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AN ATTACHMENT PERSPECTIVE  
ON BEREAVEMENT

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She can't bring herself to throw away a wafer-thin alarm clock [her deceased husband] gave her that stopped working the year before he died . . . She can't eat, can't sleep, can't think without remembering, can't remember without hurting, and for six long months can't even dream. . . . She understands, for the first time, "the power in the image of the rivers, the Styx, the Lethe, the cloaked ferryman with his pole," the burning raft of grief. No matter where she hides, the vortex finds her. (Leonard, 2005, reviewing Joan Didion's *The Year of Magical Thinking* [2005])

In an account of his 34-year-old wife's death from breast cancer, the memoirist David Collins summarized with poignant precision the rationale underlying his feeling that "I wanted to die too—so I could be with her." Explaining "so freshly present she seemed [that] I had this thought: *I could follow her.*" He adds, "I just wanted to go after her, not let her get away. I wanted to find her again. Hadn't I found her once [before]?" (Gilbert, 2006, p. 3)

What is it about suddenly losing a husband of 40 years that drives a woman as coolly analytic and articulate as Joan Didion "crazy" for months? This brilliant agnostic writer, known for her precise, unsentimental observations

of the modern world—labeled “a pretty cool customer” by an orderly at the New York hospital where her husband was declared dead—kept his shoes in their closet for months so he would have something to wear “because he would need shoes if he were to return” (Didion, p. 37). Anyone who has lived through a similar “year of magical thinking” knows these reactions are irrational but has persisted in them nevertheless. For the bereaved, the formerly solid door separating life from death—“this world” from “the netherworld”—suddenly becomes so thin, so ephemeral, that a previously rational adult feels he could float right through to the place where his dead lover now lives, ready to embrace him or her again.

Ever since John Bowlby (1980) published *Loss: Sadness and Depression*, attachment theory has been used to illuminate grief. Throughout his famous trilogy on attachment and loss, Bowlby (1969, 1973, 1980) shed new light on human beings’ deep emotional bonds with “attachment figures” and their powerful emotional reactions to separation and loss: disbelief, horror, angry protest, and despair (see also chaps. 2 and 3, this volume). These reactions have now been studied in empirical detail by developmental psychologists specializing in childhood attachments and by social and clinical psychologists specializing in romantic and marital relationships. Besides explaining attachment and grief within a single theoretical framework, Bowlby provided a preliminary theoretical account of individual differences in reactions to separation and loss and in functional and dysfunctional forms of loss-related anger, anxiety, and sadness. He had noticed in his clinical work that grief is experienced and processed somewhat differently by people who are secure, anxious, or avoidant in their attachments.

On the basis of the evidence gathered to date concerning attachment and loss, we (Mikulincer & Shaver, 2003; Shaver & Mikulincer, 2002) have extended Bowlby’s ideas to create a contemporary psychodynamic model of what he called the *attachment behavioral system* in adulthood (Bowlby, 1982). Hypotheses based on this model have been tested in diverse correlational and experimental studies, and we and our colleagues are beginning to conduct neuroscientific studies as well (Gillath, Bunge, Shaver, Wendelken, & Mikulincer, 2005). In this chapter, we use our model as a framework for conceptualizing the psychodynamic processes involved in normative and pathological grief. The chapter is intended to update and improve on earlier accounts stemming from our line of research (e.g., Fraley & Shaver, 1999; Shaver & Tancredy, 2001). Our previous chapters on bereavement have reviewed selected theoretical arguments and controversies but were not organized around our model, and of course they did not include the research evidence amassed since they were written.

We begin with a brief summary of Bowlby’s theory, focusing on his postulation of an innate attachment behavioral system. We then describe the normative features and individual-difference variants of the system’s func-

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tioning, distinguishing between attachment security and two forms of insecurity: (a) hyperactivation of the attachment system (*anxious attachment*) and (b) deactivation of the system (*avoidant attachment*). Next, we consider how the attachment system reacts to important relationship losses and how a secure person adjusts to loss. Finally, we deal with the roles of anxious and avoidant attachment in pathological grief reactions. This chapter is partly theoretical, because theory motivates and organizes the research literature. However, we also cover many examples of recent research because there is better evidence than ever before, based on experiments and on clinical observations, for some of the psychodynamic processes Bowlby discussed.

## BASIC CONCEPTS IN ATTACHMENT THEORY AND RESEARCH

One of the core tenets of attachment theory (Bowlby, 1969, 1973, 1980, 1982) is that human beings, like many of their primate and mammalian relatives, are born with an innate psychobiological system (the attachment behavioral system) that motivates them to seek proximity to significant others (attachment figures) in times of need as a way of protecting themselves from threats and alleviating distress. Over time, human infants and young children become emotionally attached to their primary attachment figures, and once this happens they show a clear preference for these figures, exhibit fear or wariness of strangers, become distressed when separated from a primary attachment figure, and can be fully soothed and calmed only by the physical and emotional availability of this figure or another major attachment figure in times of need. Although Bowlby thought the attachment system was most important early in life, he also claimed that it is active over the entire life span and is manifest in thoughts and behaviors related to proximity seeking in times of need (Bowlby, 1988). Moreover, people of all ages are capable of forming attachment bonds (becoming emotionally attached to another person, using such a person as a stronger and wiser attachment figure—i.e., as a safe haven and secure base in times of need—and feeling distress on separation from or loss of this person) with a variety of close relationship partners, including siblings, friends, and romantic partners. They form what Bowlby (1969, 1982) called a person's "hierarchy of attachment figures." Because he focused mostly on mother–infant relationships, and in a time when mothers were clearly the primary attachment figures for young children, he believed in what he called *monotropy*—the idea that most children have a single primary attachment figure at the top of the hierarchy and that no one can fully replace that figure when a child is highly distressed. Although these days a child in a modern industrial–digital society is likely to have multiple caregivers, it seems safe to say that most young children still view their mother as their attachment figure nonpareil. However, this does not mean that the father, grandparents,

older siblings, and familiar day care workers are not also very important attachment figures in many families and many settings.

According to Bowlby (1969, 1982), the attachment behavioral system is activated by perceived threats and dangers, which cause a frightened person to seek proximity to protective others. The attainment of proximity and protection results in feelings of relief and a sense of security—a sense that the world is a generally safe place, that attachment figures are helpful when called on, and that it is possible to explore the environment curiously and confidently and to engage rewardingly with other people. Bowlby (1988) viewed the sense of attachment security as crucial for maintaining emotional stability; developing a solid and authentic sense of self-worth; and forming mutually satisfying, long-lasting close relationships. Moreover, optimal functioning of the attachment system facilitates relaxed and confident engagement in nonattachment activities, which Bowlby attributed to other behavioral systems, such as exploration, affiliation, and caregiving.

In addition to mapping universal aspects and functions of the attachment behavioral system, Bowlby (1973) described important individual differences in attachment-system functioning. He viewed these differences as largely derived from reactions of attachment figures to a child's attachment behavior (e.g., proximity seeking, attempting to use attachment figures as a safe haven and secure base) and from internalization of these reactions in attachment working models of self and others (i.e., complex mental representations, with associated emotional and behavioral tendencies). Interactions with attachment figures who are available and supportive in times of need facilitate optimal development of the attachment system, promote a sense of safety and security, and allow people to rely more confidently on proximity seeking as a distress regulation strategy and on attachment figures as a source of protection and comfort. In contrast, when a person's attachment figures are not reliably available and supportive, a sense of security is not attained, and strategies of affect regulation other than proximity seeking (secondary attachment strategies, characterized by avoidance and anxiety) are developed.

Empirical tests of Bowlby's ideas in studies of adults have generally focused on a person's attachment style—the systematic pattern of relational expectations, emotions, and behaviors that results from internalization of a particular history of attachment experiences (Fraley & Shaver, 2000). Research, beginning with Ainsworth, Blehar, Waters, and Wall (1978) and continuing through recent studies by social and personality psychologists (reviewed by Shaver & Mikulincer, 2002), indicates that individual differences in attachment style can be measured with self-report scales tapping two orthogonal dimensions: (a) attachment-related anxiety and (b) avoidance (Brennan, Clark, & Shaver, 1998). A person's position on the avoidance (or avoidant attachment) dimension indicates the extent to which he or she distrusts relation-

ship partners' goodwill and strives to maintain behavioral independence and emotional distance from others. A person's position on the anxiety (or anxious attachment) dimension indicates the degree to which he or she worries that a partner will not be available and supportive in times of need. People who score low on both dimensions are said to be secure, securely attached, or to have a secure attachment style. People who score high on both dimensions are said to be "fearfully avoidant" (Bartholomew & Horowitz, 1991).

On the basis of an extensive literature review, we (Mikulincer & Shaver, 2003) proposed a three-phase model of attachment-system activation and dynamics in adulthood. Following Bowlby (1969, 1982), we assumed that relatively continuous monitoring of experiences and environmental events results in attachment-system activation when a potential or actual threat is detected. Once the attachment system is activated, an affirmative answer to the question "Is an attachment figure available and likely to be responsive to my needs?" results in a sense of security and facilitates the application of security-based strategies of affect regulation (Shaver & Mikulincer, 2002). These strategies are aimed at alleviating distress; maintaining comfortable, supportive intimate relationships; and increasing personal adjustment. They consist of optimistic beliefs about distress management, trust in others' goodwill, and a sense of self-efficacy about dealing with threats. They also consist of constructive coping strategies: acknowledgment and display of distress without personal disorganization, support seeking, and problem solving. These are the main notable characteristics of securely attached individuals.

Perceived unavailability of an attachment figure results in attachment insecurity, which forces a decision about the viability of proximity seeking as a protective strategy. When proximity seeking is appraised as likely to be successful, assuming that sufficient effort is expended, a person tends to make very energetic, insistent attempts to attain proximity, love, and support. These intense efforts are called *hyperactivating strategies* (Cassidy & Kobak, 1988) because they involve strong activation of the attachment system until an attachment figure is perceived to be available and willing to provide safety and security. Hyperactivating strategies include insistent attempts to elicit a partner's involvement, care, and support through clinging and controlling responses; hypervigilance to a relationship partner's positive and negative behaviors (e.g., approval, acceptance, rejection, disinterest, criticism), and intense protest and distress in response to minimal signs of a partner's disapproval or rejection (Shaver & Hazan, 1993). These maneuvers result in overdependence on relationship partners as a source of protection and serious doubts about one's value and lovability as well as the capacity to deal with life's demands and threats alone (Mikulincer & Shaver, 2003). These aspects of attachment-system hyperactivation account for many of the empirically documented characteristics of people who score high on attachment-anxiety scales (Mikulincer & Shaver, 2003).

Appraising proximity seeking as unlikely to alleviate distress, and perhaps even as likely to exacerbate distress, results in inhibition of the support seeking and determination to handle distress alone, which is often accomplished by suppression of feelings and grandiose self-enhancement. These approaches to affect regulation are called *deactivating strategies* (Cassidy & Kobak, 1988) because their primary goal is to keep the attachment system deactivated so as to avoid the frustration and anguish that comes from repeated instances of attachment-figure insensitivity or unavailability. These strategies involve denial of attachment needs; avoidance of emotional involvement in and dependence on close relationships; suppression of attachment-related thoughts; and adoption of a highly self-reliant stance, which Bowlby (1973) called *compulsive self-reliance*. They also involve dismissal of threat-related cues and suppression of threat-related thoughts, because perceiving oneself as vulnerable to threats can automatically reactivate a deactivated attachment system. These aspects of deactivation are characteristic of people who score high on measures of avoidant attachment (Mikulincer & Shaver, 2003).

## AN ATTACHMENT PERSPECTIVE ON LOSS AND BEREAVEMENT

According to attachment theory, the loss of an attachment figure is a devastating event that triggers intense and pervasive distress (which Bowlby [1969, 1982] called *separation distress*), because the person cannot imagine regaining a sense of security, support, protection, and love without this person's availability and responsiveness. Bowlby's (1969, 1982) initial ideas about separation distress were inspired by observations reported by Burlingham and Freud (1944) and filmed by Robertson and Bowlby (1952), who noticed that infants and young children who were separated from their primary caregivers for extended periods passed through a predictable series of states, which Bowlby originally called *protest*, *despair*, and *detachment*. In infancy, the initial response to separation from an attachment figure is protest: The child very actively resists separation by crying, calling, searching, and clinging in an attempt to regain contact. These reactions are marked by anxiety and anger and seem to be generally adaptive reactions aimed at preventing the loss of a major source of protection and comfort or successfully altering the temporarily frightening behavior of an unavailable or inattentive caregiver (Bowlby, 1969, 1982). Intense protest reactions often cause an attachment figure, who sees that the infant is inconsolably distressed, feels wronged, and refuses to calm down, to restore proximity. (Most experienced parents remember all too well what it was like to leave their young child alone with an unfamiliar relative or babysitter the first few times.)

If protest fails to restore proximity, as is obviously the case following the death of an attachment figure, then these vigorous reactions eventually wane,

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and anxiety and anger give way to pervasive despair, including depressed mood, pained expressions, decreased appetite, and disturbed sleep. Bowlby (1969, 1980) viewed this despair phase of prolonged separation or permanent loss as resulting from the failure of protest to induce a desired change in an attachment figure's behavior and restore a sense of security. Robertson and Bowlby (1952) noted, in their films of children separated from primary attachment figures during prolonged hospitalizations, that despair usually subsides over time and gives way to a third phase of separation distress, which Bowlby (1969, 1982) initially called *detachment*. This phase is marked by apparent recovery and gradual renewal of interest in other activities and new relationship partners. However, there were many indications that detachment is not a neutral termination of the attachment bond but instead reflects defensive suppression of emotions and thoughts related to the missing attachment figure. Bowlby (1980) noted that reunion with a lost attachment figure can evoke strong reactions, including crying, physically following the attachment figure, and anger intermingled with excessive vigilance and anxious clinging.

Bowlby (1979, 1980) viewed adult romantic, or *pair bond*, relationships as the major attachment bonds in adulthood (see also Shaver, Hazan, & Bradshaw, 1988) and assumed that adults who lose or are separated from their long-term romantic partner will undergo a series of reactions similar to those observed in infants (see also Fraley & Shaver, 1999; Parkes & Weiss, 1983; Vormbrock, 1993; Weiss, 1993). These reactions appear mainly if people have already formed full-blown attachments with the romantic partner and consider him or her to be their primary attachment figure and major safe haven and secure base (Hazan & Zeifman, 1999). Like infants, adults react with strong protest, panic, anger, calling, and yearning for reunion. When a loss is prolonged or permanent, the protest phase often includes preoccupation with the missing person, pervasive distress, and lack of interest in other activities. When a person fully realizes that his or her partner will not return, despair and disorganization can ensue, accompanied by sleeping and eating disturbances, social withdrawal, intense sorrow, and loneliness that cannot be alleviated by the presence of others (Weiss, 1993).

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There is extensive evidence in bereavement research for the power and pervasiveness of this despair phase (for reviews, see M. Stroebe, Hansson, Stroebe, & Schut, 2001). This research clearly indicates that the death of a close relationship partner is one of the most painful, emotionally engaging, and preoccupying events one can experience, and it typically elicits extreme mixtures of distress, sorrow, loneliness, pining, anxiety, anger, and guilt. It typically includes painful longing for the deceased (e.g., Parkes, 1985; Raphael, 1983; Zisook, Shuchter, Sledge, Paulus, & Judd, 1994). The distress can be so intense and pervasive that it disrupts psychological functioning for an extended period of time (Didion [2005] famously called her 1st year of bereavement the "year of magical thinking," because she noticed how close to being crazy she seemed following the sudden unexpected death of her husband).

It can sometimes result in depressive disorders, posttraumatic stress disorder, and health impairments (e.g., Futterman, Gallagher, Thompson, & Lovett, 1990; Murphy et al., 1999; Zisook et al., 1994; see also chap. 8, this volume). Cross-cultural research also attests that, despite variations in mourning rituals and expressions of grief across cultures, the death of a close relationship partner elicits profound distress everywhere in the world (e.g., W. Stroebe & Stroebe, 1987).

In the case of adult bereavement, Bowlby (1980) preferred to call the final phase of separation distress *reorganization* rather than *detachment* because adults often transfer their proximity seeking and search for a safe haven and secure base (which Ainsworth, 1991, called *attachment functions*) at least partly to new relationship partners without removing the lost partner from the hierarchy of attachment figures. According to Bowlby (1980), adults do not need to defensively detach from a lost attachment figure and suppress all feelings, thoughts, or memories of the deceased. Rather, they can rearrange their representations of self and the deceased so that he or she can continue to serve as a symbolic source of protection, comfort, and love while life with other people continues, perhaps on new foundations. Of course, religious beliefs and practices as well as the establishment of memorials of all kinds can aid this process of continuing a relationship while reorganizing one's life and attachment hierarchy.

According to Bowlby (1980), reorganization is the optimal psychological resolution of attachment-figure loss. It involves two major psychological tasks: (a) accepting the death of the attachment figure, returning to mundane activities, and forming new attachment bonds and (b) maintaining some kind of symbolic attachment to the deceased and integrating the lost relationship within a new reality. These tasks require an editing of the hierarchy of attachment figures in a process that resembles the replacement of parents by peers as primary attachment figures during adolescence and early adulthood (e.g., Hazan & Zeifman, 1999; Weiss, 1982, 1991). As in the adolescent–young adult transition, reorganization following a major loss involves gradually replacing the deceased with other relationship partners so that actual proximity seeking can be targeted to these real partners, who then become major providers of protection, security, and comfort. Moreover, just as adolescents and young adults typically keep their parents as “attachment figures in reserve” (Weiss, 1982; see also chaps. 2 and 6, this volume), bereaved adults can transform the functions of the deceased partner so that he or she gradually becomes a symbolic rather than a physically present source of security. Psychologically successful mourners can integrate elements of their identity that were related to the lost relationship into a new reality, maintain a symbolic bond to the deceased while adjusting to real circumstances, and restore and even enhance their sense of security and well-being on the basis of both the continuing attachment bond with the deceased and new attachment bonds with living companions.



It is interesting that attachment reorganization involves some degree of both hyperactivating and deactivating strategies (normal parts of temporary insecurity that have typically been viewed in the attachment literature as secondary attachment strategies that can become permanent forms of poor adjustment). By driving people to experience the deep pain of loss, repeatedly reactivate memories of the deceased alongside realizations that the person is gone, and yearn for his or her proximity and love, attachment-system hyperactivation allows mourners to explore the meaning and significance of their lost relationships and find ways of maintaining reorganized, mainly symbolic bonds with loved partners. When this form of hyperactivation is not overwhelming, paralyzing, or disorganizing, it allows bereaved people to productively incorporate the past into the present without splitting off important segments of broken attachments related to one's personal and social identities.

Deactivating strategies can also contribute productively to the reorganization process by enabling momentary detachment from the deceased and inhibition or suppression of painful feelings and thoughts. While effectively using a certain degree of avoidance and denial, bereaved people can manage funerals, clean out their closets, begin to create and explore their new reality, return to mundane activities, and recognize that lost relationships continue to have meaning and that life provides new opportunities following a loss. When deactivation is targeted mainly on thoughts of the deceased rather than on shutting down all forms of proximity seeking and social involvement, the formation of new attachment bonds and the adaptive transfer of attachment functions can be facilitated.

Without some degree of attachment-system hyperactivation, the bereaved person would not be able to consider and experience all aspects of his or her new situation and find new meanings and functions for the lost attachment figure. This is the process that Freud (1917/1957) discussed in terms of *hypercathexis* and *decathexis* of mental representations of a deceased loved one, which was his way of talking about the intensely emotional evocation of memories of the deceased and then defusing some of the feelings associated with them. Similarly, without some degree of attachment-system deactivation (targeted on the lost figure), a bereaved person might remain stuck in memories and feelings related to the lost relationship and be unable to cope with new circumstances. Attachment reorganization requires activation of both kinds of secondary strategies in dynamic alteration—a process that M. Stroebe and Schut (1999) called *oscillation*. According to M. Stroebe, Schut, and Stroebe (2005),

oscillation occurs in the short term (transient fluctuations in the course of any particular day) as well as across the passage of time, because adaptation to bereavement is a matter of slowly and painfully exploring and

discovering what has been lost and what remains: what must be avoided or relinquished versus what can be retained, created, and built on. (p. 52)

With the successful reorganization of the attachment system, this oscillation is reduced, and a person begins to feel safe and protected by images of the deceased loved one as well as by continuing and new relationship partners.

Bowlby's (1980) perspective on the bereavement process is significantly different from two alternative conceptions of attachment and bereavement: (a) Freud's (1917/1957) notion of decathexis of lost object representations, which is more similar to detachment than to reorganization, and (b) Klass, Silverman, and Nickman's (1996) emphasis on continuing bonds with the deceased (see also chap. 6, this volume). Freud's view was overly emphatic about complete detachment, and Klass et al.'s view was insufficiently attentive to the importance of reorganization. According to Bowlby (1980), adjustment to loss involves the rearrangement and perhaps retuning of emotional investments rather than complete detachment from the deceased. It involves a transformation of the bond with the deceased and a concomitant, often gradual, establishment of new partners as primary attachment figures. Fraley and Shaver (1999) quoted several passages from Bowlby's (1980) main book about loss and grief to show that he clearly understood the dialectical interplay between continuing, although reorganized, symbolic bonds with a lost attachment figure and a shift toward reliance on others, including new security providers.

Bowlby's (1980) reasoning fits well with the various dual-process models of bereavement (e.g., Rando, 1992; Rubin, 1991; M. Stroebe & Schut, 1999). For example, M. Stroebe and Schut (1999) viewed adjustment to loss as a dynamic oscillation between loss orientation and restoration orientation. *Loss orientation* is conceptually similar to attachment-system hyperactivation, which is in turn similar in some ways to Freud's notion of hypercathexis and includes yearning, rumination, separation distress, and reappraisal of the meaning and implications of the loss. *Restoration orientation* accomplishes the same functions as attachment-system deactivation—attending to life changes, doing new things, distracting oneself from grief, denying or suppressing grief, and forming new relationships. In this model, oscillation between these two orientations brings about a gradual reorganization of life and mind, such that the deceased is integrated into one's identity and the bereaved individual expands the functions of other relationships, establishes new relationships, and finds new meanings in life. Didion's (2005) book provides a good example: Although she focused on her year of magical thinking (i.e., the uncharacteristic "craziness" that engulfed her following her husband's death), she also demonstrated her gradual healing, evidenced by the book itself, which displays enormous intelligence, delicate balance (including well-placed, self-directed humor), and an almost miraculously beautiful prose style—and won the National Book Award. She was able to ruminate about her long and deep relationships

with her writer husband and their daughter, reorganize the structure of her life, and create a work of art that reviewer John Leonard (2005), writing in the *New York Review of Books*, said he could not imagine getting through the rest of his life and dying without!

Despite the persuasive logic of Bowlby's ideas about coping with and adjusting to loss, and despite their echoes in other models of bereavement, no systematic longitudinal research has been conducted on hyperactivation–deactivation oscillations and their implications for mental health and adjustment. Most of the research has focused on attachment-style differences in coping and adjusting to loss (which we discuss later in this chapter), but there is growing evidence for the claim that both hyperactivation and deactivation are important to grief resolution. For example, Schut, Stroebe, de Keijser, and van den Bout (1997) found that men who habitually avoided confronting their grief benefited from counseling that encouraged them to deal with neglected aspects of their loss. These researchers also found that women who habitually dwelled on the emotional meaning and deep personal implications of the loss benefited from counseling that focused on learning how to deal with everyday activities.

In a longitudinal study of grief reactions following the death of a spouse, Shuchter and Zisook (1993) found that widows and widowers adapted to the new reality without relinquishing their symbolic attachments to the deceased 2, 7, and 13 months after the loss. According to Shuchter and Zisook, mourners maintained this bond by transforming

what had been a relationship operating on several levels of actual, symbolic, internalized, and imagined relatedness to one in which the actual (living and breathing) relationship has been lost, but the other forms remain or may even develop in more elaborate forms. (p. 34)

These symbolic forms included experiencing comfort because the spouse was in heaven, experiencing the spouse's presence in daily life and dreams, talking with the spouse regularly, or keeping the deceased's belongings (as Joan Didion did with her deceased husband's alarm clock and shoes). Conceptually similar findings were reported by Roberto and Stanis (1994) in a study of older women's reactions to the death of close friends.

These examples call attention to the need for new longitudinal studies using sophisticated assessment techniques and analytic strategies to track attachment reorganization and the adaptive oscillation between secondary attachment strategies. Such studies should build on what is already known about attachment-style differences in emotion regulation more generally (Shaver & Mikulincer, 2007) and should seek a deeper understanding of how these individual differences affect reorganization and the oscillation between hyperactivating and deactivating regulation strategies. We deal with relevant theoretical issues in the following section.

## ATTACHMENT INSECURITIES AND DISORDERED PATTERNS OF MOURNING

Beyond describing the normative processes of bereavement and coping with the loss of a close relationship partner, Bowlby (1980) proposed a framework for conceptualizing disordered patterns of mourning. His analysis of these atypical forms suggests that secondary attachment strategies, which are normally involved in attachment reorganization, can sometimes complicate grief; that is, they can have both adaptive and maladaptive consequences. As when they occur in early child–parent relationships, these strategies are initially adaptive, but if the oscillation between hyperactivating and deactivating strategies during bereavement fails to help with attachment reorganization and fails to restore a person's sense of security, continued reliance on secondary attachment strategies may hinder effective coping and resolution of the loss or reorganization of working models of self and the world. This is what attachment researchers who use the Adult Attachment Interview (George, Kaplan, & Main, 1996) to assess "state of mind with respect to attachment" call "unresolved or disorganized" attachment, which has been associated with a number of serious clinical outcomes (see reviews by Hesse, 1999, and Lyons-Ruth & Jacobvitz, 1999).

The effectiveness of oscillation between hyperactivation and deactivation depends mainly on two things: the extent to which (a) the deceased was a source of security and (b) continuing or new relationship partners are willing and able to provide security and comfort. When the lost figure was unavailable and rejecting while alive, hyperactivation can overwhelm the bereaved person with distress and ambivalence, and little comfort can be found in imagined relations with the deceased. Moreover, encountering new relationship partners who are emotionally distant and unresponsive to one's bids for proximity and comfort can prevent the transfer of attachment functions to these partners and block the formation of a new security-enhancing attachment bond. In both cases, reorganization may fail if continued hyperactivation interferes with the effort to reconstruct a meaning for the lost relationship and the symbolic continuation of the disrupted attachment bond. In a parallel way, but with different effects, attachment-system deactivation can be overgeneralized and become a pervasive barrier to acknowledging attachment needs and engaging in attachment behavior.

Bowlby (1980) also suggested that attachment reorganization depends on the ways a person's attachment system has become organized over the course of development—the eventually dispositional pattern of attachment that we and researchers in our line of attachment research call *attachment style*. Bowlby observed that adults who possess negative models of self and others, and who suffer from chronic attachment insecurities, often have special difficulties when grieving. Anxiously attached individuals, who are unwilling or

unable to maintain a normal degree of autonomy and handle many life tasks on their own, find it hard to deactivate or inhibit painful feelings, thoughts, and memories related to a deceased partner, which makes the deactivation side of the normative oscillation between secondary strategies impossible. Avoidant individuals, who regularly suppress attachment-related thoughts and feelings and cognitively distance themselves from all sources of distress, even when they are not grieving, are unwilling or unable to experience thoughts, feelings, and memories related to a deceased partner, which makes it difficult to create meaning from the loss. In both cases, attachment-related worries and defenses may interfere with adaptive oscillation between hyperactivation and deactivation, rigidify and overgeneralize the use of one secondary strategy at the expense of the other, and thereby complicate the grief process.

In contrast, attachment security, which can be either general and dispositional or rooted in the lost relationship, facilitates the reorganization of working models of self and partner and makes adjustment to loss more likely. Securely attached people can recall and think about a lost partner without extreme difficulty, can acknowledge feelings of love and grief, and can discuss the loss coherently in the same way they are able, in the Adult Attachment Interview (Hesse, 1999), to discuss good and bad memories of their childhood relationships with parents (Shaver & Tancredy, 2001). Moreover, their constructive coping strategies allow them to experience and express grief, anger, and distress without feeling overwhelmed by these emotions and without total disruption of their normal functioning (M. Stroebe et al., 2005). In addition, secure individuals' positive models of others allow them to continue to think positively about the deceased, and their positive models of self allow them to cope with the loss and begin to form new relationships. They can therefore invest emotionally in new partners and activities without totally severing their previous emotional bonds.

Reasoning along these lines, Bowlby (1980) suggested that attachment insecurities contribute to two major forms of disordered mourning: (a) "chronic mourning" and (b) "prolonged absence of conscious grieving" (p. 138). Chronic mourning is characterized by overwhelming anxiety and sadness, prolonged difficulty in reestablishing normal functioning, rumination on the missing partner, and maintenance of intense attachment to the deceased partner for years after the loss. In contrast, prolonged absence of grief is characterized by lack of overt expressions of sadness, anger, or distress; detachment from the missing partner; and continuation of normal life without major disruptions. Most clinicians agree with Bowlby's conceptualization of these two forms of disordered mourning, although they tend to label the absence of grief *delayed grief*, *inhibited mourning*, or *absent mourning* (see M. Stroebe et al., 2001). According to Bowlby, whereas attachment anxiety and pervasive attachment-system hyperactivation underlie chronic mourning, attachment avoidance and the defensive denial of attachment needs and bonds explain the absence of grief.

## ANXIOUS ATTACHMENT AND CHRONIC MOURNING

Even when their attachment figures are alive, anxiously attached people are preoccupied with their availability and responsiveness, likely to make intrusive demands for greater closeness, prone to jealousy, quick to cry, and eager for love and reassurance (Mikulincer & Shaver, 2003; Shaver, Schachner, & Mikulincer, 2005). Anxiously attached people often blame themselves for not having sufficient resources and skills to gain a partner's attention and affection, and they invest heavily in their relationships and become highly dependent on their partners (e.g., Alonso-Arbiol, Shaver, & Yáñez, 2002). It is not surprising, therefore, that when they lose a primary attachment figure they are likely to experience intense anxiety, anger, and sorrow; yearn inconsolably for the lost partner; fail to accept the loss; and have difficulty establishing a new life structure. These are some of the core features of chronic mourning.

Another characteristic of chronic mourning is that the bereaved person is frequently reminded of the deceased by diverse stimuli and situations that unintentionally trigger thoughts, feelings, and memories of the deceased and he or she is unable to effectively manage these intrusive and disruptive mental processes (Boelen, van den Hout, & van den Bout, 2006; Lichtenthal, Cruess, & Prigerson, 2004). This inability to control the flow of intrusive feelings of grief can overwhelm a person and prevent calm exploration of new possibilities for meanings in life and a reorganization of working models related to attachment. What is important to realize, from a scientific standpoint, is that these tendencies of anxiously attached people are present in milder form even without bereavement.

In an experimental study of emotional memories, Mikulincer and Orbach (1995) asked participants to recall early childhood experiences of anger, sadness, anxiety, or happiness and interpreted the memory retrieval latencies as indicators of cognitive accessibility or inaccessibility. Participants also rated the intensity of focal and nonfocal emotions in each recalled event (i.e., the emotion they were asked to target vs. other emotions that might also be aroused). In the memory task, anxiously attached individuals had the quickest access to targeted memories. Moreover, whereas secure people took more time to retrieve negative than positive emotional memories, anxious people took longer to retrieve positive than negative memories. In the emotion rating task, secure individuals rated focal emotions (e.g., sadness when they had been instructed to retrieve a sad memory) as much more intense than nonfocal emotions (e.g., anger when instructed to retrieve a sad memory). In contrast, anxious individuals reported intense focal and nonfocal emotions when asked to remember examples of anxiety, sadness, and anger. Negative emotional memories seemed to spread like wildfire throughout their memory systems, and this did not depend on thoughts about loss or grief in particular.

Roisman, Tsai, and Chiang (2004) reported related findings concerning people's facial expressions during the Adult Attachment Interview. Whereas securely attached individuals' facial expressions were highly congruent with the valence of the childhood events they were describing, anxiously attached individuals exhibited marked discrepancies between the quality of the childhood experiences they described and their facial expressions (e.g., facial expressions of sadness or anger were noticeable while they were speaking about neutral or positive childhood experiences). According to Roisman et al., these discrepancies reflect anxious individuals' confusion and emotional dysregulation when they are asked to talk about emotional experiences. We believe that this is the same kind of confusion and disorganization that occur when anxiously attached mourners are bombarded with intrusive images, thoughts, feelings, and memories about the deceased, although it is likely to be even more intense during bereavement.

In two experiments examining the link between negative moods and cognitive processing, Pereg and Mikulincer (2004) further documented anxiously attached people's lack of control of the spread of activation among distress-eliciting thoughts. In two studies, participants were assigned to a negative mood condition (reading an article about a car accident) or a control condition (reading about how to construct and use a hobby kit), and then incidental recall or causal attributions were assessed. Whereas the induction of a negative mood, compared with a control condition, influenced secure participants to recall more positive information and to attribute a negative event to less global and less stable causes (the pattern of cognitive processing that Forgas, 1995, called *mood incongruent*), participants who scored higher on attachment anxiety reacted to an induced negative mood with heightened recall of negative information and a tendency to attribute a negative event to more global and stable causes. This mood-congruent pattern of cognition favors the spread of negative feelings throughout memory and heightens access to distressing thoughts. In the case of bereaved people, this pattern of emotion regulation makes it difficult to manage intrusive memories of the deceased.

Another feature of chronic mourning is the pervasive presence of negative beliefs about the self, one's life, and the future, such as "I am worthless without my beloved," "My life is meaningless after the loss," and "The future is hopeless" (e.g., Boelen, van den Bout, & van den Hout, 2003; Neimeyer, Prigerson, & Davies, 2002). These negative beliefs contribute to the development of depression (Beck, 1972), disrupt psychological functioning even when they fall short of depression, and strengthen a mourner's inclination to dwell on the loss and long for the comfort and meaning once provided by the deceased (Boelen et al., 2003). According to Foa and Rothbaum (1998), these negative beliefs can be particularly resistant to change when the loss confirms negative views of the self, hopeless beliefs, and catastrophic cognitions that

were present before the loss. This is more likely to be the case when a person was already anxiously attached, possessed negative views of self, exaggerated even fairly minor threats, held pessimistic beliefs about managing distress, and attributed threatening events to uncontrollable causes and pervasive personal inadequacies (for extensive reviews, see Mikulincer & Shaver, 2003; Shaver & Mikulincer, 2007).

## AVOIDANT ATTACHMENT AND THE ABSENCE OF GRIEF

Avoidant people try to deny attachment needs, suppress attachment-related thoughts and emotions, and inhibit unwanted urges to seek proximity or support (Mikulincer & Shaver, 2003). This kind of person, whom Bowlby (1969, 1982) called "compulsively self-reliant," values independence to the point of avoiding deep emotional interdependence even with long-term mates. After the loss of an attachment figure, such a person is likely to use well-established defenses to inhibit anxiety and sadness, downplay the importance of the loss, and try to steer clear of thoughts and memories focused on the deceased. This is what Bowlby (1980) meant by the "absence of grief." He considered this to be a defensive reaction involving redirection of attention away from painful thoughts and feelings ("defensive exclusion") and the segregation or dissociation of memories of the deceased that nevertheless continued to influence emotions and behaviors without the individual's awareness of their existence or effects.

Bowlby (1980) thought the prolonged absence of grief could eventually lead to difficulties in mental and physical health, perhaps especially when subsequent losses are experienced. He thought that people who fail to mourn would have difficulties integrating losses meaningfully into their working models and personal narratives. (This is precisely the phenomenon that gets a person classified as "unresolved with respect to losses or traumas" in the Adult Attachment Interview; Hesse, 1999.) Because a bereaved person is likely to have engaged in many daily activities with the now-deceased partner, each of these activities or the places where they occurred becomes an unwanted reminder of the loss and a further source of either distress or need to suppress thoughts and feelings. According to Fraley and Shaver (1999), "Repeated activation of inexplicable and partially suppressed negative emotions may eventually have a negative impact on psychological well-being or physical health" (p. 743). Bowlby (1990) provided a fascinating and detailed example of these negative consequences of suppressed grief in his final book, *Charles Darwin: A New Life*, in which he connected Darwin's suppression of grief following the death of his mother when he was 8 years old (a suppression demanded by his avoidant father) and the emergence of "hyperventilation syndrome" (persistent gastric pains and heart palpitations) during adulthood.



Of course, the negative emotional and physical sequelae of an absence of grieving are most likely to emerge when the mourner was deeply attached to the lost partner and the partner was the individual's only safe haven and secure base. If an avoidant person was able to avoid proximity seeking, deep interdependence, and extensive attachment to a partner while he or she was alive, then the bereaved person may experience less anxiety and sadness following the loss even without strenuous suppression or mental segregation. In such cases, the absence of grieving may reflect a real absence of distress (relative to that experienced by other bereaved individuals) rather than a defensive reaction to the pain of a meaningful loss. Compatible with this idea is evidence that many people who show few signs of grief shortly after the loss of a partner do not exhibit heightened distress or maladjustment months or years later (for a review, see Bonanno, 2001). It may be difficult, in particular cases, to tell the difference between successful but very active suppression, on the one hand, and a true absence of anything to suppress, on the other hand. For several years, our own research was unclear about the existence of this difference. Now, however, Bowlby's (1980) ideas about avoidant people's defensive suppression of memories, thoughts, and feelings concerning separations and losses have been well supported in a series of experiments conducted in our laboratories.

Using Wegner's (1994) thought-suppression paradigm, Fraley and Shaver (1997) asked participants to write about whatever thoughts and feelings they were experiencing while being allowed to think about anything except thoughts about their mate leaving them for someone else. (All of the participants were involved in long-term couple relationships.) In one study, the ability to suppress these thoughts was assessed by the number of times they appeared in participants' stream of consciousness following the suppression effort (during what Wegner [1994] called the *rebound* period). In another study, this ability was assessed by the level of physiological arousal (skin conductance) during the suppression task: The lower the arousal, the greater the presumed ability to suppress the troubling thoughts. The results indicated that avoidant attachment was associated with both less frequent thoughts of loss following the suppression task and lower skin conductance during the task, suggesting that avoidant defenses block unwanted thoughts and prevent the emotional arousal they might otherwise cause. A recent functional magnetic resonance imaging study (Gillath et al., 2005) shows that these avoidant defenses are also evident in patterns of brain activation and deactivation when people are attempting to suppress thoughts about breakups and losses.

While probing further into the regulatory mechanisms underlying avoidant defenses, Fraley, Garner, and Shaver (2000) asked whether they function in a preemptive manner—for example, by directing attention away from, or encoding in a shallow way, attachment-related information—or in a “postemptive” manner (repressing material that has already been encoded).

Participants listened to a genuinely emotional interview about the loss of a close relationship partner and were later asked to recall details of the interview, either soon after hearing them (Study 1) or at various delays, ranging from half an hour to 21 days (Study 2). An analysis of forgetting curves plotted over time revealed two things: (a) Avoidant people initially encoded less information about the interview, and (b) people with different attachment styles forgot encoded information at the same rate. Thus, avoidant defenses sometimes act preemptively, by blocking threatening material from awareness before it is fully encoded.

However, although these studies imply that avoidant defenses are effective in suppressing memories and thoughts concerning separation and loss, Mikulincer, Dolev, and Shaver (2004) recently found that avoidant people can nevertheless be disturbed by the unwanted resurgence of suppressed thoughts (a phenomenon Freud called "the return of the repressed"; Freud, 1926/1959). In one study, participants were asked to think about a painful relationship breakup and were either instructed or not instructed to suppress thoughts about this separation. Mikulincer et al. then examined the rebound of the suppressed separation-related thoughts under conditions of low or high cognitive load, which enabled them to determine whether avoidant defenses are capable of inhibiting the postsuppression rebound effect even when other cognitive demands draw on limited psychological resources. The implicit activation of previously suppressed thoughts was assessed by measuring the extent to which they influenced performance on a Stroop color naming task. Participants performed a Stroop task under low or high cognitive load (holding a one- or seven-digit number in mind), and the researchers assessed color naming reaction times for separation-related words. (Longer latency times imply greater activation of the verbal content printed in color.)

In a second study, Mikulincer et al. (2004) examined possible consequences of failed suppression efforts on avoidant individuals' self-concepts: If high cognitive load impairs the effectiveness of avoidant defenses, then it may render an avoidant person defenseless against reactivation of doubts about his or her lovability and sense of personal worth (core doubts resulting from a history of relationships with unavailable and rejecting partners). To examine this possibility, Mikulincer et al. asked study participants to recall either a painful breakup with a romantic partner or a more neutral experience (being at a drugstore) and to perform a 5-minute stream-of-consciousness task. In this task, participants were either instructed or not instructed to suppress thoughts about the just-recalled episode. All participants then performed the Stroop color naming task while at the same time carrying out a relatively easy or demanding cognitive task. The main dependent variables were color naming reaction times for participant-specific negative self-traits and positive self-traits taken from lists supplied by the participants in a previous research session weeks before.

The results clearly showed that avoidant attachment was associated in the control condition with the prevention of unwanted reactivation of previously suppressed thoughts about a painful separation (Mikulincer et al., 2004). Under conditions of low cognitive load, avoidant people were able to suppress thoughts related to the breakup, and they evinced lower accessibility of such thoughts and higher accessibility of positive self-representations following suppression. However, the effectiveness of avoidant defenses was significantly impaired when a high cognitive load taxed the mental resources needed to maintain thought suppression. Under conditions of high cognitive load, avoidant people exhibited greater automatic activation of thoughts of separation and negative self-traits following suppression. In other words, their defenses collapsed when mental resources were too scarce to maintain them, and this collapse was associated with a spread of activation from unwanted attachment-related thoughts to formerly suppressed negative self-representations. This is the kind of psychodynamic phenomenon, central to Bowlby's (1980) theory, that research psychologists have often thought could not be empirically demonstrated (Shaver & Mikulincer, 2002).

Overall, the findings imply that under strain, an avoidant mind, accustomed to attachment-system deactivation, is less able to exclude loss-related information from awareness and to segregate or dissociate painful memories. In line with Bowlby's (1980) analysis of absence of grieving, avoidant individuals' attempts to suppress or repress unacceptable or unmanageable thoughts and feelings concerning a loss fail to eliminate the distress, and the suppressed material can resurface in experience and action when high cognitive (or, we assume, emotional) demands are encountered. This vulnerability resembles one that Wenzlaff, Rude, Taylor, Stultz, and Sweatt (2001) documented in the case of individuals at risk for depression:

High levels of thought suppression may indicate that the individual has not resolved the negative patterns of thinking that contributed to the previous depressive episode. These patterns of negative thinking are apt to become evident when stress undermines mental control efforts. (pp. 448–449)

#### EMPIRICAL EVIDENCE ON ATTACHMENT-STYLE DIFFERENCES IN ADJUSTMENT TO LOSS

Beyond providing experimental evidence concerning patterns of coping with loss-related thoughts and memories, few studies have directly examined attachment-style differences in adjustment to the loss of a close relationship partner. The major findings of those few studies generally support the idea that secure attachment facilitates emotional adjustment during

bereavement. For example, van Doorn, Kasl, Beery, Jacobs, and Prigerson (1998) interviewed adults while they were caring for their terminally ill spouses and found that global attachment security in romantic relationships and specific attachment security in the marriage were both associated with less intense grief reactions to the critical illness of their spouse. Similarly, Fraley and Bonanno (2004) found that people classified as securely attached 4 months after the loss of a spouse reported relatively low levels of bereavement-related anxiety, grief, depression, and posttraumatic distress 4 and 18 months after the loss. Conceptually similar findings have been reported by Wayment and Vierthaler (2002) and Waskowic and Chartier (2003).

There is also evidence of anxiously attached people's complicated grief reactions (Field & Sundin, 2001; Fraley & Bonanno, 2004; Wayment & Vierthaler, 2002). For example, Field and Sundin (2001) found that anxious attachment, assessed 10 months after the death of a spouse, predicted higher levels of psychological distress 14, 25, and 60 months after the loss. With regard to attachment avoidance, studies have generally found no significant association between this attachment dimension and depression, grief, or distress (Field & Sundin, 2001; Fraley & Bonanno, 2004; Wayment & Vierthaler, 2002). However, Wayment and Vierthaler (2002) found that avoidance was associated with higher levels of somatic symptoms, implying that avoidant defenses might block conscious access to anxiety and depression but without suspending the more subtle and less conscious somatic reactions to loss. (These results are similar to ones obtained by Berant, Mikulincer, & Florian [2001] and Mikulincer, Florian, & Weller [1993] in studies of other severe stressors, such as giving birth to a child with a serious heart defect and coping with war.) In addition, Fraley and Bonanno (2004) found that the combination of avoidance and attachment anxiety (the pattern that Bartholomew & Horowitz [1991] called *fearful avoidance*) produced the highest levels of anxiety, depression, grief, trauma-related symptoms, and alcohol consumption following the death of one's spouse.

There is also evidence concerning attachment-style differences in continuing attachment to and detachment from a lost partner. Field and Sundin (2001), for example, found that more avoidant people reported more negative thoughts about their lost spouse 14 months after the loss, perhaps reflecting a distancing, derogating attitude toward the deceased (something commonly found in studies of avoidant attachment and relationship dissatisfaction). In contrast, attachment anxiety was associated with more positive thoughts about the lost spouse, probably reflecting a continuing emotional investment in an idealized figure. This kind of idealization was also evident in Nager and De Vries's (2004) content analysis of memorial Web sites created by adult daughters for their deceased mothers. Comments about missing the deceased and idealized descriptions of mothers (e.g., "You were the most beautiful, strongest, determined, smartest, fascinating woman in the world") were more

frequently found on Web sites created by anxiously attached daughters (according to a self-report measure) than in those created by secure or avoidant daughters. Using the Continuing Bonds Scale (Grund, 1998), Waskowic and Chartier (2003) found that secure people maintained an adaptive attitude toward a lost partner; although they scored lower than their insecure counterparts on rumination about and preoccupation with a lost spouse, they still scored higher on positive reminiscences about and symbolic exchanges with the deceased.

## CONCLUDING REMARKS

Although it would take more space than we have available to spell out the details of Bowlby's (1980) theory of attachment and loss and to provide the extensive and still-growing evidence for it, we hope we have provided enough examples of recent studies to entice the reader to delve deeper into the recent literature. Bowlby's ideas were rooted in his experience as a psychoanalyst, but they were made more concrete and verifiable than previous psychoanalytic theories thanks to his heavy and detailed reliance on the research literature of his time. Today, we have additional research methods contributed by social cognition researchers, psychophysicologists, and cognitive neuroscientists—methods that have proven valuable in our own studies of anxious and avoidant defenses and the benefits of experimentally enhanced attachment security (e.g., Mikulincer & Shaver, 2005, 2007a, 2007b). It will be some time before these studies are extended and integrated with appropriate longitudinal studies of bereavement, but we remain confident that many of Bowlby's key ideas and insights will continue to be relevant to understanding and coping with grief. Every person who lives very long will, unfortunately, have several opportunities to experience years of magical thinking and occasions for standing at death's door. There is no way to live without these experiences, and life would be less engaging if there were, but understanding the evolutionary-biological and psychological processes involved can make these experiences less foreign and baffling, for both clinicians and ordinary educated adults.

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