



The role of adult attachment dimensions and body image in sexual function of married female students

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ABSTRACT

This research has been conducted to investigate the relationship between adult attachment dimensions and body image with sexual function. For this purpose, 300 married female BA students at Yazd University were chosen by volunteer sampling. The instruments of this study included the Collins attachment dimensions scale (1996), Marsh's Physical Self-Description Questionnaire (PSDQ) (1996), and Rosen's Female Sexual Function Index (2000). Regression analysis results implied that the adult attachment avoidance acts as a negative predictor of sexual function. Furthermore, from among the subscales of body image, appearance acts as positive predictor of arousal, lubrication, orgasm, and satisfaction; perseverance and power act as positive and negative predictors of arousal, respectively. In addition, well-being plays as positive and negative predictor of satisfaction and pain subscales, respectively. It can be deduced that the type of romantic relationship between the couples and the way they orient in the interaction with the spouse along with the person's mentality about one's physical appearance and their level of satisfaction can affect the quality of sexual relationship.

Key words: sexual function, adult attachment dimensions, body image.

INTRODUCTION

Family, as the smallest and oldest institution of society, has the greatest role in its development and survival and accordingly has attracted a great deal of thinkers' attention. One of the key components for this interest is the sexual health of the family.

Today, it is known that having a pleasurable sexual life can help couples to cope with the daily problems and tensions. Furthermore, a pleasant sexual relationship is an important factor in maintaining and preserving family circle. On the other hand, an unsuccessful sexual life is the main source of relationship clashes. It can lead to disappointment, feelings of insecurity, and increased worries about the sustainability of the relationship. At its most extreme, it can lead to divorce of the spouses [1,2]. In his report, Dejkam states that 40% of divorces happen due to dissatisfaction with sexual relationships [3].

Sexual relationships can be regarded as the interaction between males and females in sensual affairs [4]. Natural sexual desire refers to the feelings of action and the behavior pleasurable to the person themselves and their partner, involving arousal of genitalia, free of feelings of guilt and anxiety, yet has no compulsive aspect. Sexual function is

a concept for which one cannot present a unique and specific definition. However, this function is a process that involves several stages from its beginning to the end. These stages differ from theories to others. One of the newest theories of sexual function is the one presented by Rosen et al (2000) that determines six elements regarding sexual function of women: 1. Sexual desire: the willingness of the person to do sexual activity 2. Sexual arousal: arousal of physiological responses in the genitalia 3. Lubrication: following sexual arousal, vagina secretions makes it lubricated 4. Orgasm or the climax of sexual pleasure: characterized by rhythmic contractions of uterus muscles 5. Satisfaction: the level of closeness to the spouse, satisfaction with sexual relationships, and satisfaction with the entire sexual life 6. Pain: the frequency and level of vaginal pain during the intercourse and after it [5].

According to studies done by Lawman et al. (1994), around 50% of adults have reported that they are not satisfied with the sexual aspects of their life [6], while 31% of men and 43% of women have reported that they have had a number of difficult sexual experiences in the previous years [7]. Similarly, Frank et al (2003) found that 43% of women have only sexual complaints and 39% of them have trouble in the sexual activity [8]. Bason (2005) revealed that 30-35% of women suffer from lack of libido [9]. In Iran, several studies have been done on the state of sexual function of women. Researchers estimate that 43% of women complain about at least one sexual problem. Disorders of the desire and arousal stage are the most common problems in clinical settings. According to other studies, disorders of orgasm and arousal are just as common. Based on some investigations, 22% of women and 5% of men experience the problems associated with low sexual desire. According to statistics, the most common sexual complaint in women is low levels of sexual desire [1].

Sexual desires are the innermost feelings and most profound sincere wish of human beings in giving meaning to a relationship. A warm sexual relationship between the spouses requires a strong emotional bond between the couples, caring for which results in consolidation of sexual relationship between them. The relationship between couples is largely dependent on the attachment style of them. Hazan and Shaver (1994) investigated the attachment theory in adults and found that attachment styles continue throughout the life and the attachment issue involves not only the mothers, but also adults, the spouse, and friends. Shaver and Hazan believe that adulthood relationships are formed based on the mother-child attachment style in terms of cognitive, emotional, and behavioral dimensions, where adulthood love can be regarded as a stage of attachment [10].

During adulthood, individuals become dependent on their romantic partner and rely on them as a source of confidentiality and support. Based on Brennan, Bartholomew & Horowitz (1991), and Clark and Shaver (1998) individual differences in attachment have been conceptualized in two rather independent dimensions of avoidance and anxiety [11]. Attachment anxiety reflects fear from abandonment, rejection, and separation from the spouse, and anxious people are always dependent on others. Attachment avoidance represents the problems of spouses in trusting each other or others along with avoidance from closeness and dependence on the spouse. Instead of trusting others and seeking help from them, these individuals try to self-reliant [12]. Research has shown that anxious youngsters and adults have external and internal problems regarding sexual functions including relatively low sexual satisfaction [13], 14,15 And [16], low sexual arousal, low orgasmic responses [13], and painful intercourse [17]. Furthermore, most avoidant people have been reported to have relatively low sexual satisfaction [14,15], self-perception, relatively low libido and low pleasure from special sexual activities (18). According to a study done on another group of women, it seems that avoidance can be associated with low levels of sexual excitement [13], low frequency of orgasm [19], and sexual pain [17].

Sexual relationship is beyond a merely physical and somatic reaction. Sexual arousal can have a deep relationship with emotions, motivation, and other individual characteristics. It seems that a key factor that influences a sexual relationship is the physical appearance of couples. Physical appearance is an important part of body image, since it is the first information resource used by others for social interactions with a person. Today, one of the important psychological concepts that always is of concern for men and women is the mental body image. The body image refers to what individuals perceive of their bodies which includes a multidimensional structure involving their attitude and perception towards their body [20]. This image has been formed since the birth, which evolves as it develops and changes across different stages of a person's life.

Human's beings live with their bodies from birth to death, because the body and physical appearance is the most observable part, the major element that constitutes existence, and one of the important aspects of human identity. Across different societies, it has been observed that women are more sensitive to their bodies and body image compared to men. They also tend to psychologically invest more in their physical appearance [21]. One of the

theories related to body image is the Marsh body image theory (1996) who defines this index with 11 factors. These factors include 9 specific factors (activity, appearance, body fat, fitness, resistance, flexibility, health, eligibility, exercise, and power) plus two general factors (overall body self-perception and overall self-esteem)[22]. Kesh (2004) published a report stating that those women who have low satisfaction with their body image fear from intimacy in their sexual relationships [23]. Other studies have indicated that women with low body satisfaction are more worried about their body image when they are in accompany of their sexual partners [24].

On the other hand, undesirable body image and dissatisfaction with physical appearance refer to a state where the current appearance of a person is far away from their ideal state [25]. Improper evaluation of spouses from their body can gradually affect marital relationships and the way they treat and interact with each other. In the current society, the significance of physical appearance in interpersonal relationships is undeniable, where dissatisfaction with this appearance can leave a person with several disorders. Recent studies have revealed a positive significant correlation between body dissatisfaction and negative consequences in mental health [26]. Those with negative body image suffer from more unpleasant emotions. Undesirable body image leads to development of constant mental preoccupation, tension and anxiety, lowered self-esteem, and intensified dependence and compassion seeking, social phobia [25], increased depression, introversion, timidity, and feelings of loneliness ([27], increased obsession [28], lowered quality of life [29], decreased satisfaction with the life, drug abuse [30] poor appetite, and eating disorders [31]. Therefore considering the broad significance of body image on the majority of living aspects of individuals, it was considered necessary to investigate this variable on sexual function of individuals.

Considering increased problems resulting from sexual health and marital relationships along with physical, psychological, and social factors affecting them in women, investigation of factors that affect sexual function is essential. Among these factors are attachment dimensions and body image. Accordingly, attempts have been made to explore the effect of adulthood attachment dimensions and body image on sexual function in this research.

MATERIALS AND METHODS

This cross-sectional study was conducted descriptively (correlational). The research sample included 300 BA married female students at Yazd University in 2015-2016 selected by volunteer sampling method. To collect data, the following three scales were employed:

Collins attachment dimensional scale (1996): this scale includes self-evaluation of the shaping type of attachment relations to adulthood attachment figures containing 18 items. The response to the items is scored from 1 (Never applies to me) to 5 (absolutely true about me). Collins (1996) has specified the two dimensions of anxiety and avoidance of attachment for this scale based on factor analysis, and reported reliability of dimensions between 0.78-0.85 (Cronbach alpha)[32]. In the current research, to measure the reliability, Cronbach alpha was used, which was proven to be 0.81 and 0.70 in the anxiety and avoidance factors, respectively.

The Rosen's Female Sexual Function Index (2000): This instrument contains 19 items measuring the sexual function of women in 6 areas of desire, mental arousal, lubrication, orgasm, satisfaction, and sexual pain. This index is a scale for measurement of the sexual function of women. It has been developed by Rosen et al (2000) and validated in a group of women with sexual arousal disorders[5]. The mentioned questionnaire has been utilized in numerous studies abroad, showing internal consistency and reliability. This index has been normalized by Mohammadi et al. (2008) in Iran with a reliability of 0.85 obtained by Cronbach alpha(33). In the present research, Cronbach alpha equaled with 0.93.

Marsh Physical self-description questionnaire (1996): this scale contains 47 statements, used for measuring body self-concept. The mental image of one's body is a kind of perception and concept that a person has towards their body. This scale has 11 subscales (9 specific and 2 general subscales). The specific factors are: activity, appearance, body fat, fitness, resistance, flexibility, health, eligibility, exercise, and power and the two general factors include: general body self-concept and general self-esteem. Every subscale contains 6 or 8 statements, each of which is presented in a way that the subject answers the questions with a 6-degree subscale or True/False[22]. This scale enjoys a strong reliability and good replicability. In the present research, Cronbach alpha was used to measure reliability resulting in a value of 0.94.

RESULTS

A summary of the demographic information of the participants is listed in Table 1 in the form of some descriptive indices.

Table 1. The demographic information of participants

	Age	Weight (kg)	Length (m)
Mean	22.21	59.58	1.64
Standard deviation	3.95	10.14	0.06
Minimum	18	40	1.4
Maximum	51	96	1.86

Descriptive indices (mean, standard deviation) of the research variables are provided in Table 2.

Table 2. Descriptive indices of the research variables

	Mean	Standard deviation
Attachment Anxiety	17.02	4.36
Attachment Avoidance	34.7	5.91
Total sexual function	29.24	6.72
Activity	12.1	4.65
Appearance	17.59	3.82
Fat	18.5	5.42
Coordination	19.62	4.65
Perseverance	13.32	4.41
Flexibility	15.73	4.52
Health	22.96	5.12
Sport ability	14.98	4.53
Power	15.08	4.43

Table 3 presents the relationships and correlation coefficients between the research variables.

Table 3. The correlation matrix of the research variables

	1																			
1.Anxiety	1																			
2.Avoidance	.32**	1																		
3.Sexual f	-.042	-.13*	1																	
4.Activity	-.040	-.098	.070	1																
5.Appearane	.31**	.18**	.17**	.35**	1															
6.Fat	-.12*	.015	.035	-.075	.13*	1														
7.Coordination	.16**	.16**	.054	.56**	.53**	.20**	1													
8.perseverance	-.055	-.12*	.069	.53**	.29**	.19**	.61**	1												
9.Flexibility	-.11*	.19**	.073	.45**	.40**	.20**	.68**	.72**	1											
10.Health	.25**	.19**	.045	-.081	.16**	.26**	.18**	.12*	.23**	1										
11.sport ability	-.14*	.21**	.037	.58**	.46**	.17**	.71**	.66**	.62**	.11*	1									
12.Power	.15**	.21**	.037	.48**	.46**	-.026	.59**	.68**	.65**	.19**	.64**	1								

*p<0.05, **p<0.01

As can be seen in Table 3, there is a negative relationship between sexual function and the avoidance attachment. Similarly, a significant relationship was observed between the subscale of appearance and sexual function. Other relationships and significances can also be seen in the Table.

In order to investigate the prediction role of the body image subscales and attachment dimensions in sexual function, simultaneous multiple regression was used with its results provided in Tables 4 and 5.

Table 4. The results of regression of sexual function on attachment dimensions

Criterion	Predictor	β	T	P
Sexual Function	Anxiety	.001	.014	.989
	Avoidance	-.131	-2.159	.032

As can be seen in Table 4, the attachment avoidance has acted as a negative predictor of sexual function.

Table 5. The results of regression of sexual function on body image dimensions

Criterion	Predictor	β	T	P
Sexual Function	Activity	0.057	0.714	0.476
	Appearance	0.230	3.195	0.002
	Fat	-0.003	-0.047	0.963
	Coordination	-0.086	-0.874	0.383
	Perseverance	0.113	1.119	0.264
	Flexibility	0.045	0.469	0.639
	Health	0.034	0.536	0.592
	Sport ability	-0.076	-0.785	0.433
	Power	-0.112	-1.170	0.243

As can be observed in Table 5, from the dimensions of body image, appearance is the only positive predictor of sexual function.

In this research, for further investigation, the effect of individual subscales of body image on all subscales of sexual function was tested through stepwise regression, where Table 6 provides only the significant relationships.

Table 6. The results of stepwise regression of sexual function subscales on body image subscales

Criterion	Predictor	β	T	P
Arousal	Appearance	0.255	3.574	0.001
	Perseverance	0.234	2.337	0.020
	Power	-0.190	2.012	0.045
Lubrication	Appearance	0.228	3.177	0.002
Orgasm	Appearance	0.217	3.037	0.003
Satisfaction	Appearance	0.262	3.721	0.001
	Health	0.147	2.380	0.018
pain	Health	-0.138	-2.186	0.030

As can be seen in Table 6, the appearance subscale acts as a positive predictor in relation to other subscales except for desire and pain. Likewise, the subscales of perseverance and power can be positive and negative predictors of arousal, respectively. Moreover, the health subscale is a positive predictor in relation to satisfaction, whereas it acts negatively with respect to pain.

DISCUSSION

The aim of this research was examination of the role of adulthood attachment dimensions and body image in sexual function of women. The results indicated that the avoidant dimension of attachment can be a negative predictor of female sexual function. The results are congruent with those by Besharat (2010), Asgharinezhad and Danesh (2005), Kachadorin, Fincham and Davila (2004), and Bans (2004)[34, 35, 36, and 37]. It is also in line with the research by Bartholomew and Horowitz (1991) who indicated that women with low anxiety and high avoidance have the lowest level of sexual satisfaction (38).

In the interpretation of the results, Bowlby theory (1982) can be mentioned suggesting that newborn babies develop expectations regarding the competence and availability of mother when she is needed. This mental representation affects the expectations and behaviors of individuals in intimate relationships during adulthood. The attachment bond that is formed in intimate relationships of adulthood is similar to the bond observed in the relationship between babies and parents, where each couple applies the attachment figure developed during infancy in their interactions [39]. Those with avoidant attachment style have problems in trusting each other or others. They also manifest avoidance of intimacy and closeness and dependence on the spouse. Since the sexual relationships between the couples are one of the most intimate relationships, existence of this problem in intimate relationships can adversely affect sexual function. Inability of women with avoidance attachment style in regulation of negative emotions may interfere with their sexual arousal, resulting in reduced performance and sexual satisfaction [40].

In one of the sections, the relationship between body image and sexual function was investigated. The results revealed that the appearance subscale in the body image acts as a positive predictor of sexual function. Negative body image is directly related to several aspects of sexual function and behavior of women. There are some indications that reveal women with low body satisfaction are more worried in sexual interactions with their partner [41]. The women who have more negative feeling about their body have reported lower levels of sexual desire and

arousal [23,42, and 43] and increased sexual avoidance [44,45]. They also experience reduced pleasure, orgasm, and sexual satisfaction[46, 47]. Recognitions and self-awareness are the key factors in understanding the relationship between body image and sexual desires of women. Negative cognition about physical appearance and spectating during the sexual activity which interacts with the experiences and sexual responses is more powerful than the general body image. The cognitions and evaluation of the body does not merely interact with the experiences and responses during sexual activity, rather overlaps with the general sexual behavior, sexual avoidance, and risky sexual behavior, as well [41].

Furthermore, The feeling of inferiority (because of poor body image) is associated with emotions such as anger and depression and adversely affects the quality of life and actions of the person which can include sexual function as well .Those who have a more positive body image and in turn are more satisfied with their appearance, have a stronger self-efficacy belief, thereby accepting their gender roles [48] and naturally enjoying a better sexual function. In addition, it seems that low and negative body image can lead to lowered self-confidence causing them to enter into this relationship with greater anxiety and less efficacy to gain the approval of the spouse. Moreover, stress in sexual relationships can compromise the physiological preparedness for establishing a desirable sexual relationship, resulting in lowered quality of sexual relationships.

In another section, for further elaboration, the relationship between the subscales of sexual function and body image was investigated. In that section, it was observed that appearance acts as a positive predictor of arousal, lubrication, orgasm, and satisfaction. As the interpretation, it can be concluded that a person who feels he/she has a better appearance has a better performance in the majority of sexual function subscales, where one reason could be self-efficacy. This means that the person knows themselves competent, believe in themselves, and receive a considerable positive feedback from the external environment. This positive image of oneself can help the person with high self-efficacy enter into the relationship and have a better performance. In addition, perseverance acts as a positive predictor of arousal and health is a positive and negative predictor of satisfaction and pain, respectively. It was also found that the dimension of power predicts arousal negatively. At first glance, it seems that the relationship between power and arousal should be positive. By a little contemplation, it can be interpreted that high physical strength and high scores in the power subscale can cause the person to invest more of their concentration on physical strength or in some way direct their psychic energy toward this aspect. In other words, those who evaluate themselves desirable and high in the power subscale become less involved in interpersonal relationships and in turn arousal for sexual relationships.

Due to absence of studies on the relationship between the subscales of sexual function and body image, for further studies it is suggested that the relationship between these subscales be examined as well. Further, due to observation of unexpected results in the relationship between power subscale and sexual arousal, it is suggested that this issue be investigated through qualitative research and methods such as interview. Also, we suggest the researchers to investigate the role of other social and personal variables in sexual function with the control of biological characteristics.

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