

# Perceiving that one's partner is supportive moderates the associations among attachment insecurity and psychosexual variables

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Attachment representations are associated with psychosexual adjustment in intimate relationships (Mikulincer & Shaver, 2007). Few studies, however, have investigated relationship processes modulating the effect of attachment insecurity on sexuality (Dewitte, 2012). This study examined whether perceived partner support moderates associations among romantic attachment (i.e., anxiety and avoidance) and sexual self-esteem, sexual anxiety, and sexual assertiveness in individuals involved in a romantic relationship ( $N = 214$ ). Results showed that individuals high on avoidance reported lower sexual self-esteem and assertiveness, as well as more sexual anxiety. Unexpectedly, they reported more sexual anxiety and poorer sexual assertiveness when partner support was perceived to be high. Moreover, low perceived partner support was related to higher sexual self-esteem in women scoring high on attachment avoidance whereas high perceived partner support was related to higher sexual self-esteem in men scoring high on avoidance. Individuals scoring high on attachment anxiety reported poorer sexual self-esteem and more sexual anxiety when partner support was perceived to be low, but attachment anxiety was unrelated to either sexual anxiety or self-esteem when partner support was perceived to be high. Findings are consistent with attachment theory and suggest clinical implications for individuals presenting with attachment insecurity.

KEY WORDS: Attachment theory, partner support, sexual self-esteem, sexual anxiety, sexual assertiveness

## INTRODUCTION

Sexuality is generally expressed within the context of close and intimate relationships (Christopher & Sprecher, 2000). Yet, to this date, research has primarily focused on the individual's emotions and behaviours perspective, neglecting essential interactional dynamics at play in sexuality (Byers & Wang, 2004; Christopher & Sprecher, 2000). Certainly, understanding how an individual feels and thinks about sexuality, and behaves during sexual activity is crucial. The contribution of the relationship partner cannot be ignored, however, for it plays a significant role in the individual's sexual adjustment and well-being (Brassard, Péloquin, Dupuy, Wright, & Shaver, 2012; Butzer & Campbell, 2008). A comprehensive understanding of sexual interactions and functioning therefore must consider relational factors to accurately represent the complexity of such interactions. In this endeavour, the current study used attachment theory as an interpersonal frame-

work from which to understand sexuality and sought to examine the moderating role that perceived partner support might play in the associations linking attachment insecurities and difficulties in several aspects of psychosexual adjustment, namely sexual assertiveness, sexual anxiety, and sexual self-esteem.

## Attachment Theory

Attachment representations take roots in infancy based on repeated interactions with attachment figures (typically parents), and extend all the way through adulthood (Bowlby, 1969; 1979), as durable internal working models of self and others (Bartholomew & Horowitz, 1991). Consistent and sensible care from attachment figures promotes attachment security, which is characterized by a positive view of the self and positive expectations about others. Incoherent or negligent care from attachment figures fosters attachment insecurity, characterized by chronic self-doubt, discomfort with intimacy, and

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mistrust of others (i.e., negative models of self and/or others). These internal models then guide cognitive, emotional and behavioural responses in different interpersonal contexts, romantic relationships in particular (Hazan & Shaver, 1987).

In the romantic context, partners constantly alternate from support seekers to support providers, and contrary to the infant-parent relationship, the couple relationship involves a bidirectional process in which a delicate balance in roles is established to meet the attachment needs (i.e., support, reassurance, affection, security) of both partners (Schachner, Shaver, & Mikulincer, 2003). In this view, the coordination of both partners' attachment and caregiving behaviours is accessory to the couple's optimal adjustment and happiness. That is, overtime, relationship satisfaction, quality, and stability largely depend on whether both partners are able and willing to provide effective and sensitive care to one another (Collins & Feeney, 2000). Partners' caregiving behaviours therefore serve as a powerful vehicle for instilling and maintaining an overall sense of security in the relationship.

In adulthood, attachment insecurity is conceptualized in terms of two continuous dimensions: anxiety over abandonment and avoidance of intimacy (Brennan, Clark, & Shaver, 1998). Attachment anxiety refers to a negative model of self and reflects the degree to which one perceives him/herself to be unlovable and fears rejection from the partner. Attachment avoidance involves a negative model of others and reflects the degree to which one is uncomfortable in close relationships and perceives the partner to be unreliable or unavailable for support in times of need (Bartholomew & Horowitz, 1991). Individuals show variations in their level of attachment anxiety and avoidance. Those who are low on both dimensions (i.e., positive models of self and others) are considered secure with respect to attachment.

### Attachment and Sexuality

Bowlby (1982) initially theorized that several innate behavioural systems are necessary to maximize survival, adaptation, and reproduction in the context of interpersonal relationships, two of which are the attachment and caregiving systems, as described above. He also posited the existence of a sexual system. Shaver, Hazan, & Bradshaw (1988) later expanded Bowlby's view and advanced that a fine interplay between the attachment and sexual systems is necessary for the optimal functioning of couple relationships.

Whereas the attachment system develops in early infancy, the sexual system generally arises later in life, more typically during early adolescence (Mikulincer, 2006). From an evolutionary perspective, the primary function of the sexual system is the transmission of genes to future generations (Feeney & Noller, 2004; Mikulincer, 2006). This system is thus crucial to most couple relationships, first contributing to the initial attraction and bond formation and later, to the relationship's continuation and quality, for it fosters children's long term viability (Birnbaum, 2010; Dewitte, 2012). At the core of this system are motives for engaging in sexual interactions as well

as sexual emotions and behaviour (Birnbaum, 2010; Mikulincer, 2006).

Theoretically, the sexual system is influenced by previously arising systems, the attachment system in particular (Davis, Shaver, & Vernon, 2004), and a growing body of empirical evidence supports hypothesized associations between attachment orientations and sexual adjustment. For instance, studies found that securely attached individuals generally pursue the goal of establishing long-term relationships (Mikulincer & Shaver, 2007), prefer sexual activity within a committed relationship (Brennan & Shaver, 1995; Stephan & Bachman, 1999), have positive sexual self-schemas (Cyranowski & Andersen, 1998), enjoy exploratory sexual activities with long-term partners (Hazan & Shaver, 1994) and report greater sexual satisfaction (Butzer & Campbell, 2008).

Inversely, attachment insecurities are predictors of various sexuality-related difficulties. For instance, individuals high on attachment anxiety tend to engage in sexuality primarily to please their partner and to avoid rejection, as well as to meet their attachment needs of reassurance and intimacy (Davis et al., 2004; Feeney & Noller, 2004; Tracy, Shaver, Albino, & Cooper, 2003). Individuals high on attachment avoidance tend to dislike or even avoid sexuality altogether (Brassard, Shaver, & Lussier, 2007; Tracy et al., 2003), and tend to prefer uncommitted, emotion-less or solitary sexual activity (Bogaert & Sadava, 2002). Unsurprisingly, both anxiety and avoidance are related to lower sexual satisfaction in community and clinical samples (Butzer & Campbell, 2008; Little, McNulty, & Russell, 2010; Péloquin, Brassard, Lafontaine, & Shaver, 2014), and to poorer sexual functioning, including lower sexual arousal and pleasure, as well as sexual pain (Birnbaum, 2007; Brassard, Dupuy, Bergeron, & Shaver, in press; Granot, Zisman-Ilani, Ram, Goldstick, & Yovell, 2010).

Theory and empirical research suggest that attachment insecurities are likely to interfere with psychosexual adjustment and behaviour. Sexual satisfaction and overall sexual functioning are already known to be related to attachment dispositions (Davis et al., 2006; Birnbaum, 2007; Butzer & Campbell, 2008). Fewer studies, however, have addressed associations among attachment and other psychosexual variable such as sexual self-esteem, sexual anxiety, and sexual assertiveness. Brassard et al. (in press) found that high sexual self-esteem, low sexual anxiety, and high sexual assertiveness are related to better sexual functioning and sexual satisfaction and that sexual self-esteem and anxiety mediate the association between attachment and sexual satisfaction and functioning. Despite existing theoretical basis for an association between attachment and these three psychosexual variables, they have not been researched extensively and this is why they were chosen to be the focus of the current study.

### Sexual Self-Esteem

Due to their negative model of self and chronic self-doubt, individuals high on attachment anxiety are known to report poor general self-esteem (Bartholomew & Horowitz, 1991). This

negative perception of the self seems to transfer to sexuality, whereby low general self-esteem mediates the association between attachment anxiety and negative affect during sexual activity (Gentzler & Kerns, 2004). Individuals high on attachment anxiety also tend to report more negative appraisals of their sexual attractiveness (Bogaert & Sadava, 2002). Individuals who score high on attachment avoidance tend to evaluate most aspects of sexuality negatively, especially emotional ones (Hazan & Shaver, 1994; Tracy et al., 2003), and to report overall sexual aversion (Birnbaum, 2007; Birnbaum, Reis, Mikulincer, Gillath, & Orpaz, 2006). Both anxious and avoidant individuals doubt their ability to attain sexual gratification and successfully negotiate sexual interactions (Feeney, Peterson, Gallois, & Terry, 2000; Tracy et al., 2003). They are less likely to believe that their sexual experiences are the result of their own behaviour, rather ascribing sexual outcomes to others or chance (Feeney et al., 2000), and report lower sexual self-esteem (Brassard et al., in press).

### **Sexual Anxiety**

Both dimensions of attachment insecurity are indeed related to discomfort with physical touch, worry and interfering thoughts during sexual activity as well as to sexual anxiety (Birnbaum, 2007; Birnbaum et al., 2006; Brassard et al., in press; Brennan, Wu, & Love, 1998; Davis et al., 2006). Attachment anxiety and avoidance are related to sexual anxiety for distinctive reasons, however. Individuals scoring high on avoidance are uncomfortable in intimate contexts and as such, they tend to exhibit erotophobic reactions toward sex and appraise sexual experiences as aversive (Birnbaum et al., 2006; Tracy et al., 2003). For these individuals, sexual anxiety may thus arise from a felt pressure to be intimate with the partner, a condition often implied during sexual intercourse (Birnbaum et al., 2006). Inversely, individuals scoring high on attachment anxiety tend to engage in sex especially to express their love and meet their needs for closeness with their partner (Davis et al., 2004; Tracy et al., 2003). Because they fear rejection, however, these individuals are more likely to experience sexuality-related guilt and shame, to report distracting thoughts about their performance (Birnbaum, 2007; Birnbaum et al., 2006), and to worry about their partner's evaluation of their sexual behaviour, all of which may explain their sexual anxiety (Brassard et al., in press).

### **Sexual Assertiveness**

Both attachment dimensions have been associated with poorer sexual communication and assertiveness (Davis et al., 2006; Feeney et al., 2000), but different mechanisms are involved for each dimension. Because they are so concerned about being accepted by and about pleasing their partner, attachment-anxious individuals are less likely to express and act on their own sexual needs, by fear that this could result in negative regard and rejection from their partner (Davis et al., 2006). Attachment-avoidant individuals are less likely to disclose their true desires and needs to sexual partners, primarily as a

way to maintain distance and avoid unwanted intimacy that might result from communicating their inner needs and desires (Dewitte, 2012; Gentzler & Kerns, 2004), or due to negative feelings about relationship partners (Davis et al., 2006).

### **Perception of Partner Support as a Moderating Factor**

The extent to which attachment insecurities are predictive of sexual difficulties is likely to depend on interactional patterns with the partner (Dewitte, 2012), where an individual's psychosexual adjustment would be a function of both his/her own disposition and behaviour, and that of his/her partner. Therefore, beyond attachment insecurities, partner-related factors could hinder optimal sexual well-being, whereas other factors could buffer the negative impact of attachment insecurity on sexual adjustment. Few studies, however, have examined such buffering processes and Dewitte (2012) urges researchers to seek to identify processes modulating the effect of attachment insecurity on sexuality, using intra- and inter-personal factors.

We propose here that the perception of partner support will be a protective factor in the associations between attachment insecurities and psychosexual adjustment. Research has shown that thinking about a person to turn to for support decreases avoidant individuals' preference for short-term sexuality (Gillath & Schachner, 2006). This suggests that perceived partner support and caregiving might play a role in sexual functioning. Studies from the health psychology literature also provide evidence for the relation between caregiving and sexual satisfaction, albeit not conducted from an attachment theory perspective. Specifically, perceived partner support was positively related to sexual satisfaction in patients with multiple sclerosis (Blackmore, Hart, Albani, & Mohr, 2011) and rheumatoid arthritis (van Lankveld, Ruiterkamp, Naring, & de Rooij, 2004). In addition, a study conducted in women with breast cancer showed that the perception of greater emotional, instrumental, and informational support from the partner was related to less sexual difficulties following the illness (Kinsinger, Laurenceau, Carver, & Antoni, 2011). Hence, based on past research, it was hypothesized that both attachment insecurities (anxiety, avoidance) would be associated with lower sexual assertiveness and sexual self-esteem, as well as with higher sexual anxiety. It was also expected that the perception of partner support would act as a moderator of these links, with more perceived partner support buffering the effects of attachment insecurities on sexual difficulties. In particular, for individuals presenting with attachment anxiety, the perception that one's partner is responsive and supportive in the relationship might be highly reassuring and help decrease chronic concerns about one's lovability and worthiness. As a result, attachment-anxious individuals whose partner is perceived to be more supportive (compared to those who perceive their partners to be less supportive) might experience less sexual anxiety, be less likely to doubt their sexual value, and be more likely to directly and openly express and behave according to their sexual needs and desires. For individuals

presenting with attachment avoidance, being paired with a caring and supportive partner (as opposed to a partner perceived to be less supportive) might temper the effects of their negative model of others (i.e., expecting their partner to be unreliable and unavailable in times of needs) and counteract problems in sexual self-esteem, anxiety, and assertiveness. Although the attachment literature generally postulates few gender differences because attachment needs are theorised to be gender-neutral and universal, gender differences were examined in the current study because men and women tend to differ in their sexuality (Trudel, 2002). More particularly, men were previously found to report higher sexual self-esteem and sexual assertiveness (Snell, Fisher, & Walters, 1993), whereas women were found to report more negative affect related to their sexuality than men (Gentzler & Kerns, 2004).

## METHOD

### Participants and Procedures

The sample comprised 214 French-speaking Canadians (150 women; 64 men) involved in a heterosexual intimate relationship. Participants' mean age was 32 years ( $SD = 11.35$ ; ranging from 18 to 68 years) and most of them were Caucasian (82%). On average, participants had been involved in their relationship for 8 years ( $SD = 9.63$ ; ranging from 4 months to 45 years) and had been cohabiting with their partner for 7 years ( $SD = 9.55$ ; ranging from less than one month to 44 years). All participants were living with their partner (75%) or married (25%). A minority had children (33%). Most individuals were working on a full time or part time basis (63%) or were students (30%), and 50% had a university degree. In terms of annual income, 38% earned less than \$25,000, 26% earned between \$25,000 and \$50,000, and 36% earned more than \$50,000.

Participants from the general community were recruited in two large cities in the province of Quebec, Canada to participate in an online study aimed to better understand relational and sexual functioning. Several recruitment methods were used, including email lists and the social network Facebook. Before participation, participants were informed about the objectives of the study, the risks, disadvantages, benefits of their participation and the right to withdraw at any time. The questionnaires were hosted on the secure website Survey Monkey, allowing the preservation of anonymity and confidentiality. Participation was voluntary and required 40 minutes. Ethical approval was obtained from the institutional research ethics board.

### Measures

**Experiences in Close Relationships (Brennan, Clark, & Shaver, 1998).** This 36-item scale assesses the two attachment dimensions (e.g., anxiety: "I worry about being abandoned"; and avoidance: "I get uncomfortable when a romantic partner

wants to be very close"). Items are rated on a 7-point Likert scale (1 = disagree strongly; 7 = agree strongly) and are averaged to obtain a subscale score; high scores indicate higher anxiety and avoidance, respectively. This questionnaire has been found to have high reliability and validity in many previous studies (Ravitz, Maunder, Hunter, Sthankiya, & Lancee, 2010). Cronbach's alphas were excellent in this study (anxiety = .92; avoidance = .89).

**Partner Support Scale (Brassard, Houde, & Lussier, 2011).** This 8-item scale assesses the frequency of partner support provided to and received from the partner. Each item is rated on a 5-point Likert scale (1 = never; 5 = always). For the purpose of this study, only the perception of received support was used (e.g., "My spouse encourages me when I need it"). Scores vary from 1 to 5, with high scores indicating more received support from the partner. This measure possesses good psychometric properties, including good predictive validity with relationship satisfaction over a year ( $r = .50$ ) and high reliability (Brassard et al., 2011). In the current study, the alpha coefficient for received support was .80.

**The Multidimensional Sexuality Questionnaire (Snell et al., 1993).** This 60-item measure includes 12 subscales designed to assess various facets of human sexuality. For the purpose of the study, only three of the subscales (15 items) were used: sexual self-esteem (e.g., "I am confident about myself as a sexual partner"), sexual anxiety (e.g., "I feel anxious when I think about the sexual aspects of my life"), and sexual assertiveness (e.g., "When it comes to sex, I usually ask for what I want"). Items are rated on a 5-point Likert scale (0 = not at all characteristic of me; 4 = very characteristic of me) and are summed to form subscale scores, with high scores indicating higher sexual self-esteem, anxiety, and assertiveness respectively. Convergent validity with other sexual constructs, as well as adequate reliability (alphas ranging from .77 to .87) and test-retest reliability ( $r$ s ranging from .64 to .85) were previously established. Alpha coefficients in this study were .88, .80, and .81 respectively.

## RESULTS

Single imputation (expectation-maximization algorithm in SPSS 20) was used to replace missing values (less than 1% of the data set, missing at random). All variables were normally distributed, with the exception of perceived partner support, which was negatively skewed and subjected to a square root transformation. Preliminary analyses were conducted to identify possible control variables. Relationship duration was weakly correlated with sexual self-esteem ( $r = -.21$ ) and sexual assertiveness ( $r = -.16$ ), and cohabitation duration was weakly correlated with sexual self-esteem ( $r = -.15$ ). The small effect size for these correlations, however, did not justify controlling for these variables in the main analyses (Cohen, 1988). A MANOVA revealed that gender was not related to

Table 1. Correlations, Means, and Standard Deviations for Attachment, Partner Support, and Psychosexual variables (N = 214)

Variables	1	2	3 <sup>a</sup>	4	5	6
1. Anxiety		.07	-.12	-.10	.36**	-.14
2. Avoidance			-.26**	-.26**	.19**	-.31**
3. Partner support <sup>a</sup>				.26**	-.16*	.20**
4. Sexual self-esteem					-.41**	.58**
5. Sexual anxiety						-.42**
6. Sexual assertiveness						
M	3.18	2.02	4.20	2.51	1.07	2.48
SD	1.14	.80	.54	.88	.80	.86

Note: <sup>a</sup>A square root transformation was performed for partner support due to significant negative skew; untransformed means and standard deviations are presented here. \* $p < .05$ . \*\* $p < .01$ .

any of the three sexual variables ( $F(3,191) = 1.96, p = .122, \eta^2 = .03$ ). Table 1 shows means, standard deviations, and bivariate correlations for attachment, support, and sexuality variables. Attachment anxiety was positively related to sexual anxiety only, whereas avoidance was negatively related to the perception of partner support, sexual self-esteem, and sexual assertiveness, and positively related to sexual anxiety.

Three hierarchical multiple regression analyses, one for each sexual variable, were conducted to examine the potential moderating effect of perceived partner support. Gender was also included as a potential moderating variable. Following Aiken and West's (1991) procedure, the attachment and support variables were first mean centred to avoid multicollinearity. For each analysis, gender (women = 0; men = 1), the attachment variables (anxiety and avoidance), and perceived partner support were entered in the first step, the five two-way interaction terms (attachment X support, gender X attachment, gender X support) were entered in the second step, and the two three-way interaction terms (gender X avoidance X support, gender X anxiety X support) were entered on the final step. For all analyses, non-significant interaction terms were removed and only results from the final models are presented here.

Results pertaining to sexual anxiety ( $F(5,191) = 10.84, p < 0.001, R^2_{aj} = .20$ ) revealed that perceived partner support moderated the associations between sexual anxiety and attachment anxiety ( $\beta = -.17, p = .012, sr^2 = .03$ ) as well as between sexual anxiety and attachment avoidance ( $\beta = .24, p = .001, sr^2 = .05$ ). Analyses of simple slopes showed that attachment anxiety is not significantly related to sexual anxiety when partner support is perceived to be high, whereas it predicts higher sexual anxiety when support is perceived to be low. In other words, attachment anxiety is related to sexual anxiety at low levels of perceived partner support only, suggesting a protective effect of the perception of partner support for sexual anxiety in individuals reporting higher scores on attachment anxiety (see Figure 1). The reverse pattern was observed for attachment avoidance. Avoidance is unrelated to sexual anxiety when support is perceived to be low, whereas it predicts more sexual anxiety when support is perceived to be high (see Figure 2). Both attachment anxiety ( $\beta = .34,$

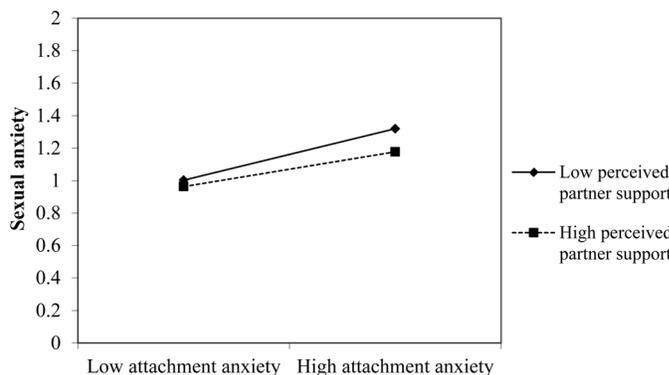


Figure 1. Moderating effect of perceived partner support on the association between attachment anxiety and sexual anxiety.

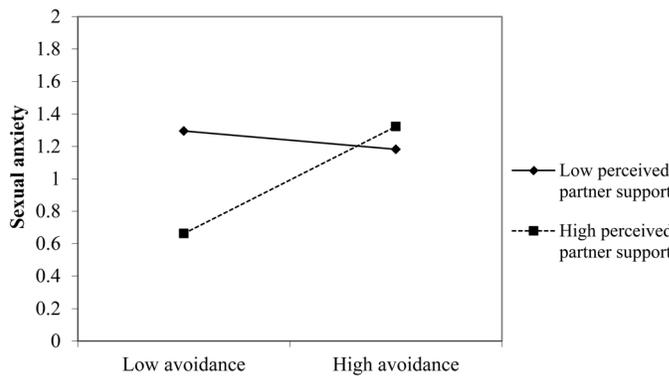


Figure 2. Moderating effect of perceived partner support on the association between attachment avoidance and sexual anxiety.

$p < .001, sr^2 = .11$ ) and avoidance ( $\beta = .17, p = .012, sr^2 = .03$ ) also directly predicted higher sexual anxiety. The perception of partner support was not significantly related to sexual anxiety ( $\beta = -.13, p = .052$ ).

Results pertaining to sexual assertiveness ( $F(5,191) = 6.29, p < .001, R^2_{aj} = .12$ ) showed a moderating effect of perceived partner support on the association between attachment avoidance and sexual assertiveness ( $\beta = -.16, p = .033, sr^2 = .02$ ),

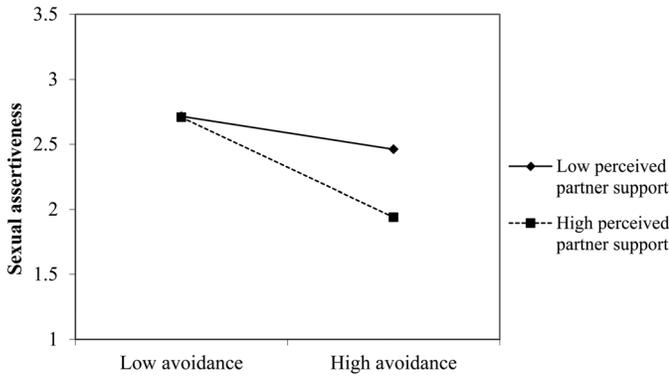


Figure 3. Moderating effect of perceived partner support on the association between attachment avoidance and sexual assertiveness.

but not the association between attachment anxiety and sexual assertiveness ( $\beta = .01, p = .926$ ). Analyses of simple slopes indicated that when partner support is perceived to be high, attachment avoidance is related to poorer sexual assertiveness, whereas it is not related to sexual assertiveness when partner support is perceived to be low. That is, individuals with higher scores on avoidance are less likely to be assertive sexually at high levels of perceived partner support (see Figure 3). Low attachment avoidance ( $\beta = -.29, p < .001, sr^2 = .08$ ) and the perception of partner support ( $\beta = .14, p = .048, sr^2 = .02$ ) were also direct predictors of sexual assertiveness, but not attachment anxiety ( $\beta = -.09, p = .213$ ).

Analyses pertaining to sexual self-esteem ( $F(9,185) = 4.56, p < .001, R^2_{aj} = .14$ ) revealed a significant three-way interaction (gender X avoidance X support;  $\beta = .23, p = .015, sr^2 = .03$ ). Analyses of simple slopes showed that when women perceive support to be low, avoidance is unrelated to sexual self-esteem. When women perceive support to be high, however, low avoidance predicts high sexual self-esteem (see Figure 4a). A different pattern was observed in men. When they perceive partner support to be high, avoidance is unrelated to sexual self-esteem, but when support is perceived to be low, high avoidance predicts lower sexual self-esteem (see Figure 4b). Analyses also revealed a moderating effect of perceived partner support on the association between attachment anxiety and sexual self-esteem ( $\beta = .18, p = .021, sr^2 = .02$ ). When partner support is perceived to be high, attachment anxiety is unrelated to sexual self-esteem. When it is perceived to be low, however, high attachment anxiety is related to lower sexual self-esteem, suggesting a protective effect of partner support for sexual self-esteem in individuals reporting high attachment anxiety (see Figure 5). Attachment avoidance ( $\beta = -.23, p = .014, sr^2 = .03$ ) and low perceived partner support ( $\beta = .20, p = .012, sr^2 = .03$ ) also directly predicted lower sexual self-esteem, so did gender, with women reporting lower sexual self-esteem than men ( $\beta = .20, p = .009, sr^2 = .03$ ). Attachment anxiety was unrelated to sexual self-esteem ( $\beta = -.03, p = .736$ ).

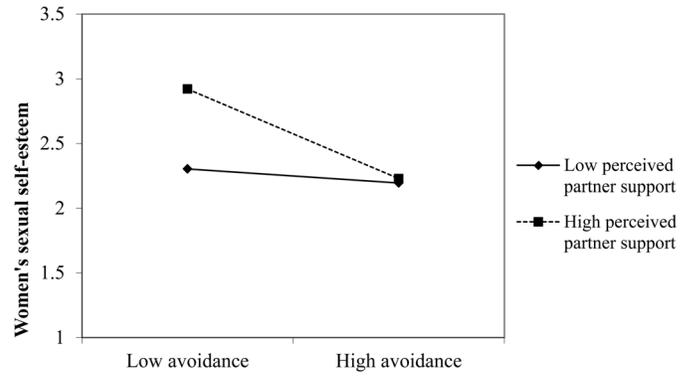


Figure 4a. Moderating effect of perceived partner support on the association between attachment avoidance and sexual self-esteem in women.

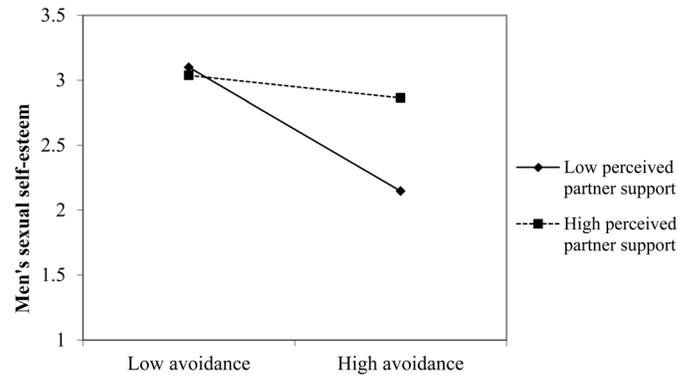


Figure 4b. Moderating effect of perceived partner support on the association between attachment avoidance and sexual self-esteem in men.

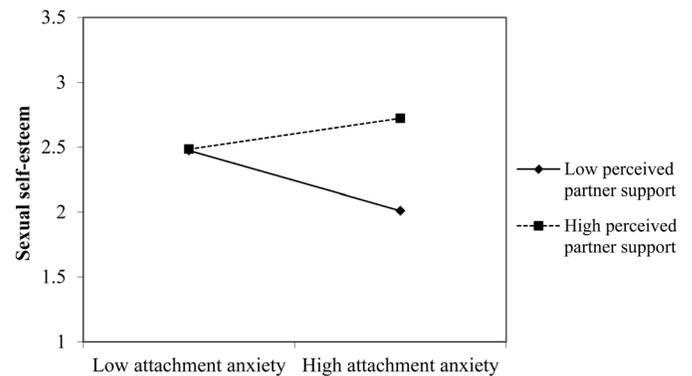


Figure 5. Moderating effect of perceived partner support on the association between attachment anxiety and sexual self-esteem.

## DISCUSSION

The present study sought to better understand sexual functioning in adults involved in intimate relationships by examining the moderating role of perceived partner support in the relations among adult attachment (anxiety, avoidance), sexual self-esteem, sexual anxiety, and sexual assertiveness. Gender differences were also assessed.

As expected, attachment avoidance was related to sexual anxiety, lower sexual self-esteem and poorer sexual assertiveness. These results are consistent with theory and research (Brassard et al., in press; Davis et al., 2006; Dewitte, 2012; Impett & Peplau, 2002), suggesting that the level of intimacy involved in sexual interactions with a primary partner may be highly uncomfortable for avoidant individuals, which would explain their poorer psychosexual adjustment.

Contrary to our expectations, however, is the finding that attachment avoidance was related to more sexual anxiety and poorer sexual assertiveness when partner support was perceived to be *high*, whereas this association was no longer significant when partner support was perceived to be low. These results seem to suggest that the perception of partner support amplifies poor psychosexual adjustment in individuals high on attachment avoidance. Although initially surprising, these findings could perhaps be explained by avoidant individuals' discomfort with closeness and intimacy. Due to their negative expectations of others, individuals high on attachment avoidance tend to expect others to be unresponsive, unreliable, or unavailable to meet their needs (Collins, Guichard, Ford, & Feeney, 2006), generally report lower social and partner support (Bachman & Bippus, 2005; Campbell, Simpson, Boldry, & Kashy, 2005; Kane et al., 2007; Priel & Shamai, 1995), and are generally more comfortable with distant close others and relationships. As sensitive care and support foster intimacy in the relationship, it is possible that partner support triggers attachment needs that are normally downplayed or denied by avoidant individuals, concomitantly creating a climate of discomfort and anxiety for avoidant individuals. Such climate could make intimate sexual interactions less tolerable for them and generate sexual anxiety. Furthermore, to maintain distance and decrease intimacy to restore their comfort level with their partner in the sexual context, avoidant individuals may then be less likely to openly express their sexual needs and preferences to their partner. Our findings are coherent with findings from another study showing that the mere presence of a partner was related to less exploration during a laboratory task in individuals scoring high on attachment avoidance (Coy, Green, & Davis, 2012), implying that partner support may not always be welcome in these individuals (Brock & Lawrence, 2014).

A surprising gender difference was also found, with perceived partner support having an opposite effect on sexual self-esteem in avoidant men and women. *Low* perceived partner support was related to higher sexual self-esteem in women scoring high on attachment avoidance. Avoidant individuals tend to maintain positive self-esteem by downplaying or denying their attachment needs and keeping distant relation-

ships. Perceiving their partner as unsupportive is thus congruent with their expectations and may reinforce their tendency to be self-sufficient and self-reliant. In this respect, avoidant individuals actually tend to engage in sexual activity primarily for self-centred motives (e.g., to reduce stress, gain control over the partner, or enhance self-esteem), with little consideration for their partner's needs (for a review, see Mikulincer & Shaver, 2007), and they do not expect much of their partner in that sense either. Furthermore, avoidant individuals have been found to react with defensive self-inflation when faced with threatening situations involving a romantic partner (Hart, Shaver, & Goldenberg, 2005). Hence, when perceiving their partner as being unsupportive, avoidant women may rely on defence mechanisms, including self-enhancement strategies, repression of their need for others, and overreliance on the self, to avoid unwanted feelings of vulnerability and dependency. This may explain why they report higher sexual self-esteem in the face of low perceived partner support.

The reverse pattern was observed in men, however, where *high* perceived partner support was related to higher sexual self-esteem. At this point, it is difficult to explain this marked gender difference, but studies have found inconsistent results with respect to the association between attachment avoidance and general self-esteem. Some studies have found that avoidance is related to lower self-esteem (e.g., Gentzler & Kerns, 2004; Luke, Maio, & Carnelley, 2004), whereas others have found no such association (e.g., Schmitt, & Allik, 2005; Collins & Read, 1990; for a review, see Mikulincer & Shaver, 2007). Our results thus seem to corroborate this less-than-simple relation existing between avoidance and general self-esteem, and show that it may apply to the sexual domain as well. It is possible that, compared to avoidant women, avoidant men may be more sensitive to partner support when it comes to their sexuality and this is perhaps due to traditional gender roles whereby feeling supported may bolster avoidant men's sense of masculinity and sexual esteem. Other studies have also found notable gender differences pertaining to the link between avoidance and sexual adjustment. For instance, avoidance was related to sexual dissatisfaction in men but not in women in a sample of clinically distressed couples (Brassard et al., 2012), and caregiving control reported by the partner (i.e., support aimed at solving problems for the partner while minimizing opportunities for the partner to solve problems on his/her own, Kunce & Shaver, 1994) predicted higher sexual satisfaction in men, but lower sexual satisfaction in women (Péroquin et al., 2014). This later finding appears to suggest that partner involvement (whether through sensitive or insensitive support) is related to better sexual adjustment in men. Our hypotheses about this observed gender difference remain largely speculative, however, and caution is warranted for the moment. Additional studies are needed to clarify the role played by partner support in men's and women's sexual self-esteem.

As hypothesized, attachment anxiety was associated with sexual anxiety. These results are in line with previous findings (Birnbaum, 2007; Brassard et al., in press; Davis et al., 2006;

Feeney et al., 2000; Impett & Peplau, 2002), suggesting that the fear of losing their partner rooted in their negative model of self may interfere with their ability to approach sexuality in a self-regulated and confident way. As expected, however, the perception that the partner is supportive acted as a protective factor against sexual anxiety and low sexual self-esteem. Attachment-anxious individuals reported poorer sexual self-esteem and more sexual anxiety when they perceived their partner to be unsupportive, but attachment anxiety was unrelated to either sexual anxiety or self-esteem when partner support was perceived to be high. This finding suggests that being paired with a supportive partner may contribute to fulfilling attachment-anxious individuals' emotional needs in the relationship and may concurrently help temper their sexual discomfort and negative self-appraisal during sexual encounters. Perceiving that their partner is caring and responsive may thus counteract the detrimental effects of their negative model of self and help decrease their chronic self-concerns and pre-occupations (Birnbaum, 2007; Birnbaum et al., 2006) in the sexual context.

Above and beyond attachment insecurities, our results also showed that the perception of support from the partner was associated with higher sexual assertiveness and sexual self-esteem. Perceiving that one's partner is responsive and caring may help individuals cope with stress and learn whether they can count on their partner in times of need (Collins & Feeney, 2004). Our results are consistent with many studies suggesting that interpersonal responsiveness is a key element in the development of trust, intimacy, and a sense of security in close relationships (Collins et al., 2006). Indeed, we showed that the perception of higher partner support is related to better psychosexual adjustment, which is in line with previous findings (Cohn, Silver, Cowan, Cowan, & Pearson, 1992; Murray, Holmes, & Collins, 2006; Reis, Clark, & Holmes, 2004). Perceiving that one's partner is supportive and caring may foster positive self-image and promote assertiveness of sexual preferences and needs.

### Strengths and Limitations

This study is novel in its approach to the study of attachment theory in adult love relationships as it provides empirical support for the theoretical assumption that love relationships are governed by three unique, yet interrelated, behavioural systems: attachment, caregiving, and sex (Mikulincer & Shaver, 2007). This study is also one of the first to document associations between caregiving and aspects of sexual functioning, while also taking into account attachment dimensions.

Nevertheless, this study presents some limitations. First, results rely on self-reported measure exclusively. Second, generalization of our results might be limited due to several factors, including the small sample size, the lack of ethnic diversity in our participants, and the potential for self-selection bias regarding individuals who volunteer for sexuality research. Third, the correlational and cross-sectional nature of this

investigation as well as the analyses used preclude any causal inference about our results. Moreover, this study did not use a dyadic analytical approach and hence, may not fully capture attachment and caregiving dynamics involved in couples (Brasard et al., 2007; Péloquin et al., 2013). As a result, future research examining associations within the three behavioural systems should recruit samples of couples and use couples as the unit of analysis. Examining intra and interpersonal effects of partner support on sexual functioning could also be of great interest to better understand the dynamics of sexual functioning in the context of romantic relationships.

### Clinical Implications and Conclusion

This study bears important clinical implications for couple therapists who intervene with distressed couples using an attachment framework. That is, interventions aimed at modifying any of the three behavioural systems will be expected to result in changes in the other systems. But this study specially suggests that interventions aimed at restructuring interactions of support among partners to facilitate a satisfying sexuality could be a treatment target within couples where one partner presents with attachment insecurity (avoidance and/or anxiety). Among various approaches, Emotionally Focused couple Therapy (EFT; Johnson, 2004) may be a well-suited therapy for addressing some sexual difficulties (Johnson & Zuccarini, 2010). Basically, EFT suggests that dysfunctional relational patterns causing sexual difficulties are explained by underlying attachment insecurities and attachment needs that are not fulfilled, and treatment focus is on restructuring both attachment and caregiving interactions. This allows for the creation of a *safe haven* that offers a buffer against the effects of stress and uncertainty (Mikulincer, Florian, & Weller, 1993), and our results suggest that this type of treatment could be especially relevant for the sexual adjustment of individuals presenting with attachment insecurity. Mainly, better levels of emotional safety and connection, as well as more sensitive support in the relationship could foster more positive and integrated sexual thoughts and experiences (Johnson & Zuccarini, 2010).

To conclude, our results suggest that whether one perceives his or her partner to be supportive and caring is related to psychosexual adjustment and that individuals presenting with attachment insecurity, whether avoidance or attachment anxiety, are particularly sensitive to it when it comes to their sexuality.

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