



9-17-2017

The Experience of Parents of Early-Returned Missionaries

Kristine J. Doty-Yells

Utah Valley University, Kris.Doty@uvu.edu

Harmony Packer

Brigham Young University, harmonyp@juno.com

Malisa M. Drake-Brooks

University of Utah, malisa.brooks15@gmail.com

Russell T. Warne

Utah Valley University, rwarne@uvu.edu

Cameron R. John

Utah Valley University, Cameron.John@uvu.edu

Follow this and additional works at: <https://scholarsarchive.byu.edu/irp>

 Part of the [Counseling Commons](#), [Psychology Commons](#), [Religion Commons](#), and the [Social Work Commons](#)

Recommended Citation

Doty-Yells, Kristine J.; Packer, Harmony; Drake-Brooks, Malisa M.; Warne, Russell T.; and John, Cameron R. (2017) "The Experience of Parents of Early-Returned Missionaries," *Issues in Religion and Psychotherapy*: Vol. 38 : No. 1 , Article 10.

Available at: <https://scholarsarchive.byu.edu/irp/vol38/iss1/10>

This Article or Essay is brought to you for free and open access by the All Journals at BYU ScholarsArchive. It has been accepted for inclusion in Issues in Religion and Psychotherapy by an authorized editor of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu.

The Experience of Parents of Early-Returned Missionaries

KRISTINE J. DOTY-YELLS, HARMONY PACKER, MALISA M. DRAKE-BROOKS, RUSSELL T. WARNE, CAMERON R. JOHN

UTAH VALLEY UNIVERSITY

The primary author, Kristine Doty-Yells, PhD, LCSW, is a graduate of Utah Valley University, having received her bachelor degree in behavioral science. She earned a master of social work degree from Brigham Young University and a doctorate in social work from the University of Utah. Kris is a licensed clinical social worker with a specialty in crisis intervention. Her practice experience includes working in the emergency room at Utah Valley Hospital, performing individual and group therapy at a residential treatment center, and performing disaster mental health work with the American Red Cross. Kris served as chair of the Behavioral Science Department at Utah Valley University from 2013 to 2016. She taught in the social work program at UVU until recently, when she moved with her new husband to Texas. She may be contacted at kris.doty@uvu.edu.

Other contributing authors are Russell T. Warne, PhD, Department of Behavioral Science, Utah Valley University; and Cameron R. John, PhD, Department of Behavioral Science, Utah Valley University. The other coauthors were students when the study was carried out. Harmony Packer, BSW, is now at Brigham Young University. Malisa Brooks, BSW, is now at the University of Utah.

The authors wish to thank Jeremiah Smith, Lacy Bentley, and Ty Palmer for their assistance on the project. The research was funded in part through an Undergraduate Research Scholarly and Creative Activities Grant (URSCA) from Utah Valley University.

ABSTRACT

This paper shares the results of a mixed methods study designed to understand the lived experiences of parents of early-returned LDS missionaries. Researchers conducted two focus groups of parents ($n = 7$) and developed and administered a survey ($n = 199$). The study considered the phenomenon through the theoretical lenses of Kübler-Ross's model of grief and Boss's model of ambiguous loss. The results suggested that parents struggle with the early-return process, the lack of communication with mission presidents, a perceived lack of support from some church leaders and ward members, and personal adjustment to their child's early return. Clinical implications include suggestions for improved parental adjustment and seven assumptions regarding ambiguous loss.

The Church of Jesus Christ of Latter-day Saints declares four purposes for helping their members achieve exaltation. These stated purposes are “helping members live the gospel of Jesus Christ, gathering Israel through missionary work, caring for the poor and needy, and enabling the salvation of the dead by building temples and performing vicarious ordinances” (The Church of Jesus Christ of Latter-day Saints [LDS Church], 2010). Just as children in the LDS Church are socialized to prepare for missionary service from an early age, parents are also taught to prepare their children to serve. In 1998, at the dedication of the new Peru Missionary Training Center, Elder Russell M. Nelson of the Quorum of the Twelve Apostles remarked, “This great building that we will dedicate tonight is a supplement to the home. Every one of our homes is a missionary training center. We will put on the finishing touches here” (The Church of Jesus Christ of Latter-day Saints, 1998). By the time parents send their child on a mission at age 18 or 19, they are often deeply invested, both emotionally and financially, in their child’s missionary experience. When a child returns home early from a mission, his or her parents may experience a sense of grief and loss. The purpose of our study was to examine the experiences of parents of early-returned missionaries (ERMs).

LITERATURE REVIEW

GRIEF AND LOSS

Although there are many theoretical conceptions of grief and loss, we will consider the experiences of parents of ERMs in terms of only two, Kübler-Ross’s five stages of grief (1969) and Boss’s theory of ambiguous loss (2004). In her seminal work *On Death and Dying* (1969), Elisabeth Kübler-Ross proposed five stages of grief: denial, anger, bargaining, depression, and acceptance. The denial stage is characterized by shock, disbelief, and denial of the reality of the loss. In the anger stage, people may feel and express anger or frustration at the unfairness of their loss. The target of their anger may be others, themselves, or God. In the third stage of grief, they attempt to bargain for a restoration of the loss or a return to “normal.” In the depression stage, the reality of the loss has set in, and

sadness, uncertainty, fear, and regret prevail. The acceptance stage is not resignation toward the loss, nor happiness about it, but rather a sense of peace and a readiness to move on. Persons who experience death or any other significant loss may go through each of the five stages, but the stages are not necessarily linear. Because the grief process varies with each individual, a grieving person may bounce back and forth between the stages, experience some stages simultaneously, or skip one or more stages altogether. We anticipated that parents of ERMs experience emotions associated with these stages in relation to their missionary’s early return.

AMBIGUOUS LOSS

Boss’s theory of ambiguous loss (2004) refers to losses that have no clear resolution. Ambiguous loss is defined as a situation where a loved one is physically present but psychologically absent, as in the case of cognitive disability, dementia, or mental illness. Or, alternately, the loved one is psychologically present but physically absent, as in the case of military deployment, incarceration, missing persons, or presumed death without a body. These are “loss[es] combine[d] with ambiguity” (Boss, 2007, p. 108). Unlike death, they typically have no defined end point and no established rituals to provide closure. The ambiguity of the loss is a major stressor for families that can halt the process of grief and make both functioning and closure difficult or impossible (Boss, 2004; Wahlig, 2015). The effects of ambiguous loss include depression, anxiety, conflict, confusion, ambivalence, guilt, and repression or silence around the loss (Boss, 2004).

We propose that parents of missionaries also experience a form of ambiguous loss. When missionaries leave home to enter the mission field, they are physically absent but likely still psychologically present to their parents, similar to the relationship between deployed soldiers and their families (Boss, 2004; Boss, 2007; Huebner, Mancini, Wilcox, Grass, & Grass, 2007). Missionaries who return home early are suddenly and unexpectedly present in the family again but may also be psychologically distant or absent for a variety of reasons, such as if the return was against their wishes, if their hearts are still in the mission field, if they feel out of place at home, or if they are experiencing mental illness. If there is any question about

whether the ERM will or should return to the mission field, the ERM and his or her parents may experience greater ambiguity and uncertainty until that issue is resolved and the future becomes more clear.

FAMILY BOUNDARY AMBIGUITY

Ambiguous loss is closely tied to family boundary ambiguity, defined as “a state in which family members are uncertain in their perception about who is in or out of the family, and who is performing what roles and tasks within the family system” (Boss, Pearce-McCall, & Greenberg 1987, p. 437; Carroll, Olson, & Buckmiller, 2007). Boss (2007, p. 106) explained that the perception of ambiguous loss affects the degree of boundary ambiguity in the family and that “the higher the degree of boundary ambiguity, the more negative the outcomes.” In many examples of ambiguous loss, the loss is sudden and unexpected. Boss, Pearce-McCall, and Greenberg (1987) also applied the concepts of ambiguous loss and family boundary ambiguity to the normative and expected loss of an adolescent leaving home. They explained that “since the adolescent leaving home does not represent a clear-cut and final exit from the family, the potential for boundary ambiguity is high” (Boss et al., 1987, p. 437). LDS parents, however, do send adolescent missionaries out into the mission field expecting a clear-cut, although temporary, exit from the family. They anticipate that their children will return 18 months or two years later as more mature and independent adults, ready to begin the tasks of higher education, deciding on occupations, and establishing families of their own. When instead they return home early under unexpected and less-than-ideal circumstances, and in many cases become dependent upon their parents again for a time, the uncertainty and dysfunction of boundary ambiguity is likely to be present.

GRIEF AND LOSS WITHOUT DEATH

To the authors’ knowledge, there is no previous research on parents of LDS missionaries. Existing literature addressing parents of missionaries consists mostly of LDS Church–produced articles about how to help prepare children for missionary service and how to best support them while they are serving (e.g., Ballard, 2005; Doty, 2007; Scharman, 2004; Wagstaff, 2011). However, research on other parents who expe-

rience grief and loss unrelated to death may inform our study. Parents who experience a sense of grief and loss in relation to their living children include parents of children who are born disabled or who develop a disability, parents of children who develop a mental illness, parents of children who experience a change in gender identity, and parents of adult children whom they perceive are not succeeding (Cichy, Lefkowitz, Davis, & Fingerman, 2013; Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson, Cobham, McDermott, & Murray, 2011, 2013; Wahlig, 2015). Each of these examples also contains elements of ambiguous loss and family boundary ambiguity.

Parents in these circumstances described a range of emotions, such as feelings of shock and denial, confusion and uncertainty, resentment and anger, guilt and blame, sadness and depression, fear and worry, shame and alienation, and frustration and helplessness (Cichy et al., 2013; Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011; Wahlig, 2015). Some parents reported coming to terms with or accepting their child’s situation after a period of time (Fernández-Alcántara et al., 2015; Osborne & Coyle, 2002). However, they mourned the loss of their ideal child, or the child they thought they had, and had to adjust their expectations and their dreams for their child accordingly (Fernández-Alcántara et al., 2015; O’Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011, 2013; Wahlig, 2015). In the case of those parents whose child was ill or disabled, they found it difficult to balance their hopes for the child’s improvement with the reality of the child’s condition (Fernández-Alcántara et al., 2015). Some parents also mourned losses in family and social relationships (Richardson et al., 2011, 2013; Wahlig, 2015), perceived parental success and confidence (Cichy et al., 2013; Richardson et al., 2011), and loss of self in blurred boundaries and care for the child (Richardson et al., 2013). The grief of parents in these circumstances was described as profound, complex, and protracted (Richardson et al., 2011, 2013). We expect parents of ERMs may experience related emotions and challenges.

As we study the experiences of parents of early-returned missionaries, we believe we will find evidence of Kübler-Ross’s five stages of grief (1969) and

Boss's conceptions of ambiguous loss (2004, 2007) and boundary ambiguity (Boss, Pearce-McCall, & Greenberg, 1987; Carroll, Olson, & Buckmiller, 2007).

METHODS

To evaluate the experiences of parents of early-returned missionaries, we employed a mixed methods study, with qualitative and quantitative data collected sequentially. The study was conducted in two phases. The first phase was an exploratory qualitative phenomenological study designed to understand the experiences of parents of children who had returned home early from an LDS mission. Seven parents participated in one of two focus groups. The quantitative phase consisted of a survey instrument developed from key variables identified in the qualitative data. This survey was then administered to a larger sample of ERM parents ($n = 199$).

PHASE 1: QUALITATIVE—FOCUS GROUPS

Each focus group participant had to be a parent of an ERM, willing to be recorded, and willing to be a part of a focus group held on a university campus in the Intermountain West. The purposive sample was collected via snowball sampling through word of mouth and social media, particularly through ERM and ERM-parent online support groups monitored by the principal investigator (PI). The purpose of the focus groups, as shared with the participants, was to understand their experiences, identify variables, and develop an instrument to study a larger sample.

Focus group members were asked a series of open-ended questions in a semi-structured format. The PI and one or two student researchers were present in each focus group, one to ask the questions and the others to take field notes. One focus group lasted two hours and 15 minutes, and the other lasted one hour and 20 minutes.

The researchers digitally recorded each focus group, and a separate student researcher transcribed the proceedings. One student researcher listened to the recording and checked the transcript for accuracy. Each transcript was then assigned to two student researchers and the PI. Both student researchers and

the PI coded each transcript using the open coding method (Creswell, 2014) to find broad themes. The research team then met together to perform axial coding (Strauss & Corbin, 2001) on the transcripts and to formulate the questions for the quantitative survey.

The seven members of the two focus groups were all Caucasian mothers. Five parents had a son come home early. Two parents had a daughter come home early. Four parents had a child return home for mental health reasons, one for physical health reasons, and two for reasons related to personal conduct.

PHASE 2: QUANTITATIVE—SURVEY

Five themes emerged from the focus groups: (a) reasons for the early return and whether missionaries' needs were met, (b) communication issues, (c) the process of the early return and parental reactions, (d) parents' adjustment and healing, and (e) reactions from others. From these themes, the research team created a 42-item survey and administered it through Qualtrics online survey software. A purposive convenience sample was again recruited via word of mouth and social media, especially from ERM and ERM-parent online support groups. Data were collected for one month, from September 8, 2015, to October 8, 2015. The sample consisted of self-identified parents of ERMs. It was not limited by geographic location, church activity, ethnicity, or any other variables. The data were exported from the Qualtrics survey software and analyzed using SPSS statistical software.

The survey sample ($n = 199$) was 84% female and 16% male. Ninety-seven percent were Caucasian, 1.5% were Hispanic/Latino, 0.5% were Pacific Islander, and 1% were "Other." Nearly all (98.5%) of the ERM parents reported attending church often or almost always. Eighty percent were parents of male ERMs, and 20% were parents of female ERMs. Over half of the parents reported that their missionary returned home within six months of his or her departure, and over 75% reported that their missionary returned home within one year. Survey responses came from all over the United States and from some foreign countries, including Ireland, Estonia, and Australia. Utah and other western states were heavily represented.

RESULTS

The themes that emerged from the qualitative phase were clarified in the quantitative phase. The results reported here are from the quantitative survey.

MAIN REASON FOR EARLY RETURN AND PERCEPTION OF NEEDS MET

More than 70% of ERMs returned home early for health reasons, as reported by their parents, with mental health issues being more than twice as frequent as physical health problems or injuries (48.8%–23.4%). Almost 18% of parents reported that their missionary had a history of mental illness or emotional health problems prior to entering the field, and just under 13% reported that their missionary had a history of physical health problems or injury prior to entering the field. The popular perception that ERMs “did something wrong” to get sent home is belied by the fact that only 20% of ERMs came home for reasons related to personal conduct. Unresolved transgression accounted for 14%, breaking mission rules for 5%, and loss of testimony/faith for 1.5%. Almost 6% of parents reported “other” as the main reason, and 2% indicated they did not know why their missionary returned home early. These statistics are fairly consistent with Doty and colleagues’ (2015) findings in their previous study of ERMs, although mental health reasons accounted for only 36% of early returns in that study. Only half of the parents in the present study were satisfied with the amount of information they received about the reasons for their missionary’s early return. This was the first of several issues related to communication that appeared in the data.

When asked how they felt their missionary’s needs were met in the field, about three-fourths of parents were satisfied that their missionary’s spiritual and

physical needs were taken care of. Half of the parents were satisfied that their missionary’s mental and emotional needs were met. Only 47% of parents were satisfied with the efforts made to keep their missionary in the field.

COMMUNICATION ISSUES

Sixty-five percent of parents of ERMs had no extra communication with their missionary in the field, beyond the typical letter or email each week and the phone calls allowed on Christmas and Mother’s Day. Forty-five percent of parents were dissatisfied with the amount of communication with their missionary regarding the circumstances of the early return, and just over half felt that more communication would have helped them understand and adjust to the early return.

Forty-five percent of ERM parents had no communication with the mission president before their missionary was sent home. Almost 55% were dissatisfied with this amount of communication, and the satisfaction level was significantly correlated with the amount of communication—so the less communication, the greater the dissatisfaction (Pearson’s $r = .464, p < .001$). Almost 65% of the parents believed that more communication with the mission president would have helped them adjust to the early return. Analysis of variance indicated that parents who experienced greater amounts of communication with the mission president had less difficulty with their adjustment to the early return ($p = .023, \eta^2 = 0.05$) (see Figure 1).

Almost 50% of parents had no communication with health care or mental health care professionals who treated their missionary in the field. More than three-fourths of parents were dissatisfied with this amount of communication, and again, the satisfaction

Communication	No communication	Dissatisfied with amount of communication	Parents believed more communication would have helped them adjust
With missionary	65.3%	45%	52.8%
With mission president	45.5%	54.6%	64.6%
With health care or mental health care professional	49.7%	77.2%	73.6%

FIGURE 1. AMOUNT AND SATISFACTION OF COMMUNICATION PARENTS EXPERIENCED.

level was significantly correlated with the amount of communication—the less communication, the greater the dissatisfaction (Pearson’s $r = .479, p < .001$). Almost three-fourths of the parents believed that more communication with health and mental health care professionals would have helped them adjust to their missionary’s early return.

PERCEPTIONS OF THE EARLY-RETURN PROCESS

Communication problems were again evident when parents were asked about the process of their missionary’s early return. There is no prescribed way for communicating a missionary’s early release, so some parents found out from their missionary (34%), some from the mission president (31.4%), some from their stake president (24.1%), some from their bishop (3.7%), and some parents reported finding out about their missionary’s early return from another source (6.8%). We do not know exactly what those other sources are, but one mother whom the authors are aware of found out that her son was returning early from his girlfriend. Forty-four percent of parents were dissatisfied with the way they were notified that their missionary would be returning home early.

Seventy-two percent of parents had no say in the early-return decision. Sixty-five percent had two days or less to prepare for the early return. Forty-five percent were dissatisfied with the amount of notice they received. Almost 30% were unsure how to welcome their missionary home. The vast majority (91.9%) of parents indicated they were surprised by their missionary’s early return. Despite the dissatisfaction with the communication and process of the early return, almost 60% of ERM parents agreed with the decision to send their missionary home early.

PARENTAL EMOTIONS, ADJUSTMENT, AND SUPPORT

The most common emotions that parents reported feeling in relation to their missionary’s early return were sadness (80.9%), disappointment (63.3%), and confusion (59.3%). Some parents also felt anger (42.7%), guilt (41.7%), embarrassment (32.7%), and shame (21.1%). But not all feelings experienced by ERMs’ parents were negative: 28% of parents also reported feelings of relief, and 16.6% reported feelings of happiness.

Almost three-fourths of ERM parents reported a difficult adjustment to their missionary’s early return, regardless of the reason for it. When asked about support they received, most parents felt supported by family, Church leaders, ward members, and others. However, among the sample of parents of ERMs, bishops, stake presidents, and ward members were perceived to be disproportionately unsupportive compared to other sources of support (see Figure 2).

ERM parents indicated that several things helped them cope, adjust, or heal after their missionary’s early return. Eighty-eight percent of parents reported that prayer was helpful; time to heal (82.3%), scripture study (80.6%), temple worship (78.3%), forgiving or letting go (73.7%), and receiving priesthood blessings (53%) also helped parents in their adjustment. Additionally reported as helpful, but less so, were counseling with Church leaders (36.6%), social media groups (28.8%), mental health counseling (21.3%), and support groups (21.1%).

DISCUSSION

Each major theme from the qualitative portion and corresponding results from the quantitative portion will be discussed in terms of grief and loss,

Sources of support	Bishop	Stake president	Ward members	Friends	Family members	Extended family	Other parents of ERMs	Social media groups	Support groups
Supportive	78%	74%	72.3%	87.3%	92.6%	84%	49.5%	34.3%	20%
Unsupportive	20.4%	25.6%	26%	11.7%	5.8%	11.7%	10.1%	8%	3.7%
Not applicable	1.6%	0.5%	1.6%	1.1%	1.6%	4.3%	40.4%	57.8%	76.2%

FIGURE 2. PERCEPTIONS OF AMOUNT OF SUPPORT PARENTS RECEIVED.

with examples illustrated by quotes from the focus group participants. All names have been replaced with pseudonyms.

MAIN REASON FOR EARLY RETURN AND PERCEPTION OF NEEDS MET

As with earlier studies (Doty et al., 2015; Drake & Drake, 2014), our results showed that the majority of ERMs come home for health reasons, and most of those are for mental health reasons. It is not surprising then, that half of ERM parents felt that their missionary's mental and emotional needs were not met in the mission field and that more than half were dissatisfied with the efforts to keep their missionary in the field. This can be particularly frustrating if there were no signs of mental health problems prior to departure. If parents perceive that their child's needs are not being met, and that contributes to or fails to help resolve health or mental health problems, then the resulting early return may compound the feelings of frustration in the parents.

Likewise, parents may perceive that they are failing in their roles if their missionary returns home early for personal conduct reasons. LDS males are taught that every able and worthy young man should serve a mission (Kimball, 1974; Monson, 2010). The cultural stigma attached to young men who fail to fulfill that duty due to their own choices or mistakes is particularly harsh (Doty et al., 2015). Parents of these ERMs may feel that they have failed in their responsibility to properly prepare their children to meet ecclesiastical and cultural expectations. Their grief and loss may be a function of their feelings of embarrassment and inadequacy.

COMMUNICATION ISSUES

Communication issues were prominent in both the qualitative and quantitative portions of our study. Parents were dissatisfied with the amount of communication they had with their missionary, with the mission president, and with health and mental health care providers, as illustrated by the following quotes from focus group participants:

They were really out of touch as to what was going on with [our daughter]. I would say, "Well, how is she doing?" "Well, we don't really know, because we don't talk to her very often, and we've

got all these other missionaries to deal with." So I think there was one phone call before she came home [from her mission] the second time.

—Elizabeth

We had no phone calls. The only call we had was the Christmas phone call, but that was it. Nothing, no extra communication as far as emails or anything like that. . . . With the mission president being so far away, he didn't know. I actually contacted the mission president a couple of times because the emails were kind of vague on stuff. [We were] like, "Do you know what's going on?" But he was two hours away from where our son was, and he was like, "First I've heard about it!" [and] "I don't know" kind of stuff.

—Claire

The amount of extra communication with missionaries and the level of dissatisfaction with that amount may have been relatively low because parents and missionaries did not expect or want to be exceptions to the normal rules of communication. And parents' ability to communicate with doctors or therapists, in the United States at least, is affected by HIPAA privacy laws that prevent professionals from sharing health information of patients over age 18 without express permission from the patient. We suspect that most 18- to 21-year-olds would not be familiar with these laws, however, and would not know to ask to have information released to their parents. The chances of anyone educating them about the laws would likely be slim as well.

About half of the ERM parents were unhappy with the amount of information they were given about reasons for their missionary's early return, how they were notified of the early return, and how much notice they were given. Yet, most felt that more communication would have helped them adjust to the early return. One mother in the focus groups, Maria, said, "We never heard from the mission president, ever, ever, never. . . . We only had contact because I had called [the mission president's wife]." Another mother, Elizabeth, reported:

We had no idea [our daughter] was coming home. . . . We got a call from our stake president, and he said, "Have you talked to her mission president?" And we said, "No." And he goes, "Well, be expecting a call." This was on Sunday, so we were expecting a call Monday, and we didn't hear anything. Wednesday came, it was noon . . . and we get a phone call from the stake

president, and he said, "Okay, so you've got all of her information, right?" And we're like, "What are you talking about?" And he said, "Oh my gosh! She is going to be at the airport at 2:00!" And we're like, "Are you serious? What the heck's going on?" He's like, "Yeah, Thursday at 2:00!"

ERM parents' frustration with communication is consistent with the emotions of other parents who have experienced ambiguous loss. For parents of children with disabilities or mental illness, the ambiguity and the lack of clear and timely information about their child's situation and diagnosis contributed to feelings of worry, anxiety, uncertainty, confusion, and powerlessness (Fernández-Alcántara et al., 2015; O'Brien, 2007; Osborne & Coyle, 2002; Richardson et al., 2011, 2013).

PERCEPTIONS OF THE EARLY-RETURN PROCESS

In addition to communication issues, ERM parents struggled with the process of the early return. Although close to 60% ultimately felt that their child's early return was appropriate, more than 90% were surprised by it, almost three-quarters had no input in the decision, and more than half felt that more efforts should have been made to keep their child in the field. With no standard procedures for an early return, every missionary's and every family's experience is different. Unlike a typical return from a full-term mission, there are no set rituals to mark the end of service. If there is any question about whether the missionary's service is over, or whether he or she will return to the field, the family ambiguity and uncertainty is even greater. Many parents wonder how best to welcome their ERM home. Should they bring balloons and banners to the airport? Should they throw a big party or celebrate quietly with immediate family? These decisions and others can be difficult for parents who love their children but are unsure how to react to the unexpected circumstances. LaRita described her feelings this way:

I really didn't know what to do. . . . Do I prepare as if she is coming home for good? Do I prepare as though she is coming home temporarily? Do I do a little celebration thing? Do we just kind of go business as usual? I didn't really know. So I finally decided I'm doing like a small little get-together because I didn't want her to feel like she was a failure, because it wasn't her fault.

PARENTAL EMOTIONS AND SUPPORT

ERM parents expressed difficulty adjusting to the early return and described emotions consistent with grief and loss. The sadness, disappointment, confusion, anger, guilt, embarrassment, and shame reflected both Kübler-Ross's (1969) stages of grief and emotions typical in Boss's conception of ambiguous loss (1987, 2004, 2007). Julie described her anger this way:

We were angry that we weren't notified [or] even talked to. . . . "Hey, this is what's going on; this is why we're sending [your son] home. He has been having these problems. We've tried to take care of [them] this way, this way, and this way." We got nothing! There was no communication at all. So my husband . . . called the mission home, talked to the secretary. The secretary said, "Well, I will have [the mission president] call you back." We didn't get a call back. We emailed him, we got nothing. No correspondence with the mission president. So we were very disappointed. . . . The lack of communication was astounding.

Some parents did experience relief and happiness in association with their child's early return. In addition to the joy of being reunited with their child again, perhaps they felt they could provide better care and meet the child's needs better than had been done in the field. Sandra described her emotions about her son's early return this way:

So he called us and told us he was coming home, and that was when I just had this wonderful . . . feeling of "let him come home; just let him come home." And from there, we never felt the shame. . . . It wasn't awful; it wasn't bad. It was hard, but coming to understand yourself should be. My initial thought was, "Oh no, how are we going to deal with this? This is not a good thing!" The culture . . . says this is wrong. Coming home early is wrong. We need to do better for parents. We need to get them better information.

ERM parents reported support from many sources, including family, Church leaders, friends, and others. Of interest though, was the data that indicated that stake presidents, bishops, and ward members were the least helpful—in fact, compared to other sources of support, only half as many parents rated them as helpful. We can only surmise that either the cultural stigma of not completing a mission is again at play in these situations or that priesthood leaders simply are not sure what to do either. Two focus group

participants described their experiences with support this way:

Oh, our ward knew. One good friend of mine, when I called to tell her he was coming home—we decided we would just slowly let the word out, and we just said it was for medical reasons—[my friend's] first response was, "Oh, he couldn't handle it."

—Maria

Ours was kind of two-sided. The first time everybody was really understanding and like, "Oh, that's cool," and did everything they could to support her in the ward and stuff. And the second time [she returned early] she was pretty much ignored. She felt pretty unloved. She felt pretty unwelcome.

—LaRita

PARENTAL UNDERSTANDING AND HEALING

When we asked parents in the focus groups how they healed or moved past their child's early return, they all immediately discussed their missionary's healing. We had to redirect them to share their own journey toward resolution. Some realized and admitted their healing was directly correlated with their missionary's ability to move forward. When they saw their ERM make progress, they knew everything would work out.

I think as far as my healing goes, as she became better, I started feeling better. As she started making decisions and going forward with her life, I started feeling like, "She's doing okay, she's all right." Because like I say, there is nothing you can do. As much as we want to, as momma bears, we want to [fix things], but there is nothing we can do.

—LaRita

It makes me feel better knowing that she doesn't have any regrets about it. It was a learning experience for everyone. She learned from it; I'm sure [the mission president] learned from it; we definitely learned from it. . . . Just getting back to a sense of normal is a huge step in the recovery process.

—Danielle

Social support was key for many of the parents. Some of them had friends who had experienced a child's early return. Others found support through email and social media groups that foster a sense of community for those dealing with this shared experience.

The ward that I raised my son in, and that we had moved from, they invited me to come every month for a missionary mom get-together, and when I heard that he was coming home I felt really strongly to just send a quick email out to them saying that he is coming home. I had one mother that responded immediately who had an early-returned missionary that had returned and gone back out. She said, "You get balloons, you get posters, you do whatever you need to do, and you get as many people as you can to go. This may be the only time he comes home." And so she helped with that on an immediate basis.

—Leticia

I think that the [early-returned missionary mom] email group helped me a lot, because everybody has different insight, and they would share, "I read this scripture, and this is what I felt when I read it." And I would read it and think, "That helps me feel better too." And they would share their stories and that would help me to understand what I was feeling. That email group really helped me because it was someone to talk to where nobody judged each other because we were all going through the same thing.

—Julie

ERM parents reported that individual methods of coping with the early return were the most helpful. Personal interventions, such as prayer, scripture study, temple worship, and forgiving or letting go, were the most effective strategies for the parents.

As I prayed, I felt this [gentle chastening]: God hasn't made this a negative for him. But if you don't let it go, you will hurt him. So I prayed. For a couple days that's all that was going through my head. I just prayed to let it go and forgive the mission president. And once it happened, it was awesome! But you know, I had to pray for it. I had to come to understand. . . . I had to see it through different eyes. . . . I think it's a combination of both [letting go and forgiving]. . . . I just decided I had to change the natural woman.

—Naomi

I spent a lot of time on my knees praying, and that's when I just felt strongly that he had great potential and that even though he didn't finish his mission he could still achieve that potential. But I think what I learned as I prayed for help is that the Lord kind of directed it back at me because I kept saying, "What can I do to help him and make him better?" And the Lord told me, *You need to live*

the gospel the way that you should. Quit worrying about what you need to do to make him change. You just do what you need to do. Go to the temple. I went to the temple a lot and put [my son's] name on the prayer roll, and that's what worked for me.

—Sandra

Many parents reflected on the lessons they learned and how those lessons would shape the way they see missions and early returns in the future.

My second son is going to be leaving on a mission next week, and talking about it, his choice to serve a mission . . . it has changed my whole perspective. At the beginning of the school year he said, "I don't know if I'll serve a mission." And I thought, "Great, just figure it out for yourself and be honest with yourself." And so it has very much changed the way that I look at it.

—Sandra

It wasn't until I was actually listening to a conversation between my son and some other early-returned missionaries that I really saw a very different side of what they're going through. It wasn't until I was able to listen to those three early-returned missionaries about what they were feeling that I really even had a little bit of an understanding of how to parent better in that situation.

—Leticia

Before any of this happened to my son, if I saw someone come home early I would think, "Okay, why are they home? What did they do?" And I learned that it's none of my business; I just need to love that individual.

—Naomi

It appears that once the parents were able to resolve their feelings spiritually, they were able to find peace and move on, just like their missionary. But just as the experience of grief and loss is a unique journey for each person, the process of spiritual growth and healing appears to be a unique journey as well. These lessons take time and effort on their part, but all of the parents in the focus groups expressed gratitude for what they learned.

LIMITATIONS

Our study was limited by the convenience nature of our sample and by the small sample size ($n = 199$). The perspectives of fathers of ERMs were not well represented in our sample, as most of the respondents were mothers. And our sample was heavily weighted

toward respondents from Utah and other states in the Intermountain West. This could be a geographically limiting factor; however, it is likely representative of the locations from which the larger population of ERMs, and LDS missionaries in general, are drawn.

CONCLUSION

DIRECTIONS FOR FUTURE RESEARCH

Due to the relative lack of fathers who participated in this study, future research should compare the experiences of grief and loss and differences in adjustment between fathers and mothers of ERMs. We also believe it would be beneficial to explore and try to understand the experiences of mission presidents surrounding early returns.

SUGGESTIONS FOR IMPROVED PARENT ADJUSTMENT

To improve the experiences of parents of ERMs, we recommend strengthening the lines of communication between mission presidents and parents when missionaries struggle with issues that may necessitate an early return. Accurate and timely information may reduce parents' sense of grief and loss. Additional parent communication with missionaries, and with health and mental health care providers, when feasible, may also empower parents and smooth their adjustment.

We also encourage formalizing the process of the early return, including, when and how parents are notified, how local leaders handle the early return, and how ERMs can participate in end-of-mission rituals such as reporting to the high council and speaking in sacrament meeting, if appropriate. While a child's early return may still be unexpected, standardizing the process and instituting rituals reduce ambiguity and may shorten or soften the experience of grief and loss.

We also call for a paradigm shift toward early returns, including training for ecclesiastical leaders and congregations, to reduce stigma and increase support for ERMs and their parents. Although individual coping methods were most helpful to the parents in our study, cultural support and nonjudgmental support from local LDS congregations could be improved to assist with the grief and loss associated with an early return.

CLINICAL IMPLICATIONS

For clinicians working with ERM parents and families, Boss (2007) and Wahlig (2015) expound upon seven key assumptions about ambiguous loss that may be useful. First, because families exist both physically and psychologically, the presence or absence of the missionary may influence parents' experience of grief and loss. Clinicians can help by explaining ambiguous loss, which can help parents contextualize and understand their feelings of confusion and powerlessness. Normalizing feelings in this situation may help reduce embarrassment and shame.

Second, the more boundary ambiguity that has occurred in connection to the loss, the greater stress the parents will experience. ERM parents may struggle with a clear direction or resolution to their child's mission experience. Clinicians can assist ERM families to recognize and accept the ambiguity of their situation, and this may lessen grief and loss.

Third, cultural beliefs, attitudes, and values affect parents' perception of and ability to deal with ambiguity. The more rigid the beliefs about what missionary service should look like, the less tolerance there is for ambiguity; thus, the expectations surrounding missionary service in LDS culture certainly affect the experiences of parents of ERMs. Bishops and clinicians can help parents explore the rigidity of their beliefs and how they align with the teachings of the Savior and His atoning sacrifice.

Fourth, in unclear or ambiguous loss, questions are many and answers are few. Boss (2007, p. 106) says that in these situations the truth is unknowable, so "the goal is to find meaning in the situation despite the absence of information and persisting ambiguity." Parents of ERMs may benefit from not asking, "Why?" but rather asking, "What can we learn from this?"

Fifth, "ambiguous loss is relational; the 'problem' exists in the external contexts, not within individual people" (Wahlig, 2015, p. 318). In other words, if missions were defined differently—if a five-month mission or a twelve-month mission were culturally acceptable, for example—parents might not experience grief or loss when their child returns home early, because it would not be perceived as early. Elder Jeffrey R. Holland (2016) counseled early-returned missionaries to celebrate their service, no matter its length:

So I say, commendation to you, and the love of the Lord to you, and the blessings of the Church to you, for trying to go, for wanting to go, and for the fact that you successfully served for four months. It obviously wasn't the full term, but it was missionary service. It was honest. You were loyally participating and testifying, and I want you to take credit for that. I want you to take the appropriate dignity that you deserve from that, and to know that the Lord loves you and the church loves you for serving. . . . I want you to be proud—appropriately proud. I want you to take the dignity and the strength and the faith that came from your four months and cherish that forever. I don't want you to apologize for coming home. When someone asks you if you served a mission, you say, "Yes." You do not need to follow that up with, "But it was only four months." Just forget that part and say yes, you served a mission, and be proud of the time that you spent Please just consider yourself a returned missionary, who served and was faithful, and will continue to serve, and you'll continue to be a great Latter-day Saint.

Sixth, families are resilient and can learn to thrive even in the face of ambiguity. Despite their losses and the unexpected event of the early return, parents can focus on their ERM's strengths and potential. An early return need not be traumatic or embarrassing if parents focus on helping their ERM find a new and fulfilling path, regardless of the reason for the early return.

And seventh, although ambiguous loss is difficult to measure, it can be perceived, and it is important that it be recognized and validated in those who are experiencing it. Therapists, Church leaders, family members, and friends can assist ERM parents in understanding and processing their losses.

While ERMs wrestle with the challenge of an early return, parents are also impacted. They struggle with grief and loss of the experiences and growth their child will not gain from missionary service. Because they get limited information from mission leaders and treatment providers, parents struggle to make sense of their missionary's early return and to know what they can do to help their missionary move forward. Clinicians can help parents adjust to the changes and work through their own emotions as well as encourage family members, ward members, and others to demonstrate compassion and withhold judgment.

REFERENCES

- Ballard, M. R. (2005, May). One more. *Ensign*. Retrieved from <https://www.lds.org/ensign/2005/05/one-more?lang=eng>
- Boss, P. (2004). Ambiguous loss research, theory, and practice: Reflections after 9/11. *Journal of Marriage and Family*, 66(3), 551–566.
- Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations*, 56(2), 105–111.
- Boss, P., Pearce-McCall, D., & Greenberg, J. (1987). Normative loss in mid-life families: Rural, urban, and gender differences. *Family Relations*, 36(4), 437–443.
- Carroll, J. S., Olson, C. D., & Buckmiller, N. (2007). Family boundary ambiguity: A 30-year review of theory, research, and measurement. *Family Relations*, 56(2), 210–230.
- The Church of Jesus Christ of Latter-day Saints. (1998, December). News of the church. *Ensign*. Retrieved from <https://www.lds.org/ensign/1998/12/news-of-the-church?lang=eng>
- The Church of Jesus Christ of Latter-day Saints. (2010). The purpose of the church. In *Handbook 2: Administering the church* (2.2). Retrieved from <https://www.lds.org/handbook/handbook-2-administering-the-church/priesthood-principles?lang=eng#22>
- Cichy, K. E., Lefkowitz, E. S., Davis, E. M., & Fingerman, K. L. (2013). “You are such a disappointment!”: Negative emotions and parents’ perceptions of adult children’s lack of success. *Journals of Gerontology Series B: Psychological Sciences & Social Sciences*, 68(6), 893–901.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches*, 4th ed. Thousand Oaks, CA: Sage.
- Doty, D. B. (2007, March). Missionary health preparation. *Ensign*. Retrieved from <https://www.lds.org/ensign/2007/03/missionary-health-preparation?lang=eng>
- Doty, K. J., Bullock, S. Z., Packer, H., Warne, R. T., Westwood, J., Ash, T., & Hirsche, H. (2015). Return with trauma: Understanding the experiences of early returned missionaries. *Issues in Religion and Psychotherapy*, 37(1), 33–46.
- Drake, T. S., & Drake, M. L. (2014). *Emotional factors affecting the physical diagnosis in the early release of young missionaries* (unpublished conference presentation). Proceedings from 2014 Association of Mormon Counselors and Psychotherapists (AMCAP) Convention. Salt Lake City, UT.
- Fernández-Alcántara, M., García-Caro, M. P., Laynez-Rubio, C., Pérez-Marfil, M. N., Martí-García, C., Benítez-Feliponi, Á., . . . Cruz-Quintana, F. (2015). Feelings of loss in parents of children with infantile cerebral palsy. *Disability and Health Journal*, 8(1), 93–101.
- Holland, J. R. (2016, March 7). First Face to Face question. [Video file]. Retrieved from <https://www.facebook.com/lds.jeffrey.r.holland/?fref=ts>
- Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56(2), 112–122.
- Kimball, S. W. (1974, October). When will the world be converted? *Ensign*. Retrieved from <https://www.lds.org/ensign/1974/10/when-the-world-will-be-converted?lang=eng>
- Kübler-Ross, E. (1969). *On death and dying*. New York, NY: McMillan.
- Monson, T. S. (2010, October). As we meet together again. *Ensign*. Retrieved from <https://www.lds.org/general-conference/2010/10/as-we-meet-together-again?lang=eng>
- O’Brien, M. (2007). Ambiguous loss in families of children with autism spectrum disorders. *Family Relations*, 56, 135–146.
- Osborne, J. & Coyle, A. (2002). Can parental responses to adult children with schizophrenia be conceptualized in terms of loss and grief? A case study analysis. *Counselling Psychology Quarterly*, 15(4), 307–323.
- Richardson, M., Cobham, V., McDermott, B., & Murray, J. (2011). Parents’ grief in the context of adult child mental illness: A qualitative review. *Clinical Child and Family Psychology Review*, 14, 28–43. doi:10.1007/s10567-010-0075-y
- Richardson, M., Cobham, V., McDermott, B., & Murray, J. (2013). Youth mental illness and the family: Parents’ loss and grief. *Journal of Child and Family Studies*, 22, 719–736. doi:10.1007/s10826-012-9625-x
- Scharman, S. B. (2004, October). Preparing your future missionary. *Ensign*. Retrieved from <https://www.lds.org/ensign/2004/10/preparing-your-future-missionary?lang=eng>
- Wagstaff, R. K. (2011, March). Preparing emotionally for missionary service. *Ensign*. Retrieved from <https://www.lds.org/ensign/2011/03/preparing-emotionally-for-missionary-service?lang=eng>
- Wahlig, J. L. (2015). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies*, 11, 305–326. doi:10.1080/1550428X.2014.945676