

Article 76

Counseling for Sexual Dysfunction Through the Lens of Attachment

Elisabeth D. Bennett, Amanda E. Beal, and Brooks W. Beal

Bennett, Elisabeth D., is an Associate Professor and Department Chair at Gonzaga University. She has been teaching courses regarding assessment and treatment of sexual disorders and has been a practicing clinician serving couples for over two decades.

Beal, Amanda E., earned a doctorate from Brigham Young University in Marriage and Family Therapy and has a private practice treating couples, families, and individuals. Her research interests have focused on sexual dysfunction and effective treatment via building attachment bonds.

Beal, Brooks W., earned a master's degree in Medical Health Science. He is currently a medical student at Touro University in Las Vegas, Nevada and plans to specialize in fertility.

Historically, attachment research has focused on relationships between children and caregivers. Research demonstrates that attachment style developed in childhood impacts adult romantic relationships. This paper asserts that in a romantic relationship, both members of a couple bring attachment styles that reciprocally impact sexual functioning. The resulting attachment style developed within the couple can interfere with a full sexual response cycle which can decrease an individual's capacity to enjoy or participate in sexual intercourse thus resulting in sexual dysfunction (*DSM-IV-TR*; American Psychiatric Association, 2000). Therefore, counseling for sexual dysfunction necessitates the involvement of both partners, assessment of their attachment styles, and the creation, or enhancement, of the couple's attachment system.

Introduction

Research regarding the treatment of sexual dysfunction has neglected an important area of human development, the attachment process. The authors recognized this neglect and through counseling practice with couples developed a treatment plan for attending to attachment as critical element in treating sexual dysfunction. It is the intent of this paper to identify the relationship between attachment and sexual functioning, to provide the theoretical underpinnings for treating sexual dysfunction from an attachment base, and to provide a 8-step attachment enhancing treatment plan for application when insecure attachment is assessed as impacting sexual functioning.

Attachment

Attachment, or the organized behavioral system that the infant develops, has a purpose. It is to keep the helpless infant in proximity to the caregiver to assure the infant's basic biological and safety needs are met. Understandably, the organized behavioral system is designed to assist the child in gaining contact with the caregiver, or attachment figure, in order for that individual to provide the child with what it needs (Bowlby, 1977; Bartholomew, 1990). When a caregiver can provide the child with what it needs, they are providing the child with a secure base.

In brief review, infants form a relatively enduring bond with their caregivers that is shaped by the type of responses the caregiver provides when the infant expresses needs. An infant whose cues consistently elicit appropriate responses from a warm caregiver are most likely to form a secure attachment. Less than consistent, cold, and inappropriate responses to cues appear to contribute to insecure attachment styles which are anxious or avoidant. These early developed styles tend to persist and have impact on relationships throughout life.

Attachment styles also contribute to "working models." Working models are created systems comprised of the child's views of the world's ability to meet their needs as well as the child's ability to solicit care from the world. Bowlby (1973), a pioneer in attachment theory, noted that children build general perspectives of others as supportive and protective when their primary caregivers have been appropriately responsive to their needs (i.e., when their primary attachments have been secure). Children further build complimentary concepts of self as able to attract helpful responses from others. A child who has a parent who does not appropriately meet their needs (i.e., when their primary attachments have been insecure) would then build a perception of others as non-responsive and a complimentary self-concept as not able to elicit appropriate responsiveness. He posited that these working models would then guide both the child's social interactions as well as emotional regulation in current and future relationships.

Adult Attachment

Research suggests that attachment functions, including working models, are transferred from early caregiver to peers, to romantic partners, and ultimately to life partners (Fraley & Davis, 1997; Hazan & Shaver, 1994). In childhood, the attachment process is unidirectional with the child dependent on the caregiver. In securely attached adult relationships, a key difference from childhood attachment is reciprocity. Each partner serves as the secure base from which their partner can draw comfort and strength. Each partner has the responsibility to detect and recognize signals from the other partner and respond accordingly in a timely fashion (Clulow, 2001). Each partner's working model accounts for relationship functioning, romantic experience, and continuity in personality development—including the way in which a partner provides a base for the other partner (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987).

It is the individual variations in attachment styles that alter one's ability to provide the reciprocal actions necessary for healthy intimacy and mutually satisfying sexual relationships. Indeed, people who are securely attached tend to have long, stable relationships characterized by high investment, trust, friendship, and mutually satisfying sexual intimacy with one another (Collins & Read, 1990; Simpson, 1990). Furthermore,

securely attached adults have the capacity to negotiate for closeness. Emotional closeness secures a reciprocal expression of one's own thoughts, feelings, and wishes which further increases intimacy (Prager, 1995). Secure individuals are happy and trusting, are ready to enter a relationship, make a considerable investment, and have constructive strategies to solve conflicts (Grau & Doll, 2003). Secure relationships are associated with higher levels of intimacy, trust, and satisfaction (Cassidy & Shaver, 1999).

Secure individuals describe love as selfless, and they avoid game playing. They are open to sexual exploration and enjoy a variety of sexual activities within long-term sexual and intimate relationships. Secure adults also share mutual initiation of sexual activity and enjoy physical contact usually in the context of a long-term relationship (Hazan, Zeifman, & Middleton, 1994). Securely attached people are willing to be flexible and accepting of many aspects of their partners, and they are capable of openly and honestly expressing themselves. These characteristics foster the development and maintenance of intimacy and, reciprocally, secure adult attachment (Cassidy, 2001).

Conversely, insecurely attached individuals tend to have short-term relationships characterized by emotional distance. This is due to their intense fear of being alone or rejected. The reciprocal nature of insecure attachment and lack of intimacy runs opposite but parallel to the patterns of secure attachment in that the behaviors resulting from insecurity promote distance which perpetuates insecure attachment. One clearly missing component of insecure attachment is an ability to negotiate for closeness. Failure to successfully complete such negotiations keeps a partner at a distance. Intimacy is reduced or absent because such distance means not sharing one's thoughts, feelings, and wishes as well as not listening to one's partner's thoughts, feelings, and wishes (Prager, 1995).

Evidence of insecure attachment having impact on intimacy is noted in that insecure females show greater involvement in exhibitionism, voyeurism, and dominance/bondage, and insecure males report sexual reticence (Feeney, Noller, & Patty, 1993). Further, highly anxiously attached individuals tend to experience low relationship satisfaction and a high break up rate (Collins & Read, 1990). While anxious individuals are more likely to experience passionate love, it presents as an obsessive/dependent style (Collins & Read, 1990; Hatfield, Brinton, & Cornelius, 1989; Schachner & Shaver, 2004). Anxious people wish for more intimacy than they receive, tend to fall in love at first sight (Schachner & Shaver, 2004), and are very jealous and clingy (Bierhoff, Grau, & Ludwig, 1993). They have exceptionally little trust (Grau, 1999; Simpson, 1990), idealize their partners, are dependent, are often angry, and demand more attention from their partners than those who are securely attached (Hazan et al., 1994). Attachment anxiety is also related to anxiety about sexual attractiveness and acceptability. Attachment anxiety includes deep, general concerns about rejection and abandonment which are easily imported into sexual situations. Highly anxious individuals tend to use sexual interactions to attain proximity and receive care-giving that is desired to prove worthiness for love and acceptance (Tracey, Shaver, Albino, & Cooper, 2003). Given the above, it is logical to note that insecure, anxious attachment does not provide the necessary conditions for long-term mutually satisfying emotional or sexual relationships.

The avoidant attachment style is also fraught with intimacy difficulties which are not conducive to healthy long-term relationships. Avoidant individuals do not accept others as they are. They believe they need to be self-sufficient and avoid close emotional ties as an attempt to protect themselves from being hurt or rejected. These tendencies

decrease effective conflict resolution and severely limit negotiations for emotional closeness (Grau & Doll, 2003). Avoidant adults express dislike for romantic, affectionate and intimate aspects of sexuality preferring the genital stimulation aspects (Brennan & Shaver, 1995; Feeney et al., 1993; Hazan et al., 1994; Schachner & Shaver, 2004). Therefore, they prefer non-committal sexual relationships rather than long-term committed relationships (Tracey et al., 2003). Relationships in these cases are characterized by low satisfaction, a high break up rate (Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994), and low intimacy (Levy & Davis, 1988).

It is therefore clear that working models and attachment styles play a role in how the individual interacts within sexually intimate relationships. It is postulated that sexual dysfunctions occurring within intimate relationships may be accounted for by early and current attachments that are not secure and by negative working models. If this is so, then an effective approach must include an assessment of each partner's attachment style and the way in which both partners provide a base for the other. Treatment would then focus on building secure attachment between partners.

Sexual Dysfunction and Treatment

According to Davila, Karney, and Bradbury (1999) individuals with an insecure attachment style can develop a secure attachment style when their partner is able to model secure attachment for them. Their partner is able to provide a secure base and model secure attachment behaviors which the individual can emulate. Creating or enhancing secure attachment between partners would serve to adjust the working models of the couple to be more conducive to mutually satisfying sexual experiences with one another.

Working models and attachment styles can be changed or enhanced through the development of an emotionally intimate and stable relationship. The following is an 8-step treatment model that provides for the creation or enhancement and solidification of secure attachment between long-term sexually intimate partners designed to reduce sexual dysfunctions and increase mutually satisfying sexual functioning. This model is premised on the notion that attachment styles may shift over time and experience and become a product of both earlier and current interpersonal circumstances (Collins & Read, 1990).

Each step requires the couple to participate in a "couples reflection" where each partner describes to the other their thoughts and feelings both during the step and at its conclusion. This shared reflection can be further enhanced by a couple's journal where their insights and experiences are recorded for both solidifying effects and for shared later review.

Treatment

The underlying goals of attachment-based treatments include accessing and reprocessing the emotional responses of partners, thereby facilitating a shift towards accessibility and responsiveness. In addition, creating new interactional events that redefine the relationship as a source of security and comfort is helpful. This is done by creating accessibility and responsiveness in the partners; assisting couples in asking for

and receiving help; modeling open, honest communication; and by creating new emotional experiences that aid the individuals in creating new, more secure, attachment which will lead to the production of more secure working models of others (Johnson & Talitman, 1997). Collins and Read (1994) suggest that in order to effect changes in attachment style, interpersonal experiences must be relatively long in duration and be emotionally significant (Davila, Karney, & Bradbury, 1999).

To facilitate the development of a secure attachment, it is necessary to create a safe environment in which couples can become vulnerable, open, and honest with each other. When treating individuals with an insecure attachment, creating a safe environment becomes particularly important. Counseling becomes a place where healthy, adaptive communication, vulnerability, and seeking and giving care can be modeled and applied to the relationship. To assist the couple in reaching the goal of strengthening levels of intimacy and attachment, secure attachment behaviors must be modeled throughout treatment.

Detailed Description of Treatment Steps

Step One. The first step in treating sexual dysfunction is a thorough medical evaluation to assure that there are no physiological causes for presenting symptoms. Once physiological possibilities have been ruled out, the next steps can be taken.

Step Two. The second step involves the establishment of a safe relationship between the counselor and both partners. This can be done through joining with the couple by meeting each member of the couple where they currently are and helping them to feel welcome, understood, and accepted as is. This is done while retaining the capacity to resist being pulled into the couple's issues and still being able to challenge where needed. It is essential that each member of the couple feels understood and validated in the experiences each is having (Gehring, 2003). The counselor must also normalize the sexual dysfunction. Many individuals are unaware of how common their problems are; therefore, clients often feel alone, embarrassed, and ashamed. Normalizing often allows the couple to fully participate and work on their issues.

Step Three. The third step entails the assessment of each partner's attachment style and the interaction of those styles between them. To assess attachment style the Adult Attachment Inventory can be given to each couple. This will give the clinician a starting off point. The couple's interview and observation will help the clinician solidify each individual's attachment style. In the interview it is necessary to do an in-depth sexual history with both members of the couple present. This encourages open communication and increases each partner's ability and willingness to ask for and give care reciprocally. In addition, encouraging discussion about the sexual parts of the relationship—including each partner's thoughts, feelings, worries, and wishes—helps to normalize sex as a vital part of the couple's emotional connection with one another. Finally, severing past sexual trauma or abuse from present sexual activity is necessary (Kaplan, 1988). It may be necessary to refer the couple to a trauma specialist. When this work is done with the presence and support of one's partner, emotional connection is increased and the partner becomes more of a safe ally. Care and support provided to one's partner during such growth lays the ground work that will strengthen or create a secure attachment.

Step Four. The fourth step calls for the delivery of psycho-education including an in depth review of the sexual response cycle. It is highly important to review the sexual response cycle with each couple as even couples in long-term relationships with several children do not always possess knowledge of basic anatomy. A particular focus should be made on explaining the anatomy and physiology of sexual functioning of both men and women. Sometimes increased awareness of the anatomy and physiology of sexual response is all an otherwise healthy, securely attached, couple will need to resolve their issues.

Further discussion of stereotypes and beliefs about “normal” sexual functioning is relevant. Males typically have distorted cognitions about the nature of sexual arousal, sexual skills, and their partners’ expectations regarding sexual satisfaction (Rosen & Leiblum, 1995). In addition, numerous elements can effect an individual’s sexual response cycle. These elements include, but are not limited to: safety, privacy, physical and mental well-being; family life cycle transition points; past negative sexual experiences; low sexual self-image; fear of negative evaluation by one’s partner; poor body image; and physical pain or psychological points of vulnerability in the sexual response cycle (Gehring, 2003). Therefore, it is necessary to be aware of issues that are particularly relevant to females. Creating a safe environment in which couples can discuss their beliefs and feelings will encourage the development or enhancement of a secure attachment.

A brief review of the attachment process, including both secure and insecure attachment styles, should be given. It is highly important to discuss the necessity of reciprocity in adult relationships. The counselor demonstrates a secure base for the couple during counseling which can be an excellent way to model appropriate, supportive behaviors. The witnessing of said modeling can further the development of a secure attachment between the couple.

A discussion regarding intimacy and its components is also necessary as it is a function of secure attachment. The clinicians understanding of intimacy is important because of the clear evidence that problems with intimacy contribute to both physiological and psychological problems (Berman & Margolin, 1992; Fisher & Stricker, 1982; Loevinger, 1976; Pennebaker, 1990). Intimacy is considered a reciprocal quality of a relationship in which the individual is provided with, and provides the other with, opportunity to feel understood and validated because he or she is confident of being accepted *as is* within the relationship (Haber, Leach, Schudy, & Sideleau, 1982; Ingram, 1986; Timmerman, 1991; Palton & Waring, 1985; Waring et al., 1986). Intimacy is easier for those with secure attachments (i.e., those able: to be vulnerable, emotionally expressive and close; to identify and attend to the needs of a partner; and to seek attention to meet their own needs) as their internal working models allow them to feel secure with intimacy.

Research has ferreted out conditions that must be met for intimacy to occur (Timmerman, 1991). Conditions include trust (Bell, 1981; Malone & Malone, 1987), closeness (Kelly et al., 1983; Timmerman, 1991), self-disclosure (Anderson, 1985; Chelulne et al., 1984; Palton & Waring, 1985; Weiss, 1983), reciprocity (Malone & Malone, 1987; Timmerman, 1991), and flexibility (Cassidy, 2001). Intimacy can only occur when these conditions have been met. The individual must feel capable and safe in order to be physically and emotionally close and vulnerable in a relationship (Bell, 1981;

Craig, 2002; Malone & Malone, 1987). Further, the individual must be capable of receiving and giving comfort and negotiating physical and emotional closeness. Finally, the willingness of a partner to be flexibly accepting of the many aspects of the other person will naturally enhance each other's willingness to express self openly and honestly—thus fostering intimacy and secure attachment. For women, emotional and sexual intimacy are so closely intertwined that a woman cannot be fulfilled sexually if she is not fulfilled emotionally (Basson, 2005; Gehring, 2003). Women often report an inability or lack of desire for intimacy when an emotional connection is missing. A growing body of research is showing the connection between attachment style of emotional closeness and physical satisfaction.

Discussing these components of intimacy in smaller bites will allow the couple to examine their relationship without the overwhelming impact of a global all-encompassing conversation. Once each component has been safely discussed, a global review is more readily tolerated regarding intimacy. These discussions will require honesty, trust, and vulnerability. The counselor assists the couple in listening and responding appropriately to aid in developing or enhancing a secure attachment. Various communication and listening techniques can be reviewed. Couples' communication factors have been shown to be an important determinant of treatment outcome (Hawton, 1982). There are many communication and listening strategies that can be applied. The counselor chooses one that fits well with the couple's needs.

Step Five: Step five is the implementation of activities that assist the couple in building a base of trust and emotional connection in a non-sexual environment with one another—which is the basis of attachment. Any time that is set aside for the couple to connect will assist in enhancing the couple's relationship. One such activity is a simple date night. Researchers suggest that simple activities—such as a date night—in which all other distractions are eliminated can be highly beneficial to enhancing emotional closeness and relationship satisfaction (Gottman, 1999). If the couple cannot afford a night out on the town, an interactive game night is another technique that serves to provide the couple with mutually enjoyable experiences in which each individual can grow closer to their partner. These game nights can serve to enhance the relationship which in turn assists in the development of trust.

Another simple activity to enhance connection is called the high-low. This activity requires minimal vulnerability and is a great place for insecurely attached individuals to begin connecting. This activity requires each individual to disclose their “high” and “low” of the day. It provides couples a way to connect and communicate on a daily basis which will open the gates for further communication and thus emotional closeness.

Enactments are another way to foster emotional closeness. This is a technique in which the clients actively turn towards each other and disclose feelings and thoughts (Butler & Wampler, 1999). Most effective counseling begins by building a safe place for the couple where the counselor fosters open and direct communication in which appropriate seeking and giving of care is modeled and practiced. One specific technique that can be particularly beneficial in enhancing the communication for those with sexual aversion disorder is enactments. Enactments are particularly powerful in couples where there is minimal self-disclosure—particularly regarding feelings and thoughts. When this technique is taught and repeatedly used by a couple within the safe therapeutic

environment, the couple increases their emotional connection and comfort with that connection. These changes often lead to an increase in sexual interest and comfort between the partners.

Shared dinner preparation and consumption is another simple activity that can assist a couple in connecting and establishing, or reestablishing, a connection. Many couples go throughout an entire day without truly connecting. Contracting to prepare and eat dinner together allows the couple to connect daily. The couple learns to enjoy each other's company and will have various dialogues further enhancing the connection.

Love mapping, a term coined by John Gottman (1999), is an activity which requires minimal vulnerability. Love mapping involves more than learning about one's partner's likes and dislikes, activities, interests, friendships, daily routines, and other parts of the partner's life. It entails being curious about one's partner and coding who that partner is in a way that demonstrates the importance of the partner in one's life. Love mapping helps the couple learn to connect and communicate in a non-threatening environment which can establish the basis for beginning to develop a secure attachment. Further, it assists the couple in reconnecting.

Researchers have suggested that dreams, hopes, and fears—whether acknowledged or unacknowledged—can influence an individual's behaviors in a relationship (Gottman, 1999). Therefore, the identification and acknowledgement of dreams, hopes, and fears is necessary to become fully aware, and thus fully open, with one's partner. Again, this requires a deep level of vulnerability which can enhance the development of a secure attachment. Gottman (1999) provides several activities which facilitate the identification, acknowledgment, and discussion of dreams. It is important to do these activities when some amount of trust has been established. The expression of dreams requires a larger amount of vulnerability and trust than the previous activities. If your couple is not ready, continue doing the activities that expose less vulnerability until the couple has developed sufficient trust for these discussions.

Step Six: Once a trusting emotional connection has been made, step 6 can begin. This step involves working toward physical trust and safety through physical but non-sexual activities. Engagement in sexual intercourse or other sexual focus is prohibited. The goal of this step is to enhance physical connection in a nonthreatening environment where sexual activity is prohibited. These activities should establish a connection, should be enjoyable, and should further enhance the trust that has been developing.

The first activity promotes physical touch while the partners are fully clothed. It is called the "surprise hug." The couple is assigned to give three surprise hugs each day throughout the week. This established physical touch and is often an enjoyable activity in which the couple can easily engage with minimal vulnerability.

The second activity involves more physical touch. While the partners are still fully clothed, the activities are more intimate and foster the development of trust and security. The couple can choose from activities such as cuddling, hand holding, spooning, facial caressing, hair combing, and body tracing.

The third activity is targeted at enhancing each individual's feeling of comfort while being physical close and non-clothed. The couple is assigned to take a bubble bath during the week. They are prohibited from engaging in sexual intimacy which reduces pressure and removes worries or fears while allowing them to be physically close.

The fourth activity is designed to enhance the couple's level of comfort while being naked and physically close. The couple is assigned to body paint the other. This activity is designed to be fun, to encourage relationship building, and to again assist the couple in becoming comfortable with physical intimacy.

The last step requires a large amount of vulnerability and trust. If you do not feel your couple is ready for this step continue the previous steps until there is an adequate amount of trust. This step requires a naked, non-sexual body massage. The couple is assigned to take turns giving a 10 minute massage. Five minutes on the front, 5 minutes on the back. No touching of genitals is permitted. This technique is part of sensate focus. Sensate focus is concentration on the subtle sensations involved in intimate, nonsexual contact which will enhance the awareness of each other's responses to sexual stimulation. Both the intimate understanding and the openness generated from this exercise builds more secure attachment between the couple. Initially with sensate focus, the breasts and genitals are off-limits. This boundary creates a sensual experience without preoccupation with sexual performance and orgasm which lessens pressure and increases comfort and safety. Each partner takes turns, engaging in massaging their partner. If the partner feels any discomfort or wishes to redirect the one doing the touching, then that person places his or her hand on top the partner's hand. This technique is called "handriding." The top hand guides the partner to both more comfortable, safe, or stimulating areas and to types of movements that are comfortable and safe as well as stimulating (Southern, 1999). When the massage is completed both partners are to discuss three aspects of the massage they enjoyed.

Step Seven: This step is intended to increase safety and trust in a sexual environment. This step proceeds at a slow pace during which both partners continue to share their thoughts and feelings during each activity so as to assure that discomfort is immediately remedied and that safety and trust are the dominant focus—even in the midst of sexual activity.

While the first two activities are being completed, sexual intimacy is still prohibited. The goal is to create a safe environment in which sexual intimacy is slowly reintroduced allowing both individuals to feel safe and trust their partner. The first activity to be assigned is the daily kiss. This will assist the couple in becoming comfortable with daily affection in a minimally threatening environment which requires minimal trust or vulnerability.

The next assignment is the prolonged kiss. Couples are assigned to engage in prolonged kissing (at least five minutes) three times throughout the week. This will assist in developing further trust in a non threatening environment.

The first of the sexual steps is a continuation of sensate focus which includes body painting of the genitals. During this step sexual intercourse is still prohibited. The goal of this activity, beyond establishing trust, is to teach the couple that satisfying sexual outlet can be realized through genital touching in an intimate, romantic, and fun context (Masters & Johnson, 1970). This insight enhances the emotional connection, reduces the pressure and encourages greater awareness for both partners. This step requires that the couple take 15 minutes each to body paint their spouse's genitals. This allows the couple to be vulnerable, to establish trust and to enjoy a sexual activity without the pressure of sexual intercourse. It is designed to be fun and relationship enhancing.

When these steps have been completed and the couple has an adequate amount of trust to engage in sexual activity, the next steps can begin. The couple is first assigned to engage in a sexual massage in which genitals are included. Each partner takes a turn providing their partner with a fifteen minute massage. During the massage the handriding technique can be used to maximize pleasure. After the massages, the couple is to discuss three things they each enjoyed about their massage.

After this activity has been successfully engaged in, sexual intercourse is again permitted. Through the previous activities, the couple increases secure attachment as they become comfortable communicating sexual needs, wants, and desires. This enhances the intimate aspects of sexual experience, sexual, and emotional pleasure, and encourages greater awareness for both partners.

Step Eight: This step involves teaching the couple how to assess their relationship and discuss it when necessary. The counselor should normalize typical ups and downs in the relationship. The couple is also encouraged to have a weekly discussion involving their levels of emotional and sexual intimacy and satisfaction. If the couple has trouble engaging in these conversations they are encouraged to return for a check-up session in which their skills and abilities can be reviewed.

Conclusion

Individual treatment of sexual dysfunction is a modality that could be greatly enhanced by adopting an attachment lens. This necessitates moving beyond the individualized and isolated treatment of sexual dysfunctions to a couples-based approach. From this perspective, a counselor assesses attachment styles, identifies attachment issues related to sexual dysfunction, and treats the couple *together* so as to increase or create secure attachment and tackle the sexual dysfunction difficulties as a team. Doing so highlights the importance of including the spouse of the afflicted partner when treating any form of sexual dysfunction. This inclusion focuses not only on the presenting issue, but on the formation of, or re-enforcement of, a secure reciprocal attachment between the partners. Attachment-building treatments may be highly beneficial not only for treating the current sexual dysfunction, but for enhancing the overall relationship and reducing the likelihood of future intimacy issues.

Clearly, there is still a great deal to learn about relationships between attachment styles, sexual motivation, and sexual behavior. This knowledge is critical both for expanding the range of attachment theory and for improving romantic and sexual relationships.

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