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**Attachment Styles and Sexual  
Behaviour in Adulthood**

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## Introduction

*The root of suffering is attachment.*

*The Buddha*

Social and interpersonal interactions play a significant role in the multitude of essential areas of human functioning. Regardless of their purpose, the creation and maintenance of social relationships appear to be in the essence of human nature. Reasons and possible explanations for such a need for bonding have their reflections in nearly all psychological, philosophical, and religious schools of thought and were scrupulously discussed by various scholars. For example, Freud (1930) asserted that the sex drive is the primary motive for human relationships. Furthermore, “love and belongingness needs” found their place right after basic physiology and before self-actualization in Maslow’s (1968) hierarchy of needs. Nonetheless, regardless of the explanations behind what drives humans to bond, the importance of human-to-human contact is hard to deny. Social psychologists Baumeister and Leary (1995) proposed that the need to belong is “a powerful, fundamental, and extremely pervasive motivation,” and that the lack of it leads to deterioration in health, well-being, and adjustment. Therefore, interpersonal interactions deserve great attention in the maintenance of human well-being.

Attachment is undoubtedly one of the most well-known and discussed concepts in the theoretical framework of relationship formation. Attachment theory has its origins in the seminal developmental work of John Bowlby. In his work, *attachment* was defined as a deep and enduring “lasting psychological connectedness” between two people that serves as a basis for seeking closeness and security when in the presence of the attachment figure (Bowlby, 1958). According to the theory, a child’s perception of parental behaviour, particularly the parent’s attunement to understanding, anticipating, and effectively meeting the child’s needs, becomes a template for how the child perceives and responds to future social interactions. Therefore, attachment and its transference through life and across various contexts can be seen as one of the essential keys to understanding maladaptive behaviours and helping people build healthy and lasting relationships.

This thesis aimed to explore the interactions between attachment styles formed in infancy during initial interactions with a primary caregiver and behavioural patterns underlying relationships and sexual interactions in adulthood. Introduction to attachment theory (I Chapter) provides an overview of attachment theory and a literature review of the characteristics associated with individuals with the four basic attachment styles.

The study (II Chapter) focuses on exploring the topic of the longitudinal manifestation of attachment styles quantitatively (questionnaire) and qualitatively (interview). Conclusion (III Chapter) provides an attempted conclusion on the topic, combining the findings of the first two chapters.

Taking advantage of the mixed research design, the study has scientific significance in exploring the topic of attachment styles and sexual behaviour in general and using the example of the sexual behaviour of students at Karaganda Medical University in Karaganda, Kazakhstan.

# I CHAPTER: INTRODUCTION TO ATTACHMENT THEORY

## 1.1 Attachment Theory

Like most theories related to trauma and separation, Bowlby's early foundational work on attachment was carried out after the Second World War, at the height of the problems of orphanages, child homelessness, and forced parental separation. While observing and treating patients at the Child Guidance Clinic in London, the scientist studied the relationship between infant distress caused by parental separation and their emotional, cognitive, and social development. He observed that such distress manifested itself in a number of common responses, such as crying, clinging, and searching (Bowlby, 1958). The scientist believed that attachment was an evolutionarily adaptive response to prevent separation and promote infant survival to reproductive age because human infants, like other mammals, need external support.

Following Bowlby's work, attachment theory found its first empirical demonstration of attachment patterns and its first taxonomy in Ainsworth's Strange Situation experiment (Ainsworth et al., 1978). The research involved 12-month-old infants placed in a controlled laboratory environment under two conditions: safe, to examine infant behaviour in a room with a caregiver, and frightening - infant behaviour alone with a stranger. This research procedure allowed Ainsworth and colleagues to study infant behaviour in safe and unfamiliar contexts, infant interactions with strangers, and infant behaviour during parental absence and reappearance. The researchers empirically demonstrated the existence of three major attachment patterns: secure, anxious and avoidant (Ainsworth et al., 1978).

However, although Ainsworth's Strange Situation experiment allowed researchers to discover three major categories of attachment styles, which have been widely accepted by the scientific community, future replication of the study revealed several problems. Indeed, according to Main and Solomon (1986), several studies cited the difficulty of 'forcing' subjects into three broad categories of behaviour. The researchers confirmed that many infants in the population displayed characteristics that would typically appeal to anxious and avoidant styles, depending on the situation. Subsequently, Main and Solomon (1986) characterized children with disorganized attachment as individuals who exhibited contradictory behaviour, "stilling/freezing of movements," and who acted in

ways that lacked “readily observable goals or intentions.” According to Main & Hesse (1990), this attachment style, in particular, emerges due to rather difficult child-parent relationships. In their view, parents with unresolved attachment problems are more likely to produce “frightening and frightened parental behaviour,” which causes the infant to misunderstand the parent’s actions and to be forced to form an attachment to someone he or she is afraid of. Not surprisingly, this attachment style is also widely described as fearful in various sources.

To summarise, to date, the theory has identified four main persistent patterns of behaviour called attachment styles (Ainsworth et al., 1978; Main & Solomon, 1986):

1. Secure attachment style. The child feels safe exploring the environment in the presence of the caregiver. They show separation anxiety in frightening situations but seek reunions with their parents and are easily comforted by them.
2. Anxious attachment style. The child exhibits conflicted behaviour: he or she seeks closeness with the caregiver but is resistant to comforting because of trust issues.
3. Avoidant attachment style. The child shows little or no preference for the caregiver's company. The child does not seek closeness from the caregiver or respond to comforting.
4. Disorganized attachment style. The child lacks consistency in his or her connection to the caregiver and is usually fearful of the caregiver.

The importance of attachment theory remains unquestioned when examining child-parent interactions. However, according to Fraley (2018), it was in the 80s of the last century that the theory was used to examine adult romantic relationships. First of all, Hazan and Shaver (1987) state that infant-parent and adult romantic attachment patterns share several similarities. Such similarities include feelings of security and facilitation of discovery in the presence of an attachment figure, close connectedness, separation anxiety, and engagement in “baby talk,” among others.

Adult attachment theory dwells on the idea that the initial attachment to the primary caregiver in infancy serves as a model for both viewing the self and others and creating subsequent attachments based on an ongoing process of matching the current context, self, and others to the context of the initial attachment.

At the heart of this idea is Bowlby’s continuity hypothesis (1988). According to this hypothesis, during interaction with the caregiver, the infant forms a set of expectations

about self and role in interactions with others. Bowlby called this set of conscious and unconscious rules the internal working model. Later, Main, Kaplan and Cassidy (1985) discussed the differentiation process of attachment styles and the consolidation of the child's working model. They suggested that the creation of a child's working model is an ongoing cycle in which the parent's behaviour shapes the child's self-image. Based on parental input, the child forms a relatively stable working model that is subdivided into appropriate attachment styles. For example, "positive & loved [caregiver's behaviour]" leads to security, and "angry & confused" – leads to a resistant attachment style in the child. Consequently, the child's resulting response influences the caregiver's behaviour. In this way, the caregiver consciously or unconsciously reaffirms his or her behaviour, and the child forms stable expectations of himself or herself and how others should treat him or her. Bowlby also proposed that attachment has no formal conclusion in childhood but is carried by an individual throughout life - hence the name.

Given the complexity and increasing number of meaningful relationships and attachments with age, scholars have proposed that working models are organized hierarchically. The higher levels comprise general beliefs that govern all the lower levels responsible for more specific interactions. For example, Collins and Read (1994) developed a tree diagram in which the "general model of self and others in relation attachment" (formed in a fashion similar to what was proposed by Main et al., 1985) is at the top. The general model is then subdivided into the "model of parent-child relationships" and the "model of peer relationships," which is further subdivided into "friendships" and "romantic relationships" (Collins & Read, 1995). This model exemplifies how an individual can hold a general idea of self, others, and interactions and show variability in specific contexts of attachment. This notion of overarching general and specific models explains the reduced correlation between attachment to a parent and attachment to a romantic partner. In this view, although attachment to a romantic partner is distinct from attachment to a caregiver (hence the reduced correlation), both are governed by the shared general models (including a model of the self) that are first constructed during initial attachment formation.

A growing body of evidence suggests a transgenerational pattern of transmission of attachment style, similar to the trajectory of transgenerational trauma. It is suggested that the behaviour of the primary caregiver may influence an individual's parental behaviour and, in turn, may influence the parental behaviour of their children. For instance, Şen and

Kavlak (2014) investigated anxiety and avoidance in the maternal behaviour of mothers and grandmothers of 1400 children in Turkey. They observed a strong positive correlation between anxiety and avoidance of mothers and their primary caregivers, and a moderate negative correlation of the same in mothers towards their children (Şen & Kavlak, 2014). Attachment styles are transmitted from generation to generation and are most severe in firstborns (Shah et al., 2011). The situation appears to be more severe in families with a history of psychiatric disorders.

Therefore, attachment theory has a promising potential for application to adult romantic and other social relationships. Thus, understanding the individual attachment style and its manifestation might help reduce one's maladaptive behaviour and promote satisfaction in close relationships. Furthermore, armed with such an understanding, an individual might be able to adjust their parental behaviour to reduce the transgenerational transmission of insecure attachment patterns.

## **1.2 Attachment Styles and Sexual Behaviour**

### *1.2.1 Anxious/Preoccupied Attachment*

As defined earlier, anxious attachment is an insecure type of attachment that is observed when an infant seeks closeness with his or her caregiver yet, in comparison with his or her secure counterpart, is more disturbed during separation and is more difficult to soothe once the proximity to a caregiver is restored again. Anxious behaviour is believed to be caused by the unpredictable behaviour of a caregiver (Ainsworth et al., 1978).

According to Zapf et al. (2008), adult individuals with anxious attachment style display the following characteristics: “strong desire for union, more self-doubts, extreme jealousy, extreme sexual attraction, fall in love easily, feel under-appreciated and misunderstood, difficulty committing to relationships, overly expressive, see themselves as warm, although friends disagree, dominating, lower self-perceived attractiveness, higher levels of erotophobia, earlier first intercourse, more sexual partners, greater infidelity, lower self-esteem, labile emotions, clingy in relationships, use more substitute fantasy” (p. 162).

Similarly, Bogaert and Sadava (2002) compared the behaviour patterns of anxious and secure individuals. They discovered that anxious attachment was significantly correlated for both genders with not having a steady partner, perception of own



attractiveness for men, erotophilia for women, early first intercourse for women, and infidelity for women (Bogaert & Sadava, 2002). In other words, relationship-anxious adults seek union with their partners; however, due to their problems with self-esteem and self-image, they also tend to use closeness and sex in manipulative attempts to avoid abandonment and assure favourability to others. Furthermore, anxious individuals struggle to believe in their partner's intentions to commit and maintain their relationship. Therefore, their hypervigilance forces relationship-anxious individuals to commit adultery to prevent the painful consequences of their partner's cheating. Lastly, their tendency to easily fall for limerence creates a tendency for changing a significant number of partners.

Anxiety has a colossal destructive power in many vital areas of human functioning. Birnbaum et al. (2006) examined anxiety and avoidance on three major sexual experience scales: relationship-centred, worry-centred, and pleasure-centred sexual experience scales. According to their findings, anxiety had detrimental effects on all three. First, elevated anxiety was associated with decreased feelings of being loved and an exaggerated need for a partner's involvement during intercourse. Second, both anxiety and avoidance led to higher sex aversion. Third, anxiety was a moderating factor in whether or not sexual pleasure could be achieved (Birnbaum et al., 2006).

In another study, Birnbaum et al. (2006) asked their committed participants to log their personal-level measure (attachment anxiety and avoidance measurements), daily relationship measures (measurement of relationship satisfaction and enacted behaviours such as relationship-enhancing and relationship-damaging behaviours), and sex diary measures (absence/presence of sex together with accompanying thoughts and feelings). The team investigated the effect of sex on the quality of the next day of each partner. The researchers concluded that relationship anxiety caused more significant fluctuations in relationship satisfaction and corresponding relationship-enhancing behaviours in relationship-anxious individuals, and had a similar effect on their non-anxious partners. The findings further proved that relationship-anxious individuals extensively used intimacy to reconfirm their partner's investment and keep them closer. In other words, it is fair to say that for relationship-anxious individuals, sex leads to a good day, and no sex leads to increased anxiety.

However, on a brighter note, despite the larger number of sexual partners, hypervigilance of relationship-anxious individuals makes them very unlikely to engage

in unprotected sex. According to Bogaert and Sadava (2002), secure individuals demonstrate a significant negative correlation with recent condom use, whereas anxious individuals show a significant positive correlation in this regard for both genders. Nevertheless, it can be argued that even this positive aspect is linked to high anxiety and possible comorbidity with Somatic Symptom and related disorders as per DSM-V classification (American Psychiatric Association, 2013).

### *1.2.2 Avoidant/Dismissive Attachment Style*

As defined earlier, an avoidant/dismissive attachment pattern is a type of insecure attachment that encompasses a child's perceived inhibition towards both seeking closeness to and receiving comfort from his or her caregiver (Ainsworth et al., 1978). Avoidant attachment style is usually formed in response to unresolved problems with parental intimacy (e.g., the caregiver's inability to respond to the infant's need sensitively) and suppression of the child's display of emotions or affection (Lewis et al., 2003).

According to Zapf et al. (2008), adult individuals with avoidant attachment style display the following characteristics: "minimize emotional intimacy, fear of intimacy, labile emotions, expect relationships to fail, emotionally cold, lower personal relationship standards, fewer concerns over relationship mistakes, hold less restrictive sexual beliefs, more frequent unwanted sexual experiences, more likely to use drugs, self-doubting, frustrated with previous partners, drink more heavily, and sexual fantasies of someone other than a partner" (p. 162).

Similarly, Birnbaum et al. (2006) noted that since sexual closeness demands high physical and emotional intimacy, relationship-avoidant adolescents struggling with such demands pursue two possible sexual strategies: sexual abstinence and "short-term relationships" devoid of emotional closeness. It is possible to see two drastically different outcomes of the strategies employed by the individuals scoring high on avoidance: they either engage in sexual activities relatively early or avoid sexual contact. The two strategies find their empirical confirmation in a study by Gentzler and Kerns (2004), who demonstrated that "both those individuals who had had intercourse at age 15 or younger and those who had not had sexual intercourse rated themselves higher on avoidant attachment than did those who had sexual intercourse for the first time at 16 year of age

or older.” (p. 256); no significant group differences were detected for individuals scoring high on anxiety. The authors suggested that such behaviour, together with a “greater number of unwanted but consensual sexual experiences” for both genders scoring high on avoidance, was due to fewer limiting sexual beliefs (Gentzler & Kerns, 2004). Furthermore, Potard et al. (2014) examined both gender differences and the role of each parent’s contribution to the development of avoidant attachment in their children. The researchers discovered that whereas maternal avoidance led to diminished affectivity in boys’ sexual interactions with their partners, paternal avoidance exacerbated the early sexual involvement of their daughters (Potard et al., 2014). Therefore, it is possible to see the multifaceted complexity of sexual behaviour in relationship-avoidant adults and adolescents. Furthermore, there are grounds to believe in the role of cross-gender parental avoidance in promoting maladaptive sexual behaviour in their children.

Like anxiety, avoidance possesses a highly destructive power in many important areas of human functioning. As mentioned, Birnbaum et al. (2006) examined anxiety and avoidance on three major sexual experience scales: relationship-centred, worry-centred, and pleasure-centred sexual experience scales. As per the first relationship-centred scale, high avoidance had a significant and negative correlation with “the feelings of being loved and love toward partner” and the focus on the partner’s state. The second worry-centred sexual experience scale demonstrated that individuals scoring high on anxiety and avoidance showed greater estrangement and negative feelings toward sex. Lastly, the results for the pleasure-centred sexual experience scale showed that a higher level of anxiety was associated with both elevated focus on one’s own needs and diminished pleasure-related feelings (Birnbaum, 2006). Therefore, high avoidance might be a key component in a strong aversion to sex, diminished pleasure, and, similar to anxiety, struggles with accepting love from the partner.

Several attempts were made to understand avoidance’s role in suppressing pleasure-related feelings. Davis et al. (2006) argue that avoidance plays an indirect moderating role in inhibiting physical and emotional satisfaction and satisfaction with control that serve as major predictors of sexual satisfaction. One of the major aspects discussed by the authors is avoidance-inhibited sexual communication. Birnbaum et al. (2006) suggested that avoidant individuals deactivate attachment to restore and maintain their identity. Zheng, Zhang, and Zheng (2015) conducted a neuropsychological study of preemptive and postemptive defensive regulations of avoidant individuals. The researchers

defined *preemptive deactivating strategies* as defensive mechanisms restricting unwanted information from entering the awareness. *Postemptive deactivating strategies* eliminate unwanted information from awareness by suppression and deactivation. The strategies were hypothesized to reflect on the ERP amplitude of N170 in the occipital-temporal area of face-specific recognition and frontal scalp area of old/new memory recognition area, respectively (Zheng et al., 2015). In experimental conditions, the authors observed higher activation in both hypothesized areas in highly avoidant individuals than their non-avoidant counterparts. It is still unclear whether avoidance causes higher activation in the researched areas, or if higher activation in the areas has avoidance attachment style as its by-product. Nonetheless, problems in communication and engaging in close relationships have a greater, yet undiscovered depth.

At this point, it is possible to question why avoidant individuals engage in sexual activities despite the immense undesirability of physical and emotional closeness, overall sex aversion, and diminished pleasure-related feelings. Schachner and Shaver (2004) found that avoidance was negatively related to sex as an expression of intimacy and emotionality toward one's partner, but it was positively associated with having sex due to one's peer pressure and insecurity. Therefore, one of the primary reasons driving avoidant individuals to have sex is "to be able to say one has done it, to fit in better, and to be able to brag about it, and with having short-term sex in order to avoid the emotional aspects of a long-term relationship" (Schachner & Shaver, 2004, p. 183).

One of the crucial aspects left to discuss is the sex-related next-day satisfaction in committed heterosexual couples. According to the study by Birnbaum et al. (2006), avoidance appears to be an excellent inhibitor of both relationship-enhancing (for partners of avoidant individuals) and relationship-damaging (for avoidant individuals) behaviours. In other words, even if positive feelings were experienced during sex, the partner's avoidance decreased the next-day satisfaction. Counterintuitively, avoidance can also minimize the relationship-deteriorating effects of negative emotions experienced during intercourse. This finding corroborates the abovementioned idea of the coping nature of avoidance as it serves as a distancing buffer in the second case.

Lastly, it is crucial to note that, unlike their anxious counterparts, avoidant individuals are likelier to engage in substance abuse and risky sexual behaviours such as unprotected sex (Cook et al., 2016; Lemelin et al., 2014).

### *1.2.3. Disorganized/Fearful Attachment Style*

Main and Solomon (1986) characterized, children with the disorganized attachment style demonstrated an inconsistency in parent-oriented behaviours that would qualify them for both types of insecure attachment (anxious and avoidant).

According to Zapf et al. (2008), adult individuals with avoidant attachment style display the following characteristics: “take subservient roles in relationships, lack true intimacy, less likely to be in a romantic relationship, lower self-confidence, unable to rely on others, lower levels of self-disclosure, less use of others as a secure base, introverted, unexpressive, unassertive, less autocratic, consider self to be undeserving of love and support, and more interested in emotionless sex” (p. 162). According to the authors, adults with disorganized attachment style score high on anxiety and avoidance dimensions. Therefore, their social and sexual behavioural patterns share characteristics of anxious and avoidant attachment styles (Zapf et al., 2008).

Another striking characteristic of the sexual behaviour of individuals with the disorganized attachment style is their proneness to develop sexual addictions. Zapf et al. (2008) conducted a study examining the correlations between attachment styles and sexual addictive behaviours in men. According to the outcomes, 44% of sexually addicted men demonstrated patterns of disorganized attachment in comparison with 28%, 20%, and 8%, who demonstrated avoidant, anxious, and secure attachment patterns, respectively.

According to Stephan and Bachman (2005), this proneness to sexual addictions could be explained by measuring Love Schemas of different attachment styles. According to the outcomes of the study, Disorganized individuals (“Casual group”) were more likely to engage in emotionless sex and show less commitment to their partner than attachment-secure individuals (“Secure group”) (Stephan & Bachman, 2005, p. 118). Therefore, disorganized attachment may make it challenging for an individual to rely on someone emotionally (including during sexual intercourse), restrict commitment, and elevate rates of relationship-threatening behaviours and fantasies about someone rather than the partner.

The disorganized/fearful attachment style still deserves more scholarly attention to unveil all of the underlying mechanisms that lead to its development and the consequences it imposes on the lives of its bearers.

#### *1.2.4. Secure Attachment Style*

Lastly, as defined earlier, secure attachment is Bowlby-normative infant behaviour in response to separation from a primary caregiver. The child with secure attachment strongly prefers a caregiver and feels secure to explore in the presence of a parent. The child shows some separation anxiety in frightening situations yet can be easily soothed by the parent upon well-desired reconnection (Ainsworth et al., 1978).

According to Zapf et al. (2008), adult individuals with secure attachment style display the following characteristics: “happy, friendly, trusting relationships, longer-lasting relationships, less frequent divorce, believe others are well-intentioned, believe love persists through time, autocratic, expressive, fewer doubts about relationships, consider themselves likeable, more extroverted, relationally warm, more sexually restrictive, and less likely to abuse substances” (p. 162).

Similarly, Bogaert and Sadava (2002) pointed out in their research that secure attachment was negatively correlated with having a steady partner and masturbation, and positively associated with evaluation of self-attractiveness and total family income. Additionally, the study yielded that secure individuals were overall less likely to use condoms, especially compared to individuals with anxious attachment. Such striking contrast can be explained by the proposition that secure individuals are more sexually-restricted, tend to form and remain in more stable long-term relationships, and score less on the anxiety dimension. Indeed, according to Stephan and Bachman (2005), compared to all attachment-insecure groups, the Secure group was found to be the most sexually restrictive, showed less interest in emotionless sex, exhibited less relationship-destructive behaviour, and, most importantly, showed fewer tendencies to break commitment and fantasize about someone other than their partner. Lastly, Brennan and Shaver (1995) state that higher security means higher trust between partners. Therefore, it is possible to assume that secure attachment allows for better chances to form, remain in, and enjoy long-term relationships. Moreover, secure individuals tend to be less involved in emotionless sex and appear more sexually restrictive than other groups, possibly meaning they prefer the quality of the connections to the quantity.

It is possible to wonder what makes “secure” relationships more resistant and desirable long-term.

First, partner selection is one of the key factors. According to Senchak and Leonard (1992), “greater proportions of insecure than secure husbands and wives [among subjects of the experiment] were married to insecure partners, and greater proportions of secure than insecure husbands and wives were married to secure partners.” (p. 60). Despite a common misconception that opposites attract each other, people tend to gravitate towards choosing partners of the same attachment style. Similar findings were observed in the study by Brennan and Shaver (1995), who discovered that the chances of forming a relationship with a secure partner were much higher for secure individuals than for their avoidant counterparts (80.0% and 51.6%, respectively). A possible explanation for the tendency to form connections with individuals of the same attachment type comes from the study of Caspi and Herbener (1990). The researchers found out that similar partners tend to promote trait stability in each other: women and men with similar-to-them partners were more likely to be consistent in their personalities across middle adulthood. Therefore, couples with both secure individuals have higher chances to reconfirm and promote their security. It was further claimed by Kobak and Hazan (1991) that secure attachment might be a prerequisite for marriage.

Second, secure attachment facilitates communication between partners. According to Cohn et al. (1992), “husbands whose working models of attachment were secure were in better-functioning couples who displayed more positive interactions and engaged in less conflict with one another than were husbands whose working models of attachment were insecure.” (p. 441). Furthermore, Kobak and Hazan (1991) found that secure couples were more likely to “maintain constructive problem-solving communication” without escalating negative affect or perceiving their partner as more unavailable as insecure individuals do. As discussed in paragraph 1.2.2., Davis et al. (2006) argue that inhibited communication in insecure attachment (especially for avoidant individuals) strongly predicts sexual dissatisfaction. Therefore, well-established communication in secure couples might serve as one of the explanations for a higher quality of sexual experiences.

Overall, secure attachment allows for a higher quality of interpersonal and romantic relationships. As was well summarized by the Attachment Project team (2020), individuals scoring low on avoidance and anxiety are usually more satisfied with their relationships and sex lives: they seek long-term relationships and are “less likely to use sex to manipulate others or to feed their egos.”

## II CHAPTER: THE STUDY

### 2.1 Study aim

This thesis aimed to explore the interactions between attachment styles formed in infancy during initial interactions with a primary caregiver and behavioural patterns underlying relationships and sexual interactions in adulthood.

The interview with a professional psychologist/psychiatrist was conducted to gain an in-depth understanding of the phenomena explored during the initial literature review phase (I Chapter), obtain clinical insights into the specificities of the attachment styles explored, and inquire about the professional's opinion on the implementation of attachment theory in practice in clinical settings when working with clients/patients.

The questionnaire was designed to measure the phenomena explored in the literature review (I Chapter) in the given population and to explore the correlation between attachment styles and individual behaviour. The quantitative part of the research poses the following two research questions:

1. Is there an association between young adults' attachment styles and their sexual restrictiveness?
2. Is there an association between young adults' attachment styles and their tendency to engage in sexually risky behavior?

The hypotheses are as follows:

3. If there is a relationship between attachment styles and sexual restrictiveness, secure individuals will show greater restrictiveness, corresponding to lower scores on the Sociosexual Orientation Inventory (SOI) than insecure groups (especially the avoidant group).
4. If there is a correlation between attachment styles and the tendency to engage in sexually risky behaviour, then avoidant individuals will score higher on the Sexual Risk Behaviours Scale (SRBS) than secure and anxious individuals; secure individuals will also score higher than anxious individuals (especially on the questions related to condom use and protection during intercourse).

The study takes advantage of mixed research design to explore the topic of attachment styles and sexual behaviour in general and using the example of the sexual behaviour of students at Karaganda Medical University in Karaganda, Kazakhstan.



## **2.2 Methods**

The research design is a combination of qualitative and quantitative data collection techniques.

### *2.2.1 Interview*

A semi-structured interview was conducted with a professional clinician whose expertise lies within the boundaries of non-medical psychotherapy and psychiatry in Kursk, Russia. The decision to interview this professional was based on his extensive expertise in the field (ten years of experience in a state psychiatric hospital and eight years of private non-medical verbal psychotherapy), his current specialization in sexual psychology, and my personal experience of client-therapist interactions over the past three years.

The interview was conducted via Skype on 1 July and 15 July 2023 and lasted 40 minutes on average. The interview questions are reported in Appendix A. Both sessions were recorded and then transcribed using the online service of Maestra.ai. Both transcriptions were then professionally translated from Russian into English, preserving the meaning, characteristic markers of speech, and time stamps.

The interviewee was informed of the purpose of the interview, verbal consent was obtained to record the interview, and verbal and written consent was obtained to use the interview material for this thesis.

The interview followed a semi-structured format, which ensured that the key questions were answered and provided a deeper insight into the material identified during the initial literature review.

The transcriptions of the interviews were then examined manually, and the responses were grouped into four main thematic areas: “Attachment theory and clinical application in adult psychotherapy,” “Attachment theory and adult romantic relationships,” “Attachment theory and sexual behaviour,” and “Attachment theory and globalization and future research.”

### *2.2.2 Questionnaire*

A questionnaire was used to measure the studied phenomena on the example of real-life experiences of students of Karaganda Medical University in Karaganda, Kazakhstan. The university’s student body illustrated an attempt to achieve random sampling with the advantages of convenience sampling.

The questionnaire consisted of four sections. The first section collected demographic information about the sample: gender (male, female, non-binary, other), age group (18-19, 20-24, 25-29, 30+), level of education (bachelor's degree, master's degree, doctorate or higher), marital status (single, dating (exclusive), dating (open relationship), married, divorced), sexual orientation (heterosexual, homosexual, bisexual, pansexual, asexual) and parental marital status (married, separated, divorced). Given the geographical limitations of the sample, questions on country of origin and current place of residence were avoided.

The second section of the questionnaire contained 18 questions of the Revised Adult Attachment Scale (Collins, 1996). The scale contained three subscales with six questions each: CLOSE ('the scale measures the extent to which a person is comfortable with closeness and intimacy'), DEPEND ('the scale measures the extent to which a person feels he/she can depend on others to be available when needed'), ANXIETY ('the subscale measures the extent to which a person is worried about being rejected or unloved') (Collins, 1996). Individuals were asked to read the 18 sentences (e.g. 'I find it relatively easy to get close to people.') and to rank whether the statement was their characteristic on a scale from 1 ('Not at all characteristic of me') to 5 ('Very characteristic'). While 13 statements followed a direct type of score coding, five statements (1, 5, 6, 12, 14) required reverse score coding for statistical purposes. This non-linear scoring pattern ensured that respondents read the statements and did not score themselves at random. This section of the questionnaire allowed respondents to be grouped into Bartholomew's (1990) four attachment styles: secure, preoccupied, anxious, and dismissing.

Two inserted questions followed the second section of the questionnaire. The first asked respondents whether or not they had ever engaged in sexual activity with another person (sexual activity being defined for the study as manual ('hand job'), oral, vaginal or anal sex). If a respondent answered 'no', further information was not collected, and they were excluded from the sample. The subsequent question asked respondents to think about the age at which they had their first sexual experience (>15, 16-17, 18-19, 20-24, 25+).

The third section of the questionnaire consisted of seven questions from Simpson and Gangestad's (1991) Sociosexual Orientation Inventory (SOI). This section measured individual attitudes to casual sex and fantasies about someone other than the respondent's

partner. Respondents were asked to report the number of sexual partners in the past year, the number of different sexual partners they expected to have in the next five years, and the number of sexual partners with whom they had sex only once. An additional question asked respondents to reflect on the frequency with which they fantasized about someone other than their partner (from 1 = never to 8 = at least once a day). The following 2 questions asked respondents to rate their agreement (1 - strongly disagree, 9 - strongly agree) with statements about having sex without love, enjoying casual sex with different partners, and the need to be closely attached to a sexual partner to enjoy sexual intercourse.

The final section of the questionnaire consisted of six questions from the Sexual Risk Behaviours Scale (SRBS) by Fino et al. (2021), with three additional questions. The first five questions asked respondents to rate the frequency (1 - never, 5 - very often) of the following behaviours: having vaginal/anal sex without protection, having oral sex without protection, having sex while under the influence of alcohol, having sex while under the influence of drugs, and having unprotected sex with someone they had just met. Question 39 asked respondents to report whether or not they had ever been diagnosed with a sexually transmitted infection (STI). Two additional questions were designed for this study: the first asked respondents to report whether or not they were taking PrEP (pre-exposure prophylaxis is a form of prescribed medication that can reduce the risk of contracting HIV through sex or injecting drug use), as it is becoming increasingly popular in communities that are widely stigmatized as being at higher risk of contracting HIV. The questionnaire was closed if a respondent answered 'no' to this question, and the following two optional questions asked respondents to reflect on the frequency of unprotected vaginal/anal sex while not taking PrEP and while taking the drug, respectively.

The questionnaire was in the form of a Google form and was distributed with the help of the administration of Karaganda Medical University. The initial sample consisted of 100 respondents. Three were excluded because they did not meet the inclusion criterion (i.e., previous sexual engagement). The final sample comprised 97 sexually-active individuals (52 'female,' 41 'male,' 3 'non-binary' and 1 'other'). Of the 97 qualified respondents, 42 were attachment-secure, 36 were attachment-anxious, 17 were attachment-avoidant, and 2 were individuals with disorganized attachment. The individuals were then divided into two groups, namely secure and insecure (anxious,

avoidant and disorganized) individuals. I also compared three major styles (secure, anxious and avoidant).

The data were analyzed using Jasp and Datatab.net to calculate Cronbach's alpha.

## 2.3 Qualitative results

In elaborating on the findings of the qualitative component of the research design, it was possible to identify four thematic areas as described below.

### 2.3.1 Attachment theory and clinical application in adult psychotherapy

This thematic area included five subthemes: the importance of early life events, multilevel relationship disruption, infant-caregiver interactions as the first contact and relationship, client characteristics, and recommendations for applying the theory in clinical settings.

First, according to the interviewee, although the role of early life events in identity formation is hard to deny, cognitive, behavioural and psychological phenomena should be examined holistically, as they involve various components.

Second, the clinician provided his view on the role of traumatic early life events in a multilevel interruption of relationship connectedness.

*If we are talking about attachment theory, there is an inevitable interconnectedness between the infant-parent relationship and this person's future system of relationships, not only in romantic contexts but also with the world around them... In this case, the connections will be broken on three primary levels: relationships with oneself, significant others, and the world. If we are talking about an anxious individual, this person will be anxious and self-deprecating in their dealings with themselves. Such a person will find it more challenging to open up to significant others and connect with people. Eventually, he or she will feel insecure in this world...*

Third, in response to my comment that infant-parent interactions serve as a model for future relationships because they become the first relationship the infant establishes, the interviewee noted that before the first relationship is established, the infant and parent have the first contact.

*When the child comes out of the womb... the child is placed on the mother's breast so that there is contact. Furthermore, if we think about it, this contact is the basis for building relationships and is important in the first six months of a child's life.*

This contact and even earlier prenatal interactions (“petting/stroking” the belly, responding to intrauterine contractions, following doctors’ advice, using or not using substances) lay the foundations for future attachment and personality development. Moreover, even the mother’s attitude towards pregnancy (wanted or unwanted) can have drastic effects, as hormones and the adrenal axis mediate it. Furthermore, the clinician pointed out that this first early contact (in the first six months of life) becomes a reason for extensive waiting lists for people willing to adopt newborn children abandoned by their biological parents.

Fourth, the clinician shared some characteristics of clients with the three insecure attachment types. First, the avoidant type was described as a person with a “trust no one” motto, as they shut down and begin to distance themselves once their interactions reach a certain emotional depth. Second, the anxious type in children was described as a nitpicking type who would try to provoke their parents into adverse reactions to satisfy their need for attention and ill-conceived reassurance. Interestingly, such children appear in both extremely *laissez-faire* and over-controlling families. Finally, the disorganized type is common in double-bonding families, where parents are highly inconsistent in their behaviour: a child may be disciplined violently and then comforted in response to crying. As a result, the child cannot construct a predictable model of parental behaviour and must love the object of their fear and be afraid of the object of their love. The disorganized type exhibits non-pathological emotional swings in adulthood, from admiration to loathing.

Fifth, knowing one’s attachment style is liberating but not necessary. Knowing it gives guidance (both to the client and their partner) on how to approach dating, relationships, and sex. However, using the theory is not compulsory: it cannot explain every phenomenon (a call for a holistic approach) and is not appropriate for all educational backgrounds. It was further discussed that there are multiple factors involved in why a client enters therapy: it may be a personal decision based on a recurring pattern of maladaptive behaviour, or it may be influenced by a third party (significant others, partners, etc.). Whether or not to go into detail about early life events is based on the goal

of therapy: a client needs to decide whether they want to address the causes or the consequences of their behaviour.

### *2.3.2 Attachment theory and adult romantic relationships*

The thematic area of attachment theory and adult romantic relationships involved two subthemes: the debate about whether avoidant individuals experience love or not and attachment security as a prerequisite for marriage.

First, according to the interviewee, the avoidant person's motto ('trust no one') results from inhibited or suppressed affection systems in childhood that are carried over from one relationship to another, reaffirming pre-existing biases. This pattern of trust issues makes it difficult for an avoidant person to express affection in the way their non-avoidant partners would expect. Therefore, according to the clinician, it is not a question of 'love' but of the couple's dynamics. Due to problems with verbal expression, an avoidant person may use non-verbal cues to express their feelings. It was also discussed that avoidant individuals run the risk of confirming their bias if their internal couple dynamics do not provide grounds for a 'safe haven.' In other words, the clinician presented a hypothetical scenario in which an avoidant individual begins to show affection to their partner, but the partner does not recognize this as a sufficient attempt; in this scenario, a perceived rejection could lead to an even greater increase in avoidance.

Second, despite the suggestions made in the literature review, the clinician does not believe that attachment security should be seen as the only or main factor underlying marriage.

*I believe that if people only considered secure people for relationships and marriages, no one would be in a relationship or married... Human relationships are based on a variety of factors and human peculiarities. It is impossible to build relationships only on attachment styles... I had a couple of clients who were seemingly perfect together, yet she did not like how he smelled, which was enough for her to ask for a divorce.*

### *2.3.3 Attachment theory and sexual behaviour*

The thematic area of attachment theory and sexual behaviour included five subthemes: a two-way approach to sex for avoidant individuals, risky sexual behaviour for avoidant

individuals, sex as manipulation, attachment styles and sexual enjoyment, and a recipe for good healthy sex.

First, according to the clinician, avoidance can be seen as an individual expression of anxiety. Therefore, avoidant individuals have two ways of dealing with the excessive anxiety associated with sexual engagement: either they avoid it because sex places a greater emphasis on emotional closeness (late first sexual experiences), or they engage in excessive emotionless sex that reduces intimacy to mechanistic acts (early sexual experiences).

Second, according to the clinician, the tendency to engage in risky sexual behaviour is a maladaptive coping mechanism for avoidant individuals in response to dealing with commonly comorbid anxiety (both generalized and situational) and guilt.

*In conclusion, alcohol abuse is a coping strategy to become someone else for a moment, someone who is not so anxious to deal with reality. This is followed by guilt when the alcohol wears off, but it is suppressed by subjective evaluation as if it were not him or her but someone else.*

Third, sexual manipulation occurs in anxious and avoidant attachment styles. The interviewee suggested looking at sexual intercourse not just in terms of emotions during sex but as a multilevel interaction before, during, and after sex. According to the clinician, anxious individuals experience a peak of emotion and relationship satisfaction during sex, which subsides and presumably reaches negative levels, forcing them to seek another act of sexual and emotional closeness. Regarding avoidant individuals, he suggests looking at sexual encounters from a more mechanistic position, as their satisfaction levels experience no to minimal fluctuations before, during, and after sexual intercourse. Sex can, therefore, be used as a form of manipulation in both groups for different purposes: emotional manipulation to re-establish closeness in anxious individuals, and ego affirmation and external need satisfaction in avoidant individuals.

Fourth, of all the four types, the clinician highlighted the disorganized type as the one with the most vibrant sexuality. Impulsivity and boundary violations make sexual experiences more exciting for disorganized individuals. However, it may not be exciting for their partners, whose boundaries may be violated repeatedly.

Fifth, the interviewee mentioned that the recipe for sound and psychologically and physiologically healthy sex has nothing to do with sex. He stressed the importance of love,

good communication and trust in achieving the highest satisfaction levels. According to the clinician, passion is fleeting, and love and trust allow people to explore and rediscover their sexuality and maintain good communication even when the initial attraction is gone. Love and trust allow partners to share their fantasies and enrich their sex lives without fear of abandonment or rejection.

#### *2.3.4 Attachment theory and globalization and future research*

The clinician outlined his formal teaching and current research in sexual psychology and attachment theory. He suggested that despite the positive aspects of globalization, the impact of migration on the romantic and sexual lives of immigrants and residents of host countries is understudied. He suggested that it would be of great scientific importance to study the sexual behaviours of the East, West, North, and South, and the romantic and sexual component of being part of a mixed-ethnic couple under two conditions: when an individual moves to another country and follows a traditional behavioural trajectory of his or her home country, and when he or she is trying to adapt to fit into the host community.

Finally, he elaborated on the relative distribution of attachment styles among his international clientele. Most of his clients from the USA, Canada, and Italy have an anxious attachment style; his clients from France, the Netherlands, and Germany are primarily avoidant. In his experience, the post-Soviet region is now shifting to the avoidant type due to changes in parental values.

*It is no longer enough to provide children with the necessities of food in their stomachs, clothes on their backs, and a roof over their heads; now, parents are more involved and overprotective of their children.*

## **2.4 Quantitative results**

The frequency table of the binominal test of respondents for this study is presented in Table B1 in Appendix B. The descriptive statistics for the SOI and SRBS questionnaires are presented below in Table 1, and the corresponding box plots for both tests are presented in Figure C1 and Figure C2. The Cronbach's alphas for this study were -0.16 for Sociosexual Orientation Inventory (SOI) and 0.27 for Sexual Risk Behaviors Scale (SRBS).



Table 1

Descriptive Statistics of								
	SOI				SRBS			
	Anxious	Avoidant	Disorganized	Secure	Anxious	Avoidant	Disorganized	Secure
<i>N</i>	36	17	2	42	36	17	2	42
<i>M</i>	18.69	18.94	23.00	19.57	14.31	15.29	14.50	13.52
<i>SD</i>	5.01	5.89	1.41	5.71	3.02	3.12	2.12	3.45

#### 2.4.1 RQ1: Attachment styles and sexual restrictiveness

The first research question aimed to explore the relationship between attachment styles and sexual restrictiveness in behaviour and attitudes in the population of students at the Karaganda Medical University in Karaganda, Kazakhstan. Sexual restrictiveness was measured using the Sociosexual Orientation Inventory (SOI). We first compared individuals classified into the three attachment style groups (secure, anxious, and avoidant). The ANOVA showed no significant differences in sexual restrictiveness among the three groups,  $F(2,92) = 0.260$ ,  $p = 0.772$ . Next, we compared secure and insecure individuals. The results of the independent samples *t*-test indicated that the two groups did not differ in their sexual restrictiveness,  $t = 0.579$ ,  $df = 95$ ,  $p = 0.564$ .

#### 2.4.2 R2: Attachment styles and tendency to engage in sexually risky behaviour

The second research question aimed to explore the correlation between attachment styles and the tendencies to engage in sexually risky behaviours, such as unprotected sex, and sex under the influence of alcohol and substances. The tendency to engage in sexually-risky behaviour were measured using the Sexual Risk Behaviors Scale (SRBI). As in the first research question, we first compared the three attachment style groups (secure, anxious, and avoidant). The ANOVA did not reveal any significant differences in such tendencies among the groups,  $F(2,92) = 1.893$ ,  $p = 0.156$ . Next, we compared secure and insecure individuals. Results of the independent samples *t*-test indicated that the groups did not differ in their tendencies to engage in sexually-risky behaviours,  $t = -1.665$ ,  $df = 95$ ,  $p = 0.099$ .

Questions about PrEP use did not receive enough responses to be analyzed. Only seven participants out of 97 indicated that they were taking the preventive medication (roughly 7.22% of the sample).

## **2.5 Discussion**

The results of the qualitative part of the study provided valuable insights into the phenomena explored in the initial literature review, the characteristics of attachment styles, and the application of attachment theory to practice in clinical settings when working with clients.

Some of the themes were consistent with previous research. The importance of early life events is hard to deny, as explored in the current study and the extensive body of research on attachment theory. The idea behind adult attachment theory is Bowlby's continuity hypothesis (1988). According to this hypothesis, the infant forms a set of expectations about self and role in interactions with others while interacting with the caregiver. The research results suggest yet another way of conceptualizing the manifestation of insecure attachment. According to the clinician interviewed for this thesis, the relationship between an infant and a caregiver (if the primary caregiver is a biological parent) may begin before birth. Parental attitudes towards the unborn child may influence future relationships and attachment as they are mediated by hormonal, neurological, psychological, and behavioural responses. In addition, the first contact between a caregiver and an infant during the sensitive period of the first seven to nine months of life, when the specific attachment is formed (Schaffer & Emerson, 1964), can be seen as a reason for the increased interest in adopting newborn babies. Furthermore, insecure attachment disrupts the individual's connections at three levels: interactions with self, significant others, and the world. To illustrate, an individual who has formed an insecure attachment style as a result of his or her interactions with a primary caregiver will be anxious and self-deprecating, will have difficulty opening up to people and forming trusting relationships with those around them, and will view the world as a generally dangerous place. Such manifestations of anxious attachment are likely to be validated at all three of the aforementioned levels; thus, the individual will continue to reconfirm maladaptive views of self, others, and the world.

Other themes that deserve attention related to adult romantic interactions and sexual behaviour. A large part of the interview was a discussion about how to identify a client's attachment style and how it affects their relationships.

First, avoidant individuals have been described as having a 'trust no one' attitude, as they shut down and begin to distance themselves once their interactions reach a certain emotional depth. The literature review revealed a common layperson debate about

whether avoidant individuals experience love. According to the clinician, the question needs to be reframed as whether avoidant individuals remain in trusting relationships that facilitate their safe exploration of their partner and relationship, and whether their partner accepts non-verbal (and sometimes less vibrant or numerous) signs of affection. According to Fraley (2018), adult attachment theory assumes the exact underlying mechanisms responsible for forming initial attachment in infancy. Similar to the adult debate, it has been confirmed that avoidant children show a similar physiological response to separation as their non-avoidant counterparts despite their untroubled appearance. However, although adults may show a similar response, the underlying mechanism appears to be more complicated (Davis et al., 2006; Birnbaum et al., 2006; Zheng et al., 2015).

Several researchers have explored the ambiguous pattern that avoidant individuals show when it comes to sexual interactions: either they engage in excessive emotionless premature sex or avoid sexual interactions at all costs (Schachner & Shaver, 2004). The qualitative findings confirmed that unemotional premature sex is often associated with a reduced sense of intimacy, a mechanistic view of sex, and risky sexual behaviours to suppress emotional and physical intimacy anxiety. Although the mean response on the SRBS scale of avoidant individuals in this study was higher than that of other groups, the results were not statistically significant. Therefore, no conclusion can be drawn.

Second, attachment-anxious individuals were described by the interviewee as nitpickers as children and as adults driven by anxiety to find reassurance of closeness with their partners. The findings are consistent with previous research. The clinician suggested an illustration for their relationship satisfaction: it peaks during sexual intercourse and diminishes over time, reaching a negative point before the subsequent intercourse, forcing them to seek another sexual reconfirmation of closeness with their partners. This tendency can be explained by a negative correlation between relationship satisfaction and anxiety in attachment-avoidant individuals and their partners, as Birnbaum et al. (2006) explain.

Third, individuals with disorganized attachment styles deserve special attention, as they score high on both anxiety and avoidance dimensions. It is commonly believed that the disorganized attachment style is formed in infants whose parents display “frightening and frightened parental behaviour” (Main & Hesse, 1990). The clinician explained how such parental behaviour manifests itself in real life: disorganized attachment develops

when parents display inconsistency in their behaviour: first, they discipline their children and then comfort them in response to distress. Such drastic inconsistencies force an infant to rely on and love the parent it fears and to fear the parent it loves. Such extremes are mirrored in their adult romantic relationships, as they oscillate between intense adoration and loathing or ignoring their partners. In addition, the interviewee mentioned that individuals with disorganized attachment may have the most vibrant and exciting sexual lives because of their impulsivity and tendency to push personal and partner boundaries. It is important to note that this sexual excitement is only for themselves, as their partners may often feel abused or dissatisfied. These sexual tendencies were also examined by Zapf et al. (2008), who concluded that attachment-disorganized individuals have a higher tendency to have sexual addictions (44%) compared to other groups.

Finally, secure individuals are commonly conceptualized as individuals who score low on avoidance and anxiety and tend to be more satisfied with their relationships and sex lives: they seek long-term relationships and are “less likely to use sex to manipulate others or feed their egos” (Attachment Project, 2020). According to previous research (Bogaert & Sadava, 2002; Davis et al., 2006; Kobak & Hazan, 1991) and this study, secure individuals possess several qualities and abilities that enable them to maintain healthy, long-term relationships and fulfilling sex lives. Higher levels of sexual restrictiveness (fewer fantasies about someone other than their partner), trust and communication skills are among the most valuable factors. According to the clinician interviewed, couples who can communicate openly about their relationship, sex life, and sexual desires without fear of judgement or rejection are likelier to maintain higher levels of relationship satisfaction.

Several scholars have argued that attachment style is not a final verdict and can be changed if adequately addressed. Davila et al. (1999) claimed that over time, with some individual differences, married people tend to increase their attachment security. Individuals tend to learn more about each other and feel more comfortable while showing a decrease in feelings of abandonment. Furthermore, the vast majority of studies reviewed in the initial literature review indicate a low to moderate correlation between the initial infant-caregiver attachment and the attachment to a romantic partner. The reduced correlation can be seen as a result of the complexity and increasing number of meaningful attachments with age and the tree-like hierarchical formation of attachments (Collins & Read, 1995). Alternatively, it can be suggested that attachment is not the only thing that

comes into play in relationships. This confirms the idea, explored in the interview, that human phenomena are far too complex to be explained by one particular theory; various components need to be considered holistically.

The data collected in the quantitative research was not statistically significant enough to reject the null hypotheses. One of the limitations of the study is the use of convenience sampling. Using larger samples of adults from different social and professional backgrounds could help increase the internal and external validity of the study. Although each scale used in the research showed good psychometric properties in previous research (Adult Attachment Scale  $\alpha = 0.82$ , SOI  $\alpha = 0.75$ , SRBS  $\alpha = 0.76$ ), Cronbach's alpha in this study was very low (SOI  $\alpha = -0.16$ , SRBS  $\alpha = 0.27$ ). There could be several reasons for this: low test validity or problems with data collection. For future research, it is advisable to use well-established, cross-culturally validated questionnaires and recruit a more extensive and more diverse sample. In addition, the sample lacked face validity - indeed, heterosexual respondents made up less than a fifth of the sample (18 individuals), with the rest being LGBTQ+ individuals. This goes against a basic understanding of the characteristics of the population. The test was distributed through personal connections in the administration of Karaganda Medical University, and it is possible that human participants did not fill out the questionnaire, but instead, AI techniques were used to save time and resources. Alternatively, it is possible that researcher bias came into play: it is possible that the questionnaire was indeed distributed to students, but knowing the researcher, LGBTQ+ students were more likely to respond.

Regardless of the explanation, no further examination of the data was carried out. However, it would be interesting to examine correlations among attachment styles, gender, attitudes towards sex, and sexually-risky behaviours. It is also advisable to add questions on country of origin and current place of residence as further demographic variables to explore geographical relationships. It is also of great interest to study the impact of reducing the risk of HIV transmission on increasing the tendency to engage in risky sexual behaviour in insecure attachment groups.

Lastly, future research could focus on the impact of globalization and cultural differences on attachment styles and relationship outcomes. In addition, it is advisable to examine how attachment styles vary according to geographical region, the geopolitical situation in the region, and the historical background of the region and the family.

### III CHAPTER: CONCLUSION

Attachment theory is undoubtedly one of the most discussed and researched areas in relationship creation. According to the theory, a child's perception of a parent's ability to understand, anticipate and effectively meet the child's needs becomes a template for how the child perceives and responds to future social interactions. Adult attachment theory suggests that the attachment formed with a primary caregiver in childhood influences how a person behaves in adult romantic, sexual, and parent-child relationships. Therefore, understanding the specifics of one's attachment patterns is one of the critical components in helping individuals form healthy and lasting relationships with themselves, significant others, and the world.

The study provided insights into the characteristics of attachment styles, their longitudinal manifestations as romantic and sexual behaviour, and the application of attachment theory in clinical settings when working with clients. Due to several potential sampling problems, the quantitative part of the research could not answer the research questions. However, if adequately replicated, the study has the potential to explore the real-life component of attachment phenomena.

Insecure attachments disrupt individual connections at all three levels, making it difficult to see themselves positively, complicating open and trustworthy communication with others, and forcing individuals to perceive the world as a hostile environment. Attachment security was argued to have significant positive effects on individuals' romantic and sexual lives, mediated by increased sexual restrictiveness, trust and open communication. However, the study showed that attachment styles are not a final judgement and that everyone has the chance to calibrate their behaviour and views, given enough effort. Furthermore, attachment is only one piece of the jigsaw puzzle of human complexity; therefore, it is advisable not to focus on attachment alone but to consider multiple factors holistically.

The practical application of adult attachment theory can potentially improve people's romantic and sexual lives. However, it deserves more scientific attention to disentangle the effects of distal and proximal stressors on human development.

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## APPENDIX A

### Structured interview questions

1. Please introduce yourself, your background, experience and qualifications.
2. How long have you been practising psychiatry and private psychotherapy?
3. Could you please share your thoughts on the nature versus nurture debate?
4. Could you please give your views on attachment theory? How reasonable is it to assume that such distal events as an infant's attachment to a parent can have such long-lasting consequences in adulthood?
5. How would you reflect on the importance of attachment theory in your clinical practice?
6. Could you please share some thoughts about disorganized attachment and how it differs from other insecure styles?
7. Could you please share some thoughts on disorganized attachment and how to differentiate it from other insecure styles?
8. Now that you have identified your client's attachment style, what's next?
9. How important is it for your patient to know their attachment style? Is it something imperative "must know," or is it optional "good to know and move on"?
10. Let's start with relationships. Secure people have the most stable relationships: myth or truth?
11. Attachment security is a prerequisite for marriage: common misconception or not?
12. Attachment-secure people make up almost 60% of the population. How do you spot them in the crowd and stop being security-blind?
13. How would you rate the distribution of attachment styles in your clientele?
14. Urban debate discovered during literature review - avoidant individuals do not experience love. What are your thoughts on this?
15. Now about sex: which style has the most vibrant sex? Who has the "healthiest" sex? Is it possible to combine this "liveliness" with physical and mental benefits?
16. Could you please share your thoughts on avoidant individuals? Why such extremes: either early and excessive sexual experiences or lack of them?
17. Sex as manipulation: avoidant and anxious sex as two sides of one manipulation?
18. What would be a recipe for great sex from the position of attachment theory?
19. What would you highlight as gaps in research?
20. How would you describe the geographical distribution of attachment styles among your clients?

## APPENDIX B

**Table B1**

**Binomial Test**

Variable	Level	Counts	Total	Proportion	p
Gender	Female	52	97	0.536	0.543
	Male	41	97	0.423	0.155
	Non-Binary.	3	97	0.031	< .001
	Other	1	97	0.010	< .001
Age group	18-19	31	97	0.320	< .001
	20-24	37	97	0.381	0.025
	25-29	28	97	0.289	< .001
	30+	1	97	0.010	< .001
Education	Bachelor's	53	97	0.546	0.417
	Doctorate	25	97	0.258	< .001
	Master's	19	97	0.196	< .001
Relationship	Dating Exclusive	67	97	0.691	< .001
	Dating Open	19	97	0.196	< .001
	Divorced	1	97	0.010	< .001
	Married	4	97	0.041	< .001
	Single	6	97	0.062	< .001
Orientation	Bisexual	24	97	0.247	< .001
	Heterosexual	18	97	0.186	< .001
	Homosexual	30	97	0.309	< .001
	Pansexual	25	97	0.258	< .001
Parental	Divorced	36	97	0.371	0.014
Marital Status	Married	30	97	0.309	< .001
	Separated	31	97	0.320	< .001
Attachment style	Anxious	36	97	0.371	0.014
	Avoidant	17	97	0.175	< .001
	Disorganized	2	97	0.021	< .001
	Secure	42	97	0.433	0.223

*Note.* Proportions tested against  $p = .05$ .

APPENDIX C

Figure C1

Sociosexual Orientation Inventory



Figure C2

The Sexual Risk Behaviours Scale

