

## Lesson 1

# Attachment and Complicated Grief

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*“The secret self  
knows the  
anguish of our  
attachments and  
assures us that  
letting go of  
what we think  
we must have to  
be happy is the  
same as letting  
go of our  
unhappiness.”*

*- Guy Finley*

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## Intersections

**Attachment** is a bio-psycho-social process by which affectional bonds are formed between human beings, most critically examined through the earliest phases of development. The underlying mechanisms of attachment and attachment styles will be examined in great detail throughout this course.

**Complicated Grief (CG)** occurs when an individual experiences prolonged, unabated grief. The neural mechanisms distinguishing CG from noncomplicated grief (NCG) are unclear, but hypothesized mechanisms include both pain-related pathways, related to the social pain of loss, and reward-related pathways, related to attachment behavior (O’Conner, et al, 2008). Four principles of attachment functioning are helpful in understanding complicated grief:

1. Attachment relationships provide support for healthy physical, mental, and emotional functioning.
2. Mental representations of attachment figures shape our expectations for sensitive, responsive caregiving, under stress.
3. Stress activates a need to be close to our attachment figures and receive loving attention, while inhibiting our desire to explore and seek novel stimulation.
4. Among adults, providing care is valued equally or even more so than receiving care.

Acute grief and the process of integrating the loss usually occur naturally and without the need for active effort. Once the loss is integrated, yearning and searching diminishes, grief intensity declines, and there is often a deep feeling of connection to the deceased. Individuals suffering from CG fail to experience reprieve from pain and longing. Caught in a loop of prolonged grief symptoms and complicating psychological and/or life problems, time seems to stand still, frozen at the time of the loss. Addictive behaviors often arise as a form of coping with this experience.

## The Distorted Mirror

Generally speaking, when a child receives such messages as "you make me proud," "you make me angry," or "don't hurt your sister's feelings," he realizes the power he wields over others—including his more capable adult caretakers--and this is anxiety inducing. Equally, he realizes the opposite must be true: if he can make others feel something and act accordingly, then they can make him feel something and act accordingly as well. In this way, the child falls into blame games that quickly spiral into complicated relationships, fraught with tension and unresolved issues. He then carries those loose ends into other aspects of life, compounding his "unfinished business" (James and Friedman, 2009). Finally, when a great loss occurs, the child is put to the task of unwinding this tangled web for himself—a responsibility he must learn, perhaps, for the first time in his life.

To the extent that you are able to achieve a sense of mental and emotional separation from the early mother-child union, you will experience your “true self.” But, if you never fully achieved this, your feeling of wholeness will depend on someone else. If this is the case, your parents probably provided a distorted mirror, bent by their need to see you as an extension of themselves, or how they wanted to see you, steering you towards any one of three insecure attachment styles we will discuss in later lessons: ambivalent (sometimes called “anxious”), avoidant, or disorganized (sometimes called “anxious-avoidant”).

For most adults, the “someone else” is no longer mother; you may have broken from that feeling of “oneness” with her long ago. But when faced with the prospect of losing or breaking away from whomever you found to replace that vacancy, a terrible desperation and panic ensues. This, Halpern (1982) refers to as “attachment hunger,” which he believes is akin to an addict’s need for a fix. It is composed of “powerful primitive feelings that are lodged deeply in your musculature and the reactions of your body’s chemistry” (p. 31). In his book, *Love and Addiction*, Stanton Peele concludes “the addicting element is not so much in the substance, but in the person who is addicted.” Indeed, according to the recent brain research mentioned above, attachment experiences are felt in the reward centers of the brain associated with addiction—but also, potentially, with pain.

## Emotional Abandonment

John Bradshaw, author of *Homecoming: Reclaiming and Championing Your Inner Child*, concludes all addicts (including those addictively attached to unhealthy relationships) have been emotionally abandoned, and to a child “abandonment is death.” Basic survival needs associated with attachment are “my parents are okay” and “I matter.” If the messages and behaviors the parents deliver to the child do not reflect this sentiment, there is a pathological turning inwards and distorting of the self, to somehow make this true: “Dad is in a rage and beat me again. I must have done something wrong to provoke it. I must be

bad. I must be worthless.” In this scenario, the father is preserved as a “good” figure, and to receive punishment is evidence that one matters enough to be punished (1990).

According to Bradshaw, there are ingestive addictions, which are the most dramatic mood alterers because of their chemical components (drugs, alcohol, food), and non-ingestive addictions. Non-ingestive addictions are also mood alterers and can impact your body’s chemistry, because of the reciprocal relationship between mind and body (though perhaps it is less immediate and/or obvious). Non-ingestive addictions include (1990, p. 21):

1. *Addictive activities*. Activities that alter feeling states through distraction (work, shopping, gambling, sex and religious rituals).
2. *Cognitive addictions*. An over-reliance on intellectualization and thinking as a way to avoid feelings. All addictions have a thinking component: obsession.
3. *Addictive feelings*. Some are addicted to rage because it makes them feel powerful and strong. Some are addicted to fear, which is the tendency to “catastrophize and awfulize.” Some are addicted to sadness and grief (our brain studies exemplify this above). Some are addicted to love, which in this case refers to the euphoria of initial engagement. But different than attachment hunger, or an addictive attachment relationship, this individual will move on once that “loving feeling” wears off.
4. *Addiction to things*. Most notably, money. But also we see this in hoarding behaviors; trying to literally fill the void with things, and alter one’s mood by becoming preoccupied with them.

For the purposes of this course, let’s consider attachment hunger a “feeling addiction” (including *all* of the afore mentioned dimensions; rage, ‘awfulizing,’ sadness, grief, and love) that has the added potency of an ingestive addiction, because it directly and quickly activates the most primal parts of our brains, associated with pleasure, pain, and survival.

To put it more succinctly, it is my belief that *all addictions* are secondary to attachment hunger. And attachment hunger, while present in every human being, for the addict, is most likely the result of CG (though, not everyone with CG need be an addict).

## Meditation: Establishing Safety

Emotions are often scary for the addict because they can be overwhelming. What feels “good” and what feels “bad” are frequently confused, if the client is able to identify the feeling at all, beyond a dissociated layer of numbness. Establishing safety through a sense of bodily awareness is crucial to helping the addict negotiate his or her feeling states. A guided meditation has been provided to help promote this experience.

## Art Exercise: Dedication and Bilateral Squiggles

The purpose of this exercise is to demonstrate commitment and establish a goal-oriented framework for this exploration. Additionally, it is a metaphor for acknowledging the “tangled mess” inside and beginning the gentle process of organizing it.

A. To begin, open to the first page of your journal, and write the following dedication:

- I acknowledge a problem exists.
- I acknowledge the problem is associated with loss.
- I acknowledge that by engaging in this work, I am now willing to take action to work through my grief.
- I acknowledge grief is individual and unique.
- I acknowledge there are no set stages for grief.
- I acknowledge there are no answers or "solutions" to grief.
- I agree to be forgiving, kind, and patient with myself, throughout this process.



B. Turn to a new page in your journal. Holding a pencil in *both* hands, create a squiggle drawing; simply allow your hands to move as frenetically or as calmly as you wish, but do not erase, make corrections, or lift your writing utensils from the page. Close your eyes, if it helps to keep yourself from worrying about how it looks.

When it feels natural, stop drawing and look at your scribble. Search for shapes in the tangled lines, like looking for shapes in the clouds. Outline these shapes with a drawing utensil, and color them with your material of choice (you may return to using your dominant hand for this). Identify as many shapes as you wish.

Alternatively, simply allow your hand to reach for whatever colors you feel drawn to, and fill in the negative spaces of your scribble, creating abstract patterns.

When you feel it is done, complete and include the following statements in your journal.

- I am \_\_\_\_\_.
- I feel \_\_\_\_\_.
- I need \_\_\_\_\_.
- I have \_\_\_\_\_.
- I wonder \_\_\_\_\_.
- I hope \_\_\_\_\_.

*Using both your dominant and non-dominant hand encourages bilateral stimulation of the brain, encouraging the integration of all aspects of experience. Squiggle drawings stimulate unconscious projections, allow for playfulness with familiar materials, and loosen resistances to image making due to product-oriented anxieties.*

### **Resources**

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