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## THE PHENOMENON OF AMBIGUOUS LOSS: COUPLES THERAPY IN THE CONTEXT OF LIFE-THREATENING ILLNESS

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### Summary

*The aim of this paper is to discuss the phenomenon of anticipated loss and to propose therapeutic interventions with couples dealing with a chronic or life-threatening illness of one partner. In the first part of the article, we introduce the anthropological concept of liminal states — transitional situations associated with changes in life status. This concept serves as a foundation for examining the psychological experience of couples who face the diagnosis of a serious illness in one of the partners. We then present Pauline Boss's concept of ambiguous loss, a theory developed by the American researcher and family therapist. Our focus is on the manifestation of this phenomenon in the relational and emotional dynamics of intimate partnerships. In the second part of the paper, we describe the phenomenon of anticipated loss, a specific type of ambiguous loss that highlights the complex emotional and relational processes that emerge in the period leading up to the anticipated death of a partner. The theoretical material is complemented by an excerpt from a couples therapy session, illustrating the distinct emotional phenomena that arise as one partner anticipates the impending loss of the other. Furthermore, the clinical examples provided illuminate the specific nature of therapeutic work in the context of anticipated loss. The conclusion offers guidelines for therapeutic work with couples facing chronic or life-threatening illness in one partner.*

Change is an integral part of life, disrupting the established order and introducing a state of unpredictability and ambiguity. This arises because the altered circumstances have not yet stabilized, and the final outcome of the change remains unknown. Numerous possible scenarios may unfold as a result of this new life situation. In anthropology, the transition from one state to another involves entering a distinct transitional phase, known as the liminal state. A significant life change, such as a medical diagnosis, news of a separation,

a decision to emigrate, or the disappearance of a loved one, initiates a unique period of liminality [1, 2]. The experience of an incurable illness is considered a ‘limit situation’, one in which a person endures suffering and faces the inevitability of a condition to which they are profoundly vulnerable [3]. Health psychology researchers indicate that a life-threatening diagnosis shatters what is familiar and predictable. In such circumstances, one’s life space becomes filled with uncertainty, susceptibility to harm, and unpredictability [4], creating a “fracture in daily reality” [5]. The diagnosis and treatment of a life-threatening illness (e.g., cancer) can serve as a source of stress and may also trigger a post-traumatic stress response [6].

Pauline Boss, an American psychologist and family therapist, describes this type of state in an individual’s, family’s, or couple’s life as a state of ambiguous loss [7-9]. Initially, this concept referred to situations in which a family member was physically absent but remained within the family’s emotional and psychological space (“leaving without good-bye”) such as in cases of emigration or disappearance. In another form, a family member is physically present but psychologically absent, as in cases of addiction, mental illness, or coma (“good-bye without leaving”). Both of these scenarios are considered to be highly stressful and potentially traumatic. This ambiguity complicates decision-making concerning treatment or family circumstances and stalls the grieving process associated with this type of loss [7, 10]. There is a risk of developing prolonged grief disorder (PGD) [11]. PGD may be associated with the deactivation of the attachment system, distancing from the experience of loss, and avoidance of reminders related to the loss [12]. Clinically, this is often referred to as stalled or frozen grief. On the other hand, there can be excessive activation of the attachment system, characterized by an intense preoccupation with the relationship with the deceased and an inability to reorganize one’s life regarding roles, responsibilities, emotional experiences, and personal needs [13]. Clinically, this is often termed chronic or prolonged grief.

Pauline Boss [10] outlines several core principles that constitute and help to understand the complexity of ambiguous loss. First, family exists in a psychological sense, not merely a physical or legal one. This means that ambiguous loss alters the functioning of the entire family as a system. Second, ambiguous loss is linked to a specific change, often resulting from external circumstances (such as illness or miscarriage). Third, family beliefs and values influence how ambiguity is perceived; for example, the role of religion in the context of divorce or homosexuality. Fourth, there is no singular, ultimate truth or solution in cases of ambiguous loss; the situation is best described through the concept of relativity. Fifth, ambiguous loss is primarily a relational phenomenon rather than solely an intrapsychic quality of the individual. Even if a person exhibits symptoms of complicated grief, depression, or anxiety disorders, the triggering factor is often an external context (e.g., a diagnosis) and the family or couple’s subsequent response. Sixth, it is essential for a family experiencing ambiguous loss to mobilize their resources (resilience) and continue

living despite the uncertainties regarding what and when events may occur. Lastly, Pauline Boss notes the difficulty in studying ambiguous loss due to its complexity and idiosyncratic nature, which may be best captured through phenomenological and clinical descriptions.

Ambiguous loss is also associated with the concept of boundary ambiguity, which refers to the recurring instability and complexity within the family narrative regarding who is in or out of the family system [14, 15]. Ambiguous loss is understood as a stressor that may lead to the persistence of unclear family boundaries, complicating the adaptation of family members to the new situation.

Experiencing ambiguous loss in an intimate partnership may arise following a separation, a chronic, progressive, or life-threatening diagnosis of a partner, or perinatal loss. Such changes can lead to the loss of a significant self-image or family identity, a sense of the loss of one's former life, future plans and dreams, or the "what could have been" [16, 17]. It is important to emphasize that loss within a partnership occurs within the bond that has previously formed between partners. Weiss [18] indicates that the functioning of the attachment system, as well as the choice of a partner in adulthood, largely occurs outside of conscious awareness, driven by needs for security and fulfilment. Consequently, one's response to loss is directly tied to the type of attachment bond that has developed between the partners [19].

In cases of partner separation, the pain of loss is often intensified by negative social perceptions of separation and the attribution of blame to one party. The partner initiating the separation may experience profound sadness over the relationship's inability to continue as it once did. The decision to separate may be preceded by a painful process of negotiation and guilt over causing distress to the other partner, as one or both partners come to terms with ending the relationship [20].

The ambiguity of loss in the case of separation unfolds over time. It is not a single event but rather the accumulation of many losses and prolonged periods of pain. The aforementioned sense of family boundary ambiguity becomes particularly pronounced, as there is uncertainty about who belongs to the family and in what way. As a result, many boundaries must be renegotiated post-separation. Losses associated with partner separation can be tangible, such as the loss of a shared home. However, many are intangible, ambiguous in nature, including the loss of love, hope, dreams, ideals, illusions, and a sense of original innocence.

As previously mentioned, ambiguous loss in a partnership may also occur in situations of chronic or incurable illness, such as schizophrenia in one partner [21] or dementia [22]. One specific form of ambiguous loss is the phenomenon of anticipatory loss of a partner, which is described when one partner is facing a life-threatening or terminal illness.

A unique aspect of anticipatory loss is its inherent invisibility [23]. The couple or family enters a state that is described as dual or ambiguous; on one hand, treatment and other aspects of life continue, while on the other, the inevitability of death and separation

looms. This type of ambiguity permeates every aspect of the couple's life and becomes pervasive, especially if it cannot be explicitly acknowledged. Consequently, the ill person, or even both partners, may experience understated subtle marginalization, being excluded from certain conversations in their social circles. The state of anticipatory loss is often not socially recognized, as the loss has not yet occurred. Thus, the growing sense of loss becomes increasingly private, limiting access to social support. In response to anticipatory loss, the partner may activate an intense caregiving system, displaying an extraordinary level of resilience and capability. This can result in their own grief being suppressed, potentially complicating the grieving process.

### **Grief and its complications in anticipatory loss**

Anticipatory grief is thought to prepare individuals both for the farewell and grieving process as well as for forming a new kind of bond [23]. When working therapeutically with a couple facing anticipatory loss, it is essential to consider both of these aspects. A loss that has not yet occurred lacks social sanction and is not publicly mourned. This lack of social recognition can deny the right to feel sorrow and complicate the grieving process after death [24].

Moreover, disruptions in experiencing anticipatory grief may arise when a partner or family member downplays the significance of the relationship with the ill person. Disruption may also stem from denial of the impending death that the family or couple is facing. Additional obstacles to experiencing anticipatory grief can include feelings of guilt and fear of social exclusion for grieving a partner who is still alive.

In the context of anticipatory grief within an intimate partnership, it is crucial to consider both previous disruptions in the bond and any current emotional wounds arising during the period of anticipatory loss. Clinical experience suggests that past hurts can lead both partners to withdraw [19], fuelled by feelings of bitterness and resentment experienced by one or both. Often, the healthy partner feels overwhelmed by caregiving responsibilities and a lack of gratitude or emotional support from the ill partner, which may inhibit expressions of affection and the experience of grief related to the impending separation. In therapeutic work with the couple, it is important to acknowledge the healthy partner's anger, which may serve a secondary function of masking uncertainty and fear about the impending separation. On the other hand, the ill partner may withdraw from the relationship due to feelings of incompetence and helplessness brought on by the diagnosis [25]. Identifying the nature of attachment disruptions within the couple is a critical task for the therapist, as these disruptions can obstruct the experience of anticipatory grief and loss, ultimately complicating the grieving process following the partner's death.

The following section presents the therapy of Couple A as an example of a couple facing ambiguous anticipatory loss. The clinical material will illustrate the relational wounds

activated specifically by the ambiguous loss situation discussed in this article and outline therapeutic approaches within this context. We recognize that one partner's chronic illness induces a range of social, familial, and psychological effects on the other partner and affects the intimate dynamic between them. This article partially addresses issues such as increased separation anxiety and the activation of attachment-related anxiety patterns characteristic of each partner [19]. However, we primarily focus on aspects of psychological experience associated with ambiguous, particularly anticipatory, loss.

### Clinical example: therapy with couple A

Mr. and Mrs. A sought therapy in the context of the wife's life-threatening cancer diagnosis.<sup>1</sup> The diagnosis spurred an unprecedented level of activity and resourcefulness in the husband. After an exhausting period of searching for various treatments, when the wife's health condition temporarily stabilized, the husband began experiencing depressive-anxiety states, and tension emerged in the relationship. They were then referred for couple therapy. Below are excerpts from the third session, illustrating key phenomena and dilemmas in therapeutic work in the context of ambiguous, anticipatory loss.

#### A time for fear

In this segment, the husband expresses regret about not spending enough time alone with his wife, as their time together is often focused on their two-year-old daughter, Gienia.

01 Husband: *...because I'll still have plenty of time with Gienia, but I may not have much left with Adrianna.*

02 Therapist: *That really opens something up in you right now.*

03 H: *Yeah (emotional).*

04 (10 seconds of silence)

05 T: *As though, after that period of fighting, right? (2 sec.) Now, it's time for fear.*

06 (30 seconds of silence)

07 H: *Mhm-m.*

In this segment, the husband openly expresses uncertainty about how much time he has left with his wife. Implicitly, he reveals his fear that she may die. His fear of losing her transforms into frustration and regret over not spending time alone together. From a therapeutic perspective, these feelings of frustration and regret can be viewed as secondary emotions masking underlying uncertainty and fear [25]. In her intervention (line 5), the therapist does not address the secondary emotions of frustration and regret but instead attempts to name the primary emotions of fear and uncertainty. The husband responds with

<sup>1)</sup> The details concerning the couple have been modified to ensure confidentiality.

prolonged silence, confirming the therapist's insight (line 7). The theme of the husband's fear is explored further in the next segment.

08 T: *Could it be, Mr. Adam, that on one hand, this fear of yours, or yours as a couple, drives you to want to be together, but on the other, it's hard to just be together so freely with this fear? There are moments, like on the bike ride (referring to a previously mentioned outing that brought them joy), but then the fear creeps in.*

09 Wife & Husband: (nodding).

10 H: *Honestly, I don't know how to function normally with all this, how to live, or how to come to terms with it. I don't know how to handle it because, beyond that, it's true—I'm afraid of this, and I've been feeling a lot of anxiety lately about Gienia and Adrianna.*

In continuing the discussion, the therapist offers an interpretation (line 8) that intimate time together is disrupted by the fear for the wife's life. The couple nods, and the husband elaborates on his anxiety over potentially losing his wife or daughter. The theme of his fear is developed further in the following segment.

It feels like it's approaching

11 H: *This fear just flares up so easily. I didn't have it before. But then, how do I manage it all? (...) Sometimes I get angry, and then I feel guilty about being angry because we don't know how much time we have left together. And everything just feels overwhelming.*

12 T: *Does your wife know what you're talking about?*

13 W: *Yes.*

14 T: *Please tell him.*

15 W: *I really understand Adam because I'm on the other side, so I actually have two sides to this—I care, but I also don't care (...). When I start to feel bad, I think, oh no, it's probably coming, time to start preparing, right? (laughs).*

16 T: *That it's approaching?*

17 W: *Yes (laughs).*

18 T: *That you might die.*

19 W: *Yes, yes, yes.*

This segment illustrates the confusion and ambiguity each partner experiences. The husband points out that when he feels the fear of losing his wife, he becomes angry, followed by guilt (line 11). The wife speaks of the mixed feelings tied to the uncertainty of her death's timing, wondering if it is near or distant (line 15). However, she does not name it directly; the therapist does so, then explores how these feelings are discussed between the spouses. The following segment presents the therapeutic intervention.

20 T: *But I'd like to ask, when you have these thoughts, that it might not work out, that fear is approaching.*

21 W: *Uh-huh.*

22 T: *What do you do with it then?*

23 W: *Nothing.*

24 T: *Do you talk to your husband about it? Or does it stay with you?*

25 W: *No, it stays with me.*

26 T: *Would you prefer if your wife shared these thoughts with you?*

27 H: *I think so, yes, because then I wouldn't feel so alone in all this (...). I'm terribly afraid of being alone.*

28 T: *But are you afraid of being alone now, or in the future?*

29 H: *It's how we're living now. I feel like it's already kind of happening.*

30 T: *Aha.*

31 H: *That we don't have time to spend together, alone, that things are different from how they used to be (...) I want to spend time with Adrianna.*

32 T: *You're saying, let's make the most of the time we have left. That's your option, and it's an important one, but it's also fuelled by anxiety, right?*

33 H: *Yeah, right.*

This segment illustrates the emotional turmoil and conflicting needs within the couple: the wife does not share her fear of death with her husband. The husband wants to spend more time with his wife, which seems driven by his fear and compulsive desire to hold onto her. The therapist reflects on this dynamic in line 32 and continues in the following segment.

34 T: *It's not such an easy option.*

35 H: *No. And because of that, I get angry at Adrianna—why doesn't she want to spend time together when we don't know how much we have left?*

36 W: *We do spend a lot of time together.*

37 H: *Together with Gienia.*

38 W: *That's just how our life is (...).*

39 T: *But let's take a broader perspective, because, of course, you're in this situation—if you lived as though your wife were going to die soon, that wouldn't be the best, right? But also forgetting about it and not making the most of this time, as you say, wouldn't be the best either. If you ignored it, it would still come out in some way (...) So, the question is, can you meet each other in moments of helplessness, when nothing is certain (...) but then come out of that together (...).*

40 H: *Yes, that's what we need to find. I feel like I'm constantly stuck in this moment—I just don't know how to arrange everything, what's next, whether to live as if Adrianna will be here for a year or ten years (...).*

In her intervention (line 39), the therapist points toward a direction for further work, which is to find a space between the partners' extreme stances: living as though the wife might die soon versus ignoring the illness. She suggests that meeting in the helplessness

of the unknown, while also making the most of their time, may be the best way to find space to reconnect. In the segment that follows, the therapist highlights the potential risks to the couple's closeness.

41 T: *Spending time together, getting closer, may mean becoming dependent on someone, which on one hand is important, but on the other hand, it intensifies the fear of loss.*

42 H: *Mhmmm.*

43 T: *(...) This closeness can also provoke fear.*

44 H: *But that's what's happening, that's exactly what happened after the bike ride. We came back, and it was wonderful; it was like when we first got together. And everything... And when I was alone for a moment, the other side came up—feeling even worse. My God, what will happen if Adrianna is gone (...).*

45 T: *Often, in situations like yours, people distance themselves a bit to cope with the fear, and choosing closeness requires strength. To be close, while also acknowledging the unknown.*

46 H: *Mhm.*

47 W: *It's hard. I mean, lately, Adam has withdrawn, and that kind of closes me off from within.*

48 T: *It's important that you shared that now.*

This segment illustrates another layer of ambiguous loss—the paradoxical experience of closeness between partners intensifying the fear of separation and loss. Discussing this helps the partners understand moments of withdrawal and emotional closure between them.

### **Anticipatory loss: directions for couple therapy**

Anticipatory loss within a couple is tied to the fundamental challenge of understanding each other's experiences, as the illness has placed each partner in vastly different life situations [26]. At the same time, the ambiguous loss is a shared experience for both. Often, disruptions in closeness occur when the ill partner withdraws from discussions about daily matters and household responsibilities. In these cases, reducing the healthy partner's burden may involve negotiating the ill partner's engagement in daily life to whatever extent is feasible. The ill partner experiences fear of death, which may not always be directly accessible to the healthy partner. Hiding this fear often serves to protect loved ones as well as themselves. In this context, distancing from one's fear becomes a mechanism for regulating emotions. Such coping strategies create loneliness between partners, as illustrated in the previous session segment from Couple A. The ill partner may also focus on so-called "unfinished business"—issues that need to be addressed or resolved before they pass away or "mentally depart." Couples therapy can provide a space for addressing and finding solutions to these "unfinished business" matters.



For the healthy partner, anticipatory loss often triggers separation anxiety. In Couple A, for example, the husband's separation anxiety manifested as an intense desire to spend time together as a couple. The healthy partner usually also faces existential anxiety related to their own mortality. Physical intimacy in the relationship is often disrupted. Physical distance may stem from the healthy partner identifying with the weakened body of their loved one. Simultaneously, the ill partner may lose trust in their own body. Both processes can lead to a premature withdrawal from intimacy, an issue that can be explored within couple therapy.

In summary, couple therapy in the context of ambiguous, ambivalent loss becomes a space for restoring the mutual exchange of thoughts and feelings. This exchange is often disrupted or halted due to the anxiety triggered by a life-threatening diagnosis. In many cases, the therapist facilitates discussions about death to help reduce the tendency to avoid this topic. It is crucial, however, that this topic is introduced without pressure or coercion and with respect for situations where one partner may be unable to speak directly about death or the threat to life. According to Mohr and colleagues [27], during this period in a couple's life, there may be a revival of romantic feelings that have often faded, giving way to a more stable, long-term bond. This shift also involves preparing the partners to maintain a connection after the ill partner's passing [28]. In some cases, anticipatory loss encourages couples to engage in difficult conversations about their children's future.

### **Ambiguous loss: summary**

The presented segment from the therapy session with Couple A illustrates the process of making sense of ambiguity related to the desire for closeness and simultaneous isolation driven by fear of loss or the need for protection. In situations of ambiguous loss, whether it is anticipatory or of another kind, recognizing the factor that blocks acceptance of the loss is essential. This applies to both the ill person and the healthy family members. Denying one's own experience of loss is sometimes referred to as a "broken connection" with oneself [27]. It is, therefore, important to recognize whether someone is isolating themselves from the experience of loss, hiding it, or denying it. At times, cultural or religious values within a community may prevent acknowledgment of impending loss and suffering. The therapist's role is then to examine with the couple how their family coping mechanisms are either helpful or restrictive in the current situation.

The therapeutic process is partly informed by the therapist's understanding of grief, including anticipatory grief. One of the most widely known theories is Elizabeth Kübler-Ross's model of grief stages, which outlines denial, anger, bargaining, depression, and acceptance [29]. The advantage of this perspective is its depiction of grief as a process and its consideration of various, sometimes unexpected, states. However, we believe that this approach risks oversimplifying the grieving process. The perspectives offered by the Continuing Bonds

Theory [28] and the Dual Process Model of Grief [30] appear more useful in clinical practice. The Continuing Bonds Theory posits that maintaining and nurturing a bond with the deceased supports the bereaved in adjusting to a new reality. In contrast, the Dual Process Model of Grief highlights an oscillation between experiencing loss-related sadness and dealing with the challenges of life reorganization. These theories incorporate and integrate the complexity of emotions, needs, demands, and aspirations experienced in response to a loved one's illness and death. They propose an understanding of grief as a state of finding balance between various emotions or concurrently experiencing conflicting feelings.

Acknowledging the reality of impending loss and openly discussing it during therapy sessions is a vital part of therapeutic work in the face of a life-threatening illness. It requires the therapist to be open to experiencing the pain together with the couple during these conversations. An essential component of this work also involves revisiting and cherishing both joyful and challenging memories. At this stage of therapy, the couple can once more give meaning to what has transpired in their shared life. One of the key aspects of therapeutic work is emphasizing the significance of what is happening in the couple's present moment, a moment that encompasses their entire shared history and the potential loss that may occur sooner or later, depending on the partner's condition. This situation is illustrated by a quote from J. W. von Goethe, with which we wish to conclude this article: "Always hold fast to the present. Every situation, indeed every moment, is of infinite value, for it is the representative of a whole eternity" [31].

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