
Attachment and Loss: A Test of Three Competing Models on the Association Between Attachment-Related Avoidance and Adaptation to Bereavement

R. Chris Fraley

University of Illinois at Chicago

George A. Bonanno

Teachers College, Columbia University

It is widely assumed that emotionally avoidant or defensive individuals will have a difficult time adjusting to the loss of a loved one. However, recent research suggests that defensive individuals tend to adapt quite well to loss. Such findings pose a number of challenges to attachment theory—a theory that has traditionally held that emotional avoidance is indicative of poor psychological adjustment. In this article, the authors argue that contemporary models of individual differences in adult attachment allow the derivation of at least three competing hypotheses regarding the relationship between avoidant attachment and adaptation to loss. These hypotheses are tested using two-wave data on 59 bereaved adults. Results indicate that whereas some avoidant individuals (i.e., those who are fearfully avoidant) have a difficult time adapting to the loss of a loved one, other avoidant adults (i.e., those who are dismissively avoidant) show a pattern of resilience to loss.

Keywords: attachment styles; psychological defense; bereavement; emotion regulation

The loss of a loved one is thought to be one of the most painful events a person can experience, one that often elicits powerful feelings of anxiety, hopelessness, and sorrow. Yet there is considerable variability in the degree to which people experience these feelings (Bonanno & Kaltman, 1999; Nolen-Hoeksema & Larson, 1999; Wortman & Silver, 1989). Some people, for example, exhibit extreme signs of distress and may report heightened levels of anxiety or depression for years after a loss. Other people, in contrast, appear to be relatively unaffected by loss.

People who do not show obvious signs of distress have received a lot of theoretical attention by social, personality, and clinical psychologists (see Bonanno & Kaltman, 1999; Wortman & Silver, 1989, for reviews). It is generally believed that the failure to exhibit clear signs of grief is a maladaptive response to loss and that people who exhibit few grief symptoms immediately after a loss are likely to show signs of poor adjustment in the long run (Deutsch, 1937; Lazare, 1989; Lindemann, 1944; Osterweis, Solomon, & Green, 1984; Raphael, 1983; Sanders, 1993). This belief is a pervasive one, cutting across both lay and scientific theories of bereavement. However, only recently have scientists begun to study the empirical relationship between the way people cope with loss and long-term adaptation (e.g., Bonanno & Kaltman, 1999; W. Stroebe & Stroebe, 1987; Wortman & Silver, 1989). One of the surprising findings from this research is that people who exhibit few symptoms of grief within the first few months following loss and, in particu-

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lar, people who exhibit seemingly defensive or avoidant approaches to loss suffer less in the long run than those who actively express or “work through” their grief (see Bonanno & Field, 2001; Bonanno & Keltner, 1997; Bonanno, Keltner, Holen, & Horowitz, 1995; Bonanno, Znoj, Siddique, & Horowitz, 1999). These findings pose a number of questions for classical and contemporary theories of bereavement that hold that putative avoidant and defensive reactions to loss have negative implications for adjustment and adaptation (Fraley & Shaver, 1999).

The objective of this article is to explore the implications of such findings for one of the more visible contemporary theories of bereavement—attachment theory (see Bowlby, 1980; Fraley & Shaver, 1999; Parkes & Weiss, 1983). Specifically, we will address the question of how people who defensively organize their attachment behavior (i.e., avoidant adults) adjust to the potentially disruptive impact of the death of a loved one. We argue that contemporary attachment-theoretical perspectives allow the derivation of three alternative hypotheses regarding the association between avoidant attachment and adaptation to loss. We will empirically test those hypotheses by studying patterns of adaptation in a sample of bereaved adults. Doing so should allow us to resolve ambiguities concerning the association between attachment patterns and bereavement as well as to address contemporary debates about the role of adaptation in processes that have been viewed historically as defensive and maladaptive in nature. We begin by reviewing classic and contemporary attachment theoretical views on the role of individual differences in attachment organization (i.e., attachment style) in the regulation of grief-related feelings, thoughts, and behaviors.

CHRONIC GRIEF, ABSENT GRIEF, AND ATTACHMENT ORGANIZATION

One of Bowlby’s important contributions to the literature on bereavement was a normative account of attachment and loss, one that drew on insights from ethology and was rooted in a lifespan perspective (see Fraley & Shaver, 1999). In addition to offering a functional analysis of normative reactions to loss, Bowlby (1980) proposed a framework for conceptualizing atypical forms of mourning. His analysis of these disordered forms of grief suggested that they could be arrayed along a single conceptual dimension, anchored by chronic mourning on one extreme and prolonged absence of conscious grieving on the other (Bowlby, 1980, p. 138). Chronic mourning is characterized by protracted grief and prolonged difficulty in normal functioning. Individuals who suffer from chronic mourning may find themselves overly pre-

occupied with thoughts of their missing partners and unable to return to normal functioning for months after the loss. In contrast, an apparent absence of grief is characterized by a conspicuous lack of conscious sadness, anger, or distress. According to Bowlby (1980), individuals exhibiting an apparent absence of grief may express relatively little distress following the loss, continue in their jobs or activities without any noticeable disruption, and seek little support or solace from friends and family. It was Bowlby’s belief that this manner of reacting to loss may lead to difficulties in long-term adjustment.

A key component of Bowlby’s theoretical analysis was that the way people mourn, and whether it is adaptive in the long run, can be understood partly as a function of their attachment histories. Specifically, Bowlby (1980) argued that adults with anxious attachment histories (i.e., histories of insecurity, inconsistent care, and persistent frustration of attachment-related needs) would be more likely to exhibit prolonged or chronic grief, whereas individuals for whom attachment-related needs had been consistently rebuffed or rejected would be more likely to express few overt signs of grief. Although Bowlby was fairly explicit about the ways in which these attachment experiences become organized into a coherent pattern of relating to others, he did not explicitly link his ideas about grief to a theoretical model of individual differences in attachment organization.

In the late 1980s, a number of researchers began to develop taxonomies of individual differences in attachment organization for adults (e.g., Hazan & Shaver, 1987; Main, Kaplan, & Cassidy, 1985) based on the patterns of attachment that had been documented by Ainsworth and her colleagues in infant research using the strange situation (see Ainsworth, Blehar, Waters, & Wall, 1978). Hazan and Shaver (1987), for example, proposed a three-group taxonomy involving security, avoidance, and anxious-ambivalence (see Fraley & Shaver, 2000, for a review). When Bowlby’s ideas are considered in the context of Hazan and Shaver’s (1987) three-category model, the theoretical linkages between attachment organization and grief are clear: Secure individuals should be distressed by the loss of a loved one but should find it easier than others to adapt to the loss. Anxious-ambivalent or preoccupied individuals should exhibit a pattern of chronic grief, whereas avoidant individuals should show an apparent absence of overt grief symptoms (see Field & Sundin, 2001; Hazan & Shaver, 1992; Shaver & Tancredy, 2001; Wayment & Vierthaler, 2002). Despite this relative absence of overt indicators of grieving, however, avoidant individuals should have difficulties recovering from the loss—difficulties that may manifest themselves later (see Shaver & Tancredy, 2001, for further discussion).

CONTEMPORARY RESEARCH AND DEBATES
ON ATTACHMENT, BEREAVEMENT, AND DEFENSE

Although attachment researchers have assumed an association between avoidance and maladaptive or delayed grief, contemporary research on adaptation and loss has challenged this assumption. Bonanno and his colleagues, for example, have searched for, but not found, empirical evidence for a pattern of delayed grief. People who exhibit few signs of grief shortly after the loss of a partner rarely exhibit a heightened increase in grief symptoms months or years later (see Bonanno et al., 1999; Bonanno & Field, 2001; Bonanno, Wortman, et al., 2002). Moreover, the use of seemingly defensive or avoidant strategies does not confer greater risk for developing depressive symptoms either in the early or later months following loss (Bonanno et al., 1995; Bonanno, Field, Kovacevic, & Kaltman, 2002). For example, Bonanno et al. (1995) examined emotional avoidance among recently conjugally bereaved individuals by contrasting their subjective reports of distress with their level of autonomic arousal following an interview in which they discussed the death of their spouse. Emotionally avoidant participants were defined as those who reported relatively little distress while concurrently showing elevated heart rates during the interview (see Weinberger, Schwartz, & Davidson, 1979, for a similar conceptualization). Bonanno and his colleagues found that bereaved participants who exhibited a verbal-autonomic dissociation had the fewest grief symptoms at 6, 14, 25, and 60 months after the loss (Bonanno et al., 1995, 1999; Bonanno & Field, 2001).

Although the research by Bonanno and his colleagues has not explicitly addressed the relationship between reactions to loss and avoidant attachment as it has been defined and measured by attachment researchers, these findings clearly pose some challenges to attachment theory. If emotionally avoidant adults are psychologically vulnerable, we would expect them to show an increase in symptoms of psychological distress over time. At the very least, we would expect them to be just as poorly adjusted in the long run as those who more readily express their grief. Although we believe these findings pose a number of problems for the classic three-category model of individual differences in attachment, recent advances in the study of adult attachment make the link between avoidance and grief more nuanced than what has been assumed previously. In the early 1990s, Bartholomew introduced an alternative model of individual differences that makes a critical distinction among different kinds of avoidant strategies (see Bartholomew, 1990; Bartholomew & Horowitz, 1991). Specifically, Bartholomew distinguished between fearful-avoidant and dismissing-avoidant attachment patterns.

According to Bartholomew, fearfully avoidant adults, while organizing their behavior in a defensive manner, tend to do so as an attempt to quell their insecurities. Because they are explicitly afraid of being hurt or rejected, they avoid opening up to others and try to avoid becoming emotionally invested in them. The avoidant strategies of dismissing individuals, in contrast, appear to be organized around the goal of self-reliance or independence. Although dismissing individuals may avoid opening up to and depending on others, it is because they consciously see little need to forge close emotional bonds with others, not because they consciously fear being hurt. Theoretically, this strategy is motivated by a history of rejection but consciously it is rooted in a desire to be autonomous and self-reliant.

Griffin and Bartholomew (1994) argued that these theoretical "prototypes" can be arrayed along two conceptual dimensions that researchers have come to call attachment-related anxiety and attachment-related avoidance (see Fraley & Shaver, 2000). This first dimension captures variation in the degree to which people are vigilantly attuned to attachment-related concerns (Fraley & Shaver, 2000). A highly anxious person, for example, may worry that one's attachment figure is unresponsive, whereas a less anxious person may feel relatively secure about attachment-related matters. The second dimension captures variation in people's tendencies to use avoidant versus proximity-seeking strategies to regulate attachment-related behavior, thought, and feeling. People on the high end of this dimension tend to withdraw from close relationships, whereas people on the low end of this dimension are more comfortable opening up to others and relying on others as a secure base (Fraley & Shaver, 2000). As is illustrated in Figure 1, the classic Hazan and Shaver categories, as well as Bartholomew's four theoretical prototypes, can be viewed as linear combinations of these two dimensions (see Fraley & Waller, 1998). For example, a prototypical fearful individual is relatively attentive to attachment-related concerns (i.e., is high on the anxiety dimension) and typically employs avoidant strategies to regulate his or her feelings and behavior (i.e., is high on the avoidance dimension). By contrast, a prototypically dismissive individual also employs avoidant strategies but is less attentive to or downplays attachment-related concerns (i.e., is low on the anxiety dimension). A prototypically secure individual is low on both of these dimensions.¹

One of the valuable features of this two-dimensional model is that it distinguishes different kinds of defensive strategies. The classic Hazan and Shaver conception of avoidance implied that avoidance stems from conscious insecurities, thereby conflating dismissing-avoidance with fearful-avoidance (see Fraley & Shaver, 2000). How-

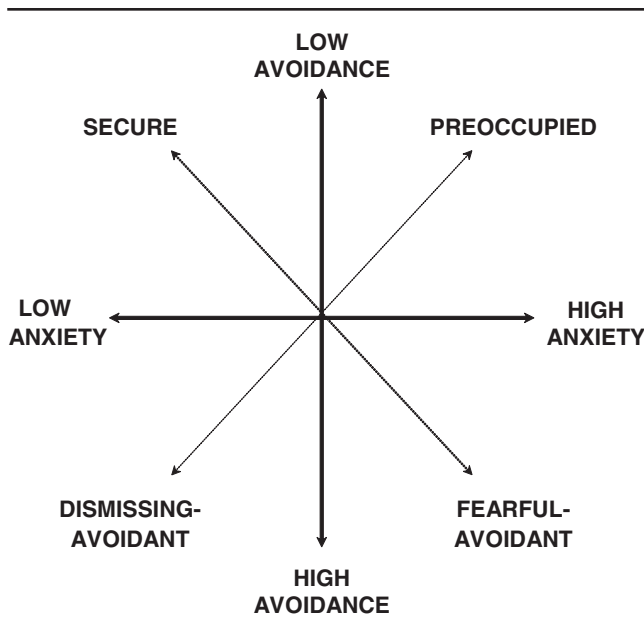


Figure 1 The two-dimensional model of individual differences in attachment.

NOTE: This diagram illustrates the theoretical relationships between attachment-related avoidance and anxiety and Bartholomew's (1990) attachment prototypes.

ever, once the distinction between different forms of avoidance is recognized, at least three alternative hypotheses about the relationship between attachment patterns and reactions to loss can be derived from attachment theory. One hypothesis is that attachment-related anxiety, but not attachment-related avoidance, is associated with severe grief. The hypothesis is based on the assumption that the control systems underlying attachment-related vigilance, which are tapped by the anxiety dimension, may produce maladaptive grief responses (see Fraley & Shaver, 2000). Theoretically, highly anxious people are more vigilant and insecure regarding the psychological accessibility and availability of their loved ones. Thus, when their loved one is missing, they should not only experience distress, but that distress should be triggered more easily by day-to-day reminders (both physical and psychological) of the loved one's absence. Over a period of time, the repeated activation of these stressful emotions, coupled with the failure of attachment behavior to reunite the person with his or her loved one, may heighten feelings of distress, hopelessness, and despair. By contrast, avoidance by itself should not necessarily lead to difficulties adjusting to bereavement. Fraley, Davis, and Shaver (1998), for example, have argued that avoidant strategies of emotion regulation (e.g., withdrawing from situations that

make one feel vulnerable) can be just as effective as proximity-seeking strategies (e.g., turning to others for support or comfort) in regulating attachment-related distress. According to Fraley et al. (1998), avoidant individuals sometimes appear vulnerable because researchers do not always distinguish between fearful-avoidance and dismissing-avoidance, thereby conflating attachment-related anxiety and avoidance. Once the distinction is made between alternative patterns of avoidance, we should expect some avoidant individuals (i.e., those who are fearfully avoidant) to have difficulty adjusting to loss because they are highly anxious with respect to attachment concerns, but we should expect other avoidant individuals (i.e., those who are dismissingly avoidant) to have less difficulty adjusting to loss because they are not as anxious with respect to attachment concerns. This model implies a main effect of attachment-related anxiety in predicting patterns of grief but no main effect of attachment-related avoidance.

An alternative hypothesis is that both attachment dimensions are associated with maladaptive grief, such that people who are high on both attachment-related anxiety and avoidance are more likely to experience difficulty following loss. This model holds that attachment-related avoidance is a maladaptive strategy, but within the context of Bartholomew's prototypes, fearful-avoidance will be more strongly associated with psychological distress than dismissing-avoidance. This model implies main effects of both attachment-related anxiety and avoidance in predicting patterns of adjustment to loss.

A third hypothesis is that highly secure adults will adapt most easily following loss and that insecure adults will have an equally difficult time adjusting. According to this model, preoccupied, fearful, and dismissing adults will experience high levels of distress following loss. This hypothesis is rooted in the assumption that dismissing adults, although defensive in many respects, are actually quite vulnerable (see Dozier & Kobak, 1992; Klohnen & John, 1998). If correct, highly dismissing adults should exhibit the same degree of maladjustment as other insecure adults. This model implies a main effect of each attachment dimension as well as a negatively weighted interaction between the two dimensions in predicting adjustment.

OVERVIEW OF THE PRESENT RESEARCH

To test these competing hypotheses we examined patterns of bereavement in a sample of 59 bereaved adults. At 4 and 18 months postloss we obtained ratings from structured clinical interviews for symptoms of anxiety, depression, grief, and post-traumatic stress disorder

(PTSD) and ratings of participant's overall adjustment from at least two close friends. By examining the patterning of symptoms and adjustment over time, and their relationship to individual differences in adult attachment, we hope to take an important step toward documenting empirically the associations between individual differences in attachment organization and patterns of grief as well as clarifying the role of alternative defensive strategies in adaptation to loss.

Method

PARTICIPANTS AND PROCEDURE

There are a number of practical and ethical challenges involved in recruiting samples of bereaved individuals (see Bonanno & Kaltman, 1999). In the present study, we adopted what seemed to be the most ethically sound approach to obtaining research participants: We disseminated information about the study and encouraged individuals interested in participating to contact the researchers (Penslar, 1993). Information about the study was made available to potential participants living in the Washington, D.C. metropolitan area by sending letters describing the study to (a) recently bereaved individuals who were listed as surviving parents or spouses in newspaper obituary notices and (b) individuals likely to have contact with bereaved individuals (e.g., medical and mental health professionals, clergy). The letters encouraged bereaved individuals who met recruitment criteria and who might be interested in joining the study to contact the researchers by phone or mail. Seventy-four bereaved individuals contacted the researchers and agreed to participate in the study.

Once enrolled in the study, bereaved individuals completed mail-in questionnaires, including a questionnaire assessing individual differences in attachment organization (see below). Participants also took part in structured clinical interviews at approximately 4 and 18 months postloss. Participants were paid \$60 each wave of data collection. Four participants (5%) were unavailable for or refused to take part in the first interview and 11 participants (15%) were unavailable for or refused to take part in the second interview. The final sample consisted of 59 participants, with an average age of 51 years ($SD = 7.8$ years). The majority of participants were women (64.4%). This sample did not differ on any of the measures included in the present study compared with those participants who were recruited but dropped out by the second interview ($ps > .10$). Ratings of participant's adjustment by close friends also were available from a subsample of participants. Although we were primarily interested in studying the association between attachment patterns and clinical ratings of adjustment, we also report ratings of participants' adjustment pro-

vided by their friends among this subsample because we believe that it provides an additional lens by which we may view the adaptation process.

MEASURES

Structured clinical interviews. Participants were asked a series of questions corresponding to the *DSM-IV* (American Psychiatric Association, 1994) symptoms for Generalized Anxiety Disorder (9 items, $\alpha = .78$), Major Depressive Disorder (8 items, $\alpha = .92$), and symptoms of Posttraumatic Stress Disorder that did not overlap with Major Depression (14 items, $\alpha = .82$). In addition, the following eight symptoms of severe grief were defined based on previous bereavement studies (e.g., Horowitz et al., 1997): strong yearning for the deceased, preoccupation with thoughts about the loss, recurrent regrets or self-blame about own behavior toward the deceased, recurrent regrets or blame regarding the behavior of others toward the deceased, difficulty accepting the finality of the loss, marked loneliness or sense of emptiness, pervasive sense that life is meaningless, and unusual difficulty developing new relationships ($\alpha = .69$).

Each symptom was coded as present or absent following the format used for the Structured Clinical Interview for the DSM (Spitzer, Williams, Gibbon, & First, 1990). Specifically, each item included an explicit scoring criterion (e.g., markedly increased sadness or distress during the past month in situations that symbolize or remind the subject of the deceased) and a set of standard questions designed to elicit information relevant to the criterion (Bonanno et al., 1995; Horowitz et al., 1997). The interviewer's decision as to whether the criterion was met for each item was based on a combination of participant report and the interviewer's observations during the interview. The interviews were conducted by seven doctoral candidates in clinical psychology. Interviewers received extensive training in the procedures but were blind to both the goals and hypotheses of the current study and participants' responses to the questionnaire measures, including the attachment measures. For computation of interrater reliability, the interviews were videotaped and each interviewer coded a randomly selected set of five additional interviews. Interrater reliability was very high (average $\kappa = .97$).

Adult attachment patterns. Individual differences in adult attachment were assessed using the 30-item Relationship Scales Questionnaire (RSQ; Griffin & Bartholomew, 1994). Each item was rated on a 1 (*strongly disagree*) to 7 (*strongly agree*) scale. The RSQ contains items designed to tap each of Bartholomew's four prototypes as well as items drawn from the original Hazan and Shaver prototypes. Following procedures similar to those described elsewhere (e.g., Fraley, Garner, & Shaver, 2000; Fraley & Waller, 1998), we used these items

to scale people on two dimensions: attachment-related anxiety and avoidance. These two scales were weakly correlated in the present sample ($r = .17$) and exhibited acceptable internal consistency estimates of reliability (α s = .84 and .70 for anxiety and avoidance, respectively). The average anxiety score was 3.00 ($SD = 1.03$); the average avoidance score was 3.79 ($SD = .72$).

Friend ratings. Each participant distributed rating materials to three close friends who they felt knew them well and with whom they had relatively consistent contact. The materials asked the person to rate the participant's adjustment along five dimensions (i.e., mental health, physical health, quality of social interactions, ability to accomplish goals, and coping ability) compared to the average person of the same age and gender. A total adjustment score was computed by averaging the five dimensions ($\alpha = .90$). To ensure confidentiality, friends returned these ratings using stamped envelopes preaddressed to the researchers. A participant's friend data were used only when ratings from at least two friends were available. Participants with usable friend data ($N = 38$) did not differ significantly from the remainder of the sample ($N = 21$) on any of the measures used in current study ($ps > .15$). On average, friends providing ratings had known the participants for 15 years ($SD = 13$).

Results

MODELING PATTERNS OF BEREAVEMENT

Because we were able to obtain measurements across two time points, we were able to conduct within-person analyses to model symptom patterns for each person, as well as between-person analyses to model the way those patterns varied as a function of individual differences in attachment. To model the within-person data across the two waves, we estimated the parameters of a simple linear model, $Y = a + bX$, for each person. In this within-person model, the parameter a (i.e., the intercept) represents the initial symptom levels exhibited by that individual, the parameter b (i.e., the slope) represents the rate at which those symptoms changed from one point in time to the next, the variable Y represents the person's adjustment levels for the two time points, and the variable X represents the amount of time (in months) since the first assessment (coded 0 for wave 1 and 15 for wave 2, which occurred 15 months after the first assessment).

One of the advantages of modeling the data in this manner is that it allows us to study *patterns* of grief and adjustment. To highlight this idea, we have graphed in Figure 2 some configurations that are commonly discussed in the bereavement literature. Following the death of a spouse, some people may exhibit a high degree of distress but show a substantial decrease in distress

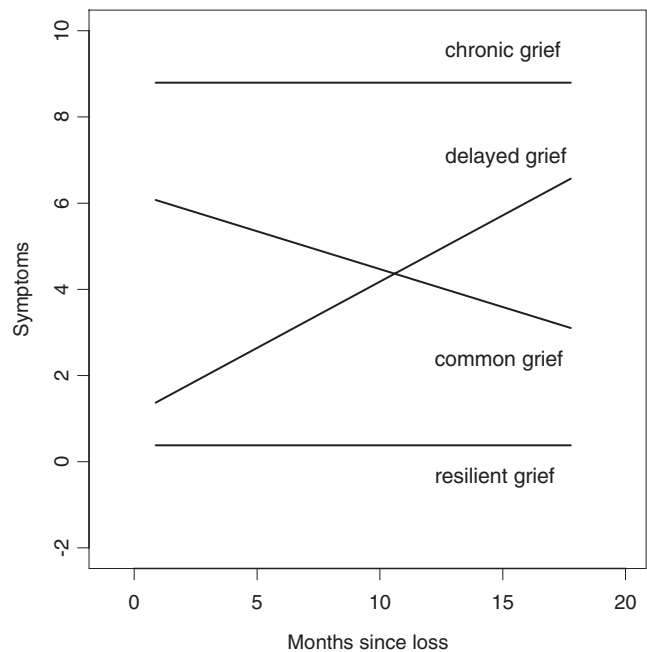


Figure 2 Prototypical patterns of bereavement.

NOTE: This diagram illustrates the way in which some commonly discussed patterns of grief can be modeled using linear growth curves.

over the course of a year. This prototypical pattern of recovery, what Bonanno et al. (2002) call *common grief*, would be modeled mathematically by a large intercept value and a negative slope. Other patterns of theoretical interest can be represented in this framework as well. For example, some people may exhibit high symptom levels initially but show little or no change in symptom levels over time. This pattern would be indicative of *chronic grief* and would be modeled with a large intercept term and a slope of zero. Other people may show no change in symptom levels over time but also may have had low distress levels initially. This pattern would be indicative of some form of *resilience* (Bonanno, 2003) and, mathematically, would be modeled with a small intercept term and a slope of zero. Other people, although exhibiting few symptoms initially, may show an increase in symptoms over time. As discussed earlier, this theoretical pattern, referred to as *delayed grief*, is widely believed to result from avoidant defenses early during the bereavement process (e.g., Middleton, Raphael, Martinek, & Misso, 1993) but has yet to be demonstrated empirically. The pattern of delayed grief would be indicated by a small intercept term and a positive slope.

Another advantage of modeling the data in this manner is that it represents patterns of change continuously rather than categorically. This allows us to study the

TABLE 1: Parameter Estimates for Symptom Patterns

	<i>Bereavement-Related Anxiety</i>		<i>Depression</i>		<i>Grief</i>		<i>PTSD</i>	
	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>
<i>M</i>	.41	.02 (.27)	1.69	-.03 (-0.47)	2.47	-.08 (-1.20)	3.08	-.06 (-.93)
<i>SD</i>	1.39	.11	1.96	.08	1.86	.10	2.60	.12
Range	0-6	-.33-.47	0-8	-.27-.13	0-8	-.33-.13	0-11	-.33-.27

NOTE: The average intercept value represents the average symptom levels in the sample at the first assessment point. The average slope represents the average amount of change in symptom levels per month. The values listed in parentheses represent the average amount of symptom change between the two assessment points, computed as $15 \times$ the average slope. PTSD = post-traumatic stress disorder.

TABLE 2: Modeling Variation in Intercepts and Slopes for Each Symptom Pattern as a Function of Individual Differences in Attachment

<i>Attachment Variables</i>	<i>Bereavement-Related Anxiety</i>		<i>Depression</i>		<i>Grief</i>		<i>PTSD</i>	
	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>	<i>Intercept</i>	<i>Slope</i>
Anxiety	.29*	.31*	.52*	-.07	.37*	-.12	.50*	-.15
Avoidance	.10	-.08	.08	-.02	.18	.05	.20†	-.06
Anxiety \times Avoidance	.15	-.04	.15	-.15	.23†	-.07	.23*	-.24†
R^2	.11*	.10*	.29*	.02	.20*	.02	.33*	.07

NOTE: The coefficients are standardized regression weights estimated for the full model (i.e., including anxiety, avoidance, and their interaction). PTSD = post-traumatic stress disorder.

† $p < .10$. * $p < .05$.

actual pattern of symptoms exhibited by a person rather than classifying a person's pattern into a broader category that may not describe him or her well. Finally, by summarizing patterns with two parameters that vary across people, we can model variation in these parameter estimates as a function of individual differences in attachment. Doing so allows us to specify how alternative configurations of the two attachment dimensions are associated with various patterns of change.

After estimating the within-person parameters, we conducted between-subjects analyses in which we modeled the estimated intercept and slope parameters as a function of individual differences in attachment. Specifically, we estimated the parameters of two higher-order regression equations. The first equation modeled the variation in intercept terms and the second equation modeled variation in the slopes, each as a function of attachment-related anxiety, avoidance, and the interaction of anxiety and avoidance.

NORMATIVE PATTERNS

Table 1 reports the descriptive statistics for the within-person parameters in the sample. As can be seen, there was a general tendency for people to begin with high symptom levels 4 months postloss and decrease in symptom levels over time. The only notable exception to this rule was for symptoms of anxiety. On average, there was a slight increase in symptoms of anxiety over time.

To help contextualize the meaning of the intercepts, we assessed symptom levels for anxiety, depression, and PTSD in an age-matched sample of nonbereaved indi-

viduals. The average symptom levels in the nonbereaved sample were .33 ($SD = 1.09$), .57 ($SD = 1.34$), and 2.44 ($SD = 4.31$) for anxiety, depression, and PTSD, respectively. When the statistics reported in Table 1 are considered in light of these averages, they indicate that the bereaved sample had elevated symptoms on each measure.

INDIVIDUAL DIFFERENCES IN ATTACHMENT

In our next set of analyses we regressed the within-person parameters onto the two standardized attachment dimensions (i.e., attachment-related anxiety and avoidance) as well as the interaction between the two attachment dimensions. This between-subjects analysis allows us to model patterns of change as a function of attachment style. The estimated standardized coefficients for the intercept and slope regressions are presented in Table 2. To illustrate the prototypical patterns of change implied by these estimates, we plotted the predicted symptom patterns for the different attachment styles in each analysis (see Figure 3) by using the same kinds of techniques that are used to illustrate interaction patterns in multiple regression (see Aiken & West, 1991). Because many of the theoretical issues addressed in this article are related to Bartholomew's theoretical prototypes (i.e., secure, fearful, dismissing, and preoccupied), we plotted the predicted patterns for each of these four theoretical attachment patterns as derived from the two dimensions. Specifically, the pattern for security was derived by substituting values of -1 for anxi-

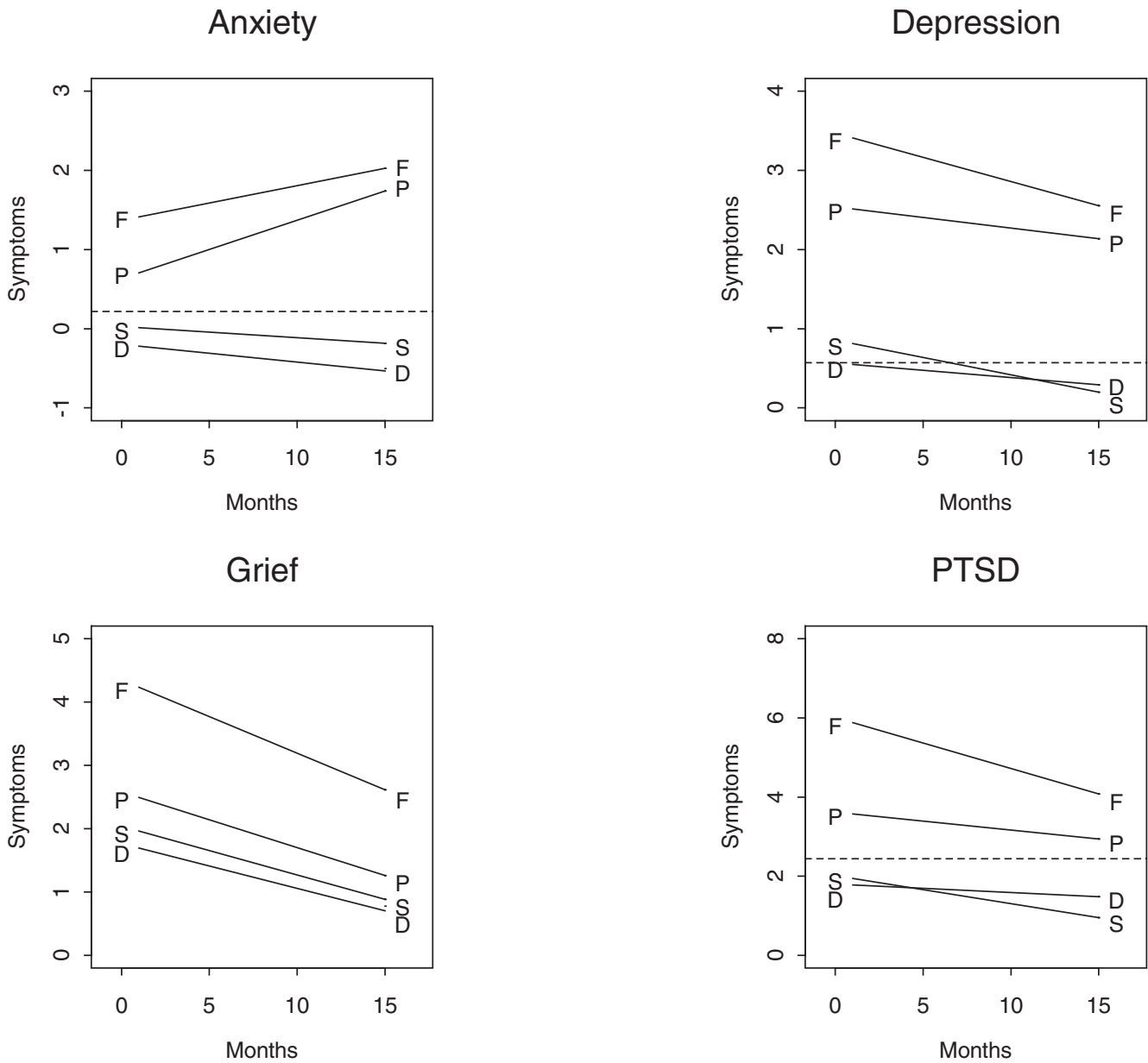


Figure 3 Patterns of bereavement as a function of attachment pattern.

NOTE: The upper-left figure illustrates the implied patterns of change in anxiety symptoms for people of varying attachment patterns (S = Secure, P = Preoccupied, F = Fearful, D = Dismissing). The upper-right, lower-left, and lower-right panels illustrate the implied patterns of change for depression, grief, and post-traumatic stress disorder symptoms, respectively, for people of varying attachment patterns. The dashed lines represent the average level of symptoms in a comparable sample of nonbereaved adults.

ety and avoidance in the estimated regression equation because the prototypical secure individual has low scores on anxiety and avoidance. The pattern for dismissing avoidance was derived by substituting -1 for anxiety and $+1$ for avoidance because the prototype of dismissing-avoidance involves low scores on anxiety and high scores on avoidance (see Bartholomew & Horowitz, 1991;

Fraley et al., 1998). (The prototypes are simple rotations of the two dimensions so the results illustrated in the figures are directly related to the analyses reported in Table 2 [see Fraley & Waller, 1998].)

Anxiety. The most important feature to note about the prototypical patterns for anxiety symptoms (see the

upper left panel of Figure 3) is that both prototypically secure and dismissing adults (i.e., adults with low scores on the dimension of attachment-related anxiety) exhibited a resilient pattern: Across both time points, their anxiety symptom levels were lower than those for prototypically preoccupied and fearful adults (i.e., adults who are high in attachment-related anxiety). Also of interest is the fact that the prototypical preoccupied and fearful patterns were associated with an increase in anxiety symptoms over time, whereas there was no such increase associated with secure and dismissing patterns. In short, adults who were highly anxious with respect to attachment exhibited higher initial anxiety symptoms and exhibited an increase in such symptoms over the course of bereavement. Security and dismissing-avoidance, in contrast, were associated with a resilient pattern of change.²

Depression. A similar pair of regression analyses were performed for depression scores. The standardized coefficients are presented in Table 2. To illustrate the prototypical patterns of change, in the upper-right panel of Figure 3 we have plotted the predicted symptom patterns for people who vary in attachment style. This figure shows that preoccupation and fearful-avoidance were associated with higher levels of depression over time. Of importance, attachment organization was not substantially associated with variation in slopes, implying that highly preoccupied and fearful adults remained at elevated symptom levels across both assessment waves. It is noteworthy that dismissing avoidance was not associated with a maladaptive pattern of bereavement. The prototypical dismissing adult had relatively low levels of depression initially and showed no increase in depressive symptoms over time. Similar to the prototypical secure pattern, the dismissing pattern resembled a resilient pattern of change.

Grief symptoms. To study the relationship between attachment patterns and patterns of grief symptoms not overlapping with depression, anxiety, or PTSD, we again estimated the parameters of two regression equations. The standardized coefficients are presented in Table 2 and the prototypical patterns of change are illustrated in the lower-left panel of Figure 3. This figure shows that preoccupation and fearful-avoidance were linked to higher levels of grief over time. Consistent with the results from the depression analyses, both dismissing-avoidance and security were associated with a resilient pattern of change in grief.

Post-traumatic stress disorder symptoms. To study the relationship between attachment patterns and symptom patterns for PTSD, we again estimated the parameters of two regression equations, one modeling the intercepts and the other modeling the slopes. The standardized

TABLE 3: Modeling Variation in Intercepts and Slopes for Friends' Ratings of Adjustment as a Function of Individual Differences in Attachment

Attachment Variables	Friends' Ratings of Adjustment	
	Intercept	Slope
Anxiety	-.13	-.10
Avoidance	-.14	-.11
Anxiety × Avoidance	-.09	-.12
R^2	.04	.03

NOTE: The coefficients are standardized regression weights estimated for the full model (i.e., including anxiety, avoidance, and their interaction). $N = 38$.

coefficients are presented in Table 2 and the prototypical patterns of change are illustrated in the lower-right panel of Figure 3. Notice that preoccupation and fearful-avoidance were linked to higher levels of PTSD symptoms over time. Although the interaction between anxiety and avoidance was not large, it is noteworthy that fearful-avoidance was linked to initial levels of PTSD symptoms more strongly than would be expected on the basis of simple linear effects. In other words, people who were high in both attachment-related anxiety and avoidance were especially likely to exhibit symptoms of PTSD. Consistent with the previous findings, dismissing avoidance was not associated with a maladaptive pattern of bereavement. The prototypical dismissing adult, similar to the prototypical secure adult, had relatively low levels of PTSD symptoms initially and showed no increase in such symptoms over time.

SECONDARY ANALYSES OF FRIEND RATINGS

Ratings of participant adjustment by close friends were available for a subsample of 38 participants. To study the relationship between attachment patterns and perceptions of adjustment on the part of the participants' friends, we estimated the parameters of two regression equations, one modeling the intercepts and the other modeling the slopes for perceptions of adjustment. The standardized coefficients are presented in Table 3. Although the sample size for these analyses is too small to yield statistically significant associations, it is noteworthy that the pattern of regression weights produces patterns that are in the same direction as those obtained with the clinical ratings of psychological symptoms. The pattern of coefficients for dismissing avoidance was not similar to those implied by a maladaptive pattern of adjustment.

Discussion

Recent research on bereavement has challenged one of the fundamental assumptions of attachment theory, namely, that avoidant or defensive attachment patterns

should be linked to maladjustment. The primary objective of this article has been to examine the implications of such findings for attachment theory. We have argued that the theoretical relationship between avoidance and adaptation to loss is not clear-cut within contemporary attachment theory. Contemporary models of individual differences in attachment organization draw an important distinction between fearful and dismissing forms of avoidance and debates exist as to whether one or both of these forms of avoidance should be associated with maladjustment.

To distinguish between alternative ways of conceptualizing the relationship between attachment-related avoidance and adaptation to loss, we investigated the associations between patterns of grief and individual differences in attachment in a sample of 59 bereaved adults. Our analyses suggest that whereas attachment-related anxiety is associated with elevated symptoms of grief and distress, attachment-related avoidance, for the most part, is not. More specifically, one theoretical pattern of avoidance, fearful avoidance, is associated with difficulties in adjusting to the loss of a loved one, whereas another pattern of avoidance, dismissing avoidance, is associated with a resilient pattern of symptoms. In the sections that follow, we address the implications of these findings for research and theory on attachment, as well as research on adaptation, resilience, and defense more generally.

IMPLICATIONS FOR RESEARCH AND THEORY ON ADULT ATTACHMENT

It is often assumed that underlying the defensive qualities of dismissing adults are latent, unacknowledged insecurities and vulnerabilities (e.g., Onishi, Gjerde, & Block, 2001). The findings of the present study suggest that dismissing-avoidant adults may be much less vulnerable than has been previously believed. When faced with the loss of a loved one, dismissing individuals appear less distressed than others and, importantly, do not exhibit a resurgence of distress-related symptoms later in time. Similar to secure adults, they exhibit a relatively resilient symptom pattern.

Why is it that dismissing and secure adults—both of whom are low on the dimension of attachment-related anxiety—are able to weather the storm of loss better than other bereaved participants? Fraley and Shaver (2000) have argued that the dimension of attachment-related anxiety taps variation in the operation of a critical component in the controls systems underlying attachment behavior—a component that functions to appraise the psychological availability and responsiveness of one's partner. Some people, based on their history of experiences in close relationships, have a lower threshold than others for deciding that the loved one is

unavailable or inaccessible. When the partner is perceived as unavailable, the individual experiences anxiety and turns attention away from exploratory activities (e.g., work, play, creative projects) and toward searching for the partner. Under normal circumstances, such attachment behavior would be abridged or terminated when the person reestablishes a sense of "felt security" (Sroufe & Waters, 1977) by relocating the partner, receiving assurances, or being comforted. In the context of loss, however, the search process is likely to be sustained because the failure of these efforts to reestablish proximity is likely to continue to prime the attachment system, further exacerbating distress and eventually leading to feelings of despair and hopelessness when those efforts are ineffective.

Importantly, this conceptualization of attachment dynamics suggests that prototypically secure and dismissing people are less likely to be affected by loss than others because they have a higher threshold than others for experiencing insecurity. Nonetheless, we suspect that the psychological processes that facilitate this state of affairs are quite different for highly secure and dismissing individuals. For secure people, it may be the case that when they experience the pain of loss, they draw on positive memories or experiences with their partner in a way that brings them solace and comfort. Moreover, it may be the case that they come to experience a "continuing bond" with the deceased individual, allowing them to use the deceased individual as a secure base despite the person's physical absence (see Fraley & Shaver, 1999). In short, highly secure people may be able to draw on a broad array of psychological resources both to minimize the likelihood that the loss will trigger attachment-related distress and to effectively regulate the anxiety that is experienced.

We suspect that the processes that facilitate resilience on the part of highly dismissing adults are quite different. Fraley and his colleagues have articulated a model of dismissing defenses that may help to explain the association between dismissing attachment and resilience observed here (see Fraley et al., 1998; Fraley & Shaver, 1999). This model postulates two broad mechanisms, one of which involves strategies that allow dismissing adults to short-circuit thoughts and feelings that may lead to the experience of insecurity. Fraley et al. (1998) argued that dismissing adults habitually redirect attention away from experiences that may threaten their sense of independence or self-worth—a process that Bowlby (1980) referred to as *defensive exclusion*. By organizing their attentional resources in this manner, dismissing adults should be less likely to experience the powerful emotions that often accompany loss. Research by Fraley and Shaver (1997) is consistent with this hypothesis. They found that when dismissing adults were

asked to suppress or inhibit thoughts of their partners abandoning them, they were able to lower their skin-conductance levels below those observed in control conditions. In addition, the defensive strategies used by highly dismissing adults appear to lead to the development of less complex and accessible mental representations of their relational experiences (see Fraley et al., 2000). As a consequence, dismissing adults should be less vulnerable to the kinds of situations—such as loss—that typically activate attachment-related memories and feelings (see Fraley et al., 1998). A second mechanism by which dismissing adults may be able to exhibit resilience in the face of loss involves emotional attachment. Dismissing adults are less likely than others to develop a strong emotional attachment to their loved ones (see Fraley & Davis, 1997; Fraley & Shaver, 1997). Psychologically, if their sense of self, identity, and emotional security is less entwined in their close relationships, the loss of a loved one, although it is a painful experience, should be less disorienting for the highly dismissing person than for others.

It is important to note that these two broad sets of mechanisms are not mutually exclusive. For example, it may be the case that highly dismissing individuals are less affected by loss because (a) they actively work to inhibit the activation of their attachment systems, (b) they are less emotionally invested in the relationship, or (c) both. We hope that future research will identify the relative contribution of these and other processes to the way in which dismissing adults adapt to loss.

*IMPLICATIONS FOR RESEARCH
AND THEORY ON RESILIENCE TO LOSS*

The findings of the current study are generally consistent with a growing body of research indicating that there are multiple pathways to adjustment following the death of a loved one (Bonanno, Wortman, et al., 2002). Although it has traditionally been assumed that highly defensive people should have a difficult time recovering from loss, our data suggest that this assumption may be warranted for some defensive people (e.g., fearfully avoidant adults) but not necessarily for others (e.g., dismissively avoidant adults).

To fully appreciate the ways in which people adapt to loss, we believe that bereavement researchers will need to make concerted efforts to distinguish individual differences in susceptibility to distress from the defensive strategies that may be used to regulate that distress (see Fraley & Shaver, 1999). Our findings suggest that it is necessary to address both kinds of variables separately to understand the ways in which psychological defenses may promote different patterns of adjustment. For example, our results indicated that individual differences in attachment-related avoidance (i.e., variations in

the use of defensive strategies) are relatively unrelated to patterns of adaptation but that individual differences in attachment-related anxiety are related to adaptation. Because these two dimensions are only weakly correlated with one another, it is possible for some highly defensive people to exhibit poor adjustment and other defensive people to exhibit reliance. We suspect that many clinical intuitions about the association between defense and adaptation are based on the assumption that defensive individuals are necessarily vulnerable, anxious, and insecure across situations. Unless the propensity to use defensive strategies is assessed separately from vulnerabilities per se, it is not possible to unconfound these two issues. We hope that our research helps to underscore this important point.

*ADVANTAGES AND
LIMITATIONS OF THE CURRENT STUDY*

One of the advantages of this study is that it provides new data on the relationship between strategies of affect regulation and long-term adaptation in a sample of individuals who have experienced a nontrivial stressor—the loss of a loved one. A second advantage of this study is that the symptom outcomes we studied were not based on self-report questionnaires. Although self-report measures of adjustment can be useful, the use of such self-reports in the study of avoidance and defense raises subtle but important concerns about the accuracy of self-presentation. The use of interviewer ratings, although not eliminating these problems altogether, helps to provide a perspective on adjustment that is not exclusively anchored in participants' self-perceptions.

Despite these advantages, there are some limitations to the present research that require our findings to be interpreted with caution. Most important, we were not able to obtain preloss measures of individual differences in adult attachment. Although we measured attachment patterns approximately 2 weeks before the first clinical assessment period, it may be the case that these measurements were distorted by the loss.³ A second limitation of the present research is that we had only two assessment points. As a consequence, our ability to study patterns of change was restricted. It is possible, for example, that some people vary in the degree to which their symptom levels oscillate over time (e.g., as might be derived from M. S. Stroebe & Schut's, 1999, dual-process model of bereavement). It would require a minimum of three time points to evaluate such possibilities, and of course, many more to do so in a rigorous manner. A third limitation concerns potential self-selection biases. For obvious reasons, it is difficult to obtain a representative sample of bereaved adults. It is possible that defensive individuals may be less likely to volunteer to participate in this kind of research. Although the average level of avoidance

obtained in this sample is comparable to that observed in a sample of married adults of the same age and gender distribution (Bonanno, 2002), it is impossible to rule out the possibility that the sample we studied is unrepresentative of the population of bereaved individuals.

In closing, it is widely assumed that emotionally avoidant or defensive individuals will have a difficult time adjusting to the loss of a loved one. However, a growing body of research suggests that defensive individuals tend to adapt quite well to loss (e.g., Bonanno et al., 1995). Such findings pose a number of challenges to attachment theory—a theory that has traditionally held that emotional avoidance is indicative of poor psychological adjustment.⁴ We believe that the two-dimensional model of individual differences in attachment provides an important compromise between classic perspectives on psychological defense and grief and contemporary research findings. According to the two-dimensional model of individual differences in attachment organization, some patterns of avoidance or defense (i.e., fearful-avoidance) will be linked to distress and others will not (i.e., dismissing-avoidance). This perspective may allow us to retain some of Bowlby's important insights regarding attachment and bereavement while recognizing that defense mechanisms may have adaptive consequences for some individuals and maladaptive consequences for others.

NOTES

1. Although our use of terms such as “fearful avoidant” and “dismissing avoidant” may imply that we are referring to categories of attachment, we are conceptualizing and measuring attachment patterns as continuous phenomena (see Fraley & Waller, 1998). According to contemporary two-dimensional approaches to attachment, fearful avoidance, as well as other patterns of attachment, are theoretical prototypes or configural patterns within the two-dimensional space (e.g., Fraley & Spieker, 2003; Griffin & Bartholomew, 1994). As such, people can vary in the degree to which their pattern of thought, behavior, and feeling resembles these prototypes.

2. The predicted curves for security and dismissing-avoidance dip slightly below zero due to floor effects (i.e., positively skewed data) in the distribution of anxiety symptoms. The basic findings reported here remain unchanged when the data are transformed to minimize the skew.

3. Because we were not able to obtain measures of attachment prior to the loss, it is possible that our measurements of attachment were distorted by the loss. Although we cannot definitively address this issue in the context of the current study, we believe that if the loss led to changes in attachment patterns, theoretically we should expect loss to have exerted a main effect such that the sample, on average, exhibited similar levels of change (e.g., heightened insecurity). If this is correct, we would not expect the association between attachment-related anxiety and symptoms to be distorted considerably. Barring unforeseen nonlinearities in the relationship between attachment patterns, loss, and grief, our ability to discern the associations between attachment and patterns of grief should not be excessively compromised.

4. We should note that although Bowlby believed that avoidance was likely to be a maladaptive response to loss, he qualified this belief in several ways. Consider the following quotations from Bowlby (1980): “Some of those who proclaim their self-sufficiency are in fact relatively immune to loss” (p. 213) and “Individuals disposed strongly to assert

their self-sufficiency fall on a continuum ranging from those whose proclaimed self-sufficiency rests on a precarious basis to those in whom it is firmly organized” (p. 211). These and other passages (see Fraley & Shaver, 1999) suggest that although Bowlby believed that there were some individuals who, despite their defensive maneuvers, would have a difficult time adapting to loss, he did not believe that avoidant strategies per se would be associated with such vulnerabilities. Framed within the context of contemporary two-dimensional models of individual differences in attachment, Bowlby's ideas would seem to suggest that fearful individuals would experience protracted distress despite their defensive tendencies, whereas dismissing individuals would not.

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