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Ambiguous Loss and Embodied Grief Related to Mexican Migrant Disappearances

Rebecca M. Crocker , Robin C. Reineke, and María Elena Ramos Tovar

ABSTRACT

Since the 1990s, thousands of Latin Americans have died or disappeared along the US-Mexico border, following the funneling of migration through remote desert regions. The families of missing migrants face long-term “ambiguous loss,” a lived experience in which a loved one is physically absent but psychologically present. Mexican relatives of the missing in Arizona and Sonora report that these losses produce deep emotional suffering along a timeline – worrying about the crossing, learning of the disappearance, beginning to search, and finally, coping with the long-term impacts of unknowing. Close relatives experience embodied health effects including headaches, insomnia, anxiety, depression, and chronic disease.

RESUMEN

Desde finales de los 90s, miles de latinoamericanos han muerto y desaparecido en la frontera entre Estados Unidos y México en su intención de migrar a través de la remota región del desierto de Sonora. Las familias de los migrantes desaparecidos enfrentan una “pérdida ambigua” de largo plazo, una condición psicológica en la que una persona está físicamente ausente pero psicológicamente presente. Miembros de familias en Arizona y Sonora reportan que estas pérdidas producen un profundo sufrimiento emocional a lo largo del tiempo – al preocuparse por el cruce, enterarse de la desaparición, buscar del desaparecido(a), y finalmente hacer frente a los impactos de largo plazo de lo incierto. Los familiares experimentan efectos encarnados a su salud, que incluye dolores de cabeza, insomnio, ansiedad, depresión y enfermedades crónicas.

KEYWORDS

Disappearance; ambiguous loss; embodiment; migration; emotion

PALABRAS CLAVES

Desaparición; pérdida ambigua; encarnación; migración; emoción

Where can I send a flower for my son? I have nowhere to leave flowers for him because I don't know if he is dead or alive.

–Irma, study participant

Since the late 1990s, the disappearances and deaths of Latin American migrants along the US-Mexico border have surged in response to the purposeful funneling of migration through the remote and rugged Sonoran Desert region (Cornelius 2001; Nevins 2002). More than 3,100 migrants have perished in Arizona alone, and the initial smattering of dots that mapped recovered bodies now paints the desert borderlands virtually red (Humane Borders 2020). The “death map” offers us the coordinates that prove the desert to be a fatally effective weapon, but the quantification and mapping of fatalities obfuscates the fact that the dominant experience of loss along the border is very likely disappearance rather than proven death. According to the Colibrí Center for Human Rights database, at least 4,000 people have disappeared in southern Arizona since the beginning of the century, and experts predict that the true number is much higher.

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Media teaser: In this article, the authors explore the embodied impacts of migrant disappearance in the US-Mexico borderlands among Mexican family members in Arizona and Sonora.

Although the link between US immigration policy and death along the border is well-documented (Cornelius 2001; Martínez et al. 2014; Rubio-Goldsmith et al. 2006), much less is known about the causes and experiences of disappearance (for exceptions, see De León 2015; Reineke 2016). While disappearance along the US-Mexico border does not occur directly at the hands of state agents as it has in countries throughout Latin America, it is nonetheless a glaring byproduct of US policy that purposefully routes migrants to remote and isolated geographies. Once people go missing, the identification of bodies is hindered by the lack of an official federal humanitarian search and rescue response, the challenges in identifying decomposed or skeletal remains, and the barriers undocumented people face in accessing national forensic databases (Latham and O'Daniel 2018; No More Deaths 2016; Reineke 2019).

In this article, we explore the experiences of those left behind when migrants disappear, for “the disappeared ones are not disappeared to themselves but to their families and communities” (Camirero-Santangelo 2010: 310). Here we focus on Mexican women who have lost brothers, sons, husbands, and fathers crossing the desert. Disappearance in other contexts has been linked to the emotionally complex journey of “ambiguous loss,” a condition in which the status of the person being grieved is more uncertain than in cases of clear death (Boss 1999). Because ambiguous losses defy resolution over long periods of time, the mourners struggle to move through their pain; rather, “grief is frozen, life is put on hold, and people are traumatized” (Boss 2010: 137). Prior studies on ambiguous loss have documented its pernicious psychological effects including Post-Traumatic Stress Disorder (PTSD), depression, traumatic grief, and illness in settings of war, military deployment, and debilitating illness (Campbell and Alice 2000; Powell et al. 2010; Robins 2010).

We employ the theory of embodiment – how the body reflects and absorbs our social place in the world – to examine how ambiguous loss permeates the daily lives and bodies of female family members of disappeared Mexican migrants (Krieger 2005; Peral Rabasa 2017). An embodied approach reveals that families of missing migrants wade unguided and often alone through a deeply complex mourning process that impacts emotional stability, grieving processes, health, and personal relationships (Reineke 2016). An embodied approach foregrounds how structural violence is embodied temporally, as each stage of ambiguous loss produces specific embodied health effects that often build rather than ease with the passage of time. In this article, we draw the lines of time on the body, tracing the intimate bodily experiences of traumatic loss, unknowing, lack of answers, and frustrated searches amongst women whose suffering goes largely unrecognized by the public and the state on both sides of the border.

THEORETICAL BACKGROUND

Anthropologists have long understood funerals to function as critical social rituals that emplace the deceased person firmly in the world of the dead, allowing social groups to restructure roles, agree upon a narrative, and collectively heal (Bloch and Parry 1982; Engelke 2019; Hertz 1960). Funerals are understood to be a social mechanism to symbolically conquer death and establish continuity for the living. Critically, time plays an important role. Early studies of funerals by Van Gennep (1960) and Hertz (1960) emphasized the temporal phases of mourning, collective grief, and rites of passage; more recent scholarship (Bernstein 2019; Lipton 2017) considers the role of time in efforts to order the present in relation to the dead.

For those grieving a disappearance rather than death, traditional rites such as burials or funerals are not possible, distorting the normal sense of passage of time and movement toward healing. According to marriage and family therapist Pauline Boss (1999), disappearance and the extended periods of unknowing that often accompany it give rise to unique emotional challenges and often physical health issues that are distinct from those associated with more standard experiences of death and loss. While ambiguous loss applies to both common life experiences such as divorce and military deployment, and catastrophic or unexpected circumstances such as war and incarceration, these experiences are united by the unique stress entailed in a loss that defies resolution, extending indefinitely in time (Boss 1999).

Those who suffer from ambiguous loss experience a form of distress that is distinct from Post-Traumatic Stress Disorder (PTSD) (Boss 2004; Robins 2010). Like PTSD, ambiguous loss results from psychologically traumatic events. “But with ambiguous loss,” Boss writes, “the trauma (the ambiguity) continues to exist in the present. It is not post anything” (Boss 1999: 24). This frozen or timeless state has both practical and emotional implications. Families of the missing face immense bureaucratic obstacles in recovering the person’s property and financial resources and in changing civil status. In many regions of the world, wives are forbidden to remarry for several years following a husband’s disappearance, rendering them legally and emotionally bound to an uncertain past (Zia 2016).

Feelings of hope can be complicated, simultaneously energizing and paralyzing. Close relatives often preserve and cherish the material traces of their missing loved ones—their room, furniture, clothes or other belongings, working to presentify the absent person (Zia 2016). While this hope pulls the bereaved away from the searing pain of grief, it also prompts torment over the person’s absence, as might be associated with incarceration, abandonment, torture, or amnesia (Becker et al. 1990). Moreover, the feeling of waiting for the person to return can spell confusion about roles and boundaries within the family, prompting survivors to neglect parenting roles, postpone decisions and plans, ignore daily tasks, and cancel rituals and celebrations (Boss 2004).

Societies lack a coherent social response, language, and support mechanisms to help guide the family through disappearance, leaving many people feeling blamed, stigmatized, and alone (Powell et al. 2010). This lack of social support and acknowledgment of disappearance by both the community and the state translates into an unusually large amount of financial, bureaucratic, legal, and emotional labor for families of the disappeared (Blaauw 2002). Searching for the missing and demanding public recognition of disappearance is gendered (Hernández 2002; Iliná 2020; Robins 2010; Stephen 1995), and women carry the disproportionate burden of the less visible emotional labor of caring for other distraught family members and re-negotiating social roles (Quirk and Casco 1994; Robins 2010).

Lack of recognition from one’s community, the labor of searching, and the fear and intimidation often surrounding disappearance can result in severe physiological impacts (Boss 2004; Powell et al. 2010; Quirk and Casco 1994). While many studies of ambiguous loss mention somatic suffering or physical illness, none have explicitly centered embodied responses in the analysis of this uniquely painful experience.

The embodiment of ambiguous loss

Embodiment is sensitive both to physical or visible phenomena and to more hidden disruptions of bodily functioning and well-being that capture emotional experience (Ozawa-De Silva 2002; Peral Rabasa 2017). According to Fuchs (2018), this lens is particularly apt in examining the impacts of traumatic losses, for “acute grief makes it obvious that there is no clear separation between ‘physical’ and ‘psychic pain’, for pain can only be experienced by an embodied subject. Like physical pain, grief is the experience of damage to the self, and it is felt as an injury to the lived body” (46). In unifying the biological, the psychological, and the social, an embodied approach highlights how the structural violence that produces disappearance filters through the bodies of family members left behind (Krieger 2005).

In addition, an embodied lens is sensitive to the imprint of time and temporality, keeping physical record of the duration and rhythm of grief. Even in more standard forms of loss, grief is often not lived in linear sequence but rather splits life into desynchronized divisions of time, one of which remains stagnant (Fuchs 2018). With ambiguous loss, the sufferer’s relationship with time is even more disassociated, for the lack of closure prevents mourners from progressively moving through grief and instead renders it chronic, cyclical, and recurring (Zia 2016). Csordas (2011) maintains that “our ability to move is characterized by agency and intentionality, defined by style; it requires effort and encounters resistance” (147). Family members of the disappeared confront resistance to movement on every level, keeping them suspended indefinitely in a holding pattern

that blocks emotional closure and even defies the shaping of identity. Wives left behind become stuck as the “half-widow” (Zia 2016) and the missing dangle between this world and the next as the “living-dead” (Becker et al. 1990).

The unique stressors of ambiguous loss manifest in a wide array of somatically embodied symptoms of poor health, including anxiety, depression, blocked cognition, and a heightened startle response (Boss 2004). In a psychological study of families of the disappeared in Honduras, Quirk and Casco (1994) found that children exhibited an excess of mood swings, crying fits, bed-wetting, and difficulty concentrating; adult women reported chest pain, chronic headaches, and heart palpitations. Blaauw (2002) described emotional extremes; some sufferers experienced insomnia, obsessive thought patterns, repeated bouts of anger and anxiety; others described pervasive loneliness and emotional numbing. In an ethnographic study in the Kashmir region, Zia (2016) reported recurrent bouts of fainting, high blood pressure, and debilitating depression. And in Guatemala, Green (1999) documented that those left behind during mass disappearances embodied physical symptoms evocative of the violence believed to have been perpetrated against their missing person.

STUDY METHODS

In designing a plan of investigation that was both reflexive of our own positionality in relationship to the families of the disappeared and responsive to their need for answers, we were guided by a feminist research model that “emphasized reducing hierarchy between the interviewer and interviewee, providing information and resources, and creating an emotionally supportive and compassionate setting” (Campbell et al. 2010: 60). A critical aspect of this was working with the Colibrí Center for Human Rights, a service agency with a trusted reputation for advocating for the families and working to identify the missing.

Colibri staff, including the second author who was the founding director of the organization and active in the field for over a decade, provided contextual background to the issues facing families, co-developed the research plan, and reviewed research guides. Tapping the collective knowledge of Colibri’s staff ensured that the research project was crafted with a deep respect for the situated history of adversity facing families of the missing (Tolia-Kelly 2006). By offering the families information about the Colibri Family Network, upcoming DNA collection activities, and contacts for local immigration lawyers, we also addressed participants’ “expectations of reciprocity and engagement” (Castillo 2014: 72).

Our unique positionalities and professional experiences allowed us to employ a reflexive feminist approach. While only one of us is Mexican, we all have extensive experience researching and working amongst Mexican immigrant communities facing diverse experiences of physical and psychological trauma (Crocker 2015; Ramos-Tovar 2009; Reineke 2016). Two of us have suffered the sudden and violent deaths of immediate family members, and one was married to an undocumented immigrant who made several desert crossings. Our own situated and embodied knowledge in turn defined the tone and content of the interviews (Haraway 1988). We opened the interviews with an acknowledgment of women’s painful experiences, took breaks whenever women felt overcome with emotion, and shared pieces of our own stories when relevant.

Here we concur with others who have argued that the researchers’ ability to empathize with participants’ pain both opens a path to deeper sharing and serves as its own source of emotional data (Kawale 2004). Dyvik (2016) holds that “taking embodiment seriously requires an engagement with our own embodiment as scholars of militarization, war, and violence. This means that embodiment should not be reduced to a concept that is assigned or allocated elsewhere, but is one that requires acknowledgment within us” (58). In this light, the embodied health consequences of insomnia and anxiety experienced by the second author as a result of a decade of bearing witness to border disappearances also came to serve as a point of data, one that emerged organically from what Mensch (2009) calls the “entanglements of embodiment.”

Data collection

With a one-year grant period, this study is based on qualitative interviews alone and does not include participant observation or other methods common to deeper ethnographic inquiry. Given that the focus of this project was on the physicality of personal grief, self-reported and first-person accounts of emotional experiences were appropriate to measure embodied responses to suffering (Bondi et al. 2002). Research was conducted in the border states of Arizona and Sonora between January and September of 2019. Phase one consisted of interviews with service providers ($n = 11$) either currently or formerly employed with private humanitarian organizations and public agencies that work directly with families of the missing. Seven of the 11 interviewees were born in Latin America (Mexico, Guatemala, and Argentina); four were US-born. The semi-structured interview guide, written in English and translated into Spanish by a native speaker, included questions about the types of services available to families, the duration of ambiguity, and the primary issues faced by families. While we do not utilize direct quotes, these interviews reinforced our understanding of the issues framing ambiguous loss amongst the study population.

The second phase consisted of interviews with family members of missing migrants ($n = 15$). The semi-structured research guide covered topics including the story of the loved one's disappearance, the family's process of searching, and the emotional, social, and economic impacts of ambiguous loss. Parameters for inclusion in the study included that the disappeared person be of Mexican origin, have disappeared since the year 2000, be known or believed to be crossing the desert when they disappeared, and that the family member be an immediate relative or spouse/domestic partner and live in either Arizona or Sonora. Interviews lasted between 1–2 hours and participants were not offered financial compensation.

Colibri staff compiled a list of 36 family members of missing migrants who expressed interest in participating. Given challenges in scheduling, out of date contact information, and travel distances, a total of 15 people ($n = 15$) were interviewed. The first author, a certified Spanish-English interpreter, conducted the Arizona-based interviews ($n = 9$), while the third author, a native Spanish speaker, conducted the interviews in Sonora ($n = 6$). Fourteen of the 15 interviewees chose to conduct the interview in Spanish. All interviews were audio-recorded and then transcribed in their original language by research assistants in the US and Mexico.

While criteria for inclusion did not include gender preference, all respondents were women searching for male family members, a demographic that reflects the gender breakdown of the majority of cases in Colibri's database, where only 13% of the missing persons cases were female. At time of the interviews, the missing person had been missing for an average of 7.5 years (range 1–14). The women interviewed were related to the missing person in the following ways: daughter ($n = 1$), wife ($n = 2$), sister ($n = 5$), and mother ($n = 7$). Only four women interviewed had visas to cross the US-Mexico border.

Data analysis

The first author conducted research analysis of the transcripts of the 26 interviews (11 with service providers, 15 with family members) in the original language in which they were conducted utilizing MAXQDA qualitative data analysis software. A framework for analysis was created through the development of a code tree based on prominent themes that emerged from the interviews and in discussion with the research team. All names of the disappeared and their family members have been changed in this article to maintain their privacy and safety.

RESEARCH FINDINGS

When women spoke of their emotional pain related to losing husbands, brothers, fathers and sons, their stories took the shape of a timeline that began before the men even set out to cross the border and

then moved through a series of overlapping and fluid stages. These stages – (1) the departure of the person to cross the border; (2) the realization that they had disappeared; (3) the process of searching for the person; and (4) the long-term reality of living with a missing loved one – were generated emically from the way women described their embodied processes of loss. Women’s experiences of emotional pain were both shifting and recurring, novel and cyclical, reflecting the debilitating impact of the disappearances of their loved ones, an erasure that was at once produced and extended by structural violence. At each stage developed below, the family members identified the factors that produced ambiguity and suffering, the lived emotional experience of those factors, and the embodied responses they observed in themselves and those around them.

Stage 1: the departure

The idea of the desert crossing produced ambiguity, fear, and emotional distress even before the crossing was initiated. Many women said they were vehemently opposed to the idea of their loved one crossing the border. In acts of care, sisters, wives, and especially mothers attempted to protect their loved ones by telling them about specific dangers including animal bites and stings, dehydration, heat stroke, and attacks by criminals and border patrol. Mónica, a mother in Sonora whose son disappeared in 2010, remembers: “I told him, ‘don’t go because I don’t know who you will cross with.’ I told him ‘they can just use you as bait, dear God, you better not go.’” In addition, family members recognized the role that crossing the border played in long-term family separations. Another mother in Sonora remembered telling her son: “I told him not to go, that he should wait, that we were happy like that, poor but happy being all together.”

In some cases, the intensity of these anticipatory fears led to intense emotional surges and arguments that complicated women’s relationships with their loved ones’ pre-departure. Susana recalled that when she warned her son about the dangers, he responded: “‘Then I’ll be stuck out there! Who cares? I like to be out in the wilderness.’ And so I got angry, and I told him to go to hell.” In other cases, women resorted to elaborate measures to prevent their loved one from crossing. The wife of a man who disappeared one year ago had threatened to report him to the police if he tried to cross the border. Another woman, Roxana, covered her husband’s ears with a pillow as he slept to prevent him from hearing his friends calling for him at the front door. “Truly I don’t know why I uncovered his ears,” she lamented, “because then they called again ‘Beto!’ and that’s when he woke up. And I said to myself, ‘Ay, no,’ and he said ‘No, Gorda, this time I’m leaving, this time for real.’” In several cases, tensions over the decision of whether or not to migrate led to men making clandestine departures. Carmen’s son did not tell her before he left because: “I would never, ever have permitted that, never in my whole life. Because I know the dangers of the desert.” Clandestine departures both deepened ambiguity post-disappearance since the most basic details of when, where, and with whom the person crossed were unknown, and increased the guilt and anguish experienced by those left behind.

Several women cited physically embodied responses to the knowledge that their loved one was planning to cross the desert. In Tucson, a mother dreamed of her son several days before his disappearance and awoke shaken and frightened. In the dream he was thin, almost emaciated, running frantically and calling out to her for help. In Hermosillo, Roxana said that in the days before her husband crossed, “I had a premonition, I told him that I sensed something bad.” Alma recalled that, after receiving a call from her son to say that he was crossing the border, “I felt something like a really bad pain in my chest, something like a heart attack. And supposedly that is a mother’s premonition when something bad happens to her child. That is something that we have in Mexico, we say that when something is wrong with our child or that something is happening to them, we feel pain in our heart.”

Stage 2: learning about the disappearance

Receiving the news of a loved one’s disappearance was immediately marked by uncertainty and confusion. Most family members learned of the disappearance via a phone call from someone who

was crossing with the missing person and who had very incomplete information. A few days after her brother set out for the US in 2010, Yadira received a call from a family friend who simply told her: “Your brother was really bad. I do not think your brother is alive.” Relatives often got conflicting reports. Perhaps their loved one had terrible blisters and could not walk, was exhausted, dehydrated, or bleeding, had collapsed, stopped breathing, or wandered away from the group.

The lack of clear information about the events leading up to disappearance reflects the complex social landscape and violence of crossing. Some crossing companions were hesitant to share information because they felt guilty about not having done more, perhaps because they were protecting their own lives or avoiding detection by immigration authorities. Coyotes¹ who led men’s crossings usually did not return calls, refused to give information, or provided false stories. Moreover, the grueling physical conditions of the crossing produced exhaustion and confusion over details of the disappearance. Maria recalls that the friend who crossed with her brother was “turned around, he was like lost. They tried to go back and look around but he couldn’t remember where they were, by then the route all looked the same.” For those who left unannounced, crossed with strangers, or alone, family members typically received no information at all. Lorena recalled that when her husband Manuel crossed to reunite with the family in Phoenix a decade ago, “He simply never got here. Days went by and he didn’t arrive . . . And months went by and nothing, nothing, nothing. Years went by and even now, we know nothing.”

Receiving the news of disappearance caused intense emotional responses among relatives of the missing, particularly shock and disbelief. Jasmín explained that when she learned that her father had been left behind in the desert en route to joining her in California: “I was in shock, like ‘how could you not make it? You just stayed out there?’” Marta, just a young teenager when her older brother disappeared while crossing the desert to help support the family, explained: “After that day, it was like it hit me, everything that had happened. And I was up in the middle of the night thinking, and I was thinking that this was not true, that this could not have happened to us.”

These emotions were followed closely by panic, deep anxiety, and fear that threw key bodily rhythms out of alignment. Within a few hours of receiving news of her son’s disappearance, Carmen was overcome by emotion. She recalled breaking down in public: “I made a noise, a really loud noise but it was like the cry of an animal, it was so loud. And they came to help me and they asked me: ‘What is wrong with you?’ And I screamed: ‘Everything! My son is disappeared, and I feel like they killed him!’ I screamed and screamed in that cafe and then I went out into the garden and just cried for hours.” In the initial weeks of panic and confusion, women suffered terrible nightmares and could not sleep, stopped eating, and felt intense pain in many parts of their bodies. Roxana remembered that after learning that her husband was missing, “I started experiencing a lot of panic attacks. I got such strong urges to run, and no, my hands sweat terribly, and I got awful tachycardias. It was so bad from thinking so much.”

Stage 3: searching for the missing

Soon after learning of the disappearance, many women undertook the arduous and often dangerous task of searching, a labor that entailed manifold barriers to information. Most women felt lost in how to effectively search and were often turned away from US law enforcement agencies or given scant information by consular offices. Physically searching in the border region was impossible for most women due to their immigration status, the risks of exposure to smugglers, and the physical challenges of heat, isolation, and exposure. Several women were blocked from searching by threats and extortion after publicizing information on social media; others were warned against reprisals if they reported disappearances to Mexican authorities. At times the act of searching appeared to compound rather than reduce ambiguity, as family members were told competing stories that a person had been detained under a false name or was seen alive in a migrant shelter or wandering in a state of delirium. Families that enlisted the help of humanitarian groups and search and rescue agencies faced limited success, as the remote nature of migrant routes and harshness of

the desert tended to erase all proof of their loved one's existence. Yadira's family had specific information about where her brother had been left, but when they went there, "there are no traces of anything, not even clothes, a shoe. If he had died, there would have to be something after such a short time."

At times, being consumed with the search disrupted daily routines and distracted women from attending to their responsibilities including caring for other family members and staying productive at work. Manuela remembered that "in the beginning it was very hard for me to sit down to eat not knowing if my son had food." In many cases, lack of answers caused extreme frustration. Yadira recalled that one day:

I was cutting up food, whatever it was, just cooking and thinking and crying. And it got to the point that I just lost it. I remember that I got so upset that I went to the cutting board and I struck it over and over again with the knife! I thought I was going crazy that day. I was furious, I was so angry! I reacted like that because I couldn't find an answer, because I lost hope. It was the helplessness of not knowing, of not being able to find him.

Others with no viable means of searching were wracked with guilt and blamed themselves or other family members for not doing more. Irma explained in a shaky voice: "I ask myself, 'What would my son say? You love me so much and you don't even come look for me?'" Jasmin, living alone as a young undocumented woman in California when her father disappeared, asked: "What would I look for? Where would I go? Who would help me? . . . I felt helpless from the beginning because we couldn't do anything. I would have liked in that moment to be a dove or something, to be able to just transport myself there."

The emotional upheaval, often exacerbated by a mounting financial burden related to paying off the missing person's debts and expenses related to the search, sometimes resulted in grave embodied health declines. María suffered from anxiety as she searched for her brother: "I would wake up and think about him, how he was, if he was cold or hot . . . if he had been unable to withstand the cold or if he wouldn't survive the heat and the rains." Others noted health declines, particularly among mothers. Marta believed that guilt and exhaustion from traveling to the border to search for her brother slowly killed her aunt. "I would see her all night crying, all the time, to the point that she got diabetes. She did not take care of herself, she let herself go. It was depression and diabetes, she went blind, her kidneys [failed]."

Yet in some cases, searching produced feelings of empowerment, productivity, and hope. This was especially true when the women found a tangible way to gain information. Ivis, whose brother disappeared in 2012, recalled that when she found the Colibri Center's DNA program several years later: "It was probably the best feeling. I guess in my mind I thought 'Oh my God, this is the way that we are going to find him! Even if we find him deceased.'" She stopped for a moment to cry and then continued, "It's better knowing that, than not knowing anything." Other women mentioned feeling proud that they had learned to navigate new systems, speak English, get a passport, travel to new places, and become empowered as community advocates.

Stage 4: living with long-term ambiguous loss

Years and even decades without information about their loved one's fate caused family members to remain in a state of figurative or literal searching, stuck between hoping for news of life and seeking confirmation of death. Even once the women exhausted all practical avenues of searching, they stayed on constant alert for possible signs of their missing person, always seeking to escape the painful unknowing. Roxana explained: "I will never stop searching for [my husband] . . . Because, how can I explain it? I will struggle my whole life with my kids if I don't find him. And my kids will always suffer with me. That's why I just have to find him." Carmen likewise felt that finding answers was the only path to peace: "When someone gets lost like that it's so painful, it disturbs your soul, your life, your family, your surroundings. You get sick, you wind up in hospitals, you have no peace. It's just looking for your beloved son, day and night."

The ambiguity of women's losses was deepened and made more painful by the violent and exploitative realities of the borderlands that produced multiple conditions for extended disappearance. The knowledge of these possibilities allowed family members to maintain hope that their loved ones may be alive, while torturing them with panic and horror at what the person may have lived through. Ivis asked of her brother: "How can you go on living not knowing where he is? Is he dead somewhere? Is he forced to be doing things he doesn't want to do but he has to? That's just the worst." This ambiguity left family members vulnerable to entertain rumors and assume stories in the news were about their loved one. They reported receiving mysterious calls or hearing from acquaintances that the person was sighted, or visiting natural healers or psychics looking for signs. Mónica, whose son disappeared in 2010, explained: "I get these calls and the sound is distorted. I just hear wind. And when I try to return the call it says: 'the number you dialed does not exist.' And a neighbor asked me 'do you think they cut out his tongue and that is why he does not speak to you?'"

These terrifying thoughts led many women to long for news of their loved one's death, just to end the unknowing. Alma acknowledged: "I think I will be at peace when I'm no longer thinking about where he might be, what they did to him, if he's kidnapped, beat up, if they killed him, if he's out in the desert." Yet the absence of physical proof of death – a body, bones, or other remains – made such certainty beyond reach. María explained: "It really affects us a lot emotionally, that, um, that we don't know about a body, where we can have him, where we can bury him, see? We need that. That is what we need in order to be able to give him peace." While women found great comfort in their personal faith and religion, the absence of a physical body made it challenging to carry out religious death ceremonies such as a wake, burial, or funeral. The lack of proof of death left women and their families confused about how to process their losses. Ivis explained that if they had information about her brother's fate, "I think we would be able to grieve in the correct manner. I mean, I don't even know what we are grieving for now."

This mental state of unknowing is often a stuck place in which the women were unwilling to repaint their homes, move away, or go far from the phone for fear that their loved one would return and not be able to find them. Rosalinda, who has waited for years for her son's return to Sonora, exclaimed: "This house is not for sale, my house is not for sale! [They tell me] 'but the roof will fall in on you, the house will fall down on you!' But still, I will be here waiting for my son." As the years waned, the majority of women described enduring sadness and longing, loneliness, and depression. Susana said that her son's disappearance "is emotionally exhausting. Sometimes I would like to just stay lying in bed and not get up. I've thought about it many times. I ask God to erase these things from my mind so I cannot remember."

Many women suffered from mood swings and irritability, leading them to pull away from friends, social activities, and even family. Yadira said that after her brother disappeared, "I stopped paying attention to my husband, stopped caring for my children. I cried day and night and that was what it was, all the time." Since everyone in the family was suffering, with little mental health support, women often felt isolated in their grief. Marta, a young teenager when her brother disappeared, explained: "If I talked to my grandmother, she started to cry so I tried not to remind her. And it was the same with my aunt. So, I really did not know where to turn." For many women, this isolation was deeply compounded by being unable to cross the border to connect with family members on the other side.

This intense emotional suffering often manifested in physical harm to the body. In a few cases, women engaged in direct or imagined physical self-harm: one woman pulled out her hair; another took a hot knife and burned her son's initials into her arm; one woman worried she might hurt her children; some seriously contemplated suicide. More often, the emotional pain was slowly embodied over time, erupting in malaise and disease. The women connected their losses to ongoing insomnia, headaches, weight gain or loss, digestive issues, and serious chronic diseases such as diabetes, high blood pressure, and heart problems.

Many women were unable to properly manage their health due to their distraction and sadness surrounding the disappearance, which at times compromised their personal and work life. Carmen steadily gained weight and spent more time in the hospital after her son disappeared. "It was all the

stress and anxiety,” she explained. “It got to the point that I had to tell myself that if I didn’t calm down, I was going to die.” She was diagnosed with pre-diabetes and was able to intervene before the disease progressed. Yadira recalled how her mother’s hypertension and diabetes spiraled so far out of control that she had to intervene and explain to the doctor: “My mother follows her treatment plan carefully and she does take care of herself. But it’s impossible because of the stress and anguish . . . It’s out of control because [the source of the problem] is not within her.”

DISCUSSION AND CONCLUSIONS

In highlighting the social experience of disappearance amongst Mexican migrants to the US, we have reinforced several prior findings of ambiguous loss as a uniquely challenging and emotionally complicated experience (Boss 2004; Pizarro and Wittebroodt 2002). Individuals and society lack precedent for how to address this. Mexican women play a central active role in searching for the disappeared, and this adds stressors and dangers to their lives while affording them new arenas for social organizing, expanded mobility, and skills in navigating legal, technological, and other typically male dominated environments (Iliná 2020; Riba 2016; Suero 2018).

We have offered a novel perspective on ambiguous loss by exploring the body’s unconscious embodied way of testifying to painful social circumstances that are unevenly distributed along lines of power, gender, and nationality (Tolia-Kelly 2006). Csordas maintains that power operates as “a kind of coercive energy that surrounds us and in which we are immersed, occupying the interstices of social reality and penetrating the sinews of corporeal being” (2011: 143). The testimonies presented here reveal how disappearance along the border afflicts the bodies of Mexican women who are largely undocumented and poor. This suffering is both linked to and compounded by embodied health declines stemming from lived experiences of deportability, family separation, and social stigmatization (Cartwright 2011; Crocker 2019; Holmes 2013).

An embodied lens evidences the deep corporeal imprint of border policies on the families of the missing. The crisis of death and disappearance along the US-Mexico border can be traced back to the “prevention through deterrence” policy enacted in the mid-1990s which sought to utilize the desert geography as a tool of enforcement (Nevins 2002; Rubio-Goldsmith et al. 2006). The changes in US policy did not reduce Mexicans’ economic need to migrate or their emotional drive to reunite with family and community in the US. Thus, the policy has failed to stem the flow of migrants (Cornelius 2001), and instead had the immediate and long-term impact of producing grave bodily injury, trauma, and death or disappearance for those who attempt the crossing.

The extended temporality of ambiguous loss in the borderlands is evidenced by the women’s anticipatory fear and emotional disruptions pre-migration. This finding reinforces prior work demonstrating that communities in Mexico have generalized fear around abandonment and death through migration, constituting what Caminero-Santangelo (2010) calls “cultural trauma” (Hondagneu-Sotelo 2004; Slack et al. 2018). In addition, the disagreements that preceded migration support prior findings that female family members are often not consulted in such decisions and frequently oppose men’s decision to migrate because of the risk of emotional, sexual, and financial abandonment (Hondagneu-Sotelo 2004; King 2007).

The same structural forces that produce disappearance also extend it through the absence of a coordinated federal response of either country to the loss of Mexican lives along the border. When the women began to search, they faced confusion about the geography of disappearance and the ambiguity about from whom and where to seek help. Border forensic experts have noted that families often struggle due to local police force’s tendency to decline jurisdiction for border cases, which alienates families from forensic systems, technologies, and services (Latham and O’Daniel 2018; Reineke and Anderson 2016). The women we interviewed described intense frustration, guilt, and powerlessness at their inability to find answers or information about loved ones, and this resulted in emotional outbreaks, insomnia, exhaustion, anxiety, and chronic disease. The absence of an official response has refracted back into the lives of women searching for missing loved ones, where it manifests as individual-level guilt, labor, and embodied pain.

This lack of government accountability for migrant disappearances extends women's losses for years and even decades. Family members we spoke with tried to maintain hope that their loved one was still alive, but they were tormented by frightening images of traumatic disappearance (Becker et al. 1990). Given militarization and drug and smuggling related violence in the borderlands, such fates remain tragically within the realm of possibility (Martínez et al. 2017; Slack et al. 2018).

The US government's lack of accountability for the pernicious impacts of disappearance was reflected in the social isolation and lack of access to mental health services cited by study participants. Border disappearances have not received the same public acknowledgment typical of many other mass disappearances, which can serve as a means of "social reparations" that offer victims an opportunity for healing via acceptance of the truth of their testimonies (Becker et al. 1990; Pizarro and Wittebroodt 2002). Members experiencing ambiguous loss experienced at least two layers of structural violence: the disappearance itself; and the refusal of authorities to acknowledge the losses (Boss 2004; Quirk and Casco 1994; Robins 2010). This "lack of reciprocity" between society's official stance and peoples' lived experiences of pain delegitimizes suffering in ways that disproportionately burden and sicken women (Csordas 2011).

As the ambiguity of their losses stretched out over months and years, women expressed a deep yearning for closure. Having physical remains to bury after death during migration has been documented as a sacred and revitalizing element of ritual in Mexico that properly emplaces the dead and enables their souls to support the living (García-Ortega and Celestino-Solís 2015). The corrosive health impacts of ambiguous loss exhibited in this study – depression, social isolation, and chronic diseases including diabetes, high blood pressure, and heart conditions – reflect the known physical toll wrought by cumulative and extended emotional stress (Sapolsky 2004; Sternberg 2009). Here the body acts as testimony to the damage wrought by US border policies.

Note

1. "Coyotes" is a commonly understood term in the US-Mexico border region for hired guides who lead individuals and groups across the border to set locations or pick-up points.

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