



The Ambiguous Loss of Singlehood: Conceptualizing and Treating Singlehood Ambiguous Loss Among Never-Married Adults

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Published online: 10 January 2018
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Abstract

Ambiguous loss theory provides a framework for conceptualizing and treating singlehood ambiguous loss among adults who desire to be in a long-term committed romantic relationship, such as marriage, but have never been in such a relationship. Adults who have never married may experience an ambiguous loss due to the lack of clear information as to whether their anticipated spouse, who is psychologically present yet physically absent, will materialize at some point. This lack of clear information about an indefinitely missing anticipated spouse tends to create ambivalence about holding on to the prospect that the anticipated spouse will materialize versus moving on through accepting and grieving the loss of the non-materialized anticipated spouse. The absence of rituals for demarcating singlehood ambiguous loss may increase ambivalence. The degree of ambivalence experienced from adult singlehood ambiguous loss likely varies according to the developmental timing of singlehood, decisions between settling and indefinite singlehood, unviable potential spouses, and non-materialized children. Specific treatment recommendations (i.e., avoiding contraindicated treatment approaches, implementing an informed not-knowing stance, and fostering dialectical thinking) and specific interventions for adapting the established treatment for ambiguous loss (i.e., increasing resilience through normalizing ambivalence, tempering mastery, finding meaning, reconstructing identity, revising attachment, and discovering hope) for clients struggling with the ambiguous loss of singlehood are presented.

Keywords Ambiguous loss · Single · Treatment · Therapy

Introduction

Increasing rates of singlehood (U.S. Census Bureau 2011) have been well documented in the United States. In the 1950s and 1960s, approximately 31% of American adults were unmarried (U.S. Census Bureau 2011), whereas today almost half (45%) of American adults are unmarried (U.S. Census Bureau 2015b); even after taking into account the increasing prevalence of cohabiting relationships (currently approximately 13% of unmarried American adults; U.S. Census Bureau 2015b), there has been a noticeable increase in the number of unmarried adults in the United States over the last several decades. Presently, 28% of adults in the United States have never married, 11% are divorced, and 6% are widowed (U.S. Census Bureau 2015a). In terms of

distribution by gender, 53% of unmarried American adults are women and 47% are men (U.S. Census Bureau 2015b).

In addition to increasing rates of singlehood in the United States, the average age at first marriage has also steadily increased over the last several decades. The median age at first marriage for men has increased from 23 years in 1950 to 29 years in 2015; the median age at first marriage for women has similarly increased from 20 years in 1950 to 27 years in 2015 (U.S. Census Bureau 2016), indicating that adults are, on average, single for a longer period of time, contributing to the overall increase in singlehood rates. Factors such as increased independence, increased focus on self-fulfillment, increased economic instability, delayed emerging adulthood transitions, educational priorities, career development, cohabitation, undesirable partner options, and changing cultural values around marriage have contributed to the rising number of Americans who are single (Cox 2006; Lee and Payne 2010).

Despite the high rates of singlehood in the United States, 93% of Americans report that marrying is one of the most

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important life objectives they have (Waite and Gallagher 2000). Given that most Americans still plan on marrying in a climate in which singlehood rates have been increasing, it is not surprising that in 2012 there were over 400 dating services in the United States alone that generated almost one billion dollars in revenues (U.S. Census Bureau 2012). Although the focus of this article is on adults who are single, desire marriage, yet have never married, it is important to note that there are different pathways to singlehood (i.e., death, divorce, delay, and design; Landgraf 1990) with associated types of singlehood (i.e., never married, divorced, and widowed), varying relationship statuses (e.g., cohabiting, in a committed long-term relationship, dating, not dating), and differing intentions about marriage (e.g., seeking marriage, not seeking marriage, indifferent about marriage, ambivalent about marriage).

Even though there is considerable variation in how people experience singlehood, research indicates that adults who are single are more likely to experience mental health issues and lower wellbeing than adults who are married (Barrett 2000). For example, both voluntary singlehood and involuntary singlehood are associated with anxiety, depression, insomnia, and loneliness in young adults (Adamczyk 2017). Furthermore, the longer adults continue in singlehood beyond their desired age for marriage, the higher the levels of depressive symptomology they experience (Carlson 2012).

Given the increasing prevalence of adult singlehood, the high rates of endorsing marriage as an important life goal, and the growing body of evidence of psychological distress associated with prolonged singlehood for adults who desire marriage, clinicians may be increasingly likely to work with clients who struggle with singlehood. Family therapists are uniquely positioned to work with adults who experience singlehood distress because (a) singlehood is a relational issue that can be conceptualized as the absence of a desired committed romantic relationship, (b) choices about entering or exiting committed romantic relationships and resulting transitions often require relational work (Lewis and Moon 1997), and (c) adults who are single may specifically seek out family therapists to help them with their ability to form lasting romantic relationships.

Adult singlehood has been identified as an ambiguous loss (Lewis 1994; Sharp and Ganong 2007). Ambiguous loss theory posits that whereas the death of a loved one is a painful but clear loss that generally gives rise to grieving and eventual healing, an *ambiguous loss* is an unclear loss without conclusive facts (Boss 2004b) wherein a loved one is “there but not there” (Boss 2006, p. 10). The absence of information about a loved one who is *indefinitely missing* (physically or psychologically) creates uncertainty as to whether it is better to manage the situation by holding on or moving on (Boss 1999). The absence or denial of information regarding the status and future of the loss gives rise to

the ambiguity of the loss, which tends to create ambivalence about how to manage the loss (Boss and Greenberg 1984). *Frozen grief* occurs when hope that the loss will not be permanent prevents true grieving from taking place (Boss 2006); thus grieving is perpetuated because it cannot be concluded (Boss 1991). Perceptions of the loss may impede efforts to manage the loss and may compromise individual personal and relational well-being (Boss 2004b). Moreover, reactions to ambiguous loss (e.g., depression, anxiety, family conflict) may immobilize people from accessing resources to manage the ambiguous loss (Boss 2006).

Virtually any situation of loss (i.e., normative or non-normative, expected or unexpected) may lead to an ambiguous loss (Boss et al. 1990). There are two general situations that potentially lead to ambiguous loss: (a) the person is physically present yet psychologically absent and (b) the person is psychologically present yet physically absent (Boss 2004a). Situations in which a loved one is psychologically absent yet physically present (*goodbye without leaving*) can include dementia (e.g., Alzheimer’s), chronic mental illness (e.g., schizophrenia and other psychotic disorders), traumatic brain injury, the birth of a child with severe developmental disabilities, addictions (e.g., substance abuse, gambling, pornography), extra-marital affairs, mixed-orientation marriages (e.g., a straight woman married to a gay man), and preoccupation with work, media (e.g., computers, television, videogames, online social media sites), or other time-consuming leisure activities (Boss 1999, 2006; Hernandez and Wilson 2007; Roper and Jackson 2007). Conversely, situations in which a loved one is psychologically present yet physically absent (*leaving without goodbye*) can be created by missing-in-action war casualties, natural disasters, kidnapping, imprisonment, immigration, divorce, infertility, miscarriage, adoption, foster care, launching children, elderly institutionalization, transgender children, and placing children with developmental disabilities in out-of-home care (Boss 1999, 2006; Coolhart et al. 2017; Roper and Jackson 2007).

Involuntary singlehood for adults who have never married has been established as an ambiguous loss (Lewis 1994) in which an *anticipated spouse* (i.e., an internal construction of what the non-materialized anticipated spouse and associated relationship will be like when the anticipated spouse materializes) is psychologically present and physically absent. The anticipated spouse exists psychologically within never-married adults through associated expectations and desires; the unknown duration of the anticipated spouse’s physical absence (including never materializing) creates ambivalence around the loss of the anticipated spouse and how to manage the situation (Sharp and Ganong 2007). Conceptualizing involuntary singlehood among never-married adults as an ambiguous loss also provides a potential explanation for the psychological distress (e.g., anxiety, depression)

associated with both ambiguous loss and never-married adult singlehood.

Conceptualizing adult singlehood as an ambiguous loss provides a useful clinical framework for understanding and working with adults who have never married, want to be married, and, as a result, struggle with singlehood. Although specific clinical treatments for adults who are struggling with singlehood have been developed (e.g., Reynolds 2002; Rucker 1993; Schwartzberg et al. 1995), despite singlehood having been identified as an ambiguous loss for over two decades, none of these clinical treatments have been based on ambiguous loss theory and the associated intervention domains Boss (2006) developed expressly to help clients manage ambiguous loss. Therefore, the purpose of this article is to present an approach to help clinicians conceptualize and work with adults who have never married yet desire to be married, irrespective of gender and sexual orientation, based on (a) established ambiguous loss treatment intervention domains (Boss 2006) and (b) my clinical experience working with clients who struggle with singlehood from an ambiguous loss framework.

Motivations for Forming Adult Romantic Relationships

Acknowledging the heterogeneity and diversity among adults who are single, for simplicity, from this point forward I use the following more narrow terminology to succinctly refer to more inclusive constructs: (a) *marriage* refers to long-term committed couplehood regardless of legal status; (b) *spouse* refers to an adult romantic partner within the context of a long-term committed romantic relationship regardless of legal status, and (c) *single* and *singlehood* refer to adults who are single, hope to be in a long-term committed romantic relationship, and have never been in a long-term committed romantic relationship. Understanding why people want to marry provides important context for understanding how the absence of marriage can be an ambiguous loss. To that end, I examine both internal motivating forces and external motivating forces for forming lasting romantic relationships with other adults.

Internal Motivations

Attachment theory and research suggest that meaningful relationships are significant intimate connections with family and friends that provide our lives with purpose, joy, depth, safety, and reassurance; conversely, the absence of meaningful relationships typically leads to loneliness, emptiness, depression, and despair. Human beings have innate yearnings to form lasting relationships that enhance psychological

functioning and provide reassurance during times of distress (Baumeister and Leary 1995; Bowlby 1988):

Intimate attachments to other human beings are the hub around which a person's life revolves.... From these intimate attachments a person draws his strength and enjoyment of life and, through what he contributes, he gives strength and enjoyment to others (Bowlby 1980, p. 442).

The desire adults experience to form committed romantic attachment bonds with other adults has been well-established (Schachner et al. 2008). Many of the internal motivations for marriage (e.g., love, companionship, friendship, emotional security; Inglis and Greenglass 1989) fall under the umbrella of attachment. The discrepancy between desiring committed adult romantic relationships and the absence of such relationships has been associated with loneliness and emotional distress (Shaver and Hazan 1987). In fact, adults who are single report higher levels of anxiety, depression, and sexual dissatisfaction than adults who are married (Schachner et al. 2008). Additional internal motivators, such as financial benefits, religious beliefs (e.g., marriage as an a key religious rite, sexual abstinence before marriage), sexual intimacy, escaping family-of-origin conflict, viewing marriage as the gateway to responsible adulthood and the next phase in the traditional family life cycle, family status, and having children (Aldous and Ganey 1999; Berliner et al. 2011; Inglis and Greenglass 1989), may also be external motivators if there is pressure in these areas from family members, friends, and prevailing societal and cultural norms. For example, in terms having children, desiring children and the time-sensitive nature of procreative ability—especially for women—may constitute internal motivations for marriage, whereas parental desires for grandchildren (Lewis 1994) and the unconventionality of single parenting by choice may result in additional internal pressures to marry (Mazor 2004) may create external motivations for marriage.

External Motivations

Experiencing pressures to marry from friends and family, and experiencing societal judgements about singlehood can be powerful external motivators for marriage. Because adults who are single live in a marriage- and family-oriented society in the United States (DePaulo and Morris 2005; Seecombe and Ishii-Kuntz 1994), they are often externally motivated to form adult romantic relationships (e.g., complying with social norms, alleviating pressures from family and friends to marry and have children; Anderson et al. 1994; Lee and Payne 2010); therefore, those who do not marry can be esteemed as *less than* by the society at large, as well as by friends and family. Furthermore, adults who are single may experience a pathologizing singlehood social

stigma in which others attribute their singleness to one or more intrinsic characterological flaws (DePaulo and Morris 2006; Reynolds 2002). Adults who are single may internalize these pathological explanations for their singlehood in one or more of the following four categories: cognitive (e.g., intelligence), personality (e.g., independence, introvertedness), physical (e.g., attractiveness), and psychological (e.g., codependency, neurosis, selfishness, trauma/abuse history; Lewis and Moon 1997).

The combination of internal and external motivators for marriage provides an explanation of the complex and multi-layered desire for marriage that people typically experience, as well as the development of an anticipated spouse. Therefore, understanding these motivators for seeking marriage helps explain why adults living with prolonged singlehood may (a) experience pain, sadness, and loneliness because they desire marriage but are not presently married (i.e., loss); and (b) frequently feel ambivalent about continuing to hope the anticipated spouse will materialize given the ambiguity of not knowing if or when the anticipated spouse will materialize (i.e., ambiguous loss) as opposed to simply giving up hope, grieving, and moving on.

Ambiguous Loss Conceptualization of Singlehood

Adult singlehood can be conceptualized as the type of ambiguous loss in which the spouse is psychologically present yet physically absent (Lewis 1994; Sharp and Ganong 2007). People tend to develop an anticipated spouse that is likely based on societal norms and relationship idealizations; however, over time older adults who have never married may adaptively endorse more realistic and flexible images of an anticipated spouse (Berliner et al. 2011; Fitzpatrick et al. 2009) than they did when they were younger. The loss of a relationship with a non-materialized anticipated spouse may lead to an ambiguous loss (Lewis 1994). For example, a man who is single does not know whether or not he will remain single or marry; if he knew that he would remain single, the loss would be clear; if he knew that he would marry in 10 years, it would be clear that although there would be a delay, he would eventually marry. However, because adults who are single do not know when, if at all, someone who matches their anticipated spouse will come into their lives and choose to marry them, the loss is ambiguous (Lewis and Moon 1997). The lack of clear information about the loss of a non-materialized anticipated spouse is what makes the loss ambiguous and consequently challenging to manage or resolve (Boss 1999, 2002).

Ambivalent feelings are a common reaction to situations of ambiguous loss (Boss 2006). Responses to ambivalence tend to vary in intensity based on individual factors (e.g.,

personality, distress tolerance levels) and contextual factors (e.g., religious beliefs, cultural beliefs, situation; Boss 2002). In discussing findings from a study of adult women who were single, Lewis (1994) articulately describes the ambivalence experienced from the ambiguous loss of a non-materialized anticipated spouse:

For women who are “not adverse to being married,” singlehood may cause a perpetual grieving, like an ambiguous loss (Boss 1991). At no point do single women know for sure that they will never marry. The ambiguity always leaves room for hope: Maybe the right man will come along during the next week or next month, on the next vacation, at the next business meeting, during the next walk with the dog. And as long as there is hope, there is the pain of the ambiguity. Many women say, “It’d be easier if I just knew for sure; then I could adjust fine.” They could grieve for the loss of their dreams and move on. Without this clarity, though, there is no closure; without closure, it is harder to mourn and move on (p. 181).

A defining feature of ambiguous loss is the absence of closure (Boss 2006). Adults who are single and hope for a romantic relationship that they do not have commonly experience pain, sadness, loneliness, and grief (De Jong Gierveld et al. 2006) that tend to persist as long as a romantic relationship is desired. Although accepting the loss of the non-materialized anticipated spouse and resigning oneself to a life of singlehood allows the process of closure and healing to begin around the loss, acceptance and resignation require complete elimination of hope that the anticipated spouse will someday materialize. Because adults are hardwired to seek romantic relationships (Cacioppo and Patrick 2008; Weiss 1987), most adults who are single will likely find it difficult to completely give up hoping that the non-materialized anticipated spouse may materialize at some point. Therefore, adults who are single and continue to hope their anticipated spouse will eventually materialize are prone to experience continuous grieving.

The loss of a non-materialized anticipated spouse can be particularly ambiguous because loss is typically conceptualized as losing something a person had, not losing something a person wanted or hoped for but never actually had. Because the non-materialized anticipated spouse exists psychologically but not physically, the loss can be even more ambiguous: how can a person and their loved ones mourn the loss of an unknown possible future spouse? Consequently, losing a non-materialized anticipated spouse can be conceptualized as an invisible loss.

The absence of societal rituals to mark non-materialized anticipated spouses can further the invisibility of adult singlehood ambiguous loss. In fact, the absence of rituals for adult singlehood likely contributes to the lack of clarity that

makes the loss ambiguous. Society has rituals for marking and commemorating clear relationship losses that occur through death (e.g., funerals, headstones, cemetery visits) and divorce (e.g., signing the papers for divorce); however, no such rituals exist for acknowledging the invisible loss of non-materialized anticipated spouses, increasing the prospect of experiencing *disenfranchised grief* (i.e., “the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported;” Doka 1989, p. 4). It is likely that rituals for acknowledging the loss of non-materialized anticipated spouses do not exist because it would be difficult for people to know if and when it were time to participate in the rituals (i.e., not knowing whether or not the person in question would ever marry). Furthermore, certain life cycle relationship markers, such as marriage, are rites of passage associated with becoming adults, particularly for women. Given that there are also no rituals for moving from young singlehood (i.e., adolescence and young adulthood) to adult singlehood (Lewis 1994), the absence of such rituals may contribute to identity ambiguity (e.g., feeling like and/or being treated like an adult while simultaneously feeling like and/or being treated like an adolescent).

The degree of ambivalence experienced from adult singlehood ambiguous loss likely varies according to the developmental timing of singlehood, decisions between *settling* and *prolonged singlehood*, the existence of *unviable potential spouses*, and *non-materialized children*. To better understand these factors that can impact singlehood loss, each factor is explored in the subsequent sections.

Developmental Timing

Pinpointing when singlehood actually begins also tends to be ambiguous (e.g., at what age are people identified by others as single? At what age do people self-identify as single? Are people considered single when they are eligible for marriage but not married?). Expectations regarding life cycle transitions like marriage are largely based on age-differentiated socially-constructed norms (Elder 1998). Prolonged singlehood can create ambivalence about whether marriage will become an off-time normative transition or a missed transition (Sharp and Ganong 2007). People who are single when singlehood is expected (i.e., childhood, adolescence, and young adulthood) are less likely to experience ambiguous loss than people who are single after most of their peer group is married (Berliner et al. 2011). In addition to experiencing increased distress when marriage does not occur when anticipated (Crockett and Beal 2012), it is also likely that the ambivalence of singlehood increases as people grow older and remain single. However, the ambivalence may decrease during old age as the likelihood of giving up hope for marriage and resigning to permanent singlehood

increase. Thus, the intensity of ambivalence from singlehood ambiguous loss may follow an inverted U-shape curve over the life course, increasing after the anticipated age of marriage and then decreasing toward the age when marriage is no longer anticipated.

Settling Versus Indefinite Singlehood

Ironically, in some cases the psychological presence of the anticipated spouse, developed out of hopes for marriage, may actually perpetuate singlehood. Adults who are single often have the option of being with someone who does not fit the profile of their anticipated spouse, which can lead to a dilemma of *settling* to be with someone who does not approximate the anticipated spouse or prolonged—and possibly perpetual—singlehood. Because adults who are single do not know whether or not someone closer to their anticipated spouse will materialize, they may experience ambivalence about settling for someone less ideal than their anticipated spouse or holding out for someone closer to their anticipated spouse (e.g., “Will I ever find that person that I want to be with? Am I being too picky? Can anyone ever be the kind of person I am hoping to marry?”). In fact, many single women report being single because they do not like their choices of potential spouses (Lewis 1994), choosing singlehood over settling.

Potential benefits of settling include decreased or eliminated ambivalence created by singlehood ambiguous loss and decreased or eliminated common disadvantages of singlehood such as loneliness, sadness, self-blame and guilt about being alone, longing to feel special, meaninglessness, hindered self-actualization, and lack of companionship and touch (Cox 2006; Lewis 1994). Potential costs of settling include ambivalence from wondering if someone more like their anticipated spouse would have come along, and ambivalence from the disparities between the anticipated spouse and the person to whom they are married. Reconciliation between the actual spouse and the anticipated spouse can reduce ambivalence (e.g., “My expectations for my spouse were unrealistic.” “Even though my spouse is not perfect, neither am I.”) Potential benefits of choosing indefinite singlehood over settling include the possibility that someone who is closer to the anticipated spouse will materialize, whereas potential costs include sustained ambivalence from singlehood ambiguous loss and possible hindsight regret about holding out for someone closer to the anticipated spouse who never materialized.

Unviable Potential Spouses

Adults who are single may also experience an ambiguous loss about actual people in their lives who they view as potential spouses yet are not options for marriage for a wide

array of possible reasons. Examples of unviable potential spouses include a person who does not reciprocate interest, a person who ends a dating relationship, a person who is already married to someone else, and a person with whom one later regrets ending a relationship yet the person is no longer interested or available. Adults who are single may experience sadness, grief, regret and ambivalence about unviable potential spouses. In addition, unviable potential spouses may become idealized over time and replace the non-materialized anticipated spouse, making it difficult for subsequent viable potential spouses to compare favorably.

Non-materialized Children

In addition to experiencing the ambiguous loss of the non-materialized anticipated spouse, adults who are single and do not have children may also experience the ambiguous loss of the children they anticipated they would have at their current point in life (i.e., the hoped-for children who are psychologically present yet physically absent). Therefore, adults who are single who do not have children and want children may simultaneously experience ambivalence about the loss of anticipated romantic relationships and anticipated parent–child relationships (Bock 2001). Because of the ambivalence created by not knowing if and when marriage will occur, adults who are single and childless may wonder if they should wait until marriage for children (which may lead to worrying that a double loss of the anticipated spouse and anticipated children will occur if marriage does not happen) or go ahead and have children on their own (which may lead to worrying that potential spouses will be less interested in them because of the unconventionality of single parenting by choice; Bock 2000; Mazor 2004).

Treating the Ambiguous Loss of Singlehood

The conceptualization of adult singlehood as an ambiguous loss can directly inform clinicians who work with clients who are single. The objective of effective clinical treatment for ambiguous loss is not eliminating ambiguity or obtaining closure, but augmenting resilience (i.e., “rising above traumatic and ambiguous losses by not letting them immobilize and living well despite them”) by learning to more successfully live with and manage the ambiguity (Boss 2006, p. 27). Accordingly, effective treatment for ambiguous losses centers on learning to cope with the ambiguities (Boss 1999). The key to increasing resilience and managing ambiguous loss is to realize that even when the nature of the loss cannot be changed, the perception of the loss can be changed (Boss 2004a). Ambiguous loss treatment requires the integration of concepts and interventions from other established clinical approaches to facilitate client movement toward the

treatment goal of enhancing resilience through (a) normalizing ambivalence, (b) tempering mastery, (c) finding meaning, (d) reconstructing identity, (e) revising attachment, and (f) discovering hope (Boss 2006). This section expands upon the established treatment of ambiguous loss by providing recommendations and applications specific to the treatment of singlehood ambiguous loss.

Contraindicated Treatment Approaches

Several approaches to working with adults who are struggling with singlehood ambiguous loss may prove ineffective or even hurtful. Clinicians should be mindful about normalizing pathological behavior and pathologizing normative behavior (Miller et al. 2006). Adults who are single may have intrapsychic, interpersonal, and familial problems and it is important for clinicians to distinguish between issues that may or may not be related to clients’ singlehood (Reynolds 2002). In addition, clinicians should avoid inadvertently colluding with or reinforcing clients’ self-blaming and self-pathologizing beliefs about why they are single (e.g., childhood etiologies of intimacy fears, dependent personality, physical attractiveness): “In working with [adults who are single], it is important to consider possible connections between any presenting problem and their singleness; however, therapists must not *assume* that such connections exist” (Lewis 1994, p. 183). Clinicians should similarly be watchful to not unintentionally minimize their clients’ experiences by sharing their own experiences of singlehood or saying things like, “Life could be worse; instead of being single you could be in a bad marriage” (Lewis 1994).

In situations of ambiguous loss, typical bereavement and grief therapy targeted at obtaining closure may not only be ineffective, it may be contraindicated. Consider the malalignment of facilitating a closure intervention such as a funeral for the non-materialized romantic relationship, burial of an object that represents the non-materialized romantic relationship, or releasing a balloon symbolic of letting go of longing for a romantic relationship for a client who is self-admittedly lonely and depressed because he desperately hopes that a meaningful romantic relationship will sooner or later materialize. Although hope that the relationship will materialize contributes to the ambiguity of the loss, the hope is derived from attachment needs and protects against despair. It is important to help clients own and honor both singlehood ambiguous loss components: hope for a spouse and the unclear invisible loss of an anticipated spouse who may or may not materialize.

Informed Not-Knowing Stance

When working with adults who are single, it is important for practitioners to focus on client uniqueness amid universal

themes. Adopting an *informed not-knowing stance* (Shapiro 1995) helps preserve client individuality while concurrently incorporating the knowledge of the clinician. First and foremost, an informed not-knowing approach emphasizes that each person is the expert on her life. An informed not-knowing perspective also posits that the more clinicians are informed about common experiences for clients in a particular situation, of a specific culture, or at a certain developmental stage, the more likely it is that the clinicians will be better able to (a) listen, (b) generate questions that enrich understanding, (c) recognize narratives, (d) provide more attuned empathy, (e) guide the focus of treatment, (f) realize their own personal biases, and (g) respect clients' experiences (Laird 1998). Taking an informed not-knowing stance supplies the clinician with lenses crafted for enhanced viewing of the situation at hand that allow the clinician to lead from behind.

Accordingly, knowing about and understanding adult singlehood and ambiguous loss provides the context for skillfully and artfully employing an informed not-knowing stance. If clinicians develop a basic understanding of how adults might be affected by singlehood ambiguous loss, they will be more effective in sensitively helping adults who are single explore and interpret their unique experiences. For example, clinicians may check to see if their adult clients who are single have experienced ambivalence about being single: *What is your experience of being single? In what ways, if at all, does being single impact you? Based on your experiences, what are the pluses and minuses of being single? Have you ever experienced a sense of uncertainty about whether to continue hoping that you will meet someone to marry or accept remaining single because you might not meet someone to marry?* If clients indicate that they have experienced ambivalence about their singlehood, it may be appropriate to help them learn to cope with the uncertainties of being single; if clients indicate that they have not experienced ambivalence about their singlehood, this discovery is important in understanding clients' experience of singlehood and informing treatment objectives. Many adults who are single may already feel like their singlehood is how others define and categorize them; emphasizing their personhood and uniqueness may, in and of itself, be therapeutic.

Dialectical Thinking

Dialectical thinking—the ability to simultaneously believe two seemingly contradictory views (Linehan 2015)—can be effective in managing ambivalence because it can help clients hold the paradox of absence and presence that make the loss ambiguous (Boss 2006). Dialectical thinking increases clients' ability to tolerate distress and ambiguity.

Engaging in dialectical thinking alleviates emotional suffering (i.e., unnecessary avoidable emotional pain) by replacing *either-or thinking* with *both-and thinking*: “The person you want to marry is *both* present *and* absent—present in your mind and absent from your life.”

Dialectical thinking helps clients integrate and find balance between acceptance (“I’m doing the best I can with my current situation given what I know”) and change (“I need to manage my current situation better”), clients' point of view (“I’m learning to live with the ambivalence of singlehood”) and others' point of view (“My parents are still struggling and will probably continue to struggle with my singlehood”), emotion-based thoughts (“Maybe I will settle and marry Carlos even though I don’t love him because then I won’t be alone anymore”) and logic-based thoughts (“Settling and marrying Carlos even though I don’t love him to avoid loneliness might not be the kind of foundation upon which I want to build a marriage; marriage does not guarantee against loneliness”), and autonomy (“I want to be independent and have alone time”) and dependence (“I want to feel close to and taken care of by people I love”). Table 1 contains dialectics that may assist adults who are single learn to reduce absolutist thinking with thinking that accepts the uncertainty of singlehood.

Because singlehood is often *stigmatized* (pathologizing deficit perspective of singlehood in which adults want to be married but are single because there is something wrong with them, such as too picky, unattractive, unskilled at romantic relationships) and *glamorized* (focusing on the advantages of being single, such as freedom and independence that should result in happiness; Lewis and Moon 1997), a dialectical approach of simultaneously accepting contradictory perspectives can provide a method for concurrently supporting the notions that there is nothing wrong with enjoying singlehood and nothing wrong with desiring marriage.

Many adults who are single blame themselves for still being single because they believe they are not trying hard enough or doing enough to date and marry (Lewis 1994), a belief which often becomes self-defeating. Employing dialectic thinking can help clients believe more along the line of, “I’m trying my best to date given my current situation and I want do better when it comes to dating.” Endorsing a more balanced view is likely to simultaneously reduce self-blame and complacency. Dialectical thinking can also help clients challenge one-sided beliefs. For example, replacing the thought, “I hate being single” with the less extreme dialectical thought, “I enjoy certain aspects of being single and I struggle with certain aspects of being single,” can benefit clients by validating and integrating opposing aspects of their experience.

Table 1 Dialectics for managing adult singlehood ambiguous loss

1. The person I want to marry is BOTH present AND absent—present in my mind and absent from my life.
2. I accept myself for who I am AND I wish I could find someone who would accept me for who I am
3. I would like to have someone with whom I could share my life AND I am going to make the most of my current situation and live life to fullest
4. I am choosing to hold out hope that I will meet someone with whom I can share my life AND I realize that by so doing I am choosing to experience ambiguous loss
5. I am choosing to hold out hope that I will meet someone with whom I can share my life AND I realize I may never have someone else in my life the way I want
6. The meaningful lasting romantic relationship I am hoping for may or may not ever materialize AND I can find other ways to make my life more meaningful
7. A part of me wants to give up on being married AND another part of me wants to hold out hope for marriage
8. Being single allows me to develop friendships with many people which I might not have if I were married AND I wish I were able to develop a close intimate friendship with a spouse
9. I feel grateful for the relationships I currently have which enrich my life AND I feel the loss of the romantic relationship I long for which may or may not become part of my life
10. Being single is one of the hardest things that has ever happened to me because I feel sad and alone AND being single is one of the best things that has ever happened to be because I have been able to work on being a stronger person
11. Being single has many disadvantages AND being single has many advantages
12. I enjoy certain aspects of being single AND I struggle with certain aspects of being single
13. I enjoy the freedom and independence of being single AND I dislike the loneliness, sadness, and rejection of being single
14. Being single allows me to figure out who I am and become the person I want to be AND being single prevents me from developing a part of me that can only grow in a safe, enduring romantic relationship, and I feel a sadness about that loss
15. Sometimes people treat me like an adolescent because I'm single and I've never been married AND sometimes people treat me like an adult despite the fact that I'm single and I've never been married
16. I feel old because at my age I'm still not married AND I may never really feel grown up until I'm married
17. Some of the family life dreams I had may not happen AND I am lucky that there is still time for some of my dreams to come true, and if they don't, I still have other dreams that I can live and work for
18. I'm learning to live with the ambivalence of singlehood AND my parents and other loved ones are still struggling, and will probably continue to struggle, with my singlehood
19. I wish people would forget that I'm single AND I wish people would never forget that I'm single
20. I want people to see me for who I am and not define me by my single status AND I want people to show thoughtfulness, understanding, and sensitivity about my single status

Normalizing Ambivalence

The process of labeling a loss as ambiguous, identifying conflicted emotions about the loss, and framing reactions to the loss as common helps clients normalize their ambivalence (Boss 2006). Because ambivalence about ambiguous losses is often a greater source of distress than the actual losses, assisting clients in labeling the ambivalence they are feeling tends to decrease ambiguity-related anxiety, blame, guilt, sadness, and immobilization (Berge and Holm 2007; Boss 1999). People can deal with pain if they can understand it and make sense of it (Johnson 2003): “Suffering ceases to be suffering as soon as we form a clear and precise picture of it” (Spinoza 1667, part V, proposition 3, as translated in; Frankl 1959, p. 117).

Several clients with whom I have worked reported feeling normal, relieved, freed, and empowered from realizing their singlehood is an ambiguous loss frequently experienced among adults who are single. Because ambiguous losses are often semi-invisible, bringing the loss out into the open by

acknowledging it and validating it can be therapeutic. Adults who are single often feel anything but normal; the importance and power of realizing that what they are experiencing is normal and makes sense given their situation should not be underestimated. For example, helping clients identify, normalize, and think dialectically about conflicting feelings (e.g., the joy of being single and despair of being single; relishing the freedom and independence and struggling with the loneliness, sadness, and rejection of being single; feelings of love for and anger toward the person they wish would love them back and marry them) can provide comfort, reassurance, and relief, which in turn tend to increase resilience. Because ambivalence is more manageable once it is acknowledged and understood, normalizing ambivalence about being single, holding out hope for a spouse, giving up on finding a spouse, settling for someone who is less ideal than the idealized non-materialized anticipated spouse, regretting not marrying a potential spouse when they had the chance, and wondering if something is wrong with them or potential spouses can similarly increase resilience.

Tempering Mastery

“A critical aspect of adapting to life with ambiguity is relinquishing the need for complete control over the ambiguous situation without becoming passive” (Roper and Jackson 2007, p. 160). The term *tempering mastery* signifies finding a balanced perception of personal control about the loss by identifying what can be changed and what cannot (Boss 2006). The concept of tempering mastery is succinctly articulated in *the serenity prayer*: “God, give us grace to accept with serenity the things that cannot be changed, courage to change the things that should be changed, and the wisdom to distinguish the one from the other” (Reinhold Niebuhr as cited in Sifton 2003, p. 7). Distinguishing between what can and cannot be changed, accepting what cannot be changed, and changing what can be changed is a form of dialectical thinking that can help temper the need for mastery. For instance, adults who are single generally have control over *searching* for the type of person they want to marry (e.g., joining an online dating service, attending speed-dating events, asking people on dates) and limited control over *finding* their spouse (Lewis and Moon 1997). Modifying unrealistic expectations about their situation, reducing blame, revising perceptions, augmenting successful experiences, actively making decisions, shifting family rules and roles, creating meaningful new rituals, and adapting current rituals can reduce the distressing effects of ambiguous loss (Berge and Holm 2007; Boss 2006).

Accepting What Cannot Be Changed

Acceptance—acknowledging what is—provides freedom from emotional suffering and increases the ability to tolerate distress (Linehan 2015). Pain is inevitable; misery and suffering are optional. Refusal to accept pain leads to misery and suffering; accepting a situation over which we do not have control as it is for what it is requires a conscious act of choice that reduces misery and suffering (Miller et al. 2006). While the absence, abdication, and unawareness of choice are victimizing, exercising choice is empowering (Frankl 1959). Thus, even though clients may not have complete control over their singlehood, accepting that they do have control over whether or not they choose to accept that they lack complete control over their singlehood can be empowering.

It is important to help clients realize that accepting singlehood and the associated disadvantages and stresses is not the same as deciding that singlehood is good, right, or desirable. In addition, clients can choose to hold out hope for marriage (continued ambiguous loss) or they can choose to give up hope for marriage (reduced ambiguous loss). Choosing to hope that they will eventually marry is likely choosing to experience optimism, ambivalence, distress, and possible

disappointment; choosing to cease hoping that they will eventually marry is likely choosing to experience grief, mourning, freedom, and closure. When clients make conscious choices about their singlehood ambiguous loss and accept the associated consequences, they step further away from a victim paradigm and closer to an agent paradigm. Clients are more likely to cope with ambiguous losses when they replace searching for the *perfect* solution with accepting singlehood as less than ideal (Boss 1999). Helping single clients self-validate their responses (feelings, thoughts, actions) to their ambiguous loss as reasonable and understandable given their singlehood likewise promotes acceptance.

Changing What Can Be Changed

The process of realizing what can be changed, identifying which changes make sense given the current situation, and then enacting those changes can help adults who are single cope with the ambiguous nature of their loss. Feeling “in control of an otherwise out-of-control situation” (Lewis 1994, p. 179) can increase resilience and reduce distress and anxiety. Even though clients might not be able to change the circumstances surrounding their singlehood, they can change their perceptions of their singlehood. In addition, focusing on the advantages of single life can also prove helpful. Commonly reported singlehood advantages include independence and freedom (e.g., relational, occupational, financial, geographical, temporal, leisure; Cox 2006; Lewis 1994).

Solution-focused inquiry (De Shazer 1985) can be employed to help clients identify approaches for approximating their lives to the way they envision it would be if they were married. Questions similar to the following can help clients pinpoint things they can do to make their single life closer to the married life they desire. *On your deathbed, what would you like to be able to say about your life? What can you do now regardless of your marital status to be able to say the things you just identified you would like to be able to say about your life on your deathbed? If you were married, how would your life be different from the way it is now? How would you be different? What would you be doing differently? What would your family and friends notice is different about you? What would your family and friends notice you doing differently? If I were a fly on the wall, what would I notice you doing differently? Which of all your responses would be the most important to you? Which of all your responses are you already doing? How have you managed to do them despite not being married? As you think about your responses, what are some of the things you could do now to make your life closer to the way you wish it would be if you were married?*

Creating new rituals can foster meaningful relationships. The importance of meaningful family and friendship networks for managing adult singlehood is well-documented

(DePaulo and Morris 2005; Lewis and Moon 1997; Schwartzberg et al. 1995). For instance, close friendships have been found to provide emotional security (Fraley and Davis 1997; Schachner et al. 2008). Examples of potential rituals include spending time with nephews, nieces, or friends' children; a monthly dinner group with other adults who are single; and an annual trip with friends.

Finding Meaning

“Finding meaning is especially difficult when the loss is shrouded in ambiguity” (Boss 2006, p. 87). Because simple solutions to resolve ambiguous loss do not exist, assisting clients in making sense of their loss allows them to more effectively engage in grieving and cope with resulting stresses (Boss 2006). Finding meaning in the absence of anticipated romantic relationships can help clients cope more effectively with singlehood ambiguous loss.

Existential Therapy for Finding Meaning

Victor Frankl (1959) noted that “we must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed” (p. 112). As Friedrich Nietzsche suggested, “He who has a *why* to live for can bear almost any *how*” (Nietzsche 1888, as cited in; Frankl 1959, p. 104). Freedom from suffering and peace of mind can be fostered by finding meaning in difficult situations such as the ambiguous loss of singlehood. Moustakas (1961) asserted that aloneness and loneliness bring meaning to life. The following existential therapy processes may help adults who are single find ways to find meaning in their unwanted prolonged singlehood: (a) identifying and clarifying assumptions about life (attitudes, beliefs, and values), (b) exploring how assumptions about life were developed, (c) restructuring assumptions about life to better meet needs, and (d) applying the restructured assumptions about life to actual living (van Deurzen 2002).

Questions for Finding Meaning

The following questions can help clients explore, create, and consolidate meaning for singlehood. *What do you want from life? What gives your life purpose? What are you grateful or thankful for in your life? What do you like about the direction your life is going in? What do you dislike about the direction your life is going in? Where are you with the person you have become? What are the meaningful relationships in your life? What makes them meaningful? How do you make sense out of being single? What has being single taught you about yourself? How does being alone bring meaning to your life? How does feeling lonely bring meaning to your life? Now that you realize the ambiguous loss*

of being single, how do you make sense of it? How does singlehood bring meaning to your life? How does keeping the idea of who you would like to marry alive in your mind bring meaning to your life?

Actions for Finding Meaning

Engaging in rewarding activities can help clients mitigate feeling like their life is less meaningful because of their singlehood. When clients find ways to share their personal narrative about being single with others (e.g., therapist, family members, close friends, other adults who are single), they create meaning about and heal from the ambiguous loss (Boss 2006). Additional vehicles for bringing meaning to one's life include nourishing existing intimate relationships with family and friends, providing service (e.g., helping people in need, volunteering for a charitable organization like a local soup kitchen, assisting with community organizations like the local library or public school), and fostering personal development in areas such as education, career, becoming the type of person to whom they would like to be married, and self-care (emotional, intellectual, physical, social, spiritual).

Reconstructing Identity

Both internal (e.g., self-identifying primarily as single) and external (e.g., perceiving that others primarily identify them as single) forces can enshrine singlehood as the defining identity factor among adults who are single. Singlehood is not an identity in and of itself; it is only part of an identity. Replacing narrow and limiting singlehood identities with more comprehensive reconstructed identities aids in decreasing ambivalence and increasing resiliency. The following questions can help clients with reconstructing their identity. *How would you describe who you are to a stranger? How much of your identity is defined by your singlehood? How would your identity be different if you were married? Which of those pieces are actually already part of who you are despite your relationship status? How would you know if you were focusing more on who you are instead of what is missing? What would it take to focus more on who you are instead of what is missing? What will it be like when you focus more on being who you already are? How would you like other people to describe you? Twenty years from now, when you look back on this period of your life, how would you like to be able to describe yourself?*

Adults who are single may have parents who attempt to fulfill the role of the non-materialized spouse (e.g., parents stepping in to “be there” for their adult children because they worry that no one else will comfort, nurture, reassure, and love their children). Consequently, singlehood can result in identity ambiguity (e.g., am I an adult or a child?).

Reorganizing the psychological family (i.e., the way they view their family) by reconstructing (a) psychological family membership and (b) roles can help clients manage ambiguity (Boss 2006).

Reconstructing Psychological Family Membership

Adults who are single may experience ambivalence about which family they belong in (Boss et al. 1990). Adults who are single may be primarily identified as a child by parents and siblings (i.e., their membership as a child in their family of origin), especially when they do not have their own children (i.e., membership as a parent in a family of creation), which can in turn impact their self-identity. Helping clients think dialectically about their simultaneous membership in more than one family (e.g., an adult child in their family of origin and a parent if they have children or an adult in a “family of one” if they do not have children) can decrease ambivalence and increase resilience.

Reconstructing Roles

Ambivalence about role expectations (i.e., who does what; Berge and Holm 2007) may also be experienced by adults who are single. For example, the inability to divide labor with a spouse may lead adults who are single feeling ambivalent about performing tasks associated with roles they did not expect to fill (e.g., men cooking, cleaning, decorating the house; women doing yard work, fixing leaky faucets, maintaining the car). Role flexibility can aid in reducing role ambiguity and improving resiliency (Boss 2006). Once again, dialectical thinking can provide clarity and relief by shifting to *both-and* thinking about roles.

Revising Attachment

Revising attachment—the “gradual process of learning to live with the prospect of recovering the lost person while simultaneously recognizing that the loss may become permanent” (Boss 2006, p. 162)—can also help clients increase resilience and manage ambiguous loss. Successfully implementing dialectical thinking, recognizing fantasies about the anticipated spouse, talking about the loss, learning how developmental transitions may affect ambivalence and anxiety about singlehood (e.g., becoming the only peer-group member who is still single or still childless), engaging in self-expression through the arts, and attending special interest groups to create meaningful relationships are effective interventions for revising attachment (Boss 2006). Fostering resilience by learning “to balance the opposing ideas of absence and presence and the ability to both stay connected and let go takes time” (Boss 2006, p. 169). Clients may also consider revising their expectations by modifying the profile

of their non-materialized anticipated spouse: *What really matters to you in a spouse? What are the essential characteristics? What are the deal-breakers?*

Discovering Hope

The culminating objective for ambiguous loss treatment consists of helping clients determine which hopes should be relinquished, which hopes should be held on to, and which new hopes bring meaning and purpose to life (Boss 2006). The following interventions can be useful in helping clients discover hope: “finding spirituality, imagining options, laughing at absurdity, developing more patience, redefining justice, finding forgiveness” (Boss 2006, p. 182). For example, truly accepting that life is not fair and that bad things happen to good people allows clients to let go of focusing on fairness, creating space for hope and happiness. Forgiving specific people who did not reciprocate desires for a committed relationship and forgiving themselves for mistakes and imperfections can help clients find new hope.

A narrative therapy approach can help clients find hope by (a) externalizing the identified problem (e.g., singlehood, loneliness, doubt, resentment); (b) reexamining stories through viewing their story from different perspectives, entertaining alternative meanings, and exploring unique outcomes; and (c) reauthoring stories (Boss 2006; White and Epson 1990). For instance, asking clients questions akin to the following can help reexamine hidden resilience and hope: *Many people in your situation might resign themselves to a life of singlehood because it would be easier than getting their hopes up about the possibility of meeting someone and then being hurt when that someone never comes along or things don't work out with that someone. How have you managed to not give up on finding someone to share your life with?*

Alternative and reauthored narratives can be consolidated and solidified by sharing them with meaningful people (e.g., family, friends) to constitute an audience for their new stories (Epston and White 1992): *What has it been like for you to take back authorship of your life story from [the externalized problem]? Given what you have learned about yourself, what is the next step you might take? What are you planning to write for the next chapter in your life story? Now that you have made important discoveries about yourself, who else should know about them? Now that a number of people have an out-of-date view of you, what ideas do you have about how you could update their views? When I work with other adults who are single, I think it would be very beneficial for them to hear about some of the important discoveries you have made. Would it be ok with you if I shared some of your story with them, and if so, what things do you think would be the most helpful for them to hear?* Finally, providing clients with a letter at termination provides documentation of their

progress, changes, successes, and reauthored stories that can be read and reread after therapy has concluded, thereby solidifying the work done in therapy.

Summary

Ambiguous loss theory is a valuable framework for conceptualizing and working with adults who have never married and desire to be married. Research is needed to validate the application of ambiguous loss theory to conceptualizing adult singlehood. For example, outcome research on the treatment outlined for working with clients struggling with singlehood ambiguous loss is necessary to determine clinical efficacy.

Acknowledgements Special thanks to Leslie Feinauer, Nicole Gutierrez, Mallory Jackson, Megan Oka, Kimberly Ortiz, Brandon Silverthorn, Andrea Swenson, LaNae Valentine, and Cherylyn Worthen for their thoughtful feedback.

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