

**Understanding Ambiguous Loss in Transnational Migrant Families: A Literature Review  
on the Implications for Counselling in Cultural Contexts**

by

Megan Bonnell

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APPROVED BY

Adil Qureshi, PhD, Capstone Instructor, Master of Counselling Faculty

Renee Schmidt, PhD, RPsych, Program Director, Master of Counselling Program

Peter Hall, PhD, RP, Capstone Coordinator, Master of Counselling Faculty

School of Health and Social Sciences

**Abstract**

Ambiguous loss is a term used to describe the experience of grieving a loved one who is no longer present, but without the finality of death (Boss, 1999). The experience of ambiguous loss is one well known to migrants living in the United States and Canada who are separated from their loved ones and experiencing family transnationally. From a lens of cultural sensitivity, this capstone aims to provide insight into the experience and impacts of ambiguous loss while promoting competence in counselling those experiencing ambiguous loss within a cultural context.

*Keywords:* ambiguous loss, migration, transnational families, culturally informed counselling, grief and loss, psychological impacts

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## **Chapter One: Introduction**

### **Overview of the Topic**

Migration in today's global context is one marked by hope and positive emotions as much as it is by stress and mental health concerns. Identifying the risk factors associated with migration can help with the recognition and treatment of mental health concerns for migrants and their families. The risk factor related to poor mental health following migration that sits at the center of this presented capstone includes the separation of family members. The separation of families can happen through a variety of causes, one being through migration, a situation and sense of loss all too common for migrants settling in the U.S. and Canada. This separation refers to the creation of transnational families, which describes those experiencing family while members are separated across national borders (Bryceson & Vuorela, 2002). In 2022, there were approximated to be 46.2 million immigrants living in the U.S., and in 2021 an estimated 8.3 million immigrants living in Canada (Batalova, 2024; Statistics Canada, 2025). Although there are not statistics measuring the number of transnational families living in the U.S. and Canada, we can make a reasonable assumption based on the research in this area and the presented statistics that there are millions of loved ones left behind in their countries of origin through the migration process. This sense of loss associated with family separation can be understood through a lens of ambiguous loss, which is an experience of loss and grief for a loved one who has not died but rather is no longer present (Boss, 1999).

Pauline Boss (1999) was the first to coin the term ambiguous loss to describe the experience of individuals who have lost a loved one without the confirmation of death. Ambiguous loss is understood as "frozen grief" that goes unresolved and often lacks closure, which can bring on sorrow that lasts alongside the uncertainty of the loss (Boss, 1999).

Ambiguous loss is recognized as either type one being a physical loss (physically missing but psychologically present, e.g., family separation), or type two, a psychological loss (physically present but psychologically missing, e.g., dementia; Boss, 1999). Ambiguous loss has a history of being misrecognized within the counselling space as depression due to the similarities in symptoms, which results in inadequate treatment planning in which acceptance for ambiguity and acknowledgement of grief is missed (Boss & Yeats, 2014). Boss (1999) outlined a treatment protocol for those experiencing ambiguous losses to address the gap in grief counselling and called for the inclusion of ambiguous loss within grief and loss counselling literature to increase professional competency. As mentioned, a type one experience of ambiguous loss can be related to being separated from one's family; this separation creates a sense of grief due to the absence of a loved one(s) in day-to-day life (Boss, 1999). Ambiguous loss as experienced by migrants and their families is a growing body of research. In recent years, there has been an increase in studies examining the psychological, emotional, cultural, and socioeconomic impacts of separation from loved ones in this population. Though, a gap remains in the research exploring how counselling may address this experience of ambiguous loss through a culturally infused treatment protocol. This capstone aims to address this gap by presenting the current research in migration-related ambiguous loss and the future directions for treating it within the counselling space from a lens of cultural sensitivity and competency for the unique experiences of migrants.

### **Purpose Statement**

This capstone aims to address the following research questions:

1. What is the presence and impact of ambiguous loss on migrants and their families that are experiencing family transnationally?

2. How does the current research on ambiguous loss represent migrant families and migration-related losses?
3. How does the current model for treating ambiguous loss through counselling address the needs of transnational migrant families? How might it be modified or adapted to do so within a cultural context?

In exploring the above research questions, the purpose of this capstone is to provide the reader with an understanding of ambiguous loss and its impact on transnational migrant families within a cultural context. Additionally, this research aims to promote competency for counsellors working with those experiencing ambiguous loss using a lens of cultural sensitivity applied to the current ambiguous loss counselling model outlined by Pauline Boss (1999).

### **Theoretical and Conceptual Framework**

For the purpose of this capstone, a constructivist paradigm will be used to approach the research alongside a lens of cultural sensitivity and intersectionality. A constructivist paradigm is considered as the framework for this capstone due to the exploratory nature of the literature review, and my motivation as the author to acknowledge personal bias and beliefs regarding the topic and put them aside while striving to build understanding into the personal reality of migrant's experiences with ambiguous loss (Denicolo et al., 2016). Rather than driving to prove a point or seek truth, I aimed to build insight and explore the research within this area to present to the reader (Denicolo et al., 2016). In doing so, the goal is to build an understanding into the experiences of ambiguous loss from the perspectives and data retrieved from migrant transnational families presented in the research and then apply these findings to a culturally competent counselling model for this type of loss, rather than to do so based upon my own experience (Denicolo et al., 2016). As a White settler, I aim to view the research and the

outcomes for this capstone through a culturally sensitive lens, with curiosity, inclusivity, and respect for cultures and experiences that are not my own. Cultural sensitivity as a lens is utilized with specificity for its application to the research process while also understanding its nature as intertwined with building cultural competence, cultural safety, and humility.

The research is approached with an understanding that the inclusion of both qualitative and quantitative research is imperative for cultural meaning and context to complement numerical data, providing research findings that are relevant to intersectionality and cultural contexts (Nastasi, 2017). Utilizing a lens of intersectionality alongside cultural sensitivity influences the author's choices of articles included in the presented literature review. When working with grief literature specifically, a lens of intersectionality highlights the importance of understanding the experience of loss within a context of oppression and the systems of power in place in their society (Thacker & Duran, 2020). For myself, this application of intersectionality means reviewing literature with a focus on the loss experience and grief expression of an individual but also the society and context of power in which they exist and the sociocultural influences on their intersectional groups (Thacker & Duran, 2020). In building a theoretical and conceptual lens from which to approach the research process within this capstone, I am mindful of the ethical guidelines by which counsellors must abide by in practice and in research (Canadian Psychological Association [CPA], 2017). The utilization of these lenses throughout this capstone highlights three principles as outlined in the *Canadian Code of Ethics for Psychologists*: Principle I: Respect for the Dignity of Persons and Peoples, Principle II: Responsible Caring, and Principle IV: Responsibility to Society (CPA, 2017). My ethical duty through the promotion of these chapters in completing this research lies in the respect for cultures and perspectives outside of my own, maximizing benefit and minimizing harm related to

research findings, furthering my own education and cultural competence, taking part in reflexive work throughout the research process, as well as contributing to the discipline of psychology through the completion of this capstone (CPA, 2017). These theoretical lenses impact me as the author in the process of reviewing and choosing articles to be included in the presented literature review, as well as my understanding and analysis of the data and findings.

### **Methodology**

This capstone project aims to explore and build upon literature in the field of counselling those experiencing ambiguous loss through considering its influence on transnational families in a cultural context to build upon current treatments. I began this capstone with a detailed literature search using databases within the City University library such as PsychInfo, PsycArticles, and Mental Health and Social Care as well as additional articles found on Google Scholar. I used search terms including “ambiguous loss,” “transnational families,” “familial separation,” “migration OR immigration,” “acculturation stress,” “mental health impacts OR psychological impacts,” and “culturally informed counselling,” with additional qualifiers including “Canada” and “United States” in some searches. For the various combinations of these search terms, I specified the search to peer-reviewed articles in English and prioritized articles from the last 5–10 years when possible. All articles were reviewed for relevancy to the research questions, and chosen articles were scanned for relevant sources within their citation lists. I was intentional in reviewing potential articles for types of data used as well, which included prioritizing articles that included both qualitative and quantitative data and aligned with my lens of cultural sensitivity and intersectionality when approaching this capstone. Relevant articles were determined by excluding those that did not address the research questions, align with the theoretical lens, or suit my aimed population.

Faculty professionals were also consulted throughout the research and writing process. Dr. Adil Qureshi and the Faculty Second Reader acted as proof-readers and editors throughout the writing of this capstone and provided guidance throughout the summarization and review of the literature I included following the process outlined above.

### **Contribution to the Field**

Ambiguous loss research is a growing body of literature. As the term itself was coined in 1999, the research into this experience is somewhat limited. One of the most identifiable gaps within ambiguous loss research is treatment options. Pauline Boss (1999) outlined a treatment protocol that has since existed as the leading guidelines for working with ambiguous loss through counselling. However, with a growing body of research in grief and loss counselling as a whole, and further in ambiguous loss experiences, ambiguous loss may not fit a ‘one-size-fits-all’ model, and thus there is a gap in the research in need of addressing. Ambiguous loss remains an outlier in the grief and loss counselling field evident due to the lack of presented treatment protocols and the small but growing body of research when compared to grief counselling categorized by death. Grief counselling when categorized by the death of a loved one has an array of evidence-based counselling models and theories at the disposal of counselling practitioners; however, these models are not applicable to an ambiguous loss without the acknowledgement of the uncertainty of the loss (Neimeyer et al., 2022). Ambiguous loss counselling still exists over 20 years after its first introduction with a single option for counselling treatment protocol (Boss, 1999). This gap calls for research regarding how this original treatment outline exists in today’s global context.

Ambiguous loss is commonly experienced within migrant populations due to the separation of families and loved ones through the process of migration, creating transnational

families existing within an array of differing cultural contexts (Bélanger & Candiz, 2020; Naseh et al., 2024). This experience calls for a culturally informed counselling practice with competence in cultural sensitivity, intersectionality, and ambiguous loss to create safety and improve outcomes for the counselling client. Building upon the original treatment protocol has been approached by few researchers at this point and requires careful examination of ambiguous loss and its impacts within a cultural context, as well as an understanding of the adaptations it may require to become an inclusive and culturally informed practice.

### **Reflectivity and Positionality Statement**

As the author, I am a White, cisgender female of considerable privilege who considers myself to be close to this research due to my experience of ambiguous loss in my early life. I experienced separation from my family from the ages of 14 to 22. This separation was initiated by an estrangement from my mother which trickled down to being separated from my younger brother, stepdad, and extended family. I sought counselling throughout the years of being separated from my family to support me through my experience of sorrow and uncertainty but found little healing or understanding throughout this therapeutic work. It wasn't until many years later, that I was introduced to the term ambiguous loss in my education and found a considerable amount of comfort and validation with an understanding of my experience through a lens of grief and uncertainty. This finding and the resulting research and identifying with the experience of ambiguous loss drives my present interest and passion for the topic. Acknowledging and building awareness surrounding my involvement with the topic and experience of ambiguous loss is important to build an understanding of my preconceived bias and beliefs that ambiguous loss requires more recognition and competency in the field of counselling.

I experience a considerable level of privilege that also must be addressed in the completion of the present capstone. As I experience privilege through my level of education, race, and social location, it is important to acknowledge that my experiences will differ greatly from transnational migrant families who do not share the same level of privilege. I approach this capstone research utilizing a lens of intersectionality and cultural sensitivity rather than a lens of understanding and personal experience which provides understanding into the bias and privilege I bring to this work. My ongoing reflexivity work is a learned practice throughout my education and career in counselling and is important to the approach of writing of this capstone on a population of which I do not belong. My privilege and worldview influence the way in which I understand and analyse data throughout the presented literature. My lenses of intersectionality and cultural sensitivity is evidence for their awareness and acknowledgement of my privilege and bias.

I expect to find little research presented in the area of culturally sensitive and informed adaptations to treatment protocol for ambiguous loss when counselling transnational migrant families. I also expect to, however, present research and data throughout this capstone that will support the possible and necessary adaptations to provide culturally sensitive and informed counselling protocol for ambiguous loss within migrant populations. My positionality when approaching this capstone is rooted in my experience with ambiguous loss and the missed opportunities throughout my years of receiving counselling to be provided with competent care and validation, and my later pursuit of a master's in counselling degree to work as a counsellor. My current counselling education paired with my lived experience of the sorrow associated with ambiguous loss inspires me to explore this topic further to build upon my own competence and promote this for other counsellors. I hope to outline options for other counsellors to approach

competency in recognizing ambiguous loss and also working with it in a culturally sensitive way within the context of migration-related familial separation.

### **Definition of Terms**

**Ambiguous loss:** A term referring to a loss of a loved one without the finality of death, categorized by doubt/insecurity regarding the person's presence or absence and the lack of emotional closure (i.e., a loved one with dementia, estrangement from a family member, divorce/separation, or a loved one going missing; Boss, 1999).

**Migration:** Utilizing the inclusive definition, the process of individuals moving from their usual place of residence to live somewhere else, regardless of the reason for moving or the legal status associated with the move (Carling, n.d.).

**Transnational family:** A term used to describe families who experience care and connection across national borders, further meaning part of the family is located in one nation while another part of the family is located in another while maintaining a sense of familyhood (Bryceson & Vuorela, 2002).

### **Outline of Capstone Project Chapters**

The following chapters of the presented capstone include chapter two, being the literature review, and chapter three, exploring and discussing the findings from the literature and their applications in practice. Chapter two explores and presents literature regarding ambiguous loss as a concept, its application to the population of transnational migrant families, and how this experience can be approached and treated through counselling for this population. Chapter three then discusses these findings systematically in relation to the writer's research questions, examining the strengths and limitations of the literature and its applications in current practice and future research, while presenting the writer's personal learnings. This capstone will conclude

with a systematic overview of the topic, findings, and future directions for research regarding ambiguous loss within transnational migrant families and how this is approached in the field of counselling.

## **Chapter Two: Literature Review**

For the purposes of the present literature review, familial separation through the process of migration will be examined using ambiguous loss as a conceptual framework to consider the future directions for recognizing and treating transnational families within a culturally competent counselling setting. The populations considered in exploring this concept include both individuals who have migrated without family, as well as the family members left behind, so as to provide an overarching view of the issue and both sides of a separated family that would benefit from counselling in this context. The research presented focuses on the context of migration into the U.S. or Canada, rather than a global migration context, to provide reliability in remaining consistent in the study populations having a common new place of residence. Presenting migration and its effects on mental health from a more general standpoint will provide context to the more direct results that are achieved when narrowing the risk factors to investigate familial separation alone. Boss' (1999) concept of ambiguous loss and its presence in situations of familial separation will then be central to this literature review in creating understanding of the psychological, biological, cultural, and social implications. Providing insight into culturally competent treatment options and the associated professional competence for ambiguous loss in counselling will provide valuable information for future directions in the recognition and treatment of ambiguous loss in transnational families.

### **Section 1: Migration and Mental Health**

Migration in this literature review is explored using the inclusive definition as outlined by Carling (n.d.), which is defined as any individual that has moved from their usual place of residence for any reason and is not dependent on legal status. The inclusive use of this term is considered as such due to the inclusion of refugees as migrants (Carling, n.d.). Migration reserves a large body of research in the field of mental health and counselling due to both the massive lifestyle changes and stressors associated with the process of relocating and its growing relevance in our global climate. However, in examining the research regarding migration's influence on mental health, it is apparent that the depth and number of risk factors and symptoms related to poor mental health following migration create a scope of results difficult to generalize. Examining a small fraction of research studies regarding this concept identifies a broad spectrum of poor mental health outcomes following migration including insomnia, substance use, depression, anxiety, loneliness, disordered eating, grief, stress, and suicidal ideation among others in both adult populations and children or youth (Galvan et al., 2024; Giorgio Cosenzo & Alcántara, 2024; Lérias et al., 2025; Liu et al., 2022). Though, these symptoms of poor mental health cannot be generalized as solely due to the process of migration due to the mentioned innumerable stressors and risk factors throughout this process and the differing impacts they may have on individuals (Galvan et al., 2024; Giorgio Cosenzo & Alcántara, 2024; Lérias et al., 2025). Some risk factors associated with the migration process mentioned throughout research include age of migration, pre-migration conditions, migration journey, political climate in new place of residence, experiences of discrimination, differences between heritage culture and that of the new place of residence, financial stressors, and acculturative stress (Galvan et al., 2024; Giorgio Cosenzo & Alcántara, 2024; Lérias et al., 2025). The research in the field of migration

and mental health points to acculturation stress as a major mitigator between migration and poor mental health, being the stress related to adapting to a new dominant culture as it relates to the new place of residence (Galvan et al., 2024; Giorgio Cosenzo & Alcántara, 2024; Lérias et al., 2025).

Acculturative stress can present differently for every individual and has a variety of influences that can exasperate the experience such as discrimination, pressures related to the reasons for migration, behavioural/psychological adaptation to a new culture, and language barriers among many others which impact the mental health outcomes for migrants (Galvan et al., 2024; Giorgio Cosenzo & Alcántara, 2024; Lérias et al., 2025; Liu et al., 2022). Acculturative stress symptoms may also differ depending on the culture of an individual's original place of residence and their experience and opportunities living within a new cultural context. As an example, Chinese international students may experience acculturative stress due to the pressure for perfection related to their studies when coming to the U.S. while financial concerns are not present (Liu et al., 2022), whereas Latinx mothers may experience acculturative stress related to the lack of opportunity for employment for immigrants in the U.S. and trying to financially provide for their children (Lorenzo-Blanco et al., 2016). These differences present the innumerable variations of pressures related to acculturative stress and their vast differences in symptom presentation; therefore, direct conclusions cannot be drawn regarding the impact of migration generally. There is not presently a solid theoretical paradigm to depict the impact of migration as a whole; however, when focusing on one risk factor within the context of migration, such as family separation, theories can be utilized to build understanding.

## **Section 2: Migration as Familial Separation**

### ***Migration and Familial Separation***

Through the process of migration, the experience of family members being separated from one another and to begin the experience of familial care across national borders, describes the creation of a transnational family (Bryceson & Vuorela, 2002). Though migration does not always result in the separation of families, there were an estimated 122,000 migrant children separated from their parents in the United States in 2021 (Naseh et al., 2024). In Canada, an estimated 100,000 migrants entered Canada by way of the Family Reunification Program, thus signalling at least 100,000 families separated through migration prior to their reunification in Canada in 2022 (Paquet & Lawlor, 2022). The significant number of migrant individuals experiencing separation from their families provides rationale for exploring the current research in this area.

Migration is identified throughout research as a cause for familial separation in both the United States and Canada with a variety of policy-related causes reported for both initiating familial separation and prolonging it. In the U.S., forced separation and separation by constrained choices influenced by migration policy have been identified as factors causing separation, and in Canada, the Family Reunification Program has been criticized for prolonging the separation of families following migration (Bélanger & Candiz, 2020; Naseh et al., 2024). These causes and prolonging factors of familial separation for migrant families are critically examined in relation to the mental health impacts they bring to transnational families (Bélanger & Candiz, 2020; Naseh et al., 2024). These articles present migration policy in the U.S. and Canada as an instigating and perpetuating factor to the separation of families as well as exploring the related mental health outcomes due to feelings of loss for these families.

Forces aside from governing bodies and their policies must be considered in their production of transnational families through separating members throughout the migration process. Unaccompanied immigrant minors are to be considered, in that sending minors to migrate alone into the U.S. and Canada is effectively separating them from their family, oftentimes for their survival (Formoso et al., 2025). The process of sending an unaccompanied immigrant minor into a new place of residence is often plagued by trauma and adverse experiences which brings a new host of mental health concerns alongside the loss of their family and loved ones in day-to-day life (Formoso et al., 2025; Patel et al., 2016). Separation from parents following migration may be related to sending minors unaccompanied for financial reasons or life circumstances or can happen later in the migration process; however, it has been noted through research as one of the most common stressors for migrant minors (Patel et al., 2016). Although family reunification is identified as a protective factor for the mental health and well-being of these unaccompanied individuals, it is often not easily acquired and as mentioned, can take years to achieve (Formoso et al., 2025).

The experience of migration for the purposes of studying are also included in the consideration of transnational families created through migration. Although international students migrate with the understanding that they will be spending a number of years away from their loved ones, the sense of loss is still present (Tsai et al., 2017). The loss of social network is noted as a risk factor for poor mental health symptoms for international students in being away from their family while dealing with acculturation stress in their new place of residence (Liu et al., 2022; Tsai et al., 2017). The experience of migration for international students is another example of causing the separation of families and loss of social connections instigating the mental health concerns and sense of loss associated with migration-related transnational families.

These articles serve to outline, using both qualitative and quantitative data, the situations and psychological impacts of both separation during the migration process, as well as following the migration process for those individuals and families migrating to Western countries.

### *Associated Mental Health Symptoms of Loss*

As previously noted, there is a significant toll on the mental health of those experiencing familial separation by way of migration presented throughout the research (Bélanger & Candiz, 2020; Carranza, 2022; Conway et al., 2020; Liu et al., 2022; Miller et al., 2018; Naseh et al., 2024; Tsai et al., 2017). Many studies conclude concerning increases in various detrimental mental health symptoms following separation from family members, which becomes exacerbated in many cases with the addition of uncertainty in reunification (Bélanger & Candiz, 2020; Carranza, 2022; Conway et al., 2020; Liu et al., 2022; Miller et al., 2018; Naseh et al., 2024; Tsai et al., 2017). The following studies highlight the symptoms of this separation for children and adults experiencing familial care transnationally.

In considering the effects of family separation on mental health, symptoms present emotionally and relationally for migrants within a cultural context. Conway et al. (2020) used quantitative data from questionnaires related to parent-child relationship and adverse childhood experiences (ACEs) to present the mental health concerns related to familial separation for Latinx adolescents with parents who migrated to the United States. Latinx youth who had experienced family separation impacting the parent-child relationship reported higher depression, anxiety, low self-esteem, symptoms of post-traumatic stress disorder (PTSD), and other behavioural and mental health concerns (Conway et al., 2020). Among Latinx youth, a positive parent-child relationship acted as a buffer for ACEs; however, the qualitative data showed that those separated from parents through migration reported poor relationship quality with their

parent, with more significant findings when it was the mother who migrated, impacting the quality of this buffer (Conway et al., 2020). Carranza (2022) completed a similar qualitative study in Nicaragua and El Salvador specifically exploring the experiences of children and adolescents who experienced familial separation through being “left behind” following their parent’s migration to North America. Carranza identified various symptoms of loss through interviews completed with adolescents with parents who migrated, grandparents/caregivers who took care of children of migrants, and community leaders/professionals who worked with children of migrants. These articles are presented as they complement one another in their differences in approach to data collection. The inclusion of quantitative data provides generalizable information while the qualitative data provides the sociocultural context in which to understand this experience.

The symptoms of family separation for children and youth as presented by these studies, include various influences on the parent-child relationship as well as mental health impacts. The research presents the various impacts and symptoms of separation, with one commonly noted experience among the youth interviewees being the question of whether their parents migrating actually resulted in “a better life” for the family as was hoped (Carranza, 2022). The risk associated with the effects of ACEs increases as do the poor mental health outcomes when children/youth are separated from parents through migration, notably because separation from one’s parent is considered to be an ACE in itself (Conway et al., 2020). Common symptoms discussed through the data included sadness, loneliness, lack of direction, lack of motivation, sleep disturbances, stress, an increase in responsibility/caregiving, anger, depression, anxiety, and PTSD among others (Carranza, 2022; Conway et al., 2020). In children left behind, behavioural concerns were also noted such as an increase in alcohol and substance use, school dropout/low

academic performance, teen pregnancy and disrespect for authority, in combination with concerns for the safety of these children in terms of being at higher risk for physical, emotional, and sexual violence and damages to familial relationships (Carranza, 2022; Conway et al., 2020). Importantly, reunification is not a “quick fix” for the relationship quality for adolescents who are reunited with their parents, and there are often feelings of loss and lasting impact on the adolescent’s well-being that leave the relationship complicated after reunification (Conway et al., 2020). This finding draws attention to the gravity of the wounds to the parent-child relationship that happen for migrants separated from family, as well as the level and longevity of risk associated with the presented mental health symptoms and feelings of loss for these individuals.

Miller et al. (2018) alternatively completed a mixed methods study with 165 participants that were separated from not only parent-child relationships but also grandparents, siblings, and other family members from Iraq, Afghanistan, and the Great Lakes Region of Africa following migration to the U.S. Arenas et al. (2021) completed a similar study utilizing quantitative data examining negative emotional well-being in 962 recent Mexican migrants living in the U.S. while separated from their family members. These studies provide similar findings when examining the experiences of children and youth from Latin America. Miller et al. identified several areas of concern in relation to the mental well-being of those who migrated to the United States through qualitative data; these include fearing for the safety of their family members, a sense of helplessness to support their family, emotional adversities, feelings of loss and loneliness, feeling conflicted about the migration, and cultural disruption. The quantitative data presented from the various participants in both studies included feeling loneliness, tired, sad, hurt, worried, stressed, and depressed in relation to being separated from their family members,

and was noted as more significant in women than in men (Arenas et al., 2021; Miller et al., 2018).

These studies present the experiences of familial separation in the form of mental health symptoms, through both qualitative and quantitative data. The qualitative data, as it is sharing the voices of these transnational families, provides a more candid look into the perspectives and emotional experience of the individuals. Participants shared the common sentiment that if they could have their family with them in the United States or even improved communication with them, it would help improve their mental wellness (Miller et al., 2018).

### ***Cultural Implications for Transnational Families***

The various disruptions to cultural practices and connections associated with familial separation in the context of migration have been briefly discussed throughout the literature review. It is important to highlight the impact of acculturation stress upon remaining connected to one's culture while attempting to adapt to the new culture associated with the new places of residence. To build upon the understanding of the importance of culture within the family system and highlight the detrimental nature of disruption to cultural practices and beliefs, the below articles outline the implications of separation for transnational families.

The disruptions and disconnect to culture within the family system as reported by migrants separated from their loved ones may be attributed to the reorganization of family roles following separation. In many cultures there are traditional and often gendered roles within the family system that align with their cultural worldview. The changes in these roles associated with the acculturation process following migration and family separation can often cause stress and conflict within the family system, alongside feeling disconnected from one's culture (Carranza, 2022; Mazza et al., 2025; Miller et al., 2018). These changes in roles are often related to

caretaking practices which are disrupted when the family system becomes separated through the process of migration. This disruption can be especially present for couples with children in which parenting practices can turn away from traditional gendered roles to more egalitarian gender roles (Carranza, 2022; Mazza et al., 2025; Miller et al., 2018). For Latinx parents separated from children and entering new types of caretaking roles, relationship satisfaction and interpersonal conflicts were noted as influenced by the separation and disconnect from tradition and culture (Mazza et al., 2025). For Latinx children separated from parents through migration, traditional gendered roles of parents can act as either protective factors if fathers who traditionally are less involved in caretaking migrate, or they can cause emotional distress if mothers migrate and disrupt the cultural norms associated with caretaking roles (Carranza, 2022; Walker & Venta, 2025). It has been identified through interviews with migrants that this shared experience of disruption to their cultural practices through being unable to fulfill traditional caretaking roles for their elders or children is associated with causing negative emotions, such as anxiety and worry (Carranza, 2022; Mazza et al., 2025; Miller et al., 2018; Walker & Venta, 2025).

The experience of feeling disconnected from one's religion and cultural practices following migration is commonly shared by migrants who leave their country/residence of origin but can be exacerbated for those who are also separated from their families. Miller et al.'s (2018) study showed that migrants' feeling of disconnect is influenced by not having their family around to encourage them to stay connected to their spirituality as well as taking part in cultural practices as a family. Participants described feeling a lack of guidance and disoriented without family to lean on for traditional and culturally informed advice and support (Miller et al., 2018). This disconnect from spirituality following migration is exacerbated when migrants become new parents; participants described missing the cultural continuity of their family teaching the

children about their cultural practices and beliefs (Miller et al., 2018). Being separated from both family and culture or spirituality exasperates psychological distress and feelings of loss for migrants, and it is noted to have the largest impact on mental and physical health during the resettlement process compared to other stressors (Miller et al., 2018).

### **Section 3: Ambiguous Loss**

Boss (1999) coined the term ambiguous loss following her research with families suffering from unresolved losses related to those missing in action from World War II, as well as families with loved ones suffering from dementia. However, the idea for the concept of ambiguous loss began in the 1970's with Boss noticing during her work in family therapy the influence of absent fathers on the mental health of the intact family (Dahl & Boss, 2020). The bulk of Boss's research utilizes observation and clinical work with clients, building her theory based on her experiences working face-to-face with individuals struggling with ambiguous losses (Dahl & Boss, 2020). Following her research, Boss outlined ambiguous loss as living with a loss that is both present and absent, meaning either a physical absence and psychological presence (i.e., family separation) or as a physical presence and psychological absence (i.e., loved one with dementia). Boss connects ambiguous loss to disenfranchised grief throughout her literature due to its definition as going largely unrecognized or unacknowledged by society, the media, or loved ones (Boss & Yeats, 2014; Doka, 1989). Since this original literature on ambiguous loss, Boss has gone on to propose a treatment outline and publish articles exploring the two types of ambiguous loss and the associated grief. It has been the focus of a growing body of research and exists at the centre of the current literature review.

### ***Ambiguous Loss Operationalized***

Boss and Yeats (2014) discuss ambiguous loss through their article as a still novel concept within the literature of grief and loss counselling, and they advocate for the assessment of not only type of grief within counselling but also type of loss. Through this article, the authors outline ambiguous loss as ongoing sorrow that does not require pathology but rather treatment as a complicated grief (Boss & Yeats, 2014). This approach relates to the idea that ambiguous loss, if treated in the counselling space as a pathology, assumes there is “something wrong” with the *individual* for lacking resolution in their grief, when rather, in the context of ambiguous loss, there is “something wrong” with the *loss* as it has no certain resolution. The authors share their experiences with clients experiencing ambiguous loss and draw connections to a common misdiagnosis of major depressive disorder as the symptoms are similar when the context of loss is not considered (Boss & Yeats, 2014). As the authors of this article were pioneers in building a treatment method for this type of loss, the presented article is based largely upon Boss’s previous research and the authors’ anecdotal experiences (Boss & Yeats, 2014). This article lacks in research evidence regarding the reliability and effectiveness of their method in use with clients but rather presents an overview of ambiguous loss and proposed methods of treating it (Boss & Yeats, 2014).

Within the current research on ambiguous loss, the indicators that aid in recognizing its presentation in individuals are centered within loss context and symptoms identified through standardized instruments. As mentioned, the definition for ambiguous loss as outlined by Pauline Boss is a loss that remains unclear (Boss, 1999). Boss and Yeats (2014) elaborates on ambiguous loss as a type of complicated grief presenting as an intense sorrow and sadness that must be considered within its context so as not to be confused with depression. Quantitative data

regarding ambiguous loss is most often retrieved utilizing the Inventory of Complicated Grief. This instrument is used to measure prolonged grief symptoms surrounding thoughts and beliefs related to the loss, alongside various other standardized instruments for depression, anxiety, stress, and PTSD or trauma symptoms (Miller et al., 2018; Renner et al., 2021). Though, within the growing ambiguous loss and family separation research with the population of migrants, qualitative data is more commonly received in the form of interviews with individuals sharing their anecdotal experience with unresolved loss (Carranza, 2022; Jerves et al., 2019). This difference is important due to the cultural sensitivity that qualitative data provides by including space for the cultural context and meaning to be portrayed when researching ambiguous loss and family separation with migrant populations (Nastasi, 2017).

### *Symptomology*

Boss (1999) often refers to ambiguous loss as “frozen grief” due to the uncertainty tied to the feelings of loss. People are often overwhelmed and left in a state of not being able to make decisions, take action, or let go when it comes to their loss and in day-to-day life. Boss describes the symptoms associated with ambiguous loss as those of complicated grief, such as interpersonal conflicts, hiding or suppressing emotions, distancing self from others, role confusion, diffuse boundaries, anger, anxiety, depression, guilt, and shame among others. Boss collected qualitative data in determining these symptoms as experienced by her clients with varying types of ambiguous loss and presents them anecdotally throughout her book. The symptoms associated with ambiguous loss as described by Boss are reflected throughout the research in this area specifically for transnational migrant families as well.

As mentioned, qualitative data is commonly leaned on in the research with migrant populations experiencing ambiguous loss. This data provides variability in descriptions of

symptoms, but there are consistent symptoms agreed upon across studies and identified through quantitative tests (Carranza, 2022; Jerves et al., 2019). The benefit of including qualitative data in research with migrant populations lies in the lens of cultural sensitivity and providing the cultural meaning as it relates to symptoms of ambiguous loss when presented alongside quantitative measures (Nastasi, 2017). Renner et al. (2021) completed a study examining the experiences of ambiguous loss among Syrian refugees following the disappearance of a loved one during war, a flight from Syria, or resettlement characterized by uncertainty if their loved one was still alive. Refugees described feelings of guilt, helplessness, avoidance behaviours, role confusion and stress in the family, difficulty in decision making, as well as economic, social, and legal concerns as consequences of experiencing an ambiguous loss (Renner et al., 2021).

Solheim and Ballard (2016) conducted a literature review that explored ambiguous loss in transnational families and found a similar emotional toll described in the literature. Solheim and Ballard noted symptoms such as worry, emotional pain, anxiety, stress, grief, and depression as experienced by individuals living separated from their family. Jerves et al. (2019) describe ambiguous loss symptoms within transnational families from the perspectives of adolescents by way of qualitative data. Adolescents who experienced ambiguous loss described symptoms of loneliness, sadness, anxiety, anger, lack of confidence, and confusion (Jerves et al., 2019).

Renner et al. highlight prolonged grief disorder (PGD) symptoms as consistent with those described by participants, and that, in those missing a member of their nuclear family, the PGD symptoms were elevated further than with extended family. There are consistencies presented throughout the literature of the described symptoms from these studies and a growing body of research into the experiences and symptoms specifically within migrant families.

Boundary ambiguity is a consequence of ambiguous loss that was originally outlined by Boss (1999) and is consistently highlighted throughout the research as an influence on the symptoms of ambiguous loss. Boundary ambiguity is the concept of uncertainty related to one's psychological family, meaning confused roles in the family due to the unknown regarding the responsibilities and membership within the family system when a loved one is absent (Boss, 1999). Boundary ambiguity is important to bring into this review due to the cultural context of migrant families. As previously noted, cultural disruption is highly distressing for migrant individuals and influences many mental health symptoms. Renner et al. (2021) highlight boundary ambiguity experiences as significantly associated with depression and PGD symptoms in Syrian refugees. Solheim and Ballard (2016) also describe the impact of boundary ambiguity on symptoms as the stress and anxiety brought up as a migrant feeling concerned with their inability to fulfill roles within their family from afar, and also as children left behind experiencing depression in relation to boundary ambiguity with a parent and building new attachments to other caregivers. Adolescents experiencing ambiguous loss through having a migrant parent also describe experiencing boundary ambiguity and note its impact on feeling that their parent's authority is unclear; this ambiguity can lead to feelings of fear and anxiety around parental responses and a lack of trust for their parent (Jerves et al., 2019). Boundary ambiguity provides further understanding into the influences on the experience of symptoms related to ambiguous loss and by depicting the cultural meaning surrounding mental health and distress as it relates to the traditional understanding of family.

As mentioned, at this point in the research regarding ambiguous loss in migrant populations, qualitative data is heavily relied upon due to its sensitivity for cultural context. However, with this body of research growing, there are new opportunities to propose

standardized measures for symptoms of ambiguous loss. Comtesse et al. (2023) proposed a measure to capture the psychological impact of ambiguous loss called the Ambiguous Loss Inventory Plus (ALI+). This proposed measure builds on the current research and qualitative data regarding the symptoms related to ambiguous loss and was reviewed by refugees to account for cultural competence in its creation (Comtesse et al., 2023). Comtesse et al. outline the symptoms of PGD as a baseline due to the past use of the inventory of complicated grief in research with ambiguous loss and PGD symptoms being found as elevated in individuals experiencing ambiguous loss. PGD symptoms are described as intense ongoing grief characterized by longing for their loved one, painful emotions, avoiding reminders of the loss, and “distress and impairment to daily life” for an extended period after the death (Comtesse et al., 2023). The authors then outline “normal” coping reactions to the uncertain loss of a loved one (ambiguous loss) as hope for survival/return, persistent rumination about the missing person and the disappearance itself, interpersonal conflicts, distress related to missing traditional mourning rituals, and the related cognitive, emotional, and behavioural reactions (Comtesse et al., 2023). However, they highlight that these coping reactions can be made complex by the ambiguity of disappearances and may show up as symptoms such as catastrophizing, avoidance, thinking patterns that are not based in fact, an overall intolerance of ambiguity, maladaptive emotion regulation strategies, and lowered levels of hope which are correlated with the symptoms of PGD (Comtesse et al., 2023). The ALI+ is comprised of three parts: part one explores the number of losses the individual has experienced and what type of loss (including deaths), part two gathers information about the individuals “grief-like” reactions after an ambiguous loss, and part three captures the psychological reactions or symptoms experienced since the loss (Comtesse et al., 2023). In examining the presented study and the proposed measure, insight is gathered regarding

the symptoms associated with experiencing an ambiguous loss as reviewed by those who have experienced ambiguous loss and more specifically those who identify as refugees and migrants.

#### **Section 4: Treatment Options in a Cultural Context**

As the psychological distress associated with ambiguous loss within transnational migrant families is outlined, it is important to explore the literature regarding treatment within a counselling context. Although culturally competent counselling models for individuals experiencing grief is present within the research, there is a gap in addressing counselling for ambiguous loss specifically for migrant families and individuals in a cultural context. Boss' model has been the subject of further exploration due to her original research surrounding populations of White nuclear families and the influence this has had on the treatment guidelines she produced lacking culturally sensitive adaptations (Dahl & Boss, 2020). Dahl and Boss (2020) acknowledge that the research regarding ambiguous loss in diverse populations is growing and encourage the continuation of this trend. Boss (1999) outlined the first specific model for counselling individuals experiencing ambiguous loss; however, it could see growth in cultural sensitivity and competence. Thus, the current literature review explores research regarding cultural adaptations in counselling, and more specifically within grief counselling, with the goal of understanding how these adaptations may be applied to the ambiguous loss model.

##### ***Ambiguous Loss Counselling Model***

The current model for counsellors addressing ambiguous loss within the therapy space is as outlined by Pauline Boss throughout her literature and has received various updates over time (Boss & Yeats, 2014). Boss and Yeats (2014) refer to the model as "the six guidelines for resilience with ambiguous loss" (p. 67). These guidelines are proposed as circular and not necessary to address in order, but rather viewed as important to take time working with each

guideline as it fits the client. The six guidelines provide an outline to the areas of which a counsellor can work with a client towards living with an ambiguous loss.

Boss and Yeats' (2014) six guidelines are as follows: finding meaning, tempering mastery, reconstructing identity, normalizing ambivalence, revising attachment, and discovering hope. Finding meaning centers on the idea of the client deciding what their situation of loss means for them. This first guideline provides the name of ambiguous loss and gives the client space to explore their meaning, encouraging positive meaning and working to ease negative meaning such as revenge or violence. Tempering mastery is the guideline for addressing accepting what cannot be controlled and easing guilt, and Boss and Yeats note that self-mastery may be used as a tool in this stage to reduce feelings of powerlessness. Reconstructing identity is the guideline where boundary ambiguity is addressed; it works with the idea of redefining relationships and accepting new ways of functioning as a family and community. Normalizing ambivalence explores the social context, creating a community in which talking about the loss is welcomed alongside complicated and conflicting emotions towards the loss. Revising attachment acknowledges the still present attachment bond to the lost person and explores the changes to that attachment without letting go of it completely. The last guideline, discovering hope, includes accepting ambiguity and exploring what the future may look like without including an image of the end of grieving, creating space for excitement of what may come while understanding the pain of the loss may still be present (Boss & Yeats, 2014). These six guidelines are designed to be used with individual clients, couples, or families in learning to grow resilience in living with an ambiguous loss. Boss and Yeats make reference to cultural considerations throughout their outline of the six guidelines including the influence of cultural community within finding

meaning and normalizing ambivalence, but there is room for further inclusion of cultural adaptations within the model.

### ***Cultural Adaptations in Counselling***

Cultural adaptations within the field of counselling are operationalized as systematically modifying evidence-based treatments to consider the cultural context of the client (Bernal et al., 2009). The production of cultural adaptation frameworks approach evidence-based treatments in counselling by being inclusive of clients' cultural beliefs and context which are impactful and central to both mental health and its treatment (Bernal et al., 2009). There is a history of strong evidence supporting the idea that culturally adapted counselling interventions provide more effective results in treatment with ethnic and racial minority adults, youth, and children (Griner & Smith, 2006, as cited in Bernal et al., 2009; Huey & Polo, 2008, as cited in Bernal et al., 2009). Cultural adaptations within counselling may present as including cultural values and concepts into interventions, utilizing the client's native language, involving cultural rituals, and involving the client's community or family (i.e., group therapy, social support; Bernal et al., 2009). Notably, cultural adaptations within counselling are suggested to be coupled with cultural competence, which is the inclusion of culture within counselling interventions and treatment but also within the counsellors practice and education (Bernal et al., 2009).

### ***Cultural Adaptations for Grief Counselling***

The current scope of grief counselling research in a cultural context has grown significantly in recent years, which has been multiplied by the inclusion of PGD in the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; *DSM-5-TR*; American Psychiatric Association, 2022) and now includes cultural information in its description of PGD (Aeschlimann et al., 2024). Clinical psychology as a field has promoted the

culturally sensitive approach to grief counselling throughout research in recent years by identifying the role culture holds in both how mental health issues are expressed in individuals but also how it influences the context of grief and loss (Aeschlimann et al., 2024). These differences show up in the expression of grief, rituals and practices for mourning, and the beliefs held around death and loss (Aeschlimann et al., 2024). The culturally infused counselling (CIC) model is at the center of this review of research presenting cultural adaptations to be applied to grief counselling (Arthur, 2018). The CIC model holds the view that both culture and social justice are necessary and foundational in working ethically in counselling practice, and ongoing personal reflection and curious learning about culture is the basis at which these adaptations exist (Arthur, 2018). This model highlights the growth in professional competence and research when it comes to culturally sensitive approaches to counselling in the context of death and dying.

Aeschlimann et al. (2024) completed a scoping review of the literature regarding best practices and the general cultural adaptation process for grief counselling and interventions. This work is significant to provide rationale for necessary adaptations when approaching ambiguous loss, especially when considering the limited proposed treatment models for this type of loss. Aeschlimann et al. identified various culturally sensitive adaptations for interventions and grief counselling when considering a cultural context. Tailoring and presenting interventions for a specific loss (i.e., parent or child) was identified as being significant due to the cultural significance and implications of those types of losses within some contexts (Kalantari et al., 2012, as cited in Aeschlimann et al., 2024). The inclusion of group-based interventions was another adaptation that was highly present. Including a group format in some capacity is notably important within a cultural context to provide community for those in community-oriented cultures and to encourage conversation in communities where mental health is highly stigmatized

(Tong et al., 2020; Brave Heart et al., 2019, as cited in Aeschlimann et al., 2024). A focus on building social support was highlighted throughout the review due to its importance in community-oriented cultures as well as the barriers to feeling community as may be experienced by migrants experiencing grief (Taylor et al., 2007; Mason et al., 2020; Chen et al., 2020, as cited in Aeschlimann et al., 2024). Including religious or cultural practices/rituals within the therapeutic work was noted as a method to increase effectiveness throughout the process as well as addressing barriers for migrants who may not have access to such rituals in new communities (Wojtkowiak et al., 2021, as cited in Aeschlimann et al., 2024). Continuing bonds is considered a culturally sensitive approach to grief counselling because it highlights the sustained connection to a deceased loved one as is inclusive of many cultures (Suhail et al., 2011, as cited in Aeschlimann et al., 2024). Aeschlimann et al. also noted a surprising finding that throughout the research there was an obvious preference for face-to-face delivery within cultural contexts, but future research in this area is called for to account for barriers for individuals unable to attend in-person due to their social location. The presented adaptations specific to grief counselling align with the domains of the CIC model in which culturally responsive and socially just change processes are centered on collaboration and engaging in interventions that address and honor the culture and social location of the client (Arthur, 2018). Importantly, when applying culturally sensitive adaptations to counselling migrant populations experiencing ambiguous loss, counsellors should position themselves in a place of curiosity rather than that of an expert (Arthur, 2018). Building competence into the ways the above adaptations may be applied to ambiguous loss counselling is the foundation; however, the client's life is the context in which the experience exists, and ensuring the process is client-driven is at the center of the CIC model (Arthur, 2018). These various adaptations and foundational CIC concepts to grief and loss

counselling are both accessible and necessary when treating ambiguous loss within a cultural context and are applicable to the current ambiguous loss treatment model as will be presented within the findings.

### *Professional Competency*

In examining professional competency regarding counselling ambiguous loss for transnational families in today's global context, rather than presenting statistics or literature on the level of competency, it must be addressed by noticing the gaps in the accessibility to build competency. As previously mentioned, there is a high level of accessibility to build competency in grief counselling evidenced by the massive body of research spanning numerous years into theories, strategies, interventions, and models for counselling individuals experiencing grief. There are also consistent and growing strides in the field of culturally sensitive counselling and further, culturally sensitive grief counselling (Aeschlimann et al., 2024; Arthur, 2018). However, evidenced by this literature review, research regarding counselling ambiguous loss remains a gap in the field of grief counselling and further within cultural contexts. The rationale for this belief comes from the lack of treatment outlines for culturally infused models for counselling ambiguous loss, and more so by noticing that only a single model still exists. The field of ambiguous loss research has shown growth in recent years, with most studies in this area being presented within the last 10 years. Compiling this information provides rationale to conclude that there is a gap in the ability to build professional competency for counsellors in recognizing and treating ambiguous loss effectively. However, in acknowledging the prevalence of ambiguous loss in migrant populations, let alone broader global populations, there is a call for the promotion of further education and competency for counsellors in the field of ambiguous loss.

## **Conclusion**

The presented literature review explored the experience of familial separation by way of migration that creates transnational families and the associated mental health impacts and cultural disruptions, the presentation of ambiguous loss in these populations, as well as the current treatment options and how they might be adapted to become culturally infused and sensitive within the context of transnational families. Findings from the literature review show the importance of recognizing ambiguous loss in these populations due to the biological, psychological, social, and spiritual impacts it has on migrant individuals experiencing family transnationally. Adaptations were presented that may be applied to the current ambiguous loss counselling model as influenced by cultural adaptations, culturally sensitive grief counselling, and the CIC model (Aeschlimann et al., 2024; Arthur, 2018). The writer identified a gap in accessibility to achieve professional competency when treating ambiguous loss as experienced by transnational families in counselling spaces and calls for future research in developing further adaptations for counselling ambiguous loss within cultural contexts and promoting professional competency in this area.

## **Chapter 3: Discussion and Applied Practices**

### **Discussion and Applied Practices**

The aim of the presented capstone included the goal of building an understanding for the reader of ambiguous loss as a concept and its impact on those experiencing familial separation due to migration. An additional goal was to promote competency for counsellors working with ambiguous loss specifically within a cultural context, such as transnational families, utilizing a culturally sensitive lens. The presented research questions included: (1) What is the presence and impact of ambiguous loss on migrants and their families that are experiencing family

transnationally? (2) How does the current research literature on ambiguous loss represent migrant families and migration-related losses? (3) How does the current model for treating ambiguous loss through counselling address the needs of transnational families? How might it be modified to do so within a cultural context? In revisiting the research questions that guided this project, there are learnings and appreciations to be expressed.

The impact of ambiguous loss on transnational migrant families was presented over various factors throughout the literature. The mental health impacts were highlighted intentionally due to the counselling-related nature of the present project, and the following was concluded. The experience and symptoms of loss associated with familial separation by way of migration produced many negative mental health outcomes, some in the form of acting as a trauma or ACE, producing feelings of sadness, loneliness, anger, stress, worry, bringing forward sleep disturbances, anxiety, depression, PTSD, damage to familial relationships, worry, longing, and sorrow (Carranza, 2022; Conway et al., 2020; Miller et al., 2018). Cultural disturbances were also noted as they relate to the mental health experience of many migrants. These disturbances included distress related to the disruption to religious and cultural practices, the reorganization of traditional family roles, and the experience of boundary ambiguity within cultural contexts (Boss, 1999; Carranza, 2022; Miller et al., 2018; Renner et al., 2021; Solheim & Ballard, 2016). Cultural disruptions were found to influence feelings of purpose, anxiety, disorientation, disconnection, abandonment, lacking guidance or direction, and feelings of loss or sorrow (Boss, 1999; Carranza, 2022; Miller et al., 2018; Renner et al., 2021; Solheim & Ballard, 2016). Behavioural and relational impacts are also identified throughout the literature, notably for children and youth, including the increase in alcohol/substance use, school dropout/low academic performance, teen pregnancy, disrespect for authority, and concerns for safety due to

increased risk of physical, emotional, and sexual violence (Carranza, 2022; Conway et al., 2020). Notably, these experiences, behavioural impacts, and mental health symptoms can go on for years with no information regarding the length of time a separation may last, and this exasperates the experience of loss when considering the context of uncertainty (Bélanger & Candiz, 2020; Naseh et al., 2024).

For the purposes of the presented capstone, much of the research presented either the experiences of transnational families or ambiguous loss as a concept. Finding research that examined experiences of ambiguous loss within the transnational family proved to be scarce and quite recent, beginning slowly around 2016 and increasing within the last 5 years. This finding was beneficial in providing updated research and reviewing relevant literature to present global context, but there is a lack of research presenting trends overtime or evidence for effective treatment methods.

The final research question provided curiosity regarding the transition of research to treatment in relation to counselling transnational migrant families experiencing ambiguous loss. The writer expected to find a gap in this area of the literature and was presented with little relevant research exploring the treatment of this population. There is still only one presented treatment outline for addressing ambiguous loss in counselling since its introduction in 1999 (Boss, 1999; Boss & Yeats, 2014). There have been few attempts to address the lack of suggested cultural adaptations for the current ambiguous loss counselling model, and those who have visited this gap provide theoretical models (Perez, 2016; Solheim & Ballard, 2016). The third research question also asked how the current ambiguous loss counselling model may be modified, which can be done through culturally sensitive grief counselling adaptations alongside a foundation of the CIC model (Aeschlimann et al., 2024; Arthur, 2018). These findings present

grief-related adaptations that may be applied to counselling with ambiguous loss and provide opportunities for pairing with the current ambiguous loss model and identified adaptations to promote cultural sensitivity (Aeschlimann et al., 2024; Arthur, 2018; Perez, 2016; Solheim & Ballard, 2016). As a response to the presented literature and research questions, the writer proposes a culturally infused adaptation to the current six guideline counselling model for ambiguous loss.

### ***Proposed Culturally Adapted Counselling for Ambiguous Loss***

Solheim and Ballard (2016) approach the ambiguous loss model when considering transnational families experiencing ambiguous loss from the perspective of a theoretical review. Solheim and Ballard do so by reviewing the existing literature regarding ambiguous loss and the impacts on voluntary transnational families (excluding those of which separate involuntarily, i.e., going missing at war) and propose adding three factors to Boss' original theoretical model. The three factors added are attributed specifically to the idea of boundary ambiguity due to the specific influences on this construct in a cultural context as well as the association between boundary ambiguity and increased distress for transnational families (Solheim & Ballard, 2016). Examining boundary ambiguity within a cultural context, the three added factors increasing distress include cultural norms, ability to fulfill roles, and possibility of reunification (Solheim & Ballard, 2016).

Adding cultural norms to the present ambiguous loss model include understanding norms of migration, norms for caregiving, and norms for enacting gender (Solheim & Ballard, 2016). These norms were added because traditional and engrained cultural expectations are carried with the individual to their new place of residence and boundary ambiguity becomes further distressed

when the individual is unable to enact their cultural expectations as they would like, leading to a further sense of loss (Solheim & Ballard, 2016).

The inclusion of 'ability to fulfill roles' into boundary ambiguity within the ambiguous loss theory applies to the sense of loss associated with inconsistent contact with family, socioeconomic instability, legal status, and employment status following migration (Solheim & Ballard, 2016). When these factors are available and accessible, distress related to boundary ambiguity is lowered; when these factors are not stable, however, the individual may struggle to fulfill their culturally significant roles as they desire (Solheim & Ballard, 2016). The inability to fulfill traditional roles within their family can further increase the sense of loss associated with migration for the migrant as well as their transnational family members (Solheim & Ballard, 2016).

Finally, the possibility of reunification is described as important to the ambiguous loss theory when considering transnational families in a cultural context due to the influence this has on distress and sense of loss (Solheim & Ballard, 2016). The possibility of reunification is influenced by two factors: the length of separation and the changes to the family system (Solheim & Ballard, 2016). Both physical distance as well as cultural distance become present as the length of separation increases (Solheim & Ballard, 2016). Migrant individuals often become assimilated to new cultures as they stay in their new place of residence for longer and therefore often become further distanced from their traditional cultural practices and beliefs. This distance can create further distress in experiencing the sense of loss of family connection and boundary ambiguity becomes more apparent (Solheim & Ballard, 2016). Changes to the family system also develop further as the length of separation increases, which can contribute to the possibility of children growing closer to other caregivers, parents remarrying, separation or divorce, or further

partial family migration (Solheim & Ballard, 2016). Boundary ambiguity becomes especially present as reorganization of family roles begins and the possibility of reunification is uncertain, which furthers the sense of loss experienced by members of the transnational family (Solheim & Ballard, 2016).

The addition of these three factors to the ambiguous loss theory provide rationale for adaptations to approaching the six-guideline model for ambiguous loss in the counselling space with transnational families by creating further understanding into the cultural factors influencing loss-related distress. These additional factors provide opportunities for competently approached curiosity within the counselling space in striving to understand a client's experience in the appropriate cultural context.

Perez (2016) explored the experience of ambiguous loss for Cuban Americans who had been exiled from Cuba between 1959 and 1971 when Fidel Castro came into government and left many individuals with no choice but to leave in fear. This experience left many Cuban Americans with no certainty regarding when or if they may return to their homeland, but they maintained a psychological connection to their homeland and their loved ones left behind (Perez, 2016). In examining this population of Cuban migrants, the article proposes three adjustments to the six guidelines outlined in Pauline Boss' original model: changing tempering mastery to "adjusting mastery," reconstructing identity to "maintaining and redefining identity," and discovering hope to "discovering new hope" (Perez, 2016).

The aim of adjusting mastery rather than tempering mastery is culturally inclusive because it considers the frustration and distress associated with feeling forced into migration to a new place where one's sociocultural status was not what it once was (Perez, 2016). Adjusting mastery refers to the adjustment of meaning regarding mastering the individual's new reality and

modifying expectations regarding their possible achievements in America (Perez, 2016). In the linguistic context, tempering implies a restraining of what one hopes to achieve following migration, whereas adjusting it is a gentler and more accessible view of how one might go about meeting the goal of mastery in their new place of residence. Perez (2016) utilizes the example of the sense of loss and impact on the self-esteem of Cuban American's who had a strong sense of mastery over their lives in Cuba and experienced difficulty achieving that same sense of mastery in America. In this example, 'adjusting' the mastery for their new life in the U.S. would be more culturally sensitive in approaching these topics in counselling than utilizing a concept such as 'tempering.'

The idea of reconstructing identity being adjusted to maintaining and redefining identity is a culturally sensitive adaptation to the six guidelines. This change promotes the maintenance of the migrant's culture as part of their identity while exploring the inclusion of their new place of residence into how one defines themselves (Perez, 2016). Perez (2016) elaborates on the ways in which Cuban Americans have maintained the inclusion of Cuban culture into life in America and thus maintains a large part of cultural identity for many Cuban Americans. Rather than focusing only on the reconstruction of one's identity following ambiguous loss, this modified guideline accounts for the cultural significance of maintaining one's identity and beliefs even in the face of distress and loss (Perez, 2016).

Discovering new hope refers to the process of discovering what one wants to hope or dream for following migration and the experience of ambiguous loss (Perez, 2016). The specific adjustment to include 'new hope' is culturally sensitive and inclusive for those who originally may hope to go back home after migration or to have their loved ones close to them, and though these hopes are remarkably valid they may not be realistic (Perez, 2016). When considering the

six guidelines in working with transnational families, encouraging the discovery of new hopes is culturally sensitive in acknowledging their previous hopes while promoting the exploration of new opportunities and realistic hopes for them while coping with ambiguous loss (Perez, 2016).

These revised guidelines highlight the importance of the foundation of CIC and the need to grow counsellors' competencies so they can make these adjustments and consider factors outside of the original six guidelines to be culturally sensitive in the counselling space with transnational families. Combining the presented adaptations to Pauline Boss' six guidelines for counselling ambiguous loss with the culturally sensitive grief counselling adaptations provides a comprehensive approach to counselling with migrant populations experiencing familial separation.

The author of the present capstone proposes a culturally infused six guideline counselling model alongside further development of current counselling treatment models for ambiguous loss. Building upon or updating the outlined six guidelines from Boss (1999) could provide relevant and up-to-date protocols to meet the needs and context of our current global society, as evidenced by the presented literature for migrant populations and the requirement for cultural adaptations to the model. The findings of this capstone only further present research in ambiguous loss identifying it as a common experience. Although this literature review specifically explored the concept within the population of migrants in a cultural context, it provides rationale for understanding how common the experience is among global populations. Critically considering the other possible experiences of ambiguous loss, such as dementia caregivers, children of divorce, or individuals who go missing by way of human trafficking, opens the conversation to how common of an experience ambiguous loss is. As such, it is important for counsellors to build competency into ambiguous loss as a concept, and further

research is needed to identify effective treatment methods. The presented capstone provides a stepping stone to utilizing the current six-guidelines model alongside culturally sensitive adaptations but calls for further research moving forward in a proposed culturally infused six guideline counselling model.

The largest limitation of the present capstone project lies in the lack of literature regarding evidence-based practices for ambiguous loss in a cultural context. Further research in this area should focus on building qualitative and quantitative data exploring the effectiveness of counselling those experiencing ambiguous loss. This recommendation relates not only to counselling for ambiguous loss utilizing the presented cultural adaptations for migrant populations, but also for ambiguous loss treatment generally, as the outlined six-guideline model by Pauline Boss lacks research into its effectiveness. An inability to achieve generalizability of research findings was noticed throughout this literature review due to small sample sizes, often not randomized or provided with a control, and an overall lack of data in this area of loss. This gap is likely related to the lack of competency in the area of ambiguous loss and because it often goes unnoticed or unacknowledged in counselling spaces, more so for marginalized populations of which mental health care and inclusion in research is often characterized by barriers. Further inclusion of ambiguous loss in education systems and programs teaching future generations of counsellors is also needed to promote further awareness of ambiguous loss and inspire research in this area of practice.

### **Ethical Considerations**

In proposing a culturally infused adaptation to the current ambiguous loss counselling model, it is imperative to consider the ethical responsibilities for counsellors approaching treatment in a cultural context. As previously introduced, the *Canadian Code of Ethics for*

*Psychologists* is utilized when reviewing ethical considerations for the present capstone (CPA, 2017).

### ***Non-Discrimination and Respect for Dignity***

The current capstone presents a proposal for cultural adaptations to counselling clients experiencing ambiguous loss within a cultural context. As counsellors, we have an ethical duty to demonstrate and promote respect for others, including those with cultural perspectives and values different from our own (CPA, 2017). This duty is imperative both within and outside of counselling spaces and includes utilizing language that demonstrates that respect and abstaining from activities and practices that are disrespectful or discriminating, as outlined in Principle I of the *Code*, Respect for the Dignity of Persons and Peoples (CPA, 2017). This principle aligns with the current capstone and proposed cultural adaptations as it highlights the ethical importance in actively seeking non-discrimination and respect for cultural beliefs, values, and knowledge as outlined by culturally sensitive and inclusive counselling for migrant populations.

### ***Cultural Competence and Continued Education***

Principle II: Responsible Caring in the *Code* outlines the responsibility of counsellors to actively seek continuing education and competence (CPA, 2017). This principle is largely related to the current capstone as it highlights a gap in the current research regarding ambiguous loss and sought out to explore how this gap might be addressed as well as future directions. Incompetent action and inactivity related to furthering knowledge is considered to be unethical; therefore, seeking and contributing to knowledge in the field of counselling is essential to maximizing benefit and minimizing harm within counselling practice (CPA, 2017). The body of research regarding ambiguous loss counselling for migrant populations was found to be lacking in breadth and requiring further growth. Noticing this gap and addressing it by way of proposing further

research and accessibility for competence is aligned with the ethical responsibility of the writer. Utilizing research and furthering knowledge, as the current capstone contributes to, is ethically necessary when counselling in cultural contexts and building competence within practice. The current capstone is actively promoting further competence for counsellors and readers of the capstone as further ethical commitment to building cultural competence and active continued education.

### ***Responsibility to Society***

The responsibility to work in collaboration with others and reflect an openness to feedback regarding work as counsellors is highlighted in Principle IV: Responsibility to Society (CPA, 2017). This principle relates to not only taking part in self-reflection and active collaboration in the writing of the present capstone project but also the responsibility to contribute to the understanding of human beings within society (CPA, 2017). The participation and contribution to continuing education as it relates to the proposal of cultural adaptations for counselling with ambiguous loss is a commitment to this ethical responsibility. Respecting society and building knowledge regarding culture and communities is also reflected throughout this capstone and ethically necessary while counselling within cultural contexts (CPA, 2017). The present capstone aims to be a resource in building competence and promoting ethical counselling as it relates to ambiguous loss in migrant populations.

### **Reflections on Personal Learning**

The presented capstone project has been an extremely valuable process to myself as the writer. I have gained further understanding of what competency in the area of ambiguous loss presents as, and I further deconstructed what my hopes for future directions might be. Coming into this project with a personal experience of long-term ambiguous loss, I was surprised by how

much my competency has grown through this process but also how it is limited by what I have yet to learn and what is unresearched at this point. I have gained an appreciation and understanding of the importance of evidence-based practice through my recognition of the lack of such in the area of ambiguous loss counselling in researching this capstone topic. My personal learning and reflection from this realization has further ignited my ethical duty to keep up to date on emerging research, and I hope to see the area of ambiguous loss and marginalized populations continue to grow in coming years. After learning about ambiguous loss myself and relating my own experience to much of my understanding, challenging myself to reflect on my bias in this area and work to view this experience from a different lens was a powerful exercise in reflexivity. Letting go of my desire to “prove” that ambiguous loss is all too often going unnoticed and unacknowledged, and rather focusing on what research and literature there is and how we can use it and how I can present it adequately to the reader was a challenge and a learning experience. This project has only further ignited my passion in regard to promoting competency in ambiguous loss, especially following my understanding of the commonality of this experience. Loss is a human experience, and ambiguity provides opportunity for complication in that grief process. I am proud that I have built further competency in this area for my future practice.

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