

‘An all-consuming cumulonimbus of pain’: a scoping review exploring the impact of ambiguous loss when someone is missing and the counselling interventions relevant to the experience



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Abstract: 2019 marks the twentieth anniversary of the 1999 landmark publication *Ambiguous loss: learning to live with unresolved grief* by Emeritus Professor Pauline Boss. The book, and its exploration of uncertainty, has invited ambiguous loss into the grief counselling space, as a way to provide specialised care for families and friends of missing people. This scoping review aims to examine the breadth of literature regarding counselling interventions from the previous work of Boss to the present day, as a way to enhance quality of life for people left behind when someone is missing. The literature highlights the experience of trauma relating to complicated mourning, as well as opportunities for post-traumatic growth while people wait for news of their loved ones. The results of the review, and suggestions for future research and therapeutic interventions, demonstrate that families of missing people need specialised support when they access grief counselling. The review demonstrates how counsellors can extend their knowledge of grief interventions and learn to tolerate uncertainty themselves in order to provide support to this important group of individuals post-loss and potentially prior to a confirmed bereavement.

Keywords: ambiguous loss, unresolved loss, complicated mourning, missing people

Introduction

When someone is missing, a significant proportion of people connected to the person will be impacted by the loss. Australian research identifies that for each person missing 12 people will be significantly affected (Dadich, 2003). The loss is referred to as ambiguous – defined by Boss (1999) as ‘unending, not knowing’ (p. 65). The ambiguity is connected to uncertainty as to when the loss will end and whether its finality will

be confirmed. The experience of ambiguous loss can have profound impacts on the people left behind and can shape the way they seek help to live with their loss.

Australian police jurisdictions define a missing person as someone whose whereabouts are unknown and for whose safety and wellbeing there are concerns (James, Anderson, & Putt, 2008). From a vulnerable population health perspective, those most likely to go missing are ‘persons with a mental illness, persons expressing suicidal ideation,

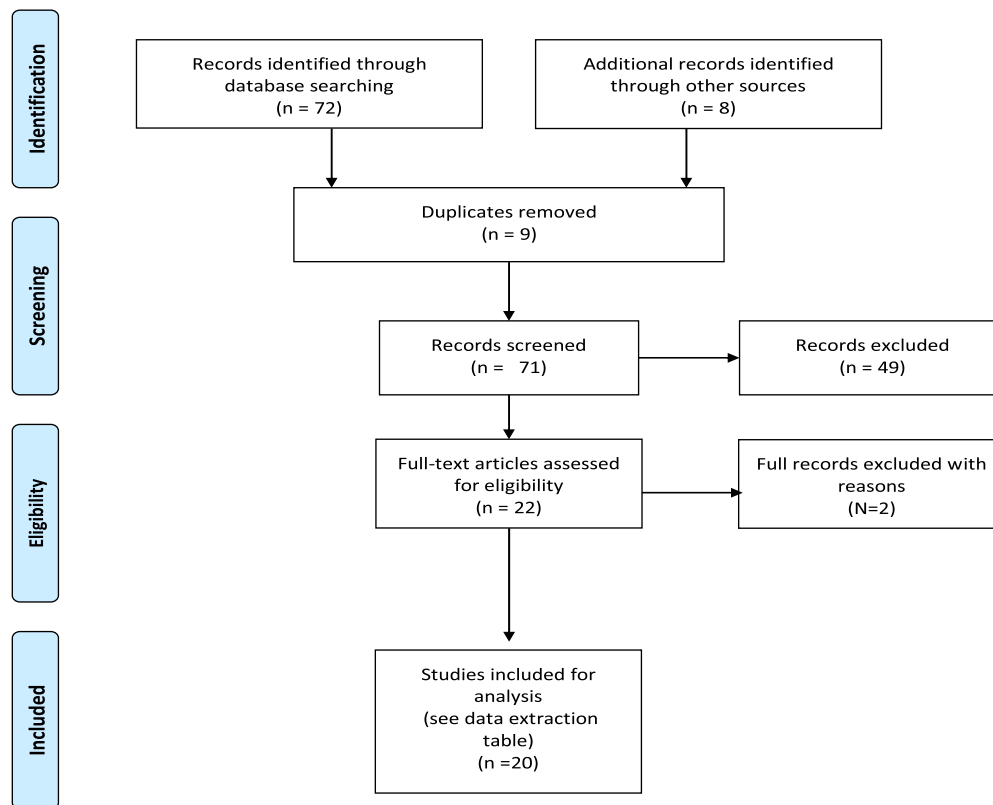


Figure 1: PRISMA results.

and those with dementia, an intellectual or physical disability or people who need lifesaving medication. Additional groups that may be at an elevated risk of harm include persons known or thought to have been last located in potentially life-threatening environmental conditions (e.g. ‘lost at sea’) (Bricknell & Renshaw, 2016, p. 18). Almost all reports of people going missing in Australia were successfully resolved (98%), with missing people primarily located alive (Bricknell & Renshaw, 2016). While the statistics reinforce that most of those who do vanish return, a small percentage remain missing longer term – that is, for longer than six months (Bricknell & Renshaw, 2016).

The UK National Police Chiefs’ Council (NPCC) definition identifies a missing person similarly to Australia, with the additional definition of those who are absent – including people from hospitals, care facilities or statutory organisations. The definition states that a missing person is one whose ‘whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be the subject of crime or at risk of harm to themselves or others’ (NCA, 2017). England, Wales and Scotland recorded 242,317 missing incidents in 2015, which equates to 368 people a day (NCA, 2017). Similar population statistics exist for the United States, with reports of returned missing people remaining similar to that of Australia (Wayland, 2015). The phenomena of going missing occurs in every country in the world, extending to incidents where people have vanished due to political

intervention, mass disappearances during times of war or unstable migration (Edkins, 2011). While the experiences of ambiguity are broad, for the purposes of this article the experience of missing relates to an individual absent from their usual life, where family and friends are awaiting news of their location.

What is known from the literature is that presentations of families of missing people are similar to those of people who have experienced a sudden and traumatic death (Wayland, 2015). Wayland (2015) notes that in exploring the experience of hope for families of missing people, people often go back to their last interaction with the missing person, pointing out the moment where they no longer live in the *before*, a space where the missing person’s whereabouts are known. They are then forced with a jarring reminder that that they now populate the *after*. The *after* is a space where people’s worldviews can shift (Wayland, 2015), where they have less certainty about where a loved one is. The reaction to the loss requires a new pathway of coping for people left behind with Boss and Yeats (2014) noting that people need to engage in ‘both/and thinking’ in the sense of a person being both dead and maybe not dead (p. 67).

This review aims to identify three key research questions. What is ambiguous loss, how does it differ from grief and bereavement where a level of certainty exists, and what are the therapeutic interventions required to help people? The aim of the scoping review is to present the literature, the methodological processes utilised in studies and the quality and or limitations of the studies located (see Table 1).

The scoping review explores the impact of an ambiguous loss when a loved one is missing and how these findings can be applied to the ways in which counselling is delivered. Further, the review aims to highlight the complex skillset required by counsellors and support workers when responding to families and friends left behind when someone is missing. The scoping review concludes that ambiguous loss may be poorly understood from a therapeutic perspective; however advancements over the last two decades provide clinical interventions that have the capacity to enhance the wellbeing of those living with the loss of a missing person. This article is conceptualised through the lens of the Australian experience. However, it seeks ways to present information regarding similar jurisdictions internationally

Method

Search strategy

The scoping review of the literature followed the framework of Arksey and O'Malley (2005). The five-stage framework assisted in reviewing the available literature with the aim of identifying and then disseminating relevant research findings. The five-stage process sought to identify the initial research question – what we understand the experience of being missing may mean to families of missing people, since the publication of Boss's (1999) landmark exploration of ambiguous loss. From there the additional four stages of the framework identified relevant studies, explored study selection, charted the data and then summarised the results in the form of a thematic analysis.

The review of the literature was conducted across two health-related databases – CINAHL and ProQuest. Keyword searches were completed using the terms 'missing persons' and then refining to missing person AND ambiguous loss. Initial keyword searches that explored ambiguous loss+counselling+families of missing people yielded no results. A broader focus on missing persons was conducted and then the abstracts were individually screened.

Key concepts from the review of the literature, combined with unpublished PhD theses, alongside hand searching of grey literature from the Families and Friends of Missing Persons Unit (FFMPU – an Australian based counselling service) and Missing People UK (a London-based not-for-profit service that provides support to people left behind) were consolidated and have been identified within this article. This strategy resulted in a total of 72 papers being located, extracted and reviewed. Eight additional grey literature reports were also sourced to identify material that may be more easily accessible to health professionals. Duplicates were omitted and the remaining papers and reports/theses screened for relevance.

Inclusion criteria included literature pertaining to the experience of ambiguous loss where a person was missing including incidents relating to children and young people published post-1999. Texts published before Boss (1999) were excluded as a way to identify how Boss's work impacted studies from then onwards.

Exclusion criteria included literature pertaining to ambiguous loss in circumstances where it did not relate to a person missing, e.g. pet grief, grief associated with a psychological loss such as traumatic brain injury, Alzheimer's and dementia. Texts that sought to explore the experience of ambiguous loss that were not written in English were excluded due to time constraints.

A final count of 20 papers post-screening were included and then analysed as a way to explore the studies. All the papers were either qualitative studies or mixed methodological approaches. There were no randomised control trials retrieved.

How was the literature analysed?

The process of reviewing the literature in order to explore the results of the review was completed by 'charting the data' (Arksey & O'Malley, 2005), where key pieces of information relevant to the research questions were thematically analysed. The lead researcher built a picture of themes, by coding using NVivo software, selecting evidence focusing on the key research questions noted above.

Results

Below is a descriptive analysis of the themes noted in reviewing the literature (Table 1). The review located 20 texts to assist in exploring the role and shift of therapeutic interventions for those left behind when someone is missing. In this section the concepts of ambiguity are defined, through the lens of bereavement and grief. Secondly the review identifies common reactions of families as a segue to exploring interventions that have been demonstrated in the literature to enhance the lives of those left behind. Data extracted from the studies included in analysis have been attached in the appendix ([online supplementary material](#)).

What is ambiguous loss?

Emeritus Professor Pauline Boss developed the concept 'ambiguous loss' in response to her work with families post-war and in family migration. She identified that when a missing person is physically absent there is 'uncertainty as to whether the loss will be final' (1999, p. 6). In Glasscock's work (2011) on the Australian experience of ambiguous loss he identified that the disappearance of a person leaves a mark on the psychological wellbeing of people left behind; that there are shattered assumptions about how the world 'should work' and that the family is

Table 1: Thematic analysis of findings

Primary theme	Sub-themes and other notes relevant for counsellors
Theme 1: Defining the experience	
<i>What is ambiguous loss?</i>	<ul style="list-style-type: none"> – Ambiguous loss is an unresolved grief, or grief with no ending (Boss, 1999). – Lived experience of complicated or anticipatory mourning, as well as disenfranchised grief may also be useful to apply in therapeutic engagement.
<i>What is the difference between ambiguous loss and grief?</i>	<ul style="list-style-type: none"> – Betz and Thorngren (2006) note that the family's capacity to 'move on' is 'not a sign of immobility or inability to deal effectively with a situation, but the powerlessness exacerbated by the uncertainty' (p. 362). – Glassock (2006) noted that existing grief models can create taboo/censorship when families want to openly discuss the possibility that the missing person may not be dead.
Theme 2: Mapping reactions	
<i>How do families and friends of missing people react?</i>	<ul style="list-style-type: none"> – Stress or anxiety about the whereabouts of the person (Boss, 1999, 2010). – Avoidance about the potential eventualities of the loss (Boss, 1999). – The reaction to waiting and the loss of control of a situation can be traumatised by the nature of the disappearance, as well as the imaginings as to what might be occurring for the person while their whereabouts are unknown (Wayland, 2015; Lenferink, 2018). – Intense sadness that no matter how hard they search they cannot locate the person (Glassock, 2009). – Confusion about the practical processes involved in searching or administering the affairs of the missing person (Clark et al., 2009).
<i>Unhelpful terms for families of missing people seeking therapeutic support</i>	<ul style="list-style-type: none"> – Boss (2002) notes that the quest for <i>closure</i> can create therapeutic resistance for families. Hofmeister and Navarro (2017) suggest closure is a useful term when there are 'true absolutes', not where human relationships are present. – <i>Acceptance</i> of the loss, without evidence to prove end of life is unhelpful to families. However, Lenferink (2018) notes that acceptance of the current ambiguity may be helpful to explore therapeutically. – Wayland (2015) notes that <i>hope</i>, as a positive action, is not consistent with the experiences of families of missing people. Hope can be destructive for those left behind and is also linked to both the return of the missing person and the hope for capacity to survive the unknown.
<i>What about support needs for people who have someone missing in the longer term?</i>	<ul style="list-style-type: none"> – Parr and Stevenson (2015) note the need to pay attention to celebrate the life of the missing person so that memories of the absent person can be brought into the present. Wayland (2007) notes that celebrating 'so far' allows people to feel they are not memorialising the lost person nor conceding they are gone forever. – Glassock (2009) notes that absence of spiritual and religious rituals that honour unresolved loss. Exploration of ways to honour the loss – individually, as a family or in community require therapeutic exploration. – Lindberg Falk (2010) also identifies the need to recognise cultural variations in order to find 'solace in grief' where uncertainty exists.
Theme 3: Evidenced based interventions which require more research regarding effectiveness	
<i>Potential therapeutic intervention as noted by the literature</i>	Cognitive behavioural therapy with mindfulness (CBT-M) ABC-X model of family stress Acceptance and commitment therapy (ACT) Mindful self-compassion.

forever changed by the absence. Glassock (2011) found that the type of loss was unique and not well managed by grief counsellors – that a new model of intervention was required that allowed people to explore their loss without being forced to accept that the loss was forever. In a technical report provided for counsellors, police and the media when working with families of missing people in Australia, Wayland (2019) noted – via a review of the literature and a survey of families currently living with the loss of a missing person – that families, when they reach out for therapeutic care, often have negative experiences that can impact their emotional wellbeing, stating that their

loss is 'an all-consuming cumulonimbus of pain, disruption, confusion, doubt and worry' and a type of fear that families shared 'that it will hover over you and your family for the rest of your lives' (p. 16).

What is the difference between ambiguous loss and grief?

Wayland, Maple, McKay, and Glassock (2016) in a review of the literature exploring the differences between bereavement and ambiguous loss, noted that when a person is missing hope and ambiguity are closely aligned;

within hope is a potential for return, and families have ideas of a final resolution, or for life to return to how it was pre-loss. Likewise, Betz and colleagues (2006) note that the family's capacity to 'move on' is 'not a sign of immobility or inability to deal effectively with a situation, but the powerlessness exacerbated by the uncertainty' (p. 362). Glassock (2006) noted that existing grief models, experienced by some families of missing people when accessing counselling support, created a sense of taboo in terms of entertaining the possibility that the missing person may not be dead; that counselling was unhelpful if closure, in relation to accepting the loss, was the goal.

The literature reveals that the following therapeutic concepts are useful when supporting those who have someone missing:

Ambiguous loss – the term 'ambiguous loss' (sometimes interchangeably referred to as 'unresolved grief' in the literature) identifies the physical absence of the individual without confirmation as to whether or not the loss has finality or a known outcome (Boss, 1999, 2002, 2018).

Anticipatory mourning – Rando's (2000) exploration of complicated mourning does have some relevance for families of missing people as it allows a space for exploring grief without making people feel as if they are 'failing' at the tasks of mourning, because it acknowledges all of the complexity that comes with a unique type of loss like missing.

Disenfranchised grief – Doka (2002) defines disenfranchised grief as a type of grief that is not commonly recognised by the community, where ambiguous loss falls outside of the 'expected' losses experienced in our lifetime. The stigma that can come from this type of loss – because of people's hidden beliefs about how people should manage their loss, and the lack of understanding from the support professionals tasked with responding to them – can mean that the additional layer of stress can be created by a loss that is poorly understood.

How do families and friends of missing people react emotionally?

From the review of the literature the reaction by families of missing people highlight experiences of stress or anxiety about the whereabouts of the person (Glassock, 2006). In addition, the reaction to waiting (and the loss of control of a situation) can be worsened by the imaginings as to what might be occurring for the person while their whereabouts are unknown (Wayland, 2015). The literature also states that intense sadness persists when a family cannot locate the person no matter how hard they commit to searching (Glassock, 2006), as well as disconnection from the community as people go about their lives, unaffected by the loss they are consumed by (Wayland, 2015). Clark, Warburton, and Tilse (2009) also note that confusion

about the practical processes involved in searching or administering the affairs of the missing person also impact their emotional wellbeing.

The review of the literature also highlighted that those living with ambiguous loss for extended periods of time may experience a heightened risk for developing prolonged grief, depression and post-traumatic stress symptoms (Lenferink, van Denderen, de Keijser, Wessel, & Boelen, 2016, 2018).

In the following section concepts that are typical of responses by others are included, to assist counsellors in developing awareness about ways in which families may learn to live with this unique type of loss. Betz and colleagues (2006) noted that families may hesitate to share their grief because of shame, because they fear judgement, or believing they should be able to survive or be resilient to their loss.

Closure

Hofmeister and Navarro (2017) note, when identifying how forensic scientists can better support families of missing people, that 'closure is a good term for real estate and business deals in which there are true absolutes and clear conclusions, but it is not a valid term for human relationships' (p. 36)

Boss (2002) notes the paradox that pressure for closure imposed upon families of missing people actually creates more resistance from families. The literature notes that families may feel hard-pressed to set aside hopeful resolution ideas because the quest for closure and being realistic about the person being located alive after a significant period of time has lapsed is held fast by those around them. This suggests supporters need to be patient, have respect and acknowledge the complexity of the processes that people go through while waiting for news.

Acceptance

Lenferink (2018) notes that 'openness and understanding towards one's suffering, accepting that the disappearance is uncontrollable and receiving emotional support from others' (p. 247) seem helpful. This may mean that the term 'acceptance' might be better used in another way – an acceptance of the current state of uncertainty needing to be embraced; and while that might be distressing, it is the distress that needs acceptance not acceptance that a person will never return.

Identifying hope as a positive response

Wayland (2015) noted that ideas of hope change over time for families of missing people. Hope and exploring what hope means, individually, can allow for opportunities of self-discovery in terms of opportunities for post-traumatic growth. The ability to gradually learn

new ways to live with ambiguous loss is slow. Support people can be cautious about introducing hope, with concerns expressed about offering false hope to people (Wayland, 2015). For some, it is that hope hurts, for others it can be that hope is the glue that holds the liminal space together (Wayland, 2015).

Perhaps most relevant to all health professionals, Lenferink (2018) noted in her exploration of prolonged grief symptoms of families of missing people that people with more self-compassion experience less psychopathology, and that this is enhanced by a capacity to stop themselves engaging in ruminative thinking (meaning less time spent trying to work through the ‘what ifs’) and that mindfulness-based interventions can assist in re-training or training families to embrace life post-loss. In addition the work of Heeke, Stammel, and Knaevelstrud (2014), who conducted a cross sectional study in Columbia exploring the presentations of families left behind following forced disappearances, alongside those who were bereaved due to armed conflict, found that the inclusion of hope (that the person would return) for those where a disappearance had occurred was characterised by higher rates of prolonged grief disorder, than those who had certainty regarding their loss. While the generalisability of these findings are limited they do highlight the need to better understand the long-term presentations of families and friends of people who remain missing.

What about support needs for people who have a loved one who is missing in the longer term?

Wayland (2015) explored shifting notions of hope for families of missing people whose loved one was missing for longer than 12 months. The conclusion of that study identified that there was a continuum of loss for families left behind and that over time a gradual learning to shift hope for the missing person to hope for the left behind (or hope for themselves) was identified.

Lenferink (2018), in exploring the grief reactions of families of missing people from a clinical perspective, notes that not having access to grief rituals and the accompanying ‘uncertainty and disorientation’ of having someone missing can provoke a stress reaction. This means that the experience of waiting, and the impact on the person left behind, is compromised when uncertainty exists.

These multiple reactions – stress, fear anxiety, uncertainty – all run alongside the lived experience of missing someone. An evaluation of the Australian-based FFMPU (2015) identified that the goal of providing counselling support to families of missing people in the long term needs to centre on the fact that the loss has occurred rather than hope for the situation to be resolved. For those families where remains are located, there needs to be

awareness that their response to location of remains only offers physical reunification for the family. However it may not offer finality, as questions about the reasons for going missing or their death may remain unanswered.

Celebrating the life of the person not currently present

Wayland (2007) introduced the concept of a ‘celebration, so far’, through interactions with families of missing people, as a chance to acknowledge their loss through community-based celebrations by defining that they are currently not here, but may not be permanently gone. In an academic exploration in witnessing and interviewing families of missing people, Parr and Stevenson (2015) note that attention should be paid to the person by celebrating them. These celebrations might be in the form of story-telling, photography, film or events. It allows people to remember that the absent can be brought in to the present.

Spirituality, religion and rituals

Glasscock (2009) noted in his study that the funeral is the most common ritual attached to loss. However, in the case of missing people, a funeral is not an appropriate way to acknowledge the loss, regardless of how long they have been gone. It is important to note that there are currently no designated rituals for people to employ when a person is missing. Yet, with support, rituals can be developed with family members to provide remembrance. In exploring the rituals surrounding death in disaster situations where people are unaccounted, Beder (2002) offers reinforcement that an outdated model of grief-working requiring steps or stages is not relevant in these ambiguous situations.

Cultural explorations of missing and rituals were developed from reflecting on the work with Thai survivors of the 2004 Boxing Day tsunami. The families left behind turned to Buddhist monks to help find ‘solace in their grief’ (Lindberg Falk, 2010). The recovery process was centred upon ceremonies and rituals that allowed for old and new rituals to merge in a way to honour the grief where bodies had not been located. The monks, in consultation with families, arranged ‘counterfeit’ funerals where families displayed pictures, burned pieces of paper with the missing persons’ names on and used the ritual as a way to communicate openly their thoughts about the missing person. Some who believed the missing person might still be found opposed the counterfeit funerals – reinforcing the importance of acknowledging the role of societal pressure even when the clues noted that the family felt differently to what the community believed, and that different people will experience missing in a variety of ways

Therapeutic intervention as noted by the literature

Cognitive behavioural therapy with mindfulness (CBT-M), as noted by Lenferink (2018), is a strategy that uses the basic principles of CBT alongside meditation skills to recognise ‘thinking traps’ or grief ruminations and challenge persistent or unhelpful thoughts. Lenferink (2018) notes that the inclusion of this intervention may be important especially in terms of the presentation of negative cognitions and avoidance behaviours of families of missing people.’

ABC-X model of family stress – most suited for family groups responding to the loss of a missing person. The model, as noted by Betz (2006), is useful due to its broad systemic approach where people can have shared perceptions of loss and helping people redefine or create new meaning and rituals surrounding their loss.

Acceptance and commitment therapy – as noted by Wayland (2007, 2015) this model helps people to reflect and understand their core values and the ways in which these values assist in living a meaningful life alongside their loss.

Mindful self-compassion, as noted by Lenferink (2018), is an intervention that may enhance a person’s capacity for emotional wellbeing. The strategy allows the counsellor to help people acknowledge their difficult thoughts and feelings and to acknowledge the vulnerability that accompanies the loss of a missing person. This can also be used alongside compassion-focused therapy (CFT).

Discussion

Reaction and response to uncertainty and trauma when a person vanishes is not reliant on the relationship type, the length of time the person is absent or the reasons as to why the person may have intentionally or unintentionally left (Biehal, Mitchell, & Wade, 2003). The helpfulness of interventions must be characterised by an understanding of the evidence base regarding ambiguous loss, and awareness about the differences between grief and ambiguity regarding the loss of a loved one (Boss, 2002; Boss & Yeats, 2014). The role of the counsellor, or grief worker, is to shift and move with those reactions, and to learn to sit with a sense of ‘not knowing’; this may be assisted by clinical supervision and some revisiting of core values regarding what occurs when all of the necessary components of loss may be absent, yet the feeling of loss is pervasive (Wayland, 2015). The role of the counsellor is to identify that the concepts useful in exploring the lived experience of loss are available, as well as the therapeutic modalities and approaches to respond better to families and friends of missing people seeking counselling for their loss. Boss

(1999) tells us that closure is not the goal in providing support to people left behind, but that remaining person-centred and open to learning about the loss, even if it extends long term, is the key.

The concepts and modalities identified in the scoping review may assist as necessary inclusions in the toolbox of the counsellor, alongside understanding the place and space occupied by the missing person and the role of the community in exacerbating a sense of disenfranchised loss that can be complicated by the lack of outcomes regarding the investigation.

Boss (2010) asserts that ‘grief is frozen, life is out on hold, and people are traumatised’ (p. 137) when someone is missing, however it is important when presenting the complexity of counselling interventions that we do not inadvertently send a message to families of missing people that it is *not* possible to live a meaningful life while they wait for news about a missing person. Exploring ways of sitting with the loss may be key to providing supportive interventions for people left behind when someone is missing. In the years since the release of Boss’s book (1999) counsellors have combined new ideas regarding mindfulness and acceptance of the liminal space, thus providing greater opportunities to support people left behind.’

Limitations of the review

There are two areas of limitations – one regarding the approach – a scoping review – and the other being the ways in which ambiguous loss continues to be a poorly researched area.

First, the choice of review, in terms of selecting a scoping review, may have overlooked papers that may have been noted in a systematic review. However, given the relative niche area of this type of loss, and the need to identify literature for this project that would be applicable to health professionals, a scoping review was most beneficial.

More broadly the literature identifies a significant dearth of studies that seek to understand and validate the psychotherapeutic interventions that may reduce the levels of distress for those left behind when a loved one is missing.

The data extraction table (see appendix) identifies 20 papers or technical reports reviewed relating to the approach to therapeutic interventions for counsellors. In order to better understand the role and impact of therapeutic interventions the research needs to map longer term reactions to ambiguous loss on people’s wellbeing as well as include control groups to identify what is optimal to minimise potential maladaptive strategies and live alongside their ambiguous loss. This is a significant limitation of the scope to effect change in the lives of those living with ambiguous loss.

Conclusion

The scoping review concludes that ambiguous loss may be poorly understood from a therapeutic perspective. However advancements over the last two decades provide clinical interventions that have the capacity to enhance the wellbeing of those living with the loss of a missing person. What was revealed from this review is the detailed practical information (forensic and otherwise) that people must engage with and navigate when living with the loss of a missing person. What needs to occur from a practice and research perspective is the incorporation of a module of learning in understanding the complexity of delivering relevant strategies to assist counsellors to understand the inclusion of uncertainty in experiences of loss. Research evaluation of these educational opportunities, and the capacity for those with lived experience to co-construct how these modules should be taught, is essential in terms of developing a clearer health partnership with those who have experience of ambiguous loss.

Living with the disappearance of a person can have a significant impact on all aspects of life, and for extended periods. In the therapeutic space counsellors who have expertise in trauma and griefwork, as well as those who specialise in family therapy or family conflict, would also be able to provide assistance. The literature identified in this article suggests that counsellors can prepare for individuals or families before their first session by being well-versed in evidence-based models of trauma, grief and loss as well as on their own thoughts of ambiguity. The literature concludes that the goal for the counsellor might be to set aside what they think they know about the experience of having someone missing, challenge the assumptions that may come from those thoughts and truly listen to help people challenge the ruminations that arise. Boss (1999) told the therapeutic community that closure is not the goal, remaining person-centred and open to learning about the loss, even if it extends long term, this is the key. ■

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Supplemental data

Supplemental data for this article can be accessed here.
<https://doi.org/10.1080/02682621.2020.1728089>

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