'; in the telling of stories the health practitioner or professional can remove some of the stagnation that is experienced by families when they try to

7 Boss, P (2006) *Loss, trauma and resilience - therapeutic work with ambiguous loss*, Norton and Company, New York, USA

8 Herman, J (1992) *Trauma and recovery - from domestic abuse to political terror*, Pandora, United Kingdom

understand why they have been left behind. Giving family's time and space to explore these concepts can assist in acknowledging how they are coping with the disappearance of a loved one.

Police and non-police search agencies often use the phrase 'it is not a crime to go missing'. This is true, however it is of little help in externalising or validating a family's experience of struggling with an unresolved loss. Whilst some families have gone as far as saying that, for those who may have chosen to go missing, it is a 'moral' crime, even this does not acknowledge the pain of being left behind and can immobilise people by not allowing them to move forward.

**iii. Incorporate the use of family gatherings to generate discussion in sharing what the loss has meant for them.**

'Our overall goal from the first meeting to the most recent was to create a community from which the families of missing could draw strength to regain resilience'.<sup>8</sup>

In 2001 Professor Boss was instrumental in the establishment of family gatherings for families of union workers who were lost during the terrorist attacks in New York City. In cataloguing the needs of the families that accepted offers of support, the team of therapists, from Minnesota and New York City, found that family gatherings created a sense of commonality amongst groups.

"All yearned for evidence of life, and later for evidence of death. All felt pressure from the public and professionals to find closure even though the concept of finality did not fit their cultural views, even after clear death. All felt helpless and confused whereas previously, they had been accustomed to solving their own problems. They had been resilient in uprooting from distant lands, and finding their ideal jobs in the World Trade Center, but now they felt powerless. Already, some were labelled as resistant or having a mental disorder, because they were taking too long to find closure. We saw them through another lens – that of ambiguous loss".<sup>9</sup>

When counsellors talk of family gatherings one of the primary aims in working with families of missing persons is to assist in exploring the different perspectives and ideas of each family member.

8 Boss P, Beaulieu L, Weiling E, Turner W, Lacruz S (2003) *Healing loss, ambiguity and trauma – a community-based intervention with families of union workers missing after 9/11 attack in New York City*, Journal of Marital and Family Therapy October 2003 29(4) 455-467, USA

9 Boss P, Beaulieu L, Weiling E, Turner W, Lacruz S (2003) *Healing loss, ambiguity and trauma – a community-based intervention with families of union workers missing after 9/11 attack in New York City*, Journal of Marital and Family Therapy October 2003 29(4) 455-467, USA

## One family was assisted in coming together following the disappearance of an elderly man after a failed suicide attempt in 2005.

The missing person's wife, sister, son and daughter had come together for the collection of DNA samples. In speaking with the family prior to police arriving, fears of each of the family members were explored and, with the permission of the wife, her story about her preoccupation that her husband may have taken his life and that he may have lay alone for a long period before he passed away was repeated. The wife had felt both morbid and guilty about imagining her husband in this way. To her surprise the missing person's sister and daughter also spoke of fearing that he may have broken a leg, or arm and lay alone for a significant time. At the end of the session they all spoke of feeling 'lighter', with a sense that they had not been alone in their 'terrible thoughts'.

Another aim of family gatherings is to explore what Professor Boss calls 'high family boundary ambiguity'. 'Boundary ambiguity' is described as not knowing who is in and who is out of one's family. It is the situation of incongruence between physical and psychological absence in the family.<sup>10</sup> Even in the smallest of families there can be widely differing ideas about the predicament of the missing person and the reasons why they may have disappeared. Some families can cope well with respecting that they may be on 'different pages' but others feel a sense that family members may be thinking negatively about a missing person, thus impacting on a positive outcome for the case. In family gatherings the health practitioner or professional can explore the concepts and impacts of boundary ambiguity. Allowing families an opportunity to talk about how they are responding to an unresolved loss and exploring ways that this can assist in the family coping both as a unit and individually, can be one of the methods of support offered.

It is rare that families of missing persons have low 'boundary ambiguity'. Whilst there might be some agreement as to the causes of a person's disappearance, the differences in each person's response to the emotional trauma of the disappearance is often a continuing challenge within families.

<sup>10</sup> Boss, P (2002) *Family Stress Management – a contextual approach*. Sage Publications, USA

- iv. Explore the concepts of hope through the family's journey as a way of assessing change. Family members of missing persons have spoken about revising the concepts of hope along their journey. Some of this is specific to families of long-term missing persons (invariably this is defined as those missing for longer than a year<sup>11</sup>) as they are given more opportunities to contemplate the impact of their loss: through surviving birthdays, anniversaries, deaths, marriages, new additions to the family etc. The more time that passes after the person has vanished, the more the family's priorities change, particularly so for many parents of missing children. The concept of passing away without knowing what happened to their children is an issue that arises time and time again within the counselling room.

In 2005 a publication, titled *A Glimmer of Hope* was produced by the FFMPU, Attorney General's Department of NSW, to explore the concepts of courage within families of missing persons. In interviews with four families, a daughter of a mother missing for over thirty years spoke of her changing ideas being that the "definition of hope has changed from 'hope of a reunion, to hope of information, which finally became hope of resolution'".<sup>12</sup>

When health practitioners and professionals unpack the concepts of hope they also need to acknowledge what happens to hope when a missing person returns. For some families the experience of what they hope for may not reflect what actually happens on someone's return. In the exploration of hope the health practitioner or professional must create a balance of fostering the idea of hope within the reality of a missing person's return.

Families need to be asked to explore both the benefits and deficits of hope. Incorporating the use of 'what if' questions creates a forum to discuss a number of approaches in terms of hope. Helping the family explore the optimal outcomes as well as the dark possibilities of what may have happened to a missing person may create a sense of openness about the progression they are experiencing.

Families are free to change their ideas about hope. Changes can occur within and between sessions. Hope is also dependant on the status of the investigation and the impact of time on the concept of hope.

<sup>11</sup> Police Consultative Group on Missing Persons (2007), Australian Federal Police, Australia

<sup>12</sup> FFMPU (2005) *A Glimmer of Hope - stories of courage from families of missing persons*, Attorney General's Department of NSW, Sydney, Australia

## 2 A celebration so far

In counselling, families may wish to explore the concept of 'ritual' in the process of unresolved loss. This exploration has been named 'a celebration so far'. The name suggests to the family that they can reclaim the missing person as a person: their identity is not defined by the fact they are missing. Further to this, identifying the loss as being 'so far' does not force families to concede that the person may not return: their hope is not extinguished.

Herman, in *Trauma and Recovery*, explores the ideas of remembrance and mourning following traumatic experiences. Whilst we talk about missing being both unresolved and ambiguous, the concepts of remembrance are still significant to the families and friends that are left behind.

Celebrations do not have to be specific events but can be incorporated into daily life. They may involve taking some time to play a favourite song, cooking a person's favourite meal or simply stopping and remembering. Acknowledging special dates within the 'celebration so far' may be multifaceted. Practitioners within the missing persons sector have witnessed a range of celebratory acts whilst supporting families of missing persons, including 'drop in' picnics that invite people to bring special memories of the missing person, creating an altar to give the missing person a prominent position in the home, a photographic collage of the relationship between the family and the missing person, or even relaxing and drinking the person's favourite drink. A multitude of celebrations can generate creative links between the family and the missing person.

In the previous section of the framework, reanimation of the lives of those left behind was examined based around the idea of sharing stories unique to a family's experience of having someone missing. From a narrative perspective, through the telling of stories, health practitioners and professionals can also explore the concept of remembrance in helping a family reconnect with their loved one.

Beginning with encouraging families to tell their story of the person's disappearance, health practitioners and professionals can then assist the family in 'drilling down' to the details of the story. By empowering families to tell their complete story ('completely, in depth and in detail'<sup>13</sup>) ideas about how the missing person can be celebrated can then be explored.

<sup>13</sup> Herman, J (1992) *Trauma and recovery – from domestic abuse to political terror*, Pandora, United Kingdom, p. 176.

In 2007 a film festival was held in Sydney to celebrate the work of a young man, missing for two years.

The event focussed on the anniversary of his disappearance and provided an opportunity for his family and friends to come together to listen to his favourite bands, wear his favourite t-shirts and showcase a film montage of his professional and amateur work as a performer. Friends and family spoke about the power of seeing this young person on screen. There was an outpouring of emotions that traversed: remembering old times, a complete and encompassing sadness that he still had not returned, and a sense of being able to revel in his work and the fact that he would have loved to have seen his films shown on the big screen at his favourite theatre.

Health practitioners and professionals need to engage families in ways that help them find avenues to celebrate their loved ones in a sense not of remembering the loss, but acknowledging that, for now, they are not with them. Earlier in this framework the concept of secrecy in missing person's cases was highlighted in the sense of fearing doing anything might impact on the person coming home. However, 'celebrating', whether on a grand scale by hosting a festival or on a small scale by sitting and enjoying some music that reminds the family of the missing person, may help in drawing that person back into the family's life.

When a person disappears families can feel alienated by the community as there is no mechanism through which to acknowledge their loss. In death there are the rituals of funeral, cremation or burial as well as the embracing of the emotions triggered by the loss. Historically some families of missing persons have been told that their experience mirrors that of grief, however, grief is associated with death, while missing is associated with trauma. These are two different experiences. When the community talks about the rituals of death they are talking about rituals of finality. As there is no finality in missing, exploring imaginative ways of creating rituals specific to a family's experience may give families the opportunity to celebrate, so far, the life of their loved ones.

Due to the ambiguity of unresolved loss, families are often reluctant to hold remembrance services for fear that this may suggest that they have given up hope.

The sister of a young man missing after a holiday to the Middle East spoke about the different approach she took in coping with the loss of, and acknowledging the life of, her brother compared to the death of her father

"I guess we use dad's grave for that purpose; we go and we remember and my brother is included in that. If we did anything I'd like to put a chair on a cliff top or something, so we could just go there and remember but that would be it because there is no closure. Perhaps that's why it's not right for me, for us. Even then there's a part of me that says he's dead, there's always a part of you that thinks 'I'm going to look like a real goose if he turns up' and we say 'oh we did this for you'. Hope never goes away".<sup>14</sup>

The exploration by a family member reinforces to the health practitioner or professional that timing of a celebration or ritual *must* be client directed. Suggesting that families celebrate the missing person too soon into their experience may be counter-productive. Some families have spoken about celebrations feeling like memorial services, a public recognition that they have 'given up' hope. For as long as a person remains missing there will always be a glimmer of hope.

White's narrative approach of '*Saying hello again*' to a lost loved one is a useful tool for health practitioners and professionals to include in their intervention. White explains that these conversations are the "reincorporating of the person's relationships with the lost loved one, conversations that contributed to making available to persons, in their day-to-day lives, experiences of the touch and voices of the lost loved ones".<sup>15</sup> Through the process of celebration families can feel a sense of inviting their lost loved one back into their lives for the purposes of reconnecting with them as a person, not just a missing person.

It is important to acknowledge that 'remembering' or celebrating the missing person may also be linked to a family's sense of spirituality or religion. For some families having someone missing challenges their spiritual concepts of faith and belief. A family member may, for instance, ponder how they can continue to seek solace in attending Church when God is not looking after their missing loved one. On the other hand some families may feel that, in the midst of their ambiguity, seeking support from their spiritual leaders provides some stability in the chaos they

<sup>14</sup> FFMPU (2005) *A Glimmer of Hope - stories of courage from families of missing persons*, Attorney General's Department of NSW, Sydney, Australia, p. 50.

<sup>15</sup> White, M (1988) *Saying hello again: The incorporation of the lost relationship in the resolution of grief*, Dulwich Centre Newsletter, Spring 1998. Reprinted in White, C. & Denborough, D. (eds) (1998) *Introducing narrative therapy* (chapter 2). Adelaide: Dulwich Centre Publications)

are experiencing. 'Remembering services' or celebrations do not have to be based on spirituality but rather offer an opportunity to reflect on the missing person and to take control of the impact of not knowing of a loved one's whereabouts.

Supporting families to take control of the ways in which they acknowledge the loss of a loved one may create some structure in the midst of the ambiguity they are experiencing.

### 3 The trauma timeline

Herman in *Trauma and Recovery* (1992) describes traumatic memory as a recounted series of still snapshots or a silent movie. The role of counselling is to provide the music and words to accompany this collection of experiences.

Families of missing persons often present a descriptive timeline of events that provide a minute by minute account of the precise details of when the person went missing and often an intimate account of how they assisted in the searching process. Much of this has been triggered by the police and non-police search agencies' response to missing as families are often placed in situations where they have to recount their stories for investigative or media/community awareness purposes.

Taking this into account it is important for health practitioners and professionals to examine the significance of the trauma timeline by interweaving the experience of families with the details of the missing person's case. Families who have approached generalist counselling services, that may have limited knowledge of ambiguous loss, have said that they feel the main purpose of the session is to speak of this practical timeline of events. Whilst the details of the events are significant, the health practitioner or professional may better understand what has happened and the impact of the trauma by plotting a timeline with the family.

Empowering family's to work this timeline into a story of emotion as well as practical content, gives depth and perspective to their experience without it being just an external recount of events. The trauma timeline also works in addressing other stressors families may have experienced both separately from, or leading up to, the experience of having someone missing.

Loss often triggers thoughts and emotions evoked by previous traumas which influences the way in which a person navigates unresolved loss. Health practitioners and professionals can assist in helping families to visually map the effects of their unresolved loss by looking to the past, focussing on the present and pondering the impact of the loss on their future. Looking to the future helps families deal with ambiguity, as they may be able to predict ways in which they may cope if the loss remains unresolved.

By using a whiteboard or a large piece of paper, health practitioners and professionals can help families plot their movement across the trauma timeline or continuum (see **Appendix 2**). The timeline acknowledges family of origin issues, their relationship with the missing person and some ideas for moving forward. Using the timeline as a tool within the session can also help plot the family's therapeutic 'movement' during the counselling relationship. For the majority of families the disappearance of a person comes at the end of a significant period of stress and trauma. For families of a person who had, or continues to experience, poor mental health, those families facing conflict from abuse and neglect issues and families of elderly people with dementia-related illnesses, the disappearance is an additional chapter in their story. Only acknowledging the impact of the 'missing' event fails to validate the experiences of both the missing person and the family prior to their immediate situation.

The trauma timeline catalogues the experiences leading up to having someone missing. In unpacking these prior events, the timeline may also assist in uncovering some of the emotion such as shame and guilt involved in being the family of a missing person. In providing a space to unpack these issues the story can be told in a way that does not re-traumatise the family, as may happen in the constant retelling of events that occurs for many families.

It is helpful to explain to families the purpose of the timeline as a way to visually plot the traumas and experiences: a way of emphasising the conscious and unconscious factors present in responding to a loss. In exploring past traumas, health practitioners and professionals are able to help co-construct ways that families can continue to survive their ambiguous loss through their previous coping capacities.

One particular piece of research of significance to the Australian missing persons sector is Henderson and Henderson, *Missing People - Issues for the Australian Community* (1998) which examines the impacts of missing persons particularly looking at some of the reasons why a person may disappear.

There are significant factors that contribute to a missing person's wellbeing prior to going missing. Issues such as mental health, family disconnection, drug and alcohol abuse and poor health can create significant stress within a family even before someone disappears.

In exploring these factors some families may require separate and specialised counselling to deal with historical traumas: old wounds. Traumas such as neglect, sexual abuse, domestic violence, mental health issues and/or family conflict can be triggered by the decision to attend counselling because a loved one is missing. It is the role of the health practitioner or professional to explore which issues take priority over others.

A 43 year old man attended counselling after his elderly father disappeared in 2004.

He presented with extreme anxiety that had been disabling him for most of his adult life. In the first three sessions the man explored his response to his father's disappearance and then moved on to acknowledging the impact of his anxiety both on his ability to cope with the loss of his father and its reverberating impact on his relationships, or lack of, with others. In consultation with an Anxiety Disorders Clinic the man was referred on. It was jointly agreed that the man could continue to attend counselling in relation to the missing persons' issues on an ad hoc basis, depending on his needs and the status of the investigation. One year after his first self-referral for counselling the man returned to talk about the changes in his life and his ability to cope with trauma now that his anxiety disorder had been diagnosed and treated.

For some families of missing persons it is necessary to take a multi-disciplinary approach to their needs as well as their responses to trauma.

Loss and change are intrinsically linked. Supporting families to explore the impact of trauma on their lives can create opportunities to better understand the ways in which trauma is approached. The mapping of the timeline creates a mechanism for families to explore previous traumas they have experienced, which may impact on their ability to cope with their current loss.

Helping families to co-construct a new reality, by exploring the impact of their past trauma, the present and into the future can assist them in becoming 'unstuck'. In this way health practitioners and professionals can support families in moving forward.

## 4 A protected place

Families of missing persons speak of the community's misconception about the impact, or the 'lived' experience, of an unresolved loss. When the word missing is used the community response is often intriguing. It is not within the collective psyche to understand what may happen to people who are left to wait for the news of a loved one. Families may find it challenging to speak honestly about the ambiguity they face, for fear that they may be misunderstood or their concerns down played.

Families need to find a protected place where they can freely acknowledge the myriad of emotions that having someone missing evokes. A place where they can draw a containment line around their challenges, their personal ideas about the missing person and the ways in which they feel that 'missing' has impacted on their life.

Many years ago, a sister of a missing person, raised this idea of building psychological fences around the missing person, the trauma and the challenge of living with unresolved loss. She spoke of this concept as a coping mechanism, to give herself some respite from the 'awfulness' of living with an unresolved loss. This strengths based approach is a way in which health practitioners and professionals can help families to fortify themselves, perhaps likening it to a 'muscle' that they did not know they had or had not used for some time. While it relies on a person's mastery to deal with their own challenges, the counselling room can be the rehearsal space in which people can learn to use this new 'muscle'.

By acknowledging the benefit in building these fences the health practitioner or professional also needs to acknowledge the need for the family to find a 'gate' to leave these protected places when they have to rejoin the community and move forward with their lives. By using the analogy of a 'gate' the health practitioner or professional implores the family to take a cognitive approach to dealing with their trauma. It gives back a sense of control over the ways in which they live with an unresolved loss.

The analogy of finding a gate through which to rejoin the community can present in differing forms. Some families feel a sense of needing to be proactive by pioneering change within the missing persons sector itself. For others it is about taking on new life challenges like jobs, relationships, moving interstate or overseas.

When looking at the concept of locating a gate some of the ideas presented by Anne Deveson in her book *Resilience* are useful in exploring the ways in which families can survive an ambiguous loss. Deveson refers to resilience as 'an ability to confront adversity and still find hope and meaning in life'.<sup>16</sup> In exploring this idea with families, it suggests that they can live with the unresolved loss of a loved one whilst living the rest of their life. This as an example of the 'both/and' approach to coping.

In leaving the protected place, families also need to acknowledge that they can choose to re-enter these places when needed. Due to the random nature of unresolved loss, families are often forced to re-enter when a thought or a reminder about the missing person triggers their emotions.

"I don't go there often; you stay outside the wall. You might think about it but you don't think about all the nasty stuff because I've managed to almost compartmentalise it in a way".<sup>17</sup>

Some families of long-term missing persons speak about visiting the 'awfulness' of ambiguity when they are within these protected places. Counselling can act as an invitation for people to move out of these places as well as an opportunity to re-enter when they want to reflect upon the missing person.

<sup>16</sup> Deveson, A (2003) *Resilience*, Allen and Unwin, Melbourne, Australia, p. 6.

<sup>17</sup> FFMPU (2005) *A Glimmer of Hope - stories of courage from families of missing persons*, Attorney General's Department of NSW, Sydney, Australia

The mother of a missing son once shared that she found it incredibly challenging to travel across the city on public transport as she spent the majority of the time scanning crowds to make sure that she saw her son if he happened to cross her path.

On one trip she saw a photograph of a model she was adamant was her son. She returned to the billboard on the weekend and photographed it, presenting it during a counselling session. She described the similarity in the man's facial features, his body type and his expression. She wondered how she could contact the agency promoting the model and the reasons why her son might have chosen this career path since he vanished. The photograph did look similar to her son, but it wasn't him. In the safety of the counselling room she responded to questions about the validity of the model actually being her missing son. Each feature was explored, to each enquiring question she admitted that, whilst it was similar, it was not him. The power and emotion of asking such challenging questions and then exploring the difficulty this mother found in containing her ambiguity was both extraordinary and revealing. The health practitioner/professional and client together were able to co-construct a new way in which she could travel and not be inundated with triggers by developing some internal questions about the likelihood of her son meeting her on her journey. She was able to take control whilst still giving herself permission to remember and revel in the memories of her missing son.

Relationships with others can also have an impact on a family's capacity to find a protected place. For some families of missing persons the response from the general community, including closer networks like friends and extended family, can have an adverse impact on their ability to cope. This sense of not knowing what to say or how to acknowledge the fact that a person's whereabouts remains unknown reinforces the silence associated with 'missing'. The family of a young boy missing for four years shared that so many people had been traumatised by their son's abduction that they now chose to lead a new life with new friends and associates because of the difficulty in engaging with those from their 'old' life.

Giving a family permission to move in and out of their anguish gives some power back to families disempowered by the ambiguity of an unresolved loss. There are three phases to this section:

1. Finding the gate
2. Working out how to open and close the gate
3. Working out how to move in and out of it to help in moving forward.

The challenge of helping families to identify these triggers, that allow them to take some control of their responses, can only occur through explorative and experiential therapeutic intervention. Families have spoken of being plunged into an unfamiliar world when someone is missing. When other traumas occur in life, families have shared that they have a better understanding of what their response might be. Exploring issues such as triggers places the emphasis back on families that they are their own experts of their experiences.

The protected place is a concept that may be more useful with families who have had a loved one missing for a significant period of time as health practitioners or professionals may need to use the insight and coping capacities that the families have had to draw on thus far.

Introducing the idea of the protected place is a tool that links the ideas of reintroducing a family to a missing person by giving them time both with and away from their loved one: a way to live and survive the trauma of not knowing.

## 5 Opportunities for growth

As discussed earlier in this framework, the experience of unresolved loss and the ways in which support can be provided is often confused with some of the outdated notions that grief is a process and that families need to move to a place of acceptance. There is no magical process for families of missing persons to undertake to reach a place of acceptance that the missing person will or will not return. Having to describe the person and the circumstances of their disappearance in which the word 'missing' is used is, in itself, forcing a person to acknowledge the ambiguity of the situation.

Timing is long-term. From a counselling perspective the ability of a person to live with unresolved loss does not entirely rest upon the status of the missing person's investigation. The opportunities for growth, illustrated in the following text, reflect that in living with ambiguous loss there is a chance for change and movement.

It is near impossible to predict how long a case will remain unresolved. From a practical perspective agencies need to respect that families need a sense of commitment from services that they will be available long-term. While some families may not need ongoing counselling, they may require the capacity to drop in at various times, particularly around birthdays, anniversaries and significant dates. The provision of continuous support impacts upon a family's ability to grow and learn through their journey.

There is anecdotal evidence that suggests that when a loved one passes away families struggle significantly six months after the death. Once the 'busyness' of grief wanes and society places expectations that a person has moved beyond the initial trauma of their loss, families feel alone and vulnerable. So too is the experience of families of missing persons. There appears to be a distinct shift in the level of interaction and intervention required by the people that attend counselling near the six month anniversary of a person's disappearance. For some

there is no contact with counselling or support agencies in the 'early days' as families are busy assisting police or non-police search agencies with their investigations, conducting their own investigations, publicising the disappearance and generally waiting for a person's return. At around the six month mark, if the person has not yet been located and the police enquiries have not revealed any new information, families are placed in a position where they have to begin to contemplate the idea that they may never find out what happened to their missing loved one. This often happens at a time when the community's interest in the case has diminished or people have stopped enquiring about the status of the case because of their discomfort with the lack of new information.

From this point onwards there are a number of strategies that can be used to assist families to grow whilst they wait.

The idea that within loss there is an opportunity for growth is a concept that some families may find difficult to grasp. An example of 'growth' does not have to be the result of a positive incident. It can be triggered by a negative situation akin to having someone missing.

Exploring the impact of unresolved loss is a long-term process; linking change and loss is a powerful method of intervention for families of missing persons. Helping families to explore the movement they have experienced since the disappearance may help to predict ways in which they *can* survive unresolved loss.

Some families have shared the ways that they have grown to live with their unresolved losses. It is important to share with other families how those before them, as family members of missing persons have coped. Some examples are outlined below.

- On a larger scale some families have chosen to become proactive within the missing persons sector through media, community awareness campaigns and their availability to tell their story to police and non-police search agencies to help to inform professionals about their and others needs.
- Writing books about their practical and emotional journey.
- Making themselves available to talk and meet with others in similar circumstances.
- Lobbying government agencies for change within the missing persons and community sectors.
- Assisting in strengthening the link between the disappearance of a loved one and the factors that contribute to people going missing – mental health issues, child safety awareness, issues affecting young people etc.
- Establishing foundations in the name of the missing person such as the Daniel Morcombe Foundation which aims to raise awareness about child safety.

For some families this has created growth, however the potential for the family to continue to be stuck is also a hazard with this kind of proactive approach. It is important that families have an identity *in addition to* being a family member of a missing person. Many families have spoken about taking holidays or moving far away from the location of the disappearance so that each time they leave the house they are not confronted with people who know them only as family members of a missing person. Seeking a sense of respite, often years after the disappearance, provides a mechanism to help some families move forward.

For some families there is also a sense that, even if they cannot change their situation, they may have the capacity to change the experience for someone else. This can create a sense of purpose and meaning, however, if this proactive response is to the detriment of a person's wellbeing then this should be explored in the counselling room.

From an interpersonal level families have also found ways to cope by noting their emotional growth during their experience. Examples are included below.

- Re-framing: choosing to think of the missing person in a different way. A sister of a missing brother shared that in seeing clothes, books, movies etc preferred by her brother, she was able to reflect on how grateful she was that she knew her brother's likes and dislikes rather than feeling the pain of his absence.
- Family's giving themselves permission to have some respite from the investigation: not feeling a sense that every hour of every day has to be completely focussed on the missing person is a sign of growth.
- Keeping a journal and then reflecting on thoughts and reactions each time a significant date arises: seeing the shift in their ability to move forward, not necessarily to *move on*.

In focussing on opportunities for growth and incorporating the four other themes in this framework, the health practitioner or professional's role is to analyse ways in which families can develop a tolerance for ambiguity<sup>18</sup>. This is the goal of intervention.

<sup>18</sup> Boss, P (2006) *Loss, trauma and resilience - therapeutic work with ambiguous loss*, Norton and Company, New York, USA

## Part 3: Resolution and unresolved loss

The final section of this document does not directly relate to the needs of those families who have a loved one missing but more so the ways in which the health practitioner or professional can prepare for the challenge of ambiguity.

### The conclusion of an unresolved loss

An unresolved loss is resolved when the missing person is located either alive or deceased. Both resolutions carry their own specific and unique ways of coming to terms with the concept of loss.

Police view the resolution of a missing person's case as the physical location of the person, however, there are often psychological and physical changes present with the returned person. These may continue to affect those who had been left behind with a sense that their loss remains unresolved, even when the person has physically returned.

Families invariably speak of 'just needing to know that they're ok': a sense that if they find their loved one alive then that will be the primary resolution of their loss. If a person missing for a relatively short period of time returns, families often speak of their anxiety that the person will disappear again or that their experience of being away from their support network will have changed them. In the case where a person is missing as a result of becoming a victim of crime the psychological scars from their trauma can also create a sense of continuing loss, as the person returns markedly different from when they left.

Unresolved loss does not just relate to the physical absence of a person. In earlier sections, Professor Boss' concept of the missing person being both here and gone is discussed. This relates to both a physical and psychological absence. In Australia almost 95 per cent of missing person's cases are 'resolved', however having a loved one go missing and then come back is not as simple as a person being returned. It can create reverberations within the coping strategies of the family in both the short and long-term. A traumatic loss places a magnifying glass to the challenges and areas of concern within a family's coping capacities.

Counselling for families of missing persons does not need to end when the missing person is located, although some families feel that the location of a person is enough and can disappear from a service as quickly as they first came to it. There may well be significant benefit from ongoing counselling at this time.

Current research suggests that about one third of missing persons' reports relate to recidivist cases. It would therefore be fair to say that continuing support for families in the aftermath of a location may assist in ensuring that a person does not go missing again.

Issues between young people and their family, circumstances relating to mental health and dementia and those missing as a result of being a victim of crime have specific needs that have to be addressed. Incorporating the use of family gatherings (which was discussed in part 2) including the returned missing person may also assist in resolving some of the boundary ambiguity that Professor Boss discusses as being a barrier to a family's ability to cope with trauma. Allowing the missing person to tell their story, and encouraging families to share the story of what happened to them while the missing person was away, assists the health practitioner or professional in prioritising what the family may require to cope into the future.

## Missing is not necessarily a dress rehearsal for bereavement

The general community often struggles with the ambiguous nature of missing persons and may feel there is a need to create a sense of closure for families. Families have spoken of professionals often suggesting that they need to 'accept' their loss or decide that, on a balance of probabilities, a loved one may not return. The majority of those living with the disappearance of a missing person absolute proof is needed before they concede that their loss is permanent. In the safety of the counselling room families may explore the 'awfulness' that accompanies the possibility that a person may be deceased. Families may ebb and flow from this idea however many do concede that it is always at the back of their mind.

When a long-term missing person is located deceased families begin a new process of coping and living with trauma. The finality of the location of remains, or the confirmation of DNA testing, tells a family that their glimmer of hope, that the missing person will return alive and well, has been extinguished. It is from this point on that some begin the bereavement process, not before.

Patricia Noah's son Leonardo Castrianno was reported missing in the September 11 attacks in New York City. Her comment epitomised the challenge of having hope extinguished: closing a door that some want to remain open.

"I don't want his remains to be identified. It's going to open up another door for me. I know he's gone but I just think of him being in New York City, running around and having a good time and he just hasn't called me yet, that's all".<sup>19</sup>

<sup>19</sup> Vogel, C (2003) *Adding to grief – families of 9/11 face prospect of never having loved ones remains located*, Buffalo News, New York, USA

From anecdotal work with families of missing persons it appears that having a person missing does not provide families with a 'head start' in processing the death of a loved one. Living with the disappearance of a loved one is not the same as coping with the death of a loved one. Death is final: there is often additional information to ground that reality. Missing is temporary and until further notice there is much ambiguity about the long-term outcomes. The community seems to respond to the news of a missing person being located deceased with almost relief that 'finally' some clear information has been provided to the family, a sense of 'thank God that's over'. However for the families who have been waiting for so long, hearing of the death of their missing loved one takes them to the hidden place they may have buried as it was perhaps too painful or challenging to acknowledge. While families of missing persons want resolution, there is no family member that would wish for a person to be located deceased. Despite this, families faced with this outcome have been supported by the community in the sense that they have *finally* received 'good news'. This is not the case.

Families of missing persons want resolution; they do not want to be told that the missing person is deceased. These are two different issues that need to be explored and supported in a safe and accepting environment.

## **Acknowledging the impact of unresolved loss**

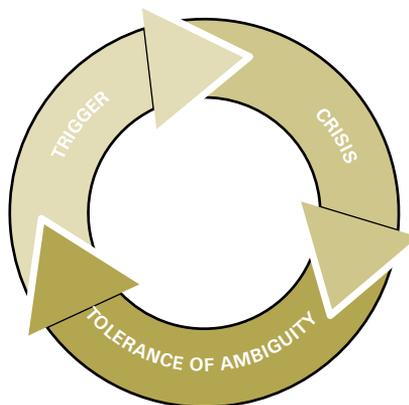
The approach to counselling those affected by unresolved loss has a clear series of events. It is an unpredictable and often-constant cycle particularly for those families who experience long-term missing. The series of responding: to a crisis, to tolerance of the ambiguity of having someone missing, to a trigger about the missing person, and then leading back to crisis, appears to happen over and over when a person's location remains unknown (see Figure 1). Health practitioners and professionals find that sessions may appear to focus on the same issues week after week. It is in the drilling down of these details where the health practitioner or professional is able to uncover the richness of issues that hold resonance with the experience of moving forward for families of missing persons. Taking time to step back and assess the family's ability to build resilience, when circumstances remain stagnant, is the most successful tool in gauging a family's ability to create this movement.

Witnessing the break down of these barriers, that may have prevented families from building resilience and tolerating ambiguity, allows the health practitioner or professional to witness some opportunities for growth. Focussing sessions on the needs of the family members, and away from the missing person's investigation, places the focus back on the client. Many families of missing persons speak about becoming lost in the investigation process: where well-intentioned professionals focus entirely on the details of where a missing person has disappeared to or why, rather than the impact of the unresolved loss on the family.

Much of this document has focussed upon acknowledging the specific needs of families experiencing an unresolved loss. Health practitioners and professionals who have contact with families of missing persons may also need to explore their own degrees of tolerance for ambiguity prior to engaging in therapeutic relationships with families<sup>20</sup>.

"To work with families of missing persons, we must first understand our own fear of that phenomenon and of having no answers".<sup>21</sup>

**Figure 1 – The cyclical response to an unresolved loss**



<sup>20</sup> Boss, P (2006) *Loss, trauma and resilience - therapeutic work with ambiguous loss*, Norton and Company, New York, USA

<sup>21</sup> Boss P, Beaulieu L, Weiling E, Turner W, Lacruz S (2003) *Healing loss, ambiguity and trauma - a community-based intervention with families of union workers missing after 9/11 attack in New York City*, Journal of Marital and Family Therapy October 2003 29(4) 455-467, USA

# Further learning

Much of the ideas presented in this framework have come about from many hours of sessions with families as they live with 'not knowing'. Health practitioners and professionals can do their own investigative work in terms of exploring ways to respond to the needs of families of missing persons.

Whilst it is clear that the work of Professor Boss has informed the basis for this framework, the works of other individuals, agencies and therapeutic models also assist in the ways in which health practitioners and professionals can help families move forward. The narrative approach of the Dulwich Centre ([www.dulwichcentre.com.au](http://www.dulwichcentre.com.au)), family therapy modes of intervention, Kenneth Doka's ideas in *Disenfranchised grief*<sup>22</sup>, Therese Rando's notion of *complicated mourning*<sup>23</sup> and Judith Herman's work in the field of trauma can all be useful in providing health practitioners and professionals with new tools to add to their toolbox of therapeutic interventions.

There is one particular piece of research significant to the Australian missing persons sector: Henderson and Henderson's *Missing people – Issues for the Australian Community*<sup>24</sup>. This research examines the impacts of missing persons with a particular focus on some of the reasons as to why people go missing. This research has been updated by the Australian Institute of Criminology in 2008. The research was co-funded by the Australian Federal Police and the Attorney General's Department of NSW.

Health practitioners and professionals may find that, depending on the way in which a loved one has disappeared, some families are far more accepting of their loss. Work in the fields of homicide, mental health, family conflict and child safety have direct relevance to the missing persons sector. It is anticipated that this framework may stimulate exploration from these fields in relation to the specific needs of particular types of disappearances and their impacts on families.

22 Doka, K (2002) *Disenfranchised grief: New directions, challenges and strategies for practice*, Research Press, USA

23 Rando, T (1993) *Treatment of complicated mourning*, Research Press, USA

24 Henderson, M and Henderson, P (1998) *Missing People - Issues for the Australian Community*, National Missing Persons Unit, Australia.

It is important not to assume that every family struggles with ambiguity when faced with a missing person scenario. In suggesting further learning the first step in attempting to understand how to respond to a family member is for the health practitioner or professional to understand the family's experience and their own story of loss.

This framework aims to provide families with a good experience when they reach out for help. Be it a one-off session or the development of an ongoing therapeutic relationship, it is necessary that families feel listened to and supported in their experience of being a family member of a missing person.

A list of resources that may be useful for further reading has been included at **Appendix 3**.

# Conclusion

Each year in Australia, 35,000 people are reported missing to police. That's one person every 15 minutes.

For every missing person's case reported, at least 12 people are affected whether it is emotionally, psychologically, physically or financially. That means that a significantly large number of people will endure the trauma associated with the unresolved loss of a loved one. For some, the impact on their lives is momentary; for others it's a lifetime. Fusing these statistics with an understanding of the impact of unresolved loss reinforces the need for health practitioners and professionals to broaden their knowledge of the impact on those left behind.

This is the first document of its kind to be published in Australia that attempts to unpack ways in which health practitioners and professionals can respond to families of missing persons.

Professor Boss tells us that ambiguous loss is the most stressful loss because its incomprehensibility threatens our health and resilience. When people go missing due to human terror and natural catastrophes, or from ravages of illness or accident, the anxiety from having no clear solution can immobilise their families. However, Boss states that she is 'optimistic; people can and do live well with ambiguous loss'.

It is in Professor Boss' words and in the retelling of the experiences of families of missing persons both in Australia and internationally, that the framework explored within this document was based. Families and friends of missing persons are exposed to a type of trauma that is not common in most people's lives. Adding to this, they are often the subject of intense publicity and speculation in an attempt to uncover or solve a missing person's disappearance.

The five themes presented within this framework aim to provide a fluid and flexible guide for health practitioners or professionals engaged in supporting families of missing persons. Many of the ideas presented within this framework have been used in counselling sessions as part of a collaborative process between the health practitioner/professional and the families attending sessions.

Some of the notions of intervention may appear to be prescriptive, however families of missing persons are no different than any other group experiencing sudden and unexpected trauma. The difference is that there is no way to speak confidently about the details of a trauma when so much remains unknown.

In recognising your own professional and personal ambiguities the challenge of working alongside families of missing persons is minimised. Once it is acknowledged that some

circumstances have no solution, the impact of the work that can be done with families of missing persons is both professionally and personally satisfying. As a community people strive for meaning and purpose in life: work, career, family, and relationships. So to in trauma and loss does the community look for meaning and understanding as to why things happen. However, in working with families of missing persons, health practitioners and professionals need to understand that not all loss has clear meaning.

Health practitioners and professionals cannot be the healers or the solvers of a family's ambiguous loss, however, taking time to listen to the story of the *person* not just the *missing person* allows a family to explore what it means to not know the whereabouts of a loved one. Co-constructing these new ways of living gives families an invitation to become the experts of their own experience.

The police and non-police search agencies have clear roles in terms of how to work with families, however, the complimentary work that can be done to assist in the emotional journey, while not so clear, can provide families an opportunity to live, and in some cases live well, with the loss.

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# Appendices

## Appendix 1: Therapeutic prompts

Below is a list of questions that may be useful in exploring unresolved loss.

It is not a definitive list but a general guide to provide some direction within the counselling room to assist in not perpetuating a sense of being 'stuck' by only focussing on the investigation or details of the missing person's case.

Health practitioners and professionals need to be conscious of timing as families are ready to move forward at different times towards living with their unresolved loss.

### Reanimation

- Can you tell me about...? (referring to the *person* not just as a *missing person*)
- Who are the members of your 'psychological family'?
- What strengths do you gain from being a member of this group?
- What do you understand the term ambiguous loss to mean? Have you ever experienced a similar loss in the past?
- What are the ways that your culture or ethnicity responds to trauma?
- What are the most challenging ambiguities present in coping with a loved one being missing?
- What is useful to you when you hear about ways in which other people have coped with an ambiguous loss?
- Have you had an opportunity to share with other members of your family what your intimate thoughts are about how to cope with someone missing?
- Would it help to share the dark thoughts about your fears for the missing person?
- When we talk about the word 'missing' what does that mean to you? Does it reflect that 'stuck' space between knowing if the missing person is either here or gone?
- If missing isn't the right word what would be a good word to use?
- What would you say to the missing person if they were here now?

### A celebration so far

- What happens if you give yourself permission to reminisce about the person that's currently missing from your life?
- Do you tend to get stuck on the circumstances around their disappearance? What would happen if you focussed on other times in your relationship with them, when they weren't missing?

- Do you find it challenging to celebrate ..... in your life because you don't know where they are and when they may be returning?
- If I asked you to think of the best way to invite the missing person back into your life what would that look like? How would you celebrate them?
- How would this feel to celebrate the missing person? Would it be more painful than helpful or would it help you to remember that they are a person first, not just a missing person?
- If the word celebration is too difficult what other word might be useful for you?

### **The trauma timeline**

- Tell me about your life before ..... went missing.
- Were there traumatic times before the trauma you are experiencing now?
- How has your previous traumatic experiences impacted on the way you are coping now?
- Can you use those skills you learnt in the past to help you live with not knowing where ..... is?
- It's difficult to acknowledge the stress that can sometimes happen before someone disappears. Is it difficult for you to talk about the different emotions you might be experiencing now that ..... is missing?

### **A protected place**

- Life continues even while ..... remains missing. How do you manage when life doesn't allow you to focus only on your missing loved one?
- What strategies do you use to set aside some of these thoughts when your attention has to be focussed elsewhere?
- Do you sometimes feel the need to take a break from concentrating on the sadness and frustration of having someone missing? What would it feel like to take some time for yourself?
- What strategies could you use as a way of giving yourself a break?
- If you were having a difficult day do you think you could use some of these strategies to help yourself to have a break?
- Sometimes families want to take time and reflect on their loved one who is missing. What do you think would happen if you chose to visit a place where you could remember .....? What would that 'remembering' look like to you?

### **Opportunities for growth**

- What are some of the ways that you can keep the missing person present in your life? Is it useful to talk to them, to write to them?
- If the missing person could see the journey you've been on, what would they say that this journey said about you?
- What advice do you have for others who struggle with having someone missing?
- What ways do you see that you have changed since that first day that you realised your loved one was missing?
- Have you thought about ways that you can survive the future?

## Appendix 2: The trauma timeline

### Co-constructing a new way of living

(The example may reflect the experiences of a family member of a person missing due to mental health issues)



- < The health practitioner/professional should explore what other challenges have been faced by the family that possibly had little or no solutions. In attempting to explore some solutions to previous challenges the health practitioner/professional can help to uncover exceptions to dealing with those losses.

\* It is also useful in exploring this phase to look at any ambivalence a family member may have experienced in previous relationships which would also add to a sense of ambiguity in dealing with their current loss.

## Appendix 3: Recommended reading

Book title	Author	Released
<b>Young Adult Fiction</b>		
Missing Abbey	Lee Weatherly	2004
Missing you, Love Sara	Jackie French	2000
Missing Judy	Anne Cassidy	2002
The Lost Day	Judith Clarke	1997
The Lost	Alex Shearer	2004
The night my sister went missing	Carol Plum-Ucci	2006
When Jeff comes home	Catherine Atkins	1999
Calling the Swan	Jean Thesman	2000
Allison who went away	Vivian Vande Velde	2001
The Missing Persons League	Frank Bonham	1976
Missing Persons: Case 1... /etc	Frank Bonham	
Picture Perfect	Elaine Marie Alphin	2003
What Willow knew	June Colbert	2007
<b>Adult fiction</b>		
The deep end of the ocean	Jacquelyn Mitchard	1999
Corner of your eye	Kate Lyons	2006
The abduction	Mark Gimenez	2007
The Riders	Tim Winton	
<b>Adult non-fiction</b>		
Girl in the cellar: the Natascha Kampusch story	Allan Hall and Michael Leiding	2007
Perfect Victim	Elizabeth Southall and Meg Norris	2004
Searching for Tony	Fr Brian Jones	1978
Every 18 minutes	Ellen Flint	2005
Without a trace	Greg Aunapu and Susan Billig	2001
The country of lost children - an Australian anxiety	Peter Pierce	1999
Where there is evil	Sandra Brown	1998

<b>Book title</b>	<b>Author</b>	<b>Released</b>
<b>Reference</b>		
Resilience	Anne Deveson	2004
Ambiguous Loss	Pauline Boss	1999
Loss, Trauma and Resilience	Pauline Boss	2006
Family Stress Management	Pauline Boss	2000
Narrative means to therapeutic ends	Epston and White	1990
Disenfranchised grief	Kenneth Doka	2002
Trauma and Recovery	Judith Herman	1992
Saying hello again	Michael White	1998
A Glimmer of Hope	FFMPU – Attorney General’s Department of NSW	2005
Chronic sorrow - a living loss	Susan Roos	2002
Loss and Trauma	J. Harvey and E. Miller	2000
Lost from view - missing persons in the UK	Biehal, Mitchell and Wade	2003
Missing people in the Australian Community	Henderson and Henderson	1998
Scoping a National Missing Persons Diversity Research Agenda	National Missing Persons Coordination Centre, Australian Federal Police	2008
Missing persons in Australia	Marianne James, Jessica Anderson and Judy Putt	2008
<b>Audio visual</b>		
Missing	FFMPU - Attorney General’s Department of NSW	2006
When a child goes missing	Montreal Canada	2000
<b>Websites</b>		
<a href="http://www.missingpersons.gov.au">www.missingpersons.gov.au</a>		

# Glossary of terms

## **Ambiguous loss**

A loss defined by Professor Boss as both the physical absence and/or psychological absence of a person (such as the loss of a missing person).

## **'Both/and'**

Meaning that families live with the possibility of both the absence and presence of the missing person. The missing person being both here and gone.

## **Boundary ambiguity**

Professor Boss explores this concept as occurring when a 'family member enters or exits the family system'.<sup>25</sup> Ambiguity can occur when the entry or exit is disturbed, which is often the case with missing persons due to the unresolved nature of the loss. The family may have difficulty in transitioning to a place of acceptance of change within the system.

## **Co-construction**

Collaborating and exploring with families to assist in developing new ways of living with their loss and trauma.

## **Complicated mourning**

'In all forms of complicated mourning, the mourner attempts to do two things: (a) deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications for the mourner and (b) hold on to and avoid relinquishing the lost loved one'.<sup>26</sup>

## **Disenfranchised grief**

'Grief that is not openly acknowledged, socially validated or publicly observed'.<sup>27</sup>

## **Families/family**

A person that has a close relationship with the missing person, not necessarily a person related biologically.

## **Family gatherings**

The coming together of a group of individuals that have been affected by the disappearance of a loved one. The therapeutic purpose of the gathering is to share and explore the ways in which 'missing' has impacted them as individuals; and to assist in uncovering the possible differing responses each member of the gathering may have and how this impacts on their journey.

25 Boss, P (2002) *Family Stress Management – a contextual approach*, Sage publications, USA, p. 107

26 Rando, T (1993) *Treatment of complicated mourning*, Research Press, USA

27 Doka, K (2002) *Disenfranchised grief: New directions, challenges and strategies for practice*, Research Press, USA, p. 5

## **FFMPU**

Families and Friends of Missing Persons Unit, Attorney General's Department of NSW, Sydney, Australia

## **Grief**

Typically grief has been defined as the emotion that accompanies loss. For families of missing persons, grief is usually an emotion that is not readily welcomed as it is stereotypically viewed as a reaction to a permanent loss, rather than a temporary one which 'missing' may be.

For the purpose of this framework, grief is viewed as the emotion to a loss that is clear and observable.

## **Long-term missing**

Those who have been missing for more than one year.

## **Missing persons sector**

Agencies, individuals, health practitioners/professionals, police and non-police search agencies and families affected by the incidence of, and/or working in the field of missing persons.

## **Narrative therapy**

Morgan discusses the narrative approach to therapeutic interventions as a way of placing 'people's views, preferences, desires, hopes, dreams and purposes in the centre of the conversation'.<sup>28</sup> It is a decentred approach to practice, pioneered and shared by the Dulwich Centre, Adelaide, Australia.

## **National Missing Persons Coordination Centre**

The National Missing Persons Coordination Centre is funded by the Australian Government through the Australian Federal Police. Its aim is to provide a nationally integrated approach to reduce the incidence and impact of missing persons and to educate the broader community on the significance of the missing persons phenomena.

## **Psychological family**

More than a collection of remembered ties, the psychological family is an active and affective bond that helps people live with loss and trauma in the present...a private perception of home and family'.<sup>29</sup>

<sup>28</sup> Morgan, A (2002) Beginning to use a narrative approach in therapy, *International Journal of narrative therapy and community work*, Vol 1, p. 86

<sup>29</sup> Boss, P (2006) *Loss, trauma and resilience – therapeutic work with ambiguous loss*, Norton and Company, New York, United States of America, p. 26

**Psychological missing**

A loved one is physically present but his or her mind is not.

**Strengths based approach**

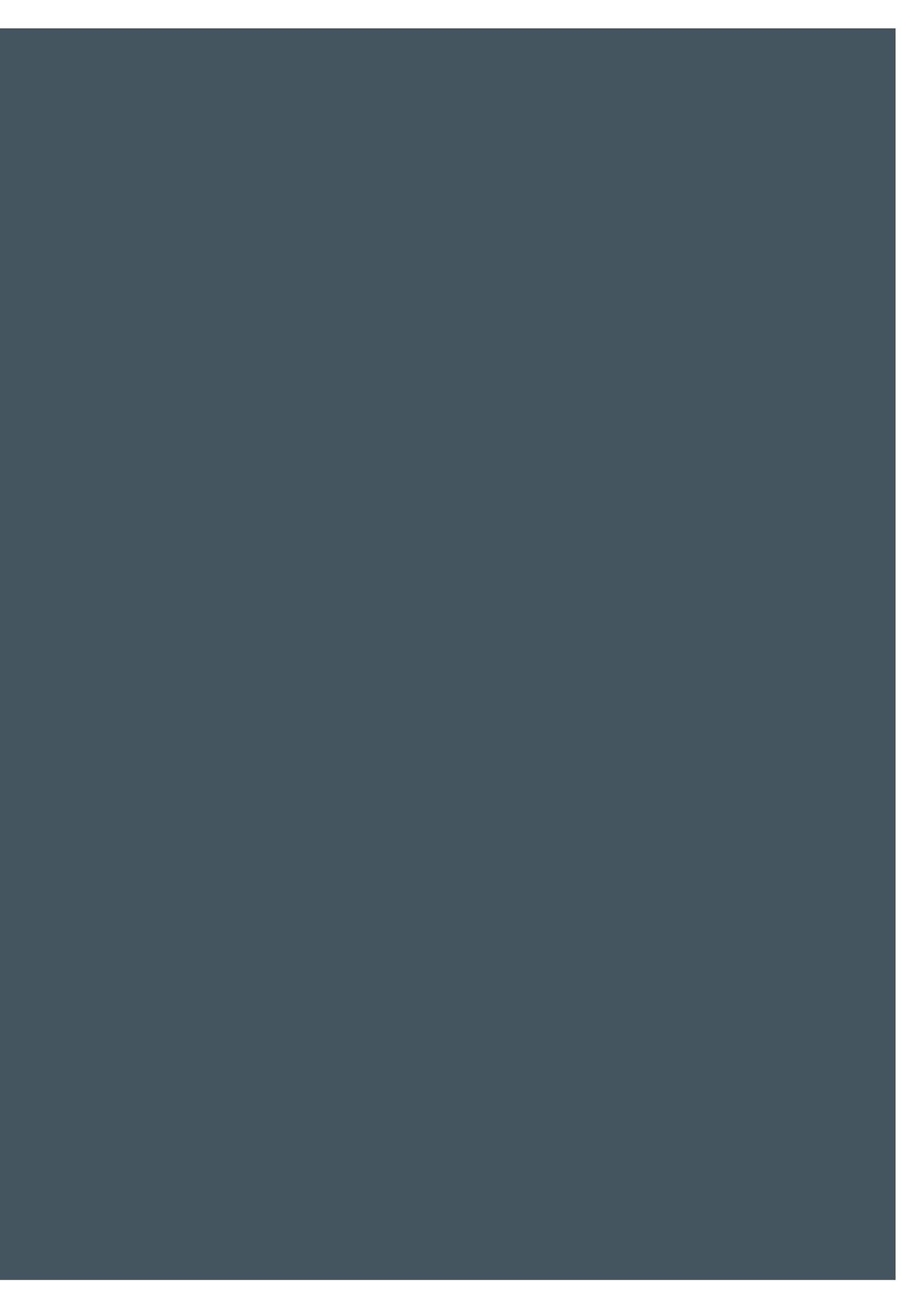
A useful approach in working with families that recognises that people have their own strengths and resources for their own empowerment in dealing with challenging life stressors.

**Trigger**

The phrase used when a family is unexpectedly reminded of the loss of a missing person. Examples include seeing someone who looks like the missing person, hearing a song, smelling a scent and more concrete reminders like anniversaries, birthdays and/or religious celebrations.









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