

Original Article

The relation between sexual self-concepts and attachment styles in married women: A cross-sectional study

Maryam Mohammadi-Nik¹, Maryam Modarres^{2,3*}, Tayebeh Ziaei⁴

¹Department of Midwifery, School of Nursing and Midwifery, Arak University of Medical Sciences, Arak, Iran

²Department of Reproductive Health, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

³Nursing and Midwifery Care Research Center, Tehran University of Medical Sciences, Tehran, Iran

⁴Reproductive Health and Midwifery Counseling Research Center, Golestan University of Medical Sciences, Gorgan, Iran

ARTICLE INFO

Received 23 August 2017
Revised 23 August 2017
Accepted 7 November 2017
ePublished 13 January 2018
Published 7 March 2018

Available online at:
<http://npt.tums.ac.ir>

Key words:

sexual self-concept,
attachment,
married women

ABSTRACT

Background & Aim: Sexual self-concept is providing recognition of sexual aspects of each person, which is derived from previous experiences, points out the recent experience and guides the sexual behaviors. The aim of the present study was to evaluate the relation between sexual self-concept and attachment styles in married women who referred to the health centers of Tehran in 2014.

Methods & Materials: This cross-sectional study was conducted on 365 women of reproductive age (15 to 44 years old) who referred to the health centers affiliated with Tehran University of Medical Sciences. Data gathering tools were demographic characteristics questionnaire, the questionnaire for sexual self-concept and the questionnaire for attachment. Data were analyzed by SPSS version 16 using descriptive statistics and Pearson correlation coefficient with a significant level of $\alpha \leq 0.05$.

Results: Results showed a direct correlation between negative sexual self-concept (12.24 ± 10.19) and anxious attachment (7.40 ± 4.87) ($p < 0.0001$) and avoidant attachment (19.54 ± 5.98) ($p < 0.0001$). In contrary, positive sexual self-concept (120.73 ± 22.70) had a reverse correlation with anxious attachment ($p = 0.006$) and avoidant attachment ($p = 0.114$) and a direct correlation with secure attachment (17.06 ± 3.79) ($p = 0.006$).

Conclusions: Considering the direct correlation between positive sexual self-concept and secure attachment and also between negative sexual self-concept and non-secure attachment (anxious and avoidant), it is predicted that by appropriate planning for secure attachment, healthy sexual behaviors could be reached.

Introduction

Individual's subjective evaluation of her or his characteristics and appearance is considered as self-concept, which could be positive or negative. In fact, self-concept is a dynamic system which related to individual's beliefs, values, desires, potentials and capacities (1). Sexual self-concept is a cognitive perspective of "one's" sexual aspects (2). It is a multidimensional field of self-concept and deals with individual's positive and negative concepts and feelings of themselves as a sexual

creature (3-7). Sexual self-concept is derived from previous experiences, points out the recent experience and guides the sexual behavior (8). It would also be affected by sexual events and new sexual experiences would reform it and affect individual's future behaviors (4).

Individual's self-concept might vary from very poor or negative to very strong or positive; people with positive self-concept have a feeling of adequacy and are more capable in adjusting with their surrounding world (9). Women with negative attitude toward sexual intercourse would define themselves as cold non-romantic people and have no tendency toward sexual intercourse and love making (10).

* Corresponding Author: Maryam Modarres, Postal Address: School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran. Email: modarres@tums.ac.ir

In attachment theory it could be said that romantic relationships might be conceptualized as an attachment process (11). Also in this theory adulthood attachment would be divided into three categories of secure, anxious and avoidant attachment styles (12, 13). Secure attachment style is defined by secure emotional attachment. Securely attached people usually consider themselves lovely and sociable. These people are capable of expressing their helplessness, requesting for support, moderating their negative feelings constructively in problem solving (12). According to this theory people with secure attachment style have a positive view of themselves and others. So they would have a sense of being valuable, accept others and are responsive. They are certain that in the time of need, there are people who would respond to their needs (13). On the contrary, anxious attachment style is associated with being dependent and needy and is determined by high levels of anxiety and obsession about the spouse or mental engagement about him/her and doubt about one's self. Avoidant attachment style in adults is defined by relying on yourself and keeping emotional distance. Someone with avoidant attachment would hide their sense of insecurity, is afraid of intimacy, is more hostile and is more sensitive about being rejected (12). People with avoidant attachment style have problem in establishing close intimate relationships. They have negative approach toward others and themselves and since they would expect to be rejected by others, they are afraid of intimacy and, by avoiding relationships, would try to protect themselves from being rejected (13). There is a relation between individual's attachment style with their sexual desires, emotions and behaviors. Adult's attachment systems performs in interaction with their sexual behaviors system; meaning that, adult attachment is usually formed based on the existing image of the marital or sexual

relationship, and it creates the initial motivation for searching intimacy and sexual attraction (13, 14). If both spouses have secure attachment, the onset of sexual activity would be mutual and the physical intimacy would be pleasant (15).

Therefore, regarding these two main variables is necessary for modification of couples' sexual relationship (8, 16). Many researchers have evaluated the relation between attachment theory and couples' sexual relationship (17, 18). But few have regarded sexual self-concept and most of the studies have focused on the diseases and sexual dysfunctions (19). If couples would not establish a healthy satisfactory sexual relationship, it would lead to quarrel, tension and eventually dissatisfaction with marital life (20).

Eventually it must be noted that few studies have been conducted about sexual self-concept, which is a part of self-concept (21).

Also Taimour pour et al (2010) evaluated the attachment style of 192 married female college students in Tehran and revealed the relation of attachment with satisfaction, feeling guilty and sexual desire.

But the relation between this variable and sexual self-concept has not been studied (22).

On the other hand, Ziaei et al (2012, 2013) in their study recommended strengthening the positive aspects of sexual self-concept and its controlling in different attachment styles for reducing risky behaviors and emphasized on the importance of studying it more (23, 24).

Therefore, considering the effect of attachment styles on sexual relationships and the importance of sexual self-concept, which would form the basis for individual's sexual behavior and his/her attachment style in a marital relationship, the present study was conducted to determine the relation between sexual self-concept and attachment style of married women who referred to the health

centers affiliated with Tehran University of Medical Sciences in 2014.

Methods

Design of the study was descriptive analytical cross-sectional. Study population was all the Iranian married women from the age of 15 to the age of 44. The inclusion criteria were being able to read and write, being mentally and physically healthy, not having any diagnosed diseases and being a client of the health centers affiliated with Tehran University of Medical Sciences. Among them 400 married women of 15 to 44 years' old who were willing to participate were enrolled in the study.

Sampling method was randomized cluster method; at first, a list of 30 health centers of Tehran which were all located at the Southern districts of Tehran was developed. Then the Southern districts based on their accessibility were divided into four clusters of Northern, Southern, Eastern and Western. Then the centers of each cluster were numbered and 1 health center was randomly selected from each cluster using random number table. These centers were Dar-o-Shafa health center covering 2319 families, Meysam health center covering 1634 families, Ayat health center covering 375 families and Farmanfarmayan health center covering 3293 families, which were selected as the sample units. Selecting eligible samples was continued constantly on all working days from the beginning to the end of office hours until the completion of the samples. Sampling was conducted from February to May 2014.

Allocation of samples into an intervention or control groups was performed with simple randomization method based on a card random selection. Sealed opaque envelopes were used for concealment of random sequences.

After gaining approval from the ethics committee (93/d/130/1540) and permission for sampling from the Tehran University of Medical Sciences, sampling was started. Participants who were willing to be enrolled in

the study signed the informed consent form. At the end of the consent form, participants were ensured that they were free to participate in the study. Also, if they were willing to be informed of their results, they would voluntarily provide their phone numbers so that the results would be sent to them through a message as soon as possible. Also the confidentiality of the data was emphasized.

The researcher referred to the selected health centers with a recommendation letter from the health deputy of the University and gained their approval after explaining the goals of the study for them. After explaining the aim of the study for the participants, the questionnaires were distributed among at a quiet place in the health center. While completing the questionnaires, if the participants had any questions, the researcher would provide the necessary explanation to them. Completing each series of the questionnaires lasted for about 45 minutes.

Data gathering tools were 3 questionnaires. The first questionnaire was for assessing the demographic characteristics of the participants. The second questionnaire was the Revised Adult Attachment Scale. This questionnaire was first developed by Collins and Read in 1990 and was revised in 1996. This questionnaire contains 18 items which would be scored with a 5-point Likert scale (not at all = 0, a little= 1, somewhat= 2, a lot= 3, and completely=4). Subscales of this questionnaire are dependence, closeness and anxiety. To evaluate the validity of the questionnaire, Collins calculated the Cronbach's α for each of the subscales on two groups of 173 and 100 samples and the coefficients for the closeness subscale were 0.82 and 0.81 respectively, for the dependence subscale were 0.78 and 0.80 respectively and for the anxiety subscale were 0.83 and 0.85 respectively (25, 26).

In Iran validity and reliability of the Collins and Read questionnaire have been approved in various studies. For example, Pakdaman (2001) reported its reliability at 0.95 using test retest method (27). The study of Ghobari and Haddadi (2010) evaluated its internal

consistency with a Cronbach's α for each of the three domains: 0.48 for closeness, 0.55 for dependence and 0.79 for anxiety (28).

The third questionnaire was the Farsi version of the Multidimensional Sexual Self-Concept Questionnaire (MSSCQ). The original version of the questionnaire is a self-report tool with 100 questions and 20 fields for evaluating different aspects of sexual self-concept that has been developed by Snell in 1995 (5).

The Farsi version of this questionnaire has been psychometrically evaluated by Ziaei et al (2013) and assess for cultural sensitivity. This version that has 78 questions and 18 fields. Questions were answered based on a 5-point Likert scale (not at all = 0, a little = 1, somewhat = 2, a lot = 3, and completely = 4). Higher scores indicate higher sexual self-concept.

The researcher categorized the 18 fields of the sexual self-concept into three main domains of positive, negative and situational. The negative domain includes negative emotions such as sexual anxiety, fear and depression. The positive domain includes motivation, emotions and behaviors such as sexual optimism, sexual self-efficacy and sexual self-esteem. Situational domain is a concept that could be interpreted positively or negatively such as sexual decisiveness and sexual engagement (25, 26).

Its Cronbach's α has been reported as 0.88. Since the tool was standardized and psychometrically evaluated in Iran (5), in a way that 25 questions out of 100 questions were omitted or revised from the original version of the questionnaire, to evaluate the scientific validity of the 75-question psychometrically evaluated questionnaire, the questionnaire was distributed among 30 eligible participants from 3 health centers in a pilot study and the total Cronbach's α was calculated for the questionnaire.

The Cronbach's α for the sexual self-concept with this number of participants was 0.81 which was acceptable. Therefore, the questionnaire was used in the present study.

Data were analyzed using descriptive statistics (frequency, percent, mean and standard deviation) and Pearson correlation coefficient in The SPSS software version 16. The level of significance for all tests was considered $p < 0/05$.

Results

From 400 distributed questionnaires, 365 were eventually analyzed. The rest of the questionnaires could not be analyzed because of being filled incompletely or vaguely (contradictory answers especially in the demographic characteristics) and were excluded. The mean age of women was 30.9 ± 6.66 years and the mean age of their husbands was 35.29 ± 7.3 years. The mean duration of the participant's marriage was 10.88 ± 7.29 years and their mean number of children was 1.17 ± 1 . Most of the women (47.4%) and their husbands (43%) had college degrees. Most of the participants (66.3%) reported their economic status as moderate and 96.7% were permanently married (Table 1). The mean score of the participants in the negative domain was 12.24 ± 10.19 , the positive domain was 120.73 ± 22.70 and the situational domain was 39.17 ± 2.16 (Table 2).

The gained mean scores of the anxious, avoidant and secure attachment styles were respectively 7.40 ± 4.78 , 19.54 ± 5.98 and 17.06 ± 3.79 (Table 2). Results of Pearson correlation analysis showed that negative sexual self-concept had a direct correlation with anxious attachment style ($p < 0.0001$, $r = 0.377$) and avoidant attachment style ($p < 0.0001$, $r = 0.325$) and a reverse correlation with secure attachment style ($p < 0.0001$, $r = -0.223$). Positive sexual self-concept had a reverse correlation with anxious attachment style ($p = 0.006$, $r = -0.146$) and avoidant attachment style ($p = 0.03$, $r = -0.114$) and a direct correlation with secure attachment style ($p = 0.006$, $r = 0.145$). No statistically significant correlation was observed between situational sexual self-concept and any of the attachment styles (Table

3). Pearson correlation coefficient found a direct correlation between anxious and avoidant attachment styles with negative sexual self-concept and a reverse correlation between secure attachment style and sexual self-concept. On the contrary the correlation between positive sexual self-concept with anxious and avoidant attachment styles was reverse and with secure attachment style was direct (Table 3).

Discussion

The aim of the present study was to evaluate the relation between sexual self-concept and attachment styles; results revealed that negative sexual self-concept had a direct correlation with anxious and avoidant attachment styles and a reverse correlation with secure attachment style. Also positive sexual self-concept had a reverse correlation with anxious and avoidant attachment styles and a direct correlation with secure attachment style.

Some of the participants' demographic characteristics such as age and duration of marriage had a significant relation with sexual self-concept too. Snell et al (2001) in their study predicted that people with insecure attachment style probably have negative emotions toward their sexual aspects; for example, they might have low sexual self-esteem and high sexual anxiety and depression. Their results revealed that women with lower scores in secure attachment style have more sexual anxiety, fear and depression (negative domains of sexual self-concept) and also lower sexual decisiveness, optimism, self-esteem and satisfaction (positive domains of sexual self-concept) (5).

Results of a study by Hazan and Shaver (1987) about intimate relationship between people showed that secure attachment style

might be a predictor for different types of positive behaviors (11).

Also Tracy et al (2003) revealed that people with secure attachment style, compared to those with anxious and avoidant attachment styles, would experience more positive emotions and less negative emotions during their recent sexual relationship (15).

In the present study, negative emotions that indicate individual's sexual anxiety, fear and depression had the lowest mean scores. Also positive emotions such as sexual optimism had the highest scores.

Therefore, the participants of the present study had a higher positive sexual self-concept.

The domain of motivation for avoiding risky sexual the present study and other similar studies, which would indicate women's higher tendency toward avoiding risky sexual behaviors. Since this domain could be affected by education, so by providing appropriate information and awareness for women and improving their motivation for avoiding risky sexual behaviors, healthy sexual behaviors could be achieved.

The study of Taimourpour et al (2010) resulted that women with secure attachment style have more sexual desire. On the other hand, women with avoidant attachment style have more sexual guilty feeling and report less sexual desire (22).

Therefore, women with secure emotions in their relationship with their husband (secure attachment) have more positive sexual self-concept and consequently positive emotions about their sexual relationship (self-efficacy, self-esteem, optimism). Insecure people (avoidant and anxious attachment) who have insecure attachment toward their husbands would express higher rates of negative emotions about their sexual relationship (fear, anxiety, depression).

Results of the present study showed a direct correlation between sexual self-concept and

attachment style which could be helpful for sexual counselors especially midwives, during the process of selecting the spouse, couple's therapy, finding the reasons for separation,

intimacy, and extramarital and risky relationships. Also, studies in this field have shown that sexual self-concept would help explaining sexual behaviors and has a key role

Table 1. Absolute and relative frequency of participants' demographic characteristics

Age (years)	N	%	Mean ±SD	Max-Min
Less than 20≤	13	3.6		
20-30	180	49.3	30.9±6.66	48-17
30-40	133	36.4		
40 ≥ more than	39	10.7		
Duration of marriage (years)				
Less than 10≤	194	53.2	10.88±7.29	35-1
10-20	124	34		
20 ≥ more than	47	12.9		
Number of children				
0,1	232	63.6	1.17±1	6-0
2≥	133	36.4		
Educational status				
Elementary and middle school	52	14.2		
High school	140	38.4		
University	173	47.4		
Economic status				
Well	77	21.1		
Moderate	242	66.3		
Poor	46	12.6		
Total Number:365				
100%				
Occupation status				
Housekeeper	246	67.4		
Occupying	119	32.6		

Table 2. Descriptive information about sexual self-concept and attachment styles variables

Indexes	Mean ± SD
Negative sexual self-concept	12.24±10.19
Positive sexual self-concept	120.73±22.70
Situational sexual self-concept	39.17±12.16
Anxious attachment style	7.40±4.87
Avoidant attachment style	19.54±5.98
Secure attachment style	17.06±3.79

Table 3. The relation between sexual self-concept and attachment style of married women who referred to health centers affiliated with Tehran University of Medical Sciences in 2014

Sexual self-concept \ Attachment	Negative		Positive		Situational	
	P value	r	P value	r	P value	r
Anxious	<0.0001	0.377	0.006	-0.146	0.512	-0.035
Avoidant	<0.0001	0.325	0.03	-0.114	0.087	-0.09
Secure (intimate)	<0.0001	-0.223	0.006	0.145	0.635	0.025

in sexual activities and might be a good predictor for women's sexual health (8, 16, 19).

However, results of the study by Cholka et

al (2010) were different from the present study. Sexual depression, sexual passion and sexual anxiety respectively had the lowest

mean scores and sexual optimism, internal control of sexual issues and motivation for avoiding risky sexual relationships respectively had the highest mean scores; also women's sexual fear was reported to be low. Participants of the study of Cholka et al were unmarried female college students (29). Therefore, the reason for this difference might be the differences between the culture and beliefs of the participants in that study and the participants of the present study. The study of Cholka also revealed that some of the variables such as gender had a significant relation with some of the structures of sexual self-concept (29). Also in the present study variables of age, duration of marriage and the number of intercourses had a relation with sexual self-concept. According to the study of Jones et al (2017), characters and personal differences of people had a relation with their anxious attachment style. The variable of sudden romantic loves had a relation with anxious attachment style in people (30). One of the limitations of the present study was that some might have provided wrong answer due to being ashamed of the true answers; but completing the questionnaires by the participants themselves and reassuring them of not needing to register their names and features on the questionnaires decreased the effect of this limitation to some extent.

The final conclusion of the present study was that sexual self-concept had a relation with attachment style. In a way that positive sexual self-concept had a reverse correlation with avoidant and anxious attachment styles and hence with negative emotions. Therefore, as the anxious attachment and negative motions increase, women's sexual self-concept would be weakened. Based on these results, it is recommended that family counseling centers, health specialists and midwives would consider this matter and plan this during their educational workshops and programs and

family counseling for calming down and decreasing the tension and anxiety of women of reproductive ages. Also following recommendations are suggested for future studies: 1) participants of the study should be selected as couples so that a comparison between spouses would be possible. 2) It is recommended to conduct an interventional study with the title of the effect of attachment style education on sexual self-concept.

Acknowledgements

This research has adapted from the thesis supported by Tehran University of Medical Sciences & health Services. (Grant No. 6/250/6646).

Conflict of interest: No conflict.

References:

1. raghibi M, minakhany G. Body Management and its Relation with Body Image and Self Concept. 2. [Research]. 2012;12(46):72-81.
2. Andersen BL. Surviving cancer: the importance of sexual self-concept. *Medical and pediatric oncology.* 1999;33(1):15-23.
3. O'Sullivan LF, Meyer-Bahlburg HF, McKeague IW. THE DEVELOPMENT OF THE SEXUAL SELF-CONCEPT INVENTORY FOR EARLY ADOLESCENT GIRLS. *Psychology of Women Quarterly.* 2006;30(2):139-49.
4. Hensel DJ, Fortenberry JD, O'Sullivan LF, Orr DP. The developmental association of sexual self-concept with sexual behavior among adolescent women. *Journal of Adolescence.* 2011;34(4):675-84.
5. Snell Jr W. Chapter 17: Measuring multiple aspects of the sexual selfconcept: The Multidimensional Sexual Self-Concept Questionnaire. *New directions in the psychology of human sexuality: Research and theory Consultado na World Wide Web a.* 2001;17.
6. Winter L. The role of sexual self-concept in the use of contraceptives. *Family Planning Perspectives.* 1988:123-7.
7. Rostosky SS, Dekhtyar O, Cupp PK, Anderman EM. Sexual self-concept and sexual self-efficacy in adolescents: a possible clue to promoting

- sexual health? *Journal of sex research.* 2008;45(3):277-86.
8. Andersen BL, Cyranowski JM. Women's sexual self-schema. *Journal of Personality and Social Psychology.* 1994;67(6):1079.
9. Taheri R, Zandighashghaei K, Honarparvaran N. The Comparison of Relationship between Family Communication Patterns and Self Concept with Coping Styles in Male and Female Students. *Armaghane-danesh, Journal of Yasuj University of Medical Sciences.* 17(4):359-69.
10. Pai HC, Lee S. Sexual self-concept as influencing intended sexual health behaviour of young adolescent Taiwanese girls. *Journal of Clinical Nursing.* 2012;21(13-14):1988-97.
11. Hazan C, Shaver P. Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology.* 1987;52(3):511.
12. Khojastehmehr R, karaii A, pour Za, R k. The role of attachment anxiety and avoidance, according to wives generosity: testing a mediation model. *Practical advice.* 2011;1(2).
13. Honarparvaran N., *Emotion-Focused approach in couple therapy, 2012, Danzheh publication, Tehran. (persian)*
14. Davis D., Shaver RF., Widaman KF., Vernon LM., Follette WC., Beitz K., "I can't get no satisfaction": Insecure attachment, inhibited sexual communication and sexual dissatisfaction, *Personal Relationship,* 2006; 13(4):465-483
15. Tracy JL, Shaver PR, Albino AW, Cooper ML. Attachment styles and adolescent sexuality. *Adolescent romance and sexual behavior: Theory, research, and practical implications.* 2003:137-59.
16. Cyranowski JM, Andersen BL. Schemas, sexuality, and romantic attachment. *Journal of Personality and Social Psychology.* 1998;74(5):1364.
17. Mikulincer M, Goodman GS, editors. *Dynamics of romantic love: Attachment, caregiving, and sex.* New York: Guilford Press; 2006.
18. Brassard A, Shaver PR, Lussier Y. Attachment, sexual experience, and sexual pressure in romantic relationships: A dyadic approach. *Personal Relationships.* 2007;14(3):475-93.
19. Blunt, H. *People aren't mind readers": A study of sexual self-concept, partner communication, and sexual satisfaction.* 2012. University of South Florida.
20. Jackson, A. N. Associations among Marital Satisfaction, Sexual Satisfaction, Conflict Frequency, and Divorce Risk from 1980 to 2000. 2014. Auburn University.
21. Vickberg, S. M. J., Deaux, K. Measuring the dimensions of women's sexuality: The Women's Sexual Self-Concept Scale. *Sex Roles,* 2005, 53(5-6): 361-369.
22. Taimour pour N, Moshtagh Bidokhti N, Pour Shahbaz A. The relationship of attachment styles, marital satisfaction and feeling of sex guilt with sexual desire in women. 2. [Research]. 2010;2(3):1-14.
23. Ziaei T, Khoei EM, Salehi M, farajzadegan Z. Psychometric properties of the Farsi version of modified Multidimensional Sexual Self-concept Questionnaire. *Iranian Journal of Nursing and Midwifery Research.* 2013;18(6):439-5.
24. Ziaei T, Khoei EM, Salehi M, farajzadegan Z. *Sexual Self Concept in Mate Selection: Mixed Methods. [dissertation]. Isfahan: Isfahan University of Medical Sciences; 2013.*
25. Collins NL, Read SJ. Adult attachment, working models, and relationship quality in dating couples. *Journal of personality and social psychology.* 1990;58(4):644.
26. Collins NL. Working models of attachment: Implications for explanation, emotion, and behavior. *Journal of personality and social psychology.* 1996;71(4):810.
27. Pakdaman Sh. *The relationship between attachment and Seeking society in teenager. [dissertation]. Tehran: Tehran University; 2001(persian)*
28. Bonab BG, Koohsar AAH. Relation among quality of attachment, paranoid deation and somatization in college students. *Procedia-Social and Behavioral Sciences.* 2011;30:207-11.
29. Cholka, C. B., Ybarra, B. A. D. R. D., Blow, J., Borunda, M., Guereca, Y. & Cooper, T. V. Sex Differences in Sexual Self-Concept in a Hispanic College Population. Department of Psychology the University of Texas at El Paso. Poster to be presented at the annual meeting of the Association of Behavioral and Cognitive Therapies, San Francisco, CA, 2010.
30. Young Sik Lee, Ji Hyun Son, Jeong Ha Park, Sun Mi Kim, Baik Seok Kee, Doug Hyun Han, The comparison of temperament and character between patients with internet gaming disorder and those with alcohol dependence, *Journal of Mental Health,* 2017;26(3).