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## **Unresolved and Ambiguous Losses in Childhood: Invisible Wounds and the Potential for Resilience in Adulthood – Healing Through Prayer and New Relationships**

*Nerazrešene in dvoumne izgube v otroštvu: nevidne rane in možnosti za odpornost v odrasli dobi - zdravljenje z molitvijo in novimi odnosi*

*Abstract:* This article examines the concept of unresolved and ambiguous loss in childhood, exploring its various manifestations and the profound impact it can have on individuals throughout their lives. Drawing on the theory of attachment, child development, ambiguous loss, and unresolved grief, the author critically highlights how the overlooked and invisible wounds of various childhood losses often shape adult life. The aim is to shed light on the overlooked hardships of individuals often not recognised by society. This article will emphasise the importance of fostering new relationships in a safe environment. In addressing and resolving these invisible wounds, the author will, as a scientific contribution to the field of invisible childhood wounds, highlight the importance of contemporary relational family therapy. New relationships, which may include a relationship with God, are considered a key aspect of healing. The relationship with God is discussed as a possible way of healing deep wounds from childhood.

*Keywords:* unresolved loss, ambiguous loss, childhood, relational family therapy, prayer

*Povzetek:* Prispevek obravnava koncept nerazrešene in dvoumne izgube v otroštvu, proučuje njene različne izraze in globok vpliv, ki ga lahko ima na posameznikovo življenjsko pot. Na podlagi teorije navezanosti, otrokovega razvoja, dvoumne izgube in nerazrešenega žalovanja avtorica kritično poudarja, kako spregledane in nevidne rane različnih izgub iz otroštva pogosto oblikujejo življenje odraslih. S tem želi osvetliti spregledane stiske posameznikov, ki jih družba pogosto ne prepozna. Avtorica poudarja pomen spodbujanja novih odnosov v varnem okolju. Pri obravnavi in razreševanju teh nevidnih ran je, tudi v smislu njenega

znanstvenega prispevka, izpostavljen pomen sodobne relacijske družinske terapije. Novi odnosi lahko vključujejo tudi odnos z Bogom in veljajo za ključni vidik zdravljenja. Odnos z Bogom se obravnava kot možen način zdravljenja globokih ran iz otroštva.

*Ključne besede:* nerazrešena izguba, dvomna izguba, otroštvo, relacijska družinska terapija, molitev

## 1. Introduction

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Childhood is often perceived as a time of innocence and carefree joy. For many people, however, it can also be a time marked by significant losses (Paul and Vaswani 2020, 1; Ferow 2019, 1) that have an impact well into adulthood. These losses can leave emotional wounds that may go unnoticed or unresolved for years.

Unresolved childhood losses encompass a wide range of experiences, including the death of a parent(s), grandparent(s) or sibling(s), parental divorce or separation, parental incarceration, mental illness in the family or other traumatic events such as foster care placement or adjustment (Ferow 2019, 1), neglect, physical or emotional abuse, and other traumatic events. What characterises these losses is not only their occurrence in childhood but also the lack of adequate support or coping at that time (Maier and Lachman 2000, 183). Children may not have the cognitive or emotional resources to fully process their grief or make sense of their experiences, resulting in unresolved feelings that persist into adulthood (Biank and Werner-Lin 2011, 272; Chachar, Younus and Ali 2021, 1).

The effects of unresolved childhood loss can manifest in a variety of ways, affecting emotional, psychological, and even physical well-being. Individuals may struggle with low self-esteem, feelings of worthlessness, anxiety, depression, and difficulty establishing and maintaining relationships. Unprocessed grief can also manifest itself in maladaptive coping mechanisms such as substance abuse, self-harm or other destructive behaviours. Furthermore, these unresolved losses can affect how people perceive themselves, others and the world around them, shaping their beliefs, values and attitudes throughout their lives (Biank and Werner-Lin 2011, 272; Gribneau Bahm et al. 2017, 193).

It is evident that modern society has made considerable progress in understanding various aspects of life, yet there is still a significant amount of confusion in the area of children's grief and emotions. The losses experienced by children are often viewed and examined through the lens of adult understanding (Noble-Carr 2017, 41). Due to the different perceptions of time and space that children have at different stages of their development, their understanding of different losses is also very different (Biank and Werner-Lin 2011, 277). This makes them vulnerable to being overlooked.

However, the concept of unresolved loss is a significant factor in childhood experiences, as evidenced by the influence of attachment theory. This theory ef-

fectively captures the aspect of unresolved loss in childhood as determined by the Adult Attachment Interview (AAI) instrument (Bakkum et al. 2022, 587).

Furthermore, relational family therapy enables the identification of unresolved affects associated with the loss. The therapeutic process provides the therapist with a sufficiently safe environment to address unresolved affects that are often stored in implicit memory (Gostečnik 2019, 333; Simonič and Poljanec 2008, 249).

## 2. Can Ambiguous Losses in Childhood Become Unresolved Losses?

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Unprocessed loss in childhood, whether through death or absence, can have a significant impact on cognitive and emotional development (Biank and Werner-Lin 2011, 271; Gribneau Bahm et al. 2017, 191). This can manifest in increased neurophysiological sensitivity to memories of loss and lead to disturbances in psychological functioning (Gribneau Bahm et al. 2017, 191). An ambiguous loss, where a person is physically present but psychologically absent, can be particularly challenging for children as it can lead to prolonged and unacknowledged grief (Boss 2009, 24). One place where this is particularly relevant is, for example, foster care and adoption, where children often experience ambiguous loss and even disenfranchised loss (Dutil 2019, 179; Miedema 2023, 7).

The inability to resolve ambiguous losses can result in significant personal and familial difficulties. These difficulties do not result from psychological deficiencies among those involved; rather, they arise from uncontrollable circumstances or external pressures that impede their capacity to cope and grieve effectively. Furthermore, ambiguous loss involves a unique uncertainty, often stemming from unclear information about the loss or differing views on the presence or absence of family members within the close-knit group. For instance, children of a missing military parent might have no details about their father's status, leaving his fate unknown. Conversely, children from a divorced household might be aware of their father's location and maintain contact, yet dispute with their mother about his ongoing role in the family (Boss 2009, 7).

Two basic types of ambiguous loss can be distinguished. In the first type of ambiguous loss, the person is perceived by family members as physically absent but psychologically present, as their fate is uncertain. The cases of missing persons exemplify the catastrophic form of this type of loss. In addition, there are cases of loss in divorce and adoptive families where a parent or child is perceived to be psychologically absent or missing (Boss 2009, 8; Ferow 2019, 3).

Moreover, ambiguous loss is a stressful event that goes beyond the normal human experience, similar to the triggers of post-traumatic stress disorder (PTSD), but with persistent uncertainty. Unlike PTSD, which stems from specific events, ambiguous loss is long-lasting and debilitating. The consequences are the same as PTSD, for example, depression, anxiety, and guilt, but it is an ongoing trauma. Relatives descri-

be it as a rollercoaster ride of hope and hopelessness, where loved ones are lost, found, and lost again. This cycle results in psychological numbing and can lead to cognitive and behavioural avoidance processes. Similarly, people who experience ambiguous loss feel helpless and can become immobilised by the constant uncertainty (Boss 2009, 24; Fearon and Mansell 2001, 380; Wild, Duffy and Ehlers 2023, 2).

The occurrence of parental divorce, as an example of ambiguous loss during childhood, has been linked to an increased prevalence of psychiatric disorders, with a particular association observed with substance abuse disorders (Tebeka et al. 2016, 678). Furthermore, ambiguous loss rarely results in emotional resolution or a clear understanding. This loss perpetuates a relentless search for answers, which complicates and delays the grieving process, often resulting in unresolved grief (Doka 2017, 66, 93). Unresolved grief is characterised by a persistent yearning for the lost individual and difficulty in accepting the loss, which can result in significant emotional and physical symptoms that can become debilitating. This frequently gives rise to self-destructive behaviours such as self-isolation, neglect of self-care, and increased substance use (Lytje and Dyregrov 2019, 16).

### **3. (Un)Resolved Loss of a Parent in Childhood**

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The death of a parent, experienced by 4–7% of children in Western countries by the age of 18, is consistently ranked as one of the most stressful events a child can endure. Retrospective studies have found lasting psychiatric consequences in children who lose a parent. However, knowledge about the extent, course, or predictors of psychiatric outcomes in these bereaved children remains limited (Paul and Vaswani 2020, 2; Rostila 2016, 1103).

Furthermore, the death of a significant person in one's life requires an adjustment of one's internal working model to account for death as a fundamental aspect of reality. Research based on attachment theory assumes that an unresolved loss is essentially an unintegrated experience of loss within the individual's internal working model. Occasionally, a person may acknowledge the loss, but if the loss is not accepted as a permanent phenomenon, this may manifest as psychological disorganisation (Beverung 2012, 2; Erzar and Kompan Erzar 2011, 117). This can be measured with the Adult Attachment Interview (AAI). In addition, two dimensions of the Adult Attachment Coding Manual capture unresolved loss. These are the constant search and longing for the object of attachment and the inability to accept the reality of loss (Jacobvitz and Reisz 2019, 174; Main, Hesse and Goldwyn 2008, 49). In the context of conducting Adult Attachment Interviews (AAI), one can observe instances of mental disorganisation and confusion in the transcripts of these interviews. It is important to focus on the interviewee's linguistic patterns when discussing the loss (Jacobvitz and Reisz 2019, 174). In such cases, long silences, unfinished sentences, disoriented speech or confused statements can be observed when the respondent talks about the loss (Beverung 2012, 3; Erzar and Kompan Erzar 2011, 117; Main, Hesse in Goldwyn 2008, 49).

Moreover, attachment trauma can be traced back to various disturbances in childhood relationships. Separation is particularly stressful for young children, as they lack a cognitive understanding of time and perceive this as indefinite abandonment by their primary caregiver. The fear of abandonment triggers deep anxiety in these children, which is exacerbated by their inability to understand the temporary nature of separations or to distinguish between the literal truth and perceived threats. The death of a caregiver is consistently experienced by infants and young children as abandonment, leading to a loss of both physical and emotional security (Ringel 2019, 116).

Furthermore, Biank and Werner-Lin (2011, 272; 273) examine the long-term effects of grief in childhood and find that children's understanding of loss evolves as they mature. Bereaved children and adolescents are able to revisit and reintegrate the loss of a parent as their emotional, moral and cognitive abilities mature. The understanding of early loss can be modified by cognitive development in the presence of a caretaker for the bereaved child. Otherwise, unresolved traumatic losses in childhood can result in an unresolved, complex grieving process and dysfunctional relationships in adulthood (Ferow 2019, 3; Ringel 2019, 120).

#### **4. A Double Task for Children Experiencing Loss**

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An extensive literature examines how early parental loss and grief affect a child's development and core competencies. This literature highlights the challenges a child who has experienced the loss of a parent faces in coping with normative developmental tasks and primary grieving tasks (Ferow 2019, 1; Kissil 2016, 224). As these processes occur simultaneously, the loss of a parent (through death, divorce or mental illness) and the subsequent grief are inextricably intertwined with the structure of the grieving child. The developmental process is hindered by the influence of guilt-laden magical thinking, reunion fantasies, and the lingering devastation and regret about the life that could have been if the parent were still alive. The absence of the parent suggests that the child lacks the familiar support to accomplish tasks that are considered normal or grief-related. The potential psychological loss of the parent who chooses to persist in their grief or disappointment may result in children attempting to manage the process of growth and grief on their own (Ferow 2019, 4).

Furthermore, the literature on child development shows that children's acquisition of cognitive, moral and emotional skills is, to some extent, sequential and cumulative. Before venturing into more complex tasks, children must first master the skills required for earlier tasks (Carlson 2005, 599; Doebel 2020, 4). When a child experiences disabling grief, they are overwhelmed with the tasks of grief and may not be able to continue their development. Consequently, the changes that occur as a result of the illness and death of a parent have a significant impact on the child's developmental trajectory (Cipriano and Cipriano 2017, 122; Fiorini and Mullen 2006, 31). It is not uncommon for children, including school-age children, to experience developmental regression (Ferow 2019, 4). Children are unable to

understand and process separation and its immediate or long-term consequences, either morally or cognitively. As a result, they are unable to complete the grieving process. Children experience the loss of a parent or parents at different stages of development. Furthermore, researchers hypothesise that in reinterpreting the death of their parent(s), children must also grapple with their previous understanding of their parent's life and death and mourn the life they lost when their parent(s) left them. (Biank Warner-Lin 2010, 272; Ferow 2019, 6)

In addition to the more obvious losses associated with parental death, separation and disasters, children from families facing complex challenges and changes often suffer numerous other, less visible losses that often go unnoticed by others (Ferow 2019, 1; Nobbel-Car 2017, 14). Children living in families affected by violence, mental illness, substance abuse, poverty and social exclusion suffer losses comparable to those experienced by victims of major disasters (Ferow 2019, 3; Nobbel-Car 2017, 22). For example, children who become homeless as a result of family violence often cite the loss of family, home, friends, pets, neighbourhood, safety and security as important factors in their lives (Callaghan and Alexander 2015, 13). Children whose parents suffer from mental illness, such as depression, are at risk of developing dysfunction in adulthood due to feelings of abandonment and loss. Children with one or both parents incarcerated suffer similar losses to children of deceased parents or children placed in foster care (Ferow 2019, 3). Furthermore, the loss of incarcerated parents is ambiguous, as the parents are still mentally present but are no longer physically with the child (Mikolič and Osredkar 2023, 759). The main difference between these children and children who have experienced a disaster lies in the regularity and permanence with which they are exposed to traumatic experiences. This ongoing exposure can profoundly impact their self-identity and undermine their confidence in the world around them (Nobbel-Car 2017, 22).

However, theories about grief processes are predominantly based on adult research, whereas children are thought to undergo qualitatively different recovery processes. For instance, children's cognitive and emotional abilities, such as assessing situations and regulating emotions, are still developing. They may perceive threats differently due to their undeveloped frame of reference. Additionally, their limited ability to reflect on and verbalise complex emotions affects how they process trauma and change (Alisic et al. 2011, 274; Chen et al. 2021, 3–4).

## **5. The Invisible Wounds of Childhood (Unresolved) Losses in Adults**

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### **5.1 Sense of Fear**

Children who have experienced an ambiguous loss or a loss that has not been processed and evaluated often experience a sense of fear (or even danger). This feeling often persists into adulthood. Although avoidant and anxious adults may not have experienced trauma associated with a disorganised pattern, they typically have not developed a sense of security based on the ongoing experience of a

relationship with their attachment figures. Instead, their internal working models are based on a lack of security in times of threat, separation or loss, or repeated experiences described in attachment theory as maladjustment, rejection and intrusiveness of caregivers (Ringel 2019, 119). Moreover, two primary self-regulatory strategies have been identified in individuals with insecure attachment, often recognised in people with unresolved losses: hyperactivating and deactivating responses (Mikulincer and Shaver 2012, 12; Schenck, Eberle and Rings 2016, 235).

In addition, relationship stress, which can manifest as relationship anxiety (e.g., the fear of being alone) or relationship trauma (e.g., the fear that something terrible will happen in the relationship), if left unregulated in childhood in the face of various unrecognised losses, causes an unpleasant psychological reaction in adulthood. The adult, without realising it, tries to regulate this reaction by using ineffective coping strategies, which can lead to feelings of guilt, anger and sadness (Poljak Lukek 2017, 59).

## 5.2 Psychosomatic Symptoms

In addition, the trauma of ambiguous loss, unresolved loss, and bereavement can affect child and adolescent development, leading to fatigue, insomnia, headaches, abdominal pain, attention deficits, regression in developmental milestones, relational conflicts, and academic decline (Boss 2016, 273; Kavaler-Adler 2006, 251; Mayer 2011, 454; Miedema 2023, 8). On an organic level, this is manifested by a lack of serotonin, the link between stimuli in the brain. Such a lack is a characteristic feature of depression, anxiety, and obsessive-compulsive disorder. Most serotonin is produced in the gut, with up to 95% of all serotonin produced in this organ (Banskota, Ghia and Khan 2018, 56). This suggests that there is a link between physical sensations of abdominal pain and traumatic memories associated with loss, especially if it is a deeply somatic, implicit memory. It is important to note that all of these symptoms are accompanied by underlying anger and rage that are completely unconscious. Only afterwards, in a safe environment with a supportive therapist, can the person experience a sense of safety and become aware of and deal with their affective states and original anger (Gostečnik 2019, 333). The ability to solve problems is often impaired by uncertainty about the temporality of a problem. Persistent ambiguous loss can significantly distort cognitive processes, disrupt meaning-making, impede the grieving process, and impair the effectiveness of coping mechanisms (Boss 2006, 195–196).

## 5.3 Affective Psychic Construct Around Experiencing a Loss

In addition, different experiences of loss can also lead to feelings of betrayal, shame, guilt, helplessness and identity confusion (Boss 2006, 161; Ferow 2019, 4). The experience of ambiguous loss challenges an individual's perception of control and leads to questions about the cause of the event and a reassessment of personal beliefs and values (Boss 2006, 163; 2009, 118). To deal with the ambiguity surrounding the missing person, the individual may resort to absolute assertions, either declaring that the missing person has disappeared or denying that anything has changed since their absence (2009, 119).

Consequently, numerous rigid patterns within the family unit, such as extra-marital affairs, unresolved conflicts, alienation, isolation and fear of the outside world, frequent divorces, depression, workaholism, and escapism through television series can be compensatory behaviours of individuals who cannot cope with the uncertain or unresolved loss (Valenta 2021, 51). These defence mechanisms, also known as affective psychic constructs, are constantly driven by introjective identification to regulate difficult affects such as anger, shame, and sadness (Gostečnik 2021, 157). Ultimately, these mechanisms can lead to people being unable to form relationships with others due to their fear of further loss (McGoldrick 1995, 144).

#### **5.4 Self-Destructive Behaviour**

In the longitudinal study (Hamdan et al. 2012, 216), the group of adolescents who had lost a parent exhibited a higher number of health risk behaviours over time than the non-bereaved group. Research, including both cross-sectional and longitudinal studies, has found an increased risk of depression, post-traumatic stress disorder (PTSD), alcohol and substance use (Melhem et al. 2008, 408; Tebeca et al. 2016, 679), and behavioural problems in adult children who have lost a parent. While the negative effects of family adversity on health and health risk behaviours are well documented, the specific effects of the loss of a parent on health risk behaviours are less well known. Health risk behaviours such as risky sexual activity, physical inactivity, carrying weapons, fighting, and not wearing seat belts are significant contributors to morbidity and mortality among young people (Hamdan et al. 2012, 218; Lytje and Dyregrov 2019, 17).

Research on the impact of losses on chronic self-destructive behaviour (Valenta 2021, 163) complements the above by showing that three of the five losses analysed showed statistically significant differences in scores on the chronic self-destructive behaviour dimension. In particular, these statistical significances were found for two losses that can be categorised as ambiguous losses: “Have you ever experienced a close friend or family member having a life-threatening illness?” and “Have you ever been separated from your family?” as well as the loss of a parent through departure or death (“Did one of your parents or guardians die or leave you when you were a child?”).

The relationship between the number of different losses and the dimension of chronic self-destructive behaviour was also examined. Again, the results showed that participants with more experienced losses showed more chronic self-destructive behaviour.

In summary, adults’ various dysfunctional reactions to ambiguous or unresolved losses are unconscious, and adults do not associate them with the loss itself. It is not uncommon for individuals who engage in these behaviours to experience significant grief as a result of their unconscious and dysfunctional actions. These actions often lead to rejection by those around them, which in turn triggers feelings of rejection, anger, shame and sadness.

## 6. Resilience Through New Relationships

Coping with unresolved childhood loss requires a comprehensive approach that takes into account the complexity of grief and trauma. Individual, family or group therapy can provide a safe environment in which individuals can explore their feelings, memories and beliefs about their losses.

Furthermore, ambiguous and unresolved losses are relational, so treatment must be relational. It must involve more than medication for depression or anxiety. More importantly, an authentic human relationship is essential to building resilience. For example, someone who has experienced an unresolved loss because a parent has left them due to divorce needs people who can be fully with them to compensate for the disrupted relationship with their parent. Grievers find resilience through a broader human connection (a friend, a therapist, a relative) that balances the ambiguous loss. (Boss, Roos and Harris 2011, 165)

How can we reduce the risk of a loss in childhood remaining unresolved? Wray et al. (2022, 1) and Titelman (2019, 22) suggest talking openly and honestly with the child and involving them in what is happening in the family and family affairs at the time of death. Otherwise, both the child and the parents suppress their feelings and avoid communication to protect each other and everyone around them. The taboo associated with death persists and limits the support that some individuals and families might receive.

In addition, research shows that while unresolved and ambiguous losses in childhood can lead to complicated grief, the formation of new relationships and the ability to reconstruct meaning can contribute to resilience in adulthood (Leitch 2022, 355). In further analysis, researchers have found that grief avoidance is a crucial aspect of complicated grief as it hinders an individual's ability to adapt their internal working model (Bui 2018, 86; Shear et al. 2007, 455). This grief avoidance is an attempt at internal psycho-organic regulation that serves as a defence mechanism to gradually process the shock and loss, as the loss and associated feelings severely disrupt the existing homeostasis of the individual and family. Therefore, the therapist's task is to release the blockages slowly and thus build a new relationship with the client over time (Gostečnik 2021, 33).

### 6.1 New Relationship Through Relational Family Therapy

Relational family therapy, which encompasses analytical approaches from object relations theory, ego psychology, interpersonal psychoanalysis and regulation theory, works on three levels: systemic, interpersonal and intrapsychic-psychoorganic. It comprises five elements: basic affect, affect regulation, affective psychic construct, projective-introjective identification and compulsive repetition. This enables a profound confrontation with loss and painful emotions (Gostečnik 2021, 332). Through this method of deep confrontation with losses, past, unprocessed losses may come to the surface, which must be addressed and appropriately regulated in the therapeutic process, as they are accompanied by intense and blocked emotions (Gostečnik 2019, 349; Simonič and Poljanec 2008, 255).

This approach addresses the entire affect regulation system, which also includes organic components with all sub-elements, such as the hormonal system, the system regulating organic tension, relaxation and initiation, cortical and subcortical connections between the limbic system and cortical cognitive functions (Gostečnik 2019, 358–366).

Furthermore, according to the principles of regulation theory, the therapeutic relationship is based on the bond between therapist and individual and promotes the growth of the individual in novel ways. This growth is not limited to the individual regaining their so-called 'acquired, earned security' (Erzar and Kompan Erzar, 2011, 25). Schore (2019, 245) agrees that this process also expands and regulates the right hemispheric unconscious sphere and its unconscious processes. Recent research suggests that the individual's brain functions and structures are also altered (Gostečnik 2021, 392; Schore 2016, 150; 2019, 11–12).

In other words, people can have a profound influence on each other, both in terms of their intellect and the content of their arguments, as well as through an intuitive, compassionate and subtle attitude, which in turn evokes an understanding and loving attitude (Gostečnik 2021, 413; Schore 2019, 243). The focus is on the empathic and intuitive connection between client and therapist, as well as on the shared humanity and mutuality that characterise the psychotherapeutic path. In this environment, the therapist listens with an open curiosity characterised by an empathic attitude, caring, respect and the ability to grasp and experience the client's suffering as well as their own (Schore 2019, 123), enabling the exploration of a new and different relationship.

## **6.2 Marital Relationship as a Possibility of a New Relationship**

In addition, the marital relationship can also serve as a healing environment for people coping with the emotional aftermath of various types of loss (Cozolino 2014, 398; Johnson 2004, 495; Poulton 2013, 96). Spouses are in an ideal position to support each other in regulating negative emotions. Consequently, the 'affected' partner may experience the husband or wife as caring, responsive and approachable, leading to a corrective emotional experience that contrasts with that experienced during the trauma. It has also been suggested that the corrective experience in marriage is particularly effective when the trauma is interpersonal (Mikulincer and Shaver 2020, 6; Whiffen and Oliver 2004, 154). A deep interpersonal relationship that represents the intimacy of two people who are determined to live together, or a relationship that is characterised by the dynamic of the partners, their mutual acceptance and understanding, is only the beginning of the journey and one of the greatest opportunities for finally resolving unresolved issues from childhood experiences in the primary family. This can be done so that a so-called existential relevance is achieved in one's own life.

To summarise, techniques such as talk therapy and somatic experience allow individuals to begin processing their grief, overcome maladaptive thought patterns, and develop healthier coping strategies. In addition, marital relationships,

support groups, and community resources can provide validation, empathy, and connection to others who have experienced a similar loss.

### **6.3 Relationship with God as a Healing Relationship**

The ability to manage stress spiritually or religiously through prayer depends on developing a safe relationship with a higher power. This personal connection to God provides a sense of security and trust (Meijer-van et al. 2017, 217; Poljak Lukek and Simonič 2022, 479), essential for coping with an unresolved and/or ambiguous loss. This state is characterised by a sense of belief in the transcendent and a renewed sense of joy in life (Poljak Lukek and Simonič 2022, 472).

In addition, researchers in psychology argue that the image of God carries the energy and dynamism of a living person, which enables the establishment of a genuine and dynamic relationship (Erzar 2021, 932; Jerebic, Bošnjaković and Jerebic 2023, 355; Poljak Lukek and Simonič 2022, 472), especially through prayer or active communication with God.

In addition, the behaviour of religious people has also been studied in numerous experiments. Meijer-van et al. (2017, 217) found that religion can promote implicit self-regulation (Jeglič 2022, 144), which unconsciously influences the actions and regulates the emotions of religious people. Schjoedt et al. (2009, 204) have shown that praying to God activates brain regions associated with active interpersonal interactions, allowing individuals to create an internal representation of the “other”, in this case, God. This suggests that worshippers perceive God as a real, meaningful person rather than an abstract or fictional being. This concept of an inner representation of God as a person is also discussed by Schaap-Jonker et al. (2014, 303). Research has shown that different areas of the brain are involved in the formation of these aspects. In the emotional area, areas such as the amygdala and the prefrontal cortex play an important role in assigning emotional meaning to behaviours and events. In contrast, the cognitive part relies on circuits responsible for processing linguistic and symbolic information (Van Ments et al. 2018, 4). In addition, prayer activates brain regions responsible for active interpersonal interactions and allows people to create an internal mental model of God, just as they do for other people (Neubauer 2014, 97), which can be a very important, sometimes even crucial, relationship (Trontelj 2023, 941) in healing invisible childhood wounds of unresolved loss.

## 7. Conclusion

In conclusion, the effects of ambiguous and unresolved losses in childhood can be profound, influencing cognitive, emotional, and attitudinal development. These effects can persist into adulthood. The consequences of such experiences manifest in increased sensitivity to memories of loss, impaired psychological functioning, and difficulties in forming secure attachments (Flechtsenhar et al 2024, 191).

Furthermore, this paper emphasises the recognition that the process of coping with loss in childhood is inherently complex, as the wounds are invisible and often overlooked by those affected because they are strongly present in implicit memory. The visible manifestations of the invisible wounds of childhood loss include the symptoms previously mentioned. It is crucial to recognise that individuals who have experienced childhood loss may resort to maladaptive coping mechanisms in an unconscious attempt to avoid a recurrence of the original loss due to intolerable pain. Unfortunately, such coping mechanisms serve to perpetuate the feelings of rejection, anger, disappointment, fear and sadness experienced at the time of the original loss. For these individuals, the formation of a new relationship, which is also the most healing, is also the source of the greatest anxiety.

To effectively address and heal these invisible wounds of loss, a holistic approach is required that encompasses therapy, the establishment of new, supportive relationships, and open communication. It is of the utmost importance to recognise this type of loss, which is the focus of this paper. The identification of dysfunctional adult responses in social interactions and self-destructive behaviour, and the consideration of childhood experiences of ambiguous and unresolved losses, can facilitate the implementation of a distinct and more personalised therapeutic approach. Relational family therapy, with its modern approach, enables people to confront and change dysfunctional patterns through unregulated affects such as anger, shame, fear and sadness (Gostečnik 2021, 157).

Moreover, it is important to note that in such cases, a genuine and sincere relationship with God is often the safest and most reliable source of reconciliation (Neubauer 2014, 97), which can subsequently facilitate the development of other, more functional relationships.

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