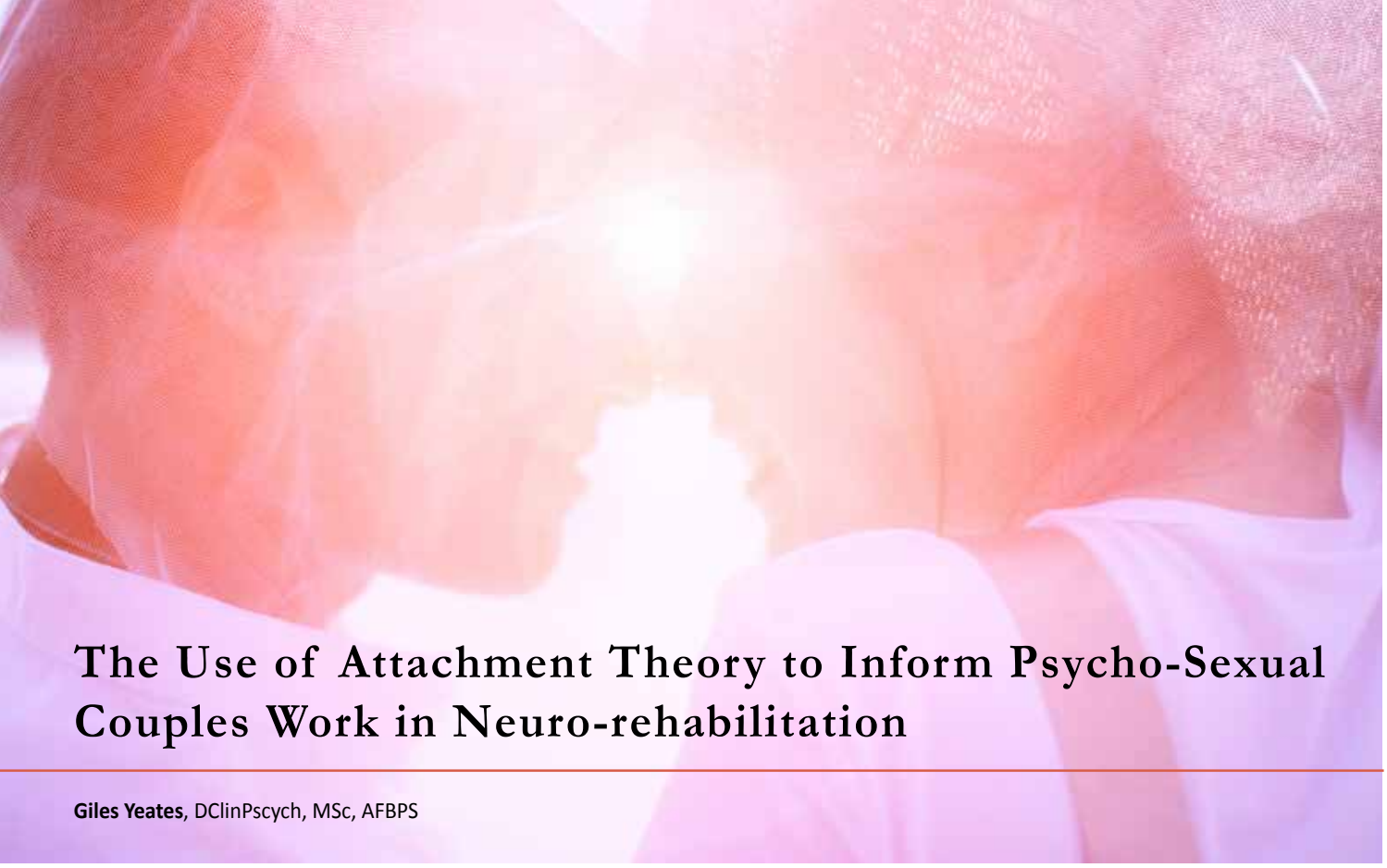

The Use of Attachment Theory to Inform Psycho-Sexual Couples Work in Neuro-rehabilitation

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Introduction

The recognition of changes in sexual functioning for survivors of acquired brain injury (ABI) has grown and the nature of such clarified (e.g, Moreno et al., 2013; Ponsford, 2003). Psycho-educational interventions have been suggested to support survivors themselves (e.g., Simpson, 2001), and the application of techniques such as Sensate Focus (Masters and Johnson, 1976) from the wider psycho-sexual therapy field have been explored in the ABI field. Here the significance of the emotional dimension for the planning and implementation of psycho-sexual work with couples following ABI will be explored, using the framework of attachment theory (AT, Bowlby, 1969). Psycho-sexual work with survivors who are not in a romantic relationship will not primarily be considered here, although an attachment-focused perspective has relevance (e.g., the impact of isolation, rejection, and acquired problems during sexual encounters for a survivor's self-identity, mood and ability to use emotionally-significant relationships to regulate their distress).

Identifying and conceptualising Sexual and Relational Disconnection Post-Injury

The following repeating clinical impressions may be familiar. One or both partners may raise a level of dissatisfaction with the sexual relationship several months or years post-injury. A program of psycho-sexual exercises may be initiated, but an impasse may then be reached in the work, where the couple may not be attempting the exercises between-sessions. There seems in these cases to be an unspoken dimension exerting a powerful influence on both the couple's sexual life and their reporting of such in therapy sessions. A focus solely on the mechanics and physicality of couples' sexual relationships, risks not addressing this other dimension, being ineffective as a physical sexual functioning intervention, while missing an invitation to attend to the wider status of the couple's relationship. Other studies describe a parallel process of emotional and relational disconnection between partners post-injury, alongside the sexual dysfunction. Partners disclose their feelings of "living with a monster", analogous to living with Jekyll and Hyde" (Wood, 2005). Others describe being "married to a stranger" (Wood, 2005), "married without a husband" (Mauss-Clum and Ryan, 1981), wanting their real husband back (Wood, 2005). Intimacy "feels wrong" to some partners (Gosling & Oddy, 1999), with the emotional side feeling "badly damaged" (Oddy, 2001), and some partners report a dislike of physical contact (Rosenbaum and Najenson, 1976). These accounts both describe experiences and judgments of personality change but also a breakdown in familiarity, recognition of close others and psychological intimacy between partners (Yeates et al., 2013). As such, physical and psychological distance are distressingly-intertwined.

Attachment Theory: Negative Emotional & Sexual Interpersonal Cycles

AT describes how a mammal seeks the physical proximity of a care-giver to regulate its emotional distress. Articulated first by Bowlby (1969), researchers have substantiated and validated these initial observations of innate attachment behaviours in several mammalian species (e.g., Panksepp, 1998), highlighting the profound dimension of attachment experience, emotions, motivations and interpersonal behaviours for all mammals, including humans. The behavioural and subjective characteristics of disruption to this process have been identified in both human childhood (Ainsworth et al., 1978) and adulthood (Crittenden, 1995) with corresponding links to psychopathology.

AT is hugely relevant for adult couples relationships (Clulow, 2001). In attachment terms, sex within an emotionally-committed relationship has been conceived as the inter-relationship of play and an emotionally-secure base. When feeling safe within the close proximity of a parent, small children will venture out to play and explore, knowing that they can return to safety as needed. In an adult sexual relationship, emotional safety, trust, and effective communication form the secure base for a couple to explore their sexual lives in a playful and exciting manner. Emotional security, desire, and excitement all are essential elements.

Given these inter-connected elements, it makes sense that sexual relationship breakdown will have emotional consequences, and vice-versa. A common scenario reported by couples is that one partner feels emotionally-unsupported and alone, while the other feels rejected and pushed away when they try and initiate sexual contact. A sexual advance may be more than obtaining physical gratification – it may be a reaching out for both simultaneous physical and emotional comfort. As such, non-reciprocation is often experienced as a rejection of the person as a whole. An emotionally-hurt, rejected partner may react with critical hostility and/or emotional withdrawal, thereby exacerbating the emotional disconnection. A net result is a simultaneous emotional and physical distance between partners.

Challenges to the Sexual Relationship & Attachment Responses from ABI

These negative experiences are likely to trigger for the survivor one of the core influences on sexual dysfunction – low mood, low self-confidence and self-criticism (Ponsford, 2003). In addition, direct influences on bodily sexual arousal and climaxing responses from an acquired neurological lesion have been documented, such hypothalamic damage association with the absence of embodied feelings of desire, erectile dysfunction, problems with vaginal lubrication and contraction (Ponsford, 2003). A reduction in sexual desire and response from one partner may be experienced by the other as emotional rejection ("they aren't interested in me anymore, I am unattractive, they don't love me anymore"). Gill and colleagues (2011) reported how survivors articulated the link between cognitive impairments such as attentional switching and sexual difficulties with their partner, noting how it was hard to be spontaneous with their sexual partners and be in synchrony with an evolving intimate encounter.

Yeates (2013) has highlighted how each major domain of cognition dysfunction can impact on emotional communication within a couple's relationship, with difficulties in social cognition highlighted as critical influences (with empirical support from Blonder et al., 2012). Acquired difficulties in mentalising (understanding the perspectives and intentions of others), recognising others' emotions and responding with felt compassion (see Yeates, 2013, for full review) are all likely negative influences. It may be hard for a survivor with one or more of these difficulties to notice the sexual cues of their partner and reciprocate accordingly. In addition, emotional misalignment between a couple following social cognition difficulties is likely to influence the emotional-sexual disconnection cycles mentioned above. Indeed, Panksepp (1998) has highlighted a shared neuro-anatomical basis for attachment responses and behaviour across mammalian species, and these acquired social cognition difficulties (linked to lesions in the same structures, including the cingulate, amygdala, orbito-frontal cortex, insula, and hypothalamus) likely reflect the neuropsychological consequences of damage to this substrate in human adults.

Challenges to Attachment Bonds from Pre-Injury Experiences

Alongside the conceptualisation of injury-related changes in sexual, emotional and relationship functioning, it must be born in mind that no survivor or partner is a blank slate at the point of injury, and may have been struggling with developmental, historical challenges to emotional and sexual intimacy with others irrespective of brain injury. Difficult early experiences in childhood (e.g., neglect, childhood sexual, emotional and physical abuse) and harmful previous romantic relationships may exert additional influences on a couple's relationship post-injury, often interacting with injury-related impairments. Such a case is described by Yeates and colleagues (2013), where the presence of a survivor's post-injury initiation difficulties was so emotionally-triggering for their partner. Herself an adult survivor of childhood sexual abuse, she was unable to initiate any of the new interactions required by the couples therapy intervention. Her partner's psychological inertia triggered historical feelings of neglect and exposed vulnerability for her, which left her feeling unsafe and unable to reach out to her partner and risk further emotional rejection. Unfortunately, the survivor needed external prompts and cues from his partner due to his cognitive difficulties, and so their disconnection perpetuated.

Incorporating AT into Assessment and Intervention within Psychosexual Work

An attachment perspective cautions against omitting the relational and emotional dimension of changes in the sexual relationship post-injury. Assessment questions that track and qualify changes in sexual desire and responsiveness of each partner post-injury should be interwoven with an exploration of how both partners feel in response to these difficulties. Feelings in response to the initial changes in the sexual relationship post-injury should be explored, along with tracking the micro-feelings and emotional responses elicited during each encounter.

With regards to intervention, attachment-informed couple therapy interventions following brain injury have been described by Yeates and colleagues (2013) and these would caution against commencing psychosexual work before addressing emotional disconnection between a couple. These approaches would work to highlight negative cycles of conflict and emotional disconnection and then work actively with a couple to orchestrate new interactions of communicating emotional needs and experiencing these being met (with the use of adjunctive cognitive rehabilitation strategies where necessary). A strengthened a closer emotional bond between the couple is viewed as a secure base upon which psychosexual interventions such as sensate focus can be more effectively-deployed. Indeed, couples may spontaneously reclaim aspects of their physical relationship following increased emotional closeness. When working through psychosexual interventions with a couple, any blocks to progress should always be explored through a lens attentive to the emotional experiences and patterns of criticism/withdrawal between the couple.

Conclusions

It is hoped that this brief article, informed mainly by clinical experience and opinion, substantiated by theory and differing strands of the literature on post-injury sequelae, persuasively highlights attachment as a critical but often omitted dimension to psychosexual work in neuro-rehabilitation. Difficulties in sexual functioning post-injury cannot be disentangled from the wider emotional and relationship context in which such changes manifest/evolve, and are also influenced by other co-occurring challenges to intimacy of all kinds post-injury. Both injury-related and premorbid factors can work in tandem or in combination to challenge relationships in complex ways post-injury. While this article has been focused mainly on working with couples post-injury, the aforementioned factors and processes will also create barriers to a survivor wanting to develop new relationships with others, while coping with social isolation and low self-esteem. It is suggested that assessing and formulating the emotional and relational alongside the sexual, will yield wider-encompassing and more effective forms of psychosexual support for survivors and their partners.

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Author Bio

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