AN ATTACHMENT-INFORMED APPROACH TO GRIEF COUNSELLING

BY MARNEY THOMPSON, RCC
John Bowlby’s pioneering work on human attachment is often referenced as a foundation for understanding bereavement. However, empirical research linking his understanding of human attachment to grief counselling has been limited until recently. As our knowledge and understanding about grief and bereavement grow, risk factors and complications in grief are being re-examined through the lens of attachment theory.

BEREAVEMENT AND THE GRIEF PROCESS
Bereavement, which is most often defined as the state of having lost someone to death, can be one of life’s most difficult experiences. Grief is our natural and normal response to bereavement and actually helps us learn to live without the person who has died. To varying degrees, grief typically impacts all or most areas of our lives, including our thoughts and feelings, relationships and social activities, daily habits and routines, beliefs and values, and our physical and emotional health. Early in the grieving process, when separation distress is at its peak, we may be:

• preoccupied with thoughts of the deceased person and/or the death,
• yearning and longing intensely for the person who died and searching for ways to feel connected to them,

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• experiencing a variety of persistent and/or overwhelming emotions, and
• inclined to withdraw from our usual interests, social activities, daily routines and habits.

Bereavement, by its nature, disrupts the grieving person’s attachment to the person who has died. During early grief (sometimes called acute grief), painful thoughts and feelings serve to help us begin to adapt to life after loss. The distress and disruption we feel in early grief drive us to want to feel better. The yearning and preoccupation we experience compel us to find ways to restore or recreate our connection with the person who died. Since it is difficult to wholly participate in life when we are in deep pain, we instinctively begin to discover ways to ease our suffering, oftentimes without fully realizing it’s happening. It may be that, as time passes, we find ourselves more open to reminders of the person who died and capable of reminiscing without so much of the rawness and disruption of early grief. As the turmoil and longing of early grief begin to lighten, we also begin to develop new ways to feel love and find comfort through a continuing bond with the person who died. We begin to understand that, although the person has died, our relationship with them hasn’t.

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THE ROLE OF ATTACHMENT FIGURES

As human beings, we are hardwired to seek out and form attachments with other people. Over the course of our lifespan, this bio-behavioural drive leads us to form and maintain relationships with parents, friends, romantic partners, children, coaches, teachers, and professional caregivers. This is the essential purpose of the human attachment system, and its most primary function is to keep us alive. It compels us as infants to prefer to be physically close to our caregivers and to become distressed and to protest whenever they are out of reach or sight. In adulthood, the purpose of attachment relationships expands to fulfill not only our need to be comforted and to feel secure but also our need to provide comfort and security to those we are close to.

The attachment system, and the close relationships it motivates us to form, plays a very important role in helping to regulate our psychological and physiological functioning. Our sense of safety in the world, our ability to self-soothe, and our readiness to take risks and explore new things are dependent on the relationships we form. Attachment figures that are reliably available and sensitive to our needs as children promote a sense of security and satisfaction in ourselves, others, the world and our place in it, as well as the confidence to freely explore our environments with curiosity.

However, what happens when our early and later life attachments aren’t a source of safety and security? When infants and children grow up with caregivers who aren’t reliably able to attend and respond to their needs, their relationships with themselves and others are often negatively impacted. One of the possible consequences is the development of an insecure attachment style that continues into adulthood. Often, this will mean they are less able to navigate the normal stresses and trials of life and may have difficulty trusting and bonding with others.

People with a preoccupied (sometimes referred to as anxious) attachment style tend to have low self-esteem, often process their experiences primarily through their emotions, and need extra reassurance and control in their relationships.

People with a dismissing (also referred to as avoidant) attachment style tend to have an overly positive view of themselves, yet avoid activities that stimulate emotion and vulnerability and may seem aloof and detached or choose not to engage in close relationships.

People with a fearful attachment style tend to be self-critical and depressed, chronically vulnerable, and passive and exploitable in relationships. Any of these disruptions in interpersonal relationships can create additional difficulties and complications for a grieving person.
that accommodate it. A part of us may always miss the person or people we’ve lost and, as a result, in some ways, we will continue to grieve. It may be helpful to understand that the goal of grieving isn’t for it to be over, but rather for our grief to transform from the all-encompassing, sharp, and disabling nature of early grief to an ongoing but much more transient and gentle presence we will learn to carry through the rest of our lives.

Many years ago, J. William Worden, founder of the Association for Death Education and Counselling, proposed the four tasks of mourning as follows:

1) to acknowledge the reality of the loss,
2) to process the pain of grief,
3) to adjust to the world without the deceased, and
4) to form an enduring connection with the deceased, while embarking on a new life.7

Margaret Stroebe and Henk Schut, creators of the Dual Process Model of Grief, posit that there are two central features of the grief process: loss orientation and restoration orientation.8 Loss orientation involves the bereaved person’s activities related to the loss, such as crying, mourning, and reminiscing and reflecting on the deceased and the death. Restoration orientation involves activities related to ongoing life, such as revising old and forming new relationships and re-engaging with work and other routines and interests. These authors suggest that what is most essential about these two areas of grief is not that the bereaved person spend equal time and energy in each, but rather that they are able to oscillate between the two as circumstances permit.

Katherine Shear, whose research and clinical work focus on complicated grief, built on these frameworks to describe grief as a natural healing process: one in which the bereaved person confronts the reality and consequences of the loss, learns to manage the resulting thoughts and feelings, re-establishes an enduring bond with the person who died, and

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recovers the possibility of a life with joy, meaning, and purpose. Through this natural healing process, the bereaved person shifts from a state of acute grief immediately following the death, to a state of integrated grief, where the bereaved person is able to live with the loss and engage wholly with life.

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Secure attachment relationships provide us with a way to receive and express love and a much-needed safe haven and secure base from which we can confront challenges and explore the world. Thus, the loss of an attachment relationship signals the loss of an important psychological and physiological regulatory mechanism.

The death of an attachment figure, at any point in our lifespan, presents a significant injury to our attachment system and poses a threat to our sense of security and safety, increases our vulnerability, and limits our capacity to engage with new and novel relationships, activities, and interests. Much as an infant separated from a primary caregiver experiences separation distress, when someone we love dies, we also naturally experience stress, disruption, and dysregulation. The degree, intensity, and duration of this distress are important considerations when assessing grief as these responses exist along a wide continuum and may be quite normal in early grief.

In their study of continuing bonds and complicated grief, Nigel P. Field and Charles Filanosky describe how in the initial aftermath of loss, the attachment system doesn’t register that the death is irrevocable, and so the bereaved person instinctively engages in behaviour aimed at re-establishing real or even symbolic proximity.

This understanding of the attachment system’s natural resistance to the permanence of death helps to explain how, often in the early days after the loss, the bereaved person is drawn to the deceased’s belongings, or to where they were last together, or even to where the person died. We despair at the separation, are seeking reunion, and are not yet able to comprehend the full reality of the death.

Even into adulthood, the loss of an attachment figure may trigger high separation anxiety and distress, a factor known to be correlated with complicated grief. When working with insecurely attached bereaved people, a counsellor must support and guide them to develop flexibility in their attention to the loss. An anxiously attached person is likely to have difficulty shifting their attention away from the loss. They often spend all or most of their time and energy thinking about the person who died and the death; this prevents them from focusing on restoration-related activities to help recreate a sense of purpose and meaning to their lives. An avoidantly attached person often has difficulty confronting the loss and may focus their time and energy on keeping busy and distracted; this interferes with loss-related activities to help them process painful thoughts and feelings. Failure to attend flexibly to both loss and restoration typically disrupts the grief process and prevents the shift from acute to integrated grief. Counsellors who work with bereaved people must understand the

Worden’s Tasks of Mourning

ONE
To accept the reality of the loss

TWO
To work through the pain of grief

THREE
To adjust to an environment in which the deceased is missing

FOUR
To find an enduring connection with the deceased while embarking on a new life
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intermingling and interdependence of attachment styles, the grief response and process, and the inevitable vulnerability elicited by experiences of loss and death. Kosminsky and Jordan define grief therapy as: “... a concentrated form of empathically attuned and skillfully applied social support, in which the therapist helps the client re-regulate after a significant loss by serving as a transitional attachment figure. This includes addressing deficits in affect regulation and mentalizing related to the loss at hand, and early neglect or trauma.”

The role of the grief counsellor is to provide a safe haven, where clients can learn to experience and tolerate their feelings of grief, reframe how they think about the loss and their future, and envision a future that includes meaningful relationships and life experiences. Knowledge and consideration of attachment styles can assist grief counsellors as they work to support clients who are navigating this important life transition.

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