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UNIVERSITÀ EDITRICE

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E-ISSN 2724-2943
ISSN 2723-973X

Psychology Hub (2023)
XL, 2, 25-30

Article info

Submitted: 01 February 2023
Accepted: 11 April 2023
DOI: 10.13133/2724-2943/17989

Attachment and complicated grief: A retrospective study

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Abstract

The perception of the caregiver as a haven of safety in painful times is crucial for the development of a secure attachment style. The goal of this study is to retrospectively investigate the association of recalled emotional closeness to parents at the time of loss (REC) and how the news of loss was broken (HOW) with adult Complicated Grief and attachment style in 273 adults who lost a beloved person in childhood, using inventories of Complicated Grief and Parent and Peer Attachment, REC scale and an open-ended questionnaire on the circumstances of death. Data evidenced that REC and HOW scores in the experience of loss in childhood predicted less complicated grief and more secure attachment in the present.

Keywords: Complicated Grief; Attachment; Empathic Communication; Loss

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Introduction

Lobb et al. (2010) describe Complicated Grief (CG) as a pattern of adjustment to bereavement, including symptoms present at a time beyond that which is considered adaptive. Two of the symptoms of CG imply a pathology of attachment: mistrust (Lobb et al., 2010) and lost sense of security (Prigerson et al., 1999).

Given that people activate attachment behaviours during painful situations, bereavement is one of the most salient moments in the mobilisation of the attachment needs (Bowlby, 1980; Parkes & Prigerson, 2013; Thomson, 2010). Suffering makes people more vulnerable and needy of their attachment figures' care and activates the attachment system and the attachment proximity-seeking behaviours. In turn, attachment figures activate the psychobiological responses of care, and will both console and protect the bereaved person (Pallini & Barcaccia, 2014; Thomson, 2010), supporting them during the burial and the homage to the grave and giving them accurate and empathetic information (Burlison & Planalp, 2000; Kubler-Ross, 1983; Lieberman & van Horn, 2011).

It is well-established that social factors can interact with biological, learning, and cognitive processes that shape response to trauma, such as the loss of a loved one (Bryant, 2023). Regarding accuracy, Jones et al. (2003) evidenced that adults' more severe and prolonged grief was likely the result of the lack of preparation for parental death, while Slaughter and Griffiths (2007) showed that the fear of death in children was inversely correlated to the comprehension of what had happened. Regarding the emotional quality, Rack et al. (2008) evidenced that the most effective strategies included offering one's presence, being willing to listen, and conveying care and concern, while the least positive comprised offering advice and minimisation of the bereaved person's feelings. Shapiro et al. (2014) showed that mothers' sensitive communication was associated with lower levels of maladaptive grief in children who had recently lost their fathers. Brown et al. (2008) found that childhood traumatic grief was related to the emotional response of the surviving parent at the time of the other parent's death, besides the length of time from the death and the possible traumatic circumstances. Finally, in a qualitative study, Bugge et al. (2014) reported that parents had helped their children to cope with grief through a complex balance between inclusion (providing information on what had happened) and protection (giving affectionate care).

While the protective role of the secure attachment style has been largely studied, to our knowledge it has not yet been studied how the experience of empathic communication and care during the loss might promote a secure attachment style, although Maccallum and Bryant (2013) speculated that attachment style assessed post-death may be influenced by the loss circumstances. The experience of the attachment figure's sensitive care and attentive and empathetic support at the time of bereavement is interiorised in the individual's memory, and contributes meaningfully to a secure representation of the attachment relationship. The closeness of the attachment figure in the hour of need is an important test-bed of its availability and reliability: from that moment on the quality of the attachment bond is marked.

Following these theoretical and empirical considerations, using a retrospective analysis, we hypothesised that:

- 1) Current CG for a childhood loss would be predicted by (a) how the news of loss was broken (HOW), and (b) recalled emotional closeness to parents at the time of loss (REC).
- 2) Current secure attachment would be predicted by REC and HOW. The childhood experience of support during a loss, having been interiorised, would increase the trust in the parents' availability.

Method

Participants and Procedures

Participants included 273 undergraduate students (age: $M = 26.4$, $SD = 6.5$) enrolled in an introductory Education Science course, 97 % ($n = 264$) of whom were female. After informed consent was obtained, the experimenters asked participants if they had experienced a significant loss during childhood. If they replied affirmatively, they were then asked to continue the procedure. The questionnaires were administered in the classroom by trained PhD students in Psychology with the supervision of the first author, who is an experienced clinical psychologist, and took approximately 40 minutes to complete. Instructions stated that the questionnaires were voluntary and that responses were anonymous and confidential.

Measures

Interview on the loss. Participants were asked to deeply focus on the most significant loss they had ever suffered as early as infancy up to age 18 that was still painful, and to answer the Questions showed below. *Relationship to the deceased:* ranging from 1, the lowest level of connection, to 3, the highest (e.g., first-degree relatives, like mother, father, sibling); *Age at the time of the loss;* *Death Cause:* (1) Natural/anticipated death (e.g. due to old age), (2) Natural/sudden death (e.g. heart attack), (3) Fatal accidents (e.g. automobile accidents), (4) Suicide; *Participation in the funeral and Visits to the grave;* *Communication, by who:* (1) Parents, (2) Grandparents, (3) Siblings, Uncles/aunts, Cousins, (4) Friends, (5) Others, e.g. teachers, neighbours, (6) Nobody); *Communication How (HOW):* (1) Nobody told me. I overheard it (e.g. I overheard a conversation between my mum and ...), (2) The news was broken to me by telephone, (3) the news was broken to me in either a cold or blunt way (e.g. *He didn't beat around the bush, he went straight to the point*), (4) I grasped it by the circumstances, (*I saw my uncle crying while leaving the hospital room, and I realised that my grandpa had died*), (5) Personally and directly without explicitly specifying empathetic words (*My dad entered the room and told me that my grandpa had died*), (6) Personally and directly, with moderate levels of empathy or care (*He talked to me and explained what had happened*), (7) Personally and directly with high levels of empathy (*He spoke in a delicate*

manner, telling me that the elderly are like candles, and little by little they tend to burn out).

The variable HOW was independently coded by two coders, blind to the research hypotheses. Co-score reliability on the assessment was established at 90% prior to data collection. Agreement with the classification was good ($\kappa = .76$). Discrepancies were resolved through conferencing between coders.

Father's and Mother's Recalled Emotional Closeness at the time of loss (M-REC, F-REC). Four items regarding the father and four items regarding the mother explored the degree of REC at the time of loss. (e.g., *My mum has been close to me*). The M-REC and the F-REC have high internal consistency (M-REC $\alpha = .93$ and F-REC $\alpha = .94$).

The Inventory of Complicated Grief-R (ICG, Prigerson et al., 1995; Italian version-Carmassi et al., 2014) is a 19-item self-report measure of traumatic grief symptoms. Participants reported the frequency (0 = never to 4 = always) of current emotional, behavioural, and cognitive states related to their loss. The ICG-R is one of the most used inventories to evaluate CG. Sample items include: *I feel disbelief over what happened*. In the present study the ICG showed high internal consistency ($\alpha = .89$).

The Inventory of Parent and Peer Attachment- Parents (IPPA, Armsden & Greenberg, 1987) is a 28-item questionnaire measuring the present quality of the attachment to parents on a five-points Likert scale (from "completely untrue" to "completely true"). Its reliability and validity have been shown to be satisfactory (Laghi et al., 2009). In the present study, internal consistency was adequate ($\alpha = .72$).

Data Analysis

The Statistical Package for the Social Sciences (IBM SPSS Statistics 22.0) was used to conduct bivariate and multivariate analyses relating to independent variables. The internal consistency of the overall scale and subscales were measured by Cronbach's alpha coefficient. Pearson correlations were computed in order to examine the relationship between variables. Multiple regressions were performed to examine the associations between parent attachment, CG, and the circumstances of death.

Results

Preliminary Analyses

Participants reported experiencing loss as early as infancy up to age 18 (3-5 years old $n = 33$; 6-10 years old $n = 78$; 11-14 years old $n = 73$; 15-18 years old $n = 83$). Most of the reported losses were of a grandparent (69.96%) followed by first-degree relationships as a parent or sibling (23.81%), and by second-degree relationships as aunts/uncles and friends (6.23%). The primary cause of death described by participants was natural/chronic illness such as cancer (68.86%) followed by sudden natural/abrupt such as a heart attack (19.05%), fatal accidents (9.16%), and by suicide (1.83%).

Following the procedure suggested by Beverung and Jacobvitz (2014), all dimensions were considered as continuous variables, except for two dichotomous variables: Participation in the funeral, Visit the grave. Descriptive statistics and zero order correlations among the key variables are presented in Table 1. CG showed significant relationship with M-REC, HOW, Relationship to the bearer, Cause of death and Relationship to the deceased. Parental attachment showed significant positive correlations with both F- and M-REC, HOW and Participation to the funeral.

All the explanatory variables included in the regression models have been selected using a *backward* procedure removing one variable at a time among those having non-significant p -value. In order to study the CG in relation to F- and M-REC, Cause of death, HOW, Relationship to the deceased, Relationship to the bearer, Participation to the funeral, and Visit at the grave of the deceased, a multiple regression has been conducted. Table 2 shows the estimated coefficients (B) and their standard errors (SE B) for the significant variables. The CG (15% of the variance) was predicted by M-REC at the time of loss, the relationship to the deceased and HOW.

Secondly, in order to evaluate which variables affect the quality of current parental attachment, the variable IPPA-P was regressed against CG, F- and M-REC, HOW, *Relationship to the deceased*, *Relationship to the bearer* and Visit at the grave of the deceased). As Table 2 shows, the current parental attachment (39% of the variance) was predicted through F- and M-REC and HOW.

Tab. 1. Means, Standard Deviations and zero order correlations among the key variables

	1	2	3	4	5	6	7	8	9	10
1. ICG-R										
2. M-REC	.13**									
3. F-REC	-.09	.71*								
4. HOW	-.15**	.07	.14							
5. Relationship to the deceased	.14**	-.15**	-.14**	-.30*						
6. Cause of death	.15**	-.08	-.06	-.10	.21*					
7. Relationship to the bearer	.25*	-.10	-.07	-.02	.13**	.34*				
8. Funeral participation (0= No; 1= Yes)a	.05	.12**	.12	-.09	.05	-.07	-.11			
9. Visit the grave (0= No; 1= Yes)a	.11	.33*	.31*	.05	-.03	-.01	-.15**	-.07		
10. IPPA-P Total score	-.02	.51*	.53*	.19*	-.10	-.07	-.04	.03	.23*	
Mean (frequency; % yes)	16.18	14.54	12.47	4.40	1.36	1.88	1.54	(Yes=199; 72.89%)	(Yes=191; 69.96%)	56.34
SD	11.50	4.70	5.07	1.73	0.60	.65	.85			19.40

Note: * p -value < .01. ** p -value < .05; a= For dichotomous variables correlations were performed by point biserial correlation coefficient (r_{pb})

Tab. 2. Regression analysis for variables predicting CG and Current Parental Attachment

	CG		Current Parental Attachment	
	B	SE B	B	SE B
Intercept	24.82***	3.77	16.15***	4.63
M-REC	0.48*	0.17	1.04**	0.35
HOW	-1.12**	0.45	1.30*	0.66
Relationship to the deceased	6.03***	1.37		
F-REC			1.55***	0.31

Note: **p*-value < .01, ***p*-value < .05, ****p*-value < .001.

Discussion

Confirming the hypothesis 1a, CG was predicted by the quality of emotional communication. Built on the seminal work of Elisabeth Kübler-Ross, who extensively highlighted the importance of empathic information provided to children at the time of loss of a loved one (1983), our study provided evidence for the importance of the way in which the information of death is delivered. Confuting the hypothesis 1b, surprisingly, grief is predicted by M-REC, but not F-REC. It could be speculated that the more the difficulty to process the event, the more the mother was present, although further research is needed to shed light on this aspect.

Regarding hypothesis 2, it has been confirmed that the F- and M-REC, and empathetic communication at the time of loss predict a secure attachment. Although scientific literature had shown that insecure attachment plays a pivotal role in the development of CG (Lobb et al., 2010; Stroebe et al., 2005; Vanderwerker et al., 2006), our findings show that the experience of parents' support in the time of grief may become a milestone for the development of a secure attachment with them. Childhood experiences of maternal sensitive care are internalised in the Internal Working Models (MOI) of the attachment figures, constituting a crucial bridge between a child's experience and later relationships (Bowlby, 1980). If the adult recalls sensitive care experienced in childhood, they will easily have confidence in the support and availability in later relationships.

Maccallum and Bryant (2013) had already theoretically discussed the influence of the experience of loss on the attachment style. In the same line, we have empirically tested that the current attachment to parents is predicted by the perception of having received an empathic communication at the time of loss and of being supported by them. The memory of sensitive parental care affects trust and security in the current relationship.

The retrospective cross-sectional design and the gender imbalance limit the conclusions that can be drawn from our data regarding the quality of attachment in childhood, constrained in the realm of memory. While the cross-sectional design is in itself a limitation, it is also true that this design has allowed us to collect data starting from current attachment and investigating backwards in time the representation systems of the experiences of loss. The use of self-report measures has been enriched by the inclusion of open-ended questions. Future studies could longitudinally

examine in a more gender-balanced sample these important psychological variables, thus shedding more light on how the loss of a loved one affects the development of a trustful and secure relationship with parents.

Author Contributions

SP and BB contributed to conception and design of the study and supervised it. SP and DM collected data and contributed to the interpretations of the results. ES organized the database. GB performed the statistical analysis. SP and BB wrote the first draft of the manuscript. DM, GB, ES, FL wrote and edited sections of the study. All authors contributed to manuscript revision, read, and approved the submitted version.

Conflict of interest

All authors declare that they have no conflict of interest.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Ethical Approval

This study has been approved by the ethics committee of the Department of Developmental and Social Psychology of Sapienza University of Rome.

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