
Ghosts internalized: The role of attachment in spousal bereavement

par

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ABSTRACT :

The grieving process is unique to every individual. Understanding the grief of a surviving spouse through attachment theory. Relations between spouses share four common points with attachment bonds: physical proximity, regulation of emotional distress, secure base promoting psychological growth, and separation distress resulting from the disappearance of the attachment figure. Reactions to grief and its resolution vary depending on the type of attachment style (secure, avoidant, anxious). Presentation of the Dual-Process Model of Grief. Intervention suggestions based on the bereaved individual's attachment style.

KEY WORDS :

attachment, interventions with bereaved persons, widowhood - psychological aspects, grief therapy, attachment styles, continuing bonds

INTRODUCTION

In our aging baby-boomer population, increasing numbers of people will experience the death of their mates. Despite variations in grief expressions across cultures : “the death of a spouse evokes profound pain and disorientation everywhere in the world and has done so during all periods of recorded history” (Shaver, Mikulincer, 2012:18). Attachment theory suggests that intimate adult relationships are built upon early attachment experiences with significant caregivers (Field, Sundin 2001), and that spousal partners function as adult attachment figures. Spousal relationships encompass the physical touch, emotional exchanges and instrumental proximity of experiences with earlier caregivers, and are likely to activate earlier attachment responses to the threat of separation. Understanding the role of attachment in spousal bereavement, then, may have important implications for therapeutic work with this population. The phrase “ghosts internalized” in my title refers to the process of transforming a relationship with a living partner into one with an internal representation of that person. It further represents a respectful nod to the inspiring article “Ghosts in the Nursery” by Fraiberg, Adelson and Shapiro (1975) that describes the transmission, and healing, of insecure attachment styles through the mother-infant dyad.

My personal interest in spousal loss may represent an attempt at mastery of my own death anxiety as I join this aging demographic and also regularly witness grieving partners in my palliative care work. Most of our patients are in the 50 to 70-age range; their adult children usually have left the family home and the surviving spouse must navigate this enormous loss while living alone, sometimes for the first time. Couples typically expect to retire and enjoy pleasurable time together at this stage. With the death of a partner, such dreams are lost. Expected support may also be lacking; several widows in my practice reported that friends and other couples had distanced themselves, perhaps as a way of avoiding their own death anxiety. Further, adult children may live far away or be preoccupied with

careers and young families, and the widowed spouse might feel reluctant to burden his or her children. In some cases, the bereaved are also caring for elderly parents (Walsh, McGoldrick, 2004).

This paper aims to explore spousal bereavement through the lens of attachment theory, applying theory to clinical case examples, and proposing interventions to support the development of internalized secure attachments with the deceased.¹

1. Attachment Theory from ‘Cradle to Grave’

Attachment theory is richly nuanced. It draws upon evolutionary thought (the survival of the species is dependent on infant care-giving); developmental and cognitive psychology (the child learns about himself, others and the world through the nature of his attachments to significant others and internalizes these learned models); and object relations (attachment is by definition relational; recall Winnicott’s (1960) assertion that there is no such thing as an infant without a mother and no mother without an infant). Attachment theory also shares common notions with psychodynamic theories, recognizing the formative nature of the first years of life, particularly the mother-infant bond, the influence of unconscious mental states and the assumption of psychic defenses (Fonagy, Gergely, Target, 2008).

Developed by British psychoanalyst John Bowlby between the mid-1940s-1990s, attachment theory has sparked a remarkable amount of interest and research. Bowlby and colleagues demonstrated how children form attachment bonds to caregivers in order to elicit safety and security in times of threat or need. Particular styles of attachment, based on the availability and responsiveness of these caregivers become internalized into general styles of being in the world, or ‘working models’. According to Bowlby, our attachment styles and working models determine the nature of our intimate relationships, for example, whether we feel worthy or unworthy of love, and whether or not we expect others to be reliable and caring (Stroebe, Schut, Boerner, 2010). They also influence how we tolerate separation from loved ones and how we explore our worlds, and they stay relatively stable from cradle to grave.

The extraordinary clinical research of Mary Ainsworth demonstrated infants’ various attachment styles in response to the “Strange Situation” involving the brief departure and return of their mothers in a laboratory playroom. Ainsworth identified three main patterns of infant-mother attachment: secure, resistant and avoidant. The securely attached infants protested with distress to the separation, then sought and obtained comfort from their mothers upon return, and resumed playing. Of the two other insecurely attached groups, the resistant infants tended to focus on their mothers while playing, cried profusely during separation and refused to calm down once their mothers returned. This style has also been called ‘anxious attachment’, the term that I shall use in this paper. The avoidant infants seemed nonchalant as to the mother’s whereabouts and refrained from seeking comfort altogether upon her return. In adult bereavement of an intimate partner we often see attachment behaviors similar to those noted in Ainsworth’s infants. Indeed, these distress responses are likely to be repeated at times of separation throughout life.

Spousal relationships fulfill four major defining features of attachment bonds. First, they provide physical proximity. Next, when functioning well, they regulate emotional distress by providing a safe haven and, third, they promote psychological growth by providing a secure base. Finally, the real or expected disappearance of the attachment figure evokes strong ‘separation distress’. As spouses usually represent one another’s principal attachment figures, it would be expected that the death of one partner would cause significant attachment distress for the other (Shaver, Mikulincer, 2012).

¹ The terms *spouse* and *partner* are used interchangeably throughout this paper.

2. Bowlby's Attachment Styles in Bereavement

Bowlby's son reported a 1958 conversation where his father said:

"You know how distressed small children get if they're lost and can't find their mother and how they keep searching? Well, I suspect it's the same feeling that adults have when a loved one dies, they keep on searching too. I think it's the same instinct that starts in infancy and evolves throughout life as people grow up, and becomes part of adult love" (Bowlby, 1980 in Shaver, Fraley, 2008 : 47).

Bowlby believed that an individual's response to loss "stems partly from the way his or her attachment system became organized during childhood" (Ibid : 59). He thought that people whose attachment systems are organized to chronically expect rejection or loss (anxious attachment style), and those who defensively suppress attachment feelings (avoidant attachment style), are likely to suffer greater psychological and physical distress during bereavement than those who had available and responsive caregivers in childhood and developed a secure attachment style. Spouses with a secure attachment style will generally move back into life with greater ease in bereavement than those of the two previously mentioned styles.

Bowlby identified two types of what he called "disordered mourning" on a continuum of responses. On the one end was "chronic mourning", characterized by a prolonged period of anxiety, depression, and poor functioning, and on the other end of the continuum was "prolonged absence of conscious grieving", characterized by denial of distress and continuation of normal activity. The former is reflective of an anxious attachment style (sometimes called 'preoccupied') while the latter employs an avoidant (or dismissing) attachment style. In contrast, those with a secure attachment style may ultimately gain an increased sense of growth and meaning from the experience of loss. In this paper, the three main attachment styles put forth by Bowlby — insecure-anxious, insecure-avoidant and secure attachment — will be discussed in greater detail as they pertain to spousal bereavement.

2.1 Insecure-Anxious Attachment Style

Insecure-anxious attachment can be observed in adults, as in children, through crying, searching and clinging, and in incidences of mental and physical disorganization. These are quite common in the early phases of bereavement, but persist for some.

Lola, a 35-year-old woman was referred to me three weeks after the sudden death of her partner at a party. Utterly bereft, she'd weep, "Why did he leave me?". Although not suicidal, she was unable to imagine life without him and said: "I want to die too, so I can be with him again." She 'spoke' with her boyfriend regularly and sometimes 'felt' his body beside hers. She had poor concentration, cried much of the time and was unable to work.

Lola had several risk factors in her bereavement: she was young, the death was sudden, she had limited support as she'd only moved to our city two years earlier, and her family, with whom she was not very close, lived overseas. Further, the death might have been preventable; her partner had a medical condition that he'd decided to treat with diet rather than medication. Lola felt intense guilt at not having convinced him to take medication. This traumatic loss brought with it some features of post-traumatic stress disorder: she frequently re-lived the death event, reported high levels of anxiety, and had occasions of dissociation ("I'm going through the motions but not really there"). Her religious belief that "only God can give and take life" was a protective factor in preventing her from acting on her wish to die.

Lola's intense reactions were not uncommon for a new, traumatic loss. Nonetheless, she also described the relationship with her partner as one in which she had felt dependent and needy, demanding reassurance of his love, and a greater commitment.

These are characteristics of an anxious attachment style, which in turn can lead to a larger than usual investment in the deceased partner and lost relationship. After the death of their partner,

anxiously attached grievers are likely to experience intense anger, yearning, anxiety and sorrow; their grief is easily triggered and they have difficulty establishing a new life without their beloved. Lola decided to return to her native country, ending our brief work together.

2.2 Insecure-Avoidant Attachment Style

When denial or an absence of grief is evident over time, an avoidant attachment style may be identified. Avoidant grievers tend to “deny their attachment needs, suppress attachment-related thoughts and emotions, and inhibit unwanted urges to seek proximity or support” (Shaver, Fraley, 2008:59). This may reflect a habitual attachment style; the avoidant person may have never had a close, interdependent relationship with his partner and may not actually experience great distress. Alternatively, he may be downplaying the importance of the loss as a way of defending against painful thoughts, memories, and feelings of anxiety and sadness. Some avoidant grievers jump into activity or a new relationship to avoid experiencing the impact of the loss.

A man in his late 60s whose wife of 40 years died after a prolonged illness, quickly began a new relationship. Interestingly, this woman also had a degenerative disease. This client came to see me one year into his new relationship as his partner’s functioning began to decline, hoping I could help him find the courage to leave her. He described himself as a highly rational man, and was surprised to find himself in this predicament. Part of our work together involved exploring how his choice of another ill partner might have reflected both an avoidance of and a need to grieve the loss of his wife. Paradoxically, the more he allowed himself to experience his sadness around his wife’s death, the greater became his capacity and wish to stay with his new partner.

Bowlby believed that a continual suppression of grief could have negative emotional and physical effects for the griever down the road. In fact, there is some evidence of increased somatic symptoms six months post-loss in bereaved individuals with an avoidant style “implying that avoidant defenses might block conscious access to anxiety and depression” (Mikulincer, Shaver, 2007:208).

A study by Field and Sundin (2001) found that avoidant spouses reported more negative thoughts about the lost partner 14 months after the death, perhaps a distancing technique, in contrast with anxiously attached bereaved spouses who had more positive thoughts about their partners, perhaps reflecting idealization.

2.3 Secure Attachment Style

The securely attached individual may pass through phases that have characteristics of anxious or avoidant attachment styles, but they do not get stuck there. In time they develop a changed relationship to the deceased, which allows them to both remain attached and reinvest in life. Shaver & Fraley (2008) quote Bowlby (1980), describing the securely attached griever as:

“likely to possess a representational model of (the) attachment figure 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. 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, in Shaver, Fraley : 66).

Sara, 66, came to me for support after the death of her husband – “the love of my life” – from cancer. She described their long relationship as one infused with mutual love, respect and tremendous fun. Sara used creative means to help express her grief; she painted and composed poignant poetry,

and brought these into our sessions for further elaboration. Although she experienced periods of intense loneliness and profound sadness, Sara also felt gratitude for having had such a wonderful marriage. As Sara negotiated the many changes and challenges of being alone, she often ‘conjured up’ the image of her husband for advice or support. In time she was able to articulate: “I haven’t really lost him; he’s still with me, just in a different form”.

Securely attached people can recall, think about and discuss the spouse’s death coherently, and experience the emotions of grief without a total disruption of normal functioning. Their positive working models of the lost spouse allow them to continue to think positively about him or her, while their positive models of themselves allow them to cope with the loss and begin to move back out into the world (Mikulincer, Shaver, 2007).

3. Continuing Bonds

“Continuing bonds” has been defined as the presence of an ongoing inner relationship with the deceased person (Stroebe, Abakoumkin, Stroebe & Shut, 2011). The term was first used in 1996 by Klass and colleagues to distinguish their view of a continuing relationship with the deceased from earlier views which, they felt, advocated decathexis (Freud) and detachment (Bowlby). This conception is somewhat misleading as both Freud and Bowlby did attest to the existence of ongoing connections with the deceased. Nonetheless “continuing bonds” has sparked much interest and research in the bereavement literature, as well as discussion as to consequences of continuing and/or relinquishing bonds to the deceased.

It is widely accepted that bereaved individuals do maintain representational relationships, or continuing bonds, with their deceased loved ones. As noted earlier, the characteristics of these bonds are congruent with previous attachment styles and thus influence the grief trajectory. For example, a securely attached spouse is able to retain a mostly comforting bond with the deceased. He or she can “also gradually let go and *relocate* the deceased, where relocation implies both withdrawal or loosening, and continuation, in the sense of continued remembrance. These patterns are associated with healthy grieving” (Stroebe et al., 2010: 263). People with avoidant attachment styles are more likely to relinquish bonds with the deceased, trying to maintain a distance from thoughts and reminders of the lost attachment figure. In contrast, a bereaved partner who is anxiously attached would tend to continue the bond to their spouse in a ruminating, clingy manner with “less or no gradual move toward relocating the deceased” (*Ibid* : 263).

Field and colleagues (2001; 2003; 2006) have conducted research on continuing bonds and adjustment in spousal bereavement. Field holds that the *extent* of the bereaved person’s use of a continuing bond is more important in predicting adjustment than the *type* of bond used (Field, Gal-Oz, Bonanno, 2003). For example, one type of bond that surviving partners must deal with is their deceased spouse’s clothing; a widow may find that occasionally sleeping in her husband’s pajamas brings a sense of comfort and connection to him even several years post-death. This type of bond to him would be considered much more adaptive than if she kept all of his clothes because she was unable to part with them, perhaps sustaining a fantasy of his return or, conversely, if she immediately dispersed all of his possessions, obliterating all signs of his existence. Field makes the important distinction between thinking about and incorporating the deceased person’s positive, loving qualities on the one hand, and being haunted, disorganized or painfully conflicted about the deceased person’s presence on the other. These latter types of bonds are also referred to in the literature as complicated, prolonged or traumatic grief.

Other factors, which may interact with continuing bonds and adjustment in bereavement, are the manner of death and the quality of the lost relationship. A study, which followed bereaved spouses over two years, found that younger people whose spouses died unexpectedly and who retained strong bonds “were the least well adapted and remained so over time. Those with expected loss and strong

ties suffered initially but improved. A third group with weaker ties to the deceased spouse had lower scores on maladaptation, regardless of (un)expectedness of death” (Stroebe et al., 2011).

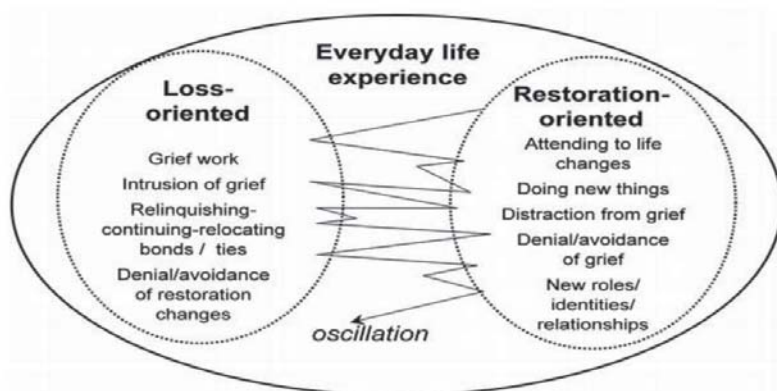
Another study by Waskowic and Chartier (2003) found that widowed individuals who had a secure attachment to their spouses before death, ruminated less and had more positive memories about the deceased, as well as more symbolic exchanges with mental representations of the partner. Those with insecure attachments to their spouses on the other hand, had more negative and lengthy grief experiences, with more “feelings of anger, despair, guilt, death anxiety, depersonalization, social isolation, rumination and somatic symptoms” (: 88).

Of theoretical and clinical interest is a related idea that positive continuing bonds may not only *reflect* a secure attachment style but also may *contribute* to securely attached functioning and sustain inner resources. The bereaved spouse may, for example, purposely evoke his or her mate as a ‘safe haven’ or comforting presence when under duress, as in believing the deceased is watching over them. The internalized spouse can also be called upon as a ‘secure base’, providing guidance when important decisions need to be made. This bond may further help the bereaved spouse to maintain a sense of identity amidst the many changes brought about by the loss, as in identifying with valued attributes of the deceased (Field, 2006). Interventions designed to promote a positive continuing bond will be discussed later in this paper.

4. Dual-Process Model of Grief

Stroebe and Schut’s (1999) Dual-Process Model of coping with grief de-emphasizes stages of grief, proposing instead an *oscillation* of attachment and detachment in processing loss, both on a daily basis and over time. The model integrates ideas about attachment styles, mental representation processes and coping with loss over time.

According to Shaver and Mikulincer (2012), reorganization of attachment following the death of a spouse involves psychological tasks which fall into two general categories: (1) accepting the death of the lost partner, returning to daily activities, and forming new relationships, and (2) maintaining a symbolic bond with the deceased and integrating the lost relationship into a new reality. Stroebe & Schut (1999; 2005; 2008) similarly classify two areas of grieving as restoration-oriented and loss-oriented. (See figure 1).



According to their Dual Process model, as described by Stroebe, Schut, Boerner (2010) :

“loss-oriented coping has to do directly with the deceased person while restoration-orientation is focused on secondary stressors that come about as a result of the death (e.g.: the change in identity from husband to widower). They posited an oscillation process where the bereaved person would confront and avoid the two types of stressors, for example, a bereaved person may be busy thinking about things directly related to the loss, such as going over death events (loss orientation) and may shift to thinking about secondary stressors, such as coping alone with finances (restoration orientation). Following this model adaptive grieving entails both confrontation and avoidance of the two types of stressor” (: 263-264).

The model also adds positive and negative valences to the two modes of coping. For example, yearning for the deceased and recalling fond memories are both loss-oriented, but evoke negative or positive meanings and emotions. “Thus emphasis (is) on the effects of confrontation-avoidance and positive-negative meaning-making as *regulatory* processes in adaptation” (Stroebe et al. : 264).

5. Attachment Style, Continuing Bonds and the Dual-Process Model

How, then, do people with different attachment styles and varying capacities to continue or relinquish their bonds fit into this model? Securely attached individuals oscillate relatively easily between loss and restoration, with both positive and negative thoughts and appraisals in each dimension. For example, they may experience intense grief *and* relief that the loved one is no longer suffering on the loss-oriented side, as well as resentment *and* pride at taking over a task that previously belonged to the spouse. When compared to those with insecure attachment styles, people with secure attachment styles have been found to be more flexible in their coping strategies, to have more positive thoughts and meanings, and to maintain good adjustment. Over time they are more successful in retaining ‘healthy’ bonds with their loved one, relocating him or her to a new place within an ongoing life (Stroebe et al., 2010).

People with insecure-anxious attachment styles tend to be predominantly loss-oriented and may suffer from chronic grief. Their manners of coping are more negative than positive and their bonds more clinging. In contrast, insecure-avoidant grievers are more restoration-oriented, with both positive and negative meanings, and might suffer from inhibited grief. They maintain the least possible ongoing bond and may diminish or deny the importance of the deceased. It follows that therapeutic interventions would aim to help the griever move toward the most securely attached style possible, and maintain it into the future (Shaver & Fraley, 2008).

6. Clinical Considerations and Interventions

Each person’s bereavement is unique, and different clinical interventions will be helpful for different individuals as they move through the process. Nonetheless, when conducting an assessment of a bereaved client, attachment factors can be taken into consideration, including the attachment style of the griever before and after the death, the quality of the lost relationship and the nature of the continuing bond. Therapists who choose to work with grieving people should also be cognizant of, and have processed their own losses.

It is important to remember that grief is a normal response to the death of a loved one and some people may benefit more from the support of friends and family or from bereavement groups than from psychotherapy. Bereavement groups tend to validate and normalize the grieving person’s experience, as well as provide social and instrumental support, whereas psychotherapy may focus more on negative symptoms. Not everyone is comfortable in a group, however, and therapy also serves to support people as they move through the normal, painful and often growth-inducing process of mourning a loved one.

For some people the loss of a close attachment figure triggers severe reactions (e.g.: PTSD, clinical depression, mental decomposition, suicidality) and these more complicated grief situations require individual treatment, including, at times, medication.

The clinical interventions presented below are most appropriate for individuals who are able to maintain a stable alliance with the therapist. Although organized by attachment style, they are by no means exclusive to these categories. Therapists must use their clinical skills and judgment when adapting interventions to individual grievers.

6.1 Interventions – Anxious Attachment Style

The following interventions encourage both the expressions of grief and an internalization of the positive aspects of the relationship with the deceased. They may be effective for those who remain distressed or anxiously attached to the lost other.

Changing the Narrative through “Saying Hullo”: In a 1988 article, narrative therapist Michael White described using a ‘saying hullo’ metaphor in working with clients who had previously been described as having unresolved grief. Rather than working toward the goal of ‘a fully experienced goodbye’, White introduced questions that helped bereaved clients reclaim their relationship with the deceased and reposition themselves in relation to the death. Some of the questions posed to a widow of 6 years, for example, were:

“If you were seeing yourself through (your husband’s) eyes right now, what would you notice about yourself that you could appreciate? What difference would it make to how you feel if you were appreciating this in yourself right now ... (and) on a day-to-day basis? What difference would feeling this way make to the steps that you could take to get back into life? How could you let others know? What difference will knowing what you now know about yourself make to your next step?” (White, 1988 : 8).

White asserts that through incorporating the lost relationship, the client arrives at a new relationship with his or her self; one which is kinder, more accepting, and which leads to resolution of the problems previously described as “pathological mourning”. White was, in effect, describing continuing bonds work 10 years before the term was coined.

Correspondence with the Deceased: In the book “Techniques of Grief Therapy”, Neimeyer, (2012), outlines several ways to develop and support continuing bonds to the deceased. ‘Correspondence with the deceased’ is one intervention in which the griever is invited to write letters to and from the deceased: “from the heart about what is important ... to *reopen* contact with the deceased, rather than seek ‘closure’ of the relationship” (Neimeyer, 2012:259). Through these letters, the bereaved evokes a relationship with the lost attachment figure. He or she may ask questions, share memories, thoughts and feelings, elicit advice and so on. Neimeyer states that these written exchanges tend to fade over time as the dialogue becomes internalized and the attachment to the deceased more secure.

Chair work similarly invites the bereaved to dialogue with the deceased who is imagined in an empty chair. The therapist supports and choreographs the exchange, guiding the client to change seats and respond from the position of the deceased, as well as take a third ‘witness’ chair from where the client may report his observations about the dialogue. This vivid, experiential intervention invites immediacy and vulnerability and should be used with care only after a strong therapeutic alliance has been formed. “Chair work can promote healing conversations with the self and deceased that transcend even the silence of the grave” (Neimeyer, 2012: 272).

6.2 Interventions – Avoidant Attachment Style

Little was found in the literature delineating techniques for those with avoidant attachment styles. It is possible that avoidant people are more likely to visit a medical doctor with somatic complaints than consult a therapist.

Gender differences in grieving styles often exist, with men tending to use more avoidant or action-oriented modes of coping, and women tending to express more emotion. A 1997 study by Schut and colleagues based on the Dual-Process Model concluded that “men who avoided confronting their grief benefited from counseling that encouraged ‘loss processing’, whereas women who dwelled on the emotional meaning and personal implications of the loss benefited from counseling that encouraged ‘restoration processing’ ” (Shaver & Fraley, 2008:62).

People who have difficulty expressing emotion may benefit from writing about their experiences. Indeed, some moving literature has come out of the experience of grief. In the following passage, C. S. Lewis (1961) describes an attempt to avoid difficult emotions while grieving his wife:

“There are moments ... when something inside me tries to assure me that I don’t really mind so much. ... Love is not the whole of a man’s life. I was happy before I ever met H. I’ve plenty of what are called ‘resources.’ People get over these things. Come, I shan’t do so badly. ... Then comes a sudden jab of red-hot memory and all this ‘commonsense’ vanishes like an ant in the mouth of a furnace” (Lewis, 1961 : 5-6).

6.3 Interventions – Secure Attachment Style

Some grievors come to therapy for a safe place in which to process the painful feelings they are experiencing, to be heard, understood and validated. They may not want to burden family members who are also grieving, or they may be frightened by the unfamiliar intensity of emotion. Supporting their process with compassionate active listening and education about grief can be helpful. For others, the death of a loved-one triggers earlier losses, perhaps not fully mourned. Exploring the current loss in the context of what is also being evoked from the past can help them make sense of their experience and promote healing. Creative modalities, such as music, art, movement and/or creative writing, offer means of both containing and expressing the grief experience.

Neimeyer, Baldwin, Gillies (2006) advocates “meaning-reconstruction” as an important aspect of adjustment. He contends that the loss of a significant attachment figure disrupts a sense of coherence in personal meanings by which people order their lives: “calling for active attempts to (a) make sense of the loss, (b) find some sort of ‘silver lining’ or benefit in the experience, and (c) reorganize one’s identity as survivor” (: 718).

One such meaning-making intervention is Directed Journaling. Clients are encouraged to write freely for 20-30 minutes on themes around ‘sense-making’ and ‘benefit-finding’ and then bring their writing back into therapy for further processing and reflection. ‘Sense-making’ focuses on how the loss fits into the client’s core meanings and may be prompted by questions for reflection, such as: How did you make sense of the loss at time of death? And how do you make sense of it now? What philosophical or spiritual beliefs have contributed to your adjustment to the loss? Are there ways in which this loss has influenced the direction of your life story? ‘Benefit-finding’ involves seeking the positive significance of the loss and can be prompted by questions such as: Have you found any unsought gifts in grief? If so, what are they? How has this experience affected your sense of priorities, and your sense of yourself? What qualities in yourself and in others have you discovered that have contributed to your resilience? What lessons about loving and living has this loss taught you? (Neimeyer, 2012:166)

The above interventions aim to help the griever negotiate the dual tasks of holding on and letting go of their deceased loved one, of both actively grieving and moving back into a life without their beloved. A strong alliance with a compassionate therapist can provide something of the safe haven and secure base from which to negotiate these choppy waters.

CONCLUSION

Attachment theory provides one lens through which to explore varying responses to the death of a partner. It is important to recognize that the course and outcome of bereavement is complex and may be influenced by many factors. This paper explores how attachment styles influence continuing bonds in the bereavement process, and proposed bereavement interventions to align with particular attachment styles. Important factors, however, not discussed in this paper include: the age of the partners; the cause of death; where in the life cycle it occurred; the person's cultural norms around grief; religious beliefs about death, and so on. It is also likely that the attachment styles discussed are not always discrete. For example, some bereaved spouses who do not show common signs of grief may not be avoidant but rather relieved, as in after a long illness, relatively un-invested in the lost relationship, or even resilient. Shaver & Fraley (2008) note that it can be difficult to distinguish some securely attached resilient grievers from those with an avoidant attachment style. This merits further study. Determining which interventions may best be suited to individuals' styles of grief also merits further investigation.

Attachment theory, however, does offer clinicians a means of understanding a wide range of grief responses and provides a context to guide clinical intervention. It further helps us comprehend how the bond with a deceased loved one may become loosened in a concrete sense and still remain strong in an internalized form. In closing, the concept of a continuing, relocated relationship with the deceased, or a 'ghost internalized', is beautifully captured in this poem excerpt by Nicholas Evans (2002):

*If I be the first of us to die, let grief not blacken long your sky.
Be bold yet modest in your grieving. There is a change but not a leaving.
For just as death is part of life, the dead live on forever in the living....
So when you walk the wood where once we walked together
And scan in vain the dappled bank beside you for my shadow,
Or pause where we always did upon the hill to gaze across the land,
And spotting something, reach by habit for my hand,
And finding none, feel sorrow start to steal upon you,
Be still. Close your eyes. Breathe.
Listen for my footfall in your heart.
I am not gone but merely walk within you.*

RÉSUMÉ :

Le processus de deuil de chacun est unique. Compréhension du deuil du conjoint survivant par le biais de la théorie de l'attachement. Les relations entre conjoints ont quatre aspects communs avec les liens d'attachement : proximité physique, régulation de la détresse émotionnelle, base de sécurité permettant la croissance psychique et détresse provoquée par la disparition de la figure d'attachement. Les réactions au deuil et la résolution du deuil varient selon le type d'attachement (sécurisant, évitant, anxieux). Présentation du Modèle en double processus d'ajustement au deuil. Suggestions d'intervention selon le type d'attachement de la personne endeuillée.

MOTS-CLÉS :

attachement, intervention auprès des personnes endeuillées, veuvage, aspect psychologique, travail de deuil, types d'attachement, création d'un lien permanent

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