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## Let's Talk About Sex: Sexual Health and Communication in Romantic Partners Based on Attachment Style

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**Let's Talk About Sex: Sexual Health and Communication in Romantic Partners  
Based on Attachment Style**

A Thesis

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College of Liberal Arts and Sciences

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In Partial Fulfillment

of the Requirements for Graduation Honors

Elizabeth Grace Davis

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## Abstract

Though research has explored the domain of attachment style in regards to romantic relationships and sexual behavior, little has been done to connect the two areas of study. Studies indicate that an individual's attachment style can influence their level of sexual intimacy (Hazan & Shaver, 1987; Feeney & Noller, 1990; Bogaert & Sadava, 2002; Gentzler & Kerns, 2004; Birnbaum et al., 2006) as well as their sexual health behaviors (Gentzler & Kerns, 2004; Davis et al., 2006; Butzer & Campbell, 2008). However, the current literature has not examined these findings in light of other variables that influence sexual satisfaction, sexual behavior, and the quality of romantic relationships: sexual communication, or conversations about sexually based matters. The present study explored the relationship between three areas of study: attachment style, sexual communication, and sexual health. Data was collected from 243 college-aged individuals in romantic relationships at a Midwestern undergraduate institution. Participants responded to an electronic questionnaire inquiring about demographic and relationship information, sexual behavior, sexual health information, and sexual communication, and completed measures to determine their communication and attachment styles. Significant relationships were found between overall communication, sexual health behavior, sexual satisfaction, and sexual communication. Participants were significantly different in their overall communication, according to their attachment style scoring. Suggestions are made for couples therapists and peer educators on how to inform therapy and wellness intervention approaches to accommodate differences in attachment style, so that individuals are empowered to improve their sexual health and improve sexual and relationship satisfaction.

*Keywords:* attachment style, romantic relationships, sexual health, sexual communication, communication

## Let's Talk About Sex: Sexual Health and Communication in Romantic Partners Based on Attachment Style

As humans, our existence is solidified by the formation of intimate, affectionate bonds with others. From infancy, where we connect on an emotional level to our caregiver through their responsiveness, consistency, and affection, to our adult years, where we forge bonds of love and self-sacrifice with our romantic partners, the ability to form relationships is essential to survival. It is not just our need for a relationship that makes us who we are—it is the fact that our early experiences mediate later development in a meaningful way. Recent interest in how early experiences influence romantic relationships is useful to examine in relation to sexual experiences in the adolescent and adult years. While attachment style measures have been looked at in regards to features of romantic relationships and sexual activity, rarely have these studies been combined with other aspects of relationships, like communication, or of sexual experiences, like sexual health. Can relationships forged with a caregiver have manifestations in intimate relationships down the road? If so, how do features of relationships like communication and sexually based interactions influence this model?

### **Attachment Styles**

Prior to the mid-twentieth century, the idea of infant-caregiver relationships impacting individuals later on in life had been discussed (Bowlby, 1969) but not necessarily researched. World War II had brought on a host of children living without a parent or a primary caregiver in the home, and psychiatrists like John Bowlby were asked to comment on how parental involvement plays into child development (Bretherton,

1992). Bowlby's ideas about the impact of the loss of a parental figure on later personality were well regarded and well published in his numerous works. However, prior to the pioneering work of Ainsworth, Blehar, Waters, & Wall (1978), no researcher had successfully operationalized the theory of attachment and provided a consistent and meaningful way of measuring the impact of infant-caregiver relationships.

The work of Ainsworth et al. (1978), using the Strange Situation paradigm, revealed three distinct patterns of attachment between infants and their caregivers: secure, anxious, and avoidant. Unlike other researchers, Ainsworth chose to focus on the behavioral patterns evident in a certain context, rather than the general frequencies of a specific behavior (Bretherton, 1992). The focus of the Strange Situation paradigm was the reunion point: when infants and caregivers were reunited, how did the child respond? The unique patterns of behavior presented at this reunion point, which demonstrate the representation the child has of their caregiver (Main, Kaplan, & Cassidy, 1985), were of great interest to Ainsworth and her colleagues. Secure infants, often raised by a caregiver who is present, responsive, and consistent, function smoothly in both the presence and absence of the caregiver. Anxious or ambivalent infants routinely protest when separated from their caregiver, often through vocalizations, crying, active searching, and resistance to consolation. Finally, avoidant attachment is presented in an infant as detachment—a disregard for the presence of the caregiver upon his or her return (Hazan & Shaver, 1987).

The work of Bowlby, Ainsworth, and others set the stage for current research investigating the manifestations of infant-caregiver relationships at all points throughout development and examining the continuity of attachment (Feeney & Noller, 1990). A



survey of the literature estimates that of infants involved in attachment studies, 62% are secure, 23% are avoidant, and 15% are anxious (Campos et al., 1983). While categorizing infants as secure, anxious, or avoidant provides a meaningful description of their behavior at reunions with their caregiver, describing other behaviors, lifestyle choices, personality traits, and risky choices as they relate to an individual's attachment profile is also important. Current research indicates that classifications of attachment style in early infancy are consistent with measures of adult attachment style taken twenty years later (Waters et al., 2000). This being so, it is worthwhile to expand studies of attachment style from infancy to adulthood to explore the influence of attachment style on a number of different processes and experiences.

### **Foundations of Attachment Styles and Their Influence at an Early Age**

Before narrowing the focus to examine the literature on romantic relationships, sexual development, and sexual activity as a function of attachment style, it is essential to grasp the theoretical basis of attachment styles in the early years of life, beginning with infancy. The driving force behind attachment theory as a predictor of social interaction is the idea that the infant-caregiver relationship leads to the production of internal representations that are extraordinarily stable throughout the lifespan (Fraley & Shaver, 2000) but that manifest themselves in different ways. Hazan and Shaver (1987) postulate that infants and children use the responses and attentiveness of their caregiver to form a working model of their own self-concept and their concept of others. Infants that are attended to promptly and consistently perceive their external caregiver as a source of trust and compassion. However, inconsistent or negative responses from an infant's caregiver

can instill qualities of avoidance and anxiety regarding the caregiver and other individuals in the environment. In other words, attachment styles influence the internal models of children constructed during social development. The security that children derive from their caregiver provides the foundation for social exploration and peer relationships, which can include romantic relationships in adolescence and adulthood (Fraley & Davis, 1997). The influence of attachment in infancy spills over to produce typical patterns of interaction with others throughout the toddler years and beyond (Simpson, 1990) by creating mental models of frequently encountered individuals (Hazan and Shaver, 1987). However, these mental models do much more than just influence the patterns of children's behavior. They also modulate language, thought processes, structures of mind, and social functions throughout the lifespan (Main, Kaplan, & Cassidy, 1985).

Attachment theory reflects the development of intimate, affectionate bonds with others (Feeney & Noller, 2004). These intimate, affectionate bonds are a feature of the human condition across the lifespan. Though it was an idea first proposed by psychoanalytic Sigmund Freud, attachment theorists have come to agree that relationships across the lifespan are similar (Waters & Cummings, 2000). Commonalities exist between early relationship patterns forged in infancy and those relationships that do not develop until later (Waters et al., 2000). Therefore, the relevance of attachment style through many stages of life can be accounted for by the overarching theme that early experiences mediate later development (Waters & Cummings, 2000). We now turn to what the current literature says about sexual activity, romantic relationships, and sexual health and their relationships with attachment styles.

## **Sexual Activity and Attachment Styles**

**Why study sexual activity?** It is a bold statement but an undeniable fact that humans are innately sexual beings. From an evolutionary perspective, it is essential that members of a species reproduce to pass on their genes and ensure the survival of the species. However, researchers have chosen to focus less on the evolutionary factors driving sexuality and instead explore the numerous biological, physical, emotional, social, and spiritual facets that comprise sexuality and reproduction. Sexuality incorporates the processes of attraction, romantic love, and sexual behavior (Miller & Benson, 1999), and an in-depth look at sexuality, as expressed via sexual behavior, can increase our knowledge about the other two processes.

As exploration of sexuality becomes more common, increased research regarding sexual activity and attitudes has focused on adolescent, young adult populations, and often college students (Arnett, 2000; Lefkowitz, 2005; Lemer, Blodgett, & Benson, 2013). This transitional period, with individuals shifting from their parents' home to the college campus, allows for identity exploration, which includes the areas of social, moral, emotional, and sexual development (Arnett, 2000). Additionally, sexual health research has been focused on individuals of these ages, because of the increased risk for HIV/AIDS in these groups (Gardner & Wilcox, 1993). It is interesting to note the prevalence of high risk behaviors engaged in by these groups including: unprotected sex, not using contraception, having a large number of sex partners, and using substances like alcohol when sexually active (Desiderata & Crawford, 1995). Incidence of high-risk sexual behavior appears to be increasing (Maticka-Tyndale, 1991) and is more common on college campuses perhaps due to a different set of norms (Chng & Moore, 1994). To

best understand the development of sexual behavior in adolescence and adulthood, it is essential to have a framework of the influence of attachment style throughout sexual development.

**The beginnings of sexual behavior** It is thought that exposure to a secure parenting and caregiving behavior style in the first five to seven years of life sets the stage for sexual development and shapes the individual's future reproductive habits (Del Giudice, 2009). This makes sense, as there are a number of behavioral similarities between actions in the infant-caregiver relationship and in sexual behavior (Hazan & Zeifman, 1994). Intimate skin-to-skin contact, prolonged embraces, hushed tones, and security or trust demonstrated through physical contact are all features evident in infant-caregiver relationships and sexual partner relationships. The style an individual is exposed to shapes not only their social behaviors and interactions with peers, but also the cognitive components of their sexual development and their reproductive strategies. While Del Giudice (2009) attributes the first five to seven years of life as a critical period for parental caregiving behavior to mediate healthy sexual development, adolescence is also an important time where attachment theory comes into play. What may be interpreted as "teenage angst" might actually be the handing off of attachment related functions from parents to peers (Fraley & Davis, 1997). As adolescents spend more time with peers, they utilize others their age as sources of support, intimacy, and encouragement, and not just entertainment, amusement, or relief from boredom (Tracy et al., 2003). The solidification of attachment in peers as an adolescent utilizes the same set of behaviors in infancy (Fraley & Davis, 1997). Not surprisingly, this transition from parental attachment to peer attachment is smoother with securely attached individuals

(Fraley & Davis, 1997). In contrast, anxiously attached individuals are overwhelmed with fear of societal rejection from peers (Tracy et al., 2003).

In terms of sexual activity during the adolescent years, infatuation is prevalent—“crushes” on peers, friends, older students, teachers, and famous figures. Though the specific role of these “crushes” is not known (Shaver, Hazan, & Bradshaw, 1988), this infatuation stage is mainly sexual in nature (Johnson & Zuccarini, 2010). Sexual activity during adolescence is powerfully driven by the influence of peers and the fact that sexual exploration and activity in adolescence is especially significant and memorable (Tracy et al., 2003). Much of sexual infatuation and exploration of others involves intimate touch, whether it is holding hands, an arm around the shoulders, or exploration of erogenous zones. Brennan, Clark, & Shaver (1998) discuss how this could be troubling for avoidant individuals, who exhibit a touch deficit—an unwillingness and hesitation to initiate or respond to intimate touches. On the other hand, anxious individuals report intimate touch as a strengthening factor in their sexual activity. This physical contact, for anxious individuals, acts almost as a “safe haven” or a reminder of the security they’ve attributed to their attachment object (Brennan, Clark, & Shaver, 1998). While this intimate touch is equally important for secure and anxious individuals, it appears to be a behavior practiced by anxious individuals who seek a source of safety through their sexual exploration of their peers.

One of the most defining sexually based memories or experiences of adolescence is the initial sexual activity of individuals. Early dating relationships, whether they are stable or not (Bogaert & Sadava, 2002), predict an earlier introduction into the world of sexual activity (Brooks-Gunn & Furstenberg, 1989). How does this correlate with

attachment theory? Both anxious and avoidant individuals fall in the collective category of those with insecure, weak bonds formed in infancy, a key predictor of early sexual behaviors (Bogaert & Sadava, 2002) in dating relationships. Anxious women are more likely to enter into a dating relationship at an early age and utilize sexual activity to eliminate insecurities regarding their physical attractiveness (Bogaert & Sadava, 2002). These individuals also report being in love the most number of times as an adolescent (Tracy et al., 2003) perhaps due to the number of dating relationships during their teenage years. On the other hand, avoidant individuals report a higher likelihood of sexual activity in adolescents (Bogaert & Sadava, 2002), perhaps to impress their peer group (Butzer & Campbell, 2008).

Attachment theory also has great potential for informing researchers about loss of virginity in adolescents. First, the closer the relationship between the adolescent and parental figures, the later they are expected to lose their virginity (Brooks-Gunn & Furstenberg, 1989). In light of what is known about attachment, this points to those with the secure style as being less likely to lose their virginity in adolescence. Indeed, college students who have never “hooked up” or who believe that sex is acceptable only within the confines of a stable romantic relationship are generally also secure individuals (Gentzler & Kerns, 2004). On the other hand, loss of virginity at a young age for women is correlated with anxious attachment, perhaps as a result of insecurity-driven sexual activity discussed previously (Bogaert & Sadava, 2002). For some avoidant individuals, the manifestations of their infant-caregiver relationship may present themselves through a loss of virginity at an older age, due to distancing one’s self from intimacy (Bogaert &

Sadava, 2002), while others engage in frequent, non-committed sex (Butzer & Campbell, 2008).

**Adult sexual activity** While the adolescent years are teeming with exploration of self and others, initial sexual activity, and perhaps the loss of virginity, as an adult, an individual's role is to develop, maintain, and integrate the three behavioral systems underlying future success as a reproductive individual: attachment, caregiving, and sexuality (Hazan & Shaver, 1987; Johnson & Zuccarini, 2010). Adult romantic love embodies the successful integration of these three systems, but only attachment mediates the integration (Hazan & Shaver, 1987). Much of sexuality in the adult lifespan involves transferring attachment from peers to a romantic partner (Tracy et al., 2003), which is thought to only occur after two years in the context of a close relationship (Fraley & Davis, 1997), throughout which sexual behavior may vary.

The sexual behavior of adults is often studied in order to explain why individuals engage in risky sexual activity, such as promiscuity, lack of contraception use, and casual sex (Gentzler & Kerns, 2004; Davis et al., 2006; Butzer & Campbell, 2008). The motives for casual sex and the predictors of promiscuity in adults are two questions for which attachment theory has great potential to explain. Can attachment style predict number of sexual partners and views on casual sex? The literature says it can. Based on self-reported measures, secure individuals indicate a markedly lower number of sexual partners (Gentzler & Kerns, 2004), indicating less casual sex or one-night stand encounters (Butzer & Campbell, 2008). While secure individuals may not sleep around as much as others, they report positive sexual experiences and appear very open to exploration of new types of sexual activity (Butzer & Campbell, 2008). Perhaps secure individuals'

meaningful, supportive, consistent relationships with caregivers make them more likely to initiate sexual relations only with partners that might be this sort of caregiver to their potential offspring, and who will be open to their preferred level of sexual activity. On the other hand, avoidant individuals report approval of promiscuity in others (Brennan, Clark, & Shaver, 1998), and they themselves choose to have sex with lots of uncommitted, non-intimate partners (Davis et al., 2006). These adults prefer to be emotionally and psychologically detached and independent from any sexual partner, and therefore choose to either have little sex or mostly uncommitted sex where no emotional investment is required (Bogaert & Sadava, 2002; Butzer & Campbell, 2008). It appears that this is an efficient short-term mating strategy, influenced by the indifferent and often unresponsive caregiving style exhibited in infancy by their caregiver (Bogaert & Sadava, 2002). Finally, adults who are characterized by a pattern of anxious attachment may chose to practice casual sex that becomes not so casual at all. Anxious individuals desire to maintain close proximity to attachment objects, and use intimate relations with strangers or acquaintances to increase their proximity and reduce insecurity regarding attractiveness (Bogaert & Sadava, 2002; Butzer & Campbell, 2008). Casual sex may be more amenable to anxious individuals, who are paralyzed with fear regarding frank discussions of sexuality and are more restrictive about the sexual behaviors they will be a part of (Butzer & Campbell, 2008). Potentially uncomfortable conversations of a sexual nature or a partner's pressure for them to step outside their sexual boundaries can be avoided with uncommitted sexual encounters. However, the sad truth of this behavior pattern is that anxious individuals are less likely to practice safe sex and tend to engage in



less consensual sex (Gentzler & Kerns, 2004), two very risky behaviors that are predicted by the attachment theory model of sexual behavior in adults.

### **Romantic Relationships and Attachment Styles**

**Sexuality, relationships, and attachment styles** It is a well documented point in attachment theory literature that infant-caregiver relationships and romantic relationships have the same biological underpinnings (Fraley & Shaver, 2000). Attachment theory is a rich foundation off of which theories regarding romantic relationships and attachment in adulthood can be constructed (Shaver, Hazan, & Bradshaw, 1988). Romantic love is an evolutionarily selected process to facilitate attachment formation between two sexual partners who can then provide reliable care to an infant (Hazan & Shaver, 1987). Therefore, it is essential to look at the influence of attachment style on sexual behavior in the context of a committed romantic relationship.

For secure individuals, the concepts of trust, friendship, enduring love, and reliable kindness and support contribute to a positive sexual relationship (Hazan & Shaver, 1987; Shaver, Hazan, & Bradshaw, 1988). Attachment and care develop together throughout the duration of the romance (Shaver, Hazan, & Bradshaw, 1988). High self-esteem and a general feeling that one's partner appreciates and likes the relationship produce positive, mutually initiated sexual experiences in a romantic relationship (Feeney & Noller, 1990; Butzer & Campbell, 2008). However, avoidant individuals fear intimacy and instead of seeking their partner out for trust and support, they shy away from closeness (Hazan & Shaver, 1987; Butzer & Campbell, 2008). These individuals report less satisfying and pleasurable sexual relationships, increased distance from sexual

encounters with their partner, and limited intimate contact, but do not believe they need their partner to be happy (Hazan & Shaver, 1987; Feeney & Noller, 1990; Birnbaum et al., 2006). Anxious individuals, on the other hand, report a preoccupying and painful obsession with love, romance, and their partner. They fall in love easily and are overwhelmingly dependent and desirous of commitment. Though passion and sexual attraction abound and intimate behaviors are abundant, anxious individuals report an overwhelming amount of self-doubts (Hazan & Shaver, 1987; Feeney & Noller, 1990; Gentzler & Kerns, 2004). Since attachment theory focuses on the influence of *internal* working models of the self, a key process needed for relationships, perhaps self-esteem and self-concept can account for the varying views and behaviors exhibited in the context of a sexual, romantic relationships for adults (Feeney & Noller, 1990).

**Relationships and sexually based communication** Communication about sexual encounters is essential to a healthy sexual relationship. Some have argued that it is essential to the proper development and continuation of a satisfying sexual relationship (MacNeil & Byers, 2005). Current research in the field demonstrates that increased sexual communication is associated with greater sexual satisfaction (Byers & Demmons, 1999; Sprecher, 2006) and greater overall satisfaction (Banmen & Vogel, 1985) in intimate relationships. However, this sort of communication can be extraordinarily sensitive for some couples, as discussing sexual matters inherently involves being vulnerable (Montesi et al., 2013).

Limited communication can keep partners from feeling fully satisfied, push past boundaries, or lead to tension between intimate partners. Furthermore, partners that do not communicate may be at a greater risk for contracting sexually transmitted diseases

and HIV, or having an unplanned pregnancy (Edgar & Fitzpatrick, 1993). Additionally, inclusion of factors that decrease communication can lead to negative consequences. For example, alcohol may reduce judgment about sexual encounters and limit open, forthright communication (Desiderato & Crawford, 1995) about sexual matters, leading to partners going further than they intended to.

Though the area of sexual communication is rich with implications for those engaging in any sort of sexual activity, the literature from the fields of sexuality and communication hugely ignores the area of this type of communication (Edgar & Fitzpatrick, 1993). Work on communication of a sexual nature is needed to explore how this can affect sexual behavior outcomes.

### **Thesis Statements and Hypotheses**

Attachment theory is grounded in how the development of intimate, affectionate bonds with others (Feeney & Noller, 2004) is similar across the lifespan (Waters & Cummings, 2000). Early experiences mediate later development (Waters & Cummings, 2000) as well as mediate social functioning throughout the lifespan. Attachment and sexuality are two systems mutually influenced by each other, with processes like sexual exploration, sexual activity, and love appearing to be strongly influenced by early caregiving experiences (Fraley & Shaver, 2000). However, the mechanism for this is yet to be determined, as there is a unique and complex interplay between sexual behavior and attachment. Sexual identity itself is shaped by attachment events (Johnson & Zuccarini, 2010), perhaps indicating that emotional intimacy is a pre-requisite for physical intimacy later on down the road (Gentzler & Kerns, 2004). On the other hand, sexual attraction, intimacy, and sexual behavior appear to increase attachment formation with a similar

neurochemical pattern (Hazan & Zeifman, 1994; Fraley & Shaver, 2000). Sexual responses are a powerful indicator of the quality of romantic relationships (Johnson & Zuccarini, 2010), which may imply that the strength and quality of attachment formation is due to sexual behavior.

With a solid foundation of literature connecting sexuality, sexual activity, behavior in romantic relationships, and attachment style, it is important to dive further into this relationship and explore what factors influence this model. As noted earlier, the literature largely ignores the concept of sexual communication despite its relevance to sexual activity and sexual health behaviors. Perhaps incidence of sexual communication is explained by an individual's attachment style, and this has implications for frequency and satisfaction of sexual activity. Additionally, the overall communication of individuals is a potential mediator of the influence of sexual communication, and is a valuable area of analysis. The current study seeks to address the gaps in previous literature and tie together the areas of attachment style, sexual activity, and sexually-based communication in the context of romantic relationships. Based on previous literature, we hypothesize:

1. Individuals differ on measures of sexual health based on their attachment styles, with secure individuals indicating higher levels of sexual health.
2. Higher levels of sexual satisfaction are correlated with a secure attachment style and higher frequency of sexual communication.
3. Partners' willingness to communicate about sexual matters is associated with their overall levels of communication.

4. Overall levels of communication are affected by attachment style, with secure individuals having higher levels than anxious individuals, and anxious individuals having better communication than avoidant individuals.

## Methods

### Participants

Individuals in committed romantic relationships ( $N=243$ ) at a Midwest liberal arts undergraduate university participated in an electronic questionnaire over a two-week period. Respondents illustrated the diversity of the gender spectrum, indicating male ( $n=38$ ), female ( $n=203$ ), transgendered female ( $n=1$ ), and other ( $n=1$ ) genders. This study included college age students ( $M=19.90$ ,  $SD=1.63$ ) recruited via a research participation system, Sona Systems, or through advertisements in university-specific social media locations and online announcement portals. A total of 383 individuals responded to the online questionnaire, but a number of files were discarded due to partial completion ( $n=138$ ) or an age greater than three standard deviations above the mean ( $n=2$ ). Regardless of inclusion in the final data set, no identifying personal information was recorded, and all participant information was assigned a randomly generated participant number to keep information confidential and anonymous. The undergraduate university's Institutional Review Board approved the study and informed consent was required prior to participation, in compliance with institutional research standards for human research and the Helsinki Declaration.

## **Procedure**

If a participant was recruited through the institution's Sona Systems webpage, they first signed up on the website and then received a link to participate through the system. If a participant learned about the study via word of mouth or online postings, they received the direct link to the survey. Though the researchers were aware of the identities of individuals who signed up through Sona Systems, no identifying information was collected to confirm their inclusion in the final data set or match their responses to completed questionnaires. Upon beginning the questionnaire, participants were provided an electronic informed consent document and asked to select "agree" to indicate their informed consent to participating in the study. Those that did not wish to consent to the study were instructed to close their browser window. Following consent, an electronic questionnaire was made available to the participants that contained the following subsections: demographic information, sexual activity, sexual health, sexual communication, communication style, and attachment style. The sections were titled with a non-descript header, i.e. "Section A." A copy of the questionnaire is provided in Appendix A.

## **Measures**

*Demographic and relationship characteristics* Demographic and relationship information on our participants was collected via inclusive multiple-choice measures. Variables of interest included age, gender, sexual orientation, and gender of partner. Responses for gender and gender of partner included transgendered options.

***Sexual activity*** Current and past sexual activity with the participant's current romantic partner was collected. These questions allowed for classification into three main groups: currently sexually active; previously sexually active, but not currently; and not sexually active. This made it possible for participants who had never been sexually active with their current romantic partner to be removed from particular analyses.

***Sexual health*** Data on participant's level of sexual health and risky sexual behavior was collected. Variables of interest included frequency of contraception use, types of contraception used, sexually transmitted disease (STD) status, history of STD diagnosis, history of STD testing, and reasons for STD testing. Frequency of contraception use was measured on a 5-point scale (1 = *always* and 5 = *never*). Based on patterns of contraceptive use, participants were labeled as participating in risky sexual activity or not participating in risky sexual activity. Those who indicated they are sexually active with no contraception or with the withdrawal method were labeled "risky" for our analyses.

***Sexual satisfaction and communication*** The level of openness and communication about sexual acts was explored in this section. Variables of interest included self and partner satisfaction about sexual experiences, frequency and content of pre-coital communication, and frequency and content of post-coital communication. Satisfaction was measured on a 5-point scale (1 = *very pleased* and 5 = *displeased*), and frequency of communication was measured on a 5-point scale (1 = *always* and 5 = *never*). For questions asking about the content of communication, a handful of choices were presented, and participants were provided the option to type in other answers. Three key aspects of sexual communication—the frankness, honesty, and seriousness of

discussion—were specifically asked about and were quantified on a 5-point scale (1 = *very frank/honest/serious* and 5 = *very reserved/dishonest/playful*).

**Communication style** Additionally, the questionnaire included items about general communication between the participant and their partner. Variables of interest included openness to communication in general emotional or behavioral states of the partner, including when the partner was unfaithful, rude, quiet, or dishonest. Additionally, openness to communicate was measured in specific scenarios, such as when the partner didn't follow through, during a fight, when one partner wants sex and the other does not (and vice versa) or when the partner changes plans suddenly. All these scenarios were presented with a 5-point scale (1 = *very comfortable* and 5 = *very uncomfortable*) about their level of comfort in communicating with their partner in that particular scenario. Finally, participants were asked to select 5 words from a provided list of adjectives to describe the way they communicate, as well as 5 words to describe the way their partner communicates. The provided list of words included words that describe aggressive, passive-aggressive, passive, and assertive communication styles. Based on their responses, they were classified into aggressive, passive, assertive, and passive-aggressive styles. Those representing multiple styles were sorted into the four styles on an individual basis based on the selected words.

**State Adult Attachment Measure (SAAM)** The final portion of the questionnaire was the State Adult Attachment Measure (SAAM) a measure of attachment style developed by Gillath, Hart, Nofhle, and Stockdale (2009). This measure comprises three subscales, each with seven items. The first subscale involves security, or feelings of trust and approval. An example item from this subscale is "I feel like others care about me."



The second involves anxiety, or how much individuals feel an urge to get closer to others and accepted by them. An example item is “I want to share my feelings with someone.” Finally, the third subscale involves avoidance, or aversion to closeness and intimacy with others. “If someone tried to get close to me, I would try to keep my distance” is an example of an item from the third subscale. This measure of attachment has been validated in the adult population, and has moderate test-retest correlations of .51 to .59 over three months (Gillath et al., 2009). Alpha coefficients for each of the three subscales ranged from .83 to .87, and a three-factor model was confirmed by confirmatory factor analysis, as opposed to a two- or four-factor model. Additionally, the developers of this tool showed convergent validity with the Relationship Questionnaire (Bartholomew & Horowitz, 1991) and the Experiences of Close Relationships (Fraley, Waller, & Brennan, 2000) measures.

### **Statistical Analyses**

After cases were excluded ( $n=140$ ) because of partial completion or outliers due to age, the final data set ( $N=243$ ) underwent data analysis. All statistical analyses were performed using SPSS version 22.0 (IBM Corp., Armonk NY) on a Macintosh computer.

## **Results**

### **Demographic and Relationship Characteristics**

The average age of participants was 19.90 years ( $SD=1.63$ ) as expected in a college population. Participants indicated their gender, responding male ( $n=38$ ), female ( $n=203$ ), transgendered female ( $n=1$ ), and other ( $n=1$ ) genders. Females greatly outnumber males at the undergraduate institution where the study was conducted, so the

84:16 female to male ratio appears to be representative. The vast majority (96.7%) of the sample was heterosexual. Other sexualities reported include homosexual (0.4%), bisexual (1.7%), and pansexual (1.2%). In line with self-reported gender and sexuality, around 84% of participants reported having a male partner and 16% indicated that their partner was female.

### **Sexual Activity and Health**

**Sexual activity** Participants indicated whether they were sexually active with their partner in the past and if they are presently active with their partner. These responses allowed participants to be split into three groups: currently sexually active, previously but not currently sexually active, and not sexually active. The majority of this sample was currently sexually active with their romantic partner (n=191, 79.6%). Eight participants (3.3%) were previously but not currently sexually active, and the remaining 41 individuals (17.1%) were not sexually active.

**Sexual health** Participants responded to a number of questions about their frequency of contraceptive use and preferred means of preventing pregnancy. Of those who are sexually active, 93.3% report “always” or “almost always” using contraception when they are intimate with their partner. Preferred methods, in order of popularity, include male condoms, birth control, “pulling out” or withdrawal, spermicides, and diaphragms. No individuals reported using female condoms. Figure 1 shows the rates of use of various contraception types.

Based on reported means of contraception, participants were labeled as participating in risky sexual activity or not risky sexual activity. Risky sexual activity was

operationalized as sexual activity using withdrawal as the contraceptive method or no contraception. Of those sexually active, 52% were engaging in risky sexual activity with a partner.

An extensive look was taken at sexually transmitted disease (STD) status and prior history of these individuals. Only about 29.8% of our sample had previously had an STD test, with the most common reasons being part of a routine medical visit (n=60), encouragement from a partner (n=6), experienced symptoms (n=2), pregnancy (n=1), accompanying a friend (n=1), recent unsafe sex (n=1), and wanted to be tested (n=1). Ten individuals in the sample had previously had an STD (4.1%) and only one individual (0.4%) reported currently having an STD for which they were receiving treatment.

**Sexual activity and sexual health** To see whether a previous STD diagnosis influences future sexual activity, the ten individuals in the sample who had previously been diagnosed with an STD were examined on a number of sexual health variables. All ten remain sexually active with their partner. 7 (70%) are classified as currently engaging in risky sexual activity with their partner. To determine if this is significantly different from the proportion of the population that is engaging in risky sexual activity, a Chi square analysis was conducted. The proportion of individuals with history of an STD engaging in risky sex was not significantly different from the proportion in the overall sample,  $\chi^2(1, N=10) = 1.60, p=0.21$ .

## **Communication**

**Communication styles** Table 1 explores the distribution of communication styles among the sample. Participants indicated their communication style and their partner's

communication style through a non-traditional measure. The percentages of participants reporting styles for themselves and their partners were not significantly different, except for the passive-aggressive communication style. Significantly more partners than participants were classified as passive-aggressive,  $\chi^2(1, N=243) = 9.78, p < 0.001, \phi = 0.63$ .

**Overall communication** Table 2 depicts percentages of our sample that indicated high levels of comfort with communicating with their partner in various situations. These situations were presented to get a feel for an individual's overall communication, which was quantified as the overall communication composite score.

Overall communication composite scores were calculated for all participants. The mean score was 1.79 ( $SD = 0.646$ ), with communication scores ranging from 1.00 to 4.67. Possible scores were 1.00 to 5.00. Lower scores indicated stronger, more positive communication skills while higher scores indicated discomfort or hesitance in communicating. The distribution of scores is shown in Figure 2. Communication skills were not correlated with age,  $r(241) = 0.02, p = 0.77$ .

**Communication, sexual health, and sexual activity** The distribution of communication styles among those who practice risky sexual activity were examined. Participants were marginally (but not statistically significantly) more likely to participate in risky sexual activity based on their communication style  $\chi^2(8, N=196) = 12.64, p = 0.13$ , but this relationship was not found for partner communication styles  $\chi^2(9, N=196) = 5.38, p = 0.80$ .

The overall communication score was also correlated with sexual satisfaction variables and indices of sexual communication. Overall communication was highly

correlated with both self,  $r(228) = 0.28, p < 0.001$ , and perceived partner satisfaction,  $r(229) = 0.19, p = 0.01$ , with sexual activity. Additionally, communication before sexual activity,  $r(213) = 0.17, p = 0.02$ , and after sexual activity,  $r(214) = 0.20, p < 0.001$ , were related to overall communication.

**Sexual communication** The frequency of communication before and after sexual activity was measured. Significantly more individuals identified themselves as communicating “almost never” or “never” *before* sexual activity (16.8%) than those identifying with that level of communication after sexual activity (7.4%),  $X^2(1, N=215) = 8.85, p < 0.001, \phi = 0.60$ . Additionally, significantly more individuals said they communicate “always” or “almost always” *after* sexual activity (62.0%) than those that do that before (50.7%),  $X^2(1, N=215) = 5.63, p = 0.02, \phi = 0.38$ .

The content of sexual communication before and after sexual activity was also explored. Figure 3 depicts the percentage of participants indicating they discuss specific topics before intimacy and Figure 4 indicates the same for after intimacy.

The frequency of communication about sexual matters during the act of sexual intimacy itself was also explored, and is shown in Table 3. Just over half (53.3%) of participants reported frequent communication during sexual activity, while about a third (30.2%) reported communicating sometimes. The remaining 16.1% report that communication about sexual activity occurs rarely or not at all.

The nature of communication regarding sexual matters between partners was explored with a series of questions about how frank, how honest, and how serious the discussions are. Most participants indicated that their discussions with their partner about sexual matters are “very frank” or “frank” (83.6%). The overwhelming majority of

respondents identified their conversations as being “very honest” or “honest” (94.9%) with just a handful reporting dishonesty (1.2%). The responses about the seriousness of conversations were more varied, with 40.3% identifying their conversations as “very serious” or “serious” and 28.8% reporting their discussions as “playful” or “very playful.” Almost a third of the sample felt that their conversations were neutral, rather than serious.

Correlations between the three qualities of sexual communication were also examined. The frankness and honesty of the discussion were correlated,  $r(235) = 0.45, p < 0.001$ . The frankness and seriousness of the discussion were related,  $r(234) = 0.30, p < 0.001$ , as well as the honesty and seriousness of the discussion  $r(234) = 0.22, p < 0.001$ .

**Situation-specific sexual communication** Two specific communication situations involving sexual activity participants and their partners were presented. When asked how comfortable they would feel communicating with their partner when they wanted sex, but their partner did not, almost 80% reported being “very comfortable” or “comfortable.” On the other hand, 83.1% of participants would feel “very comfortable” or “comfortable” communicating with their partner if the partner wanted sex, and they did not. These two measures were highly correlated,  $r(241) = 0.49, p < 0.001$ . High levels of comfort in communicating when the individual wanted sex was significantly correlated with both high self satisfaction,  $r(228) = 0.22, p < 0.001$ , and high perceived partner satisfaction,  $r(229) = 0.15, p = 0.03$ . Feeling comfortable communicating when just the partner wanted sex was just marginally correlated with high self satisfaction,  $r(228) = 0.12, p = 0.06$ , and significantly correlated with perceived partner satisfaction,  $r(229) = 0.14, p = 0.03$ .

**Sexual satisfaction** Participants answered questions relating to their level of satisfaction with their sexual activity and their partner's perceived satisfaction about their sexual activity. Most reported that both they and their partner were "very pleased" or "moderately pleased" with their level of sexual activity (84.8% self satisfaction, 83.1% partner satisfaction). Partners were perceived to be statistically significantly "moderately displeased" or "very displeased" (7.9%) more than the participant (3.4%) in terms of satisfaction with the level of sexual activity,  $\chi^2(1, N=230) = 4.71, p = 0.03, \phi = 0.31$ .

**Sexual communication and sexual satisfaction** To determine the influence of these qualities of sexual communication on sexual satisfaction, correlation matrices were computed. Frank sexual communication was correlated with high levels of self satisfaction with sexual activity,  $r(226) = 0.33, p < 0.001$ , and with high levels of perceived partner satisfaction,  $r(226) = 0.36, p < 0.001$ . Likewise, honest sexual communication was correlated with high self satisfaction,  $r(226) = 0.36, p < 0.001$ , and high perceived partner satisfaction,  $r(226) = 0.29, p < 0.001$ . However, correlations with the seriousness of communication and levels of self satisfaction,  $r(225) = 0.01, p = 0.88$ , and perceived partner satisfaction,  $r(225) = .07, p = 0.31$ , were not significant.

### **Attachment Style**

**Attachment style** The State Adult Attachment Measure allows for a discrete classification of attachment style, as well as raw scores for each of the anxious, avoidant, and secure subscales. Therefore, each participant had a discrete nominal classification indicating their attachment style, as well as three continuous numerical scores indicating the extent to which they are anxious, avoidant, and secure.

The majority of this sample demonstrated a secure attachment style ( $n=196$ , 80.7%). A small portion of the sample, three participants (1.2%), exhibited the avoidant style. The remaining 44 individuals (18.1%) were classified as anxious attachment. The distribution is shown in Figure 5.

The distributions of raw scores on the anxious, avoidant, and secure attachment style subscales were examined, and are shown in Figure 6. The anxious subscale ( $M=32.17$ ,  $SD=9.30$ ) ranged from scores of 7, the lowest possible score indicating very low anxious attachment style characteristics, to scores of 49, the highest possible score. The distribution of scores had a slight negative skew (skewness =  $-0.33$ ,  $SE=0.16$ ), with more scores clustered toward the higher end of the range.

The avoidant subscale ( $M=16.49$ ,  $SD=7.51$ ) ranged from scores of 7, the lowest possible avoidant score, to scores of 46. The distribution of scores had a moderate positive skew (skewness =  $0.79$ ,  $SE=0.16$ ), with more scores clustered toward the low end of the range.

The secure subscale ( $M=42.69$ ,  $SD=6.59$ ) ranged from scores of 15 to 49, the highest possible secure attachment style score. The distribution of scores had a substantial negative skew (skewness =  $-1.38$ ,  $SE=0.16$ ), with most scores clustered toward the higher end of the range as reflected in the high mean. The secure subscale had a kurtosis value of 2.012 ( $SE=0.31$ ).

**Attachment style, sexual health, and sexual satisfaction** The attachment styles of participants were compared to a number of sexual health and satisfaction variables. The number of participants engaging in risky sexual activity was significantly different based on attachment style,  $\chi^2(2, N=196) = 7.92$ ,  $p=0.02$ ,  $\phi=0.57$ , as shown in Table 4.



Additionally, participants' satisfaction with sexual activity appears to be dependent upon attachment style,  $X^2(8, N=230) = 19.85, p=0.01, \phi=1.31$ , as well as their perception of their partner's satisfaction,  $X^2(8, N=231) = 39.03, p < 0.001, \phi=2.57$ .

**Attachment and sexual communication** Attachment style subscales were examined in regards to the three qualities of sexual communication previously studied-- how frank, how honest, and how serious the conversations are. Avoidant subscale scores were correlated with the honesty,  $r(235) = 0.13, p = 0.04$ , and seriousness,  $r(234) = 0.19, p < 0.001$ , of the conversation. Secure subscale scores were also correlated with the honesty,  $r(235) = -0.15, p = 0.02$ , and seriousness,  $r(234) = -0.16, p = 0.01$ .

**Attachment style quartile rankings** Our sample's responses to the three types of questions on the attachment style measure provided us three continuous scores that describe how anxious, how avoidant, and how secure individuals are. To better characterize our sample's scoring on the subscales of attachment style, the percentile rank of all participants on all subscales was calculated. Table 5 depicts the percentages of participants in each quartile, as well as the cutoff value for each quartile. The higher a particular subscale score was (possible values ranged from 7 to 49) the more the individual possesses characteristics of the particular attachment style. To better understand the ranges of scores from each attachment subscale, the scores were divided into quartiles and the number of participants in each quartile was examined. While the ranges of scores were very different between the anxious, avoidant, and secure subscales, the percentages of participants in each quartile was fairly even. This provided justification for using the quartile ranking system of attachment style subscale scores to look at relationships with other variables.

**Quartile rankings and overall communication** The quartile rankings of individual's attachment scores were correlated with a number of variables. The avoidant quartile ranking was statistically related to overall communication score,  $r_s(241) = 0.20$ ,  $p < 0.001$ , indicating lower avoidant scorers are also better communicators. Additionally, the secure quartile ranking was statistically related to overall communication score in the opposite direction,  $r_s(241) = -0.41$ ,  $p < 0.001$ , such that higher secure scorers are also better communicators. The anxious quartile ranking was not statistically related to overall communication.

**Quartile rankings and sexual communication** The quartile rankings of individual's attachment scores were also correlated with the frequency of pre- and post-coital communication. The anxious subscale trended towards a significant relationship with communication after sexual activity,  $r_s(214) = -0.12$ ,  $p = 0.07$ , such that higher anxious scorers were more likely to communicate after sexual activity. Additionally, the secure subscale were marginally significant with both communication before,  $r_s(213) = -0.13$ ,  $p = 0.06$ , and after,  $r_s(214) = -0.13$ ,  $p = 0.05$ , sexual activity. Higher secure scorers were more likely to communicate both before and after sexual activity.

**Quartile rankings and sexual health** Anxious, avoidant, and secure subscales were also examined in relation to participation in risky sexual activity. Tables 6 and 7 reveal no differences based on anxious or avoidant quartile rankings respectively. Whether or not participants were engaging in risky sex appeared to be dependent on their secure quartile ranking,  $X^2(3, N=196) = 14.07$ ,  $p < 0.001$ ,  $\phi = 1.01$ , as demonstrated in Table 8.

**Attachment style and overall communication** Overall communication composite scores were examined for correlations to the anxious, avoidant, and secure attachment style subscales. The anxious subscale was not correlated with overall communication,  $r(241) = 0.05, p = 0.49$ . The avoidant subscale was statistically significantly related to the overall communication score,  $r(241) = 0.29, p < 0.001$ , as was the secure subscale,  $r(235) = -0.36, p < 0.001$ .

A model was constructed to explore how the three subscales (anxious, avoidant, and secure attachment) play into overall communication. Multiple regression analysis, shown in Table 9, indicated that the attachment subscales explained 14.4% of the variance, ( $R^2 = 0.14, F(3,243) = 13.41, p < 0.001$ ). Both the avoidant score ( $\beta = 0.15, p = 0.03$ ) and secure score ( $\beta = -0.28, p < 0.001$ ) significantly predicted overall communication.

A one-way ANOVA was conducted to explore differences in overall communication between quartiles on the three attachment style subscales. The overall communication composite scores were not significantly different based on anxious subscale quartiles,  $F(3, 239) = 0.63, p = 0.60$ . The scores were significantly different for the avoidant subscale quartiles,  $F(3, 239) = 3.38, p = 0.02, \eta^2 = 0.04$ , seen in Figure 7. Post hoc comparisons using the Tukey HSD test indicated that the mean overall communication score for avoidant quartile 1 ( $M = 1.59, SD = 0.54$ ) was significantly different than the avoidant quartile 4 ( $M = 1.97, SD = 0.80$ ). All other comparisons were not significant. Overall communication scores were also significantly different for the secure subscale quartiles,  $F(3, 239) = 14.30, p < 0.001, \eta^2 = 0.15$ , seen in Figure 8. Post hoc analyses using the Tukey HSD test revealed the mean overall communication score

for secure quartile 1 ( $M = 2.13$ ,  $SD = 0.66$ ) was significantly different from both secure quartile 3 ( $M = 1.68$ ,  $SD = 0.52$ ) and 4 ( $M = 1.48$ ,  $SD = 0.51$ ). Additionally the mean overall communication score for secure quartile 2 ( $M = 1.94$ ,  $SD = 0.52$ ) was significantly different from secure quartile 4 ( $M = 1.48$ ,  $SD = 0.51$ ). All other comparisons were not significant.

### **Discussion**

The current study sought to address gaps in the literature relating attachment style, sexual behavior, and communication in the context of romantic relationships. Four hypotheses were presented and data was analyzed to address our research questions. Additionally, a great deal of information about our sample's levels of sexual activity and sexual health behavior was obtained, which will be valuable for the institution's health and wellness initiatives.

Our four hypotheses were as follows:

1. Individuals differ on measures of sexual health based on their attachment styles, with secure individuals indicating higher levels of sexual health.
2. Higher levels of sexual satisfaction are correlated with a secure attachment style and higher frequency of sexual communication.
3. Partners' willingness to communicate about sexual matters is associated with their overall levels of communication.
4. Overall levels of communication are affected by attachment style, with secure individuals having higher levels than anxious individuals, and anxious individuals having better communication than avoidant individuals.

### **Implications of Sexual Activity and Sexual Health Related Findings**

The vast majority (96.7%) of our sample indicated being in a heterosexual relationship, with a minority of participants indicating they are homosexual (0.4%), bisexual (1.7%), or pansexual (1.2%). A recent study interested in sexual satisfaction within romantic relationships reported similar proportions, with 95.1% heterosexual, 0.8% homosexual, and 1.5% bisexual (Mark & Murray, 2012). Additionally, the sexual activity of sample was convergent with national data from college campuses. In the present study, we found 79.6% were currently sexually active with their romantic partner, 3.3% were previously but not currently sexually active, and 17.1% were not sexually active. Though the present survey used different question wording, national data presented similar proportions-- 69.4% were sexually active and 30.7% were not sexually active within the last twelve months (ACHA-NCHA II, 2014). These convergent findings on sexuality and level of sexual activity allow for broader generalizations of the research conclusions to individuals in romantic relationships across the nation.

As the incidence of high-risk sexual behavior increases (Maticka-Tyndale, 1991), research on sexual behavior is apt to include an analysis of sexual health and risky behaviors seen in the studied population. While 93.3% of participants report using contraception “always” or “almost always,” 5.1% reported using contraception “never” or “almost never.” The latter group remains an important target of messages promoting safe sex, including contraception use every time sexual intercourse occurs. Currently much of safer sex messaging revolves around casual sexual encounters, rather than sexual experiences in the context of a romantic relationship.

Health advocacy groups can also shift their focus to help reduce risky sexual activity in this population. Approximately 52% of our sample reported engaging in risky sexual activity with their partner. Perhaps for those in stable, monogamous relationships, it is easier to assume contraceptive methods like male or female condoms are not needed as much as they are for casual sexual encounters. Additionally, a partner may assume that the other is planning on using contraception and neglect the important pre-coitus contraception conversation.

Our sample indicated some utilize the withdrawal or “pulling out” method as a form of contraception. However, the withdrawal method is not an effective method of contraception, regardless of relationship status, because pre-ejaculate emissions can contain viable motile sperm (Killick, Leary, Trussell, & Guthrie, 2011). For the purposes of preventing pregnancy, the withdrawal method is 78-82% effective (Kost, Singh, Vaughan, Trussell, & Bankole, 2008; Trussell, 2011). However, intimate skin-to-skin contact and potential exposure to bodily fluids like vaginal discharge and semen offers no protection from STDs or human immunodeficiency virus (HIV). Messages about the importance of contraception should be geared towards committed romantic partners who may not be ready to have children yet, or who may not ever want children. Additionally, an emphasis should be placed on the ability of certain types of contraception, like male condoms, to both prevent pregnancy and reduce the likelihood of contracting sexually transmitted diseases.

Another target for health advocacy organizations to change the health landscape is through STD testing and treatment. Only about 29.8% of our sample had previously had an STD test, and 4.1% had previously had an STD. A recent study conducted on another

college campus reported 52.5% of their sample had previously been tested, with 9.7% indicating that they had been treated for an STD (Bontempi, Mugno, Bulmer, Danvers, & Vancour, 2009). It appears that the institution the current study was conducted at has about half the STD prevalence of a similar institution, but lower rates of STD testing. Most individuals had an STD test as part of a routine medical visit, and a handful had been encouraged by a partner to get tested. Only a small fraction of those who had an STD test had done so because they had experienced symptoms (2.78%). This reflects an important concern regarding STDs, because those infected are often symptomless. A new STD testing campaign could be introduced to specifically appeal to those in romantic relationships who may not have previously been tested, or physicians can be informed about ways to talk about STD testing with individuals in monogamous relationships.

Physicians can also discuss STD testing, safer sex methods, and contraception with individuals who had previously been diagnosed. Of those individuals in the study who had previously had an STD, 7 (70%) were classified as currently engaging in risky sexual activity with their partner. It is disconcerting that risky sexual activity is still occurring in those who had previously had an STD. Using the withdrawal method or no contraception at all leaves these individuals vulnerable to another STD diagnosis, contracting HIV, or an unwanted pregnancy.

### **Sexual Health and Attachment Style**

To address our first hypothesis that individuals differ on measures of sexual health based on their attachment styles, we explored the ability of both attachment style classifications and quartile rankings to inform us about sexual health behavior. Risky sexual activity is a behavior that individuals differentially engage in, based on

classifications of attachment style. We predicted that secure individuals would indicate higher levels of sexual health by being less likely to engage in risky sexual activity. In contrast to the literature that secure individuals engage in less unsafe sex, we found that more secure individuals were engaging in risky activity than those engaging in non-risky activity. Perhaps the risky activity by secure individuals is due to their openness to exploration to new types of sexual activity (Butzer & Campbell, 2008), which may include forgoing contraception. Additionally, results indicate that less anxious individuals were having risky sex, in direct opposition to the finding that anxious individuals are less likely to practice safe sex (Gentzler & Kerns, 2004). As these are surprising findings, future research should seek to resolve inconsistencies and inform us about how classification of attachment style can tell us more about a person's sexual health.

While classification of attachment style did not support our hypotheses, we utilized the State Adult Attachment Measure's continuous scales. These scales allow researchers and clinicians to receive more than a classification about an individual's style, but also a multimodal description of how they rank on all three scales. In the case of preventing and reducing risky sexual activity, it appears that having an idea about *how* secure the individual is provides the most information to predict their likelihood of engaging in unsafe sex. Individuals scoring the lowest on the secure measure were much more likely to engage in non-risky sexual activity. However, this was reversed dramatically for those who scored in quartile 2 (25-50th percentile), indicating those who score average or just below the mean on a secure scale are most at risk for unsafe sexual practices. By only using attachment style classification, this finding would not have been



apparent. This highlights how the continuous scales can be extremely informative for clinicians or researchers who hope to learn more about attachment style.

### **The Relationship Between Attachment Style, Sexual Satisfaction, and Sexual Communication**

Our second hypothesis addressed the multi-faceted relationship between sexual satisfaction, sexual communication, and attachment style through a number of analyses involving frequencies of, attitudes toward, and qualities of sexual experiences and sexually based communication.

We found that individual satisfaction, as well as perceived partner satisfaction, about the level of sexual activity is dependent upon the individual's attachment style. The carryover to partner perception of satisfaction makes sense, given ideas about how attachment style modulates relationships later in life (Shaver, Hazan, & Bradshaw, 1988). The parent or caregiver relationship leads to internal working models of individuals in the child's life, which carries on through adulthood. Our college-aged participants seem to view their partners differentially, based on these unique internal representations.

More generally, participants indicated a more negative perception of their partner's level of satisfaction. While being unsatisfied with sexual experiences is not ideal, it is more harmful to have discordant expectations or perceptions. Discordance between perceived satisfaction and actual satisfaction could be detrimental to an otherwise healthy romantic relationship. In couples therapy or marriage counseling, this can be a focus of therapeutic intervention by encouraging partners to vocalize their satisfaction. One way to do this is to provide reassurance to a partner that they are pleased with the frequency of sexual intercourse, length of sexual activity, and acts

performed during sexual intimacy. Additionally, therapists should encourage couples to set aside time for constructive conversation about what each partner believes to be the negative aspects of their sexual relationship (Byers & Demmons, 1999). This will foster an environment where couples are on the same page about their own satisfaction with the sexual experience and their partner's satisfaction.

Willingness to communication about sexual matters was also explored. The reported frequency of communication before and after sexual activity with a partner indicates a huge discrepancy in terms of sexually based communication. Participants were significantly less likely to talk about aspects of sexual activity they would share with their partner prior to becoming intimate, than they were likely to talk after it occurred. Ideally, sexual activity should be “bookmarked” with open, honest, and vulnerable dialogues about acts to be performed, length of sexual activity, safe words, fantasies and desires, and feedback on the intimate acts. The lack of communication before sexual activity is concerning especially in light of the topic of consent. Even in romantic relationships, partners should ask for consent and look for verbal or physical “enthusiastic consent” to sexual activity, prior to beginning intimate acts. If 16.8% of this sample is communicating prior to sex “never” or “almost never,” it is less likely that they are asking for or giving consent.

In terms of sexual communication while intimate, about one half of the sample communicates frequently, a third of the sample communicate sometimes, and one sixth of the sample communicates rarely or not at all. Speaking, talking, and conversing during sexual acts may not be everyone's preference, nor always feasible. However, sexually based communication is an aspect of a healthy sexual relationship, so it is important that

it is included however possible. For a couple that prefers not to talk while intimate, they can focus more on pre- and post-sexual activity communication so that all parties feel heard and valued. With frequent sexual communication, a sexual relationship can only improve.

Knowing that the frequency of talking before and after sexual activity is an important part of communication about sexual matters, we explored its relation to attachment style. While the avoidant subscale did not show any relationships with sexual communication, the anxious and secure scales showed marginal significance or trended towards being significantly related to sexual communication. The findings indicate that more anxiously attached individuals are more likely to communicate after sexual activity, while more securely attached individuals would be more likely to communicate both before and after sexual activity. Since communication “sandwiching” sexual intimacy is more valuable than just afterwards, therapists could encourage clients who exhibit anxious attachment to get out of their comfort zone and communicate with their partner prior to sexual activity.

The nature and qualities of sexual communication were measured to explore the best target for intervention. If peer educators, public health officials, or relationship counselors seek to give individuals a way to improve their communication about sexual matters, it is important to figure out where to start. Most individuals reported their conversations about sexual matters with their partners appear to be frank and honest, two qualities of communication that allow for vulnerability, transparency, and open exchange of ideas. However, the sample was more split on how serious these conversations are. About a third said the conversations have a serious tone, about a third reported the

conversations being neutral, and the remaining third have a playful tone to their communication. While there is no one strategy that works for everyone in the world of communication, conversations of a sensitive and vulnerable nature-- like those about sexual activity-- may require a more serious tone. If conversations about topics like contraception use, safe words, and boundaries are presented with a playful tone, a partner could overlook the true request or true desires underlying the conversation. This could lead to a sexual encounter without appropriate contraception or a lack of consent, which would result in negative emotions surrounding the experience. For other situations, perhaps a playful tone may be more appropriate. Conversations about fantasies, desires, and future sexual activity, may seem forced or artificial with a more serious tone. For therapists or counseling professionals, guiding a couple to find a happy balance between conversations that are serious and those that are playful may be the best route, provided they have a solid foundation of frankness and honesty.

Results indicated that the three measures of frankness, honesty, and seriousness were highly correlated. This implies that generally, those who have poor communication have poor communication in general, rather than a weakness in a single part of sexually based communication. Therefore, for couples in which communication about sexual matters does occur but is not beneficial, it could be due to lack of serious, honest, and frank conversation. An extensive look at the current state and baseline qualities of their discussions, in a therapy setting, would be a valuable first step. The value of this lies in the finding that the frankness and the honesty of an intimate conversation between partners were highly correlated with the satisfaction the participant expressed with their sex life, as well as their perception of how satisfied their partner is with their sex life.

This indicates that two important factors in a *satisfied* sexual relationship are frank communication about sexual matters and honest dialogue.

The avoidant and secure attachment style subscales demonstrated relationships to qualities of sexually based communication. The honesty and seriousness of the conversations were significantly correlated with the avoidant subscale. The higher avoidant score a participant received was correlated with less honesty in their conversation or more a playful tone. Dishonesty is not an aspect of healthy conversation about sexual matters in a romantic relationship, and playful conversation may not always be well received by a partner. On the other hand, the high secure scoring individuals were more likely to report high levels of honest and seriousness in their sexual communication, two features that may contribute to greater overall sexual satisfaction and feelings of intimacy and warmth with a partner.

The findings on specific sexual communication scenarios demonstrated that most individuals feel comfortable communicating with their partner when there is a discrepancy between what one partner wants and what the other partner wants. These two measures were highly correlated, indicating that those that feel comfortable in one situation are likely to be comfortable in the inverse situation. In couples therapy, this would be an excellent point to cover, and it would be beneficial to include role-play or practice conversations. The value in increasing the level of comfort in having conversations like these lies in the fact that increased comfort is correlated with increased self and perceived partner satisfaction.

### **Overall Communication: Mediating Sexual Communication**

Our third hypotheses involved an exploration into how a partners' willingness to communicate about sexual matters could be dependent upon their overall levels of communication. The wide range of overall communication composite scores in this population indicates a wide range of communication abilities. The mean score tended slightly towards the lower end of the distribution, indicating these participants have slightly stronger communication skills than a population with a mean at the exact midpoint of the distribution. This could result from being a part of a romantic relationship, or could be a causal factor. A causal relationship may hold, such that openness to communication is an appealing characteristic in potential partners. Communication skills were not correlated with age, indicating that romantic partners within the full college-aged range have the potential to be strong communicators.

In examining overall communication, it was important to look at the relationships between communication and sexual satisfaction and sexual communication variables. High levels of overall communication (demonstrating strength and comfort in communication with a partner) were strongly related to both high self satisfaction and perceived partner satisfaction with the level of sexual activity. Partners that are better communicators appear to have more satisfying sexual experiences with each other as well. The communication scores of the participants' partners were not measured, so the composite score indicates the strength of the participant's communication. However, the participant's strong skills impact not only his or her sexual satisfaction, but also their partner's (perceived) sexual satisfaction. This is not to say one half of the relationship should be responsible for all the positive communication skills, but it does lead us to

conclude that gains in one partner's overall communication can be beneficial to both individuals.

Overall communication was also strongly correlated with frequency of sexual communication before and after sexual activity. Partners that are stronger overall communicators are more likely to talk before and after sexual activity. It is reasonable to assume that strong overall communicators are more likely to have conversations of a sexual nature. This increased sexual communication, at least in part, is responsible for high levels of sexual satisfaction.

### **Linking Attachment Style and Communication**

Our fourth hypothesis sought to bring the domains of attachment style and overall communication together to assemble a more cohesive picture of how sexual experiences and sexual communication interact with attachment style. We hypothesized that overall levels of communication are affected by attachment style, with secure individuals having higher levels than anxious individuals, and anxious individuals having better communication than avoidant individuals.

To quantify the relationship between overall communication skills and an individual's attachment style, we chose to focus on the attachment style subscale scores. These indicate the amount to which an individual expresses the anxious, avoidant, and secure styles, despite their characterization as just one of the styles. Interestingly, the anxious subscale did not appear to be related to the overall communication scores of participants. However, both the avoidant and secure subscales were strongly correlated with strength of communication. High scores on the subscales indicate being most like that attachment style, while low scores on the overall communication indices indicates

strong communication skills. The positive correlation with the avoidant subscale demonstrates that individuals with higher avoidant subscale scores also had weaker communication skills. The correlation between the secure subscale and the communication composite score was negative, indicating that participants with high secure subscale scores were the better communicators.

A multiple regression analysis allowed us to see which subscale scores were predictive of overall communication scores. It indicated that the avoidant and secure subscale scores were the most powerful predictors of how strong of a communicator an individual was, and the relationship was in the predicted direction. After looking at the multivariate regression analysis between overall communication scores and the attachment style subscales, it was beneficial to examine how the communication scores were different between quartiles on the subscales. Attachment style is significantly related to overall communication measures when examined through the quartile ranking analysis. Those that reported lower scores on avoidant measures were statistically significantly more likely to have high overall communication scores. Those with high secure scores were more likely to have high overall communication scores.

A one-way ANOVA was conducted, and revealed that the composite scores were significantly different based on the quartiles of the avoidant and secure types. For the avoidant subscale, overall communication scores were significantly different for the low scoring and high scoring individuals. For the secure subscale, overall communication scores were significantly different for any group separated by 25%, so overall communication skills are more variable with how secure individuals are.



Our hypothesis was partially supported, as the avoidant and secure subscale scores were strongly related to strength of communication in the predicted direction. However, the anxious subscale scores were not predictive of overall communication, which leaves us with some questions.

### **Future Directions, Limitations, and Final Thoughts**

The present study addressed four hypotheses about the relationships between attachment style, sexual health, and sexual communication and uncovered a potential relationship by which attachment style mediates sexual communication and sexual satisfaction in romantic relationships. Implications and targeted interventions for clinicians, researchers, and individuals in romantic relationships were discussed. Future research in this area should expand upon the findings of this study in a number of ways. First, a limitation of the current study is that it involved college age students from a single undergraduate institution. If possible, future work in this field should include college age students from a number of institutions across the country, or broaden the sample to include individuals of all ages. Additionally, the nature of questionnaires and electronic survey measures can limit information that participants provide, and relies exclusively on self-report. A future study might explore more experimental methods, or pair the questionnaire from this study with an in-depth interview with more open-ended questions. The present study did not require the participation of partners, but a follow-up study with the partners of these participants could be valuable. Future methodology should seek to include some way to pair participant responses with the responses of their partners, so that perceived partner and actual partner satisfaction responses can be compared.

The current study has sought to open the door to a new area of research combining the areas of attachment style, sexual behavior, and sexual communication through an extensive look at the behavior and attitudes of individuals in romantic relationships. The literature has largely ignored the concept of sexual communication, despite its relevance to sexual activity and sexual health behaviors. However, the current study has incorporated the domain of sexual communication and demonstrated its utility. We hope that future research will further inform us about sexual communication and its value to clinical, therapeutic, research settings that study and utilize attachment style.

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Table 1

*Communication Style Classification of Participants and Partners*

---

	Aggressive	Passive	Assertive	Passive Aggressive
Participants	2.8%	9.9%	79.5%	3.7%
Their Partners	5.7%	15.2%	67.1%	11.9%

---

Table 2

*Comfort of Participants With Communication in Specific Scenarios*

---

How would you feel about communicating with your partner when...	Percent responding "Very Comfortable" or "Comfortable"
Partner didn't complete a small task	94.2%
Partner has been unfaithful	77.7%
During an argument	87.6%
Partner is lying	77.4%
Partner is rude	86.8%
Partner seems quiet	78.6%
Partner suddenly changed plans	81.1%

---

Table 3

*Frequency of Intimate Communication*

---

How often do you communicate with your partner during intimate activity?	Percent of participants
Always or almost always	53.3%
Sometimes	30.2%
Almost never or never	16.1%

---

Table 4

*Participants Classified According to Attachment Style and Participation in Risky/Non-Risky Sexual Activity*

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	Anxious Attachment Style	Avoidant Attachment Style	Secure Attachment Style
Risky	34.3%	0.0%	56.6%
Non-Risky	65.7%	100%	43.4%

---

Table 5

*Breakdown of the Subscale Quartiles and the Percentage of Participants Falling Within Each Quartile*

	Anxious Subscale	Avoidant Subscale	Secure Subscale
Scores in the 1 <sup>st</sup> Quartile	24.7%	19.8%	22.6%
<i>Anxious 1-25</i>			
<i>Avoidant 7-9</i>			
<i>Secure 15-38</i>			
Scores in the 2 <sup>nd</sup> Quartile	23.9%	26.3%	25.9%
<i>Anxious 26-33</i>			
<i>Avoidant 10-14</i>			
<i>Secure 39-44</i>			
Scores in the 3 <sup>rd</sup> Quartile	24.7%	28.8%	22.2%
<i>Anxious 34-38</i>			
<i>Avoidant 15-21</i>			
<i>Secure 45-47</i>			
Scores in the 4 <sup>th</sup> Quartile	26.7%	25.1%	29.2%
<i>Anxious 39-49</i>			
<i>Avoidant 22-46</i>			
<i>Secure 48-49</i>			

Table 6

*Participants Classified According to Anxious Attachment Style Quartile and Participation in Risky/Non-Risky Sexual Activity*

	Anxious Quartile 1	Anxious Quartile 2	Anxious Quartile 3	Anxious Quartile 4
Risky	58.7%	52.1%	56.0%	42.3%
Non-Risky	41.3%	47.9%	44.0%	57.7%



Table 7

*Participants Classified According to Avoidant Attachment Style Quartile and Participation in Risky/Non-Risky Sexual Activity*

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	Avoidant Quartile 1	Avoidant Quartile 2	Avoidant Quartile 3	Avoidant Quartile 4
Risky	46.1%	61.5%	51.8%	46.9%
Non-Risky	53.9%	38.5%	48.2%	53.1%

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Table 8

*Participants Classified According to Secure Attachment Style Quartile and Participation in Risky/Non-Risky Sexual Activity*

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	Secure Quartile 1	Secure Quartile 2	Secure Quartile 3	Secure Quartile 4
Risky	31.8%	65.4%	44.4%	61.8%
Non-Risky	68.2%	34.6%	55.6%	38.2%

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Table 9

*Summary of Multiple Regression Analysis for Overall Communication*

	B	SE (B)	Beta	<i>t</i>	Sig. ( <i>p</i> )
Anxious Subscale Score	-0.001	0.004	-0.016	-0.269	0.788
Avoidant Subscale Score	0.013	0.006	0.153	2.236	0.026*
Secure Subscale Score	-0.028	0.007	-0.284	-4.158	0.000**

*Note.* \*  $p < 0.05$ , \*\*  $p < 0.01$ .

$R^2 = 0.144$

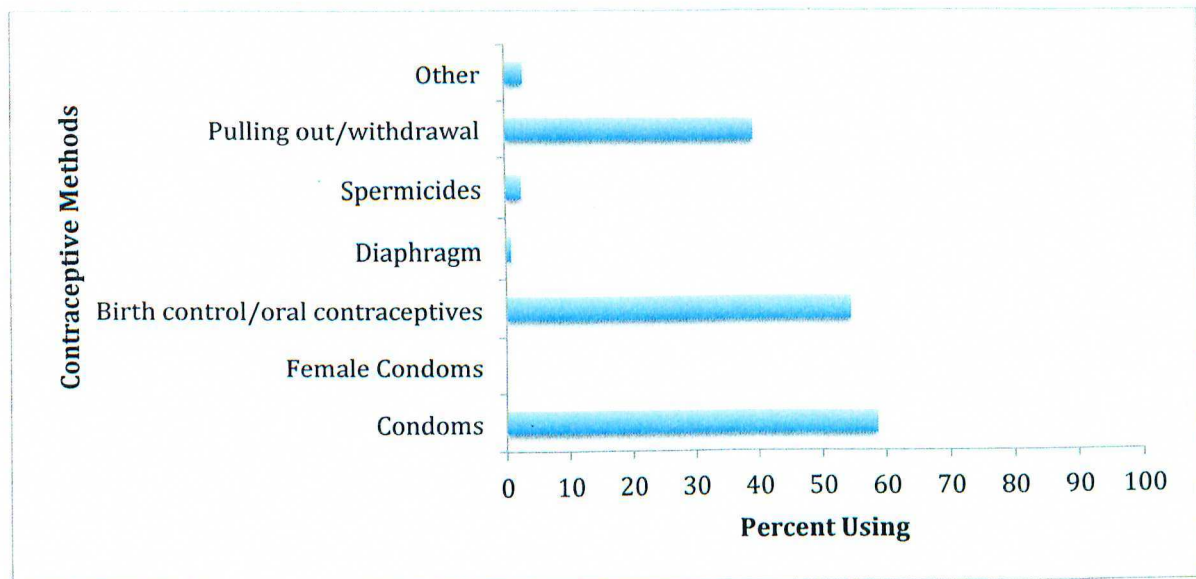


Figure 1. Bar graph showing methods of contraception.

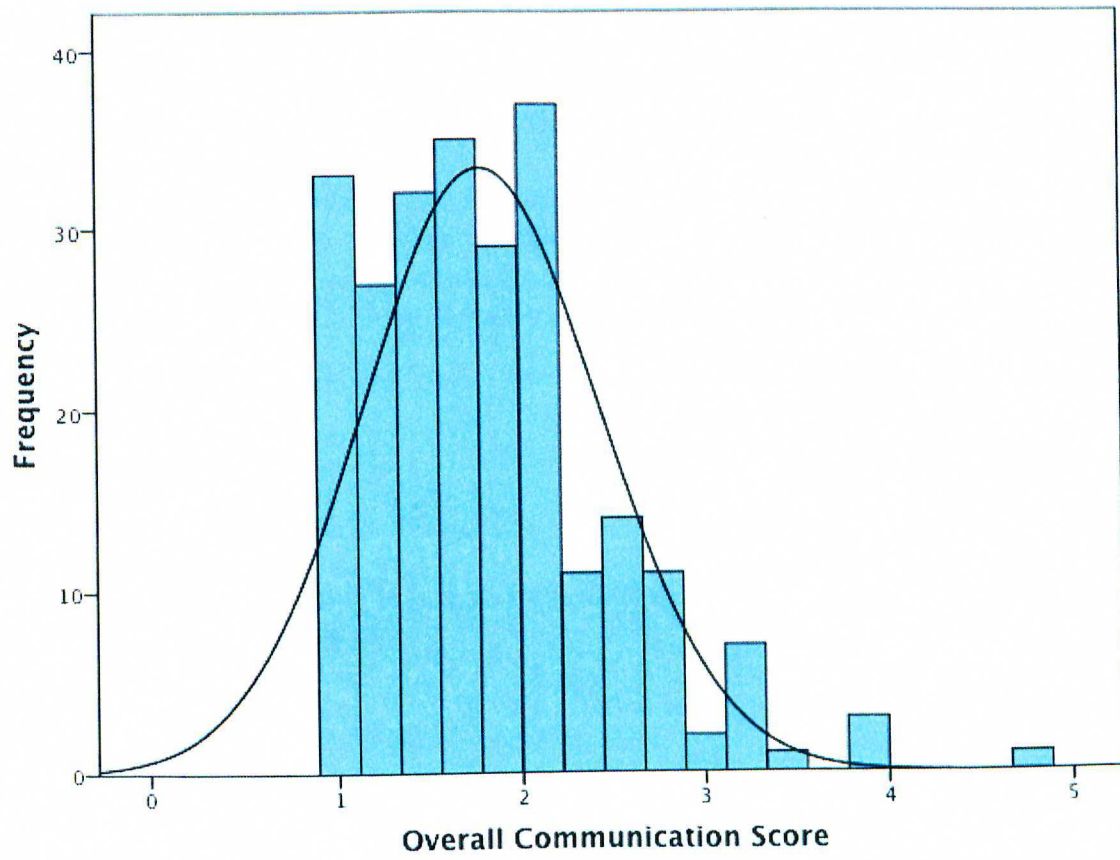


Figure 2. Histogram showing distribution of overall communication scores.

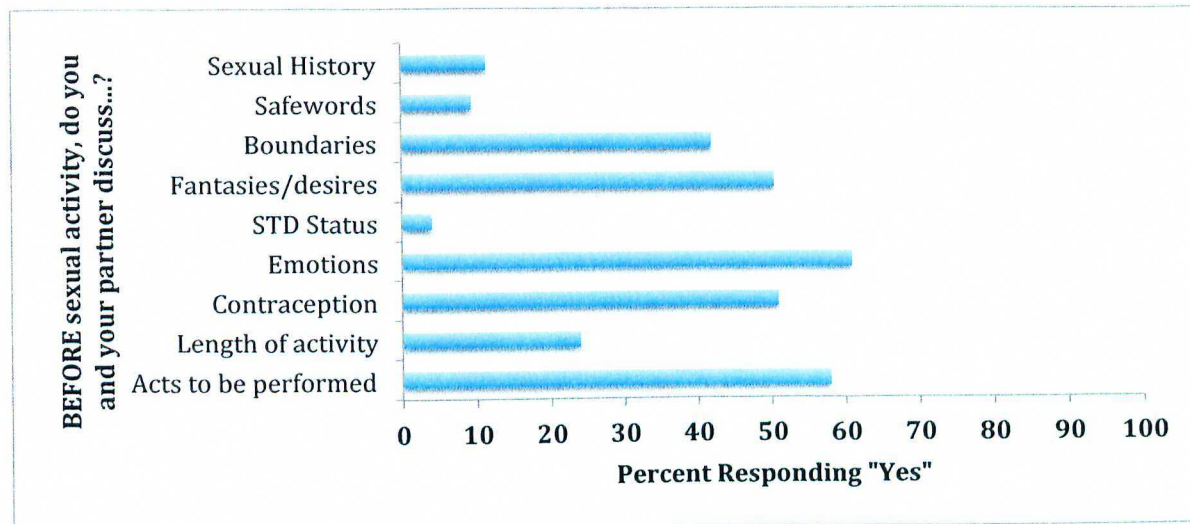


Figure 3. Bar graph showing topics of conversation *before* sexual activity.

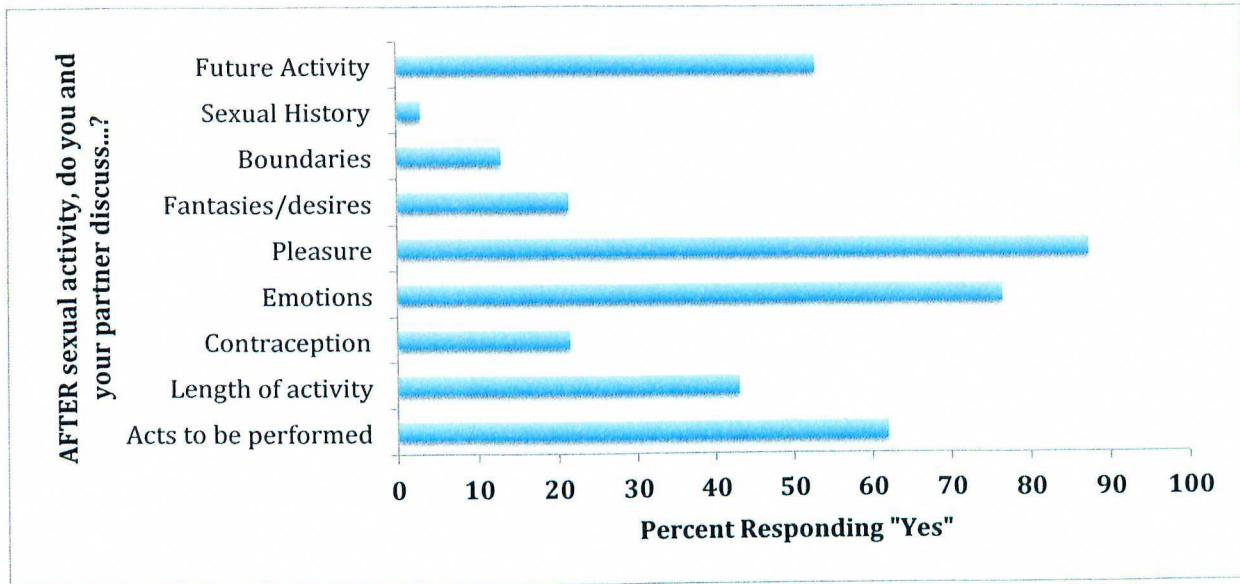
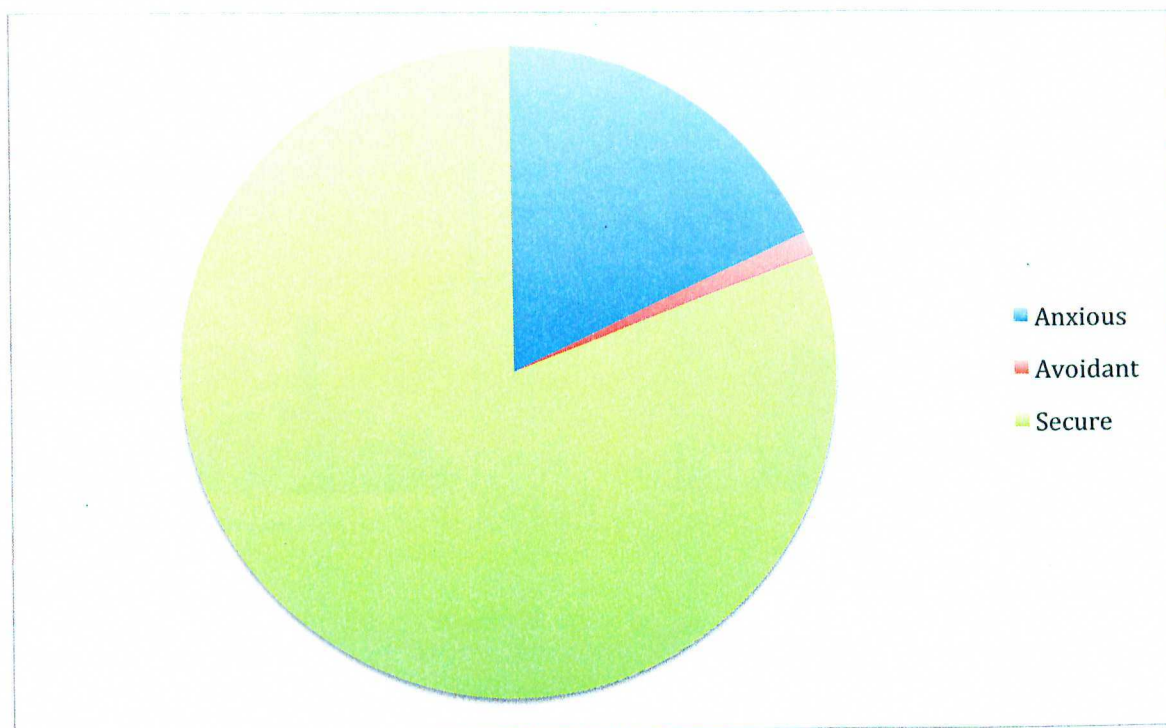
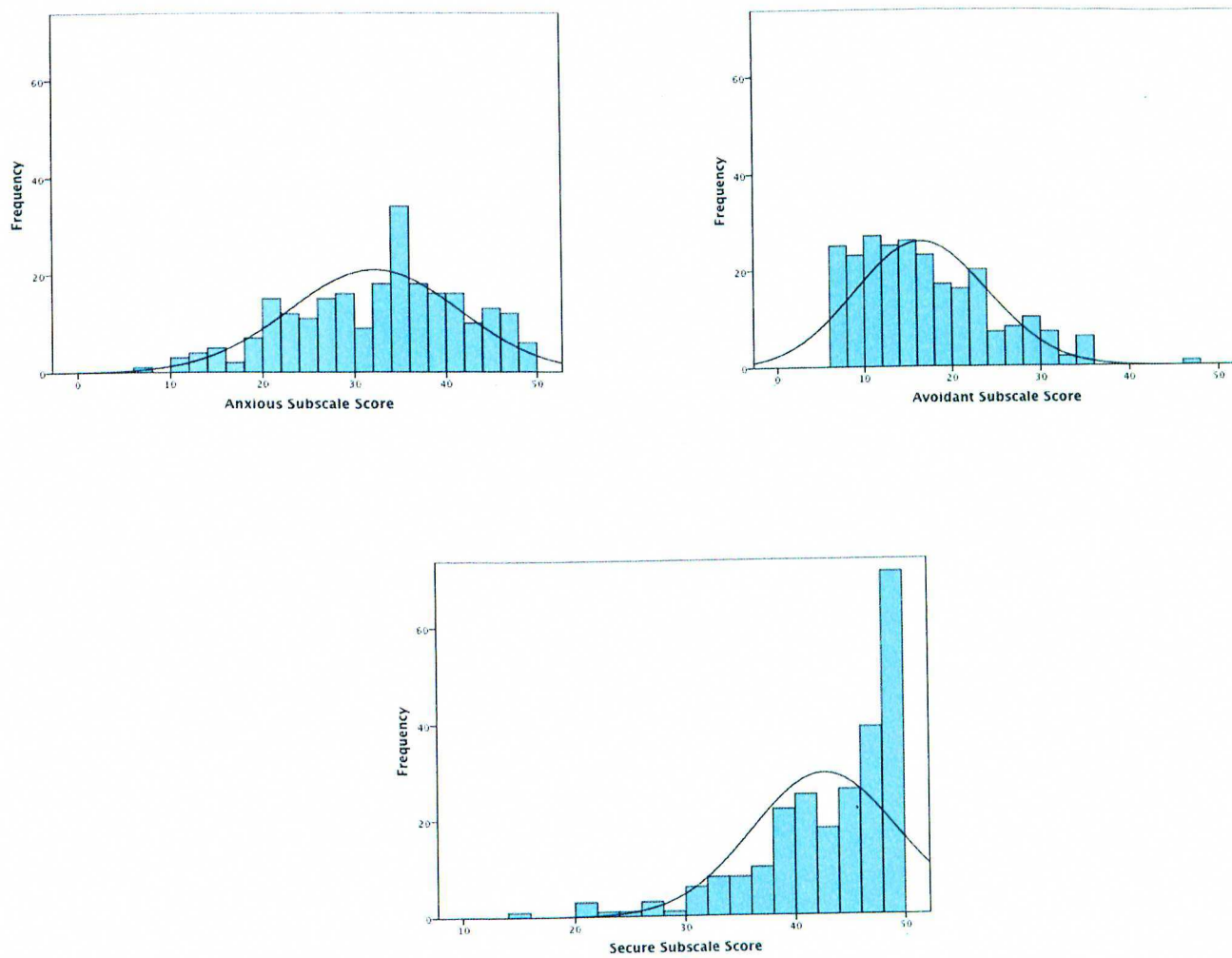


Figure 4. Bar graph showing topics of conversation *after* sexual activity.

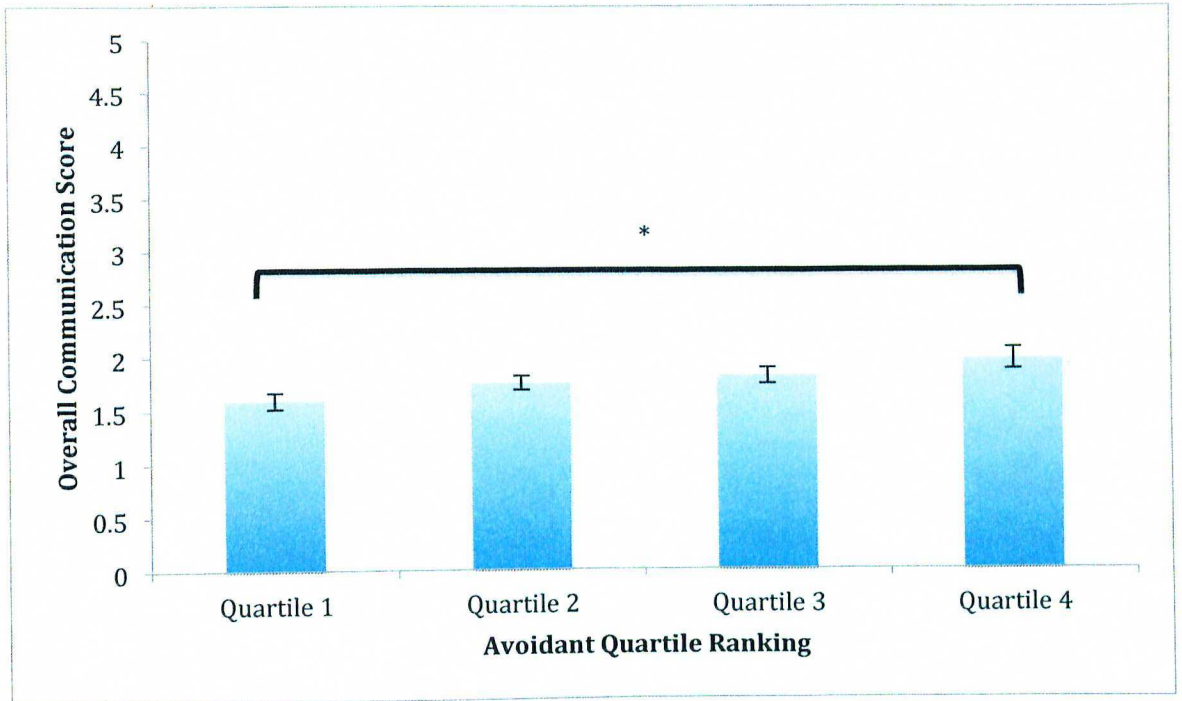


*Figure 5.* Pie chart showing breakdown of attachment style among this sample. 18.1% were classified as anxious, 1.2% as avoidant, and 80.7% as secure.





*Figure 6.* Histograms showing the distribution of anxious, avoidant, and secure subscale scores.



*Figure 7.* Bar graph showing one-way ANOVA findings for avoidant quartile ranking scores.

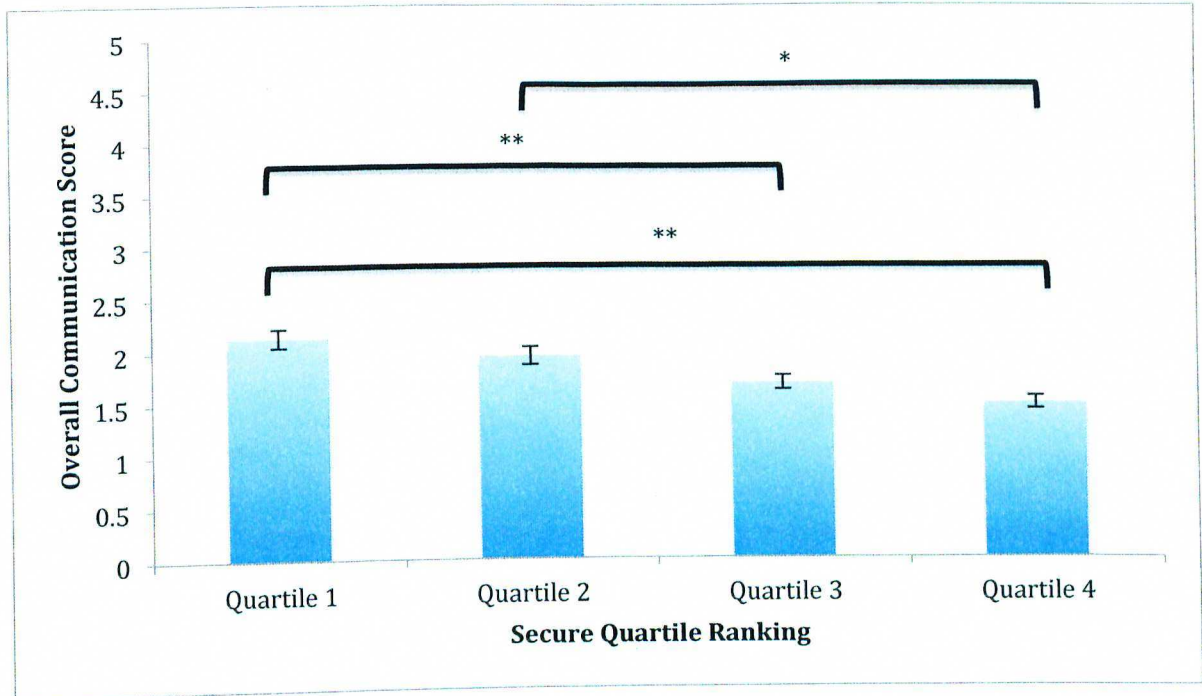


Figure 8. Bar graph showing one-way ANOVA findings for secure quartile ranking scores.

## Appendix A

## Questionnaire

**Let's Talk About Sex: A Study of Romantic Couples****WELCOME!**

Are you in a romantic relationship?

Researchers at Butler University want to hear about your experiences & how you communicate with your partner.

**Informed Consent****CONSENT BY SUBJECT FOR PARTICIPATION IN RESEARCH PROTOCOL**

*Research Project: Sexual Activity and Attachment in Romantic Relationships*

I hereby consent to participate in the above research project, conducted under the direction of Elizabeth Davis at Butler University. My consent is given of my own free choice, without undue inducement, and after reviewing the following items.

*Purpose of the research:* The purpose of this study is to collect data on the sexual health and attitudes of individuals in committed romantic relationships.

*What you will be expected to do:* You will be asked to complete a detailed online questionnaire asking about your relationship, your sexual health, and your attitudes on certain things.

*Time required:* Your participation in this study will take between 15 and 45 minutes.

*Potential risks and benefits:* There are no known physical or psychological risks or discomfort associated with participation in this study beyond those encountered in everyday life. In exchange for participation, you will receive extra credit in a psychology course as determined by your professor. In addition, your participation may contribute to improved understanding of behavior in romantic relationships.

*Confidentiality:* If you choose to participate in this study, any information you provide will be handled and held in strict confidence. The information obtained in this study may be published in scientific journals or presented at scientific meetings, but your identity will be kept strictly confidential.

*Voluntary participation:* Your participation in the current study is completely voluntary and of your own choice. You are free to decide not to participate in this study or to discontinue participation at any point without adversely affecting your relationship with any faculty or students at Butler University and without incurring any penalty to any external form of compensation you may receive for your participation in this study (i.e., extra credit in a class). If you choose to withdraw from the experiment once it has started, please close and exit your browser window.

*Payment:* You will receive up to one half hour of extra credit as approved by your psychology professor for your participation in this experiment.

*Agreement: I have read the above informed consent statement, and I choose to participate in this study. I understand that participation is voluntary and that I may withdraw my consent at any time without penalty. I acknowledge that confidentiality of records concerning my involvement in this project will be maintained appropriately. I understand that I may contact the investigator stated below or the supervising faculty member at Butler University with questions or concerns pertaining to this study.*

Electronic Consent: Please select your choice below.

Selecting "agree" below indicates that:

- you have read the above information
- you are at least 18 years of age

*If you do not wish to participate in the research study, please decline participation by closing your browser window.*

**Please choose only one of the following:**

- Agree

### **Demographics**

*Please answer the following questions about your demographic information.*

**What is your age? \***

Please type your answer here: \_\_\_\_

**How would you identify your gender? Please select *one* choice that best describes you. \***

- Male
- Female
- Transgendered male
- Transgendered female
- Prefer not to answer

**How would you describe your sexual preference? Please select *one* choice that best describes you. \***

- Heterosexual
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Prefer not to answer

**How would you identify the gender of your romantic partner? Please select one choice that best describes them. \***

- Male
- Female
- Transgendered male
- Transgendered female
- Prefer not to answer

### **Section A**

*Please answer the following questions about your level of sexual activity with your partner.*

**Are you currently sexually active with your romantic partner? \***

- Yes
- No
- Prefer not to answer

**Have you ever been sexually active with your romantic partner? \***

- Yes
- No
- Prefer not to answer

### **Section B**

*Please answer the following questions about your sexual health.*

**When you have chosen to be sexually active with your partner, how often do you use a means of contraception? \***

- Always
- Almost always
- Sometimes
- Almost never
- Never
- Does not apply

**When you have chosen to be sexually active with your partner, what means of contraception do you use? Select all that apply. \***

- Male condoms
- Female condoms
- Birth control or oral contraceptive
- Diaphragm
- Spermicides
- "Pulling out" or withdrawal
- Other methods

- We do not use contraception
- Does not apply

**Have you ever been tested for an STD? \***

- Yes
- No
- Prefer not to answer

**If you have been tested for an STD, what was the reason for the testing? \***

- Partner encouraged me to get tested
- Experienced symptoms
- Part of a routine visit
- Prefer not to answer
- Not applicable [never been tested]
- Other: \_\_\_\_\_

**Have you ever had an STD? \***

- Yes
- No
- Prefer not to answer

**What is your current STD status? \***

- I have an STD, but I am being treated.
- I have an STD, but I am not being treated.
- I do not have an STD.
- Prefer not to answer

### **Section C**

*We're interested in hearing about how people talk about sex. Please answer the following questions about how you and your partner communicate.*

**In your current relationship, how do you feel about your level of sexual activity? \***

\*

- Very pleased
- Moderately pleased
- Neutral
- Moderately displeased
- Displeased
- Does not apply

**In your current relationship, how do you think your partner feels about the level of sexual activity? \***

- Very pleased
- Moderately pleased
- Neutral
- Moderately displeased
- Displeased
- Does not apply

**Before sexual activity with your romantic partner, how often do you communicate about what you plan on doing? \***

- Always
- Almost always
- Sometimes
- Almost never
- Never
- Does not apply

**Before sexual activity with your romantic partner, what do you discuss? Select all that apply. \***

- Acts to be performed
- Length of sexual activity
- Contraception
- Emotions
- STD status
- Fantasies and desires
- Boundaries
- Safe words
- Sexual history
- Does not apply
- Other: \_\_\_\_\_

**After sexual activity with your romantic partner, how often do you communicate about what you just did as a couple? \***

- Always
- Almost always
- Sometimes
- Almost never
- Never
- Does not apply

**After sexual activity with your romantic partner, what do you discuss? Select all that apply. \***

- Acts to be performed
- Length of sexual activity
- Contraception
- Emotions
- Pleasure
- Fantasies and desires
- Boundaries
- Sexual history
- Future sexual activity
- Does not apply
- Other: \_\_\_\_\_



**In your communication with your partner regarding sexual activity, how frank [open, direct] is your discussion? \***

- Very frank
- Frank
- Neutral
- Reserved
- Very reserved
- Does not apply

**In your communication with your partner regarding sexual activity, how honest is your discussion? \***

- Very honest
- Honest
- Neutral
- Dishonest
- Very dishonest
- Does not apply

**In your communication with your partner regarding sexual activity, how serious is your discussion? \***

- Very serious
- Serious
- Neutral
- Playful
- Very playful
- Does not apply

**How often are you sexually active with your romantic partner where you DO communicate about what you plan on doing or are doing? \***

- Always
- Almost always
- Sometimes
- Almost never
- Never
- Does not apply

**How often are you sexually active with your romantic partner where you DO NOT communicate about what you plan on doing or are doing? \***

- Always
- Almost always
- Sometimes
- Almost never
- Never
- Does not apply

## **Section D**

*Please answer the following questions about how you and your partner communicate in your relationship.*

**If you were to find that your partner had not done a small task when you asked them to [ex: doing the dishes, running an errand, etc.], how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If you were to find that your partner had been unfaithful, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If you were to get into a serious, heated argument with your partner, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If you wanted to be sexually active with your partner one night, and they did not want to be sexually active, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If your partner wanted to be sexually active with you one night, and you did not want to be sexually active, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If you were to find that your partner had been lying to you, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If your partner had been quite rude to you, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If your partner had been strangely quiet towards you, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**If your partner had suddenly changed plans that they had with you, how comfortable would you feel about communicating your feelings to them? \***

- Very comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very uncomfortable

**Select the five words that best describe YOUR communication style in your current romantic relationship. The order in which you rank them does not matter- just pick five words. \***

- Dominant
- Unclear
- Submissive
- Clear
- Purposeful
- Ambiguous
- Carefree
- Aggressive
- Assertive
- Anxious
- Pleasant
- Confident
- Tentative
- Non-confrontational

- Confrontational
  - Sharp
  - Passive
  - Joyful
  - Straightforward
  - Wishy-washy
  - Loud
  - Quiet
  - Compromising
  - Determined
  - Honest
  - Transparent
  - Playful
  - Serious
  - Closed-off
  - Mature
  - Immature
  - Light-hearted
  - Stubborn
  - Gossipy
  - Friendly
  - Heartfelt
- 
- **Select the five words that best describe YOUR PARTNER'S communication style in your current romantic relationship. The order in which you rank them does not matter- just pick five words. \***
    - Dominant
    - Unclear
    - Submissive
    - Clear
    - Purposeful
    - Ambiguous
    - Carefree
    - Aggressive
    - Assertive
    - Anxious
    - Pleasant
    - Confident
    - Tentative
    - Non-confrontational
    - Confrontational
    - Sharp
    - Passive
    - Joyful
    - Straightforward
    - Wishy-washy

- Loud
- Quiet
- Compromising
- Determined
- Honest
- Transparent
- Playful
- Serious
- Closed-off
- Mature
- Immature
- Light-hearted
- Stubborn
- Gossipy
- Friendly
- Heartfelt

### **Section E**

*The following statements concern how you feel right now. Please respond to each statement by indicating how much you agree or disagree with it as it reflects your current feelings.*

**Please select the number on the 1 to 7 scale that best indicates how you feel at this moment. \***

	1 Disagree strongly	2	3	4 Neutral/mixed	5	6	7 Agree strongly
I wish someone would tell me they really love me.							
I would be uncomfortable having a good friend or a relationship partner close to me.							
I feel alone yet don't feel like getting close to others.							
I feel loved.							
I wish someone close could see me now.							
If something went wrong right now I feel like I could depend on someone.							

Please select the number on the 1 to 7 scale that best indicates how you feel at this moment. \*

	1 Disagree strongly	2	3	4 Neutral/mixed	5	6	7 Agree strongly
I feel like others care about me.							
I feel a strong need to be unconditionally loved right now.							
I'm afraid someone will want to get too close to me.							
If someone tried to get close to me, I would try to keep my distance.							
I feel relaxed knowing that close others are there for me right now.							

Please select the number on the 1 to 7 scale that best indicates how you feel at this moment. \*

	1 Disagree strongly	2	3	4 Neutral/mixed	5	6	7 Agree strongly
I really need to feel loved right now.							
I feel like I have someone to rely on.							
I want to share my feelings with someone.							
I feel like I am loved by others but I really don't care.							
The idea of being emotionally close to someone makes me nervous.							



Please select the number on the 1 to 7 scale that best indicates how you feel at this moment. \*

	1 Disagree strongly	2	3	4 Neutral/mixed	5	6	7 Agree strongly
I want to talk with someone who cares for me about things that are worrying me.							
I feel secure and close to other people.							
I really need someone's emotional support.							
I feel I can trust the people who are close to me.							
I have mixed feelings about being close to other people.							

**Thank you so much for your participation in this survey!**  
*If you signed up through SONA then your extra credit has already been granted at this time.*

*If you participated in this survey without signing up on SONA, please contact the researcher at [egdavis1@butler.edu](mailto:egdavis1@butler.edu) to acquire credit for your participation.*