

The Impact of Ambiguous Loss and Unresolved Grief on Emotional Adjustment

1. Introduction and Objectives

1.1 Introduction

Welcome back to the National Adoption Competency Mental Health Training for Mental Health Professionals. This module is: The Impact of Loss and Grief Experiences on Children's and Youth's Mental Health.

This lesson is: The Impact of Ambiguous Loss and Unresolved Grief on Emotional Adjustment and Mental Health.

1.2 Section 1: Lesson Objective

The objective for this lesson is to identify and describe principles and key features of grief models and the mental health impacts and behaviors associated with ambiguous loss and unresolved grief.

1.3 Lesson Overview

In this lesson, we will define the different kinds of loss and grief that foster care and adoption or guardianship present; how they manifest developmentally, behaviorally, and in emotional expression; how values, beliefs, and collective experience may affect expressions of loss and grief; and practices that can support the grieving child. We will also begin the conversation about openness and maintaining connections for the child.

2. Loss

2.1 Loss

Let's begin by introducing the concept of loss.

2.2 Different Types of Loss

Loss is an inherent part of life and we all experience multiple losses as we grow up.

Because loss is a common experience, people come to expect, and usually receive, acknowledgment and support in grieving their loss.

But some losses are different; they are less clearly understood and therefore less likely to be recognized and supported by others.

This is the case for those whose lives are touched by foster care, adoption, and guardianship.

2.3 Mental Health Provider's Role

As a mental health provider, it is critical that you embrace conceptually that loss is at the heart of foster care, adoption, and guardianship. Each of these experiences involves at least one significant loss, and for some, there are multiple losses that can, and do, impact the mental health of these children and youth.

Unfortunately, loss associated with adoption and guardianship is often overlooked, or at least minimized, by caregivers because of their focus on what children and youth have gained through placement in their new families - that is, stability, nurturance, safety, and permanence.

In your practice, you may see denial or minimization of loss as the root of many challenges associated with adoption and guardianship. When caregivers recognize that what has been gained by their children through adoption or guardianship is built on a foundation of loss, it will better prepare them to support their children in more empathic and nurturing ways.

2.4 Loss Exercise

Now we would like you to imagine what it is like for a child or adolescent to sustain such profound losses.

You are about to move from your home and you will not be returning. The car is waiting and you have less than 10 minutes to pack 5 singular items or people to take with you. Make a list of the 5 singular things or people you want to take with you by typing each into one of the boxes. Click "Continue" when you are finished.

You have just been told that there isn't room for all of your things and you can only take 2 items or people. Remove 3 items or people from your list by unchecking them. Then, click "Continue."

Click "Next" to move on.

2.5 Loss Exercise Reflection

What are you feeling during this exercise? What did you give up first? What did you initially take with you? When you had to let go of more things, how did you feel? What did you then let go of?

Most people choose to take loved ones. However, for the children and youth you work with, the first thing that is taken away from them are the people in their family. And this is often done without adequate explanation.

What did you learn that would help you to clinically address loss, grief, and separation experienced by children and their families impacted by adoption or guardianship? Type your answer in the box below.

2.6 Loss Exercise Reflection

While this is just an exercise for you, we cannot overemphasize how critical it is to always have this perspective guiding your clinical work, since issues of loss are pervasive within this population and are present throughout their lives.

2.7 Child's Reaction to Loss

To work effectively with children, youth, and their families, clinicians must be attuned to the many losses experienced by these children and youth. It is also important to recognize that every child is unique in the way they understand and cope with their adoption or guardianship experience. For one child, removal from birth parents may be viewed as traumatic; for others, it may be experienced as relief.

Click each image to hear the different reactions of Amy and Daveon, both adopted from foster care during their preschool years.

Amy: "I can still remember when the police came to our house ... they (parents) had been fighting and my neighbor called the police ... they took me and my brother to another home that night ... we were very scared ... I remember screaming and holding the door so they couldn't take me ... I had nightmares for a long time ... I lived in three foster homes before being adopted ... I know my parents have lots of problems ... but I miss them terribly."

Daveon: "I feel guilty saying this but I hated my mom ... she was drunk a lot and didn't take care of us, especially my brother ... I had to feed and change him and help him get to sleep when she left us at night ... I went to foster care when I was six ... and my brother was only about four ... it was the first time I ever really felt safe."

2.8 Loss For the Birth Family

It is important to recognize that the child or youth is not the only one who experiences loss. The birth parent and birth family lose a child, a member of their clan, and a link to their child into the future.

The loss of a child to adoption often feels like a death, but is different in that the child is alive and living a life apart. Most birth parents ruminate about their lost child, especially on birthdays, holidays and other anniversaries.

This loss can lead to social isolation, depression, deep feelings of guilt and shame, relationship problems, and a pattern of secrecy. This experience is exacerbated when the loss is not openly acknowledged by those around the birth parent. It is even more complicated when a family has experienced trauma and unresolved intergenerational grief and loss.

For some communities, including American Indians and Alaska Natives, the losses reach beyond the birth parents and can be extended to the loss associated with clanship, extended family, "like kin," and other community and group relations.

2.9 Loss For the Extended Family

Termination of parental rights, whether voluntary or involuntary, also terminates the rights of loving relatives. Extended family may experience losses that they perceive as unfair or unfounded. They may be passed over or found lacking as a resource, complicating their grief.

Losses in intercountry adoption are often driven by societal, economic, and familial issues. These losses are accentuated by geographic challenges and language barriers, hindering contact and making communication difficult.

2.10 Loss For the Adoptive Family

Even adoptive parents experience loss that must be recognized. Those who are faced with infertility issues lose the ability to have a child that is biologically connected to them - their "dream child" that they might have born, and, along with that, a sense of immortality through procreation.

Adoptive parents who have not experienced infertility, but choose to build their family through adoption, may still experience the loss of the genetic connection with their child, and the similarity of physical, personality, and cognitive traits that derive from that connection.

In the case of an older child adoption, parents experience the loss of the child's early formative years and their ability to more effectively shape the child's development.

And finally, some adoptive parents mourn the loss of the opportunity to have protected their adopted child from early trauma.

2.11 Help Recognize Loss

As a clinician working with families, it is not sufficient to focus only on the loss experienced by children and youth, but rather be inclusive of all those touched by the adoption experience.

By helping adoptive or guardianship parents, birth parents, and extended family recognize the loss they have experienced, how it affects them, and how they cope with it, you will support stronger parent-child ties and a healthier integration of the adoption or guardianship experience.

It is important to remember that unless parents and other family members have appropriately dealt with their own losses, it will make it all the more difficult for them to acknowledge the child's loss and support their grieving.

2.12 Loss Case Study

Think for a moment about the many losses children and youth experience when they move to adoption or guardianship. Consider the following case study of James and Theresa. Click the corner of the page to begin.

James and Theresa were removed from their birth parents at the ages of 18 months and 30 months, respectively, and placed into foster care. Prior to removal, their parents moved from one location to another, often living with friends or in abandoned buildings. The children entered care when a stranger noticed them unattended in an abandoned car, with James crying. The police were called and they were placed in foster care.

Over the next two years, the birth parents were offered reunification services, including drug treatment, mental health counseling, job counseling, and weekly visitation with their children. They failed to complete any of the recommended services and were inconsistent in visiting their children. Eventually, their parental rights were terminated and the case goal was changed to kinship adoption with a maternal aunt. After a year living with the aunt, she asked that the children be removed from her care, finding the responsibilities of being their parent too difficult for her to manage.

In two subsequent non-kinship foster placements one or both children experienced physical abuse by a caregiver or another child living in the home, resulting in removals and placements in a new foster home. Briefly, the siblings were separated from one another before another maternal relative agreed to become their legal guardians. Finally, at the ages of 7 and 8, respectively, James and Theresa entered a permanent placement.

Click "Next" to move forward in the presentation.

2.13 Losses for James and Theresa Reflection

Which of the following losses do you think that James and Theresa experienced? Click the answers you believe are correct then click Submit.

- Parents
- Siblings
- Extended family
- Friends and school mates
- Possessions, familiar environments, foods, way of life
- Former caregivers and supports
- School

- Connection to community of origin or country of origin and native language
- Access to their personal history, including birth and medical information, school records, and records of other milestones
- Birth order
- Genetic connection
- Privacy
- Identity
- Sense of belonging

2.14 Additional Losses for James and Theresa Reflection

Are there other losses not listed that you believe that James and Theresa may have experienced? What are they?

2.15 Additional Losses for James and Theresa Reflection

When you think about the magnitude of losses James and Theresa have experienced in their short lives, it is no wonder they will need specialized support to effectively grieve, mourn, and manage the impact of these losses.

Given the ages of the children at first removal, you will need to carefully assess the developmental impact of these losses and what treatment implications align with their developmental age. If not addressed, the consequences to their mental health can be profound.

2.16 Charlie Case Study

Now, let's consider the case of Charlie. Click the colored boxes on the timeline to hear Charlie's life story and use the arrows to move forward or backward in the timeline.

5 Years Old: When Charlie was five years old, his family fled from a war zone in Somalia. Although he came from a large extended family, many of his relatives had been killed in an attack on his village, which he personally witnessed.

8 Years Old: After three years in a refugee camp with his older sibling and an aunt who was a school teacher, a distant relative who had earlier immigrated to the United States agreed to sponsor Charlie to come to the U.S.

10 Years Old: Two years later, the relative died and Charlie was placed in foster care.

11 Years Old: Within a year, he was placed for adoption with a Caucasian couple, who changed his name.

Image courtesy Sadik Gulec / Shutterstock.com.

2.17 Case Study Comparison Reflection

Can you think of additional losses by Charlie that were not experienced by James and Theresa?

2.18 Case Study Comparison Reflection

You may have thought of these additional losses for Charlie: loss of heritage and country of origin, loss of language, loss of his entire familial network, and loss of name and identity.

This case exemplifies the benefits of integrating a historical overview of the client's placement history in your assessment to accurately identify the losses that children have experienced in their adoption journey. It is astounding to consider the magnitude of losses that young children such as Charlie have experienced prior to entering treatment.

Image courtesy udeyismail / Shutterstock.com.

3. Scope of Adoption-Related Loss

3.1 Scope of Adoption-Related Loss

Let's explore in greater depth the impact of these losses on children and youth.

3.2 Scope of Adoption Related Loss

As we begin to consider these very meaningful losses, it's no wonder that loss and grief work is long-term and difficult and a primary focus in delivering adoption competent therapy.

Click each box to learn more about the specific losses children and youth experience through adoption or guardianship.

3.3 Loss of Parents

Click each number to learn about how losing a parent impacts children in adoption or guardianship.

1. Losing a parent is a profound experience for children, with significant adverse impact, even if a parent's behavior resulted in the child's removal. This loss must be acknowledged, understood, and mourned by the child and honored by caregivers, regardless of the circumstances.
2. Remember, even maltreated children experience a sense of loss when removed from their parents. Furthermore, it is important to recognize that children frequently do not understand why they have been removed from their parents, making the experience all the more confusing and potentially traumatic.

3. For children who were placed in foster or orphanage care as babies, and have no memory of life with their parents, lingering questions about why they were not kept by their birth family can undermine their sense of self and emotional well-being.
4. The complexity and profound nature of parental loss must be in the forefront of the clinician's mind and integrated into the treatment process. The power of parental loss was tragically captured in this poem, written by one teen shortly before attempting to take her own life:
*You are always in my heart.
You are always in my thoughts.
You are always on my mind.
Every day and every time.
Not a day goes by that I don't think of you.
And how my life would be like if I had lived with you.
You are always in my spirit.
You are always in my life.
You are always with me.
And I could not ever forget you.*
(Beneath the Mask: Understanding Adopted Teens)

3.4 Loss of Siblings

Sibling relationships are often the most enduring, stable, and comforting relationships a person will have.

Click the boxes to learn more.

Sibling Separations: Historically, children in foster care, orphanages, and even in domestic private adoption were often separated from siblings for a range of practice and policy decisions that, in the long run, were not in the best interests of the child. Recognizing the lifelong significant emotional impact of these separations, policy and practice have evolved with a focus of keeping siblings together. Still, you are likely to work with many children who have experienced this separation and may or may not have the opportunity to be in a relationship with them. If siblings have not been a part of the child's life, do not assume that means there are no siblings because there is a strong likelihood that birth parents have had subsequent children.

Impacts of Bonding and Separation: Sibling relationships provide secure attachments, companionship, a sense of safety and well-being, and support in the face of adversity. They also preserve shared history, identity, and the feeling of being part of a family. Living with siblings is usually a protective factor for children and youth, reducing their risk for adjustment difficulties. In contrast, separation triggers profound loss and grief, increased anxiety, aloneness, and worry about the well-being of the siblings living elsewhere.

Orphanage and Foster Care: Finally, it is important to remember that children and youth who have lived in orphanages and foster care form relationships that are sibling-like with other children they resided with, and these separations can be just as traumatic as they are for biological siblings. Validating these types of relationship losses will help children and youth feel comfortable about acknowledging them, which in turn, is the first step toward grieving them.

3.5 Loss of Siblings Video

Let's listen to a few young people talk about the importance of sibling connections.

[Video Transcript]

VASHTI: Entered foster care at age 5. It's definitely important for siblings to be placed together. It's just the comfort that you have in another home. You're in some else's home. You don't feel their home comfort that they feel. Having your sibling next to you is the most comfortable thing that you could have in someone else's house. Just being placed with my brother, it was like really helpful, actually.

When I needed him, he was always there. He knew what I was going through. I always just had him by my side. We took care of each other. And that was just the best part.

FILIPE: Entered foster care at age 9. My siblings were like--everybody has that person who you trust and who you're close to. And my siblings was the one for me. At that time that I was in the foster home and stuff, my siblings were everything to me. They were my world because they were just everything.

CARMEN: Entered foster care at age 14. I did have three brothers that lived with my father and their mother that I wanted to be a part of their lives. I always asked if there was some way that I could go and see them. And I was repeatedly told no because of the whole dad issue. Them telling me that I couldn't see my brothers just didn't make any sense to me. So it was like, after a while of just being told no, I stopped asking. I became discouraged. I was just like, "Okay, maybe one day things will get better. When I can age out of the system, I'll seek them out."

I would have been a lot more positive and a lot less depressed because I would have felt like I had something to look forward to, and I would have felt that I had additional support--family support. It's different having support from friends and foster parents and people that are hired to work with you. It's different from having family support. So that's what I really crave.

Video obtained from <https://www.youtube.com/watch?v=E9uoqOWHosg>

3.6 Considerations for Clinicians Regarding Sibling Connections

Although you may not be involved in placement decisions, as a clinician, it is important that you assess whether the child you are working with has siblings or previous sibling-like relationships, whether they are in contact with these siblings, and, if not, whether contact between them would be helpful to the child's well-being.

Certainly, in determining the benefit of these connections, ensuring the safety of all involved needs to be a part of your assessment.

In making a recommendation for sibling contact, you may encounter resistance from the parents or caregivers. If you do, explore the basis for their resistance, as well as the potential benefits and drawbacks associated with contact. It is also critical to understand how the child feels about it.

Giving the child a voice in planning contact, if it is to occur, will increase the likelihood that reconnecting the siblings will have a positive effect for everyone involved.

3.7 Exploring Parental Resistance to Contact

Let's look now at the case of Philip. In therapy, Philip's adoptive parents stated that they wanted to be supportive of his American Indian heritage, and of the fact that he had biological siblings living on a reservation in a neighboring state.

The therapist asked the parents if they had considered visiting the siblings. The adoptive parents said they were concerned about whether it was safe for white people to visit a reservation, and about exposing their son to what they perceived as the negative aspects of reservation life.

3.8 Exploring Parental Resistance to Contact Reflection

How would you, as a therapist, approach the concerns of Philip's adoptive parents?

3.9 Parental Concerns Conflict with Child's Needs Reflection

How might the parents' concerns conflict with Philip's needs?

3.10 Parental Concerns with Child's Needs Reflection

Here are some things you would want to explore with the family.

You might ask:

- "What information can you share about the siblings?"
- "Have you explored opening this adoption and having contact with the siblings, and potentially the birth parents?"
- "What would this mean for you and your son?"
- "What are your hopes and fears about engaging him with his tribal connections?"
- "What are your hopes and fears about your son having a relationship with his siblings?"
- "How do you think your relationship with your son will be impacted by your decision?"
- "Have you thought about the fact that Phillip, on his own, over time may choose to connect with his siblings and his community of origin?"

As this case exemplifies, parents that you work with might bring a host of assumptions, values, beliefs, fears, and misperceptions in relation to birth family connections. Others may be supportive and embrace these connections for their child. It is important to not steer away from this resistance, but to help families navigate these issues so that the child's sense of wholeness and familial connection is supported.

3.11 Loss of Extended Family

Whenever possible and safe, child welfare departments will strive to place children and youth with family members.

Children and youth who were removed from birth families, and not able to be cared for by kin, often wonder why nobody in their family could care for them.

This decision may leave them feeling hurt and confused, especially if there are siblings who remained with kin, or there is no contact with birth family members who can help them understand why they weren't able to remain with kin.

3.12 Loss of Sameness

Being adopted or living with a relative sometimes results in children and youth feeling different from their peers. Click each number to hear more.

1. Even when friends are supportive, they cannot know the experience of being adopted and the loss that is associated with it.
2. Children and youth soon come to realize that their friends do not envy them for being adopted, which leads them to recognize that their family status is viewed as "less than" in the eyes of others.
3. In addition, some children and youth experience teasing and other forms of bullying related to being adopted, which can create distress and undermine their emotional well-being. For example, Karen, an 11-year-old, placed for adoption soon after birth, reported:
"I once had a friend who got mad at me and then told me that my real mother didn't even want me because I cried too much and was a bother to her ... I knew it wasn't true but I couldn't help wondering if something was wrong with me ... if my birth mom thought I wasn't good enough to keep ... and I then knew that my friend thought adoption wasn't a good thing."

3.13 Loss of Support

Changing schools, losing friends, being forced to quit a sports team or other enjoyable activities, leaving familiar environments and supports can compound the trauma of loss.

Keeping a child or youth in familiar surroundings is not possible when they are placed from another state or country. These losses should be recognized as significant, lingering, and profound when dealing clinically with grief.

Knowing their history, and who and what they have left behind, will help you to focus on the complex grief they are experiencing and give you direction for therapeutic interventions.

3.14 Loss of Privacy

Click each image to learn how children lose privacy through the adoption or guardianship process.

1. Children and youth who are placed with same-race families have the option of sharing their adoption experience with others or keeping it a private matter.
2. Being a different race from parents and other family members is like a neon sign advertising a child's adoption status. It eliminates the control that children and parents have in deciding whether to share the nature of the parent-child relationship.
3. Even when children and youth feel very positive about being adopted, knowing that they stand out from others in the family can be a disconcerting experience, sometimes leading to uncomfortable or awkward questions from others. Additionally, their physical differences perpetuate an extra layer of loss that will need therapeutic attention. As Amanda brought to therapy, *"There isn't a day that goes by that I think about how my family is different from me. I look nothing like them."*
4. Consider what Kim, a 13-year-old adopted from China into a white family, had to say: *"It's not that I want to keep my adoption a secret, it's that I can't ... just by looking at me and my family members, everyone just knows that I'm adopted ... I don't have a choice in their knowing this about me."*

3.15 Loss of Self and Identity

In being separated from birth parents, siblings, extended birth family, and/or one's heritage, adopted individuals often feel as if they do not fully understand who they are. It's like a part of them is missing or at least unknown.

Although we will be discussing this aspect of adoption loss in other lessons, it is important for clinicians to recognize that adopted children, youth, and adults often struggle with identity, seeking to understand that lost part of themselves, and sometimes, through active searching, to fill in the missing pieces.

One young man, adopted at birth, explained it this way: *"I've always felt like I've been cut off from something that is truly a part of me ... I think of it as if I've experienced an amputation ... just like an amputee experiences the pain from a phantom limb, I experience emotional pain because of what I've lost."*

3.16 Identity Struggles Video

Let's listen to Jennifer Fero, a Korean adoptee you heard from in an earlier module, discuss the difficulty of growing up with parents who were not able to acknowledge and openly discuss their differences or her struggles with identity in the film *Adopted*.

[Video Transcript]

JENNIFER: (ON VIDEO) Nice.

MALE 1: There's one.

MALE 2: There's one right there, Sissy.

JENNIFER: (ON VIDEO) Ooh.

JENNIFER: (VOICEOVER) I was adopted in 1975.

JENNIFER: (ON VIDEO) Oh, squirtin' out the digger!

JENNIFER: (VOICEOVER) There's this package, this bundle that was left on the police steps of Tae Jin Police Station in Seoul, Korea. My parents claimed that package as theirs.

MALE 2: (ON VIDEO) Hi, kid.

JENNIFER: (VOICEOVER) I grew up in Milwaukie, Oregon; it is a suburb of Portland. In my elementary school I was the only child of color for a long time.

JENNIFER: (ON VIDEO) Ready for dinner.

MALE 1: Okay.

JENNIFER: (VOICEOVER) This was a my favorite meal growing up, was stew.

MALE 1: I think your favorite thing was meatball stew.

JENNIFER: Yes! And we had it for Christmas because I wanted it.

MALE 2: Yep.

JENNIFER: (VOICEOVER) My family told me many times, "We see you as one of us." Well, one of us is a white working-class kid with blue eyes and big ears.

(ON VIDEO) I think I'm going to sleep well tonight, Mom. I got 15 clams.

(VOICEOVER) Like my family, I saw myself as white. I saw myself as a Fero and that's why, when I would look in the mirror, I would be surprised. Only now am I beginning to unwrap that package from the police station, and inside are the secrets that I kept from my family, and I kept them from myself, too.

[END OF AUDIO]

Video obtained from: <https://www.youtube.com/watch?v=cYI686su6PY>

3.17 Eagle Case Study

Let's look now at another case study and learn about Eagle, a 14-year-old American Indian, and his journey through the foster care system. Click the icons to continue.

1. Eagle has been in and out of public foster home placements with multiple Caucasian foster parents since he was 18 months old. Although he has never met his birth father, Eagle knows that his father is a member of the United Keetoowah Band of Cherokee Indians.
2. His most prized possession is an old photograph of his dad that was given to him by his Caucasian birth mother before her parental rights were terminated. In the picture, his dad is holding an eagle feather, and his mother told him that his father was the one who named him Eagle. When he studies the picture closely, he sees similarities in his physical appearance and that of his father and wonders what other ways he and his father are alike.
3. In his heart, he always felt that, wherever he was placed, he didn't belong, and that he was always somehow different than the family, his school peers, and the many communities where he resided. He struggles daily with trying to know who he is. Not only is he curious about his birth father, but also wonders what it means to be a Keetoowah.
4. Sometimes he looks at social media platforms that have content about American Indians. When he sees portrayals of tribal people coming together for social occasions and ceremonies, he tries to imagine what that must feel like to be a part of this type of kinship and what it must feel like to belong in this way.

Like Eagle, for American Indian and Alaska Native children, there are also losses that include connection to the land and people who are considered "like kin," as well as losses of traditions and rituals, like sweat lodges and dances.

4. Ambiguous Loss

4.1 Ambiguous Loss

What makes loss in adoption and foster care unique from all other losses that you might deal with clinically, is the ambiguity of the loss.

4.2 Definition of Ambiguous Loss

Let's consider the work of Pauline Boss, who defined the concept of ambiguous loss as one in which loss is not final, in which there is uncertainty or confusion about the significant person or relationship that is lost but could be reconnected.

Boss identifies two types of ambiguous loss. The first type of ambiguous loss is when the person is physically present but psychologically unavailable, as with a parent suffering from active substance abuse or mental illness. The second type is when the person is physically absent but psychologically present, as with any child who has been separated from their birth family. The person is present in the child's memories and thoughts but not available to them.

4.3 Impact of Ambiguity

Click each box to learn the factors that characterize ambiguous loss in adoption and make it difficult for adopted youth to grieve.

1. Not knowing whether the loss of birth parents and other birth family members is temporary or final.
2. Not fully understanding what has been lost because of limited experience with, or knowledge about, birth family.
3. Lack of clear, socially accepted rituals defining adoption loss and supporting the bereaved person's grief process. Too often we celebrate adoption without considering the losses.
4. Lack of recognition and validation by others that the child's loss involves more than just the birth parents, but also extended family, previous non-biological caregivers leading to additional feelings of being misunderstood and unsupported.

4.4 Influence of Ambiguous Loss on New Relationships

According to Pauline Boss, *"...the greater the ambiguity surrounding one's loss, the more difficult it is to master [the loss] and the greater one's depression, anxiety, and family conflict."*

Because of the ambiguity in adoption loss, there remains the hope of reconciliation for many children and youth, as well as the feeling of being in limbo. In longing for reconciliation, they have difficulty grieving their loss because it is uncertain.

Unresolved grief that results from this kind of loss can interfere with forming new attachments and positive adjustment in new relationships. This can make the child's time in foster care, and even in adoption and guardianship, difficult for everyone since they are not psychologically free to integrate into a new family.

Children and youth may display behaviors such as withdrawal, lack of communication, or anger that show their ambivalence. These behaviors can then be misinterpreted as problematic or pathological, leading to a misdiagnosis and inappropriate treatment.

Whether there is ongoing contact with birth family members or not, parents and clinicians must validate and normalize their children's curiosity about, and longing for, their birth family, as well as their desire to reconnect with them.

As will be discussed in later lessons, creating symbolic rituals to clarify, validate, and memorialize adoption loss can be extremely helpful in facilitating children's and youth's grief process.

4.5 Misdiagnosis of Ambiguous Loss

The symptoms of ambiguous and unresolved loss may look like the symptoms of Post-Traumatic Stress Disorder (PTSD).

Common symptoms of ambiguous loss include:

- Difficulty with transitions or changes
- Difficulty making decisions or choices
- Feeling overwhelmed
- Difficulty coping with normal childhood or adolescent losses
- Taking disappointments hard
- Feeling stuck
- Depression and/or anxiety
- Learned helplessness or hopelessness
- Feelings of guilt
- Lack of motivation

4.6 Ambiguous Loss Reflection

Think of one or two of the children you have worked with whose symptoms might be related to ambiguous loss. Write down other diagnoses that might have been applied to those symptoms.

4.7 Ambiguous Loss Reflection

You may have included:

- Depressive Disorder
- Generalized Anxiety Disorder
- Adjustment Disorder
- Attention-Deficit/Hyperactivity Disorder

4.8 Working With Loss

If you are working with a child or youth who is moving into adoption or guardianship, it is important to gauge how they perceive their loss, and how their grief is manifested.

Be prepared for considerable variability in reaction to loss from one child or youth to the next.

Remember, children and youth grieve behaviorally so it's important to address the loss issues underlying the behavior.

The goal is to work with the family and others involved with the child to help reduce the ambiguity of the loss in their current circumstances.

You can help their parents to understand what they need to do to support their child as they move through the stages of grief and transitioning to a new family.

We will address some of these tools you can teach parents in a later lesson.

5. Grief

5.1 Grief

Now that we understand the ambiguous loss associated with adoption and guardianship, let's move to discuss how it impacts grief. Grief is a natural reaction to loss and is manifested physically, emotionally, and behaviorally.

5.2 Disenfranchised Grief

Although there is no universal path that grief follows, with time and support, most individuals who are bereaved find reasonably healthy ways of integrating their loss into their lives. When they do, their capacity to move forward, experience pleasure, and be productive is maintained. But, ambiguous losses create complications for the bereaved person, undermining their ability to grieve and resume a more normal life.

Psychologist Kenneth Doka articulated the concept of "disenfranchised grief" to define grief that is, "not openly acknowledged, publicly mourned, or socially supported." Removal from an unsafe situation is regarded by the community as positive, but that may not be how the child or youth sees it.

5.3 Consequences of Disenfranchised Grief

When grief is not acknowledged, and supported as a normal process, there can be no resolution or integration of the loss and the grief. Children and youth become stuck in their grief with little understanding of what they are feeling or how to move forward.

These children and youth tend to present with significant emotional distress, internalizing and externalizing behaviors, and often struggle academically, unable to focus in school.

As clinicians, it is important to understand that symptoms associated with disenfranchised grief can be difficult to differentiate from other clinically relevant issues. When grief is not recognized and treated, the bereaved child or youth may present with significant symptoms of depression and/or anxiety, which must be addressed.

5.4 Questions About Grief

When you are assessing children and youth whose histories reflect both ambiguous loss and disenfranchised grief, it is important to consider their histories of losses and moves.

Asking the following questions of the child or youth and their parent or caseworker will enhance your ability to embrace the impact of their losses.

- How many separations has the child or youth experienced?
- How many people have been left behind?
- To what extent have their losses been acknowledged by others?
- To what extent and in what form have they been offered support related to previous losses?
- Were any of the previous losses betrayal experiences?

5.5 Complicated Grief Disorder

While grief is regarded as a normal response to loss, there is growing recognition in the mental health community that prolonged grief that interferes with daily functioning may be worthy of more attention, and a new diagnosis of Complicated Grief Disorder (CGD), which has been proposed, but not yet accepted in the DSM-5.

Click each box to learn about Complicated Grief Disorder.

Introduction: It is worth noting that a diagnosis such as Major Depressive Disorder, that is commonly used for profound and prolonged grief, lasting far beyond the normal course of grief, may not adequately characterize the complexity or chronicity of the child's or youth's symptoms. Children or youth who exhibit prolonged, severe, debilitating grief and loss symptoms may fit this new diagnosis.

Causes and Impact of Grief: For some people, once grief sets in, it becomes a chronic, debilitating mental condition that gets worse over time rather than better. In fact, many of the signs and symptoms of normal grief are like those associated with complicated grief, except, in the latter condition, they linger and worsen. Pre-existing conditions such as mental health problems, multiple stressors, and emotional insecurity can complicate normal grieving, increasing the likelihood of developing CGD.

Symptoms of CGD: Children and youth who experience early trauma, with multiple losses, and little support for grieving are prone to develop the symptoms of CGD, including:

- Heightened focus on the loss and reminders of the loss
- Intense longing for the lost person
- Difficulty accepting the loss
- Emotional detachment
- Preoccupation with one's sorrow
- Bitterness over the loss
- Anhedonia, or the inability to experience pleasure in life activities
- Deep sadness
- Difficulty in meeting daily responsibilities
- Social withdrawal
- Irritability, agitation, and feelings of anger
- Mistrust of others

Intergenerational Grief: Complicated grief can include intergenerational grief, which is defined as grief associated with a collective trauma, such as famine or war. These experiences can inhibit the capacity to process loss and grief in everyday life.

Image courtesy of Zeljko Sinobad / Shutterstock.com.

5.6 Expressions of Grief

Loss and grief are managed in different ways, and many families and communities have specific ceremonies, customs, or rituals that can mitigate grief and facilitate healing. A child's expression of grief may manifest in ways that seem inappropriate unless you have a clear understanding of the child's and family's experience.

5.7 Grief Case Study

Consider the experience of Daryle who was removed from his traditional American Indian family at age ten. He was left to care for his siblings in a hotel room while visiting the city near his reservation. When his parents did not return, the hotel called the police and the children were placed in care.

Despite the requirements of the Indian Child Welfare Act, Daryle was placed with a Hispanic family, without his siblings, far from the reservation. His grief for the loss of his parents, siblings, and extended family was profound and was expressed in high pitched wailing. He had been taught to use traditional ceremonies, to burn sage, and to say prayer by singing songs in his language. He had no access to the items that he had learned to rely on for spiritual health. He was medicated for depression and anxiety, eventually becoming suicidal. No one ever contacted his grandparents or sought help from a healer from his tribe.

Daryle's story exemplifies the serious impacts when the child's beliefs and values associated with their communities of origin are not honored and integrated into their healing process. Dr. Eduardo Duran, an American Indian clinical psychologist who works with Native populations, refers to the trauma associated with grief and loss as "soul wounding." His work centers around the over-pathologizing of American Indian and Alaska Native people and the importance of healing or therapeutic circles and community interventions.

6. Conclusion

6.1 Wrapping Up

As you can see, children and their families need you, as their therapist, to join their journey through the grieving process, to acknowledge and honor their losses, and to provide them with the tools and ongoing conversations to openly express their feelings so that they can mourn them.

We will offer some specific tools for opening these conversations in later lessons.

6.2 Your Journal

Please click on the journal page to write down your reflections on this lesson.

6.3 Journal Reflection

Reflecting on this lesson, what are your key takeaways and how might you apply these in your practice?

6.4 Journal Response

Click the "Print Results" button to print and save your answers.

6.5 Conclusion

Congratulations! You have completed The Impact of Ambiguous Loss and Unresolved Grief on Emotional Adjustment and Mental Health.

In the next lesson, we will talk about a child's or youth's developmental understanding of loss, how they grieve, and we will expand on some frameworks for helping them address loss and grief.