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To cite this article: Lonneke I. M. Lenferink, Jos de Keijser, Eline Piersma & Paul A. Boelen (2018) I've changed, but I'm not less happy: Interview study among nonclinical relatives of long-term missing persons, *Death Studies*, 42:6, 346-355, DOI: [10.1080/07481187.2017.1347213](https://doi.org/10.1080/07481187.2017.1347213)

To link to this article: <https://doi.org/10.1080/07481187.2017.1347213>



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Accepted author version posted online: 30 Jun 2017.
Published online: 04 Aug 2017.



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I've changed, but I'm not less happy: Interview study among nonclinical relatives of long-term missing persons

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ABSTRACT



Twenty-three nonclinical relatives of long-term missing persons were interviewed. Patterns of functioning over time were studied retrospectively by instructing participants to draw a graph that best described their pattern. Patterns most frequently drawn were a recovery and resilient/stable pattern. Participants were also asked to select 5 out of 15 cards referring to coping strategies, which they considered most helpful in dealing with the disappearance. Acceptance, emotional social support, mental disengagement, and venting emotions were most frequently chosen. This study provided some indication of coping strategies that could be strengthened in treatment for those in need of support.


The disappearance of a significant other, also described as an ambiguous loss (Boss, 2006), is a unique type of loss to deal with because of the intersection of grief and holding on to hope (Wayland, Maple, McKay, & Glasscock, 2016). Many researchers have suggested that a prolonged and debilitating grief process following the disappearance of a loved one is a normal response to an abnormal situation (Betz & Thorngren, 2006; Boss, 2006; Hollander, 2016). Interestingly though, several studies have shown that a considerable number of relatives of long-term missing persons do not suffer from long-lasting psychological complaints, such as prolonged grief, posttraumatic stress, or depression (see for an overview Lenferink, de Keijser, Wessel, de Vries, & Boelen, 2017).

Historically, experiencing little distress following the death of a significant other has been considered as a dysfunctional grief response. For example, Freud (1957) emphasized the importance of acknowledging and expressing painful emotions as part of the “grief work”. Kübler-Ross (1973) proposed that people who failed to go through “the stages of grief”, including anger and depression, experienced a distorted grief process. Bowlby (1980) considered the absence of overt grief reactions postloss as denial, which eventually could lead to a delayed grief response (Horowitz, 1976; Worden, 1991).

These traditional views on grief processes have been challenged by, among others, two longitudinal studies using latent class growth modeling (Galatzer-Levy & Bonanno, 2012; Melhem, Porta, Shamseddeen, Walker Payne, & Brent, 2011). These studies showed that the most common response to the loss of a significant other is characterized by a consistent pattern of little distress over time (“resilient/stable pattern”). Another common pattern emerging in these longitudinal studies is characterized by an increase in distress immediately post-loss followed by a gradually decrease (“recovery pattern”). Interestingly, Galatzer-Levy and Bonanno (2012) also examined depression levels from pre-loss to several years post-loss and identified an additional pattern characterized by high depression levels pre-loss followed by a significant decrease of depression levels post-loss (i.e., “improved pattern”). Only a small minority displayed a maladaptive pattern characterized by prolonged severe distress following loss (Galatzer-Levy & Bonanno, 2012; Melhem et al., 2011). Noteworthy, these studies did not support a delayed grief pattern.

Although the interest in different grief trajectories has increased, literature regarding different response patterns following the long-term disappearance of a significant other is lacking. Consequently, in the current study we sought to explore whether the same adaptive response patterns (i.e., “resilient/stable”, “recovery”, and

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 Supplemental data for this article can be accessed on the [publisher's website](#).

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“improved” pattern) can be identified among relatives of missing person. To this end we focused on nonclinical relatives of missing persons only (i.e., people with minimal psychological complaints). We used a pragmatic approach to study response patterns, by asking participants retrospectively about their patterns of functioning from one year prior to the disappearance until now (cf. Burr & Klein, 1994; Mancini, Sinan, & Bonanno, 2015).

We also aimed to enhance our understanding about coping strategies involved in adaptive responses to the disappearance of a significant other, in terms of the theory of stress, appraisal, and coping developed by Lazarus and Folkman (1984). This theory is widely used to describe different coping strategies used by people to deal with varying stressful situations. Two categories of coping strategies are distinguished in this theory, namely problem-focused (i.e., directed at managing and changing the stressor) and emotion-focused coping strategies (i.e., directed at managing the emotional consequences of the stressor). A survey study among Pakistani relatives of missing persons showed that problem-focused coping strategies are associated with less psychological distress, while emotion-focused coping strategies are linked to increased psychological distress (Basharat, Zubair, & Mujeeb, 2014).

Although the categorization of emotion- and problem-focused coping strategies has been frequently used, researchers have argued that whether a coping strategy is adaptive or maladaptive depends on the specific situation (Folkman, 1984). Furthermore, reviews evaluating the factor structure of measures to assess coping strategies (Litman, 2006; Skinner, Edge,

Altman, & Sherwood, 2003) propose a multidimensional factor structure instead of a two-factor structure. Taking all this into consideration, we decided to study individual coping strategies, rather than categories of coping strategies.

Specifically, in the current interview-study we aimed to explore what types of coping strategies were deemed helpful by nonclinical people confronted with the disappearance of a significant other. Furthermore, we were interested in the way in which particular coping strategies helped in dealing with the long-term disappearance of their loved one. In doing so, we were able to examine how relatives of missing persons explain the usefulness of particular coping strategies, which results in more in-depth information about the role of coping strategies.

By exploring patterns of functioning and helpful coping strategies of nonclinical relatives of missing persons, we aimed to gain understanding in how people adaptively deal with this potential stressor. In addition, these insights were considered useful input for developing interventions to prevent as well as reduce chronic complaints.

Method

Participants

Table 1 displays the characteristics of the participants. Twenty-three persons, related to 15 unique long-term missing person cases, participated in the interview-study. Three persons experienced the disappearance of a spouse, five the disappearance of a child, two the disappearance of a parent, and 13 the disappearance

Table 1. Characteristics of the participants.

Response ID	Gender	Age in years	Time since disappearance in years	The missing person is a ... of the participant	Case number	Presumed reason of disappearance
103000	Woman	52	30	Sibling	103	Victim of crime
103004	Man	46	30	Sibling	103	Victim of crime
108000	Man	49	16	Sibling	108	Accident
109000	Woman	57	3	Child	109	Accident
109001	Man	59	3	Child	109	Accident
109002	Woman	26	3	Sibling	109	Accident
114000	Woman	51	28	Sibling	114	Victim of crime
131002	Woman	67	43	Sibling	131	Left voluntarily
131003	Woman	61	43	Spouse	131	Left voluntarily
140001	Woman	70	69	Parent	140	Accident
147000	Man	59	3	Sibling	147	Left voluntarily
147006	Woman	58	3	Sibling	147	Left voluntarily
147010	Woman	55	3	Sibling	147	Left voluntarily
150002	Woman	58	1	Spouse	150	Left voluntarily
156000	Man	79	14	Child	156	Victim of crime
156002	Woman	81	14	Child	156	Victim of crime
157001	Man	57	32	Sibling	157	Left voluntarily
157002	Man	59	32	Sibling	157	Left voluntarily
159002	Woman	66	36	Sibling	159	Victim of crime
160000	Man	73	70	Parent	160	Victim of war/disaster
177000	Woman	59	16	Spouse	177	Accident
190000	Woman	58	18	Sibling	190	Left voluntarily
191001	Woman	72	20	Child	191	Victim of crime

Note. Participants with the same casenumber are related to the same missing person.

of a sibling. Fifteen (65.2%) participants were women. The age of the participants ranged between 26 and 81 years ($M = 59.7$; $SD = 11.6$ years). The disappearance took place between 1 and 70 years earlier ($M = 23.0$; $SD = 20.0$ years). On average, the duration of the interviews was 39 min.

Procedure

Participants were recruited as part of an ongoing research project examining correlates and treatment of psychopathology in relatives of missing persons (Lenferink, van Denderen, de Keijser, Wessel, & Boelen, 2017; Lenferink, Wessel, de Keijser, & Boelen, 2016). Inclusion criteria for participation in the present interview-study were (a) confronted with the disappearance of a spouse, sibling, child, or parent since at least 3 months earlier; (b) score below thresholds for clinical levels of prolonged grief disorder, posttraumatic stress disorder, and depression (see Lenferink et al. (2016) for details about the thresholds and the respective questionnaires); (c) 18 years or older; (d) residing in the Netherlands; (e) fluent in Dutch language; and (f) gave consent in a previous survey-study to be contacted for future research.

At the time of the start of this interview-study, 95 participants were included in the survey study, 25 of whom fulfilled the inclusion criteria for the interview study. These 25 participants were approached by telephone and briefly informed about the procedure and aims of the interview study. Except for two participants (i.e., they declined because they did not want to relive the disappearance), all participants were interested and therefore received an information letter via regular mail. After 10 working days, the participants were again approached by telephone and all participants were still willing to participate. The individual face-to-face interviews could take place at the participants' home, a public place, or at the university. All participants chose to undergo the individual interview at their home. A trained interviewer conducted the interviews in May, June, and July 2015. Each participant gave written consent. Approval from a local ethical review board was obtained for conducting the current study.

Interview

The semi-structured interviews were conducted following a predeveloped interview scheme (see the online Supplemental Material A). The interview scheme was pilot tested with one volunteer (not included in this study) who experienced the long-term disappearance of a child. No major issues were raised during this

pilot interview. The interview scheme consisted of several parts. In the first part the participant was asked to draw a graph of the discourse of their functioning from 1 year prior to the disappearance up to the day of the interview following the example of Burr and Klein (1994). Time since disappearance (ranging from "1 year prior to the disappearance" to "the current moment") was presented on the x-axis and level of functioning (ranging from 0% to 100%) was presented on the y-axis. The interviewer introduced this graph task as follows: "Please indicate in the graph what the progress of the impact of the disappearance has been on your psychological, social, occupational, and physical functioning, starting from one year before the disappearance until now." Prior to this question the interviewer gave an example of this task. After drawing the graph, the interviewee was asked to elaborate on the graph he/she has drawn (e.g., "We see that on, (indicate time point of raise/drop of functioning) this time point your functioning [raised/dropped], what would you consider the reason for that?"). As described in the interview scheme (see online Supplemental Material A) the interviewer used specific prompts to encourage the participant to elaborate more, including "Could you tell me a little bit more about that?" or "Could you give an example of that?"

The second part of the interview was based on a procedure previously described by Paap et al. (2014) and consisted of a card-sorting task. Fifteen cards that represented all coping strategies distinguished in the 15 subscales of the modified Dutch version of the COPE (Carver, Scheier, & Weintraub, 1989; i.e., the COPE easy; Kleijn, van Heck, & van Wanig, 2000) were presented to the participants. The following 15 cards were presented: *planning, denial, acceptance, positive reinterpretation, restraint-coping, humor, instrumental social support, turning to religion, active-coping, behavioural disengagement, suppression of competing activities, venting emotions, emotional social support, mental disengagement, and substance use.*

Each coping strategy was illustrated by two examples. The examples were two randomly chosen items of the respective subscale of the COPE easy. Because ranking all 15 coping strategies was considered to be too demanding, the participants were asked to select five coping strategies that, in their opinion, had been most helpful in coping with the disappearance ever since it occurred (cf. Paap et al., 2014). After having selected five cards, they were asked to rank order the five cards from most helpful to least helpful. Finally, they were asked to explain for each chosen coping strategy why this strategy was helpful to them (i.e., "Please indicate for each chosen card the reasons why you considered this coping strategy as helpful."). In case the participant

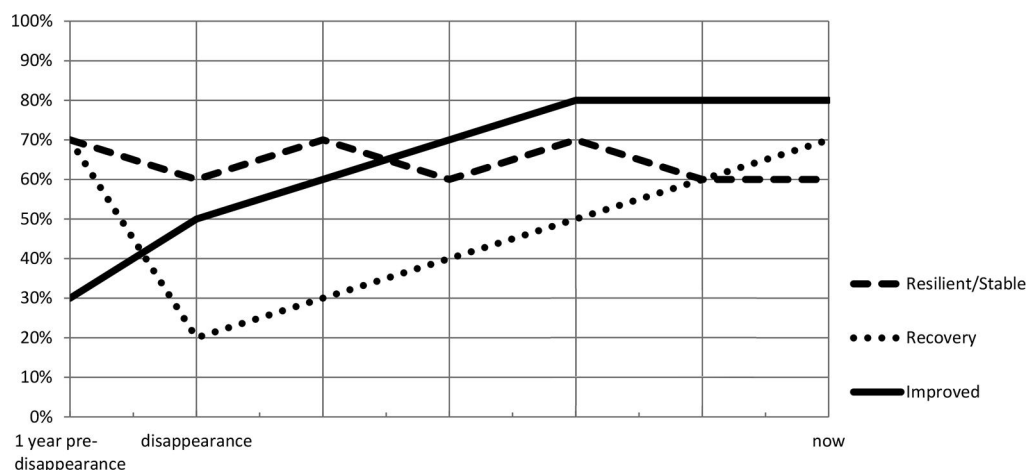


Figure 1. Examples of patterns drawn by participants.

was unable to select five cards, he/she was instructed to choose as many cards as he/she wanted.

Data analysis

All interviews were recorded and transcribed verbatim. Both parts of the interview (i.e., graph task and card-sorting task) yielded quantitative (in terms of frequencies of patterns drawn and frequency of selected cards) and qualitative data (in terms of texts explaining why the participant drew a pattern and selected the cards).

Quantitative data analysis

Graph Task. A pattern that was characterized by stable high functioning ($\geq 60\%$ over time) was labelled as a resilient/stable pattern. A pattern that was

characterized by an initial drop (below 60%) in functioning immediately postdisappearance, followed by an gradual increase in functioning over time to healthy levels ($\geq 60\%$) was labelled as a recovery pattern. Graphs that showed an increase ($\geq 60\%$) in functioning postdisappearance compared with functioning levels of < 60 1 year prior to the disappearance were labelled as an improved pattern. The threshold of 60 was based on the Global Assessment of Functioning (GAF) scale, in the fourth edition of the *Diagnostic Statistical Manual of Mental Disorders (DSM-IV)* that defines scores of ≥ 60 as moderate to minimal impairment (American Psychiatric Association, 2000). See Figure 1 for an example of each pattern drawn by participants. After each pattern was labelled, the frequency of each pattern was summed.

Table 2. Examples showing how units were coded into main themes and subthemes for the graph task.

Unit (participant's characteristics)	Subtheme	Main theme
"And then I went to live here, already in '74, so I've been here for quite some years, so that's very stable in my life. Maybe that had something to do with it as well, that I look for some stability, look for peace in nature and that that works well for me. Not for everybody, I think, but it does, for me." (131003, woman, 61 years old, and spouse went missing 43 years earlier)	Stability in life/relationships has a protective function	Intrapersonal consequences
"And at this point here [at the time of disappearance] I've rated it at 40%. It had a lot of impact on me then ... a lot of disquiet, in the form of alertness. When I would bike through the city, or past the station, you'd have a lot of people there. He didn't have a roof over his head anymore, so he slept outside a lot. He slept in nature, he liked that. But because of that, when I'd see people sleeping, who looked a little like him, I'd wonder: 'Could that be my brother?'. So I was constantly very alert about running into him somewhere." (147010, woman, 55 years old, and sibling went missing 3 years earlier)	To think you are recognizing the missing person leads to psychological distress	Whereabouts of the missing person
"The realization only came when my mother passed away. My mother passed away quite young. I was 20 so you went from one thing into the other. And really, only after that moment it turns out that you had quite a tumultuous childhood. Where there was little joy ... I was 15 when my mother was diagnosed with a terminal illness and was 20 when she passed away. And only after that you realize all that's happened." (140001, woman, 70 years old, and parent went missing 69 years earlier)	Deaths of significant others trigger reminders of the disappearance	Life events
"And I just kept working [circa one year after the disappearance] and I found it very pleasant to just keep on working. Flip the switch." (147006, woman, 58 years old, and sibling went missing 3 years earlier)	Work offers distraction/reward	Occupational consequences
"Then [the moment of the disappearance] you have a breakdown, but after that you do go like: 'I have to be there ...' then you're like: 'This can't be' but you immediately pick back up where you left off like, 'I have to be there for the children.'" (103000, woman, 52 years old, and sibling went missing 30 years earlier)	Taking care of others is satisfying	Social support

Card-Sorting Task. The frequency of each chosen coping strategy in the card-sorting task was summed (i.e., the unweighted sum score). The weighted sum score was based on the rank order of each chosen coping strategy. Following Paap et al. (2014), the coping strategy with the highest ranking was scored as 5, the second ranking as 4, the third ranking as 3, the fourth ranking as 2, and the fifth ranking as 1.

Qualitative data analysis

The qualitative data of the graph task and card-sorting task were analyzed by two independent raters. Inconsistencies between the raters were resolved by discussion. Methods from grounded theory were used to analyze the data (Corbin & Strauss, 2008). The following consecutive steps were performed for each part (i.e., graph task and card-sorting task) of the interview. First, irrelevant texts (i.e., texts that were not related to the question asked by the interviewer) were removed. Second, the remaining text was divided into meaningful and coherent smaller pieces of texts, referred to as “units”. Third, the units were interpreted and then labelled with a theme that reflected the content of the unit (also referred to as ‘open coding’; Corbin & Strauss, 2008). Then these themes were reanalyzed to check for similarities between the labels. Adjustments of labels were made if desirable. In the final step the so-called ‘axial coding’ took place. During this phase, overarching major themes across the subthemes were identified. See Table 2 for an example of the analytic process.

Results

Graph task

The majority of the participants ($n = 15$) drew the recovery pattern, followed by the stable/resilient pattern ($n = 7$). One participant drew an improved pattern.

In what follows, the most frequently mentioned main themes and subthemes are presented that derived from the qualitative analyses of the data regarding the reasons why the participants drew the graph the way they did. Examples of questions asked by the interviewer are, “What would you consider the reason for starting the graph at this point and not higher or lower?” and “What would you consider the reason for drawing a peak/drop at this point?”. Table 2 shows examples of the coded units for the graph task.

Intrapersonal consequences, whereabouts of the missing person, life events, social support, and occupational consequences were the most frequently main themes that arose from explanations for the way the participants

Table 3. Overview of main themes and subthemes of the qualitative analysis of the graph task.

Main themes (number of occurrences/number of participants referring to main theme)	Subthemes (number of participants referring to subtheme)
Intrapersonal consequences (26/14)	Stability in life/relationships has a protective function (6) Thoughts of self-blame are not helpful (3) Thinking about the missing person dominates daily life (2) Posttraumatic growth (2) Breaking the negative thought cycle by resuming daily activity (2) Surreal sensation (2) Sleep problems (2)
Whereabouts of the missing person (21/14)	Realizing the missing person may never return can lead to psychological distress (7) To think you are recognizing the missing person leads to psychological distress (3) To think that psychological symptoms of the missing person caused the disappearance fosters acceptance (3) To abandon the urge to find a reason or explanation for the disappearance is experienced as helpful (2) Looking/searching for the missing person gives a sense of satisfaction (2) To realize that the loved one has likely passed away gives a sense of peace (2)
Life events (18/13)	Family formation/expansion is experienced as positive (9) Deaths of significant others trigger reminders of the disappearance (5) Other adverse life events trigger reminders of the disappearance (2)
Social support (18/12)	To have an effective support network (3) The disappearance dominated family life (3) Taking care of others is satisfying (2) Tension within the family is experienced as an obstacle (2) Lack of support from the partner (2) To find it difficult to discuss the disappearance with acquaintances (2)
Occupational impact (15/11)	Absence from work (5) Work offers distraction (5) To experience difficulties during work (3)
Practical / judicial matters (11/10)	It is a burden to arrange practical/judicial matters (4) It is a burden to arrange presumptive proof of death (2) Media attention is experienced as burdensome (2)
To seek professional support (10/6)	The use of psycho-pharmaceuticals is effective (4) Psychological treatment is effective (3)
General description of the impact of the disappearance (7/7)	The disappearance of a loved one is a life-changing experience (6)
Learning to cope with the disappearance (7/5)	Learning to tolerate negative emotions (5)
To conduct rituals (5/4)	Having a memorial service is experienced as helpful (2)

Note. Subthemes that were mentioned once are not displayed in this table.

drew the graph (see Table 3 for an overview of the main themes and subthemes derived from the qualitative analysis). The subtheme experiencing stability in life and in relationships with others was mostly mentioned

as protective factor against negative *intrapersonal consequences*. Self-blame (e.g., thought about how the participant could have prevented the disappearance) was the most frequently mentioned subtheme that had negative intrapersonal consequences. The second main theme included statements related to the *whereabouts of the missing person*. A common subtheme was the emotional distress experienced by participants once they realized that their spouse, child, parent, or sibling may never return. In addition, thinking to recognize the missing person gave rise to psychological distress. With respect to *life events*, formation or expansion of family life (e.g., getting married and/or having children) was frequently mentioned by participants as reason for increase in functioning. However, experiencing the death of a significant other triggered reminders of the missing person. *Social support* was described in several ways; receiving social support or offering social support to others was described as helpful, while some mentioned family issues related to the disappearance, lack of social support from spouse, or having difficulty discussing the disappearance with others as barriers. *Occupational consequences* postdisappearance included absence from work. Notably, others stated that they continued working, because they experienced it as a helpful distraction.

Card-sorting task

All participants selected five coping strategies that they perceived as most helpful in dealing with the disappearance, except for two participants (i.e., they only found two or four coping strategies helpful).

See Figure 2 for the frequency of chosen coping strategies. The following four coping strategies were most frequently chosen: *acceptance* ($n = 18$), *emotional social*

support ($n = 17$), *mental disengagement* ($n = 14$), and *venting emotions* ($n = 14$).

When taking the rank order of the chosen coping strategies into account, *acceptance* was considered as most helpful, followed by *emotional social support*, *venting emotions*, and *mental disengagement*, respectively. Because the rank order did not reveal meaningful differences in the interpretation of the results, details are not shown.

Most participants described *acceptance* as dealing with the fact that the disappearance is out of their control and that it is impossible to influence it. Others described acceptance as a process of adjustment that develops over time.

But that it's always ahead of me, that it completely dictates my life, that is not the case anymore. It's just going past me. It's become a part of my life and I can handle that reasonably well, now. So I've learned to live with it in that way. (ID 103000, woman, 52 years old, and sibling went missing 30 years earlier)

Some participants also mentioned barriers towards acceptance, such as thinking about the reason of disappearance, feeling sorry for yourself, and thinking about the presumed perpetrator who made their loved one disappear.

Talking with friends and family members was the most commonly mentioned source of *emotional social support*. Receiving emotion social support was perceived as helpful because it eased the emotional burden: "To find moral support is a way for me to vent. It's useful to me in the sense that it bothers me less, then" (ID 147000, man, 59 years old, and sibling went missing 3 years earlier).

Mental disengagement was described in various ways, including engaging in activities that were perceived as joyful prior to the disappearance, going back to work,

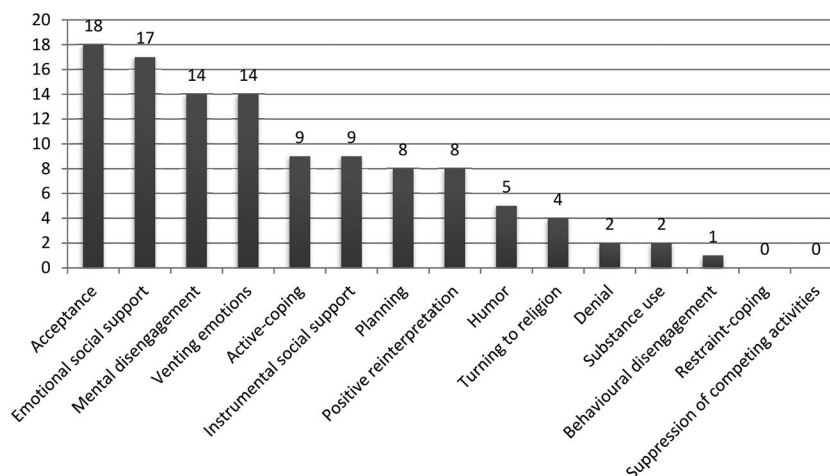


Figure 2. Frequency of chosen coping strategies.

doing household tasks, and performing physical exercise. The most prominent reason for disengagement was preventing to get stuck in repetitive negative thinking.

Then you're working on other things and you don't have to think, that's also something. And that isn't because you can't handle it in that moment, but it lets you get on with things. Especially in the beginning. (ID 191001, woman, 72 years old, and child went missing 20 years earlier)

Sadness (i.e., crying) and anger were the most reported emotions when describing *venting emotions*. Expressing these negative emotions with others felt comforting. Some stated that it was inevitable to express their emotions; others had more difficulties with venting their emotions: "Only later, with seeking help ... I had to really learn that. To learn to have an eye for the emotional side of things" (ID 114000, woman, 51 years old, and sibling went missing 28 years earlier).

The next four most helpful coping strategies were *active coping*, *instrumental social support*, *planning*, and *positive reinterpretation*. *Active coping* was predominantly described as taking care of practical and legal issues associated with the disappearance and as taking control over one's own life. *Instrumental social support* was provided by mental healthcare professionals and alternative medical practitioners, in the form of mental support, and by the police and justice system in the form of practical support in the process of searching for the missing person. *Planning* included taking action to search for the missing person, which comforted the participants. *Positive reinterpretation* was described in terms of finding meaning or focusing on positive things since the disappearance, including more intense social contact, more self-awareness, and more interest in others. See Table 1 in the online Supplemental material B for the main themes and subthemes that derived from the qualitative analyses of the card-sorting task.

Other notable results

During the interviews, several notable recurrent themes emerged that were not specifically linked to the reasons why the participants drew the graph the way they did or to one specific card of the card-sorting task. Firstly, none of the participants explicitly stated that the missing person was dead. Instead they stated, for example: "You really know concretely that he's no longer with us." (ID 109000, woman, 57 years old, and child went missing 3 years earlier) and "Above that, I was more and more starting to think, like: 'He is

completely gone.'" (ID 131002, woman, 67 years old, and sibling went missing 43 years earlier).

A second notable recurrent theme was searching for the missing person. In some cases, active searches were perceived as helpful, because "doing everything in your power" gave them peace. Others were passively searching for the missing person, for example, by paying attention to places/situations that were linked to the missing person in the hope to find the missing person, or by searching for the missing person in their dreams:

I did find myself very restless, also an inner restlessness. And that definitely stayed like that for a while, just after the disappearance, and that plummeted for me (from 40% at the time of disappearance to 20% within one year of the disappearance), because, in my sleep, I dreamed about my brother. Then I went to look for him. Then, while asleep, I fell down the stairs, which caused brain damage. (ID 147010, woman, 55 years old, and sibling went missing 3 years earlier)

Another recurrent theme was performing rituals to honour the missing person, for example by organizing a memorial service, visiting the place where the missing person was last seen, or dedicating activities to the missing person, to illustrate this: "But I've run a few marathons, since then, and I do those while wearing a shirt with a picture of my sister printed on it. You know, in that way, I am also doing it a little bit for her" (ID 103000, woman, 52 years old, and sibling went missing 30 years earlier).

Finally, some participants noticed that they found a new sense of personal strength following the disappearance. As a result of the disappearance, they gained new experiences and insights and learned how to appreciate the little things in life. Multiple participants mentioned that the disappearance of a significant other is a life-changing experience, but not necessarily a devastating experience: "This sort of thing hits you in the core of your being, it cannot not affect you ... the outcome is, I often think, that another person comes out of it. But not a less happy person" (ID 108000, man, 49 years old, and sibling went missing 16 years earlier).

Discussion

By conducting semistructured interviews with 23 nonclinical relatives of long-term missing persons we aimed to gain insights into (a) patterns of functioning over time and (b) helpful coping strategies to deal with the disappearance of a close family member or spouse. In line with previous studies among people confronted with the death of a significant other (Galatzer-Levy & Bonanno, 2012; Melhem et al., 2011), we identified three adaptive patterns as a result of the graph task: a recovery

pattern, stable/resilient pattern, and improved pattern. Fifteen participants drew the recovery pattern that is characterized by an initial drop in functioning immediately post-disappearance followed by a significant stable increase in functioning. The most common pattern following the death of a loved one (Galatzer-Levy & Bonanno, 2012; Melhem et al., 2011), namely the stable/resilient pattern, was drawn by seven participants. This pattern is characterized by high level of functioning with no significant peaks or drops. One participant drew the improved pattern, characterized by an increase in functioning post-disappearance compared with pre-disappearance.

We extended prior research about self-identified trajectories (cf. Mancini, Bonanno, & Sinan, 2015; Mancini, Sinan, et al., 2015), by examining exploratory why the participants drew the graph the way they did. Based on the explanations of the participants, a high or increased level of functioning was predominantly explained as a result of experiencing stability in life and relationships, formation or expansion of family life, continuing occupational tasks, and receiving or offering social support. These findings are consistent with previous research showing that interpersonal resources may serve as buffer for emotional distress following the loss of a significant other (Mancini, Sinan, et al., 2015a).

Taken together, the results of the graph task indicated that adaptive response patterns among relatives of missing persons show similarities with adaptive response patterns among bereaved individuals. This contrasts with statements made in the literature claiming that the disappearance of a significant other is “inherently traumatic” (Boss, 2006, p. 4) and is “a never-ending roller-coaster... and takes its toll on family members physically, cognitively, behaviorally, and emotionally” (Betz & Thorngren, 2006, p. 361). However, future studies with larger sample sizes, including nonclinical and clinical relatives of missing persons, need to further examine response patterns of relatives of missing persons, before conclusions can be drawn about prototypical response pattern for relatives of missing persons. Preferably longitudinal analyses of latent classes could be used (cf. Forbes et al., 2016), but also cross-sectional studies whereby participants need to choose one graph that best describe their pattern retrospectively (cf. Mancini, Bonanno, et al., 2015; Mancini, Sinan, et al., 2015) and study the association between factors and distinct trajectories may be a fruitful avenue to pursue.

The card-sorting task provided insights into potentially helpful ways of dealing with the disappearance of a loved one. Acceptance, described as dealing with

the fact that the disappearance is out of their control, was considered as the most helpful coping strategy. This accords with the perspective of Boss (2006) who stated that tempering mastery, in terms of learning to live with not knowing, is one of the main goals of relatives of missing person in maintaining a meaningful life. Indeed, learning to accept that some life experiences are uncontrollable and unpredictable may be one of the major challenges faced by relatives of missing persons. Wayland et al. (2016) emphasized that maintaining hope, in a way that goes beyond merely hoping that the missing person would return (e.g., hoping for a better future) is helpful in adjusting to a life where a relative is missing. These perspectives are reminiscent of cognitive behavioral (Boelen, van den Hout, & van den Bout, 2006) and constructivist and meaning-making based approaches (Janoff-Bulman, 1992; Neimeyer, 1998) toward coping with loss and trauma, in which the ability to maintain a positive outlook of the self, life, and the future in the face of adversity, is deemed critical in dealing with this adversity. Accordingly, interventions that help to tolerate uncertainty, maintain hope, and retain positive views are potentially fruitful in the treatment of relatives of missing persons suffering from persistent distress (Boss, 2006; Lenferink et al., 2016; Wayland et al., 2016).

Previous research indicated that a lack of social support might be a risk factor for development of psychopathology postdisappearance (Quirk & Casco, 1994; Robins, 2010). Accordingly, our findings showed that emotional social support, provided by family members and friends, and venting emotions with others were among the most helpful coping strategies. In an extension of the dual process model of coping with bereavement, Stroebe and Schut (1999, 2015) encourage integration of interpersonal factors in research and treatment of grief-related distress. For instance, they stated that differences between family members in their continuing bonds with the deceased and acceptance of the loss may hinder the adaptation process of individual family members. In a similar vein, differences in, for instance, views on the search for the missing person, the cause of the disappearance, and the fate of the missing person may hinder the adaptation process. Paying attention to interpersonal factors in research and treatment may therefore also be important for relatives of missing persons.

Mental disengagement, described as engaging in social or occupational activities to prevent to get stuck in repetitive negative thinking, was also one of the most chosen helpful coping strategies. The latter contrasts previous studies considering mental disengagement (together with behavioral disengagement and substance

use) as a maladaptive avoidant coping style (Carver et al., 1989; O'Connor & O'Connor, 2003). This finding highlights the importance of studying coping strategies situation-specific instead of generic (Folkman, 1984).

The design of the current study did not allow us to explore which factors (e.g., time since disappearance, type of disappearance, intra- and interpersonal factors) were related to specific patterns of functioning and how the coping strategies were related to the patterns of functioning. This could be examined by using a quantitative design to identify protective and risk factors for developing psychopathology post-disappearance. It should also be noted that our sample predominantly consisted of participants who experienced the disappearance of a significant other many years ago. Thus, our findings not necessarily generalize to people recently confronted with a disappearance. For instance, themes as media-attention, searching for the missing person, and organizing practical/judicial matters might have been of more importance to people who experienced the disappearance more recently than for people of whom a relative disappeared decades earlier. Our sample was small and consisted of nonclinical relatives of missing persons, which therefore also limits the generalizability to all nonclinical relatives of missing persons, but also people with clinically relevant psychopathology levels.

To conclude, by exploring patterns of functioning and helpful coping strategies of nonclinical relatives of long-term missing persons, we aimed to gain understanding in how people adaptively deal with this potential stressor. These insights may offer guidelines for more research into this underresearched field and are potentially useful for developing interventions to prevent as well as reduce chronic complaints in relatives of missing persons.

Acknowledgment

We would like to thank Melanie Lemmers for conducting the interviews and her assistance with the data-analyses as second rater. Also, a special thanks to Steven de Jong and Anna van der Gaast-Witkowska for translating the quotes and interview scheme.

Funding

The Victim Fund, University of Groningen, and the Foundation for the Stimulation of Bereavement Research subsidized this work.

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References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders, DSM-IV-TR* (4th ed., text revision. ed.). Washington, DC: American Psychiatric Association.
- Basharat, A., Zubair, A., & Mujeeb, A. (2014). Psychological distress and coping strategies among families of missing persons in Pakistan. *Journal of the Indian Academy of Applied Psychology, 40*(2), 211–220.
- Betz, G., & Thorngren, J. M. (2006). Ambiguous loss and the family grieving process. *The Family Journal, 14*(4), 359–365. doi:10.1177/1066480706290052
- Boelen, P. A., van den Hout M. A., & van den Bout, J. (2006). A cognitive-behavioral conceptualization of complicated grief. *Clin Psychol Sci Pract, 13*(2), 109–128. doi:10.1111/j.1468-2850.2006.00013.x
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York, NY: W.W. Norton & Co.
- Bowlby, J. (1980). *Attachment and loss. Volume III, Loss, sadness and depression*. New York, NY: Basic Books.
- Burr, W. R., & Klein, S. R. (1994). *Reexamining family stress: New theory and research*. Thousand Oaks, CA: Sage Publications.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267–83. doi:10.1037//0022-3514.56.2.267
- Corbin, J., & Strauss, A. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles, CA: SAGE Publications.
- Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. *Journal of Personality and Social Psychology, 46*(4), 839–52. doi:10.1037//0022-3514.46.4.839
- Forbes, D., Alkemade, N., Nickerson, A., Bryant, R. A., Creamer, M., Silove, D., ... Rees, S. (2016). Prediction of late-onset psychiatric disorder in survivors of severe injury: Findings of a latent transition analysis. *Journal of Clinical Psychiatry, 77*(6), 807–812. doi:10.4088/jcp.15m09854
- Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 152–170). London, England: Hogarth Press. (Original work published in 1917).
- Galatzer-Levy, I. R., & Bonanno, G. A. (2012). Beyond normality in the study of bereavement: Heterogeneity in depression outcomes following loss in older adults. *Social Science & Medicine, 74*(12), 1987–1994. doi:10.1016/j.socscimed.2012.02.022
- Hollander, T. (2016). Ambiguous loss and complicated grief: Understanding the grief of parents of the disappeared in northern Uganda. *Journal of Family Theory & Review, 8*(3), 294–307. doi:10.1111/jftr.12153
- Horowitz, M. J. (1976). *Stress response syndromes*. New York, NY: Aronson.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: Free Press.
- Kleijn, W. C., van Heck, G. L., & van Waning, A. (2000). Ervaringen met een Nederlandse bewerking van de COPE copingvragenlijst: De COPE-easy. *Gedrag & Gezondheid, 28*, 213–226.

- Kübler-Ross, E. (1973). *On death and dying*. London, England: Tavistock Publications.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer Pub. Co.
- Lenferink, L. I. M., de Keijser, J., Wessel, I., de Vries, D., & Boelen, P. A. (2017). Toward a better understanding of psychological symptoms in people confronted with the disappearance of a loved one. *Trauma, Violence, & Abuse*. Advance online publication. March-21-2017. doi:10.1177/1524838017699602
- Lenferink, L. I. M., van Denderen, M. Y., de Keijser, J., Wessel, I., & Boelen, P. A. (2017). Prolonged grief and post-traumatic stress among relatives of missing persons and homicidally bereaved individuals: A comparative study. *Journal of Affective Disorders*, 209, 1–2. doi:10.1016/j.jad.2016.11.012
- Lenferink, L. I. M., Wessel, I., de Keijser, A., & Boelen, P. A. (2016). Cognitive behavioural therapy for psychopathology in relatives of missing persons: Study protocol for a pilot randomised controlled trial. *Pilot and Feasibility Studies*, 2(19). doi:10.1186/s40814-016-0055-1
- Litman, J. A. (2006). The COPE inventory: Dimensionality and relationships with approach- and avoidance-motives and positive and negative traits. *Personality and Individual Differences*, 41(2), 273–284. doi:10.1016/j.paid.2005.11.032
- Mancini, A. D., Bonanno, G. A., & Sinan, B. (2015). A brief retrospective method for identifying longitudinal trajectories of adjustment following acute stress. *Assessment*, 22(3), 298–308. doi:10.1177/1073191114550816
- Mancini, A. D., Sinan, B., & Bonanno, G. A. (2015). Predictors of prolonged grief, resilience, and recovery among bereaved spouses. *Journal of Clinical Psychology*, 71(12), 1245–1258. doi:10.1002/jclp.22224
- Melhem, N. M., Porta, G., Shamseddeen, W., Walker Payne, M., & Brent, D. A. (2011). Grief in children and adolescents bereaved by sudden parental death. *Archives of General Psychiatry*, 68(9), 911–919. doi:10.1001/archgenpsychiatry.2011.101
- Neimeyer, R. A. (1998). *Lessons of loss: A guide of coping*. New York, NY: McGraw-Hill.
- O'Connor, R. C., & O'Connor, D. B. (2003). Predicting hopelessness and psychological distress: The role of perfectionism and coping. *Journal of Counseling Psychology*, 50, 362–372. doi:10.1037/0022-0167.50.3.362
- Paap, M. C., Bode, C., Lenferink, L. I. M., Groen, L. C., Terwee, C. B., Ahmed, S., ... van der Palen, J. (2014). Identifying key domains of health-related quality of life for patients with chronic obstructive pulmonary disease: The patient perspective. *Health and Quality of Life Outcomes*, 12, 106. doi:10.1186/s12955-014-0106-3
- Quirk, G. J., & Casco, L. (1994). Stress disorders of families of the disappeared: A controlled study in Honduras. *Social Science & Medicine*, 39(12), 1675–1679. doi:10.1016/0277-9536(94)90082-5
- Robins, S. (2010). Ambiguous loss in a non-western context: Families of the disappeared in postconflict Nepal. *Family Relations*, 59(3), 253–268. doi:10.1111/j.1741-3729.2010.00600.x
- Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: A review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, 129(2), 216–269. doi:10.1037/0033-2909.129.2.216
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197–224. doi:10.1080/074811899201046
- Stroebe, M., & Schut, H. (2015). Family matters in bereavement. *Perspectives on Psychological Science*, 10(6), 873–879. doi:10.1177/1745691615598517
- Wayland, S., Maple, M., McKay, K., & Glasscock, G. (2016). Holding on to hope: A review of the literature exploring missing persons, hope and ambiguous loss. *Death Studies*, 40(1), 54–60. doi:10.1080/07481187.2015.1068245
- Worden, J. W. (1991). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (2nd ed.). New York, NY: Springer Pub. Co.