
Reviewed by: Laurie A. Burke, PhD., Portland, OR, USA

Phillis S. Kosminsky’s and John R. Jordan’s individual contributions to the bereavement field are substantial and impressive, but never more than when working as co-authors as they do here. Their book centers on grief therapy informed by theories of childhood and adult attachment, neuroscience, and bereavement, and is designed to address grief reactions, adjustment to loss, and provide a treatment model, all within the context of insecurely attached grieving.

The authors begin with a helpful, comprehensive introduction of attachment as a construct, followed by an overview of attachment’s role in bereavement as depicted by advances in research, theory, and clinical practice. The concluding section focuses entirely on the authors’ model of attachment-informed grief therapy, core competencies of clinicians who use it, and the place that meaning making, or the ability to make sense of the death of a loved one, holds in coping with and adapting to loss. The introduction provides a road map about what to expect and also what not to in working with these
clients. Specifically, the authors argue that attachment in the context of grief therapy is qualitatively different from psychotherapy that is sought for other reasons.

Part 1: “An Introduction to Attachment Theory and Research” provides a solid, chronological foundation of the attachment theory formulated by “greats” such as Bowlby (1980), Parkes (1964), Ainsworth (1967), and Main (1985), while consistently and specifically tying that same theory into the grieving process, often by comparing the interactions of infants and their caregivers to the reactions of adult grievers to their lost loved ones. For example, Bowlby (1980) offers insight into the often-puzzling behavior some bereaved individuals exhibit at being separated from a treasured person. The seemingly “irrational and immature” protests and reactions to what feels like a permanent severing of ties is not unlike babies’ responses when they cannot seem to attract the attention or gain close proximity to their much-needed caregiver. Bowlby posits, “….we come into a world with a strongly felt sense of the importance of keeping track of our primary attachment figures, and a biologically encoded propensity to panic when they become unavailable. [Thus] the protest and searching behavior of many bereaved people takes on a deeper and clearer meaning” (p. 11). These sentiments are amplified later when the authors highlight the ways in which chronic grievers protest longer and louder precisely because by doing so they hope to bring about the return of the deceased (Mikulincer et al., 2013). Basically, through the work of famous theorists, what Kosminsky and Jordan do so well is to state the case that at its core, attachment is the basic human drive to remain near to those we hold most dear. Further, this desire shows little variation in terms of behaviors between infancy and adulthood.
The first paragraph of the second chapter provides an excellent example of the captivating and eloquent writing style found throughout this book, making it read at times more like a work of art than a textbook or clinical manual. True to form, the authors’ effort at “Building on the Foundation” (Chapter 2) showcases Main’s (1985) understanding of how one’s own narrative of his or her history and corresponding meaning derived from those life experiences are the crux of attachment-related behaviors seen in adulthood. Fonagy’s (1998) theory of mentalizing is referred to throughout the book and forms a backbone for understanding attachment-informed grief treatment. And yet, the authors return again and again to the realization that despite gaining much in our understanding over the years in terms of attachment, Bowlby’s belief in the importance of the quality of relationship between mother and baby still holds true.

In tackling the latest developments of attachment theory as reported in studies of brain science, the authors query, “Why Should Neuroscience Matter to the Grief Therapist?” (p. 29). The words of numerous brain experts (e.g., Panksepp, 2011) coupled with Siegel’s (2012) clinically useful figure of a human hand shaped in the form of a brain depicting evolutionary brain structures (p. 32) illustrate what clinicians need to know about why grievers fare so poorly following traumatizing loss. Informative findings, such as Schore’s (2001) showing that dissociative responses occur when humans are repeatedly traumatized or neglected, resulting in serious psychopathology (e.g., complicated grief), characterize this book’s clinical utility.

Part II, Bereavement through the Lens of Attachment: Advances in Research, Theory, and Practice, thoroughly outlines four widely recognized attachment styles: secure, anxious, avoidant and disorganized as well as their respective relationship to
bereavement outcome. The book’s tone unfailingly maintains a dual focus of what attachment looks like when it works well and when it does not. Likewise, the Dual Process Model (Stroebe & Schut, 1999) is emphasized throughout the book to provide understanding of a two-pronged approach to coping (i.e., loss-oriented and restoration-oriented coping) in healthy grieving. Combined, we learn how grief undermines and dysregulates the attachment system between two primary attachment figures, which they outline impressively in Chapter 5 (“The Impact of the Relationship of the Deceased”) in terms of type of relationship. They then couple each associated loss with an assessment of the destabilizing effects of poor attachment (e.g., partner loss and attachment).

Kosminsky and Jordan’s clear descriptions of grievers’ responses to loss makes identifying one’s own patients who have anxious, avoidant, or disorganized attachment styles easier. Equally welcomed is their consistent emphasis of the role that insecure attachment plays with regard to losses of a traumatic nature.

Part III, Clinical Implications: Toward Attachment-Informed Grief Therapy offers, a solid tutorial in attachment theory and its relation to grief responses. It begins with a concrete definition of grief therapy followed by a convincing argument that bereaved people with insecure attachment styles are the most common users of grief interventions. I work primarily with traumatically bereaved adults and find they initially fall along an emotional continuum. On one end are those who experience emotional dysregulation (e.g., uncontrollable sobbing, inconsolable anguish), and at the other end, emotional numbness (e.g., an inability to cry, stoicism). What I learned from this book is why this difference emerges clinically. Knowing how a client responded in the context of childhood loss, trauma, abuse, or neglect is invaluable to understanding their reactions
to their adulthood losses. I now understand better how those early experiences and interactions, which shaped and informed clients’ adult attachment styles, not only govern how they respond but also how I can affect their responses. I am better informed about how I can foster a more resilient response over time in griever with anxious, avoidant, or disorganized attachment styles.

Kosminsky and Jordan’s book provides a thorough review of attachment styles and how to address them in clinical practice. It should be standard fare in grief therapy training on all levels. Why does this book need to inform your knowledge base if you are a grief clinician? Because it will deepen your understanding of why your patients respond as they do and how you might intervene more effectively. I think its insights are unprecedented, including the core clinical competencies needed to dislodge mourners from the dysregulating and debilitating grip of poorly developed attachments. The authors’ use of vignettes to illustrate every concept discussed brings to life novel ways that therapists can develop trust and strengthen the therapeutic relationship. That capacity, along with meaning reconstruction interventions, are key components of their grief intervention model.

I do not think that serious discussion of attachment theory surfaces often enough in training, research, or clinical settings. Those who, like me, find that attachment theory tenets help explain and clarify human behavior will warmly welcome this book as a way to understand attachment theory as it pertains to the mourning process. As both a researcher and a grief therapist, I found this book invaluable because of its practicality. It encouraged me to consider my work in new ways that immediately increased my
knowledge and, in turn, my value as a therapist, as I offer my bereft patients new and meaningful ways to understanding their grief.

Editor’s Note: Laurie A. Burke heads Burke Psychological Services, LLC in Portland, OR and serves as _____ with the University of Memphis, Memphis, TN. She has published widely on complicated bereavement, post-traumatic grief and spiritual distress.

References


