The Use of Attachment Theory in the Anticipatory Grief and Bereavement Process

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Learning Objectives

• Enhance understanding of meaning behind behavior and increase ability to communicate those individual and family behaviors to the team,

• Define attachment styles,

• Use the psychosocial assessment process as a tool to determine attachment styles and the appropriate interventions to support communication and needs of the individual and family,

• Discuss the influence of attachment styles on individual and family decision making and emotional responses to loss.
All Behaviors Have Meaning

• All behaviors have meaning,

• Behaviors reflect an adaptive response and represent an individual experienced range of coping mechanisms,

• Comfort may be provided through adult relationships such as friends, family, romantic partners, or through life style choices such as substance abuse, overeating, smoking, etc.
Attachment Theory

• Attachment develops in childhood through the quality of the primary care relationship and the ability of the caregiver to help the child make sense of the child’s emotions and the emotions of others,

• The fundamental needs of the child are safety and the freedom to explore. A secure attachment develops when the caregiver is able to provide the child with a secure base and a haven of safety,

• The child’s primary caregiver will shape relationship behavior and expectations moving through adolescence into adulthood.
Attachment Theory

• Attachment styles become hardwired within us when a behavior is reinforced as the best way for an infant to survive. This behavioral response will continue to be used later in life,

• Attachment styles and one’s resulting internal working model guide the responses to threats,

• Attachment styles are organized to produce similar behaviors each time when triggered,

• Attachment styles are designed to be adaptive and not pathological. They can become maladaptive.
Attachment Theory

• Attachment styles are triggered during a state of vulnerability such as illness, injury or loss,

• Insecure attachment styles are consistently triggered by pain and illness,

• Insecure attachment styles are less flexible, provide fewer behavioral options and can be problematic when both interpersonal interactions and collaboration are required in the health care setting,

• Insecure attachment styles are marked by mistrust, poor communication, dissatisfaction and treatment nonadherence.
Adult Attachment Styles

Behaviors in adulthood

• **Secure**—adapts well to many stressors, is able to be reflective, have empathy, be comfortable with asking for help when needed and confident in the ability to function comfortably within close relationships and during separations,

• **Ambivalent** *(preoccupied/anxious/enmeshed)*—demonstrates a high degree of fear regarding abandonment, has enmeshed relationships, feels helpless or ill-treated,

• **Avoidant** *(dismissive)*—minimizes need for love and relationships, has difficulty reflecting on personal feelings, fears dependency yet fears rejection, struggles with the acknowledgement and expression of anger, unaware of the other person’s stressors,

• **Disorganized** *(fearful)*—difficulty with emotional regulation, struggles with establishing and maintaining close relationships, tends not to be reflective, has difficulty telling one’s story in an organized and coherent fashion, mistrustful, insensitive, responds to a perceived threat with control.
Clinician’s Assessment of Attachment Style

• Ability to tell one’s story in a coherent and organized fashion,
• Degree of responsive and caring in the individual’s support system,
• Loss history: At what age, how was it revealed, and if losses experienced as a child, were there caring, empathic adults nearby,
• Emotional self awareness: Ability to be reflective and empathic,
• Coping style: Ability to regulate emotions without external regulators,
• Experience of individual within healthcare environment and culture.
Presentation of a Secure Attachment Style

- Comfortable with oneself, one’s limitations and those of others, with access to a wide range of feelings,
- Adaptable, has capacity to be dependent on others, is confident in one’s capacity to function within close relationships and during separations,
- Comfortable talking about life experiences and able to share one’s story in a coherent and appropriate way,
- Tends to have secure attachments with one’s own children,
- Manages stresses of being a caregiver, usually navigates challenges in caregiving more successfully, takes on a more active caregiving role and seeks out support.
Presentation of Insecure Attachment Styles

Avoidant Attachment Style

- Effectively keeps an emotional distance in order to avoid getting too close which protects one from being emotionally hurt and may sabotage efforts to build trust,
- Assume that fear drives the individual’s need for sense isolation and self reliance, when independence is threatened one may react with distrust and avoidance of care,
- Telling of one’s story is superficial and confusing,
- Has tendency to have detached relationships with one’s children,
- May struggle with being a caregiver,
- Recommend that team members:
  - avoid being judgmental, sarcastic, or disappointed, and refrain from being patronizing,
  - work to allow for control, self reliance, no surprises, and discharge as soon as possible,
  - pay attention to feelings of being ineffectual, angry, unappreciated and hopeless that change is possible.
Presentation of Insecure Attachment Styles

Ambivalent Attachment Style

• Experiences a general sense of insecurity, fear, and abandonment,
• Requires proximity to loved ones and, at times, providers,
• Affect is under regulated, expressions of anger causes people to take sides,
• Telling of one’s story is with intense affect and incoherent, a lot is told with little being revealed,
• Reports many issues of distress, oblivious to provider’s situation, hypervigilant to signs of rejection,
• Inconsistent in follow through with care recommendations,
• Calls of distress to provider are frequent and needs unclear, they are unable to be easily reassured or calmed,
• Feelings of resentment and being overwhelmed are experienced by provider which result in distancing sensed by patient which confirms insecurities,
• Attachments to one’s children are usually ambivalent,
• When placed in the role of a caregiver, one reports greater psychological strain, more negative reactions to care receiver and less support from others vs. secure caregivers,
• May block or ignore the involvement of an older adult in decision making.
Presentation of Insecure Attachment Styles

Disorganized Attachment Style

• Interactions with primary caregiver were harmful, hurtful, terrorizing, or caregiver was unable to provide a safe haven or secure base, this may result in the individual viewing providers as dangerous,

• Experiences emotional disregulation when stressed, need for extreme control when feeling in danger,

• Relays a narrative that is not coherent and logical, has great difficulty making sense of emotions and communicating them in an understandable fashion,

• Learned no reliable strategies for coping or problem solving,

• Copes by keeping emotional reactions to past traumas buried.
Approaches/Interventions for Anticipatory Grief and Bereavement

• Be consistent,
• Respect boundaries and create them as needed,
• Mirror to family and staff the development of a respectful relationship by:
  • providing information as allowed,
  • giving choices or options when possible,
  • approaching with an appropriate level of curiosity,
  • allowing individuals in the family permission to feel a range of emotions and cope with those stresses,
  • supporting opportunities for changing of narrative, creating new image of themselves and family, for repeated telling of their story,
  • listening for meaning behind behaviors during end of life process and bereavement.
Personal Attachment Style

Self Care

• Investigate attachment style inventories or quizzes,

• Assume that you may be emotionally triggered if you have had significant early loss or abandonment in your own life experience,

• Objectivity may be decreased if you have not come to some resolution about your own attachment issues.
References

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