

# Ambiguous Loss

**Nina Vaswani**

## **Abstract**

Loss is an inescapable part of human existence, but we know that vulnerable or marginalised groups of children experience higher rates of loss and bereavement than the general population. Children who are cared for in placements outside of the family home are also more likely to experience ambiguous loss, which is when a loss remains unclear and without closure. Ambiguous losses can be 'physical' e.g. an absent parent, or 'psychological' e.g. a parent who is emotionally unavailable due to substance misuse. Ambiguous loss is less often recognised than bereavement and often goes unsupported, thereby leading to an increased risk of prolonged distress, poor outcomes and disenfranchised grief. It is therefore important that childcare workers are aware of the presence and impact of ambiguous loss in the lives of children that they work with. This paper will describe these concepts and consider the implications for residential childcare practice.

## **Keywords**

Loss, ambiguous loss, grief, disenfranchised grief, residential care

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## Loss

Any life change or transition will be accompanied by loss in one form or another, and thus loss is an inescapable part of human existence. Indeed, Bowlby, in his seminal work on attachment and separation, observed that 'a majority of losses that occur in society are due to causes other than death' (Bowlby, 1998, p.75). Yet when we talk about loss, we often tend to think about the finality of loss through death. In this paper I will consider a fuller range of losses that children might experience, with a particular focus on losses that can be beset by ambiguity, and I will also reflect on the implications for residential childcare practice.

## The extent of loss in childhood

Childhood is a time of great developmental change and transition. Children will change friendship groups, move house, bury a much-loved pet, transition between schools and wave older siblings off when they leave home. As a result, no child is immune to the anxiety, pain or sorrow of loss, despite our desire to protect them from it. Significant proportions of children will also experience loss of a parent or loved-one. Around one-in-four children in Scotland have a non-resident parent following parental separation (Marryat, Reid & Wasoff, 2009) and between 43% (Hight & Jamieson, 2007) and 78% (Harrison & Harrington, 2001) of schoolchildren have experienced the death of a relative or friend. In relation to vulnerable or marginalised groups of children we know that they experience higher rates of loss and bereavement than the general adolescent population. For example, my research found that almost all young people in custody had experienced one significant bereavement, two-thirds had experienced four or more, and more than three-quarters had experienced at least one traumatic bereavement (caused by murder or suicide, for example), and often multiple traumatic bereavements (Vaswani, 2014).

From my time spent training with residential childcare workers on the subject of loss, it has also become clear that the breadth of loss experienced by children in care far exceeds these 'typical' childhood losses. From tangible losses, such as

removal from the family home, separation from brothers and sisters, or the loss of personal possessions; to the less tangible, such as loss of identity, loss of status, or the loss of family roles (for example 'carer'), loss among children cared for away from home is pervasive and impinges upon every aspect of children's lives.

## **Ambiguous Loss**

What is important to note is that some of these losses are more 'ambiguous' than others. Ambiguous loss was a term first coined by Pauline Boss in the 1970s when she was researching the families of soldiers missing in action in Vietnam. Boss (2009) distinguishes between two types of ambiguous loss: where the person is *psychologically* present but *physically* absent, most clearly exemplified by missing persons; and where the person is *physically* present, but *psychologically* absent such as with people suffering from dementia. More commonplace examples that are of relevance to children in care include: psychologically absent parents, such as those who are emotionally unavailable due to substance misuse or mental ill-health, or physically absent parents with whom they have no direct contact.

According to Boss, any loss that is temporary, potentially reversible or confused in some way can be perceived as ambiguous. Does a child removed from the family home know when they will return or whether to even begin mourning their loss? If a child is misinformed about an imprisoned parent's whereabouts do they perceive the lack of attendance at their birthday party as rejection and abandonment? Even parental separation can be ambiguous, especially if the child continues to harbour hopes of a reunion. Boss (2006, p.4) argues that it is precisely this confusion that is problematic about ambiguous loss, as 'the inability to resolve the situation causes pain, shock, distress, and often immobilisation. Without closure, the trauma of this unique kind of loss becomes chronic'.

Bereavement may be, by virtue of its permanence, the ultimate loss. Yet bereavement is conceptualised as a normative experience, and is accompanied

by societal understanding, social support and rituals to help mark or process the loss. Ambiguous loss rarely receives the same attention as bereavement and, it has been argued, can be harder to process or accept as it is less often recognised or acknowledged and is therefore more likely to go unsupported (Boss, 2009). To give an example, while bereaved individuals can attend funerals, wakes, gravesides or memorials, there are rarely such markers for adoption (Courtney, 2000).

When losses are not openly acknowledged, publicly mourned or socially supported then this can lead to 'disenfranchised grief' (Doka, 1999). Doka describes a number of scenarios where grief is more likely to be disenfranchised, including where the loss is not recognised (e.g. miscarriage or pet loss); where the relationship is not recognised (e.g. ex-spouses or friends); where the griever is not recognised (e.g. young children or people with learning disabilities); in certain disenfranchising deaths (e.g. suicide or overdose) and where the griever does not conform to societal norms and expectations about grieving.

## **The importance of ambiguous loss and disenfranchised grief in residential childcare**

Simply by being removed from the family home, loss, and frequently ambiguous loss, colours the lives of every child that is in care (Mitchell, 2016). How long will they be in care? When will they see their brothers and sisters again? Will anyone care for their beloved pet? The potential mix of emotions, including relief, shock, uncertainty and sadness can be conflicting and ambiguous. And while every child's journey to care will follow a different path we know that their backgrounds are too often characterised by loss, disruption and disconnection (Bocknek, Sanderson & Britner, 2009; Samuels & Pryce, 2008). Furthermore, we also know that vulnerable, at risk, and 'risky' children have been exposed to an extensive array of Adverse Childhood Experiences (Vaswani, 2018), included within which are many events that raise the prospect of ambiguous loss, such as: parental separation; parental substance misuse; parental mental illness; emotional neglect and the incarceration of a family member. Once caught up in the care system placement instability can cause uncertainty, confusion and

ambiguity (Samuels, 2009). And to layer stress upon all of that, the shame and stigma associated with these types of losses, or with being in care, only serves to disenfranchise grief further (Bocknek et al., 2009; Samuels, 2009).

A further consequence of the experience of loss is that many young people have, often proudly, learnt to rely solely on themselves (Samuels & Pryce, 2008). While this can be seen positively as independence, maturity and personal growth, this view of independence as a key marker of success and survival tends to encourage the rejection of help and support. Furthermore, young people experiencing ambiguous loss describe themselves as disconnected, different, and with coping strategies that have been disrupted by the ambiguity (Bocknek et al., 2009). Lastly, children report internalising their feelings due to the lack of social support for their grief (Bocknek et al., 2009).

The upshot of ambiguous loss and disenfranchised grief is that children can be isolated and at risk of prolonged distress and poor outcomes. Indeed, Samuels (2009, p.1230) describes foster care as 'a unique trauma embedded in myriad losses that remain ambiguous and unresolved' and Courtney (2000) concludes that adjusting to life as an adopted child is often more complicated than a bereaved child's task. It is therefore imperative that childcare workers are aware of and sensitive to loss, ambiguous loss and disenfranchised grief in the children they support.

## **Implications for practice?**

Families and workers should aim to prevent ambiguity wherever possible by ensuring that children are given as much information as is developmentally appropriate, whether this is about birth parents, terminally ill relatives or the whereabouts of incarcerated parents (Mooney, Oliver & Smith, 2009). The system should also aim to prevent or minimise secondary losses, such as the separation of siblings (Brodzinsky, 2009).

Once loss has occurred it is important to acknowledge and label the loss. Simply being given the chance to tell one's story can sometimes be sufficient (Mitchell, 2016), as it validates the loss and 'enfranchises' rather than disenfranchises the

grief. After all, Doka prompts us to remember that disenfranchised grief is just grief. In acknowledging the loss, it is also important to accept what cannot be changed and to remember both what has been lost but also, importantly, what has not been lost. In this way Boss and Yeats (2014) suggest that attachments can be revised and reformed, and individuals can rediscover hope again.

There are unique opportunities within residential childcare (and in other placements away from home) that come from the domesticity of the care setting, which helps build the intimacy and relationships that are needed to support children through their losses. Boss (2006) stresses the importance of family and community responses to ambiguous loss, and although this approach has stemmed from responses to large-scale trauma such as school bereavements or natural disasters, it can equally apply to individual loss. Children in care may be disconnected from their families or communities, but the pervasiveness of ambiguous loss, while on one hand posing a challenge because of the sheer scale of need, also provides a shared experience, empathy and understanding among children in care. In this way the residential home or foster home can be the basis for a family or community response.

When supporting children through ambiguous loss it is important to recognise that it often cannot be resolved (Boss, 2009). The focus therefore is on building tolerance and resilience to the ambiguity. As ambiguity causes stress, then teaching skills to manage stress will be important. Some people will also require traditional therapies and interventions, such as those used with Post Traumatic Stress Disorder, however, individual interventions should also consider family and community too (Boss, 2006).

### **About the author**

Nina Vaswani is Research Fellow, and the Research Lead at the Centre for Youth and Criminal Justice (CYCJ), hosted by the University of Strathclyde. Nina oversees the varied research programme at CYCJ, which aims to conduct primary research or synthesise existing research to help support policy and

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