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Attachment and couple sexual functioning

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ABSTRACT

Within the last several years, there has been a surge in the publications that focus on attachment within the couple relationships, including how it pertains to infidelity treatment. Despite the interest in couple relationships and attachment, however, a limited amount of literature focuses on how varying styles of attachment manifest in a couple's level of sexual functioning. This study is a response to the need to explore the literature and related gaps in literature.

PURPOSE OF STUDY

The purpose of this presentation is to provide clinical implications, based on the literature, on how individual attachment styles might impact sexual functioning in couple relationships.

BACKGROUND ON ATTACHMENT

Bowlby developed a theory of attachment based on observations of the behavior of young children who were separated from their primary caregiver for various lengths of time. This innate attachment system is formed in childhood and is based on the quality of relationships with primary caregivers. The emotional attachments result in lifelong patterns of relating to others.

Attachment Styles:

- Secure Attachment: Secure children have easy and warm interactions with their caregiver and have an interest in examining and exploring their surroundings. They use their caregiver as a secure base to regulate distress and anxiety. They may become upset when their caregiver leaves the room, but are relieved and seek proximity when the caregiver returns.
- Anxious Attachment: Anxious children are weary and distressed, and need frequent contact with their caregiver. Anxious children demonstrate inconsistency between wanting to be near their caregiver and showing resistance when separated from their caregiver. Anxious children are hypersensitive to threats and hypervigilant regarding the availability of their caregivers.
- Avoidant Attachment: Avoidant children are disinterested in the caregiver's whereabouts. Caregivers of avoidant children respond consistently, but negatively. Avoidant children show little or no fuss when the caregiver leaves and may actively turn away when the caregiver returns. They also tend to maintain emotional distance from their caregiver by not communicating their distress and physical distance by avoiding them.

CLINICAL IMPLICATIONS

Securely Attached Couples:

- Tend to have healthy relationships; devoid of problems because they are available for their partner, utilize good conflict management skills, respond to relationship events with flexibility, and are comfortable being close to their partner.
- Sexual functioning is likely to be mutually satisfying with wants and needs openly discussed, compromised, and accepted.
- Perceive their partner as caring and sexual activity is seen as promoting closeness in the relationship.

Anxiously Attached Couples:

- May have a difficult time enjoying sex because they are preoccupied with worries about the relationship.
- Tend to become obsessed with their romantic partner and are constantly concerned about rejection and abandonment.
- Tend to use their sexuality and hyperactivate their sexual actions in an attempt to secure their partner's attention.
- Allow the sexual relationship to affect the relationship quality by merging both the sexual and emotional aspects. They rely heavily on sex to fulfill their needs for security and love.

Avoidant-Attached Couples:

- Relatively less interested in romantic, long-term, committed relationships.
- Sex therefore can be used to avoid closeness and maintain distance, thus contributing to the autonomy that they are seeking.
- Individuals with an avoidant attachment style may experience a sexual relationship that is characterized by containing sexual fantasies where they and their partner are interpersonally distant or might participate less frequently in sexual activities as a way to potentially avoid intimacy and limit closeness.

CONCLUSION

In an effort to breach the gap between research and practice, information on attachment is important to the fields of MFT and sex therapy in that it facilitates a direction for the clinician when presented with couples in treatment.