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The Influence of Adult Attachment Styles on Coping with Bereavement

Sarah Wice

Master's Thesis

Department of Psychology

Eastern Michigan University

in partial fulfillment of the requirements

for the degree of

MASTER OF SCIENCE

in

Clinical Psychology

Thesis Committee:

Alida Westman, Ph.D., Chair

Alissa Huthbocks, Ph.D.

Ellen Koch, Ph.D.

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ABSTRACT

This study explored the associations between adult attachment style, coping style, religious beliefs, and experiences with grief. Participants from local bereavement and religious groups completed questionnaires about these constructs.

Hyp. 1-2 predicted that greater endorsement of Secure and Dismissingly Avoidant attachment styles would be associated with less Subjective Distress. Results partially supported these hypotheses. Hyp. 3-6 predicted that the relationship between a Substitute Attachment Figure and adult attachment style would be associated with religious beliefs. Results did not support these hypotheses. Hyp. 7-9 predicted that greater endorsement of Secure and Dismissingly Avoidant attachment styles would be associated with more problem solving strategies. Higher endorsement of a Fearfully Avoidant attachment style would be associated with greater avoidance while higher endorsement of a Preoccupied style of attachment would be associated with more rumination. Results partially supported these hypotheses. Discussion centers on the qualitative aspects of the Substitute Attachment Figures and suggestions for future research.

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Introduction

Can I see another's woe,
And not be in sorrow too?
Can I see another's grief,
And not seek for kind relief?
– From *On Another's Sorrow* by William Blake

The loss of a loved one is one of the most difficult experiences to endure in a human lifetime. The grieving process often encompasses the survivors' entire world and affects their emotional, cognitive, spiritual, and physical selves in unexpected ways. As noted in *On Another's Sorrow*, being a supportive presence while others grieve is also a difficult and emotionally taxing process. It is little wonder that John Bowlby was heavily influenced by the grief reactions young children displayed when separated from their mothers for extended periods of time because of prolonged illness. His observations of their intense longing for their mothers and their emotional distress about the separation became integral components of his attachment theory (1980). Indeed, how infants behaved in response to the separation from their mothers became the key component of assessing infant-caregiver attachment relationships in later research (see Strange Situation procedures in Ainsworth, Blehar, Waters & Wall, 1978).

Less is known about the loss of an attachment figure in adulthood. Despite multiple theoretical models of adult grieving, very little is known about the relationship between adult grief and attachment styles. The purpose of the present study is to explore associations between adult attachment styles, bereavement experiences, and coping styles. More specifically, this study seeks to understand whether the development of substitute attachment relationships (i.e., attachment relationships with attachment figures other than parents or spouses) following the death of a loved one helps adults grieve.

In seeking further understanding about the relationship between attachment and bereavement, this paper will begin by reviewing the basic elements of attachment theory. Then the implications of attachment styles throughout development, the influence of substitute attachment figures, and the loss of an attachment figure are explored.

Basic Elements of Attachment Theory

John Bowlby proposed attachment theory to explain an infant's attachment to a caregiver. He noted that human infants cannot survive on their own without protection and shelter from an adult. In order to increase the odds that parents will invest in the child, both infants and adults are equipped with the ability to "bond," thereby fostering a relationship between infant and caregiver (1969). For example, the infant is born with a set of attachment behaviors to elicit care from the caregiver. As the infant grows older, the goal of the attachment relationship, as Bowlby defines it, is to create a homeostatic system where the young child feels safe enough to explore the surrounding environment (1988). However, as Mary Ainsworth demonstrated in her now classic experiment, the Strange Situation, the attachment system does not always follow this ideal pattern. Ainsworth observed how infants interacted with their mothers in a relaxed setting, how infants reacted to a stranger when their mothers were absent, and how infants related to their mothers when the mother or strange woman returned to the playroom. Based on these observations, Ainsworth suggested there were three different attachment classifications for infant-caregiver interactions: Secure, Avoidant, and Ambivalent/Resistant attachments (Ainsworth et al., 1978).

The first pattern, Secure attachment, is the most desirable classification in terms of psychological health, as will be discussed. Infants who were described as being Securely attached expressed outward signs of distress when their mothers were absent, and they were

eager to see their mothers when they returned as evidenced by moving towards them or smiling. These infants were comforted by their mothers' return, and they were eager to continue exploring the environment. The second pattern, Avoidant attachment, is a type of insecure attachment that has shown mixed outcomes in terms of subsequent health and well-being, as will be discussed. Infants described as Avoidant did not indicate any distress when their mothers were absent. In fact, these infants avoided their mothers when they returned and directed their attention to toys instead. They would physically resist their mothers' attempts at providing physical comfort (Ainsworth et al., 1978).

The Ambivalent or Resistant pattern of attachment was the third category proposed by Ainsworth. Infants with this insecure attachment classification were visibly distressed when they entered the experimental room and did not engage in any exploration. When their mothers left, they were also highly distressed. Upon return of the mothers, they alternated between seeking and resisting contact. It appears they found no comfort in their mothers' presence. In 1990, Main and Solomon proposed a fourth category of attachment to describe infant-caregiver relationships. The Disorganized/Disoriented pattern is also an insecure classification, and it is demarcated by the apparent lack of an attachment pattern or strategy. These children exhibited contradictory attachment behavior that was not consistent across situations, was not predictable, and seemed to lack any logical explanation or predictability.

Multiple sets of theoretical labels and typologies of attachment relationships have been developed in the adult attachment literature as well. Hazan and Shaver (1987), for example, suggested that adult romantic love could be conceptualized in terms of attachment styles. Their 3-category model is conceptually similar to Ainsworth et al.'s (1978) infant-caregiver attachment categories. Adults with Secure attachment styles are comfortable with

intimacy and interdependency with their romantic partners. In contrast, adults with Avoidant attachment styles are afraid of intimacy and emphasize independence and self-reliance in relationships. Finally, adults with Anxious-Ambivalent styles are preoccupied with relationship issues, express wide variability in emotion, and desire more closeness in intimate relationships.

Bartholomew (1990) refined and expanded the 3-fold classification into a 4-fold typology based on internal working models of self and others (IWMs), or cognitive schemas of interpersonal relationships. The foundation for these internal models is thought to be the result of early infant-caregiver interactions (Bowlby, 1988). In Bartholomew's model, adults with Secure attachment styles have positive IWMs of self and others, while adults with a Preoccupied attachment style have a positive model of others and a negative model of themselves. Fearfully Avoidant adults have negative IWMs of self and others, and Dismissingly Avoidant adults have a positive model of self but a negative model of others (see Table 1). For the purposes of the present study, Bartholomew's (1990) 4-category typology will be used to make predictions and assess adult attachment style because it is the "gold-standard" measure of adult attachment styles.

Table 1.

Attachment Categories in Infancy and Adulthood

	Researchers	Attachment Classifications
Infant-Caregiver Attachment	Ainsworth et al. (1978)	Secure Avoidant Ambivalent/Resistant
	Main & Solomon (1990)	Disorganized/Disoriented
Adult-Adult Attachment	Hazan & Shaver (1987)	Secure Avoidant Anxious-Ambivalent
	Bartholomew (1990)	Secure Fearful Avoidant Dismissing Avoidant Preoccupied (Anxious-Ambivalent)

Consequences of Attachment Patterns in Childhood

Infant-caregiver attachment relationships have been associated with later competence and psychopathology in young children and adolescents. These early-childhood interactions are thought to influence numerous aspects of development, especially with respect to interpersonal relationships and emotion regulation (Thompson, 1999). There are numerous benefits associated with being classified with a Secure attachment pattern during the Strange Situation. Securely attached infants are more ego resilient than insecurely attached infants in both teacher ratings and behavioral measures (Arend, Gove & Sroufe, 1979). This trend continues into early childhood and is associated with peer competence (Waters, Wippman, & Sroufe, 1979). Securely attached infants engage in more imaginative play, are more enthusiastic and responsive to mothers' instructions, and express less frustration when faced with difficult tasks (Ainsworth et al., 1978; Matas, Arend, & Sroufe, 1978). Main, Kaplan, and Cassidy (1985) found that infants classified as Secure are more fluent in conversation

with their mothers, exhibit higher overall functioning, and are more emotionally open and expressive at 6 years of age.

Infants who demonstrate insecurity in the Strange Situation exhibit poorer overall adaptation at 2 years of age (Matas, Arend & Sroufe, 1978). This trend continues into adolescence and early adulthood (Cole, Michel, & O'Connell-Teti 1994; Sroufe, Duggal, Weinfield, & Carlson, 2000). Children with insecure attachment histories experience difficulty seeking help in distressing situations and controlling negative emotions (Sroufe, Carlson, Levy, & Egeland, 1999). In one study, attachment disorganization at 24 and 42 months of age was associated with dissociative symptoms and diagnostic ratings of psychopathology at 17.5 and 19 years of age (Carlson, 1998). Resistant attachment in infancy is associated with anxiety disorders in late adolescence (Warren, Huston, Egeland, & Sroufe, 1997), and avoidant attachment in infancy is related to conduct disorder and pathology in general (Aguilar, Sroufe, Egeland, & Carlson, 2000; Renken, Egeland, Marvinney, Sroufe, & Mangelsdorf, 1989).

Continuity of Attachment across the Lifespan

Attachment relationships formed from the interactions between infant and caregiver show remarkable continuity across the lifespan in middle-class, low-risk populations (for more information about discontinuity and high risk samples see Weinfield, Sroufe, & Egeland, 2000). In several studies, 62% of infants received the same attachment classification at 12 and 18 months (Vaughn, Egeland, Sroufe, 1979), and at ages 4 and 6 years (O'Connor & Rutter, 2000; Main & Cassidy, 1988) as they did in the initial laboratory testing. Although not every attachment classification in infancy is predictive of a corresponding adult attachment style, studies consistently report a 60-70% correspondence

rate between infant classifications and subsequent adult states of mind with respect to attachment (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, & Albersheim, 2000).

Consequences of Attachment Styles in Adulthood

Attachment research has demonstrated a link between insecure attachment styles in adulthood and psychological distress as well (Buelow, McClain, & McIntosh, 1996). For example, adults with a predominantly Anxious attachment style experience more subjective stress than adults with a predominantly Secure attachment style. Similarly, adults with an Avoidant style experience altered autonomic functioning compared to adults with predominantly Secure attachment styles (Maunder, Lancee, Nolan, Hunter, & Tannenbaum, 2006). Attachment styles have been correlated with susceptibility to personality disorders as well. Compared to Securely attached adults, those who have Fearful and Preoccupied styles of attachment are, respectively, four and three times more likely to have a personality disorder (Brennan & Shaver, 1998).

Similar to the relationship between infant-caregiver attachment patterns and psychological competence in childhood, adult attachment styles are associated with different methods of coping with distress in adulthood. In a study examining the relationship between adult attachment styles and coping with long-term illness, researchers found that Securely attached adults were more likely to seek social support than insecurely attached adults. Seeking social support is one of the most beneficial ways to cope with a distressing event (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002). Additionally, a Secure adult attachment style is inversely correlated with global psychiatric symptomatology and posttraumatic symptomatology and may moderate the effects of living in a war-torn society (Mikulincer, Horesh, Eilati, & Kotler, 1999).

In addition, Anxious-Ambivalent adult attachment styles are associated with psychiatric and posttraumatic symptomatology (Mikulincer, Horesh, Eilati, & Kotler, 1999). Participants whose adult attachment style was Ambivalent engaged in more negative emotional coping, such as depressive thinking. In contrast, individuals who were either Securely or Avoidantly attached engaged in higher levels of diverting, a positive coping strategy (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002).

The Importance of Non-Parental Attachment Relationships in Adulthood

Although primary attachment figures for children are generally parents, others may serve in that role also, such as day care workers (Clasien De Schipper, Stolk, & Schuengel, 2006), teachers (Cugmas, 2007), and even pets (Wrobel & Dye, 2003). As children mature into adolescence, there is generally a shift from attachment relationships with caregivers to attachment relationships with peers (Hazan & Shaver, 1987; Doherty & Feeney, 2004). Friends, other family members (Doherty & Feeney, 2004), therapists (Farber, Lippert, & Nevas 1995; Parish & Eagle, 2003), adult children (Cicirelli, 1993), and religious deities (Kirkpatrick, 1990) may all function as attachment figures in adult attachment relationships. Current life circumstances and needs influence which peer will be selected for an adult attachment relationship. For example, Doherty and Feeney (2004) found that adults were more likely to turn to family members in times of severe distress (i.e., using them as a Secure base) and friends for everyday support and companionship (i.e., a safe haven, proximity seeking). In contrast, elderly parents were more likely to turn to their adult children (rather than peers) when distressed.

The developmental life phase of the individual also influences who individuals will turn to for attachment relationships. In one study, young to middle age adults were more

likely to form primary attachments with their romantic partners until they became parents, at which time their primary attachment generally reverted to their mother or father (Doherty & Feeney, 2004). Older adults were more likely than young and middle-age adults to form primary attachments with their siblings and adult children, presumably because at this stage of life parents and spouses (especially husbands) were likely deceased (Doherty & Feeney, 2004).

All of the preceding relationships (parents, other family members, friends, and romantic partners) have the potential for fulfilling the role of an attachment relationship. However, the question of whether they can function in the role of *Substitute Attachment Figure* remains largely unexplored in the literature. An exception to this gap in the literature is the role of religious deities, specifically God, as a Substitute Attachment Figure for inadequate attachment relationships. A *substitute* attachment relationship differs from a more traditional attachment relationship in that this type of relationship is generally temporary, provides attachment “coverage” in the absence of a traditional attachment figure (i.e. parent), and dissolves when more traditional attachments are formed later (Kirkpatrick, 2005).

God as a Substitute Attachment Figure

The Christian conceptualization of God may provide an “ideal attachment figure” (Kirkpatrick, 2005) for believers. Several researchers (Kirkpatrick & Shaver, 1990; Granqvist, 2005; Kirkpatrick, 2005) have noted the similarities between Bowlby’s description of an ideal attachment figure (1988) and the perceived characteristics of the Christian God. For example, God is perceived as being always available (Secure base) and as providing unconditional love (nurturer). Additionally, God is said to protect his worshippers and provide a “safe haven” in troubled times.

Whether the attachment relationship between a believer and God is a continuation of the believer's attachment relationship with his/her parents or exists as a perceived peer adult attachment relationship is a question of considerable debate. One theoretical explanation for this debate is the compensation hypothesis (Kirkpatrick & Shaver, 1990). This perspective suggests that adults form attachments to God in order to compensate for their poor or insecure attachment relationships. From this viewpoint, God would represent an "ideal" Substitute Attachment Figure for people with histories of insecure infant-caregiver attachments. In this case, adults with secure attachments would theoretically have no need to form an attachment to God. In contrast, the correspondence hypothesis (Kirkpatrick & Shaver, 1990), a second proposed theoretical explanation, suggests that adults' attachment relationships to God are direct extensions of their relationships with their parents. Thus, believers who are securely attached to their parents will be securely attached to God, and conversely, believers who are insecurely attached to parents will form an insecure attachment to God. In other words, people's internal working models of others, based on early attachment experiences, will generalize to their views about God.

Research about the origins of attachment relationships to a Christian God has found support for both the compensation (Kirkpatrick & Shaver, 1990) and the correspondence (Kirkpatrick, 1998) hypotheses. A more accurate understanding of attachment relationships appears to include both ideas. For example, Granqvist found that parents' level of religiousness moderated the relationship between college students' religiosity and their attachment to God. Specifically, students with an insecure attachment history (as measured by retrospective self-reports about child-parent interactions) were more likely to form a Secure attachment relationship to God if their parents were not religious, thereby supporting

the compensation hypothesis. The patterns of initially Securely attached adults, however, supported the correspondence hypothesis, in that Securely attached participants' level of religiosity and relationships to God was modeled after their parents' religious behavior (1998; 2005).

In this area of attachment literature, attachment relationships with God are thought to possess similar properties as attachment relationships to parents. For example, believers with a Secure attachment to God characterize that relationship as loving, committed, and predominantly positive (Kirkpatrick & Shaver, 1992). The qualities of an insecure attachment relationship to God seem to vary as a function of the type of insecure relationship. Thus, an Anxious infant-caregiver attachment pattern is associated with sudden religious conversions (Kirkpatrick, 1997) and glossolalia experiences (Kirkpatrick & Shaver, 1992), whereas an Avoidant infant-caregiver attachment pattern is associated with being agnostic in later adulthood (Kirkpatrick & Shaver, 1992).

Loss of an Attachment Figure

John Bowlby noted that children who had been separated from their mothers for extended periods of time exhibited reactions to that temporary loss similar to the behavior of adults experiencing pathological grief symptoms. That is, these children behaved as though the separation from their mothers was permanent rather than temporary. He noted the frequency with which they mentioned their mothers, often in unusual and odd ways, and the incorporation of their longing for their mothers in symbolic play. Even after reunion with their mothers, most of these children exhibited disinterest and detachment towards the very person they longed to see again. For example, when they were hurt, they would hide their pain and would often resist their mothers' attempts to comfort and soothe them (1980).

The bereavement reactions towards the death of an adult attachment figure are, not surprisingly, similar to the reactions of the hospitalized children, as Bowlby observed. Adults, too, can experience intense longing for the deceased, denial of the permanence of the loss, critical self-reproach, and compulsive care-giving behaviors in response to a loss (Bowlby's 1980 criteria for pathological bereavement). Survivors' adult attachment style significantly impacts their reactions to a loss, even when controlling for extraneous variables such as age, educational background, time since death, and age of the deceased. For example, one study found that adults with an Anxious-Ambivalent adult attachment style experienced more grief and depression following the death of an attachment figure than adults with a Secure attachment style (Wayment & Vierthaler, 2002).

In response to the death of a loved one, adults with an Avoidant peer attachment style report less depression and grief than adults with other insecure peer attachment styles, but they experience more somatic complaints. This suggests that Avoidant individuals may believe they are experiencing less subjective distress (i.e., they do not feel upset), but their physiological responses may indicate otherwise (Wayment & Wierthaler, 2002). Thus, responses of adults with an Avoidant attachment style to loss may be more complicated than people with other attachment styles because their self-reports about grief experiences may be inconsistent with information gathered from other sources (i.e., physiological data, third party observations).

Bartholomew (1990) suggested there are two types of avoidant individuals, those who are Fearfully Avoidant, and those who are Dismissingly Avoidant; each type apparently reacts differently to loss. Adults with Fearfully Avoidant attachment styles avoid relationships because they are afraid of being hurt or rejected. In contrast, adults with

Dismissingly Avoidant attachment styles avoid relationships because they see little need to form close bonds; they are focused on independence. In one study, adults with a Fearfully Avoidant attachment style reported more subjective distress and increased symptoms of depression than adults in other attachment-classifications. Adults who were Dismissingly Avoidant exhibited a “pattern of resilience to loss” and reported little subjective distress. Their outcome measures mirrored those of Securely attached individuals; in other words, the Securely attached and dismissingly-avoidant attached groups had the lowest scores on measures of depression, posttraumatic stress disorder, and maladaptive grieving (Fraley & Bonanno, 2004). Despite this seemingly equal response to grief, it is clear that adult peer attachment styles are related to patterns of grieving.

Purposes of and Predictions for the Present Study

The focus of the present study is to explore further the grieving patterns of individuals who are dealing with the loss of an attachment figure. More specifically, this study seeks to understand the influence of Substitute Attachment Figures (human or religiously-based) on the bereavement process. It is imperative that clinicians have a better understanding of how adults experience the loss of an attachment figure and in what ways the grieving process may be facilitated. For example, encouraging a client with a Dismissing-Avoidant pattern of attachment to engage in more social activities during the bereavement process (a frequent type of behavioral activation in many cognitive-behavioral therapies) may alienate the client and create more undue distress. Additionally, having a better understanding of the positive benefits of attachment to religious figures may make clinicians more comfortable viewing their clients’ religious beliefs as a strength.

Subjective distress.

It is predicted that the amount of subjective distress reported by participants will vary with their attachment style. Specifically, adults with Secure and Dismissingly Avoidant styles of attachment will experience the less subjective distress as assessed by lower scores on measures of anxiety, depression, stress, and grief than other adult attachment styles. Those with Preoccupied and Fearfully Avoidant styles will experience more subjective distress (e.g., higher scores on measures of anxiety, depression, stress, and grief).

Substitute attachment figures.

It is hypothesized that participants' formation of an attachment relationship with a Substitute Attachment Figure will vary with their peer attachment style regardless of participants' religious faith. Because attachment patterns begin developing in infancy and are predominantly formulated prior to the development of language and the ability to understand abstract symbolization, a key component in many religions, it seems likely that attachment style will be more influential than religious beliefs on how adults grieve. Given this conceptualization, it is hypothesized that a Secure attachment style will be associated with a substitute attachment relationship with a human, regardless of the strength of their religious beliefs.

It is predicted there will be no association between a Dismissingly Avoidant or Fearfully Avoidant style of attachment and a substitute attachment relationship. It seems unlikely that individuals who actively avoid intimate relationships, indeed, individuals who feel distressed at the prospect of closeness in everyday life, would feel comfortable forming an intimate relationship (human or deity) in a time of great distress and potential vulnerability.

It is hypothesized that a Preoccupied (Anxious-Ambivalent) style of attachment will be associated with whichever substitute attachment relationship is most available and perceived as least threatening. For example, if the individual has strong positive religious beliefs, it is likely that God or a similar deity will be perceived as more readily available and less threatening than a human substitute. However, if an individual with a Preoccupied (Anxious-Ambivalent) style of attachment is not religious, or if an individual has strong negative beliefs about religion, it is likely they will form an attachment to a readily available human figure.

Coping strategies.

It is predicted that a more Secure attachment style will be associated with a coping strategy that is based on purposeful behavior and that is aimed at task resolution and problem solving. This prediction is based on previous research that found that individuals with a Secure style of attachment were less likely to suffer from a psychiatric disorder, were less susceptible to traumatic events like war (Mikulincer, Horesh, Eilati, & Kotler, 1999), and were more likely to seek social support (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002). If individuals with a Secure attachment style, as previous research suggests, are less susceptible to trauma and seek more adaptive outcomes, it seems likely that they also will develop a more adaptive coping style in the bereavement process.

Previous research has shown that, like individuals with a Secure attachment style, adults with an Avoidant style tend to engage in more problem-solving when coping and adapt relatively well to stressful situations (Fraley & Bonanno, 2004). Based on an overall pattern of avoidance, it is predicted that endorsement of more Fearfully Avoidant or Dismissingly Avoidant attachment styles will be associated with either Avoidance or Task-Oriented

problem-solving. An Avoidant coping style is characterized by avoidance of all activities, thoughts, or emotions that are associated with the stressor, while a Task-Oriented problem-solving coping style is characterized by proactive involvement aimed at resolution. It is predicted that greater endorsement of a Dismissingly Avoidant attachment style will be associated with more Task-Oriented coping, while greater endorsement of a Fearfully Avoidant style will be associated with a more Avoidant pattern of coping. The reasoning for this prediction refers to the motivational distinctions Bartholomew (1990) used to differentiate between the two avoidant styles. That is, if those who are Fearfully Avoidant avoid relationships out of fear of being hurt, it seems less likely that they would be willing to engage in any sort of problem-solving, because doing so involves the risk of getting hurt emotionally. From this perspective, it would be better to avoid everything and anything associated with the stressor. In contrast, adults with a Dismissingly Avoidant style do not engage in relationships, because they feel they do not need intimacy, and not because they are afraid of the stressor per se. Therefore, it seems likely that these individuals will engage in a Task-Oriented problem-solving strategy, because it appears to require independence and is focused on resolution.

It is predicted that greater endorsement of a Preoccupied (Anxious-Ambivalent) style of attachment will be associated with more Emotion-Focused coping strategies than other coping strategies. Individuals with a Preoccupied style are characterized by a desire to be emotionally connected with peers, but they are constantly worried that their feelings are not reciprocated (Bartholomew & Howorwitz, 1991). Because of their preoccupation with the emotional connectedness of a relationship, it seems likely that they will attempt to resolve an

attachment crisis by tackling the emotional aspects of the relationship rather than avoiding it or focusing on problem-solving behaviors.

In summary, the formation of a relationship with a Substitute Attachment Figure will evolve from the interaction between participants' attachment styles and religious beliefs and will be associated with different styles of coping with loss. Specifically, when there is a loss of a significant relationship:

Subjective distress.

1. Greater endorsement of Secure and Dismissingly Avoidant styles of attachment will be associated with less subjective distress, as assessed by lower scores on measures of anxiety, depression, stress, and grief.
2. Greater endorsement of Preoccupied and Fearfully Avoidant styles will be associated with more subjective distress, as evident by higher scores on measures of anxiety, depression, stress, and grief.

Substitute attachment figures.

3. Greater endorsement of a Secure attachment style will be associated with a substitute attachment relationship with a human, regardless of religious beliefs.
4. Endorsement of a Dismissingly Avoidant or Fearfully Avoidant style of attachment will not be associated with a substitute attachment relationship.
5. If religiosity is present, greater endorsement of a Preoccupied style of attachment will be associated with a substitute attachment relationship with a religious or divine figure.

6. If religiosity is not present, greater endorsement of a Preoccupied style of attachment will be associated with a substitute attachment relationship with a human figure.

Coping strategy.

7. Greater endorsement of a Secure and Dismissingly Avoidant style of attachment styles will be associated with more Task-Oriented coping strategies.
8. Greater endorsement of a Fearfully Avoidant attachment style will be associated with more Avoidance coping strategies.
9. Greater endorsement of Preoccupied style of attachment will be associated with more Emotion-Focused coping strategies.

Methods

Participants and Procedure

The investigator invited volunteers from local secular bereavement support groups ($n = 13$), religious groups ($n = 51$), and combined religious/bereavement support groups ($n = 14$) to participate in a study about the grief process and religious beliefs. The average age of all participants ($N = 78$) was 56.0 years ($SD = 13.8$). Other demographic statistics about participants are shown in Table 2.

Table 2.

Participant Demographics

	Number Reporting	%
Sex		
Female	53	67.9%
Male	18	23.1%

Missing/No Response	7	9.0%
Marital Status		
Single – Never Married	2	2.6%
Single – Divorced or Separated	6	7.7%
Single – Widowed	23	29.5%
Living w/Significant Other – Unmarried Heterosexual	2	2.6%
Living w/Significant Other – Unmarried Lesbian or Gay	0	0.0%
Married or Remarried	45	57.7%
Work Status		
Retired	26	33.3%
Unemployed	5	6.4%
Employed – Part Time	16	20.5%
Employed – Full Time	31	39.7%
Change in Work Status Since Loss of Loved One		
Yes	32	41.0%
No	44	56.4%
Missing/No Response	2	2.6%
Cause of Death		
Accident	4	5.1%
Cancer	34	43.6%
Natural Causes (i.e., old age)	8	10.3%
Suicide	1	1.3%
Other	28	35.9%

Missing	3	3.8%
Level of Completed Education		
“Did not graduate from high school”	1	1.3%
“Graduated from high school”	5	6.4%
“Took some college courses”	16	20.5%
“Have my Associate’s degree”	5	6.4%
“Have a four-year university degree”	12	15.4%
“Took some graduate courses”	4	5.1%
“Have an advanced degree or certificate”	35	44.9%
Major Area of Study		
Arts and Sciences	30	38.5%
Business	14	17.9%
Education	15	19.2%
Health and Human Services	7	9.0%
Technology	3	3.8%
N/A	4	5.1%
Missing	3	6.4%
Economic Status – Currently		
“We have barely enough to get by.”	3	3.8%
“We have enough, but no more.”	11	14.1%
“We definitely have enough of everything.”	16	20.5%
“We have plenty of extras, but no luxuries.”	37	47.4%
“We have a lot of luxuries.”	11	14.1%

Race and Ethnicity

African American	1	1.3%
Asian American	0	0%
Caucasian or European American	73	93.6%
Hispanic American	0	0%
Middle-Eastern American	0	0%
Native American	2	2.6%
Other	1	1.3%
Missing/No Response	1	1.3%

Religious Affiliation

Agnostic/Atheist	1	1.3%
Baptist (Non-fundamentalist)	2	2.6%
Catholic	4	5.1%
Christian ^a	10	12.8%
Evangelical	5	6.4%
Jewish	13	16.7%
Lutheran	9	11.5%
Methodist	5	6.4%
Pentecostal	1	1.3%
Unitarian Universalist	25	32.1%
Other	2	2.6%
None	1	1.3%

“I consider myself to be a very religious person”

Strongly Disagree	6	7.7%
Disagree	14	17.9%
Uncertain/Neutral	18	23.1%
Agree	23	29.5%
Strongly Agree	17	21.5%
“I consider myself to be a very spiritual person”		
Strongly Disagree	2	2.6%
Disagree	3	3.8%
Uncertain/Neutral	15	19.2%
Agree	33	42.3%
Strongly Agree	25	32.1%
“If at all possible, I attend worship services every week”		
Strongly Disagree	11	14.1%
Disagree	11	14.1%
Uncertain/Neutral	5	6.4%
Agree	21	26.9%
Strongly Agree	30	38.5%
“If at all possible I attend religious study groups”		
Strongly Disagree	12	15.4%
Disagree	14	17.9%
Uncertain/Neutral	18	23.1%
Agree	14	17.9%
Strongly Agree	20	25.6%

In general, the sample in this study was predominantly older, European American, higher educated, from a higher SES income bracket, likely to be married currently or to have been married, and likely to be religious. Volunteers who self-identified as Jewish or Unitarian Universalist were members of very liberal religious communities and constituted nearly half of the sample (48.8%).

In describing their relationship with the deceased, participants reported feeling closer to the deceased than many others in relationships. In general, participants did not feel responsible for the deceased's death and expressed mixed feelings about the experience of the loss. The average age of the deceased was 63.0 years ($SD = 20.5$), and the most frequent types of death reported were related to cancer or other diseases. Other information about the deceased is shown in Table 3.

Table 3.

Information About the Deceased and the Relationship Between Participants and the Deceased

	Number Reporting	%
Cause of Death		
Accident	4	5.1%
Cancer	34	43.6%
Natural Causes (i.e., old age)	8	10.3%
Suicide	1	1.3%
Other	28	35.9%
Missing/Declined to answer	3	3.8%

Age of the Deceased

Average	63.0 years (SD = 20.5)	
Range	22.0-96.0 years	
Median	64.0 years	
Mode	64.0 years	
^a “This Person died:”		
“Within the past 3 months”	5	6.4%
“3-6 months ago”	7	9.0%
“6-9 months ago”	5	6.4%
“9-12 months ago”	6	7.7%
“1-2 years ago”	6	7.7%
“2-3 years ago”	13	16.7%
“5-10 years ago”	15	19.2%
“10-20 years ago”	9	11.5%
“More than 20 years ago”	10	12.8%
Missing/Declined to answer	2	2.6%
^a “This Person’s Death was (check all that apply):”		
“Expected”	20	25.6%
“Unexpected”	16	20.5%
“Slow”	7	9.0%
“Sudden”	1	1.3%
“Expected and Slow”	12	15.4%
“Expected and Sudden”	2	2.6%
“Unexpected and Slow”	2	2.6%

“Unexpected and Sudden”	12	15.4%
“Expected, Unexpected, Slow, and Sudden”	3	3.8%
Missing/Declined to answer	2	2.6%
I feel responsible for the person’s death		
Strongly Disagree	55	70.5%
Disagree	11	14.1%
Uncertain/Neutral	4	5.1%
Agree	1	1.3%
Strongly Agree	4	5.1%
^a “Looking back, I would guess that my relationship with this person was...”		
“Closer than any relationship I’ve ever had before or since.”	23	29.5%
“Closer than most relationships I’ve had with other people.”	37	47.4%
“About as close as most of my relationships with others.”	10	12.8%
“Not as close as most of my relationships.”	6	7.7%
“Not very close at all.”	0	0%
Missing/Declined to answer	2	2.6

^a (TRIG; Faschingbauer, Zisook, & DeVaul, 1987)

Participants were asked to complete a packet of questionnaires, through the mail, about the grieving process including measures designed to assess coping styles, progress in grieving, attachment style, and demographic information. All participants were given a

standard Informed Consent document explaining their rights as volunteers for psychological research. No compensation was given.

Measures

Coping measures.

Participants completed the Coping Inventory for Stressful Situations, Second Edition (CISS-II), a multi-dimensional coping measure, developed by Endler and Parker (1999; as cited in Tierre, 2004). This measure is based on an interaction model between an individual and a given situation and measures a person's default style of coping with a stressful event. In essence, this model suggests that individual factors interact with environmental factors to increase or decrease a person's level of anxiety and, consequently, trigger various coping behaviors. The 48-item pencil-and-paper inventory takes approximately 10 minutes to complete and yields three scales: Task-Oriented Coping, Emotion-Oriented Coping, and Avoidance (with two subscales: Distraction and Social Diversion). Responses are scored on a frequency scale from 1 (*Not at all*) to 5 (*Very Much*).

High scores on the Task-Oriented Scale indicate that the respondent engages in purposeful problem-solving and proactive behaviors to cope with a stressful situation. High scores on the Emotion-Oriented Scale suggest that the respondent experiences excessive emotional reactions. These behaviors are typically not positive and usually are associated with increased distress, including self-blame and excessive worry. High scores on the Avoidance Scale imply that the respondent actively avoids stressful situations. Two subscales measure different avenues for escape: high scores on the Distraction subscale indicates engaging in behaviors that are completely unrelated to the situation, and high scores on the Social Diversion subscale indicates the respondent avoids the stressful situation by engaging

in social activities, such as spending time with friends (cut-off scores are available in the CISS-II manual).

The reliability and validity of the CISS-II was based on a normative sample that included a total of 2,898 participants (537 adults; 1,242 college undergraduate students; 302 psychiatric patients, and 817 adolescents). The normative sample was evenly divided by gender. All participants were English-speaking North Americans; unfortunately, additional demographic information about race, ethnicity, or age of the normative sample has not been published.

Cronbach's alpha, used to measure internal consistency, ranged from .75 to .90 for the scales. Test-retest reliability was assessed over a 6-week period with a subset of the undergraduate sample mentioned above (238 students); scores ranged from .51 to .73. Construct validity was assessed through factor analysis and by correlations with other established measures (i.e., The ways of Coping Questionnaire, the Basic Personality Inventory, the Minnesota Multiphasic Personality Inventory, the Beck Depression Inventory, The Eysenck Personality Inventory, etc.). The results from a principle components factor analysis consistently yielded three factors regardless of the normative sample data investigated; congruence coefficients were all greater than .95 (see Appendix A).

Measures of subjective distress.

The Texas Revised Inventory of Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987) is a three-part, self-report, paper-and-pencil measure of an individual's grieving process that takes approximately 10 minutes to complete. Part I assesses past grieving behavior, demographic information, and the quality of the relationship with the deceased. Part II assesses current feelings of grief, and Part III addresses related facts (i.e., funeral

attendance, an opportunity to include any additional thoughts or feelings about grieving). Only Parts I and II were included in this study. These sections consist of 26 items that respondents are asked to rate on a 5-point scale (*1 = completely true to 5 = completely false*). For the purposes of this study, an average of all 26 items was calculated to represent an individual's grief score; this procedure has been used in past research (Wayment & Vierthaler, 2002). Greater amounts of grief were associated with higher scores on this section. In addition to the original scale development work, the reliability and validity of the TRIG has been investigated in two separate studies (Neidlg & Dalgas-Pelish, 1991; Faschingbauer, 1981 as cited in Robinson & Pickett, 1996). Samples in these studies included adults (average ages 30s-40s) with a variety of bereavement experiences (i.e., some had lost spouses, others parents). Cronbach's Alpha estimates ranged from .63 to .89 for the two subscales (see Appendix B).

The short-form version of the Depression Anxiety Stress Scales (DASS-21; Lovibond & Lovibond, 1995) is a 21-item paper-and-pencil measure that assesses depression, anxiety, and stress in adult samples (both clinical and non-clinical). Participants read and evaluate how well each statement applies to them; it takes about 10 minutes to complete. Higher scores on the subscales (depression, anxiety, stress) indicate higher levels of distress on that dimension. Normative cut-off scores are available in the manual (The DASS-21 Lovibond & Lovibond, 1995) and are derived from factor analytic procedures using existing, well-established measures of depression and anxiety (i.e., The Beck Depression/Anxiety Inventory) that were administered to non-clinical samples (Crawford & Henry, 2003). The DASS-21 is a reliable and valid measure (Antony et al., 1998; Crawford & Henry, 2005; see Appendix C).

Attachment measures.

The Relationship Questionnaire (RQ) is a 4-item, self-report measure designed to assess an individual's typical pattern of attachment in adult relationships (Bartholomew & Horowitz, 1991). This measure asks participants to read four short paragraphs and indicate how well each paragraph describes them; it takes about 5 minutes to complete. Based on Bowlby's theoretical model of attachment, the RQ emphasizes the integration of internal working models of self with internal working models of others. This integration of working models yields four adult attachment styles: Secure, Preoccupied, Dismissingly Avoidant, and Fearfully Avoidant. In this study, the RQ will serve as a measure of adult attachment style and will be used as a dimensional measure to investigate associations among adult attachment styles, coping styles, and subjective distress. In these analyses, participants' Likert-type ratings of how closely each attachment description matches their interpersonal style will be used (see Appendix D).

The RQ is a theoretically grounded, well-established measure within the attachment literature. The reliability and validity of the RQ were assessed using correlations between endorsements on the RQ at each stage of scale development with other well-established measures of interpersonal functioning. For example, self-report scores were compared with peer and family responses on multiple measures (i.e., The Friendship Questionnaire, The Sociability Scale, The Inventory of Interpersonal Problems, etc.). For a complete description of the scale construction and validation procedures, see Bartholomew and Horowitz (1991).

To assess the style of substitute attachment relationships, participants were asked five relationship questions based on the Attachment Figure Criteria outlined by Ainsworth et al. (1978) that were developed by this author. These criteria clearly distinguish attachment

relationships from all other interpersonal relationships and include (1) engaging in proximity seeking behavior, (2) viewing the attachment figure as a secure base that promotes exploration, (3) perceiving the attachment figure as a haven of safety in times of distress, (4) feeling anxious when separated from the attachment figure, and (5) believing the attachment figure is stronger and wiser. Respondents indicated how much they agreed or disagreed with each statement using a Likert scale ranging from 1 (*strongly agree*) to 5 (*strongly disagree*). The higher the scores, the more likely it is the relationship meets the criteria for a Secure attachment relationship. Cronbach's alpha for the Attachment Figure Criteria in this study was 0.72 (see Appendix E).

Demographic information.

Participants completed a list of standard demographic items including information about age, ethnicity, and religious affiliation (see Appendix F).

Results

Measurement Reliabilities

For each person the following scores were obtained: (a) scores on Task-Oriented Coping, Emotion-Oriented Coping, and Avoidance (with two subscales: Distraction and Social Diversion) of the Coping Inventory for Stressful Situations (CISS-II), b) the score on the Texas Revised Inventory of Grief (TRIG), (c) Anxiety, Depression, and Stress scores of the Depression Anxiety Stress Scales (DASS-21), (d) and scores on one secure and three insecure attachment relationships Relationship Questionnaire (RQ). Reliability for each of the scales was assessed using Cronbach's alpha, a measure of internal consistency. From a theoretical perspective, the individual RQ items should not be correlated because they measure qualitatively different reactions; therefore, measures of internal consistency would

not be an appropriate assessment of the measure's reliability (Bartholomew & Shaver, 1998).

See Table 4 for specific values regarding the measures.

Table 4.

Reliability Estimates using Cronbach's Alpha and other Descriptive Measures

Measure	N	<i>M</i>	<i>SD</i>	Skew	Std. Error of Skew	Kurtosis	Std. Error of Kurtosis	Range	α
TRIG	73	2.42	.68	.06	.28	-.66	.56	2.86	0.89 ^a
DASS-21									
Anxiety	77	3.82	5.66	2.78	.27	10.49	.54	34.0	0.76 ^b
	76	6.21	7.89	2.29	.28	5.49	.55	36.0	0.90 ^a
Depression									
Stress	76	9.87	9.04	1.22	.28	-.61	.55	40.0	0.63
CISS-II									
Task- Oriented	69	47.2	10.1	-.14	.29	-.16	.57	47.0	0.89 ^a
Emotion- Focused	69	47.5	8.99	.19	.29	-.37	.57	40.0	0.88 ^a
Avoidance Distraction	69	51.6	10.3	-.15	.29	.13	.57	50.0	0.79 ^b
Social Diversion	69	50.6	10.4	.47	.29	-.18	.57	41.0	0.81 ^a
	69	51.5	7.9	.09	.29	-.61	.57	30.0	0.80 ^a

^{a-b} as defined by George and Mallery (2003): ^a “good” ($\alpha \geq .80$) or ^b “acceptable” ($\alpha \geq .70$)

Subjective Distress

It was predicted that levels of subjective distress would vary with individual adult attachment styles. More specifically, it was hypothesized that (Hyp. 1) a Secure or Dismissingly Avoidant style of attachment would be associated with lower amounts of subjective distress, and that (Hyp. 2) a Preoccupied or Fearfully Avoidant style of attachment would be associated with higher amounts of subjective distress. To test these hypotheses, a Pearson's r was calculated between individual attachment styles and participants' scores on measures of Stress, Depression, Anxiety, and Grief. (Although the data for these measures were positively skewed, technically violating the assumptions of the Pearson's r test, it was decided to proceed with the Pearson's r correlation because graphs of the data revealed that the variables in question were skewed in a similar pattern).

Hyp. 1. Greater attachment Security was negatively correlated with levels of Stress [$r(75) = -.28, p < .05$] and Depression [$r(75) = -.26, p < .05$], but not Anxiety or Grief (all $ps > .05$). Thus the hypothesis was partially supported for Secure attachment; however, contrary to Hyp. 1, a Dismissive approach to relationships was not associated, positively or negatively, with any of the distress measures (all $ps > .05$).

Hyp. 2. As predicted, Anxiety and worry in relationships was positively associated with levels of Stress [$r(76) = .39, p < .01$], Depression [$r(76) = .28, p < .05$], and Anxiety [$r(77) = .37, p < .01$], but not Grief ($p > .05$). Fearful avoidance of intimacy was positively associated with higher levels of Stress [$r(76) = .28, p < .05$], Depression [$r(76) = .41, p < .01$], Anxiety [$r(77) = .30, p < .01$], but not Grief ($p > .05$). Thus, both types of insecure attachment (i.e., Preoccupied and Fearfully Avoidant) showed the same pattern of

correlations; they were significantly correlated with all of the subjective distress measures except grief.

Substitute Attachment Figures

Because of the importance of attachment relationships throughout the lifespan, it was hypothesized that grieving adults would react towards additional attachment figures in a manner congruent with their predominant adult attachment style following the loss of a loved one. It was assumed the influence of attachments would supersede any religious affiliations or beliefs that individuals held. More specifically, it was predicted that (Hyp. 3) a Secure style of attachment would be associated with the formation of a Substitute Attachment relationship with another human, regardless of the strength of religious beliefs; that (Hyp. 4) Dismissingly Avoidant and Fearfully Avoidant styles of attachment would not be associated with the formation of a Substitute Attachment relationship; and that (Hyp. 5) any Substitute Attachment relationships associated with a Preoccupied style of attachment would vary by strength of religious beliefs (Hyp. 6).

To test these hypotheses, a point-biserial correlation was calculated between attachment styles and the presence or absence of each of the Substitute Attachment Figures while holding religious involvement constant. No support was found for Hyp. 3-6 (all p s > .05).

Of the four adult attachment styles, a more Dismissingly Avoidant style of attachment was positively correlated with qualitative aspects of a substitute attachment relationship. For example, it was positively correlated with a desire to have frequent contact with the Substitute Attachment Figure [$r(70) = .33, p < .01$], feeling safe, relaxed, and comfortable in the Substitute Attachment Figure's presence [$r(73) = .36 p < .01$], and valuing and seeking

the Substitute Attachment Figure's advice [$r(72) = .43, p < .01$]. These results are unexpected given that one of the defining criteria of a Dismissingly Avoidant style of attachment is the perception that others are not needed or welcomed in intimate relationships.

Attachment to a *spouse/significant other* was negatively correlated with an attachment to other family members [$r(78) = -.32, p < .01$] and friends [$r(78) = -.34, p < .01$]. Feeling anxious when not being able to reach a spouse was negatively correlated with the endorsement of a substitute attachment relationship to a spouse/significant other [$r(71) = -.38, p < .01$] as well. In other words, the more secure the attachment relationship to spouse/significant other, the lower the level of secure attachment to other people, including individuals to whom we might expect attachment, namely friends and other relatives. Attachment to a spouse/significant other was associated also with feeling more spiritual [$r(78) = .23, p < .01$].

The endorsement of a substitute attachment relationship with “*other*” (i.e., excluding spouse/romantic partner, family member, friend, divine being, religious/spiritual leader, and therapist/counselor) was negatively correlated with levels of Grief [$r(73) = -.29, p < .05$] and was positively correlated with closeness to the deceased [$r(76) = .23, p < .05$]. This suggests that substitute attachment relationship with “*other*” are more acceptable for people who are less attached to the deceased. These individuals also tended to identify themselves as less religious [$r(78) = -.28, p < .05$], and this is consistent with less time spent in a religious study group [$r(78) = -.27, p < .05$].

A substitute attachment relationship with a *divine being or deity* was positively correlated with identifying oneself as religious [$r(78) = .35, p < .01$], regular attendance at worship services [$r(78) = .34, p < .01$], and regular participation in religious study groups

[$r(78) = .44, p < .01$]. However, an attachment relationship with a divine being or deity was negatively correlated with a concurrent attachment relationship to a spouse or significant other [$r(78) = -.32, p < .01$] and a willingness to try new activities [$r(71) = -.25, p < .05$].

Interestingly, participants who said “[*they were*] not turning to anyone to provide help or comfort” in response to the substitute attachment relationship question had some of the strongest correlations with respect to the qualitative aspects of an attachment relationship (see below). It is unclear to whom these participants were referring; they selected the “none” box for the Substitute Attachment Figure question. It is possible they were imagining the deceased or an ideal fantasized relationship when responding. Regardless, the failure to endorse a substitute attachment relationship (as defined in this study) was positively associated with desiring frequent contact with someone [$r(70) = .54, p < .01$], willingness to try new experiences when this person is actively involved in their life [$r(71) = .25, p < .05$], feeling safe, relaxed, and comfortable in this person’s presence [$r(73) = .57, p < .01$], and valuing this person’s advice and counsel [$r(72) = .51, p < .01$]. It was also positively correlated with current feelings of depression [$r(76) = .28, p < .05$].

Coping Strategy

Based on previous literature it was predicted that specific adult attachment styles would be associated with specific coping patterns. More specifically, it was hypothesized that (Hyp. 7) Secure and Dismissingly Avoidant styles of attachment would be associated with a Task-Oriented coping style; that (Hyp. 8) a Fearfully Avoidant attachment style would be associated with an Avoidant-Oriented coping style; and that (Hyp. 9) a Preoccupied style of attachment would be associated with an Emotion-Oriented coping style. To test these hypotheses, Pearson’s r was calculated using attachment and coping styles as variables.

Hyp. 7. As predicted, a more Secure attachment style was positively correlated with a Task-Oriented coping style [$r(68) = .29, p < .05$]. However, a more Dismissingly Avoidant style of attachment was not associated with a Task-Oriented coping style ($p > .05$). Also not predicted was a positive correlation between a greater sense of Security in relationships and a Social Diversion-Oriented coping style [$r(68) = .20, p < .05$]. In other words, more Securely attached participants avoided thinking about stressful situations by spending time with other people.

Hyp. 8. Contrary to the hypothesis, a more Fearfully Avoidant attachment style was not associated with a predominantly Avoidant-Oriented coping style ($p > .05$). It was, however, positively correlated with an Emotion-Oriented coping style [$r(69) = .37, p < .01$] and a Distraction-Oriented coping style [$r(69) = .30, p < .05$]. A more Fearfully Avoidant attachment style was also negatively correlated with a Task-Oriented coping style [$r(69) = -.24, p < .05$] and a Social Diversion-Oriented coping style [$r(69) = -.30, p < .01$]. In other words, as identification with a Fearfully Avoidant attachment style increased, rumination about stressful situations and distraction through activities also increased, while problem solving to address the problem and distracting by seeking the company of others decreased.

Hyp. 9. No support was found for Hyp. 9 ($p > .05$). Although a more Preoccupied style of attachment was not associated with Emotion-Oriented coping style, it was positively correlated with a Distraction based coping style [$r(69) = .25, p < .05$].

Discussion

This study explored the associations between adult attachment style, coping style, and experiences with grief. The overarching goals of the project were to understand more comprehensively how adults reacted to the death of a loved one and to see if there were any

benefits to forming certain attachment relationships after a loss. Further, this study inquired about the role of religious beliefs and current levels of stress, anxiety, and depression on the process of coping with a loss.

To explore these ideas, volunteers from area bereavement support groups and religious groups were asked to participate in the study. Volunteers completed a survey that asked questions about how they viewed themselves in relationships, how they dealt with stressful events, and how they have reacted to the loss of a loved one at some point in their life. Based on previous literature in these respective areas of interest, nine hypotheses were made about potential relationships among these constructs; these hypotheses were divided into three main categories. They were subjective distress, Substitute Attachment Figures, and coping strategy. These will be discussed next.

Subjective Distress

It was hypothesized that levels of Stress, Anxiety, Depression, and Grief would vary with individual adult attachment style. As predicted, as levels of Secure attachment increased, levels of reported Stress and Depression decreased. When attachment styles were compared directly to measures of Stress, it was found that individuals with a Secure attachment style had lower scores on measure of Stress than individuals with other attachment styles. This finding is consistent with existing literature in the field that demonstrates the “protective nature” of Secure attachment. Secure attachment has been associated with positive outcomes, such as social competence among peers (Waters, Wippman, & Sroufe, 1979) and less psychopathology throughout the lifespan than insecure attachment styles (Mikulincer, Horesh, Eilati, & Kotler, 1999). This same positive pattern did not hold true for reported levels of Anxiety or Grief. Although it was not statistically

significant, it is worth noting that individuals who rated the Secure attachment description as “not at all like me” had the highest levels of Anxiety among all those who responded to that item. Perhaps this particular sample’s involvement in religious groups served as a “protective factor” against high levels of Anxiety in that most participants had immediate access to a group of generally benevolent, interested, patient individuals who would more than likely be willing to listen and offer comfort for participants who felt more Anxiety.

Contrary to expectation, a Dismissingly Avoidant attachment style was not significantly associated with any of the distress measures. Unlike previous research that found a similar pattern of positive response to stressors among individuals with a Dismissingly Avoidant attachment style as Securely attached individuals (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002), this study did not find any such positive association. Unfortunately this study was not able to clarify whether adults with a Dismissingly Avoidant style of attachment truly are experiencing lower levels of distress (like their Securely attached counterparts) or whether researchers have been missing accurate levels of distress by an over-reliance on self-report measures. It is possible also that the context in which self-report is solicited may impact the nature of the results; participants may have found it is easier to acknowledge distress in some settings than in others. It is strongly recommended that future research use more behavioral, narrative, or physiological assessments.

The two other styles of insecure attachment, Preoccupied and Fearfully Avoidant, were associated with higher levels of Stress, Depression, and Anxiety as predicted. This finding was consistent with previous literature demonstrating an association between adult attachment styles that are characterized by anxiety and ambivalence and psychiatric

symptomatology (Mikulincer, Horesh, Eilati, & Kotler, 1999). None of the insecure attachment styles were associated with higher levels of grief. There are several possible explanations for the lack of relationship between grief and attachment styles. First, given the time elapsed since the death of the loved one (nearly 50% of the sample lost a loved one two – twenty years ago) it is likely this sample has moved beyond more acute phases of grieving and is describing a more “typical” or “healthy” grief process in their responses. Second, given the relatively higher education, wealth, and social status of this sample, it is possible the participants in this sample had access to more resources during the grieving process (i.e., emotional, social, financial) that fostered healthier grieving. Third, the majority of participants in this sample were recruited from religious groups that were likely not experiencing grief as a salient issue in their lives at the time of the study (only 13 were from secular bereavement groups and 14 from a religiously based bereavement groups out of the total 78 participants). In other words, the sample may not have included enough acutely grieving individuals needed to see an association between insecure attachment and grief.

Substitute Attachment Figures

Taking inspiration from the correspondence and compensation hypotheses in the literature on attachment to religious figures, it was hypothesized that attachment style and religious beliefs would be associated with substitute attachment relationships. The correspondence hypothesis suggests that individuals will have the same attachment relationship to God as they did with their parents, while the compensation hypothesis suggests that individuals will “compensate” for a poor attachment (or loss of attachment) by forming a secure attachment relationship with God (Kirkpatrick & Shaver, 1990). However, no support was found for these predictions. For this particular sample, at least, strength of

religious beliefs was not associated with individuals' choices in Substitute Attachment Figures. Indeed, there seemed to be no discernible pattern in the selection of Substitute Attachment Figures. The combination of a rather small sample size and diverse range of religious beliefs may have contributed to this lack of discernible pattern. For example, although the sample was highly religious, there may not have been enough participants self-identifying with any particular religious groups to produce the predicted associations.

It was important to note that although the majority of the sample was recruited from a religious group, these individuals were members of communities with higher levels of income and education, and they tended to possess more liberal attitudes than most communities. Perhaps this could account for the variability in selection of a Substitute Attachment Figure in that individuals from these groups likely had multiple sources of social support to turn to rather than having to rely on any one individual. Given the relative wealth and presumed ability to be efficacious in one's environment (as evident by higher SES and level of education), it is worth exploring whether these individuals suffered less in terms of changes to their physical, material lives than individuals of lower economic brackets and educational levels.

There were several unexpected results with respect to the Substitute Attachment Figure items surveyed. Most surprisingly was the association between individuals with a predominantly Dismissingly Avoidant style of attachment and their description of the substitute attachment relationship as the most intimate, most desired, and most comforting. Traditionally, these individuals are conceptualized as denying the need for others' support and help and overly relying on their own skills and resources. However, whomever they have turned to for support and comfort appeared to be very close and helpful as well as intimately

involved in their lives. Rather than being opposed to all or most forms of intimate relationships, these individuals may have a select group of people who fulfill this need and they are “dismissing” of the idea that anyone could “fit the bill” as it were. For example, participants who most strongly identified with the Dismissingly Avoidant attachment description chose spouses/significant others as their Substitute Attachment Figure more than any other Substitute Attachment Figure. (This pattern held for all adult attachment styles).

Another unexpected finding among the Substitute Attachment Figure items was the qualification of a substitute attachment relationship as being very strong and positive among participants who specifically noted “[they were] not turning to anyone to provide help or comfort” following the loss of a loved one. It would be interesting to know whom these participants had in mind when they made these ratings, as well as their relationship with the deceased. Perhaps they responded to these questions with an ideal image of someone they would like to be able to turn to who was not an actual part of their life. It is also possible they were considering a group of people who have been helpful rather than any one individual. It is possible they were reflecting on past relationships that had provided a source of comfort, although it seems likely they would have described these individuals in the blank space provided next to the “other” response item.

Coping Strategy

The final category of hypotheses in this study sought to explore potential relationships among coping styles and adult attachment styles. Once again, contrary to previous literature showing similar patterns of response among individuals with a Secure and Dismissingly Avoidant style of attachment, these two groups varied in their responses. As predicted, a Secure attachment style was associated, but a Dismissingly Avoidant style of

attachment was not associated, with a Task-Oriented coping style. It was not surprising that Securely attached individuals would take proactive and practical steps towards dealing with everyday life problems (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002), but it did seem odd that adults who were characterized by their strong preference for self-reliance and ability to solve their own problems would not also have used this coping style more than the others (Fraley & Bonanno, 2004). If the coping measure had been less general and had focused specifically on coping with grief, the lack of association would have made more sense, in that Dismissingly Avoidant individuals would likely avoid tasks related to the grief process. However, given the more global assessment of coping skills, it is surprising that adults with a Dismissingly Avoidant coping style did not endorse problem-solving behaviors. As Dismissingly Avoidant attachment was not associated with any one coping style in particular, it was hard to determine exactly what coping methods these individuals relied on the most, if any. It would be interesting to see what strategies high scorers on a dimension of Dismissingly Avoidant attachment report using in situations *they identify* as distressing (rather than situations a researcher has proposed).

The association between a Secure attachment style and a Social Diversion-based coping strategy seemed positive when interpreted in the context of attachment theory. Although the coping measure's authors conceptualized this subscale as avoidance of the problem through engaging in social activities (Endler, & Parker, 1994), in the context of attachment, these individuals were behaving quite adaptively in that they were engaging with others in times of distress. This finding was consistent with the well-established literature demonstrating that individuals with a Secure attachment style relied on social supports in

times of stress and coped well because of this choice (Schmidt, Nachtigall, Wuethrich-Martone, & Strauss, 2002).

As endorsement of a Fearfully Avoidant attachment style increased, reported use of an Emotionally-Focused and Distraction-Based coping style increased. While it was not surprising that individuals who tended to avoid intimate relationships because of fear they will be consumed by them would engage in coping strategies that distracted them from a problem, it was surprising that they would choose a coping style that focused on the emotional aspects of a problem. However, it was worth noting that an emotionally dominant coping strategy was described by the CISS-II's authors, Endler and Parker, as a predominantly negative strategy that reflected an individual's tendencies to ruminate and become lost in their emotions rather than trying to sort them out in an adaptive manner (1999; as cited in Tierre, 2004). Perhaps it was the strong fear component of the Fearfully Avoidant attachment style that was reflected in this pattern. Not surprisingly, as endorsement of a Fearfully Avoidant attachment style increased, reported levels of Task-Oriented problem solving decreased. Individuals who have traditionally avoided conflict in the past and been consumed by fear of intimate relationships would not have seemed to be proactive and practical in their problem-solving efforts. Why a Preoccupied attachment style was not associated with a specific coping strategy is unclear. Of all the attachment styles, it would have seemed logical for individuals with high endorsements of this style to have also endorsed an emotionally-based coping strategy especially when reminded of the emphasis on rumination and maladaptive strategies associated with the Emotion-Focused scale used in this study. Perhaps high scorers on this dimension were simply too distraught by their respective emotional states to consistently chose any one strategy.

In summary, adult attachment style was associated with levels of Anxiety, Stress, and Depression, but not Grief. In general, insecure attachment styles were related to higher levels of Anxiety, Stress, and Depression, while a Secure attachment style was related to lower levels of Stress. Religious beliefs did not influence the selection of a Substitute Attachment Figure. Specific coping strategies were associated with adult attachment styles. In general, an insecure attachment style was associated with less effective coping strategies, and a Secure attachment style was associated with more proactive strategies.

As with any research project, there were limitations to this study. Most notably, this study relied on retrospective self-report data about grief experiences rather than real time observations or reflections. Additionally, there was tremendous variability in the time elapsed since the death, the type of loss experienced, and the age at which the loss was experienced. The lack of an established measure assessing the strength and quality of a substitute attachment relationship was also noted in this study. Having a reliable and valid measure rather than educated guesses would have allowed more depth of exploration in the construct and perhaps would have made it possible to address some perplexing results (i.e., more information on individuals who said they were not turning to anyone for help). Additional questions about the quality of the relationship and the type of person the respondents had in mind while rating the relationships would have been helpful, such as “If no one immediately came to mind as a source of support during the grieving process, what would you look for in an ‘ideal’ support person? How would your relationship with this person differ compared to your actual relationships?”

Another limitation of the current study was the low percentage of participants from bereavement support groups. Despite persistent efforts to invite individuals from grief

support groups in the community, the researcher ran into numerous unexpected obstacles. These included a great resistance from grief counselors to allow a researcher to collect data. Several of the grief counselors expressed the opinion that their work could not be quantified and that research “with numbers” would significantly diminish the quality of their work. Despite reassurances from the primary investigator that this was not the intention, grief counselors were very reluctant to allow access to grieving individuals. In their role as protector of a vulnerable population, they enforced gate-keeping policies that at their heart were designed to protect grieving individuals from undue pressures and potential exploitation during a vulnerable time, but are in practice limiting quality research that has the potential to lead to increased awareness of the importance of grief support groups.

Compounding this initial reluctance, it appears as though the primary investigator unwittingly stepped into a professional quagmire within the bereavement support group staff in the area. It seems as if there is a schism among support personnel about how services should be provided. By inviting counselors from both “factions” to participate in the study, the primary investigator unwittingly alienated some grief support counselors who could have granted access to large numbers of grief support groups in the area. It would behoove future researchers to do some preliminary investigating about how grief support services are offered in their community and to take steps to avoid stepping into any pre-existing professional conflicts. Researchers might consider approaching the bereavement support community from a multicultural perspective. This could include inviting the grief counselors to play a prominent role in the development of a research project, seeking consultation from counselors about how to best approach a grieving population, and, where appropriate and feasible, offer to share results.

It is important to note that not all grief support organizations and counselors were adverse to the research process. Indeed a couple of the professional agencies were very excited at hearing the primary investigator request permission to do research. They expressed a great interest in working together and indicated they feared what would happen to their organization (i.e., in terms of funding and public support) if more research establishing the significance of their work was not done and published. Counselors from the joint religious-grief support groups were excited as well about participating in research. They were very open and willing to help, despite understanding that the work had the potential to produce unfavorable results about their religious beliefs and practices as it related to the grieving process.

Last, although not an inherently limiting quality, there was a high amount of religiosity endorsed in this study; 77 out of 78 participants reported believing in some religious or spiritual belief system. Compared to prevalence rates in the general population (83.1% of Americans reported some religious affiliation in the latest Pew Forum Survey), this sample was more religious. Additionally, the high percentage of Unitarian Universalists in this sample may have had a greater impact on the results than the general endorsement of religiosity. For example, their perspective on death and loss may have impacted the results, accounting for the lack of association between attachment styles and grief, as well as the lower rates of anxiety, depression, and stress in this sample. For example, on the day the investigator attended a Service to recruit participants, the sermon's theme was loss and saying goodbye. Some of the themes presented in the sermon encouraged members to celebrate the life of the deceased while grieving, to understand the loss in terms of a larger context, and to make sure to express love and kindness in daily life so that a death does not

necessarily mean having unfinished business. From an outsider's observations, it seems that a Unitarian Universalist's view of death (at least at this with particular congregation) includes a celebration of life, sadness for loss, and a time to take stock and review one's own course in life.

It would be interesting if future work in the area continued to explore the Dismissingly Avoidant attachment style. It appears as though the more work that is published in this area, the less attachment researchers truly know about the complexity of this attachment style. Additionally, making use of measures other than self-report, especially physiological measures like saliva samples and brain imaging scans, would greatly enhance the field's understanding of attachment styles. Branching out to look at the body's response to attachment styles and how this affects health in a very tangible, demonstrable way would be a great benefit to the literature and psychological community at large.

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APPENDICES

Appendix A

Coping Inventory for Stressful Situations, Second Edition (CISS-II; Endler & Parker, 1999;
as cited in Tierre, 2004).

Due to copyright laws, the CISS-II could not be attached to this proposal. It is a well-tested
and established questionnaire.

Appendix B

The Texas Revised Inventory of Grief (TRIG; Faschingbauer, Zisook, & DeVaul, 1987)

LOOKING BACK, I WOULD GUESS THAT MY RELATIONSHIP WITH THIS PERSON WAS (check only 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.

HOW OLD WAS THIS PERSON WHEN HE/SHE DIED? _____

THIS PERSON DIED (check only one box):

- within the past 3 months 9-12 months ago 5-10 years ago
- 3-6 months ago 1-2 years ago 10-20 years ago
- 6-9 months ago 2-5 years ago more than 20 years ago

THIS PERSON'S DEATH WAS (check all that apply):

- Expected Unexpected Slow Sudden

PART I: PAST BEHAVIOR

Think back to the time this person died and answer all of these items about your feelings and actions at that time by indicating whether each item is Completely True, Mostly True, Both True and False, Mostly False, or Completely False as it applied to you after this person died. Check the best answer.

	COMPLETELY TRUE	MOSTLY TRUE	TRUE & FALSE	MOSTLY FALSE	COMPLETELY FALSE
1. After this person died I found it hard to get along with certain people					
2. I found it hard to work well after this person died					
3. After this person's death I lost interest in my family, friends, and outside activities					
4. I felt a need to do things that the deceased wanted to do					
5. I was unusually irritable after this person died					
6. I couldn't keep up with my					

normal activities for the first 3 months after this person died					
7. I was angry that the person who died left me					
8. I found it hard to sleep after this person died.					

PART II: PRESENT FEELINGS

Now answer all of the following items by checking how you feel presently about this person's death. Do not look back at Part I.

	COMPLETELY TRUE	MOSTLY TRUE	TRUE & FALSE	MOSTLY FALSE	COMPLETELY FALSE
1. I still cry when I think of the person who died					
2. I still get upset when I think about the person who died					
3. I cannot accept this person's death					
4. Sometimes I very much miss the person who died					
5. Even now it's painful to recall memories of the person who died					
6. I am Preoccupied with thoughts (often think) about the person who died					
7. I hide my tears when I think about the person who died					
8. No one will ever take the place in my life of the person who died					
9. I can't avoid thinking about the person who died					
10. I feel it's unfair that this person died					
11. Things and people around me still remind me of the person who died					
12. I am unable to accept the death of the person who died					
13. At times I still feel the need to cry for the person who died					

1. I feel responsible for the person's death.

- A. Strongly Disagree
- B. Disagree
- C. Uncertain/Neutral
- D. Agree
- E. Strongly Agree

2. How did the person die?

- A. Accident
- B. Disease: *Please indicate here:* _____
- C. Other: *Please indicate here:* _____

Appendix C

The Depression Anxiety Stress Scales, Short-Form (DASS-21; Lovibond & Lovibond, 1995)

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness in my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

Appendix D

The Relationship Questionnaire (RQ: Bartholomew & Horowitz, 1991)

Please read the statements below and circle how well each item describes you.

1. (Secure). 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.

Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me
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2. (Dismissing). 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.

Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me
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3. (Preoccupied). 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.

Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me
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4. (Fearful). 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.

Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me
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Appendix E
Substitute Attachment Questions

In times of distress, some people find it comforting to turn to others for help. Often times, these people include spouses, family members, friends, religious leaders, or religious figures, for example, for Christians these may include God, Jesus, or Mother Mary. Please take a moment to think who in your life you are the most likely to turn to right now to help you through this difficult time. When you have thought of that one person, indicate your relationship with that person by circling the letter that best represents your relationship with that person. Then, please answer the five questions below based on that relationship.

The person I am most likely to turn to help me with the grieving process:

- a. My spouse/romantic partner
- b. A family member, relationship: _____
- c. My friend
- d. A divine being or religious deity
- e. My pastor/priest/preacher/spiritual leader
- f. My therapist/counselor
- g. Other: _____
- h. I am not turning to anyone to provide help or comfort

Please answer the following questions based on the relationship you indicated above. For each item, indicate how strongly you agree or disagree with each statement.

1	2	3	4	5
Strongly Disagree		Neutral		Strongly Agree

- _____ 1. I prefer to have frequent contact with this person (although it may occur in forms other than face-to-face conversation including phone calls, e-mails, and other online communication).
- _____ 2. I am more likely to try new experiences and activities when this person is actively involved in my life.
- _____ 3. I feel safe, relaxed, and comfortable when I am with this person.
- _____ 4. I feel anxious when I cannot reach this person.
- _____ 5. I value this person's advice and often seek his/her counsel.

Appendix F

Demographics

Sex: A. Male B. Female

My marital status is:

- A. Single – *Never Married*
- B. Single – *Divorced or Separated*
- C. Single – *Widowed*
- D. Living with a significant other – *Unmarried, Heterosexual Relationship*
- E. Living with a significant other – *Unmarried, Homosexual Relationship*
- F. Married or remarried

With respect to work, I am:

- A. Retired
- B. Unemployed
- C. Employed – *Part-time*
- D. Employed – *Full-time*

I have experienced a significant change in amount of work since the death of a loved one:

- A. True
- B. False

With respect to education, I:

- A. Did not graduate from high school
- B. Graduated from high school
- C. Took some college courses
- D. Have my Associate's degree
- E. Have a four-year university degree
- F. Took some graduate courses
- G. Have an advanced degree or certificate

My major is/was: _____

How would you describe your current economic situation?

- A. I have barely enough to get by
- B. I have enough, but no more
- C. I definitely have enough of everything, but no luxuries
- D. I have enough and some luxuries
- E. I have a lot of luxuries

Your racial/ethnic group membership is:

- A. African American
- B. Asian American (including Indian and Pacific Island regions)
- C. Caucasian or Euro-American

- D. Hispanic American; Latino, Latina
- E. Native American
- F. Middle Eastern
- G. Other: *Please indicate here:* _____
- H. Multiracial: *Please indicate here:* _____

I consider myself to be a very religious person.

- A. Strongly Disagree
- B. Disagree
- C. Uncertain/Neutral
- D. Agree
- E. Strongly Agree

I consider myself to be a very spiritual person.

- A. Strongly Disagree
- B. Disagree
- C. Uncertain/Neutral
- D. Agree
- E. Strongly Agree

If at all possible I attend worship services every week

- A. Strongly Disagree
- B. Disagree
- C. Uncertain/Neutral
- D. Agree
- E. Strongly Agree

If at all possible I attend religious study groups.

- A. Strongly Disagree
- B. Disagree
- C. Uncertain/Neutral
- D. Agree
- E. Strongly Agree

Religious affiliation: _____
Please be as specific as possible

Age: _____ years