

normative, expected or unexpected.

THEORETICAL PROPOSITIONS

Six theoretical propositions may be presented based on the boundary ambiguity research and theory development project (Boss, 1975-1988). These, including some brief discussions, are:

1. The higher the boundary ambiguity in the family system, the higher the family stress and the greater the individual and family dysfunction.

Figure 2 illustrates how specific hypotheses from various completed studies allow and lead us to the induction of this more general theoretical proposition about family stress.

Boundary ambiguity can result from the outside world not giving the family enough information about the event of loss, or it can arise inside the family based on their perceptions of the loss. In either case, the ultimate indicator of who is in and who is out of the family is based on the *family and family members'* perceptions of family membership.

2. Over the short term, family boundary ambiguity may not be dysfunctional.

In the period immediately following an expected or unexpected loss or separation, a period of boundary ambiguity may give family members time to accept the information that the status quo has been broken and that change has occurred. They may use this early period to deny loss or to explore options for structural reorganization.

Over time, an adaptable family system will begin to be able to tolerate information about loss so that reorganization processes can begin. Ideally, this means that through a

cognitive and interpersonal restructuring of the meaning of the event of loss, the boundaries of the system are once again clarified and can be maintained.

3. If a high degree of family boundary ambiguity persists over time, the family system will become highly stressed and subsequently dysfunctional.

Holding a system in an ambiguously bounded state blocks cognition as well as the emotional and behavioral responses that begin the family restructuring processes. For example, families with a chronically ill member may, because of the persistence of the stressor, either deny the person's illness or deny the ill person's presence in the system. This can happen even while the sick person is physically present in the home (Gonzalez and Reiss, 1981).

Chronic illnesses which are in themselves ambiguous in their progress and treatment (such as Alzheimer's disease) are more likely to result in a high degree of family boundary ambiguity than illnesses which are more predictable and treatable. In the former situation, the family knows the ill member is going to die, but they don't know when. In the case of illnesses which are in remission, they are never quite sure whether the person is dying (leaving the family) or not.

When a family cannot or does not know with any certainty what is happening regarding family membership, they are likely to experience high levels of boundary ambiguity. If these circumstances persist, stress can remain extremely high and the system is likely to become dysfunctional.

4. Families with varying belief systems (e.g., Mastery vs. Fatalism) will differ in how they perceive their family boundaries, even after

similar events of loss or separation.

Because family belief systems and value orientations will influence how individuals and families perceive stressor events and how they manage and solve problems, the levels of stress stimulated by a particular stressor event will vary across religions, cultures and subcultures. (For details see pages 95–107 in Boss, 1988; and Boss, Caron, Horbal, and Mortimer, 1990).

5. The length of time a family will be able to tolerate a high degree of boundary ambiguity will be influenced by the family's value orientation (e.g., Mastery vs. Fatalism).

Family stress cannot be understood without taking into account the family's value

orientation. For example, in a context of fatalism, where events of loss such as death may be passively accepted as simply the way of life, boundary ambiguity may be too quickly resolved. For a full discussion of potential differences resulting from varying value orientations, see Boss, 1987b and 1988.

6. The family's perception (definition) of an event will be influenced by the larger community context.

The family's community or cultural context will influence how readily the system can accept information about an event of loss or change, and the meaning that is given to such an event. Researchers and therapists, realizing that families are not isolated systems, should seek to understand families as part of larger systems which both influence them and are influenced by them. (See Boss, 1987ab, 1988; Moos and Moos, 1981; Reiss, 1981; Reiss and Oliveri, 1983).