

GRIEF AND ATTACHMENT: DEVELOPMENT OF THE ONGOING
RELATIONSHIP SCALE AND THE GRIEF ATTACHMENT MODEL

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ABSTRACT

Loss is an inevitable human experience. How each individual reacts to loss may be affected by various factors – among these is one’s attachment style. The present studies examine the ultimate form of loss, the death of a significant attachment relationship in one’s life. Specifically, the research focuses on how people respond to and cope with the death of an attachment figure. In so doing, the relationship between grief and attachment theory is discussed and an integrated model of grief and attachment is proposed, which accounts for various differences in how individuals respond to the death of an attachment figure in adulthood.

Study 1 examined the notion that in order to maintain an ongoing relationship with a deceased person and engage in behaviours that maintain this relationship, one must have had a close relationship to the deceased prior to his or her death. Seventy-three undergraduate students who reported having experienced the death of someone they knew were recruited to complete the online survey. This study utilized a measure specifically designed for the present research, the Ongoing Relationship Scale (Waskowic & Chartier, 2006), to demonstrate the necessity of a close relationship in order to engage in behaviours that maintain an ongoing relationship with the deceased.

The ORS was used to distinguish between whether one perceived engaging in ongoing behaviours with the deceased attachment figure as positive or negative, that is, whether engaging in certain behaviours brought an individual comfort or discomfort. The findings showed that those who identified themselves as having had a closer relationship to the deceased were more likely to engage in behaviours consistent with maintaining an ongoing relationship; whereas those who did not report having had a close relationship to

the deceased were less likely to do so. Preliminary psychometric data for the ORS demonstrated good reliability. Convergent and discriminant validity for the measure are also provided.

Study 2 extends the findings from the first study by exploring a specific type of close relationship, the attachment relationship, and how one copes with the grief upon the death of the attachment figure. One hundred and ninety three participants who experienced the death of either a partner or parent were recruited to participate in the study. Participants were asked to complete a survey containing measures of attachment style, relationship closeness, grief, coping with the loss, interpersonal dependency, ongoing relationship with the deceased, and resilience. Utilizing Stroebe, Schut, and Stroebe's (2005) Dual Processing Model and O'Leary and Ickovics's (1995) Outcome of Challenge Model the differences in coping with the death of an attachment figure were explored based on one's type of attachment. Based on the findings from the present research that there are differences between the four types of attachment (i.e., secure, preoccupied, fearful, and dismissing) in how each copes with the death of a significant attachment figure, a new comprehensive model of grief, which integrates previous theories within an attachment theoretical framework is offered. This new model, referred to as the Grief Attachment Model, accounts for observed differences in the way people cope with the death of a significant attachment figure in their lives, and suggests that researchers focus on the attachment relationship to explain variability in a person's grief response.

The results of Study 2 provide support for this new integrated model and encourage others to consider using attachment theory, and its theoretical speculations, for

how individuals with different attachment styles (i.e., secure, preoccupied, fearful, and dismissing) will respond to the death of an attachment figure in adulthood.

The present studies' findings advance our understanding of the relationship between attachment theory and grief in that they go beyond present theory and provide empirical data for the current theoretical assertions. Further, the findings are reported in regards to specific attachment styles, rather than the secure versus insecure distinction that has been more commonly utilized when conducting research on attachment style differences. Implications and directions for future research are also proposed.

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Introduction

The relationship between attachment theory and coping with grief, following the death of a significant person, has gained more of an interest in the bereavement literature (e.g., Stroebe, Schut, & Boerner, 2010). Throughout the past several decades many have offered various theoretical conceptualizations of grief and bereavement. Among these conceptualizations is attachment theory; a theory that at one time was considered to be “one of psychology’s best kept secrets” (Karen, 1994) and was later referred to by Stroebe (2002) as “the most powerful theoretical force in contemporary bereavement research” (p.127).

Noppe (2000) identified an obvious shortcoming between attachment theory and grief when she stated, “Sadly these two fields of inquiry appear to be siblings that frequently experience poor communication. Attachment theory reflects the initial establishment and psychological incorporation of relationships, whereas many theories of bereavement and grief are either about the reworking of relationships or the detachment from such relationships in the face of physical loss” (p.516). Parkes (2001) echoed these sentiments when he wrote that “an entire literature has grown up around the psychopathology and phenomenology of loss, which pays little attention to the literature on attachment and child development...yet all of these fields of study must be integrated if we are to obtain a balanced view of bereavement” (p. 25).

For several years, there has been a debate in the bereavement literature of whether or not one should maintain an ongoing attachment to a deceased individual, or if one should break or relinquish the attachment bond. The present research attempts to merge the areas of attachment and the diverse bereavement theories to explain differences

between individual's grief experiences and coping following the death of a significant attachment figure. Specifically, three theoretical models, that is, Bartholomew's (1990) Four-category Model of Attachment Styles, Stroebe and Schut's (1999) Dual Processing Model of Adaptive Coping with Bereavement, and O'Leary and Ickovics's (1995) Outcome of Challenge Model are used to provide the basis for understanding and explaining various grief responses (e.g., absent, normal, chronic, and complicated).

Therefore, the present research represents an attempt to build a bridge and improve the communication between bereavement and attachment theory, two seemingly connected and related perspectives, by extending the research and providing not only a model integrating attachment theory and bereavement theory to account for differences between individuals' coping and grief reactions following the death of an attachment figure, but to also provide preliminary empirical evidence for such a model. Prior to discussing this model, it is important to first gain an understanding of what is meant by the term attachment.

Defining Basic Attachment Terminology

In the past there has been some confusion regarding the use of attachment terminology in the grief literature. Researchers have attempted to explain loss using attachment theory, but have failed to define what is meant by the terms used in their research, often leading to improper interpretation and an altogether misrepresentation of attachment theory. In an attempt to waylay this shortcoming in the present research, it is felt that it is first necessary to provide the appropriate nomenclature to which subsequent mention of these terms will refer.

Throughout this document, the term “attachment figure” will be used to represent the preferred individual to whom one relies on for attachment needs in times of stress (Rholes & Simpson, 2004). Further, “attachment behaviour” will refer to efforts to maintain or achieve physical or psychological contact with an attachment figure (Rholes & Simpson, 2004). While, the term “attachment behaviour” is used to describe the means or behaviours used to promote proximity to an attachment figure, the term “attachment behavioural system” refers to the organization of these attachment behaviours within the individual (Cassidy, 2008). The term “attachment bond” will refer to the emotional connections between individuals and their attachment figures (Rholes & Simpson, 2004).

According to Rholes and Simpson (2004), “attachment style” or “attachment type” refers to the stable, global individual differences in one’s tendency to seek and feel comfort and emotional support from someone with whom one has an attachment bond, and the beliefs one holds regarding the responsiveness of the attachment figure to one’s efforts to obtain comfort and support. Stated more simply, attachment styles represent the beliefs and expectations people have developed about themselves and their close relationships on the basis of their attachment histories. For the purposes of this research it should be noted that the terms attachment style and attachment type are used interchangeably to refer to the same concept.

With the above definitions in mind, attachment theory seems to have a natural affinity to the experience of coping with the grief following the death of a significant attachment figure. Such a connection seems obvious since so much attachment research is focused on childhood loss and what the implications of such losses are in adulthood. The parallels between childhood expressions of loss or separation, and that which can be

observed in adulthood are striking. What is not so obvious are the reasons that researchers have failed to go beyond theoretical explanations of adult grief from within an attachment theory framework and to provide empirical evidence for such musings.

With this brief introduction to the terminology utilized in attachment theory, and to what these terms will be referred to in the present research, the discussion will now focus more directly on providing an overview of attachment theory. The discussion will begin with a brief overview of attachment theory to provide a more comprehensive understanding of the foundation and formulation of attachment relationships. Part of the rationale for inclusion of such information is to attempt to avoid improper interpretation and misrepresentation of the theory.

Attachment Theory

Shaver and Tancredy (2001) suggest that attachment theory was originally “designed to explain the psychological impact of loss” (p. 73). Since its inception, attachment theory has become one of the most comprehensive and extensive theories in psychology (Rholes & Simpson, 2004). Attachment theory provides a biosocial explanation of how close relationships are developed, maintained, and dissolved over an entire lifetime. The theory accounts for how relationships influence those involved in them, sometimes even on a permanent basis (Bowlby, 1979). Rholes and Simpson (2004) add that attachment theory “articulates constructs and processes that are relevant to understanding elements of social development, interpersonal behaviour, relationship functioning, psychosocial adjustment, and clinical disorders” (p. 3).

The roots of attachment theory originate with the work of a British psychiatrist, John Bowlby (1969, 1973, 1979, 1980) and subsequent development by Mary Ainsworth

(Ainsworth, Bleher, Waters, & Wall, 1978). Traditionally attachment theory, as proposed by Bowlby (1969, 1973, 1980), has been used to explain the emotional distress experienced by infants when separated from their primary caregivers, the formation of defensive reactions when such relationships do not meet the affiliative needs of infants, and the similarities between the mourning of adults and children (Bretherton, 1985).

Attachment theory evolved from the idea that human beings, like other primates, possess an innate bias to social life. Stated differently, attachment theory claims that “human beings have an evolved, biologically based predisposition to direct attachment behaviours (e.g., searching for, promoting physical contact with, looking at, following, visually tracking) toward persons who serve as their primary caregivers” (Rholes & Simpson, 2004, p. 5). Bowlby (1973) saw attachment behaviour as “any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser” (p. 292). The attachment behavioural system is comprised of a loosely organized set of behaviours whose primary goal is to increase both physical and psychological proximity to the attachment figure. The attachment system is thought to have evolved given its ability to increase physical proximity between infants and their caregivers (Rholes & Simpson, 2004).

During the first year of an infant’s life, attachment theory asserts that primary caregivers become increasingly differentiated from other people in the infant’s mind. Bowlby referred to this differentiation as ‘monotropy’. Monotropy represents the infant’s bias to have a hierarchy of preferences, with one highly preferred attachment figure, often but not always, the mother (Goldberg, 2000). These attachment figures are typically the

key focal point of the infant's social world. The process of forming these attachments is thought to be universal. A central assertion of attachment theory is that natural selection favoured those infants who became attached because in so doing those children were more likely to survive due to greater protection from danger and predation in ancestral environments (Rholes & Simpson, 2004). From the outsider's perspective the attachment system's goal is to "regulate behaviours designed to establish or maintain contact with an attachment figure", whereas the attached person's goal is "felt security" (Feeney & Noller, 1996, p.3).

The three defining features of an attachment relationship, as identified by attachment theory, include proximity seeking, secure base, and safe haven (Feeney & Noller, 1996). Described in more general terms, the attachment figure serves as a secure base from which an infant is able to feel safe and explore and master his or her environment. In circumstances where no apparent threat is evident, the infant will most likely engage in exploratory behaviour, rather than attachment behaviours. However, should a perceived or actual threat become apparent in the infant's environment, it is most probable that the child will seek out the primary caregiver. And so, it becomes apparent that the primary caregiver also serves as a safe haven, to which the child will turn for comfort and reassurance during times of distress. Therefore, "when the attachment behavioural system is in its goal state (i.e., there is adequate proximity and contact for the environmental conditions), attachment behaviours are not evident, but if threats to safety are perceived, attachment behaviours are activated" (Goldberg, 2000, p.9).

As a child develops the goals of the attachment system are modified such that separations of greater duration and distances are regarded as safe (Goldberg, 2000). In gaining proximity to and protection from the attachment figure, the child feels a sense of relief and security, a feeling that the world is a safe place and that the attachment figure is helpful when called upon (Mikulincer & Shaver, 2008). As such the child learns to explore their environment with confidence and curiosity and to engage in rewarding ways with other people (Mikulincer & Shaver, 2008).

Bowlby balances the notion that the attachment system has evolved through natural selection and is universal in human nature by addressing the issue of individual differences. The subsequent main points from Bowlby's (1973) theory of attachment address this issue of individual differences (p. 235):

1. When an individual is confident that an attachment figure is available whenever he or she desires it, that person is much less prone to either intense or chronic fear than an individual who, for any reason, has no such confidence.
2. Confidence in the availability of attachment figures, or lack of such confidence, is built up slowly during the years of immaturity (infancy, childhood, and adolescence); whatever expectations are developed during those years tends to persist relatively unchanged throughout the rest of life.
3. The varied expectations of the accessibility and responsiveness of attachment figures that individuals develop during the years of immaturity are tolerably accurate reflections of the experiences those individuals have actually had.

A central feature of these propositions is the role that one's expectations of the attachment figure plays. Attachment within the realm of social relationships represents a

situation in which “a weaker, less skilled individual relies on a more competent and powerful one for protection” (Goldberg, 2000, p. 9). From within this context it is thought that each participant experiences emotional connection to the other and develops an internal representation of both the relationship and those involved in it, and that each individual involved engages in behaviours that serve to maintain the relationship (Goldberg, 2000). Further, attachment theory proposes that one’s expectations regarding the availability and responsiveness of the attachment figure are integrated into internal working models of attachment (Feeney & Noller, 1996).

Stated simply, Bowlby’s (1973) conceptualization of a person’s internal working model of attachment relationships is used to describe one’s internal representation of the world, his or her attachment figures, himself or herself, and the relations between one’s internal representation, his or her attachment figures, and himself or herself. Bowlby (1973) described the internal working model as follows:

In the working model of the world that anyone builds, a key feature is his notion of who his attachment figures are, where they may be found, and how they may be expected to respond. Similarly, in the working model of the self that anyone builds a key feature is his notion of how acceptable or unacceptable he himself is in the eyes of his attachment figures. On the structure of these complementary models are based that person’s forecasts of how accessible and responsive his attachment figures are likely to be should he turn to them for support. And, in terms of the theory now advanced, it is on the structure of those models that depends, also, whether he feels confident that his attachment figures are in general readily available or whether he is more or less afraid that they will not be available—occasionally, frequently or most of the time. (p.203)

This internal working model represents the psychological structures underlying the various styles of attachment (Collins & Read, 1994; Collins, Guichard, Ford, & Feeney, 2004). Therefore, the internal working model and attachment styles, which have a systematic effect on attachment relationships, are created by experiences from early

relationships and therefore, provide “rough-and-ready blueprints for what should be expected and what is likely to occur in different interactions with attachment figures” (Rholes & Simpson, 2004, p. 7). Since internal working models are thought to be composed of both conscious and unconscious parts, it is thought that they also influence mental processes that are both consciously, as well as those that are unconsciously and automatically controlled (Rholes & Simpson, 2004).

Within close relationships, internal working models serve to organize behaviour, cognition, and affect, and provide a guide for how to act, what should be expected or anticipated, as well as how one should interpret the meaning of unclear interpersonal interactions (Rholes & Simpson, 2004). As people develop new relationships, they, in part, rely on their previous expectations of how likely others are to behave and respond toward them, and their internal working models are used to interpret their partners’ goals or intentions (Hazan & Shaver, 1987). In addition to this, internal working models are said to be responsible for drawing attention to and memory for information related to attachment relevant events, and for regulating affect, especially negative affect, once attachment relevant stressors have been encountered (Rholes & Simpson, 2004).

One’s expectations regarding the availability and responsiveness of the attachment figure depends upon two variables, model of others and model of self. Model of others addresses whether the attachment figure is perceived to be the type of person who is responsive to calls for support and protection, whereas model of self addresses whether the individual perceives the self to be the type of person to whom others are likely to respond in helping ways (Feeney & Noller, 1996).

Attachment Styles

Different types of attachment styles have been described. Specifically, attachment theory claims that different styles of attachment develop depending upon how caregivers respond to infants' attachment behaviours (Ainsworth, Blehar, Waters, & Wall, 1978). Ainsworth, Blehar, Waters, and Wall (1978) identified three types of attachment. These attachment types include a secure type and two insecure attachment types, resistant or anxious-ambivalent and avoidant attachments. The patterns of infant behaviour used to describe each of these styles of attachment are related to the amount of interaction between primary caregiver and child and to the caregiver's sensitivity and responsiveness to the child's needs and signals (Feeney & Noller, 1996).

Secure attachments in infants are thought to develop in response to caregivers who are responsive to their child's cues of distress and are able to find effective ways to comfort their child. These caregivers continue to be physically and emotionally available to their infants without being disruptive or intrusive even when the infant is not distressed. Children with secure attachments to their caregivers are identified as directly seeking comfort from their primary attachment figure, are easily calmed, and after which are then able to carry on with other activities.

Children with anxious-ambivalent attachments tend to display mixed reactions to their primary caregivers, they continue to be agitated, and they do not go back to other activities. Children classified as having an avoidant attachment tend to ignore or disregard their primary caregivers, display signs of emotional withdrawal and disengagement, and utilize distraction to avoid the distress they are experiencing (Ainsworth, Blehar, Waters, & Wall, 1978).

When attempting to place infants into one of the above styles of attachment, not all infants were so easily classified. As a result, a fourth group or type of attachment relationship was developed. This category was labelled as a disorganized or disoriented style of insecure attachment (Main & Solomon, 1986). Individuals classified in this category tend to display contradictory reunion behaviour (i.e., simultaneously approaching and avoiding the attachment figure), confusion or apprehension in response to the approaching attachment figure, and affect that is changeable or depressed (Feeney & Noller, 1996).

Attachment styles, as defined by attachment theory, provide ways for how one responds when confronted with emotionally distressing situations. For this reason attachment theory has been described as a theory of affect or emotion regulation (Kobak & Sceery, 1988; Sroufe & Waters, 1977). Thompson (1994) offered the following definition: “Emotion regulation consists of the extrinsic and intrinsic processes for monitoring, evaluating and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (p.27). How an infant utilizes his or her caregiver as a resource for regulating emotional discomfort in times of distress is one of the main features utilized for identifying behavioural patterns or styles of attachment (Goldberg, 2000).

Each of the styles of attachment described earlier (i.e., secure, avoidant, and resistant) can be thought of in terms of strategies for both regulating and expressing emotions. For example, infants with a secure attachment style are described as being able to freely and directly express their needs for comfort and protection, whereas those with an avoidant style are limited in their expression of attachment needs, and resistant infants

tend to be exaggerated in their attachment needs (Goldberg, 2000). When classifying each of these patterns of attachment secure infants tend to be described as demonstrating positive affective sharing with the caregiver prior to separation, various degrees of distress during separation, and a quick return to positive affect upon reunion with the attachment figure. Infants classified as avoidant demonstrate a distinct lack of either positive or negative affective expression, whereas the resistant infant is represented by displaying a majority of negative affect prior to, during, and after separation (Goldberg, 2000). It is thought that the infant's distresses, as well as the parent's response to it, are the main features that direct the development of the resulting differences in attachment styles (Goldberg, 2000).

Kobak (e.g., Cassidy & Kobak, 1988; Kobak, Cole, Forenz-Gillies, & Fleming, 1987; 1993; Kobak & Sceery, 1988) suggests that affect regulation represents one of the key components of the attachment system. Kobak provides a description of the various attachment styles as a set of organized rules that govern one's attention and response to emotional arousal. For example, an individual with a secure attachment style tends to be governed by a set of rules that allow him or her to acknowledge the distress and turn to others for support. Those with an avoidant attachment style are governed by rules that restrict their acknowledgement of the distress. The individual with an ambivalent or resistant attachment style tends to be led by rules that direct his or her attention towards the distress and the attachment figure in a hypervigilant way, which then interferes with the development of autonomy and self-confidence. Therefore, there seems to be a connection between one's internal working model of attachment figures and rules that guide the regulation of distress (Goldberg, 2000).

Others including Cassidy (1994) have also shared the notion that emotion regulation is a feature of strategies used in attachment. A child who has had a caregiver who was responsive to a vast array of emotions learns the utility of expressing emotion in relationships and that negative affect serves to alert the caregiver to distress the child may be experiencing. When a child is repeatedly ignored or rejected by the primary caregiver, that is, his or her attempts to elicit a protective and supportive response are not addressed, the child gradually learns to restrain from displays of negative affect in order to avoid the painful rejection from the caregiver. Similarly the child also tends to hold back any displays of positive affect as past experience has proven to result in disappointment. Therefore, avoidance tends to be related to the child minimizing emotional expression. Children with caregivers who respond inconsistently to their displays of negative affect are associated with heightened expressions of emotion. These children tend to escalate their emotional arousal as a means for avoiding the risk of losing the caregiver's attention.

The relevance in discussing a connection between attachment theory and emotion regulation is that it demonstrates how the various styles of attachment are related to experiences with the primary caregivers. These experiences involve caregivers relaying distinct messages regarding the rules for emotional expression and, as a result of this, the development of distinct styles of emotional expression and regulation occurs (Goldberg, 2000).

Although Bowlby's (1979) theory of attachment focuses primarily on the bonds developed in childhood it is evident that Bowlby supports the notion that the attachment system plays a vital role throughout the life cycle. Perhaps this notion is most evident in

his now famous quote that states, “attachment behaviour is held to characterize human beings from the cradle to the grave” (Bowlby, 1979, p. 129). From Bowlby’s (1980) perspective this persistence of attachment style can be attributed in part to the persistence of mental models of the self and of others, which he believes are key components of personality.

Finally, it should be noted that although internal working models and attachment styles remain relatively stable over time, they are not completely resistant to change. Novel experiences with attachment figures or reconceptualizations of past experiences with attachment figures are thought to precipitate change. Interested readers can find support for this view from Davila and Cobb (2004) and Fraley and Brumbaugh (2004).

The mental models of self and of others, which become part of an individual’s internal working model represent a gradual evolution of experiences with different relationships culminating in a more general working model, which represents an aggregation of the individual’s experiences in all these different relationships (Goldberg, 2000). Presumably some relationships are thought to be more influential in shaping this general model than others. In other words, early interactions with others influence the development of attachment behaviours, which then become stored in internal working models. These internal working models will contain cognitive, affective, conscious and unconscious information that will influence personality and behaviour (Goldberg, 2000). With more experience, the internal working model becomes progressively complex, as successive experiences are incorporated into the existing model (Goldberg, 2000).

Further, it has been suggested that over time these ways of thinking about the self and others in relationships (i.e., the internal working model) become automatic and

habitual, and eventually operate on an unconscious level, resulting in the internal working model becoming more resistant to change (Feeney & Noller, 1996). Morris (1982) echoes this sentiment of the persistence of the attachment system by arguing that because of the primacy and depth of the attachment relationship between infant and caregiver, the bond that is formed will likely serve as a prototype for future intimate relationships.

Prior to moving into a discussion of attachment in adulthood, it is important to first discuss what distinguishes an attachment bond from an affectional bond. According to Ainsworth (1991), affectional bonds represent “a relatively long-enduring tie in which the partner is important as a unique individual, interchangeable with none other”, and that there is a desire to remain close to this individual (p.38). Further, she stated that older children and adults are able to sustain the bond despite time, distance and absences, but that their intermittent desire to re-establish proximity and interaction occurs, and that the individual usually experiences positive feelings upon reuniting. Finally, an unexplained or involuntary separation from the other person in the affectional bond causes distress, and any permanent loss of this individual results in grief (Ainsworth, 1991).

Ainsworth (1991) suggests that attachment bonds represent a type of affectional bond. Like affectional bonds, attachment relationships or bonds, according to Ainsworth, are enduring ties characterized by a desire to maintain close proximity to a partner who is perceived to be unique as an individual and who is not interchangeable with any other. Just as in other affectional bonds, attachments are also characterized by a need to maintain proximity, the experience of distress upon unexplained or involuntary separations, experiencing pleasure when reunited, and grief in the event of a permanent loss.

The distinguishing feature, however, between attachments and other affectional bonds is that “the individual obtains or seeks closeness from the relationship that, if found, results in feelings of comfort and security” (Feeney & Noller, 1996, p. 20). That is, in an attachment relationship, the individual seeks to get the experience of security and comfort in the relationship with the individual (Cassidy, 2008). Upon obtaining comfort and security the individual is then able to venture away once again from the secure base provided by the other person and take part in other activities (Ainsworth, 1991). As mentioned earlier, the attachment is deemed to be secure if the individual attains security and insecure if he or she does not (Cassidy, 2008).

Weiss (1991) argues in a similar vein regarding the distinction between attachment bonds and affectional bonds. He suggests that there are three main criteria that distinguish attachment bonds from affectional bonds. Weiss argues that children want to be with the attachment figure (proximity seeking), especially in times of stress; that the child derives comfort and security from the attachment figure (secure base); and lastly that children protest the actual or perceived unavailability of the attachment figure (separation protest). Such a distinction between attachment and affectional bonds can also be made in adult relationships. The discussion will now turn to focus on attachments in adulthood.

Attachment in Adulthood

Ainsworth (1979) and Weiss (1991) both suggest that some adult relationships qualify as attachment relationships and state that many marital and committed nonmarital romantic relationships display characteristics of attachment bonds. Weiss (1991) suggests that in “adults as well as in children, attachments appear to be relationships

critical to continuing security and so to the maintenance of emotional stability” (p. 75). Further, Weiss (2001) purports that an attachment bond is “fundamental to the functioning of marital relationships” (p. 54). Elsewhere, while describing attachment theory, Hazen, Gur-Yaish, and Campa (2004) state that the pair bond relationship represents “the prototypical instantiation of attachment in adulthood” (p. 59).

Hazen and Shaver (1987) have conceived of romantic love, or pair bonding as an attachment process similar in its development and resulting individual differences to that of infant-parent attachment. They suggest that infants and caregivers and adult romantic partners share the following characteristics, which would classify these relationships as attachment relationships: both feel safe when the other is nearby and responsive; both engage in close, intimate, bodily contact; both feel insecure when the other is inaccessible; both share discoveries with one another; both play with one another’s facial features and display mutual fascination and preoccupation with each other; and, both engage in baby talk.

Hazen and Zeifman (1999) list the following parallels between child and adult attachments: “the nature of physical contact that typifies and distinguishes attachment bonds; the factors that influence the selection of attachment figures; reactions to attachment disruption and loss; and the role of attachment in biological and psychological fitness” (p. 341). In reference to adult attachment relationships, Mikulincer & Shaver (2007) suggest that the model that is most accessible and has the greatest effect on an adult’s attachment system performance both over time and across relationships is that of interactions between parental and romantic partners.

According to Mikulincer, Gillath, and Shaver (2002) three functions must be achieved in order for a person to serve as an attachment figure. These three functions are as follows: (1) the individual must be a target for proximity maintenance; (2) the partner should fulfill the role of safe haven in times of distress; and, (3) the partner should serve as a secure base (Mikulincer, Gillath, & Shaver, 2002).

The basic premise of attachment theory in adulthood holds that for those persons who had an attachment figure during their formative years who was responsive (or unresponsive) and provided a dependable (or undependable) and secure (unsafe) environment, these people will continue to be influenced by these experiences in the development, maintenance, and cessation of subsequent relationships (Stroebe, Schut, & Boerner, 2010). In other words, by the time a person reaches adulthood he or she has had thousands of encounters with an attachment figure and has developed an expectation for how others will respond to them in times of distress and whether others will be responsive and available at these times. Therefore, a person's internal working model "includes a vast store of memories related to encounters with threats and experiences with attachment figures, as well as schematic mental representations of those experiences" (Mikulincer & Shaver, 2008, p. 505).

According to attachment theory when the attachment system is activated the primary attachment strategy employed is proximity seeking. That is, when stressed a person tends to seek out their primary attachment figure for support. In adults, it is thought that people can obtain proximity and support from an attachment figure by either physical contact or by relying on "mental images, prototypes, schemas, or specific memories of interactions with...attachment figures" (Mikulincer & Shaver, 2008, p.

507). In other words, for adults, internal representations of the attachment figure can produce a sense of safety and security, which in turn aids the individual in dealing with threats. Therefore, “mental representations of attachment figures can become symbolic sources of protection, and their activation can establish what might be called ‘symbolic proximity’ to supportive others” (Mikulincer & Shaver, 2007, p. 13). It has also been suggested that adults are able to engage in self-soothing methods that they have learned in previous interactions with an attachment figure (Mikulincer & Shaver, 2004), which allows an adult to delay comfort seeking and need to make physical contact with the attachment figure until such a time that he or she is available (Mikulincer & Shaver, 2007).

When an individual believes that the attachment figure is unavailable, this results in attachment insecurity, which then often leads the individual to question the utility and practicality of utilizing proximity seeking as a protective strategy (Mikulincer & Shaver, 2008). When the primary attachment strategy is unlikely to be successful (i.e., physical contact is not possible) Main (1990) outlined two secondary attachment strategies that are often employed. These strategies are known as hyperactivating and deactivating strategies. Hyperactivating strategies include behaviours such as clinging, and cognitive and behavioural efforts to gain proximity, while deactivating strategies include suppressing threats, handling stress on one’s own, and keeping one’s distance (Stroebe, Schut, and Boerner, 2010). In the traditional fight or flight debate, hyperactivating strategies have been compared to fight strategies, while deactivating strategies have been compared to flight strategies (Mikulincer & Shaver, 2007).

The main goal of hyperactivating strategies is to obtain support and attention from the unavailable attachment figure by whatever means necessary (Mikulincer & Shaver, 2007). These strategies are most often seen in relationships in which the attachment figure's response to the attachment needs of the other person is intermittent. Such partial reinforcement for attachment seeking behaviours results in producing individuals who constantly worry about the availability and responsiveness of the attachment figure and as a result the individuals tend to be more persistent in their efforts to obtain such support (Mikulincer & Shaver, 2007/2008).

In contrast to hyperactivating strategies, the main goal of deactivating strategies is to shut down or “down-regulate” the attachment system in order to avoid the distress of having to deal with the perceived unavailability of the attachment figure (Mikulincer & Shaver, 2007). According to Mikulincer and Shaver (2007) deactivating strategies “lead to dismissal or downplaying of potential threats; suppression or denial of worries, needs, and vulnerabilities; and disavowal of the need for an attachment figure's presence or support” (p. 507). These strategies are most evident in relationships in which the attachment figure tends to punish or disapprove of closeness and demonstrations of need (Mikulincer & Shaver, 2008). Individuals in such a relationship learn to hide or suppress attachment related needs and as a result often deal with distress on their own (Mikulincer & Shaver, 2008). Such a downplaying or deactivation of the attachment system is akin to what Bowlby (1969/1982) described as “compulsive self-reliance”.

Individual differences or styles of attachment found in infant-caregiver relationships are akin to those seen in romantic or pair bond relationships. In fact when Hazen and Shaver (1987) began their research on romantic attachment they utilized

Ainsworth's three-category model to develop adult attachment styles analogous to those identified by Ainsworth and colleagues. These analogues were represented in the following descriptions developed by Hazen and Shaver (1987):

I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being" (Avoidant). "I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me" (Secure). "I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away" (Anxious-ambivalent). (p. 515)

Bartholomew (1990) and Bartholomew and Horowitz (1991) were among those researchers who raised questions regarding the three-category model. Bartholomew pointed out that the avoidant pattern represented two theoretically distinct forms of avoidance, which she labelled as fearful-avoidant and dismissing-avoidant. Bartholomew distinguished between the two avoidant patterns by suggesting that dismissing individuals are avoidant in order to maintain a defensive sense of self-reliance and independence; whereas, fearfully-avoidant individuals are avoidant in order to prevent being hurt or rejected by their partners. Hence, a four-category model of adult attachment differences or types was proposed (i.e., secure, preoccupied, fearful and dismissing).

Bartholomew (1990) went on further and suggested that this four-category model could be based along two dimensions: positive versus negative image of self and positive versus negative image of others. The combinations of these dimensions produce the four types of adult attachments: secure (positive image of self and positive image of others), preoccupied (negative image of self and positive image of others), dismissing (positive

image of self and negative image of others), and fearful (negative image of self and negative image of others).

Bartholomew and Horowitz (1991) offer the following prototypical descriptions of each of the adult attachment styles:

It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me (Secure). I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me (Dismissing). I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like, I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them (Preoccupied). I am somewhat uncomfortable getting close to others, I want emotionally close relationships, but I find it difficult to trust others completely or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others (Fearful). (p. 244)

Descriptions of adult attachment styles with respect to emotion or affect regulation have been identified through interviews in which adults are asked about their childhood relationships and experiences (Goldberg, 2000). Adults classified in the secure attachment category are able to recount a coherent account that includes detailed memories and appropriate affect. These individuals are more readily able to access attachment-related emotional memories and talk about them in a clear manner (Shaver & Tancredy, 2001). Those in the dismissing attachment category have a tendency to present an idealized account of their childhood, are unable to provide memories to support this view, demonstrate a lack of appropriate affect when describing painful experiences, and a tendency to dismiss the emotional consequences of these experiences. These people are inclined to suppress or avoid attachment related emotions (Shaver & Tancredy, 2001).

Adults classified in the preoccupied attachment category are subsumed with such anger from past issues that they tend to become caught up in the details, and as such, are unable to recount a coherent recollection of their childhood memories and experiences. Although they are often highly emotional and expressive they are not able to deal with attachment related feelings constructively (Shaver & Tancredy, 2001). Fearfully attached individuals are thought to have been traumatized in such ways that impede their ability to think and talk clearly about attachment related loss and abuse (Shaver & Tancredy, 2001).

From this discussion it can be seen that one's expectations regarding the availability and responsiveness of the attachment figure depends upon these two variables, that is one's model of others and one's model of self. The model of others addresses whether the attachment figure is perceived to be the type of person who is responsive to calls for support and protection, whereas the model of self addresses whether the individual perceives the self to be the type of person to whom others are likely to respond in helping ways (Feeney & Noller, 1996).

Brennen, Clark, and Shaver (1998) have also identified two continuous underlying dimensions of these four adult attachment categories – attachment-related avoidance and attachment-related anxiety or ambivalence. The attachment-related avoidance dimension “captures variation in people's tendencies to use avoidant versus proximity-seeking strategies to regulate attachment-related behaviour, thought, and feeling” (Fraley & Bonanno, 2004, p. 880).

Avoidance has been defined mainly by discomfort with psychological intimacy and the desire to maintain psychological independence, even within close relationships

such as marriage (Brennen, Clark, & Shaver, 1998). Individuals who fall on the high end of this dimension prefer not to rely on others or open up to them. Whereas, people who fall on the low end tend to be more comfortable being intimate with others and are more secure depending upon and having others depend on them. Therefore, a negative representation of others combined with an inclination towards avoiding closeness is associated with attachment avoidance, while attachment anxiety is associated with a negative representation of self and an inclination towards worrying about rejection and abandonment (Mikulincer, Gillath, & Shaver, 2002).

The anxious or ambivalent dimension describes a strong need for care and attention from attachment figures together with a deep, pervasive uncertainty about the capacity or willingness of attachment figures to respond to such needs (Brennen, Clark, & Shaver, 1998). Individuals who score high on this dimension have a tendency to worry whether their partner is available, responsive, and attentive. Those individuals who score low on this dimension are more secure in the perceived responsiveness of their partners.

Within this model then, the secure attachment style is represented by the combination of low avoidance and low anxiety, the anxious style is manifested by high anxiety and low avoidance, the dismissive style is represented as high avoidance and low anxiety, and the fearful style of attachment is reflected by both high anxiety and high ambivalence (Rholes & Simpson, 2004).

Hazen and Shaver's categories, as well as Bartholomew's prototypes can be conceptualized as linear combinations of the attachment-related avoidance and attachment-related anxiety dimensions (Fraley & Bonanno, 2004). Such a conceptualization (see Figure 1) shows a prototypically fearful individual as more

attentive to attachment related concerns (i.e., is high on anxiety dimension) and in general, utilizing avoidant strategies to regulate his or her feelings and behaviour (i.e., is high on avoidance dimension). Whereas, an individual with a prototypical dismissive style also tends to use avoidant strategies, but tends to be less attentive to attachment-related concerns (i.e., is low on anxiety dimension). Individuals with a preoccupied prototype, like the fearful prototype, also tend to be more focused on attachment related concerns (i.e., is high on anxiety dimension), however, they do not typically utilize avoidant strategies; rather they tend to use more proximity-seeking strategies, to regulate their feelings and behaviours (i.e., is low on avoidance dimension). The secure prototype would be low on both of these dimensions.

In relation to emotion regulation, individuals with an insecure attachment then are more likely to rely on alternate methods. Unlike secure individuals they are not likely to confidently seek out the attention of the attachment figure (Mikulincer & Shaver, 2008). Rather, avoidant individuals will take a more independent stance and rely on themselves to manage the situation and utilize deactivating strategies, as discussed earlier.

Alternatively, those with an anxious attachment are more likely to regulate their emotion by utilizing hyperactivating strategies that exaggerate their distress and present themselves as being exceedingly helpless (Mikulincer & Shaver, 2008).

When discussing adult attachments it should be highlighted that throughout one's development expected changes in the composition and structure of one's attachment hierarchies occur (Hazan & Zeifman, 1999). Bowlby asserted that as one develops into adolescence and adulthood that even though parents tend to remain a permanent

component of one's attachment hierarchy, there is a tendency for parents to rank second in relation to a romantic partner.

There is some empirical evidence (Hazen & Zeifman, 1999; Fraley & Davis, 1997) to support this claim (i.e., of the shift from a complementary attachment to a reciprocal attachment), and that romantic relationships or pair bonds can be attachment relationships. For example, Hazen and Zeifman (1999) interviewed over 100 adults aged 18 to 82. They designed the interview questions to measure the various components of attachment (i.e., proximity seeking, secure base, safe haven, and separation distress). Participants were divided into three groups: those who were not in a romantic relationship, those who were in a romantic relationship for less than two years, and those who were in a relationship for at least two years or more.

The results of Hazen and Zeifman's (1999) study showed that for the majority of the participants the proximity-seeking and safe haven attachment behaviours were oriented towards a peer. Further, all groups demonstrated a preference for spending time with, and looking for emotional support from friends or partners, over a parent or sibling. Two of the attachment components (i.e., separation anxiety and secure base) were shown to vary depending upon relationship status. That is, those who were involved in a romantic relationship for at least two years identified their partners as the most preferred individual in both separation distress and secure base components of attachment. In addition, participants who were in a shorter-term or no relationship tended to identify a parent as the person whom they would find most distressing if they were absent and who fulfilled the role of secure base for them. Such a finding lends support to Bowlby's claim that for adults both parents and a romantic partner can serve as attachment relationships.

Just as presenting a clear and thorough understanding of attachment theory is a necessary prerequisite to discussing the ramifications of what occurs following the death of a significant attachment figure, so too is a necessary discussion of how grief has been conceptualized. The following discussion will now present a context for conceptualizing grief.

Conceptualization of Grief

Like the experience itself, the term grief has been used to refer to many diverse and unique experiences. Grief has been defined as “a primarily emotional (cognitive) reaction to the loss of a loved one through death. It incorporates diverse psychological (cognitive, social-behavioural) and physical (physiological-somatic) manifestations” (Stroebe, Hansson, Stroebe, & Schut, 2001, p.6). Further, grief has been described as being normal, chronic, delayed, inhibited, absent, complicated, and conflicted, just to name a few. Despite all of these descriptions of grief, what is clear is that “grief is a complex state in which a range of specific emotions may be expressed” and that the experience or process that one goes through differs from one individual to another (Weiss, 2008, p. 30). Further, “to know that a condition is grief it is necessary to know not its characteristics – sadness, restlessness, despair – but rather that it was produced by loss” (Weiss, 2008, p. 31).

In an interesting paper Bonanno (2001) clearly distinguished grief from emotion. He noted four differences: (a) Grief is usually more enduring than an emotion and can last anywhere from months to years, compared to seconds to hours for emotions; (b) Several different emotions, both positive and negative, are common during the time of grieving; (c) Grief, unlike emotion, which is a response to an immediate situation, tends

to be an enduring expression of an unrecoverable loss; and (d) Grief tends to prompt longer-lasting coping responses aimed at trying to improve ongoing emotional difficulties and changes that have occurred in one's life as a result of the death of someone important (e.g., social roles, financial changes, etc.), while emotion tends to prompt coping responses of a shorter duration focused on improving the present situation. The importance of pointing out such a distinction between grief and emotion is to clarify grief as being a process one goes through and that "a range of specific emotions may be expressed rather than being an emotion itself" (Weiss, 2008, p. 30). With such a conceptualization of grief in mind the discussion will now turn to various models and how the process of grief has been described.

Models of Grief

In 1973, Thomas Kuhn described scientific progress as a series of discontinuous steps consisting of increasingly comprehensive models of the world, rather than a smooth and relatively continuous path that leads inevitably toward a better understanding of nature. This description aptly describes the state of affairs within the field of bereavement research, such that our understanding of the grief process has been reflected in a series of discontinuous steps, which have led to increasingly more comprehensive models. It is quite evident that with each step we develop a more comprehensive model of the grieving process. Further, it may be argued that the field of thanatology is currently in flux, or in keeping with Thomas Kuhn's way of describing this flux - a paradigm shift is occurring.

Throughout the past century a large amount of literature has accumulated on the grieving process and the best ways in which people may cope with a loss. Stroebe,

Gergen, Gergen, and Stroebe (1995) eloquently suggest that humans' reactions to the death of a loved one and the processes of grieving related to the loss can be grouped into two predominant views – a modernist view and a romantic perspective.

Grief from a modernist perspective suggests that when confronted with loss, people need to deal with the powerful emotions in a prompt and effective manner in order to return to a normal state of functioning as soon as possible. This perspective encompasses most modern theories of grief, which tend to encourage people to work through the grief. These models generally involve several stages or tasks that one must accomplish or experience in order to return to their normal level of functioning. From this perspective breaking ties, or the connection to the deceased person, is viewed as important in order to adjust to the loss.

For example, for the majority of the 20th century Freud's grief work model has dominated our understanding of the grieving process. This model, which describes the "work of mourning", suggests that one must sever the "attachment to the non-existent object" (Freud, 1957, p. 166)¹. Freud (1949) proposed a two-phase model of grief. In the beginning phase the bereaved feels an intense desire to maintain a connection to the deceased. Unwilling to give up the deceased, the individual repeatedly tests the reality of the loss by seeking to include the individual in his or her life (hyper-cathexis). When the individual fails in his or her attempt to maintain the ongoing relationship with the deceased, he or she inevitably comes to the realization that doing so is impossible. The result is that the individual withdraws libidinous energy from the deceased (decathexis) and eventually reinvests this energy into other relationships. This process has been described by Freud (1949) as follows:

The task [of mourning] is now carried through bit by bit, under great expense of time and cathectic energy, while all the time the existence of the lost object is continued in the mind. Each single one of the memories and hopes which bound the libido to the object is brought up and hyper-catheted, and the detachment of the libido from it accomplished. (p. 154)

According to this model a ‘normal’ grieving process would then involve grief work of repeated reality testing which would gradually allow the ego to free its investment in the lost object. In other words, the function of grief therefore, would be to sever ties from the deceased who is no longer able to satisfy instinctual drives and to then redirect this energy to another more appropriate substitute who can satisfy these needs (Field, 2008). Complicated or pathological grief from this perspective, is therefore, thought to result from intense ambivalence that interfered with the detachment process (Bonanno & Kaltman, 1999).

The second classification of grief theories, the romantic view, suggests a very different way of viewing grief and the process of it, than that of the modernist perspective. Unlike the modernist view of breaking the ties, the romantic view emphasizes maintaining the bond, in spite of a broken heart. This view is based partially on the premise that grieving represents the significance of the relationship, and by breaking off the connection or bond with the deceased the relationship is then defined as superficial (Stroebe, Gergen, Gergen, & Stroebe, 1995).

One of the more recent models of grief that challenges the traditional breaking bonds model is the continuing bond model. This model places a greater emphasis on maintaining a connection between the survivor and the deceased (Goin, Burgoyne, & Goin, 1979; Klass, 1988, 1992-93; Moss & Moss, 1984; Rubin, 1993; Silverman & Worden, 1993). This model states that “the bereaved remain involved and connected to

the deceased, and that the bereaved actively construct an inner representation of the deceased that is part of the normal grieving process” (Silverman & Klass, 1996, p. 16). Further, it suggests that “death ends a life, but it does not end a relationship, which struggles on in the survivor’s mind towards some resolution which it never finds” (Anderson, 1974, p. 77).

The continuing bond model not only addresses the loss of the person, but also the loss of a social role (e.g., husband or wife). The emphasis in this model shifts from letting go, to discovering and developing a new and different type of relationship with the deceased individual (Silverman & Klass, 1996). It acknowledges that the survivor will always be affected by the grief experience however; he or she will never get over it. That is, the relationship continues, albeit in a changed manner. Shuchter and Zisook (1993) elaborate on this view when they state that:

The empirical reality is that people *do not* relinquish their ties to the deceased, withdraw their cathexes, or “let them go.” What occurs for survivors is a transformation from what had been a relationship operating on several levels of actual, symbolic, internalized, and imaging relatedness to one in which the actual (“living and breathing”) relationship has been lost, but other forms remain or may even develop in more elaborate forms. (p. 34)

Klass, Silverman, and Nickman (1996) go on further and state that:

Remaining connected seemed to facilitate both adults’ and children’s ability to cope with loss and the accompanying changes in their lives. These “connections” provided solace, comfort, and support, and eased the transition from the past to the future. (p. xvii-xviii).

Finally, a continuing relationship or bond with the deceased serves to “foster the continuity of identity, reinforce coping efforts, and provide comfort and support during the transition to a new life” (Bonanno & Kaltman, 1999, p. 770).

Since Klass, Silverman, and Nickman (1996) introduced the concept of the continuing bond much of the emphasis in relation to the continuing bond has been on the adaptive quality of such a connection for the bereaved. Little has been done examining the circumstances in which such a bond may be maladaptive. Field, Nichols, Holen, and Horowitz (1999) are among those few researchers who have examined varying expressions of the continuing bond utilizing an attachment theoretical framework. This study was one of the first to suggest a more complex relationship between continuing attachment and adjustment to bereavement after the death of a partner. Among the findings was the indication that keeping or using the deceased possessions to gain comfort was related to less of a decrease in grief symptoms over time (Field, Nichols, Holen, & Horowitz, 1999). Contrary to this finding was a pattern of results indicating that the bereaved individuals experienced a sense of comfort through memories and that this internal representation, unlike the physical possessions, may represent a more adaptive means for coping with grief. In a study examining the relation between continuing bonds and grief five years post-loss in a group of widows, Field, Gal-Oz, and Bonnano (2003) discovered that a greater use of continuing bonds expressions five years after the death was related to less grief resolution. Higher scores on a measure of continuing bonds expressions were related to more severe symptoms over the five-year post-loss period.

Subsequent studies have found that a greater reliance on one's partner to meet emotional needs resulted in more intense and drawn out grief related symptoms (Parkes & Weiss, 1983). These authors found that individuals who reported having had a dependent relationship with their partner prior to his or her death showed a pattern of

chronic grief symptoms, whereas those who reported a discordant relationship demonstrated delayed grief symptoms. Parkes and Weiss (1983) proposed that the grief symptoms for those who reported a dependent relationship was a manifestation of an anxious attachment, while those with a conflicted relationship were an expression of an avoidant attachment. Similarly, Field and Sundin (2001) showed that individuals who had a more anxious attachment to their spouse displayed increased psychological symptoms in the five years following their spouse's death.

Conceptually similar studies have attempted to distinguish the conditions under which the continuing bond is adaptive and maladaptive (e.g., Boerner & Heckhausen, 2003; Field, Gao, & Paderna, 2005). These studies tend to suggest that when examining different manifestations of the continuing bond, that is adaptive versus maladaptive expressions, what appears to be important is “whether the given expression reflects an attempt to maintain a more concrete tie that entails failure to relinquish the goal to regain physical proximity to the deceased versus a more internalized, symbolically based connection that entails greater acceptance of the loss” (Field, 2006, p. 711).

Upon initial examination of these two perspectives on grief (i.e., the grief work model and the continuing bond model), it appears as though they fall on opposite ends of a continuum. It may be argued, however, that they should not be considered as separate, but rather as components of a much more comprehensive model of grief, and that given the uniqueness of the grief experience for each individual both perspectives may play a role in how one copes with the death of a loved one. In a study conducted by Russac, Steighner, and Canto (2002), they suggest that both detachment and continuing bonds play a role in the resolution of grief and that perhaps we should be careful not to “throw

the baby out with the bath water” as we struggle to resolve the current paradigm shift in our thinking about the grieving process.

This move or shift to a postmodern view of conceptualizing grief and its process, as Stroebe, Gergen, Gergen, and Stroebe (1995) described it, encourages researchers to “recognize the possibility of multiplicity in perspective” and that “rather than sustaining the disparate conceptions of grief—along with their accompanying theories and practices—we might seek means of integrating or combining them in some fashion” (p. 240). This notion seems to suggest that perhaps a more useful way of conceptualizing the grieving process is to view it as a process that is as unique to each individual as is the individual him or herself and that attempting to describe a single universal grief reaction may be as futile as saying that every human being is the same. Therefore, following Stroebe, Gergen, Gergen, and Stroebe’s (1995) suggestion, and in an attempt to integrate these seemingly disparate perspectives, the discussion will take a closer examination of attachment theory in relation to grief and how such a theoretical framework may account for varying outcomes in the grieving process.

Grief and Attachment Style Differences

Bowlby’s attachment theory and conceptualization of grief has been described as addressing three different components: grief in response to the death of an attachment figure whose availability promoted a sense of security; relational styles that explain how one may respond to loss; and, an explanation for how grief changes and subsides over time (Weiss, 2008). The intensity of the grief that one experiences following the death of an attachment figure is thought to be related to the place of importance the deceased person held within the individual’s hierarchy of attachment figures (Mikulincer &

Shaver, 2007). Research exists that suggests for most people who are bereaved, their grief experience will involve modest to moderate levels of negative emotions, physiological disorganization, and health problems, and that they will respond to the loss with acceptance and resilience (Bonanno, 2004; Bonnano, Moskowitz, Papa, & Folkman, 2005; Bonanno et al., 2002). Despite this, approximately 10 to 15% will experience more severe grief reactions (Bonanno & Kaltman, 2001; Lichtenthal, Cruess, & Prigerson, 2004). The following section will further elaborate upon the relevance of attachment theory in discussing grief.

According to attachment theory, the absence of an attachment figure activates an innate motivational system that compels the individual to search for the person and to do everything possible to regain that person's proximity and care. When these efforts fail, the bereaved individual experiences profound sorrow and despair. Eventually, the bereaved individual reorganizes his or her representations of the world in a way that allows him or her to return to normal activities and seek out or renew social relationships (Fraley & Shaver, 1999, pp. 738-739).

It is evident that attachment theory differs from the traditional Freudian or grief work approach, which assumes that one must relinquish the attachment in order to invest in a new relationship as a means for drive gratification. Attachment theorists do not view the relationship to be as easily replaced, but rather that the "goal involves reorganization of the relationship with the deceased that accommodates the reality of the ending of the physical relationship" (Field, 2008, p. 115).

From an attachment theory perspective it is thought that upon the death of a loved one, assuming there was an attachment, positive or idealized representations of the

deceased serve to mitigate or protect the individual from the painful effects of the loss (Futterman, Gallagher, Thompson, & Lovett, 1990; Lopata, 1979; Parkes & Weiss, 1983). In contrast to this process, complicated bereavement is assumed to be the result of an ambivalent attachment that becomes evident upon a loved one's death and subsequently interferes with the resolution of grief (Bowlby, 1980; Freud, 1957; Krupp, 1972; Lazare, 1989; Lindemann, 1944; Parkes & Weiss, 1983; Rando, 1993; Raphael, 1983; Sanders, 1993).

One of Bowlby's key premises, in relation to whether an individual will exhibit a healthy or problematic pattern of grief, is that how individuals react to loss is dependent upon how his or her attachment system has become organized over the course of his or her development (Fraley & Shaver, 1999). He suggested that individuals whose attachment systems are predisposed to anticipate rejection and loss (e.g., preoccupied or anxious-ambivalent individuals) or to defensively suppress attachment-related feelings (e.g., avoidant or compulsively self-reliant individuals) are those who are more likely to experience physical and psychological distress after a death (Fraley & Shaver, 1999).

Although Bowlby's primary interest was in trying to understand infant-caregiver attachment, he conceived of adult romantic or pair bond relationships from within the same theoretical structure that he used to explain infant attachment. This type of a bond, that is a pair bond, is now often accepted as an attachment relationship (e.g., Field, Gao, & Paderna, 2005; Stroebe, Schut, & Stroebe, 2005). Bowlby (1969/1982, 1980) and others at the time (Parkes & Weiss, 1983; Weiss, 1975) found that adults who are either separated from or lose their romantic attachment figure experience a set of reactions

comparable to those seen in infants. These reactions represent Bowlby's description of the four phases of normal mourning.

For example, when the attachment figure is deemed to be sufficiently close or accessible, the individual experiences a felt security and is then more likely to engage in normal activities. However, when the attachment figure is either inaccessible or absent, the individual becomes anxious and his or her attachment system becomes activated. The individual is then compelled to vigorously search for the lost attachment figure and do whatever is possible to re-establish the absent attachment figure's proximity and care. This response is known as the protest phase of separation and loss (Fraley & Shaver, 1999) and often consists of such behaviours as preoccupation with the missing individual, persistent distress, and lack of interest in different activities (Mikulincer & Shaver, 2008).

The intensity of the individual's protest reactions gradually diminishes as the time of separation increases and as his or her attempts to regain proximity fail. The anxiety, anger, and denial of the protest phase eventually gives way to despair, sadness, and withdrawal. This phase has been referred to as the phase of despair and disorganization and is characterized by eating and sleeping difficulties, social withdrawal, profound loneliness, and intense sorrow (Weiss, 1993; Fraley & Shaver, 1999). Bowlby (1969/1980) perceived the despair phase as a product of the failure of the protest phase to re-establish contact with the attachment figure.

The third phase, labelled originally as detachment and later relabelled as reorganization, represents the gradual recovery and renewal of interest in other activities and social relationships (Fraley & Shaver, 1999). It is during this phase that Bowlby felt that individuals rearrange their representations of self and the lost attachment figure so

that a continuing bond and adjustment to real circumstances is possible (Fraley & Shaver, 1999). This reorganization requires alternate activation of both hyperactivation and deactivation strategies. Stroebe, Schut, and Boerner (2010) describe hyperactivation strategies as those used to obtain the attention of the attachment figure (e.g., clinging, crying, both cognitive and behavioral efforts aimed at attempting to establish proximity); whereas deactivating strategies are those geared towards inhibiting proximity-seeking inclinations and behaviors (e.g., threat suppression, keeping distance, determined to handle stress on own).

Stroebe and Schut (1999) describe this process of going between hyperactivating and deactivating strategies in their Dual Processing Model. In their model they refer to this back and forth process as oscillation. Stroebe, Schut, and Stroebe (2005) state that:

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)

As the individual is able to effectively reorganize the attachment system, the process of oscillation lessens and the person will begin to feel safe and protected by internal images of the deceased person (Mikulincer & Shaver, 2008).

Bowlby's later works on loss in adulthood included a new initial phase of numbing, which acknowledged the finding that individuals often initially fail to register the loss of the attachment figure, seemingly due to the loss being too painful and incomprehensible (Fraley & Shaver, 1999).

Given the differences in how individuals with various attachment patterns view their model of self and model of other it is thought that attachment style would have an

impact on how an individual copes with the grief following the death of an attachment figure. Stroebe, Schut, and Stroebe (2005) theorized that attachment theory would therefore, predict that individuals with a secure attachment would experience and express the emotion of grief to a moderate degree, that is: more than those with a dismissing attachment style, but less than those with a preoccupied or fearful attachment style. Individuals with a disorganized or fearful attachment pattern would be associated with highly troubled grieving.

Stroebe, Schut, and Stroebe (2005) also purported that grief work is likely to be done in balance by securely attached individuals, to be avoided by those with a dismissing attachment style, to be undertaken more relentlessly by preoccupied individuals, and to follow a disturbed, incoherent course among those classified as having a disorganized or fearful attachment style. Further, they suggested that unless the nature of the bereavement is traumatic, individuals with a secure attachment are not likely to experience difficulties in their grief. In contrast to this they speculated that those who do not have a secure attachment are more prone to different forms of complicated grief.

Shaver and Tancredy (2001) also suggested, “people with different attachment patterns handle emotions differently” (p. 77). In describing how each attachment pattern would react to loss, they indicated that those with a secure pattern of attachment have an easier time accessing attachment-related emotional memories and can articulate and talk about these memories with relative ease. Those with a dismissing attachment were described as having a tendency towards suppressing or avoiding attachment related emotions, while those with a preoccupied attachment were described as being very emotional and expressive, but not able to constructively deal with their attachment-

related emotions. The final attachment group, that is, those with a fearful attachment, were described as those individuals who have experienced trauma that has resulted in impeding their ability to think or talk about attachment-related losses (Shaver & Tancredy, 2001).

Given these descriptions Shaver and Tancredy (2001) speculated that individuals with each of the various attachment styles would react differently to the loss of a significant attachment figure. Those in the secure group would react emotionally to the loss but would not be overwhelmed by grief. Secure people, according to Shaver and Tancredy, should be able to put together a meaningful story about the loss and what follows and as such are not likely to experience great self-blame or lower self-esteem. Unlike secure individuals, those with a dismissing attachment are not likely to become emotional over the loss of the attachment figure, as they are more independent and less emotionally dependent upon the attachment figure. Individuals in the preoccupied group are among those who are likely to be the most emotional and preoccupied following the death of an attachment figure as this is how they were in the relationship prior to the loss (Shaver & Tancredy, 2001). The final group the fearful group will express an inability to discuss the loss in any meaningful manner (Shaver & Tancredy, 2001). Others have also suggested conceptually similar theoretical speculations for how individuals with differing attachment styles will react to the death of an attachment figure (e.g., Mikulincer & Shaver, 2007; Stroebe, Schut, and Boerner, 2010); however, despite these thorough theoretical descriptions still few have gone on further to provide empirical support for their ideas and speculations.

Fraley and Bonanno (2004) conducted a study in which they examined the differences between attachment style and grief, thus providing empirical evidence, rather than mere theoretical speculations, for observed differences between the groups. In their study, 59 bereaved adult participants completed ratings of anxiety, depression, grief and posttraumatic distress at two time points (4 and 18 months) to examine how grief changed over time between individuals identified as having one of the four attachment styles.

Fraley and Bonanno (2004) discovered that participants with a dismissing style demonstrated signs of resilience (lower levels of anxiety, depression, grief, and posttraumatic distress), which was similar to those with a secure attachment style. Contrary to this finding, they discovered that those with a fearful attachment style scored higher on all of the measures. Participants categorized as preoccupied were similar to those with a fearful attachment style on measures of anxiety and depression but had lower levels of grief and posttraumatic distress. Their scores were however, still higher than those in either the secure or dismissing groups. Fraley and Bonanno (2004) found that those with attachment styles higher on the anxiety end of the continuum tended to be more affected by loss. In general, these were individuals who required more reassurance, comfort, and contact with their partner when he or she was alive, and as such were greatly impacted when they were no longer able to do so after the person's death.

In a more recent study conducted by Mancini, Robinaugh, Shear, and Bonanno (2009), 50 bereaved spouses participated in a study examining the role of attachment style and marital adjustment in dealing with the death of a spouse. Using longitudinal data collected at two time points (i.e., 4 and 18 months post-loss) the authors showed that

when comparing individuals with a dismissing attachment who reported having high marital quality in their post-loss relationship with their spouse versus those who reported having had low marital quality, those with a high quality post-loss relationship had a significant decrease in complicated grief symptoms (Mancini, Robinaugh, Shear, & Bonanno, 2009). The data with regards to the other three styles of attachment showed that as marital quality moved from low to high, symptoms of complicated grief showed a slight increase from the first to second time point.

In relation to disordered patterns of mourning, Bowlby also provided a conceptual framework from which to explain atypical forms of mourning. According to Bowlby (1980), adults' reactions to a separation from or the loss of an attachment figure can be conceived along a single conceptual dimension, which he labelled on one end as "chronic mourning" to "prolonged absence of conscious grieving" on the other (p.138). Research on adults' responses to the loss of an attachment figure support such a conceptualization demonstrating that some people experience chronic anxiety after the loss of an attachment figure, while others do not show any difficulties in their well-being after the loss (Parkes, 1985/2006; Parkes & Weiss, 1983).

Characteristics of chronic mourning are prolonged grief and difficulty in normal functioning (Fraley & Shaver, 1999). Mikulincer and Shaver (2007) described chronic mourning as involving feelings of overwhelming anxiety and sorrow, drawn out problems in re-establishing normal activities and routines, ruminating and worrying about the missing attachment figure, and actively maintaining a strong attachment to the deceased person. An individual suffering chronic mourning may have a preoccupation with

thoughts about the deceased attachment figure and may not be able to return to normal functioning for years following the death (Mikulincer & Shaver, 2007).

Contrary to this is an absence of grief, which is characterized by a striking lack of conscious sorrow, anger, or distress (Fraley & Shaver, 1999). Mikulincer and Shaver (2007) note that this “prolonged absence of conscious grieving” manifests in a detachment from the lost attachment figure and continuation of one’s day to day life without any noted disruptions (p. 73). Bowlby (1980) suggested that individuals displaying an absence of grief might demonstrate little distress following the loss of the attachment figure, they may continue with their jobs or activities with little noticeable disruption, and may seek little comfort from others (Fraley & Shaver, 1999). Individuals with avoidant tendencies attempt to deny their attachment needs, repress thoughts and emotions related to attachment, and restrain unwanted drives to seek proximity or support (Mikulincer & Shaver, 2003). Following the death of an attachment figure this type of person will likely downplay and avoid thoughts and memories of the deceased (Mikulincer & Shaver, 2008). Such a reaction is what Bowlby (1980) was referring to when he discussed an absence of grief.

In regards to adult pair bond or romantic attachments the way in which attachment behaviours and emotions are organized tends to be reminiscent of the nature of the romantic relationship (Collins & Read, 1990; Hazen & Shaver, 1987; Kirkpatrick & Davis, 1994). Fraley and Shaver (1994) have found that adults who display the most distress, that is distress similar to chronic mourning, are those individuals who were least likely to have had a stable relationship with their partner. These relationships tended to be brief, and measures of these individual’s representational model indicated that these

adults were concerned about getting the stability, security, and care that they desire in a relationship (Fraley & Shaver, 1999). This romantic attachment pattern referred to as ambivalent or preoccupied seemed to be related to chronic mourning when the relationship ended. Further, Fraley, Davis, and Shaver (1997) found that preoccupied adults tend to display distress and disturbance when an exclusive relationship is terminated. It has also been suggested that preoccupied adults, as compared to other adults, tend to cry, cling, and yearn for their absent attachment figures for longer periods of time (Fraley & Shaver, 1999).

Adults categorized as insecure, dependent, anxious, or fearful are often those who experience chronic mourning following the death of a significant other (Parkes & Weiss, 1983; Sanders, 1989; Vachon, Sheldon, Lancee, Lyall, Rogers, & Freeman, 1982). Bowlby believed that chronic mourning derives from an anxious-ambivalent attachment organization and that an individual's vigilance and sensitivity to cues in relation to separation, rejection, and loss are heightened due to a lack of responsiveness from the attachment figure (Fraley & Shaver, 1999). It is therefore thought that because of this heightened sensitivity and vigilance when the death of an attachment figure occurs, ambivalent or preoccupied individuals then have a difficult time resolving the loss since their attachment systems are all set to continue yearning and searching for the absent attachment figure (Fraley & Shaver, 1999).

According to attachment theory, when an attachment figure becomes unavailable or is absent, this unavailability then activates an innate motivational system (i.e., the attachment system), which compels the individual to search for the person and to do everything possible to regain that person's proximity and care. When these efforts fail,

the bereaved individual then experiences profound sorrow and despair. In time, the bereaved individual reorganizes his or her representations of the world such that it allows him or her to return to normal activities and seek out or renew social relationships (Fraley & Shaver, 1999).

Bowlby (1980) explains the apparent absence of grief observed in some individuals following the loss of a significant attachment figure in terms of a more general pattern of personality organization, which he referred to as compulsive self-reliance. Bowlby contends that compulsive self-reliance originates from early attachment experiences in which any expression of emotion is discouraged, as is evident in the following statement by Bowlby (1980), “Not infrequently, it seems, a person who grows up to assert his independence of affectional ties has [grown up in a family where] affectional bonds are little valued, attachment behaviour is regarded as childish and weak and is rebuffed, all expression of feeling is frowned upon and contempt expressed for those who cry” (pp. 224-225). In Bowlby’s opinion these types of experiences can result in an individual asserting his or her independence, even in situations that involve permanent loss (Fraley & Shaver, 1999).

It has been suggested that for those individuals who did not seek reassurance and support, or were not emotionally attached to the attachment figure before the figure’s death, it stands to reason that when the attachment figure dies, these individuals are not as likely to suffer from intense grief or anxiety after the loss (Mikulincer & Shaver, 2007). For these individuals such an apparent lack of grief may be just that – an actual lack of distress (Mikulincer & Shaver, 2007). Empirical evidence in line with such a view shows that for several of those who do not show many signs of grief after the death of an

attachment figure continue not to show any signs months or even years after the loss (Bonanno, 2001).

Bowlby asserted that an individual becomes vulnerable to physical and psychological illnesses when he or she fails to confront the loss of an attachment figure. Two reasons for this assertion have been provided. First, if representations of the experience become cut-off from other representations in one's memory, an individual may then have a difficult time becoming aware of his or her thoughts related to the loss and may have a tendency, therefore, not to work through the walled off memories and expectations (Fraley & Shaver, 1999). Since these dissociated representations are not activated very often, it is difficult for the individual to habituate naturally to the emotions related to them. When this occurs, it may then only require slight, but personally meaningful stimuli to reactivate representations of the lost attachment figure, which may then result in feelings of distress and anxiety (Fraley & Shaver, 1999).

A second reason for Bowlby's assertion that segregated memory systems can lead to physical or psychological difficulties is because the partial activation of these systems continues to prime the attachment system (Fraley & Shaver, 1999). However, it is possible that the bereaved individual may not even realize that everyday routine activities, for example, that were usually centered around the lost attachment figure may be responsible for causing these feelings of anxiety and distress. This lack of awareness is especially the case if he or she has not fully acknowledged the loss-related meaning implicit in such daily routines or habitual activities (Fraley & Shaver, 1999).

A fundamental component of the recovery process, according to Bowlby, is the acknowledgement of beliefs, expectations, and emotions related to the lost attachment

figure. Stated differently, he asserted that it is necessary for the bereaved individual to reorganize working models in such a way so as to concurrently and logically acknowledge the absence of the attachment figure and not defensively isolate feelings or memories associated with the loss (Fraley & Shaver, 1999). This notion has been aptly summarized by Parkes (1988) when he states:

The death of a spouse invalidates assumptions that penetrate many aspects of life, from the moment of rising to going to sleep in an empty bed. Habits of action (setting the table for two) and thought (“I must ask my husband about that”) must be revised if the survivor is to live as a widow. (p. 56)

Therefore, according to attachment theory, there are two major psychological tasks involved in adjusting to the loss of an attachment figure. The first task involves accepting the death, returning to normal life activities, and restructuring one’s attachment figure hierarchy by either forming new attachment relationships or upgrading previous ones (Mikulincer & Shaver, 2007). The second task requires that the bereaved formulate a new inner representation of the reality that involves continuing a symbolic attachment to the deceased (Mikulincer & Shaver, 2007).

These tasks are what has been referred to in attachment theory as the process of reorganization and is what has been often referred to as grief work in the literature. Grief work simply refers to the way in which this reorganization occurs (Field, 2008). Attachment reorganization “requires a gradual transfer of attachment functions from the deceased to other security providing figures, so that proximity seeking can be addressed to these real figures” (Mikulincer & Shaver, 2007, p. 74). Therefore, an individual’s ongoing feeling of security and reassurance relies on both the symbolic or inner representation of the deceased attachment figure, as well as the new or renewed living

attachment figures (Mikulincer & Shaver, 2007). Once the individual has been able to effectively internalize the deceased and experience his or her inner comforting presence this then makes it possible for the bereaved individual “to be emotionally sustained by the mental representation of the deceased with less need for the physical presence of the other” (Field, Gao, & Paderna, 2005, p. 284). In other words, if this mental representation of the deceased is effective in serving as a secure and safe base, the bereaved individual should be able to utilize the continuing bond as a means for coping in affect regulation (Field, Gao, & Paderna, 2005).

Support for such a notion has been demonstrated by Field and Friedrichs (2004). In their study, 30 widows, 15 whose husbands had died four months before, and 15 whose husbands had died two years prior, were asked to complete measures to determine whether expressions of continuing bonds were associated with coping with mood regulation. Their findings suggested that the usefulness of continuing bonds expressions for regulating affect may be dependent on the amount of time passed since the death. Continuing bonds expressions were associated with more negative outcomes earlier in bereavement, while it appeared to be more adaptive in later bereaved widows for affect regulation.

Despite Bowlby’s assertion that an absence of grief represents a defensive cover-up of hidden grief he did acknowledge exceptions to this pattern. This manner of thinking is especially evident in the following statements by Bowlby (1980):

Some of those who proclaim their self-sufficiency are in fact relatively immune to loss. (p. 213)

Some individuals having this disposition [of compulsive self-reliance] have made such tenuous ties with parents, or a spouse or a child that, when they suffer loss, they are truly little affected by it. (p. 211)

The more frequently a child is rejected or experiences a separation, moreover, and the more anxious and distressed he becomes the more frequent and painful are the rebuffs he is likely to receive and the thicker therefore will grow his protective shell. In some persons, indeed, the shell becomes so thick that affectional relationships are attenuated to a point at which loss ceases almost to have significance. (p. 240)

From these statements, it seems apparent that Bowlby perceived some of the individuals who display an apparent absence of grief, to be genuinely undisturbed by the loss, or at the very least, less bothered than others. It has been suggested that the reason for this apparent absence of grief is because either these individuals have never, in the first place, established a close, emotional attachment to their partners and/or these individuals have developed such highly organized defenses that they are able to effectively turn off their emotions (Fraley & Shaver, 1999).

As mentioned earlier, Bowlby held that part of the process of recovery involves reorganizing one's representations of the world in such a manner so as to integrate the reality of the loss with one's implicit assumptions about the world. However, the extent to which these assumptions are organized around their relationship partners can vary from one person to the next. As such, in cases where one is relatively unattached to his or her partner, the relationship will then be of less significance to one's sense of well-being and security. The partner will not be perceived as a valued aspect of the self, and his or her memories will not be organized extensively around this other person. In the event that such a relationship ends there may not, therefore, be as much for these individuals to work through, and the lack of grief may represent a real absence of grief, rather than just a masking of powerful emotions (Fraley & Shaver, 1999).

Research suggests that dismissing-avoidant individuals, who are conceptually similar to Bowlby's compulsively self-reliant individuals, are least likely to formulate emotional attachments to their partners (Fraley & Davis, 1997). It is these individuals, therefore, who, when their relationships end, display comparatively little anxiety or sorrow (Fraley, Davis, & Shaver, 1997). From this research, it seems that the apparent absence of grief is dependent on the centrality of the lost figure to the bereaved individual. Stated differently, this way of reasoning would suggest that the link between emotional suppression and recovery is mediated by the perceived importance of the relationship to the bereaved individual (Fraley & Shaver, 1999).

Further to this, Bowlby's theory indicates that for some, suppression may be beneficial; while at the same time may be detrimental for others. That is, for those individuals, such as dismissing adults, who are able to deactivate their feelings with reasonable success because their attachment systems over the course of their development have allowed them to do so, adjustment to a loss of such figures may be relatively easy. Alternatively for those individuals whose defenses are not organized in such a way attempts to suppress their emotions may result in greater suffering. Therefore, this theory would suggest that the relation between suppression and recovery is dependent upon the manner and success in which one's defenses are organized (Fraley & Shaver, 1999).

Going beyond the theoretical speculation, Fraley and Bonanno (2004) provide some empirical support for the relation between different attachment styles and patterns of grief. They found that the anxiety symptom levels of both secure and dismissing prototypes' were lower than those exhibited by both preoccupied and fearful prototypes. Further, they found that there was an increase over time in anxiety symptom levels of

fearful and preoccupied individuals, but no such increase was found with secure and dismissing types. With respect to depression, the researchers found that preoccupied and fearful prototypes were associated with increased levels of depression over time, whereas those with a dismissive style initially had low levels of depression and demonstrated no increase of depressive symptoms over time. In measuring grief symptoms, they found that over time preoccupied and fearful types were associated with increased levels of grief and that just as with depression, both the secure and dismissing prototypes showed a resilient pattern of change in grief. Finally, Fraley and Bonanno (2004) also found evidence suggesting that prototypically fearful individuals were more likely to show symptoms of Posttraumatic Stress Disorder, suggesting greater problems coping with the death, as well as longer-term difficulties.

A limited number of studies have been carried out that have attempted to explicitly examine the differences in coping with the death of an attachment figure. In general, the findings from those studies that have been conducted lend support to the notion that a secure attachment style tends to ease the emotional adjustment during bereavement (Mikulincer & Shaver, 2008). One such study that examined the differences in coping with the death of an attachment figure was conducted by Fraley and Bonanno (2004). These researchers found that at four and 18 months after the death of a spouse, individuals with a secure attachment reported lower levels of grief, anxiety, depression, and posttraumatic distress in relation to bereavement.

Other studies have provided evidence of complicated grief reactions in those with an anxious attachment (Field & Sundin, 2001; Fraley & Bonanno, 2004; Waymant & Vierthaler, 2002). Additional studies have provided evidence in relation to type of

attachment and how this manifests in the ongoing relation with the deceased attachment figure (e.g., Field & Sundin, 2001; Waskowic & Chartier, 2003). For example, Nagar and de Vries (2004) conducted an interesting study in which they examined memorials placed online by adult daughters for their deceased mothers. Participants in the study were also required to complete measures of attachment type and intensity of their grief. Two coders analyzed the written memorials and found differences according to attachment status.

The results of Nagar and de Vries's (2004) research indicate that, in general, the securely attached daughters tended to utilize more narrative approaches and descriptions of their mothers, describe a sense that their mothers were watching over them, and utilized expressions of love in their memorials of them. The daughters with a fearful attachment tended to utilize approaches in their memorials that indicated missing their mothers, were focused on the self, indicated a feeling of being watched over, used narrative, and a considerable reference to love and family issues. The preoccupied daughters' memorials tended to focus on missing the mothers, emphasizing the self, used hyperbolic descriptions, and were inclined to talk about negative emotions. Finally, those with a dismissing attachment created online memorials that were more narrative and descriptive of the deceased, while focusing on the self to a modest degree.

From the above discussion it is evident that there is variability in how an individual will respond to a significant loss. Most people will demonstrate an ability to navigate their way through the difficult experience with short-lived and fleeting disruptions in functioning and within one to two years they will return to a normal level of functioning (Mancini, Robinaugh, Shear, & Bonanno, 2009). For others, however,

(approximately 10-15%) they will evidence longer and more distressing difficulties that can last for years (Mancini, Robinaugh, Shear, & Bonanno, 2009). The following discussion will focus on how different people cope with a significant loss utilizing an attachment framework to account for the variability in people's grief experiences.

Attachment Theory and Models of Coping with Grief

It seems evident from the above discussion that Bowlby did not suggest, as some researchers have implied, that one completely sever all connections and bonds to the deceased attachment figure. In fact, it was Bowlby (1980) himself who stated, "The resolution of grief is not to sever bonds but to establish a changed bond with the dead person" (p. 399). Further evidence for Bowlby's assertion that the bond need not be severed is especially evident in his following statements:

There is no reason to regard any of these experiences as either unusual or unfavourable, rather the contrary. For example, in regard to the Boston widows Glick (1974) report: "Often the widow's progress toward recovery was facilitated by inner conversations with her husband's presence...this continued sense of attachment was not incompatible with increasing capacity for independent action" (p. 154). Although Glick [et al. regard] this finding as paradoxical, those familiar with the evidence regarding the relations of secure attachment to the growth of self-reliance...will not find it so. On the contrary, it seems likely that for many widows and widowers it is precisely because they are willing for their feelings of attachment to the dead spouse to persist that their sense of identity is preserved and they become able to reorganize their lives along lines they find meaningful. (Bowlby, 1980, p. 98)

[A secure] person...is likely to possess a representational model of attachment figure(s) as being available, responsive and helpful and a complementary model of himself as at least a potentially lovable and valuable person...On being confronted with the loss of someone close to him such a person will not be spared grief; on the contrary he may grieve deeply...[But] he is likely to be spared those experiences which lead mourning to become unbearable or unproductive or both...Since he will not be afraid of intense and unmet desires for love from the person lost, he will let himself be swept by pangs of grief; and tearful expression of yearning and distress will come naturally. During the months and years

that follow he will probably be able to organize life afresh, fortified perhaps by an abiding sense of the lost person's continuing and benevolent presence. (Bowlby, 1980, pp. 242-243)

Bowlby's perception, therefore of a continuing bond with an absent attachment figure was that it is a natural result of the dynamics of the attachment system—a system whose purpose is to ensure proximity between an individual and his or her attachment figure, regardless of whether the attachment figure is physically available or not (Fraley & Shaver, 1999). Further, it is clear from this that relinquishing the mental bond to a person is not necessary in order to formulate bonds with others (Shaver & Fraley, 2008).

From this perspective healthy recovery involves discovering how to maintain a secure bond with the attachment figure, while at the same time acknowledging the reality that the attachment figure is not physically available to provide comfort and security. Neimeyer, Prigerson, and Davies (2001) recognize that “Bereavement... prompts us to ‘relearn the self’ and ‘relearn the world’ in the wake of loss” (p. 239). This process of reorganizing one's internal working model to acknowledge the loss, it can be argued, is the continuing bond or ongoing relationship – a transition to finding new ways for getting one's attachment needs met that rely on cognitive and emotional representations of the deceased attachment figure.

Boerner and Heckhausen (2003) described the ongoing relationship with a deceased person by stating that it is “based on representations of events, episodes, images, and interactions that involve the deceased” (p. 212). Further, they suggest that maintaining an ongoing relationship with a deceased person is dependent on two different types of explicit mental representations. The first includes representations of the deceased person that were evident before the loss and that can be recovered by either

recall or recognition. The second involves newly developed representations that are created by utilizing existing representations and/or by finding more information about the deceased (Boerner & Heckhausen, 2003). Boerner and Heckhausen (2003) stated “that the frustration and distress caused by the repeated experience of unmet expectations not only leads to the deconstruction of certain representations of the deceased, but also triggers the need to find new ways of relating to the deceased” (p. 218).

In other words, as the secure individual engages in the process of reorganization, he or she begins to find new ways of maintaining an ongoing attachment (e.g., linking objects, visiting the grave, reminiscing about the deceased) and eventually learns to relinquish or let go of those attachment-seeking behaviours previously engaged in (e.g., phoning the person, having a conversation, meeting for coffee) to maintain physical proximity to the attachment figure. Therefore, as Archer (2008) states “it is the style of attachment, rather than the process of forming and breaking attachment bonds, that is the important issue” (p. 59-60). How one copes with the loss, or the “processes, strategies, and styles of managing (reducing, mastering, tolerating) the situation in which bereavement places the individual” will determine what type of ongoing relationship the individual will have following the death of an attachment figure (Stroebe, Hansson, Schut, & Stroebe, 2008, p. 11).

The discussion will now focus more closely at two distinct models of coping with bereavement and the relation between these models and attachment theory. These models are the Dual Process Model of Adaptive Coping with Bereavement (Stroebe & Schut, 1999) and the Outcome of Challenge Model (O’Leary & Ickovics, 1995).

Dual Process Model. Stroebe and Schut (1999) have proposed a model of adaptive coping with bereavement called the Dual Process Model (see Figure 2). Their model has interesting implications for how the various types of attachment, described earlier, will respond to and cope with the grief following the death of a significant attachment figure. The Dual Process Model provides a means for conceptualizing the process of reorganization and relinquishing the physical attachment, whilst retaining an ongoing relationship. According to Parkes (2001) the Dual Processing Model “highlight[s] the way in which bereaved people oscillate between the pangs of grief (separation orientation), in which attention is focused on the lost person, and the less dramatic but equally important periods of apathy and direction of attention away from the loss and toward the other life tasks (restoration orientation)” (p. 40).

According to Stroebe and Schut (1999) the Dual Process Model distinguishes between two types of stressors: loss-oriented (focusing on the deceased and death events; confronting and dwelling on loss) and restoration-oriented (dealing with secondary stressors, such as coping with finances or learning to run a household, that come about as a result of the death). The model suggests that in the course of adjustment both of these aspects need to be dealt with, leading to the process of confrontation and avoidance of both loss-oriented and restoration-oriented stressors, a process the authors refer to as oscillation.

From this perspective adaptive grieving is not just grief work as defined in the traditional sense, but rather a complex process of confrontation and avoidance of the positive and negative emotions and cognitions associated with loss and its consequences for ongoing life (Stroebe, 2002). Further, it is the “change in the structures of meaning

that invest our lives are gradual and involve incorporating and reinterpreting the past rather than giving it up” (Parkes, 2001, p. 41). In other words, adaptive coping would involve a gradual change (reorganization) of one’s internal working model to account for and incorporate the loss and obvious inaccessibility of a physical attachment figure. According to Parkes (2001) it is when “one or both of these processes becomes inhibited can the grief be said to have become pathological” (p. 40). Mikulincer and Shaver (2007) suggest without a balanced focus on both hyperactivation and deactivation strategies, an individual may not be able to fully comprehend the magnitude and meaning of the loss and may not then be able to transfer attachment related needs to a new living attachment figure. Without such a balance the person may not be able to resolve their grief (Mikulincer & Shaver, 2007).

With regards to the implications of this model for the four adult attachment styles, the model suggests that individuals identified as having a secure attachment style will generally experience and express their emotions to a moderate degree, oscillating with reasonable ease between the loss-oriented and restoration-oriented tasks in their coping (Stroebe, Schut, & Stroebe, 2005). These individuals will experience and express more grief than individuals with a dismissing style, who, in the extreme are highly preoccupied with the tasks of restoration at the expense of confronting the loss of the loved person (Stroebe, Schut, & Stroebe, 2005).

Oscillation away from restoration orientation is inhibited, which may be associated with absent, delayed, or inhibited grief in extreme cases (Stroebe, Schut, & Stroebe, 2005). Securely attached individuals, by contrast, tend to grieve less than preoccupied ones, who in the extreme may immerse themselves in their loss and think

and talk about it constantly, but in a predominantly ruminative, rather than reconstructive manner, showing little oscillation away from loss orientation (Stroebe, Schut, & Stroebe, 2005). In such cases, this could be manifested as a chronic grief syndrome. Individuals who fall within the disorganized category will be prone to unresolved grief, evidencing disturbances perhaps manifested—in extreme cases—in terms of related disorders such as Posttraumatic Stress Disorder, anxiety, or depression. (Stroebe, Schut, Stroebe, 2005).

Therefore, within the context of their Dual Processing Model, Stroebe, Schut, and Stroebe (2005) have proposed that individuals with a secure attachment are better able to move back and forth between loss-oriented and restoration-oriented coping, while those with a preoccupied attachment are more likely to focus on loss-oriented coping. Further, they suggested that individuals with an avoidant style of coping are more likely to focus on restoration-oriented tasks while avoiding loss-oriented coping. From this perspective Stroebe, Schut, and Stroebe (2005) have also speculated that people with a fearful attachment are likely to have difficulty with grieving.

Bowlby's (1980) perspective coincides well with Stroebe and Schut's (1999) Dual Processing Model in that they have conceptualized adjustment to or coping with a loss as a dynamic oscillation between loss orientation and restoration orientation. One can conceive of loss orientation as being akin to attachment-system hyperactivation and restoration orientation like attachment-system deactivation (Mikulincer & Shaver, 2008). Within the Dual Processing Model the process of oscillating between loss-oriented and restoration-oriented coping results in a "gradual reorganization of life and mind, such that the deceased is integrated into one's identity and the bereaved individual expands the function of the other relationships, establishes new relationships, and finds new meanings

in life” (Mikulincer & Shaver, 2008, p. 96). Within such a framework, one can see how both secondary attachment strategies (i.e., loss-oriented/hyperactivation and restoration-oriented/deactivation) can have both adaptive and maladaptive consequences (Mikulincer & Shaver, 2007). For example, for the individual who utilizes one or the other strategy as a long term means for coping with the loss of the attachment figure it seems likely that doing so may have negative consequences for one’s mental and physical health, and impede the development of new relationships (Mikulincer & Shaver, 2007).

Although speculations regarding the importance of the role of both hyperactivating and deactivating strategies have been predominantly theoretical some evidence does exist to suggest that both strategies have a role in resolving one’s grief (Mikulincer & Shaver, 2007). In a study conducted by Schut, Stroebe, and van den Bout (1997), 23 widows and 23 widowers who had increased levels of distress 11 months after the death of their partner were randomly assigned to one of two groups. The groups were either an emotion focused-intervention or a problem-focused intervention group. These groups were then compared to a group of 59 non-intervention controls. The results showed that men who normally utilized avoidance strategies to cope with the grief benefited from an intervention that encouraged them to focus on neglected parts of the loss. Furthermore, they found that women who normally focused on the meaning and implications of the loss benefited more from an intervention that was more problem-focused and taught them how to deal with more practical issues related to the loss (Schut, Stroebe, & van den Bout, 1997). Therefore, it seems that for some the appropriate intervention may be to focus less on one secondary strategy while emphasizing another (Mikulincer & Shaver, 2007).

Outcome of Challenge Model. A second model that can help aid in our understanding of the differences between how individuals cope with the grief following the death of an attachment figure, based on one's attachment style, is O'Leary and Ickovics's (1995) Outcome of Challenge Model. O'Leary and Ickovics describe a model in which they suggest that there are three potential outcomes for change following a challenge. These outcomes are survival, recovery, and thriving (see Figure 3). According to O'Leary and Ickovics the term survival is used to refer to people who never really regain their previous level of functioning. In other words, they merely survive and function at a lower level than previous to the challenge. Recovery or a return to baseline, involves regaining homeostasis. That is, returning to the level of functioning one was at prior to the occurrence of the challenge.

The ability to progress, grow, or develop beyond one's original level of psychosocial functioning, or what has been referred to as personal growth, may be thought of in this model as thriving. Thriving may occur in affective, cognitive, or behavioural ways (O'Leary & Ickovics, 1995). Thriving involves an obvious progression or growth from recovery and is dependent on the individual to confront the adversity. Further, the authors point out that the likelihood of thriving is increased when individual and social resources are more readily available to the person (O'Leary and Ickovics, 1995).

O'Leary and Ickovics's (1995) model can be thought of in terms of differences in people's level of resiliency following a stressor. Defined simply, resilience is "a measure of stress-coping ability, and it describes personal qualities that allow individuals and communities to grow and even thrive in the face of adversity" (Connor, 2006, p. 46).

Wagnild and Young (1993) have defined resilience as the ability to successfully cope with change or misfortune. When confronted with adversity or challenge resilient people are those who tend to demonstrate adaptive behaviour in the areas of morale, social functioning, and somatic health (Connor, 2006). Connor (2006) describes these people as:

...capable of engaging the support of others; forming close, secure attachments with both personal and social networks; and striving toward personal or collective goals. Such individuals exhibit a greater sense of self-efficacy together with a sense of humor when “up against it” they have strong self-esteem and display an action-oriented approach toward solving problems. Resilient individuals believe that stress can have a strengthening effect, and they are more capable of adapting to change; they can use past successes to confront current challenges... (p. 47)

The relevance in drawing one’s attention to such a model of coping is to point out its natural affinity and striking resemblance to differences in grief reactions according to attachment style discussed earlier. Within an attachment theoretical context, secure individuals’ responses could be described as thriving, preoccupied and fearful as surviving, and dismissing as recovering. Such outcomes and coping responses will be elaborated further in the following section and described within a novel integrated model of grief.

Research Objectives and Hypotheses

The grief literature remains conflicted about whether relinquishing bonds or alternatively maintaining an ongoing relationship, helps bereaved individuals cope with the grief (Stroebe & Schut, 2005). Further, the literature seems to imply that maintaining an ongoing relationship or continuing bond is a positive and healthy means for resolving one’s grief. Recently, however, the literature has begun to question this notion and consider the possibility that for some maintaining an ongoing relationship may be

beneficial, while for others it may not. For example, Stroebe and Schut (2006) challenge “research efforts to be channelled toward establishing who among the bereaved actually benefit from retaining versus relinquishing their ties” (p. 490). The present research addresses this challenge by examining the role various types of attachment play in how an individual copes with the death of a significant attachment figure. Specifically, the present research is designed to explore the impact of the death of a primary attachment figure and how one’s type of attachment to this figure impacts the way the continuing bond or ongoing relationship manifests itself.

In the present research the experience and expression of one’s grief following the death of a primary attachment figure (i.e., either a romantic partner or spouse or a parent) is conceptualized as part of a more comprehensive model of grieving. Such a model would involve attachment style, grief response, and a clear definition of what is meant by a “continuing bond”. This model would account for some of the variation observed in those who maintain an ongoing relationship and the variety of grief coping reactions following the death of a significant attachment figure. Further, such a model challenges one to reconsider the current ways of conceptualizing grief and calls into question various labels that have been assigned to bereaved individuals (i.e., complicated grief, maladaptive grief, delayed grief, conflicted grief, unresolved grief, chronic grief, absent grief, etc.) and whether such labels are appropriate or merely represent how individuals with different attachment styles respond or cope with the death.

As can be seen in Figure 4, the proposed model, which will be referred to as the Grief Attachment Model, illustrates that one’s internal working model or attachment organization will have an impact on how an individual will respond to the death of a

significant attachment figure. The model suggests that the death of an attachment figure activates one's attachment system causing the individual to have to cope with and regulate the anxiety-provoking emotions (i.e., grief) that result from the loss on his or her own, as the attachment figure is no longer physically accessible to serve in such a capacity. As the individual begins to navigate his or her way through these feelings, how he or she will cope and the level of functioning one will return to after the death, will depend upon what type of attachment he or she had to the deceased individual prior to his or her death.

Such a conceptualization suggests that the death of an attachment figure triggers one's attachment system resulting in differences between how individuals with various attachment styles will cope with the death and the level of functioning to which the person will return following the death. The model further suggests that the process of coping with the death of an attachment figure is a developmental process during which the attachment relationship is, over time, reorganized such that the individual is able to maintain an inner mental or psychological attachment. The need for physical proximity in the attachment relationship is given up over time as the person eventually realizes that he or she can no longer turn to the deceased person to meet these attachment-related needs.

When a person's style of attachment impedes this developmental process, as is thought to be the case with the preoccupied and fearful attachment styles, these individuals find it difficult to cope with the death and often remain "stuck" in the grieving process and therefore, tend to demonstrate a difficulty assimilating and accommodating the loss into their lives.

The model indicates that because those with a secure attachment style are low on both proximity-seeking and avoidance attachment strategies and are comfortable depending on others and having others depend on them, they are able to work through both loss-oriented and restoration-oriented tasks. These individuals are less reliant than others (i.e., preoccupied attachment) on the physical proximity of the attachment figure and are better able to rely on and utilize a mental representation or internal working model of the deceased (which was already developed prior to the person's death) to meet attachment related needs. Over time these individuals are able resolve the grief-related tasks (i.e., loss-oriented and restoration-oriented tasks) and will eventually relinquish any remaining physical attachment relationship needs, thus leaving the inner mental attachment intact. This inner mental representation will thus likely be manifested in an ongoing comforting relationship with the deceased individual. Because of the ability of those with a secure attachment style to be comfortable with both depending on others and having others depend on them and to utilize these resources when faced with adversity, they are likely to return to a level of functioning that is beyond where they were prior to the death of the attachment figure, as is represented in Figure 4 by the term thriving.

Individuals with a preoccupied attachment style tend to utilize more proximity-seeking behaviours to regulate their feelings and behaviours and are uncomfortable being without close relationships. The Grief Attachment Model indicates that because these individuals engage in more proximity-seeking behaviours and desire complete emotional intimacy they will cope with the death of an attachment figure by primarily focusing their attention on the loss-oriented tasks and as such likely experience more difficulties in letting go of the attachment relationship. They are likely to experience increased and

prolonged grief-related symptoms and their ongoing relationship will likely be marked by a tendency to remain focused on the deceased individual. Thus, these individuals find themselves at a lower level of functioning than what they were at prior to the death of the attachment figure.

In contrast, individuals with a fearful attachment type tend to be highly anxious and utilize avoidant strategies. Their ambivalence towards depending upon others and having others depend on them and their fear of being hurt, leads them to avoid the loss-oriented tasks (i.e., those grief-related tasks that revolve around the deceased individual) and focus more on the restoration-oriented tasks, impeding their ability to resolve the loss of the attachment figure. The difficulty these individuals encounter is that their high anxiety and high avoidance coping strategies result in them avoiding dealing with those grief-related tasks that cause them to feel the pain. Thus, the idea of relinquishing the physical attachment relationship is too painful for these people and hinders their ability to resolve the loss, prolonging the grief and resulting in a lower level of functioning than what was previously experienced (i.e., represented as ‘Survival’ in Figure 4).

Finally, although those with a dismissing attachment type tend to use avoidant strategies, they differ in that they are low on attachment-related concerns, feel comfortable without close relationships, and prefer independence and self-sufficiency. Due to such tendencies, when faced with the death of an attachment figure, dismissing individuals are able to work through both the loss-oriented and restoration-oriented tasks with relative ease. These individuals are able to do so because the attachment figure was never really a central component to begin with and so issues related to each of these tasks are fewer and do not require much resolution. Therefore, individuals with a dismissing

attachment style are able to quickly relinquish the attachment relationship and return to a baseline or previous level of functioning (represented in Figure 4 as ‘Recovery’).

To summarize, the Grief Attachment Model suggests that those with a secure attachment style are able to rely on an internal working model of the deceased to aid them in working through grief-related tasks. In working through these tasks the individual is, as such, able to relinquish the attachment-related needs and maintain an ongoing bond with the deceased person. It is suggested that those categorized as preoccupied or fearful are not readily able to relinquish the physical component of the attachment bond, as they are more dependent upon the physical reassurance, rather than being able to rely on an internal representation of the deceased as is the case for the secure attachment type. Therefore, people with either a preoccupied or fearful attachment style tend to get mired or remain “stuck” in the process of oscillation/reorganization. Hence, the process of grieving becomes a more difficult task for these individuals to work through. For those whose attachment style does not revolve or center around the primary attachment figure (i.e., the dismissing style), the attachment component is more easily relinquished in that it was never really centered around the other person in the first place.

Ultimately the Grief Attachment Model suggests that one begins to conceptualize the continuing bond as a developmental process that occurs as one adjusts to the loss of a significant attachment relationship (i.e., akin to the process of reorganization), and whose course of development is influenced in part by the type of attachment one had to the deceased individual. Vaillant (1993) summarizes the necessary process of reorganizing one’s attachment:

With identification, we assimilate a person’s real strengths and become our strength. We can also acknowledge the person’s faults and leave those

faults behind... Identification enhances our capacity to gain self-esteem. Always, the aim of identification is to continue a relationship with another person by transferring the relationship from the outer to the inner world. (p. 352)

This process clearly illustrates how having such an inner connection with the deceased serves to enhance the bereaved person's sense of self, illustrating a healthy attachment that acknowledges the reality of the death (Field, 2008).

What is clear from the literature is that bereaved individuals develop mental representations of their relationships with their deceased attachment figures, and these representations and the bonds they integrate can serve either to promote security or threaten it (Fraley & Shaver, 1999). The idea of resolution in current attachment theory does not advocate complete severance of affectional bonds or total elimination of mental representations of the dead attachment figure. Rather, the theory places more emphasis on the individual's ability to talk comfortably and coherently about the loss (Fraley & Shaver, 1999). "Through mourning, we find ways to continue our bonds with attachment figures even though they are no longer physically present and someone new may serve as a more "proximate" attachment figure. In both cases, some people reorganize their attachment systems in a way that facilitates this balance, whereas others have more difficulty" (Fraley & Shaver, 1999, p. 755). Such a model argues for the importance of assessing attachment in understanding the resolution of grief. And finally, the type of resolution appears to be related to one's attachment style.

The two studies described herein seek to demonstrate that a close relationship is a prerequisite for the maintenance of a continuing relationship with a known deceased individual. Further, the present studies explored the notion that how a continuing relationship manifests following the death of a significant close relationship and how one

cope with the ensuing grief, is dependent upon the type of attachment he or she had to this person prior to his or her death.

Study 1 provides preliminary psychometric data for the Ongoing Relationship Scale, a measure of behaviours related to maintaining an ongoing relationship and the extent to which engaging in such behaviours brings comfort, was developed specifically for the present research. This study also examined whether there is a correlation between closeness of the relationship and a tendency for one to engage in certain ongoing behaviours with the deceased. Study 2 examined how individuals cope with bereavement following the death of either a partner or a parental attachment figure.

In light of the preceding discussion and theoretical review of attachment theory, models of grief, and the relevance of attachment theory for how one manifests their grief following the loss of a significant attachment figure, the specific research objectives and hypotheses addressed were as follows:

Study One:

1. Establish preliminary reliability and validity for the ORS.
2. Individuals with whom one identified having had a close relationship with a person prior to his or her death will report more frequently engaging in behaviours consistent with maintaining an ongoing relationship (e.g., visiting the grave, reminiscing about the deceased, linking objects, interchanges with deceased, etc.). Whereas, individuals with whom one identified as not having had a close relationship with prior to the individual's death, will not report engaging in behaviours consistent with having an ongoing relationship with the deceased person.

Study Two:

1. Individuals identified as having had either a secure or dismissing attachment to their deceased attachment figure (i.e., pair bond or romantic partner or parent) will report lower levels of complicated grief; whereas, individuals who had a preoccupied or fearful attachment to their deceased pair bond or romantic partner will report higher levels of complicated grief.
2. Individuals who had a secure or preoccupied attachment to their deceased attachment figure will report engaging in more behaviours that maintain an ongoing relationship with the deceased person and greater feelings of comfort from engaging in such behaviours. In contrast, individuals identified as having had a fearful or dismissing attachment to their deceased attachment figure will report engaging in fewer behaviours to maintain such an ongoing relationship, as well as deriving less comfort from engaging in such behaviours.
3. Individuals identified as having had a dismissing attachment to their deceased attachment figure will report less personal growth following his or her death than those who had a secure attachment to their deceased attachment figure.
4. Individuals who had a secure or preoccupied attachment to their deceased attachment figure will report greater intimacy in their relationship than those who had a fearful or dismissing attachment; whereas, those who had a fearful or preoccupied attachment to their deceased attachment figure will report greater despair and panic behaviours than those who had a secure or dismissing attachment. Those with a dismissing attachment to their deceased

5. Individuals who had a fearful attachment to their deceased attachment figure will report greater disorganization, detachment, and blame and anger than those who had a secure, preoccupied or dismissing attachment. Individuals who had a dismissing attachment will report experiencing the least of all these.
6. Individuals who had a preoccupied attachment to their deceased attachment figure will report a greater degree of interpersonal dependency as reflected by a greater emotional reliance on the attachment figure and a greater lack of social self-confidence, than those who had a secure, dismissing, or fearful attachment. Individuals who had a dismissing attachment will demonstrate greater assertion of autonomy than those who had a preoccupied, secure or fearful attachment.
7. Individuals who had a secure or a dismissing attachment to their deceased attachment figure will report engaging equally in both restoration-oriented (e.g., learning to manage a household, dealing with finances) and loss-oriented activities (e.g., focusing on deceased, events surrounding the death); whereas, individuals who had a preoccupied attachment will report more behaviours consistent with loss-oriented activities, and individuals who had a fearful attachment will report engaging in more restoration-orientation behaviours.

8. Individuals who had a secure or dismissing attachment to their deceased attachment figure will show greater resilience compared to individuals who had a preoccupied or fearful attachment.

Development of the Ongoing Relationship Scale – Study 1

Method

Participants and Procedure

A total of 73 participants (21 male, 52 female) who knew someone who had died were recruited from the University of Saskatchewan participant pool to participate in an online survey. Participants were enrolled in introductory psychology classes and received credit toward a course requirement in exchange for their participation. The participants ranged in age from 17 to 42 years, with an average age of 19.6 years, $SD = 4.6$. Within the participant group the relationship to the deceased included a parent, $n = 4$, 5.5%, a grandparent, $n = 40$, 54.8%, a sibling, $n = 1$, 1.4%, an aunt/uncle, $n = 8$, 11.0%, a cousin, $n = 1$, 1.4%, a friend, $n = 10$, 13.7%, an acquaintance, $n = 3$, 4.1%, and other, $n = 6$, 8.2%. Participants rated the death as sudden, $n = 22$, 30.1%, tragic, $n = 14$, 19.2%, expected, $n = 30$, 41.1%, accidental, $n = 2$, 2.7%, and other, $n = 5$, 6.8%. The amount of time passed since the person's death ranged from 6 months to 28 years with a mean of 5.6 years, $SD = 5.5$. Participants reported that the length of relationship they had with the individual prior to his or her death ranged from 1.3 to 24.1 years (mean = 11.9 years).

Participants were asked to complete an online survey containing the measures described below. An information and consent form outlining the study, including its purpose and how the results would be used, as well as a debriefing letter, were also included in the survey (Appendices A & B). The researcher's contact information was

provided in case participants had any questions or comments pertaining to the study. Participants were asked not to include any identifying information to ensure their anonymity and confidentiality.

Measures

Demographic questionnaire. This questionnaire (Appendix C) was administered to collect demographic information from participants for the purposes of aiding in analyzing the data, as well as adequately describing the sample. Two of the questions on the demographic questionnaire the ‘Relationship-Closeness item’ (question 5) and the ‘Know-Well item’ (question 9) were used as a means for participants to identify the closeness of the relationship they had to the deceased prior to his/her death. These two items will be further elaborated on in a later section.

Ongoing relationship measure. The Ongoing Relationship Scale (ORS; Appendix D; Waskowic & Chartier, 2006) was developed specifically for this study to assess whether the individual has an ongoing relationship with the deceased individual as indicated by engaging in behaviours most commonly associated with maintaining such a connection. The items for the ORS were derived from Grund’s (1998) Continuing Bond Scale’s ten dimensions of grief, which represent commonly discussed features of grief in the literature. See Table 1 for a description of Grund’s ten dimensions. The ORS not only measures whether or not a continuing relationship exists, but also assesses whether the individual considers the ongoing relationship to be positive (i.e., brings him or her comfort) or negative (i.e., does not bring him or her comfort). Scores on the ORS range from 0 to 50 with higher scores indicative of a greater tendency to engage in behaviours

that maintain an ongoing tie, as well as a tendency to find comfort in engaging in such behaviours.

The ORS consists of two parts. The first part, which is labelled as the ORS *Behaviour* Scale is composed of 10 items asking the participant (either yes or no) whether or not they engage in various behaviours commonly associated with maintaining an ongoing connection with the deceased. The ORS *Behaviour* Scale is scored by summing the first ten items on the measure, where a yes response equals one and a no response equals zero. The range of possible scores on the ORS *Behaviour* Scale is from 0 to 10. Part 2, labelled the ORS *Comfort* Scale is comprised of ten items asking participants to rate on a five-point Likert-type scale whether or not engaging in such ongoing behaviours is comforting (i.e., 0 = Does not describe me at all to 4 = Describes me very well). The ORS *Comfort* Scale is scored by summing the last ten items of the measure resulting in a possible range of scores from 0 to 40. The Total ORS Scale score is calculated by summing the total from all items, therefore resulting in a possible range of scores from 0 to 50. As this is a new measure, a partial purpose of this study was to establish the psychometric properties of this measure.

Continuing bond measure. The Continuing Bonds Scale (CBS; Appendix E; Field, Gal-Oz, & Bonanno, 2003) examines the extent to which a bereaved individual feels that the deceased person continues to be a part of his or her life. This measure was used in the present study to establish convergent validity for the ORS. Like the ORS, the CBS assesses an array of continuing bonds expressions found in the bereavement literature (e.g., memories, keeping possessions, sense of presence, identification with the deceased, legacy of deceased, deceased as a standard, and reminiscing about deceased)

and is thought to measure ways in which one maintains an ongoing psychological connection to the deceased (Field, Gal-Oz, & Bonanno, 2003). Participants are asked to rate 11 items on a five-point Likert-type scale on the extent to which each item is true for them in relation to the deceased person (e.g., 1 = Not at all true to 5 = Very true) resulting in a total possible range of scores from 11 to 55. The higher the score, the more indicative it is that one engages in ways to maintain the ongoing relationship with the deceased individual. Field, Gal-Oz, and Bonanno (2003) reported an internal consistency for the overall scale of .87, while Neimeyer, Baldwin, and Gilles (2006) report an alpha of .90. In the present study the Cronbach alpha coefficient was .90.

The CBS was originally developed for use in a study examining different aspects of the ongoing attachment to a deceased partner (Field, Gal-Oz, & Bonanno, 2003). In their original study, Field, Gal-Oz, and Bonanno (2003) administered the CBS to 39 individuals who had completed a number of other symptom and well-being measures five years prior (Field, Gal-Oz, & Bonanno, 2003). The authors indeed found a significant pattern of correlations between the CBS and grief-specific symptoms lending support to the validity of the measure. For example, the correlation between the CBS and the Texas Revised Inventory of Grief was significant and positive showing convergent validity; whereas, the correlations between the CBS and measures of general psychiatric conditions (e.g., Beck Depression Inventory, Symptom Checklist-90-Revised, and the Positive States of Mind) were all non-significant showing discriminant validity. Further, the authors found a positive relationship between the CBS and relationship satisfaction, a negative correlation between the CBS and amount of blame in a role-play with the

deceased, and a positive correlation between the use of continuing bonds and greater helplessness.

Closeness of relationship measure. The Miller Social Intimacy Scale (MSIS; Appendix F; Miller & Lefcourt, 1982) along with two other items from the demographic questionnaire (i.e., Relationship-Closeness item and the Know-Well item) were used to determine the closeness of the relationship between the participant and the identified deceased individual. Given that the ORS was designed to measure aspects of an ongoing relationship, the MSIS, the Relationship-Closeness and Know-Well items were also used to examine the convergent validity of the ORS.

The MSIS is a 17-item scale measuring social closeness, with six of the items measuring the frequency of the relationship and the other 11 measuring the intensity. Each question is rated on a five-point Likert-type scale ranging from A = very rarely to E = almost always, and asks respondents to rate the frequency of specific behaviours and then assess the affect in their close relationships. Total scale scores range from 17 to 85 with the higher the overall score, the greater the amount of closeness or social intimacy. (See Appendix F for scoring instructions of the MSIS.)

Internal consistencies of the MSIS have been reported to be high with alphas in two different samples of .86 and .91 (Miller & Lefcourt, 1982). Others, such as Downs and Hillje (1991) have reported internal reliabilities consistent with these values. For example, in their study of the utility of the MSIS with nonspousal mixed- and same-gender dyads the internal consistencies for the various dyads ranged from .87 to .95 (Downs & Hillje, 1991). The MSIS has also been reported to be very stable with a two-

month test-retest reliability of .96 and a one-month test-retest reliability of .84 (Miller & Lefcourt, 1982). The Cronbach alpha coefficient obtained for the current study was .94.

The test developers originally validated the MSIS with several groups of individuals: unmarried undergraduate students, married couples associated with a university, and a group of married couples who were seeking conjoint marital therapy at a psychiatric facility (Miller & Lefcourt, 1982). Convergent validity for the MSIS was found to be satisfactory in that individuals who rated their closest relationships high on trust and intimacy also scored high on the MSIS, $r = .71, p < .001$. Additionally, individuals who rated themselves as lonely also scored low on the MSIS, $r = -.65, p < .001$. Discriminant validity was established by demonstrating that the MSIS scores were not positively correlated with either personality or need for approval scales. The measure's construct validity was demonstrated in that individuals reported greater intimacy with a close versus a casual friend, $t(24) = 9.18, p < .001$, and married participants reported greater levels of intimacy than unmarried participants, $t(24) = 8.17, p < .001$. Further, the married students who were not in distress reported greater intimacy than those seeking therapy, $t(63) = 6.41, p < .001$.

As mentioned previously, two additional items from the demographic questionnaire were used. These items asked participants to rate the closeness of their relationship with the deceased individual and how well they felt they knew the deceased individual prior to his or her death. The items are considered to have face validity in that they directly inquire about the closeness of the relationship and how well the respondent knew the person.

The first item, which was labelled as ‘Relationship-Closeness’ asked participants to rate how close their relationship was relative to other relationships in their lives. Participants rated their responses on a five-point scale from 1 = “Not very close at all” to 5 = “Closer than any relationship I’ve ever had before or since”. The mean for this item was 3.07 with a standard deviation of 0.92. The second item included in the demographic questionnaire asked participants to rate how well they felt they knew the person. Participants responded on a 3-point scale where 1 = “Not well at all”, 2 = “Somewhat”, and 3 = “Very well”. This item was labelled as ‘Know-Well’. The mean for the Know-Well item was 2.37 with a standard deviation of 0.63.

Worry measure. The Penn State Worry Questionnaire (PSWQ; Appendix G; Meyer, Miller, Metzger, & Borkovec, 1990) was included to examine discriminant validity of the ORS. The PSWQ consists of 16 items designed to measure the trait of worry in adults. The PSWQ encapsulates the general frequency, intensity and uncontrollability of worry without making reference to the content of specific topics (Yilmaz, Gencoz, and Wells, 2008). The questionnaire consists of 16 items and uses a 5-point Likert-type response scale ranging from 1 (not at all like me) to 5 (very typical of me). Scores on the PSWQ range from 16 to 80, with higher scores indicating an increased tendency to worry.

The psychometric characteristics of the PSWQ have been examined in several studies and have, in general, been found to be satisfactory. For example, the internal consistency of the PSWQ has been reported to range from $\alpha = .80$ to $\alpha = .95$ (Brown, Antony, & Barlow, 1992; Crittendon & Hopko, 2006; Fresco, Heimberg, Mennin, & Tuck, 2002; Stanley, Novy, Bourland, Beck & Averill, 2001; Wetherell, Gatz, & Craske,

2003). The test-retest reliability of the measure was also reported for different time intervals with three independent college samples and was found to range from .74 to .93 (Meyer, Miller, Metzger, & Borkovec, 1990). In the current study a Cronbach alpha of .95 was observed for the PSWQ.

Several studies have demonstrated the convergent validity of the PSWQ by demonstrating that the PSWQ correlates positively with other anxiety constructs. For example, Belzer, D’Zurilla, and Maydeu-Olivares (2002) found a positive correlation between the PSWQ and trait anxiety, Stober and Joorman (2001) found a positive correlation between the PSWQ and state anxiety, and Burns, Keortge, Formea, and Sternberger (1996) found a positive correlation between the PSWQ and obsessive-compulsive symptoms. Brown, Antony, and Barlow (1992) provide further evidence for the validity of the measure in that the PSWQ could differentiate between Generalized Anxiety Disorder and other anxiety disorders and non-anxious participants.

Anger measure. The Trait Anger Scale (TAS; Appendix H; Spielberger, Jacobs, Russel, & Crane, 1983) was also used to examine discriminant validity of the ORS. The TAS consists of 10 items designed to measure the trait of anger. Specifically, the TAS was designed to measure one’s more habitual response. Participants are asked to rate how generally angry they felt using a 4-point Likert-type scale (1 = almost never to 4 = almost always). Scores of the TAS range from 10 to 40 with higher scores on the scale indicating greater anger. The internal consistency for this scale has been reported to range from .81 to .91, with college students having the highest reliabilities (Spielberger, 1988). The internal consistency has also been reported at .87 for male navy recruits and

.84 for female navy recruits. The observed alpha for the TAS in the present study was .91.

The TAS has also been shown to correlate positively with other anger and hostility measures (Spielberger, 1988) and to discriminate between high and low anger groups (Lopez & Thurman, 1986; Spielberger, 1988). For example, in a series of studies Deffenbacher et al. (1996) demonstrated both convergent and discriminant validity for the measure. In their studies participants were divided into two groups: a high-anger group made up of individuals who scored within the top quartile on the TAS and a low-anger group, made up of those who scored in the bottom quartile of the TAS. In comparing the two groups the high-anger group reported more frequent and intense anger, expressed their anger in less constructive ways, and experienced more frequent and severe consequences from their anger compared to the low-anger group. Further, in examining the correlations between anger and the number of times an individual was angry, anxious, depressed and intoxicated in the last month, Deffenbacher et al. (1996) demonstrated that the TAS was positively related to the frequency of anger and that it was a better predictor of the frequency of anger than any of the other variables measured, demonstrating discriminant validity for the TAS. Finally, they also examined the correlation between the TAS and the intensity of anger-hostility as measured by the Symptom Checklist-90-Revised (SCL-90-R; Derogatis, 1983) as well as with other symptom intensities of the SCL-90-R. The results showed that the correlations between the TAS and anger-hostility were higher than with the other emotional and psychological states as well as the overall index of general symptom intensity, providing evidence for both the convergent and discriminant validity of the TAS as a measure of trait anger.

Social desirability measure. Form-C of the Marlowe-Crowne Social Desirability Scale (MCSDS; Appendix I; Reynolds, 1982), which was derived from the original 33-item Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) was included as a means of assessing participants' level of socially desirable responding or "faking good" on the self-report measures. The MCSDS consists of 13 items in which respondents are asked to respond either true or false to items reflecting culturally approved behaviours that have a low likelihood of occurring. Total scores range from 0 (low) to 13 (high social desirability) with higher scores indicating more socially desirable responding. See Appendix I for scoring instructions. The original 33-item scale has been reported to have good internal consistency ($\alpha = .88$; Crowne and Marlowe, 1960). Other studies have also reported good internal consistency of the full scale ranging from .73 to .96 (Ballard, 1992; Barger, 2002; Fischer & Fick, 1993; Loo & Thorpe, 2000; Reynolds, 1982; Strahan & Gerbasi, 1972) and one-month test-retest reliability of .89 (Crowne & Marlowe, 1960). The reliability of the short form of the MCSDS has been reported at .76 (Reynolds, 1982). The six-week test-retest reliability has been reported at .74 (Zook & Sipp, 1985). Others have reported its internal consistency ranging from .62 to .89 (Loo & Thorpe, 2000; Ballard, 1992; and Fischer & Fick, 1993), thus demonstrating an acceptable level of reliability. Loo and Thorpe (2000) also report internal-consistency reliabilities of the MCSDS for a nursing group ($\alpha = .66$), a management group ($\alpha = .57$), a group of men ($\alpha = .53$), and a group of women ($\alpha = .67$). The Cronbach alpha for the present study was comparable at .70.

Concurrent validity of Form-C of the MCSDS was demonstrated by examining correlations between Form-C and the standard version of the MCSDS and the Edwards

Social Desirability Scale (Reynolds, 1982). The results revealed a correlation between Form-C and the standard form of .93, and .41 between Form-C and the Edwards Social Desirability Scale. Others have found the correlation between the full scale and Form C ranging from .91 to .97 (Andrews & Meyer, 2003; Fischer & Fick, 1993; and Loo & Thorpe, 2000).

Results

Analyses

Reliability of the ORS. The reliability of the ORS was determined by calculating the internal consistency for the total measure (i.e., the ORS), as well as the two scales that comprise it (i.e., the ORS *Behaviour* subcale and the ORS *Comfort* subcale). The internal consistency of the ORS produced a Cronbach's alpha of .90 for the total scale. The internal consistency for the ORS *Behaviour* subcale resulted in a Cronbach's alpha of .76, while the internal consistency of the ORS *Comfort* subscale was alpha = .90.

Validity of the ORS. Preliminary validity for the ORS was established using the Continuing Bonds Scale (CBS; Field, Gal-Oz, & Bonanno, 2003) as a measure of convergent validity, since both are designed to measure behaviours an individual engages in to maintain an ongoing connection to a deceased individual. The CBS and the ORS were highly correlated at $r(71) = .81, p < .001$. Further, the pattern of correlations between the CBS and the other measures (i.e., MSIS, TAS, and the PSWQ) was similar to the pattern of correlations between the ORS and these same measures (see Table 2).

Convergent validity was further examined using the MSIS, the Relationship-Closeness item and the Know-Well item. The correlations between the MSIS and the

Relationship-Closeness item and the Know-Well item were examined first. The relationship between these items was found to be strong with $r(71) = .71, p < .001$ for the Relationship-Closeness item and $r(71) = .53, n = 73, p < .001$ for the Know-Well item, suggesting that these items are a good estimate of the closeness of the relationship and how well one knew the other person.

The relationship between the ORS and the MSIS was examined next. As can be seen in Table 2 these measures were moderately correlated $r(71) = .39, p < .01$. When the ORS and the Relationship-Closeness and Know-Well items were examined, a moderate correlation was once again found $r(71) = .31, p < .01$ for closeness and $r(71) = .35, p < .01$ for know-well. Similarly, the relationship between the CBS and these three measures (i.e., MSIS, Relationship-Closeness and Know-Well items) also produced significant positive correlations $r(71) = .56, p < .01$ for the MSIS, $r(71) = .35, p < .01$ for closeness and $r(71) = .39, p < .01$ for know-well.

Two measures, the TAS and the PSWQ were included to establish discriminant validity for the ORS. While the TAS and the ORS were correlated, the relationship was relatively small $r(71) = .28, p = .02$. Similarly, the PSWQ was also significantly correlated with the ORS, but the correlation was only moderate in size $r(71) = .37, p = .001$.

To further explore the relationship between the ORS and the full-scale measures (i.e., TAS, PSWQ, MSIS, CBS, and the ORS) the full-scale measures were subjected to principal components analysis (PCA). Prior to performing PCA the suitability of the data for factor analysis was assessed. Inspection of the correlation matrix revealed the presence of several coefficients at or above 0.30 (see Table 3). The Kaiser-Meyer-Olkin

value was 0.63, which meets the recommended value of 0.60 (Kaiser, 1970; 1974) and the Bartlett's Test of Sphericity (Bartlett, 1954) was significant ($p < .001$), therefore supporting the factorability of the correlation matrix.

Principal components analysis revealed the presence of two components with eigenvalues exceeding 1, explaining 49.15% and 28.81% of the variance respectively (see Table 4). An inspection of the screeplot revealed a clear break after the second component. To aid in the interpretation of these two components, Varimax with Kaiser Normalization rotation method was conducted (see Table 5). According to Pedhazur and Schmelkin (1991) it is reasonable to utilize an orthogonal rotation method when the oblique rotation method demonstrates a negligible correlation between factors. A nonsignificant correlation was indeed found $r = .15$ when an oblique rotation was conducted. Given this negligible correlation and Pedhazur and Schmelkin's recommendation, it was decided to proceed with the Varimax with Kaiser Normalization rotation method. Such a method makes the assumption that the underlying factors are unrelated.

The rotated solution revealed that the CBS, the ORS and the MSIS had strong loadings, .90, .81, and .82 respectively, on the first component, whereas the TAS and the PSWQ loaded strongly, .85 and .84, on the second component. The results of this analysis lend support for the discriminant validity between the ORS and the TAS and PSWQ, as well as the convergent validity between the ORS and the CBS and MSIS.

Relationship Closeness and Ongoing Behaviours. The relationship between the closeness of the relationship (as measured by the MSIS, the Relationship-Closeness item, and the Know-Well item) and one's tendency to engage in behaviours that maintain an

ongoing relationship with the individual after his or her death (as measured by the ORS and the CBS) was investigated using Pearson product-moment correlation coefficient (see Table 2).

In examining the relationship between the ORS and the MSIS there was a moderate positive correlation between the two instruments $r(71) = .39, p = .001$ with higher levels of engagement in ongoing behaviours and greater comfort from doing so associated with higher levels of intimacy in the relationship. There was also a strong correlation between the CBS and the MSIS $r(71) = .56, p < .001$, again indicating that the closer the reported relationship the more likely one is to engage in behaviors that continue the relationship with a deceased person.

When the relationship between the ORS *Behaviour* subscale and the MSIS was examined the correlation was slightly higher than the ORS full scale $r(71) = .40, p < .001$. A similar pattern was also found when examining the relationship between the ORS and the Relationship-Closeness item $r(71) = .31, p = .009$, as well as with the ORS and the Know-Well item $r(71) = .35, p = .002$. Further, the CBS was also moderately correlated with both the Relationship-Closeness item $r(71) = .35, p = .003$ and the Know-Well item $r(71) = .39, p = .001$. Consistent with what was hypothesized, participants who reported having had a closer and more intimate relationship with the deceased individual prior to his or her death also reported engaging in more behaviours that maintain an on-going relationship with the person after his or her death and greater comfort in so doing.

Gender Differences. Independent-sample t-tests were conducted to compare scores on key variables for males and females. There was a significant difference

between males and females on the PSWQ, the MSIS, the CBS, and the ORS in that female participants scored significantly higher on each of the measures than the male participants (see Table 6). These findings indicate that women report more worry, more social intimacy, and engaging in more behaviours associated with maintaining an ongoing relationship than their male counterparts. In examining the gender differences on the two subscales of the ORS there was no significant difference between male and female participants on whether or not they engage in behaviours that reflect an ongoing relationship. However, there was a significant difference between males and females on whether they felt engaging in such behaviours was comforting in that females scored significantly higher. Therefore, the female participants (as compared to male participants) reported feeling more comfort with engaging in behaviours that maintain an ongoing relationship with a deceased individual. There were no other significant gender differences on the remaining measures.

Socially Desirable Responding. The MCSDS scale was used to determine the extent to which participants responded to the measures in a socially desirable manner. The relationship between both the MCSDS and the ORS $r(71) = -.16, p = .17$ and the MCSDS and the CBS $r(71) = -.16, p = .18$ were non-significant (see Table 2). Such a finding indicated that there was no marked socially desirable responding on these two measures.

Discussion

It has been over a decade since the publication of Klass, Silverman, and Nickman's (1996) book on continuing bonds. This book represented an important development in the grief research in that it stressed the importance of maintaining a bond

or relationship with a deceased loved one over relinquishing the connection. Since this publication the research has continued to explore the impact of maintaining such a bond, and the implications of doing so, on one's grief experience. However, despite the interest in continuing bonds and the seeming acceptance of such a concept in the literature, with the exception of one study conducted by Field, Gal-Oz, and Bonanno (2003) no scale has been developed to measure behaviours associated with maintaining such a continuing bond. Rather, researchers have tended to utilize already existing measures to capture such behaviours.

Further, Field, Gal-Oz, and Bonanno's (2003) Continuing Bond Scale was designed specifically for their study exploring whether such a continuing bond represented a healthy grief resolution. Although their scale had good reliability they did not provide any further psychometric data validating the measure, nor did the scale include questions regarding whether the participants viewed engaging in behaviours that maintained an ongoing connection to the deceased to be a positive or negative experience. For the most part, the grief literature tends to make the assumption that such a continuing bond is perceived to be a positive and seldom entertains the notion that for a bereaved person this continuing bond may not, in fact bring them comfort.

The main purpose of this study was to develop a scale that not only measured the ongoing behaviours a bereaved person engages in to maintain a connection to a deceased individual, but also measured whether engaging in such behaviours is perceived to bring comfort to the person. By utilizing this newly developed scale, this study also set out to examine the relationship between the perceived closeness of one's relationship and the tendency to engage in ongoing behaviours that maintain a connection to the deceased.

As described above the ORS was derived from Grund's (1998) Continuing Bond Scale, which represents commonly discussed features of grief found in the literature. Initial investigation of the psychometric properties of the ORS suggests that both the overall scale, and the two subscales comprising it, have good internal consistency. Field, Gal-Oz, and Bonanno's Continuing Bond Scale was highly correlated to the ORS and produced similar overall patterns with the other measures, as did the ORS, aiding in establishing convergent validity for the ORS.

The two measures utilized in the study to establish discriminant validity for the ORS (i.e., the TAS and the PSWQ), both resulted in small to moderate correlations with the measure. Such a finding is not unexpected given the multifaceted nature of grief and the likelihood that for many grieving individuals both of these emotions (i.e., anger and worry) may be experienced during this period. The use of a factor analysis, specifically a Principal Components Analysis, however, demonstrated that when these measures were examined together the ORS loaded separately from the TAS and the PSWQ suggesting that these scales measure separate components providing preliminary discriminant validity for the ORS. The use of a Principal Components Analysis in establishing validity seems justified in that the purpose of such a technique is to provide an empirical summary of the data set, which demonstrates that similar constructs load onto similar components (Tabachnick & Fidell, 2001). Further, it seems logical that similar items on the various measures should be correlated if they do indeed measure similar underlying dimensions and therefore, would be expected to produce separate components (Field, 2005).

It was hypothesized in the present research that the closer the relationship one had with another person the more likely one will be to engage in behaviours that maintain the relationship after the other person's death. Such was the finding in the present research, in that the closer the relationship and the better one reported knowing the person prior to his or her death, the more likely the individual was to engage in behaviours that serve to maintain an ongoing relationship with the deceased, and to experience comfort as a result of engaging in these behaviours. Therefore, this finding lends support to the notion that the closer the relationship the more likely one is to engage in behaviours that serve to maintain an ongoing relationship. Conversely, if an individual does not have much invested in the relationship and does not report having a close relationship prior to the other's death, he or she is less likely to invest much energy into the relationship following the other's death or to engage in those behaviours, as measured by the ORS, to maintain an ongoing relationship.

The present study serves to provide preliminary psychometric data for a new measure addressing a void in the research, as well as demonstrate that a close relationship is a necessary component in order to continue to invest energy into maintaining an ongoing relationship following the death of an individual. Given the focus in the grief literature on maintaining a continuing bond, developing a measure like the ORS is long overdue. The ORS allows one to address the question of whether or not engaging in behaviours that serve to maintain such an ongoing relationship provides comfort to the person, which up until now has been overlooked. Such a consideration of the continuing bond has obvious clinical implications in that it challenges clinicians and grief workers to entertain the possibility that, although for some this continuing bond may be comforting,

this may not be the case for all. As such, clinicians approach to grief work may need to be adjusted accordingly.

The preliminary psychometric properties of the newly developed ORS are encouraging, however, the ORS will benefit from further study and validation utilizing various populations. The findings of the present research, while providing sound evidence for the reliability and validity of the ORS, are limited in that they are based on the responses of a primarily emerging adulthood population. Future research is necessary to establish the psychometric properties and utility of the scale on more diverse adult populations, before any statements of the generalizability of the ORS to older adults can be made.

Future research would also benefit from having participants complete two versions of the ORS, one in which they complete the measure on someone with whom they had a close relationship and one with whom they did not. Such a research design would allow for a better comparison between the impact that the closeness of the relationship had on the ongoing relationship with the deceased and whether the relationship was perceived as being comforting and positive.

During the analysis of participants' responses on the ORS, an interesting finding was noted. It was found that several participants, despite rating not engaging in an ongoing behaviour, went on to report various degrees of comfort when asked how much comfort they derive from engaging in such behaviours. While such a finding would at first seem unexpected, it is possible that this represents more of a perceived level of comfort; or perhaps from an attachment perspective, is indicative of an ability to access an internal working model of how one might react if the given behaviour were engaged in

without having to actually engage in the behaviour. In other words, it is possible that just the thought of engaging in the behaviour is enough to meet attachment-related needs.

After conducting additional analyses to investigate the impact of responding in this manner virtually no differences were discovered, which therefore, had little to no bearing on the reported findings². Despite the lack of impact on the findings of the study, it may be possible to eliminate such a response tendency in future use of the scale by restructuring the format of the questions. For example, questions could be asked such that participants rate the level of comfort immediately following the behaviour for which they have endorsed. In a recent study, Field and Filanosky (2010) utilized a newly developed 16-item scale assessing the continuing bond with a deceased individual. Their scale was comprised of two subscales: an internalized continuing bond subscale and an externalized continuing bond subscale. Their research has interesting implications for the present research in that it points out a potential limitation of the ORS in the present research in that such a distinction was not explicitly examined. Although such a distinction was not explicitly made on the ORS, it may be argued that the measure contains both types of means for maintaining a connection to the deceased and that such a difference is more implicit in the items. Field and Filanosky's (2010) research certainly merits further exploration and consideration for future research utilizing the ORS. Perhaps future research should include both measures as a means for measuring the ongoing relationship, especially since the ORS contains a means for the individual to express the extent to which they find maintaining the ongoing relationship as being comforting, whereas Field and Filanosky's continuing bond measure does not.

Although gender differences were not a primary focus for the present research, exploratory analyses were conducted. The present findings showed that female participants reported significantly higher levels of intimacy and worry, and endorsed more continuing bond and ongoing relationship behaviours, than their male participant counterparts. Further, a post-hoc analysis of the ORS subscales found that the female participants reported significantly greater feelings of comfort from engaging in ongoing behaviours. There was not however, a significant difference between the genders on the subscale endorsing whether or not they engage in ongoing behaviours. That is, it was found that male participants were just as likely as females to engage in behaviours that maintain the ongoing relationship, but were less likely than females to report obtaining comfort from engaging in such behaviours. Whether such differences are due to an unwillingness or difficulty for male participants to disclose personal feelings, a function of the nature of the questions asked on the measure, or a genuine difference in how men and women grieve is certainly worthy of future research.

While previous research tends to focus on who experiences greater distress, widows or widowers (e.g., Stroebe, Stroebe, & Schut, 2001; Lund, Caserta, & Dimond, 1986; Chen, Bierhals, Prigerson, Kasl, Mazure, & Jacobs, 1999; Gilbar & Dagan, 1995), and on differences between adjustment to the loss (e.g., Boelen & Bout, 2003; Bennet, Hughes, & Smith, 2005), the present findings suggest yet another avenue to explore. For example, the relationship between gender, perception and maintenance of the ongoing relationship, and likelihood of engaging in such behaviours are possible areas for future exploration.

Since Klass, Silverman, and Nickman's (1996) introduction of the concept of the continuing bond to the bereavement literature, researchers, clinicians, and others working in the field of thanatology, have been intrigued and captivated with the concept. In their book, *Continuing Bonds: New Understandings of Grief*, they present a wealth of information on various populations who have experienced grief of varying origins. The authors have concluded that, regardless of its origins, resolution of grief involves maintaining an inner representation or continuing bond to the deceased and "that it is normative for mourners to maintain a presence and connection with the deceased" (p. 18).

Several contributors to the book identify areas most commonly thought to maintain the ongoing relationship and cite such behaviours as evidence for an ongoing relationship between the deceased individual and the survivor. Included in these are areas such as having a sense of the deceased's presence, dreaming about the deceased, visiting the cemetery, reaching out to the deceased, recalling memories, retaining objects that belonged to the deceased, interacting with the deceased (e.g., talking or praying to deceased), and becoming a living legacy (Klass, Silverman, & Nickman, 1996). The development of the ORS in the present study represents a psychometrically reliable and satisfactory means for assessing these areas and determining whether or not one engages in behaviours that are thought to represent the ongoing relationship with the deceased person. Not only has the present research demonstrated good reliability for the ORS, but it has also provided evidence for both convergent and discriminant validity.

With so much focus and attention in the bereavement literature on the continuing bond, a measure such as the ORS, which not only measures areas commonly cited as evidence that one has maintained an ongoing relationship, but also provides a means to

measure whether engaging in such behaviours is deemed comforting to the survivor is necessary. Such an extension to the previously existing continuing bond measures by both Field, Gal-Oz, and Bonanno (2003) and Field and Filanosky (2010), opens the door to exploring more fully the nature of the ongoing relationship, as well as the person's perception of it (i.e., whether it is viewed as a positive or negative experience). It is hoped that the present research will serve as a springboard for future studies to consider not only the behaviours that represent the ongoing relationship, but also the impact or consequence that maintaining such a relationship may have on the individual.

Death of an Attachment Figure - Study 2

Method

Participants and Procedure

Individuals who experienced the death of a spouse/partner or a parent, and for whom the death had occurred at least six months prior, were invited to participate in this study. One hundred and ninety three participants (155 female, 38 male) were recruited from community support groups for widows/widowers and a snowball sampling technique to complete a survey package. Each survey package contained the measures described below, as well as an information and consent form (Appendix J) and a debriefing letter (Appendix K). Of the 193 participants, 132 participants (68.4%) reported having experienced the death of a parent, while the remaining 61 participants reported that they had (31.6%) experienced the death of a spouse/partner.

Recruitment for the snowball sampling involved contacting individuals who were either known to the primary researcher, or whose contact information had been provided to the primary researcher as individuals who may be interested in participating in the

study. These individuals were then either contacted in person, or sent an email and asked to consider participating in the research themselves, or passing along the study information to those whom they knew met the inclusion criteria and might be interested in participating.

A total of three hundred and ninety five paper questionnaire packages were given out in the manner described above. Of these 395 packages handed out, 159 (40% response rate) were returned. In addition to the paper format the questionnaire was also available for completion in an online format. Participants were able to access the online version by following the link provided in the email that was sent out. There were a total of 159 participants who completed the survey via the paper format and 34 who completed the survey online. All participants provided informed consent to participate in the study.

Participants ranged in age from 26 to 89 years with the mean age being 56 years. The average length of relationship with the deceased prior to his/her death was 38 years. The average age of the participant at the time of the death was 45 years, while the average age of the deceased at his/her death was 69 years. The average amount of time since the attachment figure's death was 10.9 years. For 54.9% of the participants the death was expected, for 33.2% it was sudden, for 3.1% it was tragic, for 2.1% it was accidental, and for 6.2% the death was identified as 'other'. With reference to closeness of the relationship to the deceased 35.2% identified the relationship as closer than any relationship they have ever had before or since, 35.8% said it was closer than most relationships they have had with other people, 17.6% said it was about as close as most of their relationships with others, 7.8% said it was not as close as most of their relationships, and 2.6% said it was not very close at all.

Measures

Demographic questionnaire. The demographic questionnaire was designed to collect demographic information from participants for the purposes of aiding in analyzing the data, as well as to adequately describe the sample. Two versions of the demographic questionnaire were developed, one for those participants who were reporting on the loss of a spouse/partner (Appendix L) and one for those reporting on the loss of a parent (Appendix M).

Ongoing relationship measure. The Ongoing Relationship Scale (ORS; Appendix D; Waskowic & Chartier, 2006) as described in the previous study was used to assess whether the participant had a continuing relationship with the deceased individual and whether he/she considered the ongoing relationship to be positive (i.e., brings him or her comfort), or negative (i.e., does not bring him or her comfort). In the first study the ORS produced a Cronbach's alpha of .90 for the overall scale, .76 for the ORS *Behaviour* subscale, and .90 for the ORS *Comfort* subscale. The internal consistency of the ORS for the present study was comparable, producing an alpha of .91 for the overall scale, while the ORS *Behaviour* subscale produced an alpha of .76 and the ORS *Comfort* subscale an alpha of .93.

Both convergent and discriminant validity of the ORS was demonstrated in Study 1. In the first study, the ORS was shown to be highly correlated to the CBS, $r(71) = .81$, $p < .001$, a scale that, as previously described also measures the behaviours one engages in to maintain an ongoing connection to a deceased individual. Further, the pattern of correlations between the ORS and measures of closeness, anger and worry were also comparable to the correlations between the CBS and the same measures. Discriminant

and convergent validity was demonstrated for the ORS in the first study by utilizing a principal components analysis, which produced two components. The analysis demonstrated that the ORS, the CBS, and the MSIS loaded strongly on the first component, while the TAS and the PSWQ loaded strongly on the second.

Attachment measure. The Experiences in Close Relationships Inventory (ECRI; Appendix N; Brennan, Clark, & Shaver, 1998) was used to assess the participants' type of attachment to the deceased. The ECRI is a 36-item self-report measure of attachment derived from a factor analysis of the majority of self-report measures of adult romantic attachment. The measure creates two subscales, Avoidance (or discomfort with closeness and discomfort depending on others) and Anxiety (or fear of rejection and abandonment) on which the four-category model previously described is based. Participants respond to a series of statements regarding how they feel in certain relationships (i.e., romantic or parental depending upon relationship to deceased) using a seven-point Likert-type scale (1 = Disagree Strongly to 7 = Agree Strongly). Participants are then classified into one of the four attachment categories by comparing where their scores fall on the two dimensions (i.e., anxiety and avoidance) to those of Brennan, Clark, and Shaver's original sample (see Appendix N for scoring instructions).

Bartholomew and Shaver (1998) have reported internal consistencies for the ECRI to be .94 for the avoidance subscale and .91 for the anxiety subscale, suggesting the measure has good internal consistency. Others (e.g., Lopez & Gormley, 2002; Lopez, Mauricio, Gormley, Simko, & Berger, 2001; Lopez, Mitchell, & Gormley, 2002; Vogel & Wei, 2005; Wei, Russell, Mallinckrodt, & Vogel, 2007; Wei, Mallinckrodt, Russell, & Abraham, 2004) have also found similar reliability for the anxiety subscale (α ranges

from .89 to .94) and avoidance subscale (α ranging from .91 to .95). Adequate test-retest reliability for the measure has been reported at .71 for the avoidance subscale and .68 for the anxiety subscale over a six-month time interval (Lopez & Gormley, 2002) and .82 for the anxiety subscale and .86 for the avoidance subscale over a one-month time interval (Wei, Russell, Mallinckrodt, & Vogel, 2007). The internal consistency of the ECRI for the present study was comparable at .92 for the avoidance subscale and .87 for the anxiety subscale.

Brennan, Clark, and Shaver (1998) provide support for the validity of the ECRI in identifying the different attachment categories. Using a sample of 1082 undergraduate students these researchers classified individuals based on attachment style using both Bartholomew's four-category self-classification measure and the ECRI's cluster-based method. The comparison between the two methods of classification was significant, demonstrating considerable similarity between these two methods.

The two methods of classification (i.e., Bartholomew's four-category and cluster-based ECRI) were further examined in relation to theoretically related variables (i.e., intimate touch and romantic sexuality). The results produced similar highly significant differences for each method; however, the ECRI results were all much higher than the four-category method, which not only lends support for the validity of the measure, but also as the authors have suggested, indicates that the ECRI's dimensional approach allows for more precise classification than the four-category model.

Closeness of relationship measure. The Miller Social Intimacy Scale (MSIS; Appendix F; Miller & Lefcourt, 1982) described in the previous study was used to assess the closeness of the relationship between the participant and the deceased individual. The

internal consistency of the scale for this study was $\alpha = .94$ which is consistent with the alpha reported in Study 1 as well as the alpha reported by Fisher and Corcoran (2007). Interested readers may refer to Study 1 for further information on the reliability and validity of the MSIS.

Interpersonal dependency. The Interpersonal Dependency Inventory (IDI; Appendix O; Hirschfeld, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977) was used to measure interpersonal dependency (i.e., the degree to which one's thoughts, feelings, beliefs, and behaviours focus on the need to associate with, interact with, and rely upon valued individuals; Hirschfeld et al., 1977). The IDI is a 48-item self-report inventory comprised of three subscales that capture three aspects of dependency: emotional reliance on another person, lack of social self-confidence, and assertion of autonomy. Given lack of consensus and data supporting a single formula for deriving the total scores, the authors have recommended separate scoring and reporting of each subscale (Hirschfeld et al., 1977; Bornstein, 1994).

In completing the IDI participants are asked to rate on a four-point Likert scale (*1 = rarely or not at all to 4 = almost always*) how much time they spend on various activities, tasks, or issues. Higher scores on each subscale are more representative of the area being measured by that scale (see Appendix O for scoring instructions).

Using three different samples (i.e., a combined group of psychiatric patients and college students, a group of college students, and a group of psychiatric outpatients), Hirschfeld et al. (1977) assessed the split-half reliabilities for each of the three subscales of the IDI for each group. Such an investigation revealed the following reliability coefficients for each of the respective groups: .87, .86, and .85 for the Emotional reliance

on another person subscale; .78, .76, and .84 for the Lack of social self-confidence subscale; and, .72, .84, and .91 for the Assertion of autonomy subscale. Frank, Kupfer, Jacob and Jarrett (1987) found that scores on the IDI were stable over a period of 17 weeks using a sample of psychiatric outpatients. The retest reliability on the subscales in their study were .77 for Emotional reliance, .85 for Lack of social self-confidence, and .61 for Assertion of autonomy (Frank, Kupfer, Jacob, & Jarrett, 1987).

Using a sample of college students, Bornstein, Rossner, and Hill (1994) examined the retest reliability of the IDI over a period of 16 weeks, 28 weeks, and 60 weeks. The retest reliabilities for the three subscales were reported ranging from .39 to .63 at 16 weeks for women and .60 to .69 for men, from .51 to .89 at 28 weeks for women and .39 to .68 for men, and from .68 to .78 at 60 weeks for women and .26 to .54 for men. The internal consistency for the present sample produced alphas of .85 (Emotional reliance), .81 (Lack of social self-confidence), and .78 (Assertion of autonomy).

The IDI has been shown to correlate with dependency scales from the Millon Clinical Multiaxial Inventory and the Dependent Personality Scale (Overholser, 1992). Bornstein, Rossner and Hill (1994) reported interscale correlations between the IDI and the Rorschach Oral dependency scale. Their findings illustrated significant positive correlations indicating that high dependency scores on one measure were associated with high dependency scores on the other measure. Bornstein, Rossner, and Hill (1994) also found that ratings of life events were unrelated to changes in participants' scores on the IDI lending support to the construct validity of the measure. In another study Overholser (1996) compared a psychiatric group to a nonpsychiatric control group. In comparing the two groups Overholser (1996) found a significant positive correlation between the IDI

and the Dependent Personality Scale $r(43) = .72$ for the psychiatric group and $r(64) = .54$ for the control group, $p < .001$ for both, lending further support to the convergent validity of the IDI.

Further validity for the IDI was demonstrated in a study examining the relevance of interpersonal dependency in treatment of batterers (Carney & Buttell, 2006). In this study a group of batterers court ordered to attend a treatment program for domestic violence were compared to a control group of men with no history for domestic violence to determine whether a treatment group for batterers would impact level of interpersonal dependency. The results indicated that treatment had no effect and that the batterers group scored significantly higher than the non-violent group (Carney & Buttell, 2006).

Grief measures. The Inventory of Complicated Grief (ICG; Appendix P; Prigerson et al., 1995) was used to assess the experience of complicated grief. This 19-item self-report scale measures the more maladaptive symptoms of loss. Participants are asked to report the frequency ($0 = never$ to $4 = always$) with which they experience emotional, cognitive, and behavioural states described by each item. Overall scores on the ICG can range from 0 to 76. Participants with ICG scores > 25 tend to have more impaired social, general, mental, and physical health functioning and bodily pain versus those with scores ≤ 25 .

The internal consistency of the ICG, as reported by Prigerson et al. (1995), was .94 and the test-retest reliability was .80. The internal consistency for the present study was also high at .91. Prigerson et al. reported relatively high concurrent validity of the ICG in relation to other scales. For example, the ICG produced a correlation of .67, $p < .001$ ($n = 91$) with the Beck Depression Inventory, a correlation of .87, $p < .001$ ($n = 95$)

with the Texas Revised Inventory of Grief, and a correlation of .70, $p < .001$ ($n = 32$) with the Grief Measurement Scale. Further, Prigerson et al. (1995) demonstrated criterion-related validity by providing evidence for the ICG's ability to distinguish between complicated and uncomplicated grievers in relation to measures of quality of life.

The Hogan Grief Reaction Checklist (HGRC; Appendix Q; Hogan, Greenfield, & Schmidt, 2001) was used to measure the multidimensional nature of the grief process. The HGRC is a 61-item, self-report measure that consists of six scales: Despair (measures separation stress), Panic Behaviour (measures physiological features), Blame and Anger (measures feelings of bitterness, hostility, and vengeance), Detachment (measures avoidance of tenderness, withdrawal from others, and change in identity), Disorganization (measures certain cognitive difficulties), and Personal Growth (measures spiritual and existential awareness). Five of the six scales (i.e., despair, panic, blame/anger, detachment, and disorganization) may be combined to assess one's grief misery (Gamino, Sewell, & Easterling, 2000).

When completing the HGRC, participants are asked to rate the degree to which each item describes him or herself using a five-point Likert-type scale from 1 (*Does not describe me at all*) to 5 (*Describes me very well*). Higher scores on the HGRC subscales excluding the personal growth subscale are indicative of greater grief misery, whereas higher scores on the personal growth scale indicate greater personal growth. (See Appendix Q for possible range of scores for each subscale).

Internal consistencies for each of the HGRC scales have been reported by Hogan, Greenfield, and Schmidt (2001) as .89 for despair, .90 for panic behaviour, .82 for

personal growth, .79 for blame and anger, .87 for detachment, and .84 for disorganization. The internal consistency for the total scale was reported at .90. Comparable internal consistencies have been reported by Mathews and Servaty-Seib (2007) with alpha coefficients ranging from .76 (blame and anger) to .88 (personal growth) and an alpha coefficient of .92 for the total scale. In the present study similar internal consistencies were observed: .92 for despair, .91 for panic behaviour, .90 for personal growth, .86 for blame and anger, .92 for detachment, and .89 for disorganization. The total scale score produced an alpha of .96. Test-retest reliability of the HGRC subscales over a four-week interval have been reported as follows: .84 for despair, .79 for panic, .81 for personal growth, .56 for blame and anger; .77 for detachment, and .85 for disorganization (Hogan, Greenfield, & Schmidt, 2001).

Hogan, Greenfield, and Schmidt (2001) demonstrated convergent and divergent validity for the HGRC by comparing the subscale scores to subscales from the Texas Revised Inventory of Grief (TRIG), the Grief Experience Inventory (GEI), and the Impact of Events Scale (IES). As expected the authors found that the subscales from the HGRC correlated with the appropriate subscales from these other measures. For example, the HGRC despair subscale and the GEI despair subscale were positively correlated, the HGRC growth subscale was negatively correlated with each of the other subscales of the HGRC as well as with the GEI, TRIG, and IES subscales, the HGRC Blame and Anger subscale showed a significant positive correlation with the GEI anger and hostility subscale, the HGRC detachment subscale correlated positively to both the IES intrusion subscale and the two GEI subscales of despair and social isolation, and the

HGRC disorganization subscale correlated positively to the GEI depersonalization subscale (Hogan, Greenfield, and Schmidt, 2001).

Discriminant validity of the HGRC was also assessed by Hogan et al. (2001). Using a sample of bereft mothers, the authors demonstrated that various subscales of the HGRC were significantly lower for mothers for whom more time had passed since the death of their child, and that certain HGRC subscales distinguished the course of mother's grief between those whose child died as the result of illness and accident from those who died from suicide or homicide.

The Inventory of Daily Widowed Life (IDWL; Appendix R; Caserta & Lund, 2007) is a 22-item scale that consists of 11 loss-oriented and 11 restoration-oriented Likert-type items. The IDWL is intended to measure the degree to which bereaved individuals engage in loss-oriented coping processes, restoration-oriented processes and the oscillation between the two (Caserta & Lund, 2007). Responses on each item of the IDWL range from 1 (*rarely or not at all*) to 4 (*almost always*). For the present study the IDWL was used to measure the loss-orientation, restoration-orientation, and oscillation balance processes of the Dual Process Model.

Scores on the IDWL range from -33 (solely loss-oriented focus) to +33 (solely restoration-oriented focused). A score of zero represents a "perfect" oscillation balance between the loss-oriented and restoration-oriented processes (Caserta & Lund, 2007, p.510). (See Appendix R for scoring instructions for the Loss- and Restoration-oriented subscales, and oscillation balance for the IDWL.)

According to the Dual Process Model, oscillation is used to represent the alternating movement of the bereaved person's focus between loss-oriented and

restoration-oriented coping processes (Stroebe & Schut, 1999). Therefore, a perfect oscillation would represent equal endorsement by the bereaved individual of both loss-oriented and restoration-oriented processes. Caserta and Lund (2007) utilize intervals based on one standard deviation above and below the center point of zero for interpreting the relationship between oscillation balance and other study outcomes. These authors suggest the following balance categories: primarily loss-oriented (a score ≤ -10), moderately loss-oriented (scores ranging from -9 to -5), relatively balanced (scores between -4 to $+4$), moderately restoration-oriented (scores between $+5$ to $+8$), and primarily restoration-oriented (scores $\geq +10$). However, because these categories were arbitrary, it was decided to analyze the raw scores.

Caserta and Lund (2007) reported internal consistencies for the Loss-orientation subscale of the IDWL ranging from .88 for a group of individuals widowed 12 to 15 months to .91 for those more recently widowed. The Restoration-orientation subscale produced an alpha of .78 for both the 12 to 15 month widowed group and the more recently widowed group. Caserta and Lund (2007) reported nearly no correlation between the Loss-orientation and Restoration-orientation subscales, $r = -.06, p > .05$, $n = 163$, suggesting that these subscales represent independent dimensions. As would be expected, both subscales were highly correlated with the oscillation balance $r = -.78$ for the Loss-orientation subscale and $r = .67$ for the Restoration-orientation subscale, both at $p < .001$. The internal consistencies for the present study were .89 for the Loss-oriented subscale and .83 for the Restoration-oriented subscale.

Validity of the IDWL was demonstrated by Caserta and Lund (2007). By using a variety of outcome measures commonly used in bereavement research and other

measures that are conceptually related to the restoration-oriented process, Caserta and Lund demonstrated validity of the IDWL. They showed that both the loss-oriented and restoration-oriented subscales were significantly related to higher levels of grief, depression, loneliness, and bereavement coping self-efficacy. Specifically, they found that higher loss-oriented scores and lower restoration-oriented scores were correlated with higher levels of grief, depression, and loneliness. Contrary to this, higher bereavement coping self-efficacy was correlated with lower loss-oriented coping and greater restoration-oriented coping. Further, restoration-oriented coping was shown to significantly correlate with measures of self-care and daily living skills, such that the higher the level of restoration-oriented coping the greater the perception of competency in these areas. A higher perception of active coping ability was correlated with lower levels of loss-oriented coping and greater levels of restoration-oriented coping. Lastly, Caserta and Lund (2007) found a significant relation between restoration-oriented coping and personal growth. No such relationship was found with the loss-oriented coping.

Resilience measure. The Connor-Davidson Resilience Scale (CD-RISC; Appendix S; Connor & Davidson, 2003) is comprised of 25 items, with each item rated on a 5-point Likert scale (*0 = Not true at all to 4 = True nearly all of the time*). The total scale score ranges from 0 to 100 with higher scores indicative of greater resilience. The CD-RISC was used in the present study as a means to quantify resilience for the different types of attachment (i.e., as a measure of stress-coping ability).

Connor and Davidson (2003) have reported sound psychometric properties of the CD-RISC with a good internal consistency of .89 for the full scale, with item-total correlations ranging from .30 to .70. Test-retest reliability was also reported to be good

with intraclass correlation coefficient of .87 between two different groups. Internal consistency for the measure has been reported elsewhere at .92 (Lamond et al., 2009) and .89 (Sexton, Byrd, & von Kluge, 2010). The internal consistency of the CD-RISC for the present study was $\alpha = .93$.

The CD-RISC has also demonstrated acceptable convergent validity (Connor & Davidson, 2003) in that it produced a significant positive correlation with a measure of hardiness and a measure of social support. When compared to measures of perceived stress, stress vulnerability and disability, the CD-RISC produced significant negative correlations, as would be expected of a measure of resilience.

Connor and Davidson (2003) also provide support for the discriminant validity of the CD-RISC by demonstrating a significant negative correlation between the CD-RISC and a sexual experience scale at two different time points. Sexton, Byrd, and von Kluge (2010) showed significant negative correlations between the CD-RISC and fertility-specific distress, as well as with general distress scores, and a significant positive correlation with active coping skills among women recruited from various fertility clinics. As further evidence for the validity of the CD-RISC, Lamond et al. (2009) showed that the CD-RISC was strongly associated with emotional well-being and optimism.

Socially Desirable Responding. The Marlowe-Crowne Social Desirability Scale (MCSDS; Appendix I; Reynolds, 1982) as previously described in the first study was once again used as a means for assessing participants' tendency to provide socially desirable responses. The internal consistency of the MCSDS for the present study was .73, which is comparable to the alpha of .76 reported by Reynolds (1982).

Results

Initial Analyses

Handling Missing Data. The series mean was used to replace missing data in cases where less than 10.0% of the data for a participant was missing for any of the scales or subscales. Given that there were no participants missing more than 10.0% of the data for any one scale or subscale, no participants had to be eliminated from the analyses. See Table 7 for summary of missing data. For this study, the total percent of missing data ranged from 1.6% (IDWL – Loss-oriented subscale, and both the Anxiety and Avoidance subscales of the ECRI) to 5.7% (MSIS and IDI Emotional Reliance subscale). The total percentage of cases for which the series mean was inserted for missing data was 3.5%.

Differences Between Paper versus Online Completion. Prior to conducting any of the primary analyses the data were checked using independent samples t-tests to determine whether there were any significant differences between the modes of completing the survey (see Table 8). That is, analyses were conducted to examine whether there were any differences between those who completed the survey via paper (n = 158) versus those who completed the survey online (n = 35). Participants who completed the survey in the paper format were older, the length of marriage for those reporting on the loss of a spouse was longer, the participants were older when the death occurred and more time had passed since the death than those who completed the online survey.

A comparison between the two groups (i.e., paper completion versus online mode of completion) on the primary measures and their subscales was also conducted using independent samples t-tests (see Table 9). Participants who completed the survey online

reported higher scores on the ORS and engaging in significantly more ongoing behaviours than those who completed the survey using the paper format.³ Further, those who completed the online version had lower scores on the Marlowe-Crowne Social Desirability scale. While there were some statistically significant differences, these differences were in the order of only a half-standard deviation. The pattern was that the online completion participants were more disclosing compared to the paper completion participants. This difference may reflect a somewhat greater openness from online participants. Despite this, it was decided that the magnitude of difference was not large and hence, the two groups were collapsed into one overall group for all further analyses.

Differences Between Loss of Parental versus Spousal Attachment Figure. An independent samples t-test was used to compare those who reported on the death of a parent (n = 132) versus those who reported on the death of a spouse (n = 61; see Table 10). Participants who reported on the death of a spouse were older, the deceased's age at his or her time of death was younger, the participant's age at the time of the deceased's death was younger, and the relationship with the deceased was reported as being closer than those who reported on the death of a parental attachment figure.

As a further comparison, an independent samples t-test was conducted to determine whether there were any differences on key variables of interest between those who experienced the death of a parental attachment figure and those who experienced the death of a spouse or partner on the measures (see Table 11). The analysis revealed a number of significant differences between these groups. Individuals who had experienced the death of a spouse or partner reported significantly more maladaptive symptoms of loss, higher separation stress, increased cognitive difficulties, more loss-

oriented and restoration-oriented tasks, a closer relationship to the deceased, and more socially desirable responses than those who experienced the death of a parent.

Individuals who reported on the death of a parent experienced greater emotional reliance on their parent and greater assertion of autonomy than those whose spousal attachment figure had died.

The frequency of participants representing each of the four types of attachment groups was examined for both the parental loss group and the spousal loss group. The results showed that for the parental loss group there were 74 secure, 12 fearful, four preoccupied, and 42 dismissing versus 44 secure, six fearful, five preoccupied, and six dismissing in the spousal loss group. Because of the overall lower base rates for the fearful and preoccupied attachment types in both of the groups (i.e., the parental versus spousal loss groups) it was decided that despite the differences between the groups the data would be combined into one group for all remaining analyses. Combining the parental loss and spousal loss groups thus allowed for better comparisons between the four types of attachments on all the measures.

Primary Analyses

Assessing for Normality. The normality of the distribution of scores for each of the variables was assessed in order to determine suitability for using parametric analyses. The result of this analysis is shown in Table 12. As can be seen in the table, all but two of the distributions (i.e., HGRC Growth subscale and ORS *Comfort* subscale) violate the assumption of normality (i.e., the Kolmogorov-Smirnov statistical significance value is less than .05). Appropriate transformations based on the type of skewness and kurtosis, as recommended by Tabachnick and Fidell (2001) were applied to those variables that

violated the assumption of normality. Transforming the data resulted in six more of the variables no longer violating the assumption of normality using the Kolmogorov-Smirnov statistic. These variables were the ICG ($p = .09$), the IDWL Loss-orientation subscale ($p = .20$), the CD-RISC ($p = .20$), the IDI Lack of Confidence ($p = .20$), IDI Assertion of Autonomy ($p = .06$), and the MSIS ($p = .20$).

Despite attempts to transform the data, the remaining nine variables continued to violate the assumption of normality. These variables were then separated into four groups based on their attachment style. The normality of each group was checked using the Kolmogorov-Smirnov test (see Table 13). For those groups in which normality was violated (i.e., the significance value was less than .05) the data was examined for outliers (i.e., values that fall outside 2 standard deviations from the mean). Following Tabachnick and Fidell's (2001) suggestion, outliers were assigned a raw score that was one unit larger (or smaller) than the next most extreme score, thus making the outlier less influential. Following this the Kolmogorov-Smirnov test of normality was again used. In all but one case, reassigning the outliers to less extreme values did not change the significance of the variables, thus continuing to violate the assumption of normality for the remaining variables.

Levene's test was used to test for homogeneity of variance across the four attachment groups on the various measures. All but four of the variables were significant (i.e., $p < .05$) suggesting that the data was not homogenous (see Table 14) across the groups. Given the violations of both the assumptions of normality and homogeneity of variance a decision was made to utilize nonparametric tests for the remainder of the analyses. Specifically, the Kruskal-Wallis test was used. According to Field (2005), the

Kruskal-Wallis test provides an alternative method for examining the differences between several independent groups when the data is non-normally distributed, or some other assumption has been violated, as is the case with the present study's data. The Kruskal-Wallis test is based on ranked data and utilizes the mean rank for each group to make comparisons. Briefly described, the theory behind the test is that if there were no differences between the groups one would expect the same number of high and low ranks in each of the groups. That is, all scores are first ranked in order regardless of which group the score belongs. Following this, the ranked scores are then placed back into their original groupings. When all of these ranks are added, it is expected that the average of the total ranks in each group would be approximately equal if no differences existed between the groups being compared.

Analyses of Hypotheses

A Kruskal-Wallis test was used to evaluate the differences between the four attachment style groups (i.e., secure, fearful, preoccupied, and dismissing) on the various scales (see Table 15). This test is like a one-way ANOVA, but utilizes ranked rather than continuous data. The results of each analysis have been reported following the appropriate hypothesis. In cases in which the Kruskal-Wallis test demonstrated a significant difference between the groups, follow-up analyses were conducted. In each case the Mann-Whitney U Test with Bonferroni Correction (to control for Type I errors) was used to compare pairwise differences.

The Mann-Whitney Test is a statistical technique that is utilized to test the differences between two independent groups on a continuous measure. It is a non-parametric alternative to the independent samples t-test. According to Field (2005), the

Mann-Whitney Test works by first converting the scores on the continuous variable to ranks, across the two groups. Following this conversion, the ranked scores for the two groups are then compared to one another to determine whether there are significant differences between the two groups. The critical value used to determine significance for any post-hoc comparisons is determined based on the accepted alpha level of .05 divided by the number of pairwise comparisons.

Hypothesis 1: *Those with a secure or dismissing attachment will report lower levels of complicated grief whereas those with a preoccupied or fearful attachment will report higher levels of complicated grief.*

The results of the Kruskal-Wallis Test revealed a significant difference between the four groups on the Inventory of Complicated Grief $\chi^2(3, N = 193) = 30.96, p < .001$. The mean rank scores suggest that those with a preoccupied attachment had higher scores on complicated grief (152.72), followed by fearful (114.58), secure (104.08), and dismissing (62.54) styles of attachment.

Follow-up analyses, using the Mann-Whitney Test with Bonferroni Correction, were conducted to evaluate pairwise differences among the four groups. The results of these comparisons indicated that three of the six pairwise differences were significant (using .008 as the critical value). These differences were between the secure group and dismissing group, $z = -4.39, p < .001$, the fearful group and the dismissing group, $z = -3.48, p < .001$, and the preoccupied group and the dismissing group, $z = -3.96, p < .001$. The mean rank scores for these pairs indicate that those with a secure attachment scored higher (mean rank of 93.94) on complicated grief than those with a dismissing attachment

style (mean rank 57.83), that those with a fearful attachment (mean rank 46.92) scored higher than those with a dismissing style (mean rank 28.47), and that those with a preoccupied attachment (mean rank 49.06) scored higher than those with a dismissing attachment (mean rank 25.24).

Notably, the difference between the secure group and the preoccupied group on the measure of complicated grief approached significance, $z = 2.63, p = .009$.

Inspection of the mean ranks suggests that those with a preoccupied attachment (95.06) tended to score higher on complicated grief than those with a secure attachment (61.63).

The overall results of these analyses provide partial support for the hypothesis in that it was demonstrated that those with a dismissing attachment scored significantly lower on the measure of complicated grief than all three of the other groups.

Hypothesis 2: Those with a secure or preoccupied attachment will report engaging in more behaviours that maintain an ongoing relationship with a deceased attachment figure, as well as greater feelings of comfort from doing so than those with a fearful or dismissing attachment.

A Kruskal-Wallis Test examining the differences between the attachment groups on the measure of the extent to which engaging in behaviours to maintain an ongoing relationship are comforting (i.e., the ORS) showed a significant difference between the four groups $\chi^2(3, N = 193) = 20.92, p < .001$. The mean ranks showed that those with a preoccupied attachment (mean rank of 115.94) were ranked highest followed by secure (109.08), fearful (88.58) and dismissing (66.90) attachments.

Further investigation using the Mann-Whitney Test with Bonferonni Correction showed that the only significant pairwise comparison (using .008 as the critical value) was between the secure and dismissing groups ORS, $z = -4.49, p < .001$. The mean rank scores indicated that those with a secure attachment scored higher (94.19) than those with a dismissing attachment (57.23). The comparison between the dismissing and preoccupied groups approached significance, $z = -2.15, p = .03$, demonstrating a tendency for those with a preoccupied attachment (mean rank of 39.89) to score higher than those with a dismissing attachment (mean rank of 27.08) on a measure of deriving comfort from engaging in ongoing behaviours with the deceased.

When the differences between these groups were examined with a Kruskal-Wallis Test for the separate subscales of the ORS (i.e., the ORS *Behaviour* and the ORS *Comfort*) the results showed that there were significant differences between the groups on each of these subscales, $\chi^2(3, N = 193) = 12.76, p = .005$ for ORS *Behaviour* and $\chi^2(3, N = 193) = 21.50, p < .001$ for ORS *Comfort* (see Table 15). The mean ranks for the ORS *Behaviour* subscale indicated that the secure group scored the highest (107.44), followed by the preoccupied (93.44), fearful (92.00) and dismissing groups (73.86). On the ORS *Comfort* subscale the mean ranks indicated that the preoccupied (117.33) scored the highest, followed by the secure (108.98), fearful (90.47) and dismissing (66.19) groups. To further explore these differences Mann-Whitney pairwise comparisons with Bonferonni Correction were computed for both subscales.

The only significant pairwise difference on the ORS *Behaviour* subscale (using .008 as the critical cutoff) was between the secure and dismissing groups, $z = -3.54, p < .001$. Examination of the mean ranks for these groups showed that individuals with a

secure attachment (91.84) scored higher than those with a dismissing attachment (63.00). Similarly, for the ORS *Comfort* subscale the only significant difference was between these same two groups, $z = -4.59, p < .001$, where the secure group (mean rank of 94.42) scored higher than dismissing group (mean rank of 56.66). There was also a tendency for the preoccupied group (mean rank of 40.00) to score higher on the ORS *Comfort* subscale than the dismissing group (mean rank of 26.94) as indicated by the significance level, $z = -2.17, p = .03$.

The results of the analyses conducted for hypothesis two provided partial support for the hypothesis in that significant differences were found between the secure and dismissing groups on the overall scale as well as the subscales of the ORS.

Hypothesis 3: Individuals with a dismissing attachment will report less personal growth than those with a secure attachment.

A Mann-Whitney Test was utilized to examine the differences between the dismissing and secure groups on the measure of personal growth (i.e., HGRC Growth). The analysis revealed no significant difference between the two groups, $z = -1.64, p = .10$. Therefore, the hypothesis was not supported. Despite the nonsignificant findings, the average rank scores suggested that the secure group tended to score slightly higher on personal growth (87.39) than the dismissing group (73.94).

Hypothesis 4: The secure and preoccupied groups will score higher on intimacy than both the fearful and dismissing groups. The preoccupied and fearful groups will score

higher on despair and panic behaviours than either the secure or dismissing groups. The dismissing group will report experiencing the least of all these symptoms.

To evaluate the differences between these groups on the measures of intimacy, despair, and panic behaviours, a Kruskal-Wallis Test was used for multiple group comparisons. This test indicated that there were significant differences between the four attachment groups on all three variables: that is, on intimacy $\chi^2(3, N = 193) = 80.38, p < .001$, despair $\chi^2(3, N = 193) = 13.91, p = .003$, and panic $\chi^2(3, N = 193) = 8.76, p = .03$ (see Table 15). The mean rankings on the Kruskal-Wallis Test indicated that on the measure of intimacy (i.e., the MSIS) those with a secure attachment (123.67) had the highest scores followed by those with a preoccupied (112.50), fearful (52.69) then dismissing attachment (45.14). The mean rankings on the measure of despair (i.e., the HGRC Despair) revealed that those with a preoccupied attachment (129.83) scored higher than those with a fearful (117.08), secure (100.53) and dismissing attachment (74.62). The mean ranks for the final measure of panic (i.e., HGRC Panic) showed that the fearful group (125.86) scored higher than the preoccupied (116.78), secure (96.47) and dismissing groups (83.77).

A further examination of the differences between the groups was conducted using the Mann-Whitney Test with a Bonferonni Correction being applied. The tests showed significant differences between three of the six pairs on the measure of intimacy (i.e., the MSIS) using the corrected critical cutoff of $p = .008$. Significant pairwise differences were found between the secure and fearful groups, $z = -5.14, p < .001$, the secure and dismissing groups, $z = -8.18, p < .001$, and the preoccupied and dismissing groups, $z = -3.13, p = .002$. Inspection of the mean rank scores indicated that the secure group ranked

higher (75.28) on intimacy than the fearful group (24.08), that the secure group (102.96) scored higher than the dismissing group (35.67), and that the preoccupied group (44.89) scored higher than the dismissing group (26.02). The difference between the fearful and preoccupied groups on the measure of intimacy (i.e., MSIS) using the Mann-Whitney test approached significance, $z = 2.50$, $p = .012$, suggesting that those in the fearful group (mean rank of 11.31) tended to rank lower on intimacy than those in the preoccupied group (mean rank of 19.39).

Post-hoc pairwise comparisons utilizing the Mann-Whitney Test with Bonferonni Correction (critical cutoff of .008) were used to further examine the differences between the four attachment groups on the measure of despair (i.e., HGRC Despair). The tests revealed significant differences between the secure and dismissing groups, $z = -2.73$, $p = .006$, the dismissing and preoccupied groups, $z = -2.66$, $p = .008$, and the dismissing and fearful groups, $z = -2.90$, $p = .004$. There were no other significant differences between the remaining three pairs. The mean rank scores showed that the secure group (89.92) scored higher than the dismissing group (67.72), that the preoccupied group (42.22) scored higher than the dismissing group (26.52), and that the fearful group (44.47) scored higher than the dismissing group (29.39).

The Mann-Whitney Test with Bonferonni Correction (critical cutoff value of .008) was used to examine the differences between the four attachment groups on the measure of panic behaviour (i.e., HGRC Panic). The results of the test revealed that the only significant difference was between the dismissing and fearful groups, $z = -2.84$, $p = .004$. The mean rankings showed that the fearful group scored higher (44.36) than the dismissing group (29.43). The difference between the secure and fearful groups

approached significance, $z = 2.03$, $p = .043$, demonstrating a tendency for the fearful group (mean rank of 85.94) to score higher on this measure than the secure group (mean rank of 65.84). No other differences were noted.

With regards to the hypotheses, partial support was demonstrated for the differences on intimacy. For example, significant differences were found which indicated that the secure group did score higher on intimacy than both the fearful and dismissing groups, and that the preoccupied group scored higher than the dismissing group. Partial support for the hypothesis that the fearful and preoccupied groups would score higher on measures of despair and panic was also demonstrated. It was shown that both the preoccupied and the fearful groups scored significantly higher on despair than the dismissing group and that the fearful group scored significantly higher than the dismissing group on symptoms of panic. Further, the analyses also demonstrated partial support for the hypothesis that the dismissing group would score lower than the other groups on each of the measures. All, but three of the comparisons between the dismissing groups and the other groups on the three measures were significant demonstrating that the dismissing group tended to have lower scores.

Hypothesis 5: The fearful group will report greater disorganization, detachment, and blame/anger than the secure, preoccupied, and dismissing groups. The dismissing group will report experiencing the least of all these behaviours.

The Kruskal-Wallis Test was used to determine whether any significant differences existed between the groups on these measures. The test revealed that there were significant differences between the groups on all three measures. That is, on

disorganization $\chi^2(3, N = 193) = 11.12, p = .011$, detachment $\chi^2(3, N = 193) = 15.07, p = .002$, and blame/anger $\chi^2(3, N = 193) = 11.94, p = .008$. Table 15 shows the results of this test along with the mean rankings for each group on the measures. The mean rankings showed that the fearful group (128.92) scored higher on disorganization followed by the preoccupied (113.89), secure (97.62) and dismissing groups (80.33). On the detachment measure the mean ranks show that the fearful group (137.44) scored higher than the preoccupied (127.33), secure (91.76) and dismissing groups (89.03). Finally, the mean rankings on the blame and anger measure indicate that those with a fearful attachment (130.58) also scored higher than those with a preoccupied (124.94), secure (93.58) and dismissing attachment (87.58). These differences were further explored using Mann-Whitney pairwise comparisons.

A closer look at the measure of disorganization (i.e., HGRC Disorganization) using the Mann-Whitney Test with a Bonferonni Correction being applied (i.e., critical cutoff of .008) showed that the only significant difference was between the dismissing and fearful groups, $z = -3.13, p = .002$. Inspection of the mean ranks of these two groups showed that those with a fearful attachment (45.44) scored higher on the measure than those with a dismissing attachment (29.02). The difference between the secure and fearful groups approached significance, $z = 2.24, p = .03$, showing a tendency for those with a secure attachment (mean rank of 65.55) to score lower than those with a fearful attachment (mean rank of 87.83). These findings provide partial support for the hypothesis in that there were significant differences found between the fearful and dismissing group on the measure of disorganization.

The Mann-Whitney Test with Bonferonni Correction was also used to examine the differences between the groups on the measure of detachment (i.e., HGRC Detachment). The analyses showed that there were significant differences between the secure and fearful groups, $z = 3.22, p = .001$, and the dismissing and fearful groups, $z = -3.47, p = .001$. The mean ranks revealed that the secure group (64.39) scored lower than the fearful group (95.42) and that the dismissing group (28.61) scored lower than the fearful group (46.53). The test also showed that the difference between the dismissing and preoccupied groups approached significance, $z = -2.08, p = .038$, where the preoccupied group (mean rank of 39.22) tended to score higher than the dismissing group (mean rank of 27.08). The results of these analyses provide partial support for the hypothesis in that significant differences were found between the fearful and secure groups, and the fearful and dismissing groups, in which the fearful group did indeed score higher.

Differences on the measure of blame and anger (i.e., HGRC Blame/Anger) were also examined more closely using the Mann-Whitney Test with Bonferonni Correction (i.e., critical cutoff of .008). The test showed significant differences on this measure between the secure and fearful groups, $z = 2.76, p = .006$, and the dismissing and fearful groups, $z = -2.96, p = .003$. The mean rank scores indicated that the secure group (65.06) scored lower than the fearful group (91.06) and the dismissing group (29.46) scored lower than the fearful group (44.28). The analyses provide partial support for the hypothesis in that the fearful group scored significantly higher on blame and anger than both the secure and dismissing groups.

Hypothesis 6: *The preoccupied group will report greater interpersonal dependency (i.e., greater emotional reliance and higher lack of social self-confidence) than the secure, dismissing, or fearful groups. The dismissing group will report greater assertion of autonomy than the preoccupied, secure or fearful groups.*

A Kruskal-Wallis Test was used to examine the differences between the four groups' scores on measures of interpersonal dependency (i.e., the IDI Emotional Reliance, IDI Lack Confidence, and IDI Autonomy subscales) (see Table 15). The test showed a significant difference between the groups on the IDI Emotional Reliance subscale $\chi^2(3, N = 193) = 20.23, p < .001$, where those with a preoccupied attachment had the highest mean rank (145.17) followed by the fearful group (132.86), the secure group (95.92), and the dismissing group (77.19). The differences between the groups on the IDI Lack of Social Self-Confidence and the IDI Assertion of Autonomy subscales were nonsignificant.

Mann-Whitney pairwise comparisons (using a Bonferonni Corrected critical cutoff of .02) were used to further explore the differences on the IDI Emotional Reliance subscale between the preoccupied group and the other three groups. Significant differences were found between the preoccupied and secure groups, $z = 2.61, p = .009$, and the preoccupied and dismissing groups, $z = -3.13, p = .002$. Inspection of the mean rank scores indicated that the preoccupied group scored higher (94.83) than the secure group (61.65) and that the preoccupied group also scored higher (44.89) than the dismissing group (26.02). No significant differences were found between the fearful and preoccupied groups, $z = .67, p = .50$, on the measure of emotional reliance on others.

These findings provide partial support for the hypothesis in that those with a preoccupied attachment scored higher on interpersonal dependency than both the secure and dismissing groups. However, the analyses failed to support any differences between the groups on lack of social self-confidence and assertion of autonomy.

Hypothesis 7: Those with a secure or dismissing attachment will report engaging in both restoration-oriented activities and loss-oriented activities; whereas the preoccupied group will report more loss-oriented activities and the fearful group will report more restoration-oriented activities.

The results from a Kruskal-Wallis (see Table 15) Test showed a significant difference between the attachment style groups on the measure of oscillation (i.e., IDWL Oscillation) $\chi^2(3, N = 193) = 15.93, p = .001$, where those with a dismissing attachment had the highest mean rank (123.61) followed by the fearful group (102.17), the preoccupied group (86.67), and the secure group (86.14). Mann-Whitney pairwise comparisons were used to follow-up this finding. A Bonferroni Correction was applied and so all effects are reported at a .008 level of significance. The only significant difference on the oscillation score was between the secure and the dismissing groups, $z = 4.16, p < .001$. The mean rank scores of these two groups indicated that individuals with a dismissing attachment (107.82) tended to score higher on oscillation than those with a secure attachment (73.61). These findings provide partial support for the hypothesis in that those with a dismissing attachment style do endorse more balanced levels of oscillation between loss-oriented and restoration-oriented coping processes. Support for the secure attachment style scoring similarly, was not found. Rather, the secure group's

rankings suggest that they tend to report the least balanced score between the loss- and restoration-orientated coping processes.

An examination of the differences between the groups on the loss-oriented subscale utilizing the Kruskal-Wallis test revealed a significant difference between the four attachment style groups, $\chi^2(3, N = 193) = 23.42, p < .001$. The mean rankings suggest that the preoccupied group had the highest mean rank scores (128.72), followed by the secure group (107.51), the fearful group (98.86), and the dismissing group (64.51). Mann-Whitney Tests were utilized with a Bonferroni Correction at the .008 level of significance.

The post-hoc analyses showed a significant difference between the secure and dismissing groups, $z = -4.56, p < .001$, and the preoccupied and dismissing groups, $z = -3.02, p = .002$. The mean rankings indicated that those with a secure attachment (94.32) tended to score higher on loss-oriented tasks than those with a dismissing attachment (56.91). Further, individuals with a preoccupied attachment (44.28) also tend to score higher on loss-oriented tasks than those with a dismissing attachment (26.14). Since the only significant group difference between the preoccupied group and the other groups was with the dismissing group, only partial support for the hypothesis resulted.

In examining the differences between the groups on the restoration-oriented tasks a Kruskal-Wallis test did not reveal any significant differences between the four attachment groups, $\chi^2(3, N = 193) = 1.47, p = .688$. Therefore, no post-hoc comparisons were conducted. Despite the non-significant differences, the mean ranks were as follows: preoccupied group (111.00), fearful group (104.50), dismissing group (99.98) and secure

(93.58) group. Given the lack of significant differences between the four groups on the measure of restoration-oriented tasks the hypothesis was not supported.

Hypothesis 8: *Individuals with a Secure or Dismissing attachment style will report being more resilient than those with a Preoccupied or Fearful attachment style.*

The four groups were compared on a measure of resilience (i.e., CD-RISC) using the Kruskal-Wallis Test to determine if there were any differences between one's style of attachment and level of resilience reported. The results of the test indicated that there were no significant differences between the four attachment styles, $\chi^2(3, N = 193) = 3.25$, $p = .36$. Therefore, no posthoc analyses were conducted and the hypothesis was not supported. Examination of the mean ranks from the Kruskal-Wallis Test were as follows: dismissing group (104.33), preoccupied group (98.28), secure group (97.04), and fearful group (76.56) group, albeit no significant differences existed.

Discussion

The present research has proposed an integrated model for conceptualizing the relationship between attachment theory and adaptation to bereavement. It has attempted to take on the challenge in the literature to identify those individuals who benefit from maintaining versus relinquishing the ongoing attachment to the deceased (Stroebe & Schut, 2006). Utilizing an attachment theoretical framework and the ensuing four adult attachment patterns the results of the present study suggest that how one copes with the death of an attachment figure is, in part, impacted by the type of attachment one had to the deceased individual.

In conducting the present research, an integrated model of individual differences and coping with the death of an attachment figure was proposed (see Figure 4). This model, which has been theoretically derived, illustrates the various expected grief outcomes and differences in managing the loss, when attachment type is taken into account following the death of a significant attachment figure. In a recent paper, Stroebe, Schut, and Boerner (2010) also outlined a comparable theoretical model that predicts the maladaptiveness and adaptiveness of continuing and relinquishing an ongoing relationship. They too utilized attachment theory and bereavement models (including the Dual Processing Model) to explain patterns of individual differences in the ongoing relationship with a deceased attachment figure. Like the present research, these authors theorized that differences in attachment style could be used to explain differences in how one experiences the grief following the loss of an attachment figure, and whether maintaining or relinquishing an ongoing bond was adaptive or maladaptive. While they provide an interesting discussion and theoretical conceptualization they did not provide any empirical support for their views, but rather highlighted the need for empirical investigations of such claims.

Several researchers including Stroebe, Schut, and Boerner (2010), Shear and Shair (2005), Parkes (2001), Shaver and Tancredy (2001), Stroebe and Schut (1999) and Mikulincer and Shaver (2008) have provided succinct and interesting theoretical descriptions based on attachment theory of expected differences in grief responses based on one's attachment style. In short, these authors have all speculated that those with a secure attachment are most representative of what has been called 'normal' or 'healthy' grieving that the majority of individuals will experience following the loss of a significant

relationship. Those with a preoccupied attachment have been conceived of as those individuals who tend to ruminate over the deceased person and remain focused on the loss, whereas those with a fearful attachment experience difficulty in dealing with and talking about the loss. Finally, dismissing individuals have been described as being self-reliant, and tend to not show overt signs of distress or emotional upset over the loss.

The present research has gone beyond describing these theoretically speculated differences and has attempted to empirically test whether such descriptions hold true, and thus, differs from others in that it provides empirical support for the proposed theoretical model. As expected and predicted in attachment theory, the results demonstrated that individuals with a preoccupied or fearful attachment tended to rank higher on measures of complicated grief and grief misery. It was shown that those with a preoccupied attachment, in general, reported more symptoms of complicated grief and despair followed by those with a fearful, secure, and finally a dismissing attachment. Further, it was found that those identified as having a fearful attachment ranked highest on measures of grief misery (i.e., panic, disorganization, detachment, blame and anger) followed by those with a preoccupied, secure, and lastly a dismissing attachment style.

Although the differences between each of the attachment groups on the post-hoc comparisons were not all significant what is more relevant, and of greater interest, is the order of the overall rankings of each attachment group. It is believed that these overall placements are more in line with the theoretical predictions in that the theory tends to discuss attachment and the differences between the four attachment types along a continuum. Having said that, an examination of the overall rankings lends support to the hypothesized grief reactions and differences based on attachment type. The present study

did find that individuals with a preoccupied or fearful attachment tended to report more symptoms of maladaptive grief and difficulties coping with the loss. Also, in line with what attachment theory predicts regarding grief reactions and attachment type, those with a dismissing attachment style ranked the lowest on all the measures of complicated grief and grief misery, suggesting that Bowlby's (1980) conceptualizations of the self-reliant individual and an absence of grief may be correct.

The present findings also lend support to Shaver and Tancredy's (2001) notion that individuals with a secure attachment will react emotionally to the death of a significant person, but that their grief will not overwhelm them. The findings indeed suggest that securely attached individuals experience and express a moderate degree of grief "more than dismissing individuals but less than preoccupied ones" (Shaver & Tancredy, 2001, p. 80), as is evident in their rankings just above those with a dismissing attachment on all the measures of complicated grief and grief misery.

In considering Bartholomew's (1990) and Brennen, Clark, and Shaver's (1998) models of attachment, the present study addressed both intimacy and interpersonal dependency. These models suggest that those with a secure or preoccupied attachment style should score higher on a measure of intimacy than either the dismissing or fearful types, given their positive model of others. However, according to Brennen, Clark, and Shaver's model, the difference between the groups would lie in their level of anxiety. Following their model, the secure group would be low on anxiety, whereas the preoccupied group would be high. As such, the preoccupied group would tend to ruminate more on the loss and the deceased individual, and expend more time and energy into maintaining the relationship. Therefore, one would expect that the preoccupied

group would rank highest on a measure of interpersonal dependency. Given that the model of others for both the dismissing and fearful groups is negative the models would suggest that these groups would score lowest on intimacy and dependency. More specifically, one would speculate that those with a dismissing type of attachment would rank the lowest of all the groups, given their combination of negative model of others, low anxiety, and high avoidance.

As would be expected from what the models suggest regarding the various attachment styles, the findings from the present research support such propositions in that they indicated that the secure group ranked highest on intimacy followed by the preoccupied, fearful, and dismissing groups. With regards to interpersonal dependency, the placement of the groups on their overall rankings showed that indeed those attachment types higher on the anxiety dimension reported greater interpersonal dependency scores than those low on the anxiety. Specifically, the rankings supported the placement of each attachment style in that those with a preoccupied attachment ranked the highest on interpersonal dependency followed by the secure, fearful, and dismissing attachment types, thus demonstrating the expected differences between the attachment types.

Such a finding that the preoccupied group would rank the highest on interpersonal dependency, and alternatively, that the dismissing group would rank the lowest is unsurprising given that interpersonal dependency refers to the extent that a person's thoughts, feelings, beliefs, and behaviours focus on the need to interact, associate with, and depend on other valued people (Hirschfeld et al., 1977). Such a finding lends support

to attachment theories premise outlining the centrality of the attachment figure in the life of the preoccupied individual and the lack thereof for the dismissing type.

Attachment theory has described those with a preoccupied attachment as having a tendency to ruminate and focus on the deceased and the loss. Using the newly developed Ongoing Relationship Scale (Waskowic & Chartier, 2006), a scale that explicitly focuses on interactions with the deceased and the relationship with this person, it is not surprising that the preoccupied group would rank the highest in engaging in such behaviours that maintain an ongoing relationship with a deceased attachment figure and experiencing comfort from so doing. Also not surprising is that the secure group would rank second on such a measure given the positive model of other in their attachment system hierarchy.

A separate examination of the two subscales on the ORS provides further evidence for and clarity in the differences between the attachment groups. The results showed that the secure group was ranked highest on engaging in behaviours to maintain an ongoing relationship followed by the preoccupied, fearful, and dismissing groups. However, on the subscale measure the degree of comfort that engaging in such behaviours bring to the individual, it is the preoccupied group that ranked the highest followed by the secure, fearful, and dismissing groups. The placement of the rankings suggests that the preoccupied group gets more comfort from engaging in such behaviours. Perhaps, for those with a preoccupied attachment doing so reflects an inability to reorganize one's attachment system and may be a sign of a continuing need or dependency on engaging in the primary attachment strategy. Such a finding lends support to the notion that these individuals find it extremely difficult to move beyond the primary attachment strategy of proximity seeking and that engaging in such behaviours

represents an attempt to regain proximity. These individuals seem to be seeking comfort and security from an inaccessible attachment figure and are therefore, utilizing a strategy that is likely ineffective for them.

It is interesting to note that those with the dismissing attachment style once again placed in the bottom of all the groups on the ORS. Thus, these individuals report engaging in the least amount of ongoing behaviours and being less comforted from so doing. Such a finding again can be construed as providing support for Bowlby's (1980) conceptualization of these individuals as being unlikely to express overt signs of grief or to be overly affected by such a loss. The evidence thus supports the possibility of an apparent lack or absence of grief. It may be that for some people who were not invested much in the relationship, and who were not dependent upon the other to provide security and reassurance while the person was alive, that they do not experience the degree of grief that others do who did depend on the other person in these ways.

Within the context of their Dual Processing Model, Stroebe, Schut, and Stroebe (2005) advocate for a model of coping with bereavement, a model that as discussed earlier is much akin to Bowlby's (1980) process of reorganization and secondary attachment strategies (i.e., hyperactivating and deactivating attachment strategies). Like others, Stroebe, Schut, and Stroebe (2005) present an interesting theoretical model based on attachment theory. However, they too fall short of providing empirical support for their speculations that those with a preoccupied attachment will focus more time and attention on loss-oriented tasks, secure attachments will demonstrate a balance between loss-oriented and restoration-oriented tasks, fearful attachments will exhibit difficulty

coping with their grief, and that individuals with avoidant attachment types will be more restoration-oriented.

The results from the present research provide partial empirical support for Stroebe, Schut, and Stroebe's (2005) above theoretical speculations. The rankings of the dismissing group place them highest on oscillation, lowest on loss-oriented tasks, and second lowest on restoration-oriented tasks in coping with the grief. Individuals with a secure attachment tended to report coping with bereavement by ranking lowest on both oscillation and restoration-oriented tasks and second highest on loss-oriented tasks. Individuals with a fearful attachment style were ranked second highest on oscillation, second lowest on loss-oriented tasks, and second highest on restoration-oriented tasks. Finally, those in the preoccupied attachment group ranked second lowest on oscillation and highest on both loss-oriented and restoration-oriented tasks.

Taken as a whole, the findings from the present research can be interpreted using Leary and Ickovics (1995) predicted outcomes, as well as Bowlby's (1980) concept of reorganization. Within this context, the various rankings of the attachment types become clearer. For example, the lower rankings of the dismissing group on both the loss-oriented and restoration-oriented tasks and highest ranking on the tendency to oscillate between the two tasks suggests that for these individuals there may be little to resolve in the way of loss-oriented and restoration-oriented tasks. As such, these people are able to move quickly between and through these tasks and show a quick "recovery" from the loss with minor to no disruption to their lives or daily functioning, likely because their attachment schema required little, if any, modification or reorganization.

Contrary to this are those who fall into the preoccupied attachment group. These people appear to fit into the “survival” category of Leary and Ickovics’s (1995) model in that they remain focused on the loss and its consequences in their lives. Consequently, these people experience greater difficulty in coping with loss, as is evident in their higher reports of complicated grief and grief misery. Such difficulty lends credence to the notion that these individuals are experiencing more difficulties in accomplishing the process of reorganization and being able to formulate and utilize a symbolic bond rather than relying on the need for the physical presence and reassurance of the attachment figure.

The fearful group’s placements illustrate the expected approach/avoidance coping style (i.e., their desire for closeness, but fear of rejection) that would be predicted by attachment theory. In their attempt to cope with the death of an attachment figure fearful individuals appear to go back and forth (oscillate) between loss-oriented and restoration-oriented tasks favouring the restoration-oriented tasks over the loss-oriented. It is likely that their desire for closeness draws them to the loss-oriented, but their fear of being rejected and difficulty trusting others to be there for them in times of distress, draws them more to those tasks associated with restoration. Such a conundrum causes confusion for these individuals and leaves them feeling unsure of what to do, and hence unable to manage the process of reorganization or make the shift to a symbolic bond. For these people dealing with the loss is too threatening, yet not dealing with it keeps them from what they desire most – closeness. Therefore, like those with a preoccupied attachment style, fearful individuals find themselves struggling at a lower level of functioning (i.e., “survival”) than where they were prior to the death of the attachment figure. They seem

to get caught between the demands of the two tasks, and as can be seen from the present findings, report higher levels of complicated grief and grief misery than their counterparts.

The final group, the secure group produced some unexpected results in that they ranked the lowest on the tendency to go between loss-oriented and restoration-oriented tasks, showing rather a tendency to focus more on the loss-oriented rather than restoration-oriented tasks. Although one would have expected the secure group to oscillate more in balance, upon closer examination the findings may not be as unexpected as originally thought. A possible explanation for the results may be that because these individuals find it relatively easy to rely on others and have others depend on them perhaps certain tasks are more readily accomplished. Perhaps certain tasks are more easily accomplished because these people tend to be more likely to allow others to assist and support them, or to seek out such support from others if needed. Further, given their report of lower rankings on both symptoms of complicated grief and grief misery coupled with their tendency towards loss-oriented tasks, such a combination may be more reflective of a symbolic bond to the deceased and a sign of successful reorganization. That is, although these people continue to focus on the deceased person and the loss, they, unlike those with a preoccupied attachment do not seem to report the same level of maladaptive symptoms of grief – a possible indicator that the deceased has been reallocated in the attachment hierarchy to a position of symbolic attachment.

Although the difference between the secure and dismissing groups on the measure of personal growth was not significant, it is interesting to note that the overall ranks between them were in the expected direction. That is, the trend in the data was that the

secure group tended to rank higher than the dismissing group, possibly suggesting a tendency for those with a secure attachment to report greater personal growth.

Admittedly, the personal growth measure utilized in the study was brief and general.

Therefore, it would be suggested that more specific measures be utilized in future studies in order to better examine the impact attachment style has on reports of personal growth following the death of a significant attachment figure.

Similarly, when the four attachment groups were compared on a measure of resilience although no significant differences were found between the groups the overall rankings suggest an interesting trend that may be worthwhile pursuing in future research. For example, the rankings resulted in the dismissing group being the highest and the fearful group the lowest. Again, such findings appear to be in line with what would be predicted by attachment theory in that dismissing individuals would likely perceive themselves as more self-reliant and able to handle the loss on their own, whereas those with a fearful attachment would likely be more confused and experience a desire for support, but be unable to ask or receive it for fear that they would be rejected. Clearly, more research needs to be conducted in this area.

Limitations and Future Directions

Like all research conducted, the present study is not without its limitations. In conducting the research a combined sample consisting of participants who experienced either the death of a parental or partner attachment figure were utilized. While it would have been ideal to collect and analyze the data separately based on type of attachment relationship (i.e., parental versus spouse), it was decided to combine the groups in an effort to increase the sample size and ensure adequate numbers of each attachment style,

especially since the base rates of insecure attachments tends to be lower in the overall population. It should be noted however, that the decision to combine the groups was only done after the two groups were analyzed to compare whether or not there were any significant differences between them on the measures used in the present study. Ideally, future research would seek a larger sample and conduct separate analyses for each group.

Such an approach would allow one to address another shortcoming in the literature, which Magai (2008) highlights as the paucity of research on the adult child's experience of parental loss compared to the greater amount available on spousal bereavement. Additionally, in conducting research in using distinct groups such as loss of a parental versus partner attachment figure future research would do well to include measures that account for the possible effect that placement of the individual in one's attachment hierarchy has on the results. Specifically, it is suggested that future research should include measures that explicitly examine placement of the deceased in one's attachment hierarchy and availability of alternate potential attachment figures in coping with the loss. Exploring differences in various combinations of losses (e.g., both parent and spouse are deceased, spouse deceased and parent still living, spouse living and parent deceased) might then help to explain whether having the alternate attachment figure serves to buffer against the effects of the loss for people with the various attachment styles.

Another consideration in the present study, in regards to the sample, is how the surveys were completed. That is, in recruiting participants to complete the study some completed the survey online while others completed a paper copy. Again to address this issue, the groups were compared to determine any significant differences. Although a

significant difference was found between the groups on the Ongoing Relationship Scale, a separate analysis was done to determine whether the pattern of findings on the ORS for the online versus the paper participants was similar. The separate analyses demonstrated that the pattern of results for both groups were similar, so it was decided at that point to combine the groups and report the results together.

A final limitation to note in relation to the sample is the method of recruitment employed; specifically, the use of the nonprobability snowball sampling technique. While use of such a technique allows access to members of the target population, it is not without its limitations. One such limitation of this approach is the possibility of sampling bias and generalizability of the findings. However, given that no complete list of the target population exists (i.e., a list of all those who have either lost a partner/spouse or parent due to death) such an approach represents an appropriate and useful technique for accessing this hard to find and not easily identifiable population.

In regards to the type of analyses utilized to examine the data in the present research, some may view the use of nonparametric statistics as a limitation. Despite all attempts to address the violations to the assumptions of normality and homogeneity of variance no methods were successful for transforming the data. Therefore, following Field's (2005) suggestion nonparametric statistical methods were used.

The most obvious disadvantage of utilizing nonparametric statistical techniques is that, in general, these tests tend to be more conservative than their more traditional parametric counterparts. In other words, when using these tests there is a greater likelihood that the test will fail to detect differences between the groups that may actually exist (i.e., increases the likelihood of a Type II error). The fact that the present research

still detected significant differences between the attachment style groups, despite the limitations of the statistical methods, seems to only lend greater credence to the findings. Further, the advantage of utilizing these techniques also lies in the ability to report the relative rankings of the four attachment groups on the various measures. Thus, it enables one to better conceptualize how each group performed and what the differences between them were based along a continuum per se.

Another limitation regarding the methods utilized in the current research that should be addressed is in regards to the study's design. The collection of the data for the present study was cross-sectional and dependent upon participants' retrospective recall of information. One must consider the potential for memory bias affecting the recall of information, especially as the amount of time increases between the loss and time of recall. Ideally future research would utilize a longitudinal design that would make use of repeated measures. Implementing such a design would provide the necessary groundwork for being able to assess for any changes that may occur in individual's symptoms over time.

With regards to the cross-sectional collection of data utilized in the present research (although not ideal), some evidence does exist that recall of grief-related symptoms at six-months post-loss could be recalled fairly accurately by individuals at an approximately five-year post-loss time frame (Safer, Bonanno, & Field, 2001). However, it is recognized that inclusion of prospective data that gathers information regarding one's attachment to the deceased prior to the individual's death would help to alleviate confounds associated with bias that may occur from participants recall being influenced by bereavement.

The current research challenges one's conceptualization of grief and how we as researchers and clinicians respond to and attempt to assist those who are bereaved. The uniqueness of each person's grief experience becomes more evident when we begin to explore individual differences, and as such we should be approaching each person's experience in a manner that is as unique as the person. Given the impact that attachment style has on how one copes with and manages the distress of the loss of a significant person, it is key that we consider one's attachment style when designing or deciding upon appropriate forms of treatment. It appears from the results of the present research, that maintaining an ongoing relationship is for some adaptive, whilst for others maladaptive. It is evident that current research on attachment styles and their relation to ways of coping with the grief has the potential to change the way clinicians work with bereaved persons. Instead of holding steadfast to the assumption that people must engage in grief work, clinicians need to consider providing a range of possible interventions suited to the situation and characteristics of each person with whom they are working.

Future research exploring these differences and measuring the utility of implementing secondary strategies (i.e., hyperactivation versus deactivation, or loss-oriented versus restoration-oriented) geared towards the needs of each specific attachment style to aid an individual in the grieving process and the reorganization of their attachment system schema are certainly warranted. It appears that Bowlby's (1988) assertion that an important role for the therapist is to either challenge or disconfirm an individual's typical interpersonal patterns does merit closer consideration. Further, the present findings also have interesting implications for Vogel and Wei's (2005) research

that demonstrates that individuals with different types of attachment report different levels of willingness to seek help for psychological distress.

While the Grief Attachment Model in the present research addresses various grief outcomes and manifestations of the ongoing relationship, it is somewhat limited in that it focuses on specific attachment relationships in adults, namely those of a parent and a partner. Further, certain implicit assumptions that these relationships represented attachment relationships, and that the deceased served as an attachment figure were made. While previous researchers provide some support for making such implicit assumptions (e.g., Weiss, 2001, Hazen, Gur-Yaish, & Campa, 2004, Mikulincer & Shaver, 2007) continued research in this area should consider including measures to address this issue. It is possible that for some, the deceased figure was not part of their attachment hierarchy and therefore, did not serve as an attachment figure. Therefore, it is recommended that future research consider inclusion of a measure such as Griffin and Bartholomew's (1994) Relationship Scale Questionnaire to enquire about the specific attachment to the deceased, as well as items that ask directly whether this was someone to whom the individual depended on for security and comfort in times of distress. Inclusion of such measures would provide a means for validating the individual's type of attachment and the nature of the attachment relationship.

Prior to discussing any overall conclusions, one final limitation needs to be addressed regarding the present research. As most researchers will acknowledge, a study's findings are only as good as the measures utilized. While for the most part, the measures in the present research have satisfactory reliability and validity; the IDWL is not without its limitations. The IDWL represents a fairly recent means for measuring the

coping processes associated with the Dual Process Model, and as such the concept of oscillation is not as well defined and validated in their initial research, as are the Loss-oriented and Restoration-oriented subscales.

In the initial development and validation of their measure, Caserta and Lund (2007) recommend further “exploration into the nature and measurement of the dimension of oscillation” (p. 526). Among their suggestions for further development of the IDWL they identified five additional dimensions of oscillation, besides balance, which the measure currently assesses. These additional dimensions include: oscillation depth, frequency of movement between the two coping processes, awareness of oscillating, perceived control over oscillation, and what the bereaved person’s intent or motive is for engaging in the coping processes. (See Caserta & Lund (2007) for further explanation of these dimensions).

While it is acknowledged that such development would enrich our understanding of the process of oscillation, the present study is limited to the extent that such additional dimensions have not, as of yet, been developed. Despite this limitation however, it is felt that the present research in regards to the IDWL, provides theoretical and empirical support for the existing measure in that it provides a theoretical basis for understanding differences found in previous research regarding amount of focus or use of loss-oriented versus restoration-oriented coping processes.

Conclusions

With all of this in mind it seems that the answer to the question of whether the ongoing bond should be relinquished or continued is not that simple to answer. In fact, the question becomes quite complex once attachment to the deceased is taken into

consideration. Attachment theory allows one to understand how it is possible to simultaneously relinquish and retain a connection or attachment to the deceased individual, and suggests that it is both necessary to continue and end some aspects of the relationship in order to resolve the loss – a process referred to in attachment theory as “reorganization”. Although one must give up the goal of re-establishing physical proximity to the deceased, this is different than having to give up the attachment altogether. It is possible to establish proximity to the deceased at the mental representational level, or psychological closeness, while fully accepting the permanence of the loss (Field, Gao, & Paderna, 2005). The notion therefore, is that when one is able to successfully integrate and reorganize one’s attachment schema that accounts for the loss of the attachment figure it is then possible to maintain an attachment to the deceased and cope with the loss.

The current findings seem to support such a notion in that for those individuals classified as having a secure attachment, they are able to engage in ongoing attachment behaviours, report feeling comforted from doing so, and have lower reports of problematic symptoms of grief. Contrary to this however, is the notion that if one is unable to relinquish the physical attachment and accept the reality of the death then the expression of grief becomes maladaptive and interferes with the individual’s ability to work through the grief. Once again, the present research seems to support such a notion in that those with a preoccupied attachment tend to report increased and more problematic symptoms of grief despite engaging in ongoing attachment behaviours with the deceased. Clearly, future research replicating the current findings would be beneficial in furthering our understanding of these differences.

There has been much discussion in the grief literature that has focused around the effects that occur when a relationship ends due to the death of a loved one. Further, this research has examined various types of relationships (e.g., parent-child, spouse, sibling, friend, etc.) and the impact that such a loss has on the person left behind. The bereavement research has extensively addressed the emotional manifestation, grief, behaviors, and experiences of such losses, but has yet to comment, as extensively on the impact such losses have on an individual, when the deceased person served as a primary attachment figure.

Attachment theory has been conceived of as having a direct impact on the quality and closeness of the attachment relationship, and also to play a role in the death of an attachment figure. The findings from the present research have attempted to provide evidence for how attachment theory can inform our understanding of the grieving process. It is hoped that this research will motivate others to embark on the task of transforming theoretical speculations into more tangible evidence that can be used to understand and aid those who are grieving.

By demonstrating differences in how individuals with various attachment styles respond to the death of an attachment figure it is hoped that researchers, clinicians, and all those who work with the bereaved will take a moment to consider how they conceptualize grief. For example, researchers have recently advocated and presented compelling data for inclusion of a new classification of prolonged grief (e.g., Prigerson, Vanderwerker, & Maciejewski, 2008; Holland, Neimeyer, Boelen, & Prigerson, 2009) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. Given the findings of the present research such an inclusion begs the question of whether this then

pathologizes individuals with certain types of attachments. Are we then suggesting that attachment style be considered a potential risk factor? Stroebe and Schut's (1999) comment seems just as valid today as it did 10 years ago when they cautioned perceiving grief as "something that needs curing, needs to be overcome, is bad. There is the implicit assumption that, after the death of a close person, one must return to a positive state of mind and well-being as soon as possible. The danger, following this line of reasoning, is that human suffering, integral to grief as we know it, will be considered bad, and that the human condition should only, ideally, encompass positive states and emotions, a view that is far from universal" (p. 203).

Although most people will at one time in their lives experience the death of someone close to them, not all types of losses will be experienced or grieved similarly. The present research has focused specifically on the relation between individuals' grief responses and their attachment style following the death of a significant attachment figure. This is not to say, by any means, that the loss of other types of relationships, that is, those that do not involve attachment relationships, are not grieved or experienced as great losses, but rather that the death of an attachment figure may be experienced as more distressing and anxiety evoking, since these are the very figures one seeks out for reassurance, security, and comfort in times of distress. Without the physical presence and accessibility of the attachment figure the bereaved individual must resolve and integrate this loss into a new understanding of what role this attachment figure will or will not fulfill in their new reality.

In identifying various patterns of coping with grief and maintaining an ongoing relationship with a deceased attachment figure the present research has laid a foundation

for continued research in this area. Although the current findings provide some answers for various outcomes and differences observed between how people grieve it also raises several questions worthy of continued investigation. The present research has stressed the utility and importance of attachment theory in understanding how people respond to the ultimate form of loss – death. It has also served to challenge others to not just describe loss using such a theoretical framework, but to implement and provide empirical data to support such claims.

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Footnotes

¹ It should be pointed out that in developing his theory of grief Freud had not yet experienced the deaths of his daughter or grandson. It was after their deaths, and in a letter Freud wrote to a friend, who had just lost his son that Freud acknowledged that grief was in some senses inconsolable (Archer, 1999). Such an acknowledgement perhaps suggests a changed view, rather than complete deathexis.

² Separate analyses were conducted in which responses for the comfort subscale were assigned a value of zero for those items in which respondents indicated they did not engage in the corresponding behaviour. In addition to this recoding, values on the comfort subscale were recoded such that the values were 0, .25, .5, .75, and 1.0, which resulted in an equal weighting for both the behaviour and comfort subscales (i.e., both subscales' possible ranges were from 0 to 10). Following this, all analyses were rerun, which resulted in the same pattern of findings as the original data. In addition, the correlation between the two versions of the scale was .97. When the analyses were rerun in which the values of the subscale were recoded, but the items in which individuals rated comfort but not engaging in the behaviour were unchanged, the pattern of results was again virtually the same as the results from the original data. Furthermore, the correlation between the original scale and the recoded version was .99.

³ Separate analyses were conducted with and without the online participants for the analysis that involved the ORS to see if the pattern of findings were the same. The results showed the same pattern of findings and significant differences for each group.

Therefore, it was decided given the same pattern of finding between the analyses involving just the paper group and the combined paper and online group that the reported results would be on the combined paper and online sample.

⁴ At the authors' request the full version of the CD-RISC was not included. Rather, the authors requested that the published version, which contains partial item content rather than full item content, be included in the appendix. Requests for the complete version of the CD-RISC should be forwarded to Dr. Jonathan Davidson at Duke University, Department of Psychiatry, Chapel Hill, NC.

Table 1

Ten Dimensions of the Continuing Bond.

Subscale	Explanation
1. Visiting the Grave	Visiting the deceased and interacting with them as was done previous to the death.
2. Positive Interchanges	Dialoguing with the deceased as was done previous to the death.
3. Anticipated Reunion	Anticipating a reunion with the deceased as one would anticipate the reuniting with a loved one gone on a long trip.
4. Reminiscing about the Deceased	Maintaining the affect experienced while the deceased was alive through reliving life events with others through reminiscing.
5. Linking Objects	Experiencing the deceased through objects once owned by the deceased.
6. Ongoing Expressions of Love	Continuing to express devotion and love to the deceased as one would express to a living loved one.
7. Becoming a Living Legacy	Adopting characteristics and ideologies possessed through sightings, feelings, or sensations.
8. Experiencing the Loved One's Presence	Experiencing the presence of the deceased through sightings, feelings, or sensations.
9. Ongoing Influence of the Deceased	Making decisions based on what the deceased would have done or wanted, or asking for, and receiving guidance from the deceased.
10. Dreaming About the Deceased	Dreaming about the deceased and interacting with them as if they still were alive.

Note. Adapted from Grund (1998).

Table 2

Intercorrelations and Scale Internal Consistencies Between Measures.

Scale	1	2	3	4	5	6	7	8	9
1. TAS	.91								
2. PSWQ	.52**	.95							
3. MSIS	-.11	-.07	.94						
4. CBS	.28*	.32**	.56**	.90					
5. ORS	.28*	.37**	.39**	.81**	.90				
6. ORS-Beh	.22	.33**	.40**	.75**	.92**	.76			
7. Rel-Close	-.13	-.07	.71**	.35**	.31**	.33**	---		
8. Know-Well	-.00	.11	.53**	.39**	.35**	.40**	.41**	---	
9. MCSDS	-.45**	-.33**	.23	-.16	-.16	.70	.71**	.04	.70

N = 73

df = 71

Note. Bold diagonal values represent internal consistencies of measures. TAS = Trait Anger Scale; PSWQ = Penn State Worry Questionnaire; MSIS = Miller Social Intimacy Scale; CBS = Continuing Bonds Scale; ORS = Ongoing Relationship Scale; ORS-Beh = Ongoing Relationship Scale – Behaviour Scale; Rel-Close = Relationship-Closeness item; Know-Well = Know-Well item; MCSDS = Marlowe-Crowne Social Desirability Scale.

* $p < .05$. ** $p < .01$.

Table 3

Correlation Matrix for Determining Suitability of Factor Analysis.

Scale	1	2	3	4	5
1. TAS	1.00				
2. PSWQ	.52	1.00			
3. MSIS	-.113	-.07	1.00		
4. CBS	.28	.32	.56	1.00	
5. ORS	.28	.37	.39	.81	1.00

Note: TAS = Trait Anger Scale; PSWQ = Penn State Worry Questionnaire; MSIS = Miller Social Intimacy Scale; CBS = Continuing Bonds Scale; ORS = Ongoing Relationship Scale.

Table 4

Results from Principal Components Analysis.

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.46	49.15	49.15	2.46	49.15	49.15
2	1.44	28.81	77.96	1.44	28.81	77.96
3	.49	9.88	87.83			
4	.45	8.92	96.76			
5	.16	3.24	100.00			

N = 73

Note. Extraction Method: Principal Component Analysis.

Table 5

Rotated Component Matrix.

	Component	
	1	2
CBS	.897	.290
MSIS	.822	-.308
ORS	.807	.376
TAS	.049	.847
PSWQ	.135	.841

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. Rotation converged in 3 iterations. *Note.* CBS = Continuing Bonds Scale; ORS = Ongong Relationship Scale; MSIS = Miller Social Intimacy Scale; TAS = Trait Anger Scale; PSWQ = Penn State Worry Questionnaire.

Table 6

Independent Samples t-Test Examining Gender Differences on Measures.

Scale	Gender	Mean	Std. Deviation	t-test for Equality of Means			
				t	df	Sig. 2- tailed	Mean Difference
TAS	Male	19.38	6.70	-1.31	71	.20	-2.31
	Female	21.69	6.91				
PSWQ	Male	45.38	16.28	-3.34	71	.00	-12.97
	Female	58.34	14.49				
MSIS	Male	49.76	14.02	-2.79	71	.01	-10.49
	Female	60.25	14.77				
CBS	Male	27.90	8.47	-2.87	71	.01	-7.27
	Female	35.17	10.28				
ORS	Male	29.19	11.99	-1.96	71	.05	-6.04
	Female	35.23	11.93				
ORS-Beh	Male	4.95	2.78	-1.49	71	.14	-.97
	Female	5.92	2.42				
ORS-Comfort	Male	24.23	9.44	-2.02	71	.05	-5.07
	Female	29.31	9.79				
MCSDS	Male	5.52	2.73	-.07	71	.94	-.05
	Female	5.58	3.01				

N = 21 Male and 52 Female

Note. TAS = Trait Anger Scale; MSIS = Miller Social Intimacy Scale; CBS = Continuing Bond Scale; ORS = Ongoing Relationship Scale; ORS-Beh = Ongoing Relationship Scale – Behaviour scale; ORS-Comfort = Ongoing Relationship Scale – Comfort scale; MCSDS = Marlowe-Crowne Social Desirability Scale.

Table 7

Summary of Missing Data.

Scale	No Missing Data		Cases Missing and Total Replaced per scale		Total	
	N	Percent	N	Percent	N	Percent
ICG	187	96.9	6	3.1	193	100
HGRC Despair	185	95.9	8	4.1	193	100
HGRC Panic Behaviour	186	96.4	7	3.6	193	100
HGRC Growth	188	97.4	5	2.6	193	100
HGRC Blame/Anger	188	97.4	5	2.6	193	100
HGRC Detachment	185	95.9	8	4.1	193	100
HGRC Disorganization	188	97.4	5	2.6	193	100
ORS	185	95.9	8	4.1	193	100
ORS <i>Behaviour</i>	188	97.4	5	2.6	193	100
ORS <i>Comfort</i>	189	97.9	4	2.1	193	100
ECRI Anxiety	190	98.4	3	1.6	193	100
ECRI Avoidance	190	98.4	3	1.6	193	100
IDWL Loss	190	98.4	3	1.6	193	100
IDWL Restoration	188	97.4	5	2.6	193	100
IDWL Oscillation	186	96.4	7	3.6	193	100
CD-RISC	184	95.3	9	4.7	193	100
MSIS	182	94.3	11	5.7	193	100
IDI Emotional Reliance	182	94.3	11	5.7	193	100
IDI Lack Confidence	186	96.4	7	3.6	193	100
IDI Autonomy	183	94.8	10	5.2	193	100
MCSDS	186	96.4	7	3.6	193	100

Note. ICG = Inventory of Complicated Grieving; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Personal Growth = Hogan Grief Reaction Checklist Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS = Ongoing Relationship Scale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; ECRI Anxiety = Experiences in Close Relationships Inventory Anxiety Subscale; ECRI Avoidance = Experiences in Close Relationships Inventory Avoidance Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; MSIS = Miller Social Intimacy Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Self-Confidence Subscale; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale; MCSDS = Marlowe-Crowne Social Desirability Scale.

Table 8

Independent Samples t-Test Examining Mode of Completion on Demographic Variables.

Variable	Mode of Completion	N	Mean	SD	t-test for Equality of Means			
					t	df	<i>p</i> (2-tailed)	Mean Difference
Participant Age	Paper	156	58.54	13.75	-5.13	189	.00	-12.82
	Online	35	45.71	11.39				
Participant's age at deceased's death	Paper	158	46.89	16.13	-3.04	191	.00	-8.91
	Online	35	37.97	13.55				
Time since death	Paper	156	11.52	9.72	-2.08	188	.04	-3.74
	Online	34	7.78	8.42				
Length of relationship	Paper	151	38.68	13.24	-1.42	184	.16	-3.58
	Online	35	35.10	14.38				
Length of marriage	Paper	57	36.16	12.24	-2.25	59	.03	-14.47
	Online	4	21.69	15.44				
Deceased's age	Paper	158	69.16	13.47	-.84	191	.41	-2.08
	Online	35	67.09	12.66				
Relationship closeness	Paper	156	2.99	1.06	-1.44	189	.15	-.28
	Online	35	2.71	.93				
Death expected	Paper	157	2.39	1.14	1.51	190	.13	.33
	Online	35	2.71	1.23				
Counseling received	Paper	157	.17	.37	.88	190	.38	.06
	Online	35	.23	.43				

Table 9

Independent Samples t-Test Comparing Mode of Completion on Measures.

Scale	Mode of Completion	Mean	SD	t-test for Equality of Means			
				t	df	p (2-tailed)	Mean Difference
ICG	Paper	15.94	10.29	.47	191	.64	.90
	Online	16.83	10.18				
HGRC Despair	Paper	17.81	6.64	.59	191	.56	.75
	Online	18.57	7.66				
HGRC Panic	Paper	8.37	.67	.09	191	.93	.13
	Online	8.43	1.42				
HGRC Growth	Paper	37.26	9.45	1.28	191	.20	2.30
	Online	39.56	10.45				
HGRC Blame/Anger	Paper	9.11	3.38	.89	191	.38	.59
	Online	9.70	4.34				
HGRC Detachment	Paper	11.54	5.09	.50	191	.62	.49
	Online	12.03	5.99				
HGRC Disorganization	Paper	12.47	5.57	-.20	191	.84	-.21
	Online	12.27	5.77				
ORS Full	Paper	35.42	11.97	2.20	191	.03	4.91
	Online	40.33	11.67				
ORS Behaviour	Paper	6.72	2.42	2.77	191	.01	1.22
	Online	7.94	2.05				
ORS Comfort	Paper	28.81	10.23	1.77	191	.08	3.39
	Online	32.20	10.30				
IDWL Loss	Paper	19.44	6.02	1.29	191	.20	1.45
	Online	20.89	5.98				
IDWL Restoration	Paper	29.69	5.94	.54	191	.59	.61
	Online	30.30	6.64				
IDWL Oscillation	Paper	10.38	7.83	-.85	191	.39	-1.28
	Online	9.10	8.85				
CD-RISC	Paper	75.49	13.40	.88	191	.38	2.21
	Online	77.69	13.27				
MSIS	Paper	47.92	13.83	-.73	60.36	.47	-1.58
	Online	46.35	11.00				
IDI Emotional Reliance	Paper	37.64	8.40	.20	191	.84	.31
	Online	37.95	7.54				
IDI Lack Confidence	Paper	32.32	7.26	-1.82	71.68	.07	-1.83
	Online	30.48	4.89				
IDI Autonomy	Paper	27.63	5.92	1.24	191	.22	1.35
	Online	28.99	5.36				
MCSDS	Paper	7.50	2.84	-2.70	191	.01	-1.48
	Online	6.03	3.30				

N = 193 (158 Paper and 35 Online)

Note. ICG = Inventory of Complicated Grieving; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Personal Growth = Hogan Grief Reaction Checklist Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS = Ongoing Relationship Scale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; MSIS = Miller Social Intimacy Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Self-Confidence Subscale; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale; MCSDS = Marlowe-Crowne Social Desirability Scale.

Table 10

Independent Samples t-Test Comparing Relationship to Deceased on Demographic Variables.

Variable	Relationship to Deceased	N	Mean	SD	t-test for Equality of Means			
					t	df	p (2-tailed)	Mean Difference
Participant Age	Spouse/partner	60	70.22	10.90	12.39	189	.00	20.46
	Parent	131	49.76	10.45				
Participant Age at Death	Spouse/partner	61	59.41	11.94	10.80	128.57	.00	20.67
	Parent	132	38.73	13.24				
Deceased Age	Spouse/partner	61	63.80	12.24	-3.65	191	.00	-7.29
	Parent	132	71.09	13.21				
Length of Relationship	Spouse/partner	61	36.68	13.59	-.94	184	.35	-1.98
	Parent	125	38.66	13.45				
Relationship Closeness	Spouse/partner	60	3.68	.85	7.86	125.47	.00	1.08
	Parent	131	2.60	.94				
Time since Death	Spouse/partner	61	10.72	9.38	-.13	188	.89	-.20
	Parent	129	10.92	9.72				
Death Expected	Spouse/partner	60	2.22	1.11	-1.88	190	.06	-.34
	Parent	132	2.55	1.17				

Table 11

Independent Sample t-Tests of Relationship to Deceased on Primary Scales and Subscales.

t-test for Equality of Means							
Scale	Relationship to Deceased	Mean	SD	t	df	p (2-tailed)	Mean Difference
ICG	Spouse/Partner	19.86	10.78	3.56	191	.00	5.49
	Parent	14.37	9.55				
HGRC Despair	Spouse/Partner	19.56	7.88	2.05	95.38	.04	2.34
	Parent	17.21	6.17				
HGRC Panic	Spouse/Partner	22.61	8.48	1.19	191	.23	1.54
	Parent	21.07	8.29				
HGRC Growth	Spouse/Partner	39.14	9.39	1.43	191	.15	2.14
	Parent	37.00	9.73				
HGRC Blame/Anger	Spouse/Partner	9.48	3.59	.71	191	.48	.39
	Parent	9.09	3.56				
HGRC Detachment	Spouse/Partner	11.53	4.16	-.17	191	.87	-.14
	Parent	11.67	5.70				
HGRC Disorganization	Spouse/Partner	13.60	5.17	1.99	191	.05	1.71
	Parent	11.90	5.72				
ORS Full	Spouse/Partner	34.92	12.51	-1.10	191	.27	-2.04
	Parent	36.96	11.81				
ORS Behaviour	Spouse/Partner	6.69	2.60	-1.01	191	.32	-.37
	Parent	7.06	2.29				
ORS Comfort	Spouse/Partner	28.29	10.61	-1.04	191	.30	-1.65
	Parent	29.95	10.16				
IDWL Loss	Spouse/Partner	20.98	6.40	2.02	191	.05	1.87
	Parent	19.11	5.77				
IDWL Restoration	Spouse/Partner	32.39	5.75	4.19	191	.00	3.78
	Parent	28.61	5.85				
IDWL Oscillation	Spouse/Partner	11.70	8.37	1.83	191	.07	2.26
	Parent	9.44	7.78				
CD-RISC	Spouse/Partner	76.14	12.93	.18	191	.86	.37
	Parent	75.77	13.62				
MSIS	Spouse/Partner	55.46	10.80	6.02	191	.00	11.43
	Parent	44.02	12.88				
IDI Emotional Reliance	Spouse/Partner	35.34	7.83	-2.75	191	.01	-3.44
	Parent	38.78	8.22				
IDI Lack Confidence	Spouse/Partner	32.29	6.39	.42	191	.67	.45
	Parent	31.84	7.17				
IDI Autonomy	Spouse/Partner	26.67	5.17	-1.97	191	.05	-1.76
	Parent	28.44	6.05				

MCSDS	Spouse/Partner	8.33	2.40	3.91	147.43	.00	1.59
	Parent	6.73	3.08				

N = 193 (61 Spouse/Partner and 132 Parent)

Note. ICG = Inventory of Complicated Grieving; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Personal Growth = Hogan Grief Reaction Checklist Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS = Ongoing Relationship Scale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; MSIS = Miller Social Intimacy Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Self-Confidence Subscale; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale; MCSDS = Marlowe-Crowne Social Desirability Scale.

Table 12

Test of Normality of Distribution on Different Scales.

Scale	Mean	5% Trimmed Mean	Std. Deviation	Skewness	Kurtosis	Kolmogorov- Smirnov
ICG	16.10	15.41	10.25	1.16	1.55	.00
HGRC Despair	17.95	16.98	6.82	2.55	7.92	.00
HGRC Panic	21.55	20.56	8.36	1.72	3.44	.00
HGRC Growth	37.68	37.70	9.65	-0.06	0.13	.20
HGRC	9.21	8.72	3.57	2.61	9.14	.00
Blame/Anger						
HGRC	11.63	10.95	5.25	2.15	5.43	.00
Detachment						
HGRC	12.44	11.84	5.59	1.46	2.19	.00
Disorganization						
ORS Full	36.31	36.35	12.04	-0.17	-0.59	.05
ORS <i>Behaviour</i>	6.94	7.06	2.40	-0.64	-0.51	.00
ORS <i>Comfort</i>	29.42	29.37	10.30	0.01	-0.68	.20
IDWL Loss	19.70	19.41	6.02	0.71	0.23	.00
IDWL	29.80	29.78	6.07	0.09	0.49	.00
Restoration						
IDWL	10.15	10.20	8.02	-0.17	0.00	.00
Oscillation						
CD-RISC	75.89	76.59	13.37	-0.70	-0.02	.00
IDI Emotional	37.69	37.45	8.24	0.37	-0.30	.00
Reliance						
IDI Lack	31.98	31.63	6.92	0.77	0.73	.00
Confidence						
IDI Autonomy	27.88	27.63	5.83	0.74	0.76	.00
MSIS	47.64	48.50	13.35	-0.87	0.46	.00

N = 193

Note. ICG = Inventory of Complicated Grieving; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Growth = Hogan Grief Reaction Checklist Personal Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Social Self-Confidence Subscale; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale; MSIS = Miller Social Intimacy Scale.

Table 13

Test of Normality of Scales Based on Attachment Style.

Scale	Attachment Style	Kolmogorov-Smirnov		
		Statistic	df	<i>p</i>
HGRC – Despair	Secure	.23	118	.00
	Fearful	.15	18	.20
	Preoccupied	.27	9	.06
	Dismissing	.21	48	.00
HGRC – Panic	Secure	.18	118	.00
	Fearful	.17	18	.16
	Preoccupied	.32	9	.01
	Dismissing	.17	48	.00
HGRC – Blame/Anger	Secure	.29	118	.00
	Fearful	.19	18	.10
	Preoccupied	.32	9	.01
	Dismissing	.32	48	.00
HGRC Detachment	Secure	.26	118	.00
	Fearful	.16	18	.20
	Preoccupied	.35	9	.00
	Dismissing	.22	48	.00
HGRC Disorganization	Secure	.17	118	.00
	Fearful	.13	18	.20
	Preoccupied	.20	9	.20
	Dismissing	.18	48	.00
ORS <i>Behaviour</i>	Secure	.16	118	.00
	Fearful	.21	18	.04
	Preoccupied	.25	9	.10
	Dismissing	.15	48	.01
IDWL – Restoration	Secure	.09	118	.02
	Fearful	.12	18	.20
	Preoccupied	.15	9	.20
	Dismissing	.12	48	.07
IDWL – Oscillation	Secure	.10	118	.01
	Fearful	.22	18	.03
	Preoccupied	.19	9	.20
	Dismissing	.10	48	.20
IDI Emotional Reliance	Secure	.08	118	.04
	Fearful	.15	18	.20
	Preoccupied	.17	9	.20
	Dismissing	.11	48	.20

Note. HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS = Ongoing Relationship Scale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale.

Table 14

Test of Homogeneity of Variance for Different Scales.

Scale	Levene Statistic	df1	df2	<i>p</i>
ICG	3.56	3	189	.02
HGRC Despair	8.72	3	189	.00
HGRC Panic	5.54	3	189	.00
HGRC Growth	1.29	3	189	.28
HGRC Blame/Anger	12.20	3	189	.00
HGRC Detachment	9.12	3	189	.00
HGRC Disorganization	4.43	3	189	.01
ORS Full	3.79	3	189	.01
ORS <i>Behaviour</i>	5.03	3	189	.00
ORS <i>Comfort</i>	3.88	3	189	.01
IDWL Loss	3.10	3	189	.03
IDWL Restoration	1.43	3	189	.24
IDWL Oscillation	6.38	3	189	.00
CD-RISC	2.79	3	189	.04
MSIS	6.06	3	189	.00
IDI Emotional Reliance	.54	3	189	.65
IDI Lack Confidence	2.78	3	189	.04
IDI Autonomy	1.37	3	189	.25

Note. ICG = Inventory of Complicated Grieving; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic Behaviour = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Growth = Hogan Grief Reaction Checklist Personal Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; MSIS = Miller Social Intimacy Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Social Self-Confidence Subscale; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale.

Table 15

Kruskal-Wallis Test of Differences between Attachment Types.

Scale	Chi-Square	df	Asymp. Sig.	Mean Rank			
				Secure	Fearful	Preoccupied	Dismissing
ICG	30.96	3	.000	104.08	114.58	152.72	62.54
HGRC Despair	13.91	3	.003	100.53	117.08	129.83	74.62
HGRC Panic	8.76	3	.033	96.47	125.86	116.78	83.77
HGRC Growth	5.02	3	.170	99.68	98.92	125.17	84.42
HGRC Blame/Anger	11.94	3	.008	93.58	130.58	124.94	87.58
HGRC Detachment	15.07	3	.002	91.76	137.44	127.33	89.03
HGRC Disorganization	11.12	3	.011	97.62	128.92	113.89	80.33
ORS	20.92	3	.000	109.08	88.58	115.94	66.90
ORS <i>Behaviour</i>	12.76	3	.005	107.44	92.00	93.44	73.86
ORS <i>Comfort</i>	21.50	3	.000	108.98	90.47	117.33	66.19
IDWL Loss	23.42	3	.000	107.51	98.86	128.72	64.51
IDWL Restoration	1.47	3	.688	93.58	104.50	111.00	99.98
IDWL Oscillation	15.93	3	.001	86.14	102.17	86.67	123.61
CD-RISC	3.25	3	.355	97.04	76.56	98.28	104.33
IDI Emotional Reliance	20.23	3	.000	95.92	132.86	145.17	77.19
IDI Lack Confidence	4.83	3	.185	96.63	119.06	110.33	87.14
IDI Autonomy	2.60	3	.457	91.84	104.28	105.39	105.38
MSIS	80.38	3	.000	123.67	52.69	112.50	45.14

N = 193 (118 Secure, 18 Fearful, 9 Preoccupied, and 48 Dismissing)

Note. ICG = Inventory of Complicated Grief; HGRC Despair = Hogan Grief Reaction Checklist Despair Subscale; HGRC Panic = Hogan Grief Reaction Checklist Panic Behaviour Subscale; HGRC Growth = Hogan Grief Reaction Checklist Personal Growth Subscale; HGRC Blame/Anger = Hogan Grief Reaction Checklist Blame/Anger Subscale; HGRC Detachment = Hogan Grief Reaction Checklist Detachment Subscale; HGRC Disorganization = Hogan Grief Reaction Checklist Disorganization Subscale; ORS = Ongoing Relationship Scale; ORS *Behaviour* = Ongoing Relationship Scale Behaviour Subscale; ORS *Comfort* = Ongoing Relationship Subscale Comfort Subscale; IDWL Loss = Inventory of Daily Widowed Life Loss-Orientation Subscale; IDWL Restoration = Inventory of Daily Widowed Life Restoration-Orientation Subscale; IDWL Oscillation = Inventory of Daily Widowed Life Oscillation Balance Subscale; CD-RISC = Connor-Davidson Resilience Scale; IDI Emotional Reliance = Interpersonal Dependency Inventory Emotional Reliance on Others Subscale; IDI Lack Confidence = Interpersonal Dependency Inventory Lack of Social Self-Confidence; IDI Autonomy = Interpersonal Dependency Inventory Assertion of Autonomy Subscale; MSIS = Miller Social Intimacy Scale.

Figure 1. Two Dimensional Model of Differences Between Four Attachment Styles Based on Bartholomew's (1990) and Brennen, Clark, and Shaver's (1998) Models

		Model of Self (Anxiety)	
		Positive (Low)	Negative (High)
Model of Others (Avoidance)	Positive (Low)	<p>SECURE Comfortable with intimacy and autonomy</p>	<p>PREOCCUPIED Preoccupied with relationships</p>
	Negative (High)	<p>DISMISSING Dismissing of intimacy Counterdependent</p>	<p>FEARFUL Fearful of intimacy Socially avoidant</p>

Figure 2. The Dual-Process Model of Coping with Bereavement (Stroebe, Schut, & Stroebe, 2005, p. 54)

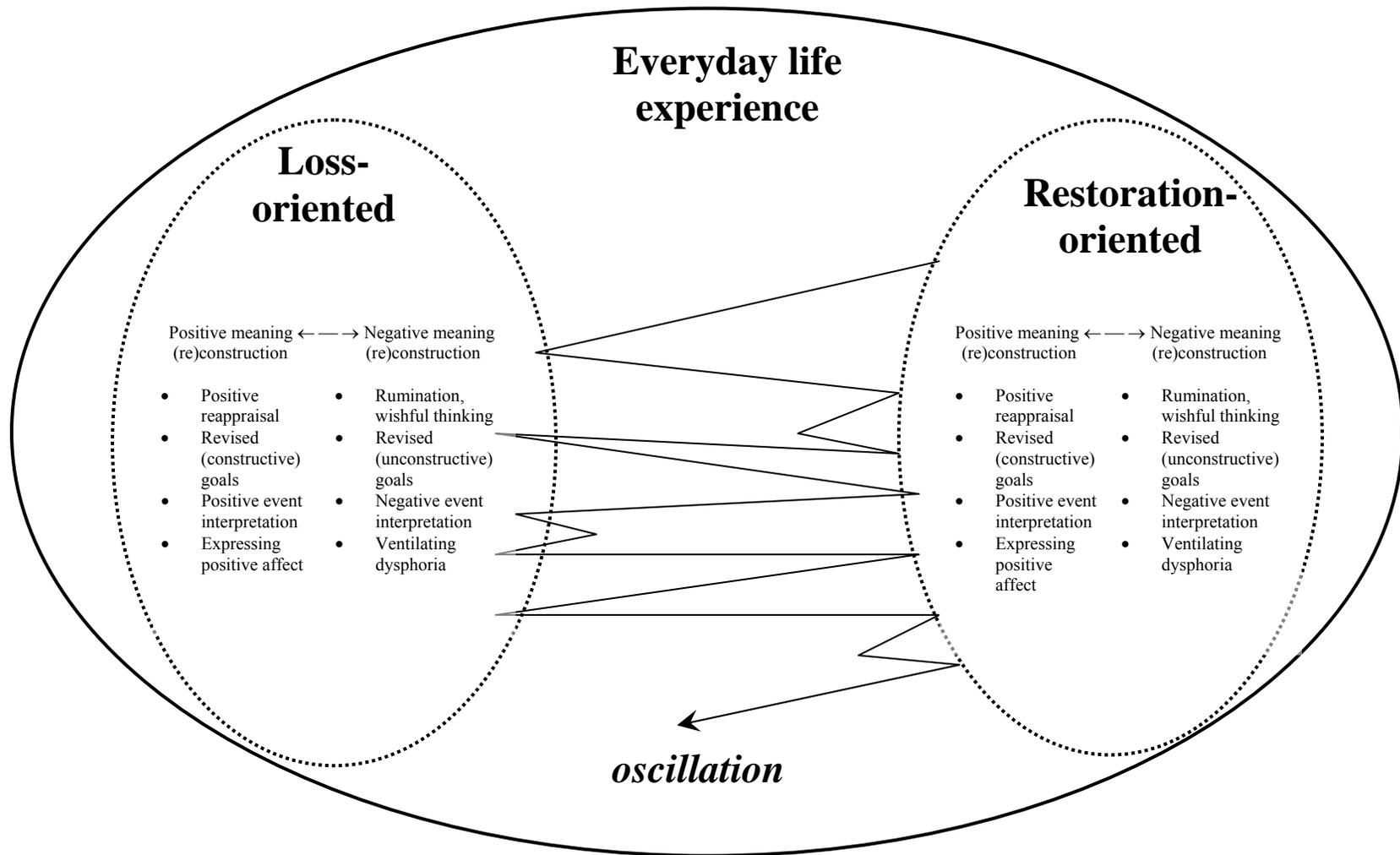


Figure 3. Outcomes of Challenge: Potential Consequences for a Single Hypothetical Stressor (Leary & Ickovics, 1995, p. 127).

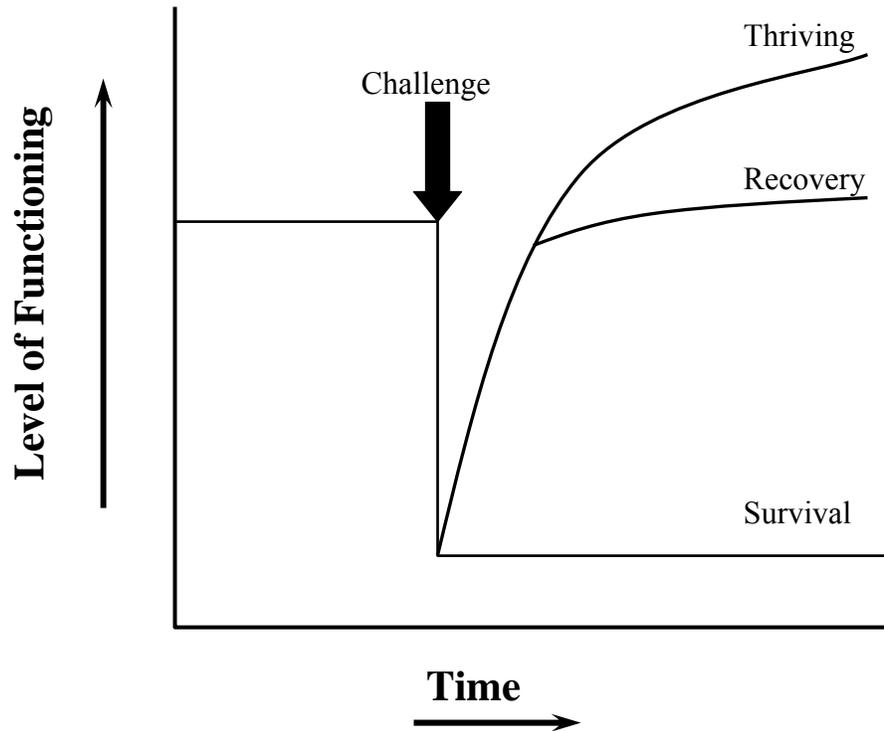
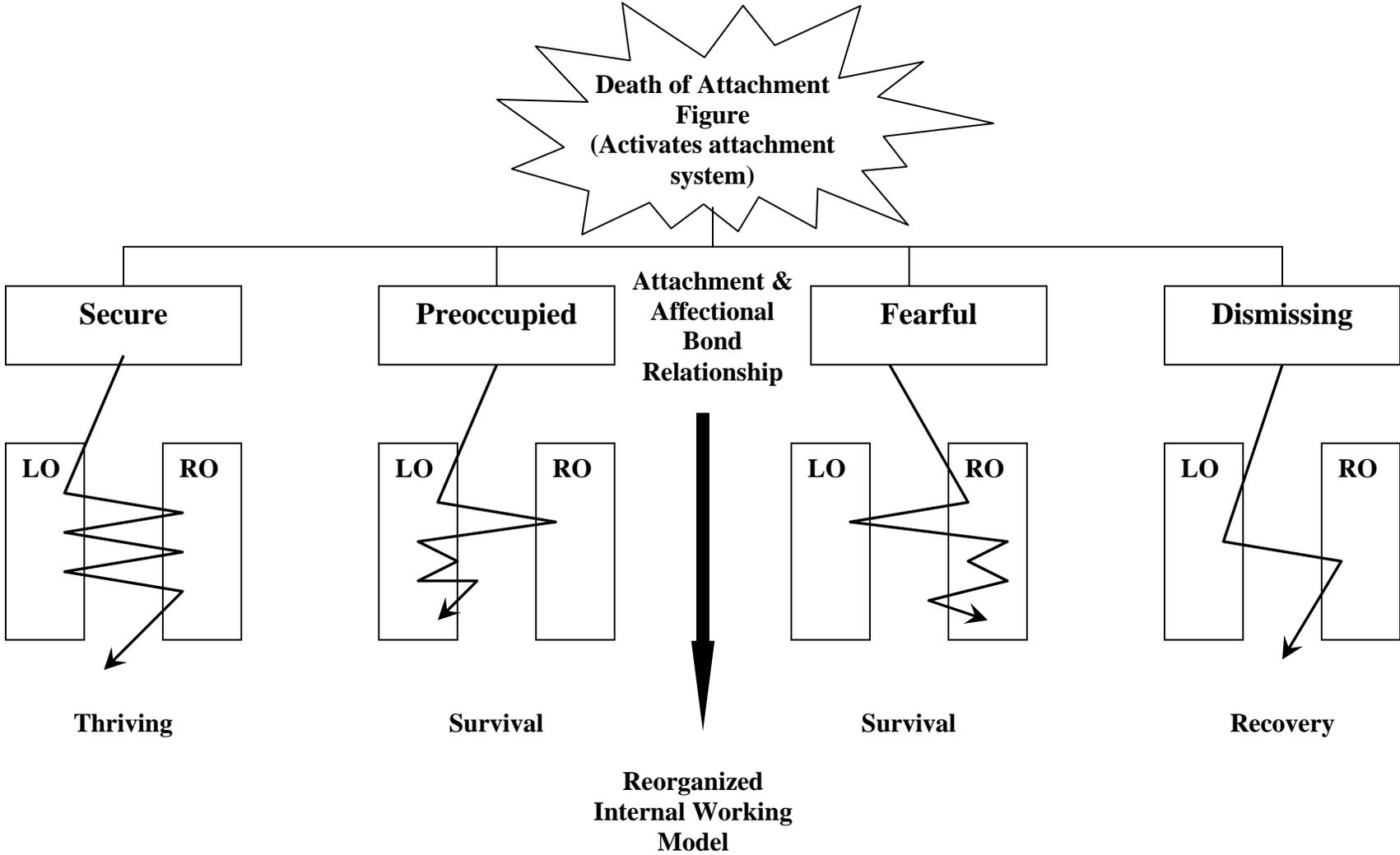


Figure 4. Grief Attachment Model.

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Note. LO = Loss-Orientated; RO = Restoration-Oriented.

Appendix A:
Study 1 Information and Consent Form

Investigator: Tracey Waskowic, Graduate Student in Clinical Psychology
Supervisor: Dr. Brian Chartier, Associate Professor, STM College, 966-8948

Description: This study is being conducted as part of a doctoral dissertation. The study focuses on the factors that may contribute to maintaining an ongoing relationship with a deceased individual. Specifically, the study examines the feelings and behaviours that one may engage in that help him/her to remain connected following a significant individual's death.

If you decide to participate in this study you will be asked to complete a two-part questionnaire and a list of demographic questions. The questionnaire will ask about common behaviours one may engage in to remain connected to a deceased person. The information that you provide will be used to help further our understanding of grief experiences following the death of a significant individual. Due to the focus and potentially sensitive nature of the questions you may find some of the questions difficult to complete, so please feel free to contact myself or Dr. Brian Chartier to discuss any of your concerns. You can reach me at tracey.waskowic@usask.ca; Dr. Brian Chartier can be contacted at 966-8948, e-mail: brian.chartier@usask.ca

The study will take approximately 15 minutes to complete. Once completed you will find a debriefing sheet, which further explains the nature and purpose of the study. Please read the debriefing sheet only after you have fully completed the question booklet.

The results of the study will be presented in an aggregate form to ensure your anonymity and confidentiality. Also, we ask that you return your question booklet without your name on it. Finally, any information you provide to us will be kept in a secure location for a period of five years following the completion of the study. The final results of the study may be published in journal articles or presented at conferences; however, at no point will individual participant information be released.

Completion and return of the question booklet indicates that you:

- √ Understand the explanation of the study and that possible risks have sufficiently been explained to you.
- √ Are able to contact the individuals listed above should you have any questions or concerns at any time during the course of the study.
- √ Understand that you have the right to refuse to answer any specific questions.
- √ Consent to participate in the study.

Your experience and time is greatly appreciated!

Tracey Waskowic, B.A. Hons., B. Ed.

Brian Chartier, Ph.D.

Appendix B:

Study 1 Debriefing Letter

To Be Read Upon Completion of the Questionnaires

Thank you for your time and participation in this study. Your assistance and experience are greatly valued and appreciated. The study you have just completed examines the relationship between the perceived closeness of a relationship and whether one engages in various behaviours to maintain an ongoing relationship following the person's death.

This type of research represents a relatively new area and therefore, the information you have shared will assist in increasing our understanding of how different people cope with the grief after the death of a spouse or partner. If you have any questions, concerns, or would like to discuss the study, please do not hesitate to contact us.

If you have any questions or comments regarding the study you have just completed please feel free to contact us and we'd be happy to discuss these with you. Your willingness to participate and assist with this research is sincerely appreciated.

Once again, **thank you**.

Tracey Waskowic, B.A. Hons, B. Ed.
Graduate Student, Clinical Psychology
tracey.waskowic@usask.ca

Brian Chartier, Ph.D
Associate Professor, Psychology
(306) 966-8948 or brian.chartier@usask.ca

Appendix C:

Study 1 Demographic Questionnaire

Instructions: Please indicate the appropriate response to the following questions:

1. Your gender (check appropriate answer):

_____ male _____ female

2. Please indicate your age in years: _____

3. Highest level of education completed: _____

4. Was the deceased your (check one):

_____ spouse/partner _____ sibling _____ friend
_____ parent _____ aunt/uncle _____ niece/nephew
_____ child _____ cousin _____ acquaintance
_____ grandparent _____ grandchild
_____ other (please specify) _____

5. Looking back, my relationship with this person was (check one):

- Closer than any relationship I've ever had before or since
- Closer than most relationships I've had with other people
- About as close as most of my relationships with others
- Not as close as most of my relationships
- Not very close at all

6. Was the death of this person:

_____ Sudden _____ Tragic _____ Expected _____ Accidental
_____ Other, specify _____

7. How long did you know this person: _____ year(s) _____ month(s)

8. How long has it been since this person's death: _____ year(s) _____ month(s)

9. How well do you feel you knew this person (check one):

_____ Not well at all _____ Somewhat _____ Very well

Appendix D:

Ongoing Relationship Scale (Waskowic & Chartier, 2006)

Instructions: Please read and respond to each question by circling the answer that is most true for you.

- | | | |
|---|-----|----|
| 1. If the grave were accessible I would visit the grave? | Yes | No |
| 2. Do you have interchanges (i.e., talk) with _____? | Yes | No |
| 3. Does _____ have an ongoing influence in the way you live your life? | Yes | No |
| 4. Do you dream about _____? | Yes | No |
| 5. Do you anticipate reuniting with _____ one day? | Yes | No |
| 6. Do you keep/have objects that belonged to/remind you of _____? | Yes | No |
| 7. Do you engage in behaviours/activities as a way of expressing your ongoing love for _____? | Yes | No |
| 8. Do you find yourself doing things that _____ would have thought to be the right thing to do? | Yes | No |
| 9. Do you have a sense of _____'s presence in your life? | Yes | No |
| 10. Do you reminisce about _____? | Yes | No |

Instructions: Please read each statement carefully, and choose the number that best describes the way you feel. Circle the number beside the statement that best describes you. Please do not skip any items.

- | | | | |
|----------|------------------------------------|----------|-------------------------------|
| 0 | Does not describe me at all | 3 | Describes me well |
| 1 | Does not quite describe me | 4 | Describes me very well |
| 2 | Describes me fairly well | | |

1. If I could visit the grave I would feel comforted.....0 1 2 3 4
2. When I talk to _____ about what's going on in my life I feel comforted.....0 1 2 3 4
3. I find it comforting knowing that _____ continues to influence my decisions and things I do in my life.....0 1 2 3 4
4. I feel comforted when I dream about _____0 1 2 3 4
5. Knowing I will eventually be reunited with _____ makes me feel comforted.....0 1 2 3 4
6. I have kept things that belonged to _____ because they comfort me.....0 1 2 3 4
7. Doing things that shows my ongoing love for _____ brings me comfort.....0 1 2 3 4
8. It brings me comfort when I find myself doing things that _____ would have thought to be the right thing to do.....0 1 2 3 4
9. It is comforting to feel _____'s presence in my life and think that s/he may be watching over me.....0 1 2 3 4
10. Reminiscing about when _____ was alive makes me feel comforted.....0 1 2 3 4

Scoring:

1. Full Scale – add total of all items. Scores range from 0 to 50 with 25 as midpoint.
2. Behaviour subscale – add total for items 1 through 10 on first half of scale, where a 'Yes' response = 1 and a 'No' response = 0. Scores may vary from 0 to 10 with 5 as the midpoint.
3. Comfort subscale – add total for last 10 items of full scale. Scores can range from 0 to 40 with 20 being the midpoint.

Appendix E:

Continuing Bonds Scale (Fiels, Gal-Oz, & Bonanno, 2003)

Instructions: With the deceased person in mind respond to the following statements by circling the appropriate number for each item.

		Not at all true		Somewhat true		Very true
1.	I seek out things to remind me of him/her.	1	2	3	4	5
2.	I keep items that belonged to or were closely associated with him/her as a reminder of him/her.	1	2	3	4	5
3.	I like to reminisce with others about him/her.	1	2	3	4	5
4.	I have inner conversations with him/her where I turn to him/her for comfort or advice.	1	2	3	4	5
5.	Even though no longer physically present, he/she continues to be a loving presence in my life.	1	2	3	4	5
6.	I am aware of having taken on many of his/her habits, values, or interests.	1	2	3	4	5
7.	I attempt to carry out his/her wishes.	1	2	3	4	5
8.	I am aware of the positive influence of him/her on who I am today.	1	2	3	4	5
9.	I have many fond memories that bring joy to me.	1	2	3	4	5
10.	When making decisions, I imagine his/her viewpoint and use this as a guide in deciding what to do.	1	2	3	4	5
11.	I experience him/her as continuing to live on through me.	1	2	3	4	5

Scoring:

Total CBS score is calculated by summing items 1 through 11.

Appendix F:

Miller Social Intimacy Scale (Miller & Lefcourt, 1982)

Instructions:

A number of phrases are listed below that describe the kind of relationships people have with others. Indicate, by circling the appropriate letters in the answer field, how you would describe your relationship with _____.

	Very rarely		Some of the time		Almost always
1. When you had leisure time how often did you choose to spend it with him/her alone?	A	B	C	D	E
2. How often did you keep very personal information to yourself and did not share it with him/her?	A	B	C	D	E
3. How often did you show him/her affection?	A	B	C	D	E
4. How often did you confide very personal information to him/her?	A	B	C	D	E
5. How often were you able to understand his/her feelings?	A	B	C	D	E
6. How often did you feel close to him/her?	A	B	C	D	E
7. How much did you like to spend time alone with him/her?	A	B	C	D	E
8. How much did you feel like being encouraging and supportive to him/her when he/she was unhappy?	A	B	C	D	E
9. How close did you feel to him/her most of the time?	A	B	C	D	E
10. How important was it to you to listen to his/her personal disclosures?	A	B	C	D	E

- | | | | | | |
|---|---|---|---|---|---|
| 11. How satisfying was your relationship with him/her? | A | B | C | D | E |
| 12. How affectionate did you feel towards him/her? | A | B | C | D | E |
| 13. How important was it to you that he/she understood your feelings? | A | B | C | D | E |
| 14. How much damage was caused by a typical disagreement in your relationship with him/her? | A | B | C | D | E |
| 15. How important was it to you that he/she be encouraging and supportive to you when you were unhappy? | A | B | C | D | E |
| 16. How important was it to you that he/she showed you affection? | A | B | C | D | E |
| 17. How important was your relationship with him/her in your life? | A | B | C | D | E |

Scoring:

Items 2 and 14 are reversed-scored, then individual items are summed (A=1, E=5) to produce an overall score for the MSIS, with higher scores indicating greater amounts of social intimacy.

Appendix G:

Penn State Worry Questionnaire (Meyer, Miller, Metzger, & Borkovec, 1990)

Instructions:

Enter the number from the scale below that best describes how typical or characteristic each of the 16 items is of you, putting the number next to the item.

- | 1 | 2 | 3 | 4 | 5 |
|--------------------|---|------------------|---|--------------|
| Not at all typical | | Somewhat typical | | Very typical |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| _____ | | | | |

Scoring:

Items 1, 3, 8, 10, and 11 are reverse-scored, and then sum individual items for the total score. Higher scores suggest a stronger tendency to worry.

Appendix H:

Trait Anger Scale (Spielberger, Jacobs, & Crane, 1983)

Instructions:

A number of statements that people have used to describe themselves are given below. Read the statements below and indicate how you *generally* feel by placing the appropriate number next to each item.

1 = Almost never

2 = Sometimes

3 = Often

4 = Almost always

- _____ 1. I have a fiery temper.
- _____ 2. I am quick tempered.
- _____ 3. I am a hot-headed person.
- _____ 4. It makes me furious when I am criticized in front of others.
- _____ 5. I get angry when I'm slowed down by others' mistakes.
- _____ 6. I feel infuriated when I do a good job and get a poor evaluation.
- _____ 7. I fly off the handle.
- _____ 8. I feel annoyed when I am not given recognition for doing good work.
- _____ 9. When I get mad, I say nasty things.
- _____ 10. When I get frustrated, I feel like hitting someone.

Scoring:

Sum the individual items. Scores range from 10 to 40. Higher scores reflect greater anger.

Appendix I:

Marlowe-Crowne Social Desirability Scale (Reynolds, 1982)

Instructions: Please circle the appropriate response to the following statements.

- | | | | |
|-----|--|---|---|
| 1. | It is sometimes hard for me to go on with my work if I am not encouraged. | T | F |
| 2. | I sometimes feel resentful when I don't get my way. | T | F |
| 3. | On a few occasions, I have given up doing something because I thought too little of my ability. | T | F |
| 4. | There have been times when I felt like rebelling against people in authority even though I knew they were right. | T | F |
| 5. | No matter who I'm talking to, I'm always a good listener. | T | F |
| 6. | There have been occasions when I took advantage of someone. | T | F |
| 7. | I'm always willing to admit it when I make a mistake. | T | F |
| 8. | I sometimes try to get even rather than forgive and forget. | T | F |
| 9. | I am always courteous, even to people who are disagreeable. | T | F |
| 10. | I have never been irked when people expressed ideas very different from my own. | T | F |
| 11. | There have been times when I was quite jealous of the good fortune of others. | T | F |
| 12. | I am sometimes irritated by people who ask favours of me. | T | F |
| 13. | I have never deliberately said something that hurt someone's feelings. | T | F |

Scoring:

Reverse score items 1, 2, 3, 4, 6, 8, 11, and 12 then add total sum of items 1 through 13.

Study 2 Information and Consent Form

Investigator: Tracey Waskowic, Graduate Student in Clinical Psychology

Supervisor: Dr. Brian Chartier, Associate Professor, STM College, 966-8948

Description: This study is being conducted as part of a doctoral dissertation. The study focuses on the factors that may contribute to maintaining an ongoing relationship with a deceased individual. Specifically, the study examines the feelings and behaviours that one may engage in that help him/her to remain connected following a significant individual's death.

If you decide to participate in this study you will be asked to complete a four-part questionnaire and a list of demographic questions. The questionnaire will assess grief experiences and your relationship with the deceased prior to his/her death. The information that you provide will be used to help further our understanding of grief experiences following the death of a significant individual. Due to the focus and potentially sensitive nature of the questions you may find some of the questions difficult to complete, so please feel free to contact myself or Dr. Brian Chartier to discuss any of your concerns. You can reach me at tracey.waskowic@usask.ca; Dr. Brian Chartier can be contacted at 966-8948, e-mail: brian.chartier@usask.ca

The study will take approximately 45 minutes to complete. Once completed you will find a debriefing sheet, which further explains the nature and purpose of the study. Please read the debriefing sheet only after you have fully completed the question booklet.

The results of the study will be presented in an aggregate form to ensure your anonymity and confidentiality. Also, we ask that you return your question booklet without your name on it. Finally, any information you provide to us will be kept in a secure location for a period of five years following the completion of the study. The final results of the study may be published in journal articles or presented at conferences; however, at no point will individual participant information be released.

Completion and return of the question booklet indicates that you:

- √ Understand the explanation of the study and that possible risks have sufficiently been explained to you.
- √ Are able to contact the individuals listed above should you have any questions or concerns at any time during the course of the study.
- √ Understand that you have the right to refuse to answer any specific questions.
- √ Consent to participate in the study.

Your experience and time is greatly appreciated!

Tracey Waskowic, B.A. Hons., B. Ed.

Brian Chartier, Ph.D.

Appendix K:

Study 2 Debriefing Letter

To Be Read Upon Completion of the Questionnaires

Thank you for your time and participation in this study. Your assistance and experience are greatly valued and appreciated. The study you have just completed examines the relationship between an individual's style of attachment and how he/she experiences the loss following the death of a spouse or partner. The study examines whether one's style of attachment is related in part to whether/how one continues to carry on a relationship with the individual after his/her death and if so if this can account for some variation observed in individual's grief experiences.

This type of research represents a relatively new area and therefore, the information you have shared will assist in increasing our understanding of how different people cope with the grief after the death of a spouse or partner. If you have any questions, concerns, or would like to discuss the study, please do not hesitate to contact us.

Due to the sensitive nature of the questionnaires it is possible that some items may have caused discomfort or an emotional reaction. If you feel that you have become upset as a result of this study and need someone to help you cope with these feelings, you may wish to contact one of the agencies listed below:

Saskatoon Mental Health and Addictions Services
715 Queen Street
655-8877

Saskatoon Family Services Bureau
443 2nd Avenue North
244-0127

Once again, **thank you** for your participation.

Sincerely,

Tracey Waskowic, B.A. Hons, B. Ed.
Doctoral Student, Clinical Psychology
tracey.waskowic@usask.ca

Brian Chartier, Ph.D
Associate Professor, Psychology
(306) 966-8948 or brian.chartier@usask.ca

Appendix L:

Study 2 Demographic Questionnaire (Spouse/Partner Loss)

Instructions:

Please indicate the appropriate response to the following questions:

1. Your gender (check appropriate answer):
_____ male _____ female
2. Please indicate your age in years: _____
3. How old was your spouse/partner when he/she died: _____
4. Was the death (check one):
 sudden tragic expected accidental _____
5. How long were you married to the deceased: _____year(s)
6. At the time of your spouse's death were you (check one):
 divorced separated together common law
7. Looking back, my relationship with this person was (check one):
 closer than any relationship I've ever had before or since
 closer than most relationships I've had with other people
 about as close as most of my relationships with others
 not a close as most of my relationships
 not very close at all
8. How long since your spouse/partner died: _____ year(s) _____ month(s)
9. Are you presently (check one):
 single dating interested in having a relationship
 remarried/common law _____ How long?

10. Have you received any professional counselling to help you work through the death of your spouse/partner (check one):

No

Yes How long? _____

From whom (check one):

Therapist Social worker Grief counsellor Psychologist

Clergy Family Doctor Psychiatrist Nurse

Other _____ (Please specify)

11. What (if any) is your religious affiliation: _____

12. Is religion important in you life:

not at all somewhat very much

Appendix M:

Study 2 Demographic Questionnaire (Parent Loss)

Instructions: Please indicate the appropriate response to the following questions.

1. Your gender (check appropriate answer):

_____ male _____ female

2. Please indicate your age in years: _____

3. How old was your parent when he/she died: _____

4. Was the death (check one):

sudden tragic expected accidental _____

5. Looking back, my relationship with this person was (check one):

- closer than any relationship I've ever had before or since
- closer than most relationships I've had with other people
- about as close as most of my relationships with others
- not a close as most of my relationships
- not very close at all

8. How long since your parent died: _____ year(s) _____ month(s)

9. Have you received any professional counselling to help you work through the death of your parent (check one):

- No
- Yes How long? _____

From whom (check one):

- Therapist Social worker Grief counsellor Psychologist
- Clergy Family Doctor Psychiatrist Nurse
- Other _____ (Please specify)

10. What (if any) is your religious affiliation: _____

11. Is religion important in you life:

not at all somewhat very much

Appendix N:

Experiences in Close Relationships Inventory (Brennan, Clark, & Shaver, 1998)

Instructions:

The following statements concern how you felt in your relationship with _____. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating.

1	2	3	4	5	6	7
Disagree Strongly			Neutral/ Mixed			Agree Strongly

- ___ 1. I prefer not to show _____ how I feel deep down.
- ___ 2. I worry about being abandoned.
- ___ 3. I am very comfortable being close to _____.
- ___ 4. I worry a lot about my relationships.
- ___ 5. Just when _____ starts to get close to me I find myself pulling away.
- ___ 6. I worry that _____ won't care about me as much as I care about him/her.
- ___ 7. I get uncomfortable when _____ wants to be very close.
- ___ 8. I worry a fair amount about losing _____.
- ___ 9. I don't feel comfortable opening up to _____.
- ___ 10. I often wish that _____ 's feelings for me were as strong as my feelings for him/her.
- ___ 11. I want to get close to _____, but I keep pulling back.
- ___ 12. I often want to merge completely with _____, and this sometimes scares him/her away.
- ___ 13. I am nervous when _____ gets too close to me.
- ___ 14. I worry about being alone.
- ___ 15. I feel comfortable sharing my private thoughts and feelings with _____.
- ___ 16. My desire to be very close sometimes scares people away.
- ___ 17. I try to avoid getting too close to _____.
- ___ 18. I need a lot of reassurance that I am loved by _____.
- ___ 19. I find it relatively easy to get close to _____.

- ___ 20. Sometimes I feel that I force _____ to show more feeling, more commitment.
- ___ 21. I find it difficult to allow myself to depend on _____.
- ___ 22. I do not often worry about being abandoned.
- ___ 23. I prefer not to be too close to _____.
- ___ 24. If I can't get _____ to show interest in me, I get upset or angry.
- ___ 25. I tell _____ just about everything.
- ___ 26. I find that _____ doesn't want to get as close as I would like.
- ___ 27. I usually discuss my problems and concerns with _____.
- ___ 28. When I'm not involved in a relationship, I feel somewhat anxious and insecure.
- ___ 29. I feel comfortable depending on _____.
- ___ 30. I get frustrated when _____ is not around as much as I would like.
- ___ 31. I don't mind asking _____ for comfort, advice, or help.
- ___ 32. I get frustrated if _____ is not available when I need him/her.
- ___ 33. It helps to turn to _____ in times of need.
- ___ 34. When _____ disapproves of me, I feel really bad about myself.
- ___ 35. I turn to _____ for many things, including comfort and reassurance.
- ___ 36. I resent it when _____ spends time away from me.

Scoring:

1. Reverse score items: 3, 15, 19, 22, 25, 27, 29, 31, 33, and 35. (1 →7, 2→6, 3→5, 5→3, 6→2, 7→1)
2. Compute scores for avoidance and anxiety dimensions
 Compute avoidance = mean.14(1,3r,5,7,9,11,13,15r,17,19r,21,23,25r,27r,29r,31r,33r,35r).
 Compute anxiety = mean.14(2,4,6,8,10,12,14,16,18,20,22r,24,26,28,30,32,34,36).
3. Compute attachment-style categories from the classification coefficients based on Brennan, Clark, and Shaver's sample of 1082 participants.
 Compute Sec = avoidance*3.2893296 + anxiety*5.4725318 – 11.5307833.
 Compute Fear = avoidance*7.2371075 + anxiety*8.1776446 – 32.3553266.
 Compute Pre = avoidance*3.9246754 + anxiety*9.7102446 – 28.4573220.
 Compute Dis = avoidance*7.3654621 + anxiety*4.9392039 – 22.2281088.

- If (sec>max(fear,pre,dis)) ATT = 1.
 If (fear>max(sec,pre,dis)) ATT = 2.
 If (pre>max(sec,fear,dis)) ATT = 3.
 If (dis>max(sec,pre,fear)) ATT = 4.

Appendix O:

Interpersonal Dependency Inventory (Hirschfield, Klerman, Gough, Barrett, Korchin, & Chodoff, 1977)

Instructions:

Please read each statement and decide whether or not it is characteristic of your attitudes, feelings, or behaviours. Then assign a rating to every statement, using the values given below:

- 4 = very characteristic of me
- 3 = quite characteristic of me
- 2 = somewhat characteristic of me
- 1 = not characteristic of me

- _____ 1. I prefer to be by myself.
- _____ 2. When I have a decision to make, I always ask for advice.
- _____ 3. I do my best work when I know it will be appreciated.
- _____ 4. I can't stand being fussed over when I am sick.
- _____ 5. I would rather be a follower than a leader.
- _____ 6. I believe people could do a lot more for me if they wanted to.
- _____ 7. As a child, pleasing my parents was very important to me.
- _____ 8. I don't need other people to make me feel good.
- _____ 9. Disapproval by someone I care about is very painful for me.
- _____ 10. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.
- _____ 11. I'm the only person I want to please.
- _____ 12. The idea of losing a close friend is terrifying to me.
- _____ 13. I am quick to agree with the opinions expressed by others.
- _____ 14. I rely only on myself.
- _____ 15. I would be completely lost if I didn't have someone special.
- _____ 16. I get upset when someone discovers a mistake I've made.
- _____ 17. It is hard for me to ask someone for a favor.
- _____ 18. I hate it when people offer me sympathy.
- _____ 19. I easily get discouraged when I don't get what I need from others.
- _____ 20. In an argument, I give in easily.
- _____ 21. I don't need much from people.
- _____ 22. I must have one person who is very special to me.
- _____ 23. When I go to a party, I expect that the other people will like me.

- _____ 24. I feel better when I know someone else is in command.
- _____ 25. When I am sick, I prefer that my friends leave me alone.
- _____ 26. I'm never happier than when people say I've done a good job.
- _____ 27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.
- _____ 28. I am willing to disregard other people's feelings I order to accomplish something that's important to me.
- _____ 29. I need to have one person who puts me above all others.
- _____ 30. In social situations I tend to be very self-conscious.
- _____ 31. I don't need anyone.
- _____ 32. I have a lot of trouble making decisions by myself.
- _____ 33. I tend to imagine the worst if a loved one doesn't arrive when expected.
- _____ 34. Even when things go wrong I can get along without asking for help from my friends.
- _____ 35. I tend to expect too much from others.
- _____ 36. I don't like to buy clothes by myself.
- _____ 37. I tend to be a loner.
- _____ 38. I feel that I never really get all that I need from people.
- _____ 39. When I meet new people, I'm afraid that I won't do the right thing.
- _____ 40. Even if most people turned against me, I could still go on if someone I love stood by me.
- _____ 41. I would rather stay free of involvements with others than to risk disappointments.
- _____ 42. What people think of me doesn't affect how I feel.
- _____ 43. I think that most people don't realize how easily they can hurt me.
- _____ 44. I am very confident about my own judgment.
- _____ 45. I have always had a terrible fear that I will lose the love an support of people I desperately need.
- _____ 46. I don't have what it takes to be a good leader.
- _____ 47. I would feel helpless if deserted by someone I love.
- _____ 48. What other people say doesn't bother me.

Scoring: (Sum each subscale separately to provide scores for each subscale)

Emotional reliance on others subscale: 3, 6, 7, 9, 12, 15, 16, 19, 22, 26, 29, 33, 35, 38, 40, 43, 45, 47

Lack of self-confidence subscale: 2, 5, 10, 13, 17, 19, 20, 23, 24, 27, 30, 32, 36, 39, 41, 44, 46). Items 10, 23, and 44 are rescored by subtracting the item response from 5.

Assertion of autonomy subscale: 1, 4, 8, 11, 14, 18, 21, 25, 28, 31, 34, 37, 42, 48

Appendix P:

Inventory of Complicated Grief (Prigerson et al., 1995)

Please fill in the circle next to the answer which best describes how you feel right now:

1. I think about this person so much that it's hard for me to do the things I normally do...

never rarely sometimes often always

2. Memories of the person who died upset me...

never rarely sometimes often always

3. I feel I cannot accept the death of the person who died...

never rarely sometimes often always

4. I feel myself longing for the person that died...

never rarely sometimes often always

5. I feel drawn to places and things associated with the person who died...

never rarely sometimes often always

6. I can't help feeling angry about his/her death...

never rarely sometimes often always

7. I feel disbelief over what happened...

never rarely sometimes often always

8. I feel stunned or dazed over what happened...

never rarely sometimes often always

9. Ever since s/he died it is hard for me to trust people...

never rarely sometimes often always

10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about...

never rarely sometimes often always

11. I have pain in the same area of my body or have some of the same symptoms as the person who died...

never rarely sometimes often always

12. I go out of my way to avoid reminders of the person who died...

never rarely sometimes often always

13. I feel that life is empty without the person who died...

never rarely sometimes often always

14. I hear the voice of the person who died speak to me...

never rarely sometimes often always

15. I see the person who died stand before me...

never rarely sometimes often always

16. I feel that it is unfair that I should live when this person died...

never rarely sometimes often always

17. I feel bitter over this person's death...

never rarely sometimes often always

18. I feel envious of others who have not lost someone close...

never rarely sometimes often always

19. I feel lonely a great deal of the time ever since s/he died...

never rarely sometimes often always

Scoring:

Item values are: never = 0, rarely = 1, sometimes = 2, often = 3, and always = 4
ICG total score >25 = syndromal level of complicated grief

Appendix Q:

Hogan Grief Reaction Checklist (Hogan, Greenfield, & Schmidt, 2001)

*This questionnaire consists of a list of thoughts and feelings that you may have had since your spouse's death. Please read each statement carefully, and choose the number that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement that best describes you. Please do not skip any items.*

1	Does not describe me at all	4	Describes me well
2	Does not quite describe me	5	Describes me very well
3	Describes me fairly well		
1.	My hopes are shattered		1 2 3 4 5
2.	I have learned to cope better with life		1 2 3 4 5
3.	I have little control over my sadness		1 2 3 4 5
4.	I worry excessively		1 2 3 4 5
5.	I frequently feel bitter		1 2 3 4 5
6.	I feel like I am in shock		1 2 3 4 5
7.	Sometimes my heart beats faster than it normally does for no reason		1 2 3 4 5
8.	I am resentful		1 2 3 4 5
9.	I am preoccupied with feeling worthless		1 2 3 4 5
10.	I feel as though I am a better person		1 2 3 4 5
11.	I believe I should have died and he or she should have lived		1 2 3 4 5
12.	I have a better outlook on life		1 2 3 4 5
13.	I often have headaches		1 2 3 4 5
14.	I feel a heaviness in my heart		1 2 3 4 5
15.	I feel revengeful		1 2 3 4 5
16.	I have burning in my stomach		1 2 3 4 5
17.	I want to die to be with him or her		1 2 3 4 5
18.	I frequently have muscle tension		1 2 3 4 5
19.	I have more compassion for others		1 2 3 4 5
20.	I forget things easily, e.g., names, telephone numbers		1 2 3 4 5
21.	I feel shaky		1 2 3 4 5

22. I am confused about who I am 1 2 3 4 5
23. I have lost my confidence 1 2 3 4 5
24. I am stronger because of the grief I have experienced 1 2 3 4 5
25. I don't believe I will ever be happy again 1 2 3 4 5
26. I have difficulty remembering things from the past 1 2 3 4 5
27. I frequently feel frightened 1 2 3 4 5
28. I feel unable to cope 1 2 3 4 5
29. I agonize over his or her death 1 2 3 4 5
30. I am a more forgiving person 1 2 3 4 5
31. I have panic attacks over nothing 1 2 3 4 5
32. I have difficulty concentrating 1 2 3 4 5
33. I feel like I am walking in my sleep 1 2 3 4 5
34. I have shortness of breath 1 2 3 4 5
35. I avoid tenderness 1 2 3 4 5
36. I am more tolerant of myself 1 2 3 4 5
37. I have hostile feelings 1 2 3 4 5
38. I am experiencing periods of dizziness 1 2 3 4 5
39. I have difficulty learning new things 1 2 3 4 5
40. I have difficulty accepting the permanence of the death 1 2 3 4 5
41. I am more tolerant of others 1 2 3 4 5
42. I blame others 1 2 3 4 5
43. I feel like I don't know myself 1 2 3 4 5
44. I am frequently fatigued 1 2 3 4 5
45. I have hope for the future 1 2 3 4 5
46. I have difficulty with abstract thinking 1 2 3 4 5
47. I feel hopeless 1 2 3 4 5
48. I want to harm others 1 2 3 4 5
49. I have difficulty remembering new information 1 2 3 4 5
50. I feel sick more often 1 2 3 4 5
51. I reached a turning point where I began to let go

of some of my grief	1 2 3 4 5
52. I often have back pain	1 2 3 4 5
53. I am afraid that I will lose control	1 2 3 4 5
54. I feel detached from others	1 2 3 4 5
55. I frequently cry	1 2 3 4 5
56. I startle easily	1 2 3 4 5
57. Tasks seem insurmountable	1 2 3 4 5
58. I get angry often	1 2 3 4 5
59. I ache with loneliness	1 2 3 4 5
60. I am having more good days than bad	1 2 3 4 5
61. I care more deeply for others	1 2 3 4 5

Subscales for Scoring Hogan Grief Reaction Checklist:

- 1 – Despair (1, 3, 6, 11, 14, 17, 25, 29, 33, 40, 47, 55, 59); scores range from 13-65
- 2 – Panic Behaviour (4, 7, 13, 16, 18, 21, 27, 31, 34, 38, 44, 50, 52, 56); scores range from 14-70
- 3- Personal Growth (2, 10, 12, 19, 24, 30, 36, 41, 45, 51, 60, 61); scores range from 12-60
- 4 – Blame and Anger (5, 8, 15, 37, 42, 48, 58); scores range from 7-35
- 5 – Detachment (9, 22, 23, 28, 35, 43, 53, 54); scores range from 8-40
- 6 – Disorganization (20, 26, 32, 39, 46, 49, 57); scores range from 7-35

Grief Misery = Despair + Panic Behaviour + Blame/Anger + Detachment + Disorganization; scores range from 49-245

Appendix R:

Inventory of Daily Widowed Life (Caserta & Lund, 2007)

Instructions:

Below is a list of activities, tasks, or issues that widows and widowers sometimes need to confront or do in their daily lives. For each item, please indicate how much time you have spent on it *during the past week*.

Activity	Rarely or not at all	Once in a while	Fairly often	Almost always
1. Thinking about how much I miss my _____.	1	2	3	4
2. Thinking about the circumstances or events associated with my _____'s death.	1	2	3	4
3. Yearning for my _____.	1	2	3	4
4. Looking at old photographs and other reminders of my _____.	1	2	3	4
5. Imagining how my _____ would react to my behaviour.	1	2	3	4
6. Imagining how my _____ would react to the way I handled tasks or problems I faced.	1	2	3	4
7. Crying or feeling sad about the death of my _____.	1	2	3	4
8. Being preoccupied with my situation.	1	2	3	4
9. Engaging in fond or happy memories about my _____.	1	2	3	4
10. Feeling a bond with my _____.	1	2	3	4
11. Feeling lonely.	1	2	3	4
12. Visiting or doing things with others.	1	2	3	4
13. Finding ways to keep busy or occupied.	1	2	3	4
14. Dealing with financial matters.	1	2	3	4
15. Engaging in leisure activities (hobbies, recreation, physical activity, etc.)	1	2	3	4
16. Attending to my own health-related needs.	1	2	3	4
17. Engaging in employment or volunteer work.	1	2	3	4
18. Watching TV, listening to music, listening to the radio, reading.	1	2	3	4
19. Attending to legal, insurance or property matters.	1	2	3	4

20. Attending to the maintenance of my household or automobile.	1	2	3	4
21. Focusing less on my grief.	1	2	3	4
22. Learning to do new things.	1	2	3	4

Scoring:

LO Subscale Score = Sum of items 1 through 11 (Possible range = 11[Low] to 44[High]).

RO Subscale Score = Sum of items 12 through 22 (Possible range = 11[Low] to 44[High]).

Oscillation Balance = RO score minus LO score (Possible range = -33 [Exclusively Loss-oriented] to +33 [Exclusively Restoration-oriented]). A score equal to zero (0) indicates perfect oscillation balance.

Appendix S:

The Connor-Davidson Resilience Scale (Connor & Davidson, 2003)⁴

Instructions: Please rate (by circling the appropriate number) the following descriptions based on how you felt **over the past month**.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
1. Able to adapt to change					
2. Close and secure relationships					
3. Sometimes fate or God can help					
4. Can deal with whatever comes					
5. Past success give confidence for new challenge					
6. See the humorous side of things					
7. Coping with stress strengthens					
8. Tend to bounce back after illness or hardship					
9. Things happen for a reason					
10. Best effort no matter what					
11. You can achieve your goals					
12. When things look hopeless, I don't give up					
13. Know where to turn for help					
14. Under pressure, focus and think clearly					
15. Prefer to take the lead in problem solving					
16. Not easily discouraged by failure					
17. Think of self as strong person					
18. Make unpopular or difficult decisions					
19. Can handle unpleasant feelings					
20. Have to act on a hunch					
21. Strong sense of purpose					
22. In control of your life					
23. I like challenges					
24. You work to attain your goals					
25. Pride in your achievements					

Scoring:

The total score ranges from 0 to 100, with higher scores indicating greater resilience. Item values are as follows: Not true at all = 0, Rarely true = 1, Sometimes true = 2, Often true = 3, and True nearly all the time = 4.