



Sarah Wayland

LIVING IN THE LIMINAL SPACE

Understanding the Lived Experience
of Ambiguous or Unresolved Loss to
Enhance How We Care for
Those Left Behind

Social Work Studies

Collection Editor
KATE PARKINSON

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To Dave who reads everything I write and still seems interested, to my Dad who is my ultimate glimmer of hope and to Loren, who stands so bravely and proudly as the sister of Dan, to tell people what the families of the missing need, even at such great personal cost. Thank you for taking my work to places I never dreamed.

Abstract

Living in the Liminal Space explores unresolved loss by identifying how individuals, families and the community navigate grief when no resolution is available. Drawing on practice wisdom, theory and case study, this book examines liminality, hope and complexity in contexts such as missing persons, adoption, incarceration and suicidality. This book emphasises how to teach, work and have lived experience of ambiguity requires reflexivity to learn to tolerate the unknown. Educational strategies and reflective prompts are used to guide the reader to reframe loss as an unending relational experience shaped by identity, connection and a willingness to step into the liminal space.

Key words

Ambiguous Loss; Liminal Spaces; Living Loss; Grief; Uncertainty; Social Work Education

Content warning

This book contains explicit references to and descriptions of situations which may cause distress. This includes references to and descriptions of death, trauma, suicidal ideation, family disconnection and incarceration. In particular, the case study section of the book should be read with caution as the lived experience excerpts reflect on incarceration, homicide, forced adoption, caregiving after suicide attempt and then voluntary assisted dying. You may wish to read with a friend, or select case studies, based upon their title that may be kinder for you to read. Care has been taken to not repeat traumatic stories but to reflect on the impact of ambiguity with those living losses.

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Foreword

My first communication with Sarah Wayland was in 2005. After two years working as the sole counsellor for families of the missing in Australia, at that time over 30,000 people were missing and reported to the police. She contacted me to say that she had been awarded a Churchill Fellowship and wanted to come to the US to study with me about ambiguous loss. She wanted to know more about this newly named type of loss that caused so much agony for the families of the missing she had been working with in conjunction with the police.

As a Churchill Fellow, Sarah Wayland flew to the US in 2006. We met in my office at the University of Minnesota on the St. Paul campus. She was eager to learn more about ambiguous loss, the term I coined in the early 1970s after conducting research with wives of pilots missing in action in Vietnam and Southeast Asia. The missing-in-action (MIA) illustrated the first type of ambiguous loss I studied. It was ***physical*** ambiguous loss-- a person was missing physically with no information about their whereabouts or whether they were dead or alive. They were physically absent but held psychologically present by the family because there was no proof of death. They were gone, but not for sure.

The second type of this painful kind of loss was ***psychological*** ambiguous loss. A loved one was physically present, but missing cognitively and/or emotionally. The original research for this type of ambiguous loss was with the family caregivers of dementia patients. For them, their loved one was present but also absent.

Back then, Sarah and I met several times at my university office, and then at my nearby home, a more relaxed setting. Here, she was accompanied by her mother and her 9-month-old baby girl, both of whom had made the long trip with her. It was in these informal meetings that I saw Sarah in another way—as the poet, the writer, the warm mother of her baby—foreshadowing the academic who came up with the term *liminal* to add to the description of ambiguous loss. I was impressed at her depth and eagerness to learn about the unresolved grief in families of the missing and disappeared. When a loss remains unverified and unclear, its grief has no possibility of resolution. The grief process is stuck in the ambiguity. She wanted to know how the family members left behind managed to move forward with their lives and live well despite their unanswered questions.

Back then, Dr. Wayland wanted to understand the liminal space between fully present loved ones versus those who are either physically or psychologically lost. In this book, she shares her knowledge and experience plus many case stories and examples to help us understand the name for this unique kind of loss; that therapy is different from grief therapy; and that there is a way to ease the stress and trauma of ambiguous loss. It is indeed possible to ease the stress of people left behind so they can live within this liminal space of not-knowing.

After Dr. Wayland's trip to the US as a Churchill Fellow, she told me that it helped her to understand how ambiguous loss could be contextualized to the families of the missing that she had been working with in Australia. Indeed, over the decades, she has applied the theory of ambiguous loss—first in police work, in private practice, and then in academic work, completing her

PhD that I examined and now at Australia's CQUniversity. Early on, she sensed how ambiguous loss might have shaped the work she had previously done as a social worker supporting people through divorce, having loss validated, acknowledging it after a miscarriage, or the anticipatory loss when a loved one is diagnosed with terminal illness or serious mental illness. Yes, she was correct in thinking these were also examples of ambiguous loss.

Today, Dr. Wayland has clearly moved forward with her knowledge and experience with families of missing persons, and now, writes this enlightening book about her work and understanding of ambiguous loss. With beautiful writing, she tells us how she applies the theory of ambiguous loss to the people she always wanted to help—the families of the missing. She “gets it,” and she applies it. With this book, she will also help professionals to understand ambiguous loss and its unique interventions.

From social work with the police, to a Churchill Fellow to doctoral work and now academic work and teaching at CQUniversity in Australia, Sarah Wayland writes this book about the liminal space between fully present loved ones versus those who are either physically or psychologically missing. In this informative book, she shares her deep knowledge and experience plus many case stories and examples, to help you realize there is a name for this unique kind of loss and that naming it helps people to cope with it. Naming this unresolvable type of loss also helps professionals to know that therapy for ambiguous loss differs from traditional grief therapy. With the information in this book, we see how it is possible for the people left behind to live a renewed life within the liminal space of ambiguous loss. It is possible to accept the

paradox of a loved one's absence and presence. Gone, and also still here. Here, but also gone.

Whether you are a veteran professional or a student, this book offers you new ideas for a type of loss that is rampant but not always identified or named. Today, in my 90th decade, there is now a new generation of professionals who are teaching others about ambiguous loss. Professor Wayland is a leader in this new generation, and I thank her for this enlightening book.

Dr. Pauline Boss, Professor Emeritus,

Author: *Ambiguous Loss, Learning to Live with Unresolved Grief*. Harvard University Press, 2000, also ebook; *Loss, Trauma and Resilience; Therapeutic Work with Ambiguous Loss*, 2006, also ebook. More at www.ambiguousloss.com

Preface

For more than 25 years, I have worked in and then studied the experiences of ambiguity and what it means to live in the liminal space between certainty and uncertainty, working with families of missing people, disability, trauma and suicidal ideation. In my own life, my experiences of ambiguity have shaped the way I provide support and how my research shapes what I have called my social work preparedness. I use this each day as I teach social work students keen to be 'out there' in the community working with people who seek out their support.

My goal was to have this book, *in the Liminal Space*, offer a unique insider and outsider perspective to prepare social workers, counselors, psychologists and therapists to better reflect on ways in which a living grief, where a death has not happened but a loss has occurred, impacts those left behind. I have found that in my work – first in the counselling room, as a service manager and then as an academic – we can do so much more to weave who we are and what we bring to the table into the delivery of support. I have observed and responded to finding ways to teach people to tolerate the unknown and that this act, irrespective of where people work or what elements of trauma they might respond to in the community, to be an overt act of resilience and hope, in the in between. A space where many of us find ourselves as we navigate life and loss.

This book's origin, and my own as a social worker, draws heavily on the work of Emeritus Professor Pauline Boss as well as social theories

of hope, loss and uncertainty. I have sought to both define and explore, and then invite you to reflect on them as you read. The goal has been to provide a platform to blend the lived experience of social workers (and others who provide support) to offer ways to embed these teachings and insights to enhance skills that will follow people as they navigate their careers. This book is ideal reading for students of Social Work, Psychology, Counselling and Sociology as well as postgraduate and professional learning for those working in the community. It is also written to provide an invitation to reflect from those with lived experience of the very losses I have chosen to include. For too long, academics have focussed on publications that can be inaccessible and not inclusive for the population groups they choose to study. My belief has always been that if people agree to participate in research projects, then the work that is produced should be accessible to them. I hope that my reflections provide insight, curiosity or confirmation for what you are or have endured. Please take care while reading.

Each section or segment ends with reflective questions for the reader or for use in classrooms or in supervision or with your team, to get people to consider how non-finite loss may show up and then set the scene for the second part of the book – case study reflections on how we as professionals to work with those in ‘the liminal space’. I believe that the work I have been privileged to do in my career has been life-changing for me as an individual. I reflect on the role of boundaries and the cautions of vicarious trauma throughout, yet I know that I would not be the person I am today if I had not been invited to sit alongside so many people on the very worst day of their lives. It has been an honour.

There are a lot of words in this book and not all of them came singularly from me. Social work is a relational career, where your connections to others and the ways in which you can share wholeheartedly who you are and the complexities of what you juggle each day is integral to your success. I wish to thank my colleagues at Central Queensland University, where I am currently a research-focussed professor, and my team of wildly capable social work academics who support students to decide if social work is the right journey for them. If I look back in time, to when I first ventured into this area of working with people living in liminal spaces, I would like to thank Leonie Jacques and Marina Simoncini for their enthusiastic support of my work. That would laugh at my racing brain, always wanting to do more. When we ran our first siblings of missing persons roundtable and then filmed our first instructional DVD, I knew that I was destined for work outside of the counselling room. My first two clinical supervisors – Ms Gaye Stockell and Dr Geoffrey Glassock – for allowing me the reflexive space I needed to better understand how to manage and respond to the pain of so many families of missing people. Helping me to navigate the impacts of doing ‘death knocks’ with the police, sitting on hard chairs for days on end in coroners’ courts and attending more funerals than weddings over the years. Thank you for your keen introduction to thanatology and the gentleness of sitting with someone’s pain – even when it was sometimes my own. To Professor Myf Maple, who made a beeline for me after I presented at my very first conference about the work I had been unpacking on ambiguous loss, who declared ‘you should do a PhD’. Thank you for believing in

me and always telling me when my sentences are too long and verbose. Thank you for being the other half of my brain.

I would also like to thank my friend Pauline Boss, who invited me and my daughter (and even my Mum!) into her home, who encourages me from afar and who reminds me to keep working and keep thinking, that this is not a career but a life focus. To my PhD students, who approach their work with such conviction and passion, and to my student and friend Britt, who would have been a wonderful First Nations academic. I think of you every day and the massive space you left behind. Your Dad was right; you smashed the dash.

Finally, to all of the families – Loren, Lili, Alison, Faith, Robyn, Norm, Jean, Jeni, Janet, Sassoon, Kat, Sally, the hope narratives gang, the media think tank collaborators, your capacity to share and trust me with your stories is never taken for granted; thank you for your wisdom and insight. I hope this book conveys the passion with which you share.

Introduction: The learnt experience of ambiguity

The first exposure to loss

When a non-finite loss occurs, who we are and how we think of ourselves shifts the view of the world around us. Ambiguous or unresolved losses, a persistent inclusion in our daily lives, are often poorly understood by social workers, allied health professionals and individuals. Early on in my social work career, a bereavement expert challenged me on the fact that *all* losses can be defined as ambiguous. That we might never understand the intricacies of how a loss came to happen, the lead-up may never have offered a forewarning or foreshadowing that a loss was imminent, and after that loss happens, the expected response from those around us might fail to match exactly what we need or how we thought we would react. Yet, in these pages, I argue that articulating and defining an ambiguous loss, and naming (and being supportive of) that liminal space we might find ourselves or our clients in, is an important tool for people working in support roles. And that yes, even with the most anticipated loss

such as death after a long illness or death at an old age, there may be elements of uncertainty irrespective of the preparedness a person may have believed they had enacted. It is agreed though that those expected losses offer up a key step: the rituals we enact to mark that loss, be it a funeral, a celebration, a plaque or an obituary. These Western society tasks of mourning provide a clear line of the before and the after. They make the uncertainty and ambiguity, to some extent, much less pervasive.

Let's take a few steps back to situate or position my journey, in understanding ambiguity, to help engage with the learning aims and purpose of this book.

In Australia, to meet the requirements to graduate as a social worker, students are required to undertake 1,000 hours of practical immersion in a workplace where social work is practiced, or where the theoretical approach to understanding the world through social interactions within a broader system take place. I finished high school in 1994, only just 17 when I graduated and significantly undecided about who I was and where I fit in the world. If a theory of lifespan development was proposed, Erikson would say I was in late adolescence. Deep in identity versus identity confusion. Struggling with the idea of endings and beginnings and grappling with where I fit between the institutions of family and education. I received the grades I had hoped in finishing high school and blindly stepped along the path of most of my friends – the pursuit of higher education. I ended up at the University of New South Wales in Sydney, Australia, studying a Bachelor of Social Work. I purely chose the option of a social work degree due to an interest in the health of others, yet a keen lack of interest in physically engaging with others. I knew I was not

a nurse. Still to this day, many of the new social work students I meet tell me of what they didn't want to be, in terms of their decision to study social work. I'm yet to meet another profession characterised by the same proud ambiguity social work attracts. We are a gang of curious wanderers.

On week 2 of my second practicum, in my 3rd year of study, I joined three other students who were 'on placement' with me. We attended a field trip to the Department of Forensic Medicine. The purpose of the visit was to understand the role of the social worker in forensic settings, to understand what it means to work in socio-legal settings. To see how the crisis response to an unexpected, sudden and traumatic death is managed by a multidisciplinary team who surround the next of kin, who manage the practical as well as the emotional and legal aspects of ambiguous or suspicious deaths. The corridors were filled with police officers who had escorted deceased people to the facility, families waiting in 'family rooms' to be spoken to and then to view their loved one in clinical surroundings, with such care and respect. On the top floor, the Coroners Court sat proudly, meeting people further down the track after the death to better understand the manner, cause and place of death, to offer answers to people keen to make sense of their loss. Our role as students was to silently be toured around the rooms where death stories were shared and meet pathologists, toxicologists and coronial staff to build knowledge about what happens when a sudden and traumatic death occurs.

As the field trip finished, we were encouraged to visit the mortuary beneath the building, and in that space, my brain and body engaged in the physicality and visceral response of loss for the

first time. My grandmother and grandfathers had already passed away by that stage of my life. There had been no viewing of the body before the funeral, with news of their death just shared verbally with me from my parents; I hadn't been in the room when it happened. I had not attended a viewing. The funerals were agnostic; no open coffins, no insights into death other than uncomfortable seats and funeral directors working from scripts offered up by my parents or extended family. As I stood in the mortuary, in the section of the building where police transported bodies following a death, we grouped ourselves in the corner while a man with large gumboots took us through the features of the space. In an opposite corner, lay the body of a man, covered with a sheet showing the shape of his large stomach under the white hospital-grade sheet draped over him. He had been placed on a table, his feet visible, with a tag placed around his largest toe. A weighing machine to the right of me and a stark metal table to the left, ready for autopsy. The panic started first in my chest and then slowly crept up to my neck, flashing my rosacea prone cheeks to the room. I asked to leave, running down the street back to my car. I was embarrassed by my reaction to the deceased man who surely had a family awaiting news as to what happened to him. I had completed a semester of study on grief and loss and could recite some of the common reactions and theories of loss, but no one had talked about how being exposed to loss *feels*, how to tolerate the sensation.

In that first arm's length experience of traumatic death, my clinical supervisor and I, safely back in the social work student rooms of placement, began to explore how I had reacted to loss. Years later, I would supervise a social work honours student at the

University of New England, whose research sought to understand student bereavement prior to placement. She wanted to understand if that personal preparedness could help social workers go on to become wounded healers. Her work helped to show me that supporting social work students before they step into their practical experience requires space for critical reflection on previous life events (or in my case, lack of life events) to strengthen professional practice skills and to prepare them for the complexity of working on the frontline of loss (McInerney & Wayland, 2022). Those experiences of vulnerable and engaging clinical supervision helped me shift into an ambiguous space unknowingly by helping me see that death is a certain and expected experience of all those who live, yet living losses, like the ones I present here in this book, require awareness of our uncomfortableness to tolerate the unknown so that we, as social workers and other support professionals, can offer safe spaces for those who seek support.

Reflection question to the person with lived experience

Think back to your early life experiences of loss. How did you respond to those losses? Was there an expectation of what types of loss you were 'allowed' to react to?

Reflection question to the educator or supervisor

Consider your formative experiences of exposure to loss early in your career. How did you respond to those losses?

What lived and learnt experiences were revealed as you navigated how to respond?

Beginning the journey of learning

The concept of 'sliding doors' moments have been firmly embedded in the zeitgeist since the early 2000s after the release of Gwyneth Paltrow's movie of the same name. The phenomena of 'sliding doors' speaks to a seemingly inconsequential moment in life where a person is faced with a choice, without awareness that that choice may impact the trajectory of their life. It could be said that every choice you make each day, each decision has the power to shape your future; the outcome of the choice is then used as evidence as to whether or not that *door* chosen was the right one – creating cause for celebration – or if the door slid the wrong way, offering reflections akin to a living loss, a grief of what may have been. A lost opportunity. In this stage of the book, I built upon the work of my unpublished PhD thesis (Wayland, 2015) to identify how the shift from practitioner to social work academic and researcher and moved through time.

The decision I took in early 2004 to accept a short-term role in a newly funded service was my Gwyneth Paltrow moment. Like many life events, this became significant; I have the capacity to recall with clarity those early days and the emerging awareness that this was the space where my capacity to become the social worker I wanted to be gathered momentum. I reflected in the opening pages of my PhD thesis (Wayland, 2015), how I sat down at my new desk in the role of counsellor for families and friends of missing persons unit as part of the NSW Government, Victims of Crime Bureau, and began to both panic and quickly prepare. My

first day threw me in the proverbial deep end, to work out how to respond to the post-it notes on my desk with the details of potential clients to call back. The phone messages already left by families of missing people or families 'left behind' who had learnt of the availability of the service arrived weeks before I was due to begin my role. On the first day working, a small book written by Boss called *Ambiguous loss; learning to live with unresolved grief* (1999) had been left on my desk. My new role had asked for limited essential criteria during the recruitment process other than a social work or psychology qualification and a willingness to explore what might be useful for people living between absence and presence when someone was missing. It was a solitary position – there were no team members to debrief with, just a desk and the book and a manager that was on annual leave during my first week. After the first few awkward exchanges with families over the phone, whose grief had been compounded by years of ineffectual support seeking, I chose to explore both the practical and emotional implications in unison with living with their losses. It sounds neat when I explain it like that, yet it was a response to fielding both details of the police investigation and visceral pain in the persons voice at the same time. I couldn't acknowledge their pain if I didn't understand the details of their story, which many were so keen to tell me. Traditional notions of grief counselling in terms of responding to the loss, exploring the absent relationship, co-constructing meaning and assisting people to learn to grow alongside their grief, weren't possible. I had to set aside my training to better understand the strange phenomena to be holding space for the absence, and in my cases, long-term absence of a person without shifting back to grief and loss

theories that allow people to accept and then shape their lives around the loss. The key was that we could not even yet define if the loss had even occurred, and had to hold dual possibilities that the person would or might return and the reunion would require support, at the same time as exploring that the person would never return and the realities of what happened to them would be unknown forever, The triangle of ambiguity also offering space for what might happen if they would be located as deceased. The space of waiting would forever be tinged by the loneliness that their loved one died alone. Families who contacted the service were often hysterical – crying and pleading for both practical and emotional assistance. They had reported someone missing to the police and then became stuck, not wanting to move further than a few minutes from their home in case the person returned, the phone rang or worse – the police came and knocked on their door. So, I travelled to them and I listened to their stories.

Two weeks into the job, I received a call from a woman whose words had to be deciphered between a very convoluted story – as many ambiguous losses are. She said she needed me to visit her mother, a woman in her mid-80s, who was struggling with the loss of her husband. It was the second time he had vanished in the last 2 years – the first time he went, he had been recovered quickly after injuring himself at the local railway station to manage his declining mental health. This time they thought it was different: he hadn't been found and there were no clues locally about where he may have wandered to. The weather was getting cooler in Sydney, and they worried where he had gone and if he was warm. From the daughter's account, her mother was bereft – lost in ideas of where he could have possibly gone