



ATTACHMENT THEORY AND THE LGBTQ+ COMMUNITY

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WHY IS ATTACHMENT IMPORTANT

- The goal of attachment is to maintain and/or achieve proximity to attachment figures
 - Bowlby believed this was driven by evolution – enhanced chances of survival
- We use attachment to develop socially and emotionally
- Can be a single care-giver, a dyad of care-givers, or even a community

WHAT IS IT?

- Attachment theory attempts to describe the dynamics of short-term and long-term interpersonal relationships
 - Responses to hurt
 - Responses to separation from loved ones
 - Responses to perceived threat

COPING STRATEGIES

- Anxiety – maintains relationship at any cost
- Avoidance – preserves and enables functioning
- Disorganization – survives trauma

Karen Pando-Mars (2018)

The background is a dark blue gradient. In the four corners, there are decorative white line-art patterns resembling circuit traces or neural network connections. These patterns consist of straight lines of varying lengths and angles, ending in small white circles.

CARE-GIVING STYLES

AUTHORITARIAN CARE-GIVING

- High control, low affection
- Punitive, controlling, unreasoning, low levels of warmth and responsiveness
 - High in control and demands
- Expectations of being obeyed and being conformed to
- Disapproval and rejection

Bender et al. (2007); Berk (2005); Baumrind (1971, 1989, 1991); Slicker & Thornberry (2002)

PERMISSIVE CARE-GIVING

- Low control, high affection
- Provide warmth but lack a firm stance
- Shift in power-dynamics between child and parent
 - Can result in care-giver being a friend rather than a care-giver
 - May lead to child becoming a “rescuer”

Bender et al. (2007); Berk (2005); Baumrind (1971, 1989, 1991); Slicker & Thornberry (2002)

DISENGAGED CARE-GIVING

- Low control, low affection
- Neglectful, inconsistent, erratic, rejecting, abandoning
- Child is viewed as a burden

Bender et al. (2007); Berk (2005); Baumrind (1971, 1989, 1991); Slicker & Thornberry (2002)

AUTHORITATIVE CARE-GIVING

- High control, high affection
- Strict limits, overt warmth and affection
- Provide expectations, guidelines, and explanations for parental rules and decision making
 - Invite children into process in decisions and choices

Bender et al. (2007); Berk (2005); Baumrind (1971, 1989, 1991); Slicker & Thornberry (2002)



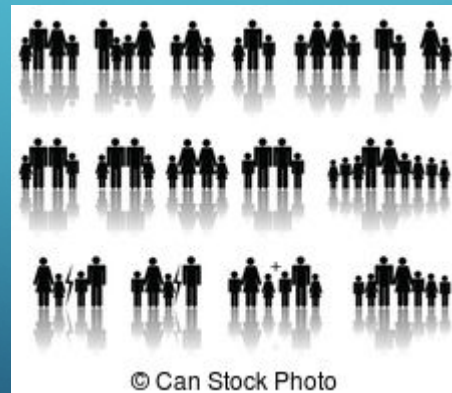
THE DEVELOPMENT OF “PSYCHOPATHOLOGY”

SUCCESSFUL ADAPTION

“THE GOOD, THE BAD, AND THE UGLY...”

- Flat-face experiment:

<https://www.youtube.com/watch?v=apzXGEbZht0&t=3s>



DIAGNOSTIC “SYMPTOMS”

“...the ability to experience and process intense affective experiences is fundamental to psychic health”. (Fosha, 2009)

- Pathology emerges as the result of a failure to process affective experiences.
 - Affects of everyday life
 - Intense affective experience
 - Handling affect-laden interactions

ATTACHMENT WOUNDS

- “Psychopathology is rooted in the failure of the individual’s emotional environment - either through errors of omission or errors of commission... to facilitate the regulation of [their] affective experience when [they] are unable to do so alone”. (Fosha, 2009)

ERRORS OF OMISSION AND COMMISSION

- Errors of Omission
 - Neglect
 - Inadequacy
- Errors of Commission
 - Abuse
 - Humiliation
 - Rejection

Diana Fosha (2009)

OBTAINING PROXIMITY – THE RULES OF ENGAGEMENT

- Identification – treat others as you were treated by attachment figure(s)
- Recapitulation – act as though attachment figure(s) is(are) always there and in charge
- Introjection – treat yourself as attachment figure(s) treated you

Benjamin (1997)

The background is a solid teal color with a gradient. In the corners, there are decorative white lines that resemble a circuit board or a network diagram, with lines connecting to small circles.

THE NORMALIZATION OF TRAUMA AND “PATHOLOGY” AND THE LGBTQ+ IDENTITY

IDENTIFICATION – SELF TO OTHER

- Agreeing with oppressors
 - “Stop being so slutty.”
 - “You’re the reason why they want to get rid of same-sex marriage.”
 - Use of expletives to insult one another
- Numerous short-term relationships which are abandoned because they become “too complicated” or avoidance of intimacy/sexuality when person is not asexual
- Judgment/defensive stance/cliques
- Inaction in the face of social injustice
- Numerous boundary-less relationships
- Not accessing care and services that we are all entitled to

RECAPITULATION – OTHER TO SELF

- Rigid masculinity/femininity
- Sex as a regulating experience (out of control sexual behavior), obsessive social media and/or hookup app use
 - Engage in higher risk sex to be accepted by partner
- Substance use and sexual activity to access/manage/avoid emotions (use of stimulants and depressants)
 - May engage in higher risk behavior due to low self-regard or a sense of “I’ll be able to handle it”
- Sense of acceptance: “I don’t fit in with any of the community!”

INTROJECTION – SELF TO SELF

- Over-committing to work environment, volunteer positions, causes, social justice issues at the expense of personal life and development
- Body dysmorphia, eating disorders, Adonis complex
- High-risk behaviors, intentional self-harm
- Suicidality

The background is a gradient of blue, transitioning from a lighter shade at the top to a darker shade at the bottom. In the four corners, there are decorative white line-art patterns resembling circuit boards or neural networks, with lines and small circles connecting them.

THE FOUR ATTACHMENT STYLES

SECURE ATTACHMENT

- Caregiving hallmarks: sensitivity, attunement, recognition, with-ness
- Arousal: manageable within a window of tolerance
- Affect-regulation: self-regulation, dyadic regulation, social engagement
- Defenses: flexible, responsive, transference-seeking
- Relational patterns: autonomous, connected, collaborative, “moving towards”

Karen Pando-Mars (2018)

INSECURE-ANXIOUS/AMBIVALENT ATTACHMENT

- Caregiver hallmarks: inconsistent, self-centered, unreliable
- Arousal: hyper-activating, high energy expenditure
- Affect regulation: external regulation, under-regulated or dysregulated
- Defenses: “wall of words”, fear of abandonment, cling/protest, emotionality
- Relational patterning: other-focused, boundary confusion, “moving against”

Karen Pando-Mars (2018)

INSECURE-AVOIDANT/DISMISSIVE ATTACHMENT

- Caregiver hallmarks: intrusive, rejecting, humiliating
- Arousal: deactivating, energy conserving
- Affect regulation: auto-regulate, over-regulate
- Defenses: “wall of silence”, dismissive, shutting down
- Relational patterning: self-reliant, “moving away”

Karen Pando-Mars (2018)

FEARFUL/DISORGANIZED ATTACHMENT

- Caregiver hallmarks: frightened, frightening
- Arousal: overwhelmed, dissociation, somatization
- Affect regulation: dysregulation, immobilization, shutting down
- Defenses: dissociation, fragmentation, threatening or acting out
- Relational patterning: other-focused, boundary confusion, “moving away or against”

Karen Pando-Mars (2018)

The background is a blue gradient with white circuit-like lines in the corners. The lines consist of straight segments and small circles, resembling a network or data flow diagram.

HEALING INTERVENTIONS

GOOD NEWS

- Successful attachment is a one-third/one-third/one-third ratio
 - “Good enough” care-giving



SECURE ATTACHMENT

- Encouraging expression
 - Emotions and affect
 - Thoughts
 - Feelings
 - Expression

Faerstein & Levenson (2016)

SECURE ATTACHMENT

- Attempting to work collaboratively
 - Responding in an accepting and understanding manner
 - Attempting to maintain a focused line of inquiry
 - Understanding personal and unique meaning of words
 - Responding to statements and descriptions by seeking concrete detail

Faerstein & Levenson (2016)

SECURE ATTACHMENT

- Attending to seemingly important statements and events
 - Listening receptively
 - Maintaining an optimal observer stance
 - Using open-ended questions
- Attending to change and privileging this over pathology
 - Amplifying these moments

Faerstein & Levenson (2016)

SECURE ATTACHMENT

- Using interventions that explicitly express caring, affirming, and delighting in the other person
 - Deeply and actively engaging in ways that go beyond mirroring
 - Using explicit empathy
 - Being authentic
 - Using “we” pronouns, conveying togetherness
 - Working explicitly with relational experiences
 - Establishing attunement: gaze, tone, speed of speech, etc
 - Slowing down

Faerstein & Levenson (2016)

SECURE ATTACHMENT

- Drawing attention to affective and somatic experience
 - Moment-to-moment tracking
 - Inquiring about somatic experiences associated with affective experience
 - Working to deepen emotional experiences
 - Processing emotion and affect to completion
 - Privileging and working with positive emotions

Faerstein & Levenson (2016)

SECURE ATTACHMENT

- Working with defenses in a non-pathologizing, non-confrontational stance
- Being a “true other”
 - Processing a shared experience between the two of you
 - Processing the client’s experience of the relationship
 - Processing healing experiences and changes

Faerstein & Levenson (2016)

The image features a blue gradient background with white circuit-like lines in the corners. These lines consist of straight paths that branch out and terminate in small circles, resembling a stylized PCB or network diagram. The lines are most prominent in the top-left, bottom-left, and bottom-right corners, with a smaller section in the top-right.

QUESTIONS/COMMENTS