

THE IMPACT OF EARLY ATTACHMENT RELATIONSHIPS TO SEXUAL WELLBEING AND SEXUAL PROBLEMS



among university students in
Finland

Dr Marjo Tossavainen
Psychotherapist, sexual therapist
Finnish Student Health Services



WHY DO WE NEED ONLINE SEX COUNSELING in Finnish Student Health Service

13 Student Health Service units
125 000 university students

**8 % of students report need for
counseling in sexuality issues**

**Only few units have employees specialized in sexual
counseling**

Online sex counseling enables services for all students



SOME STATISTICS OF ONLINE SEXCOUNSELING



♀ 52%

♂ 43%

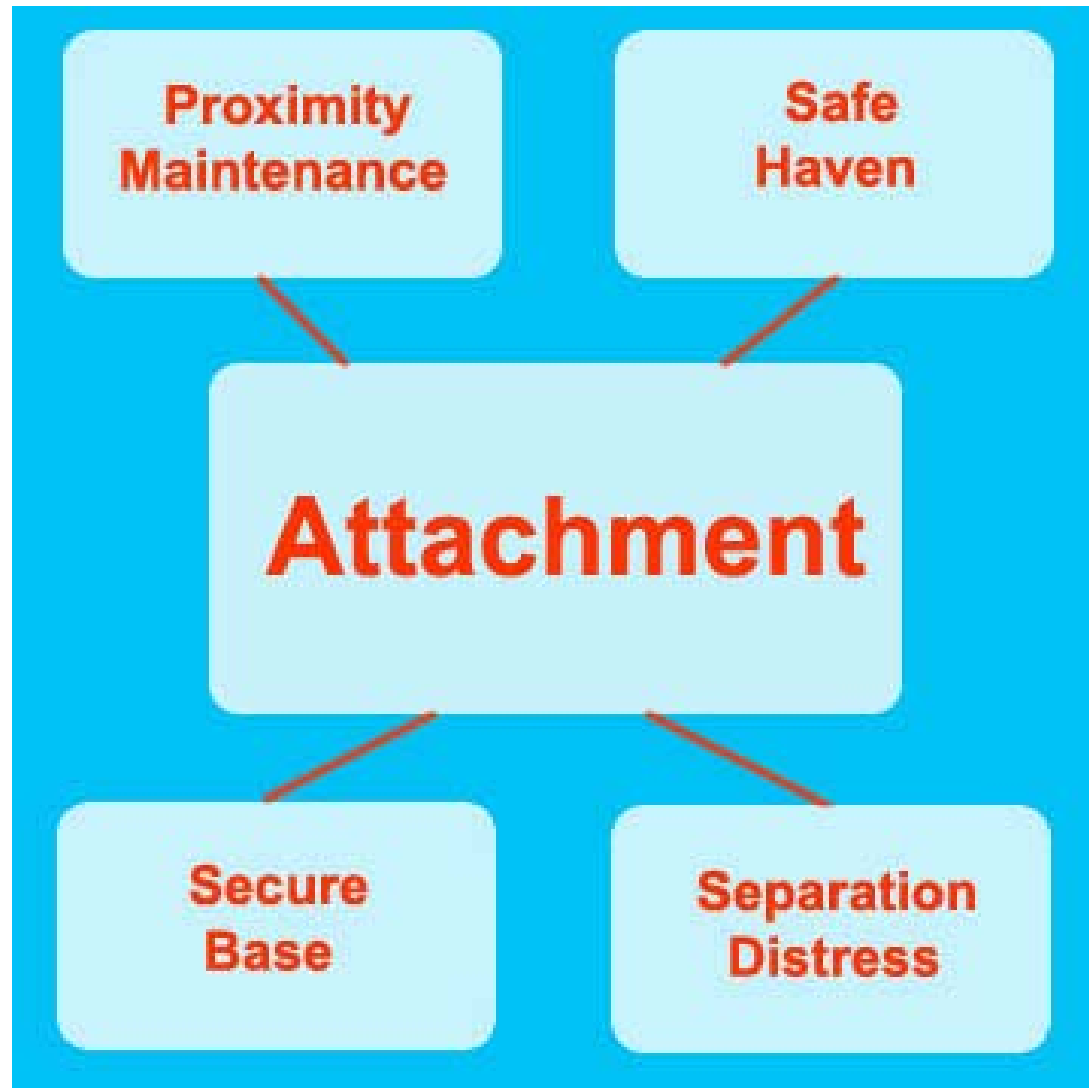
5% Trans- and agender

Usually referred by general practitioners or public health nurses in FSHS

1-15 sessions per single client or couple

Collaboration with coworkers in FSHS

**ATTACHMENT IS A SPECIAL EMOTIONAL
RELATIONSHIP THAT INVOLVES AN EXCHANGE OF
COMFORT, CARE, AND PLEASURE**



ATTACHMENT RELATIONSHIP BETWEEN CHILD AND CAREGIVERS AND BETWEEN ADULT ROMANTIC PARTNERS SHARE MANY FEATURES:



Feeling safe when the other is nearby and responsive

Engaging in close, intimate, bodily contact

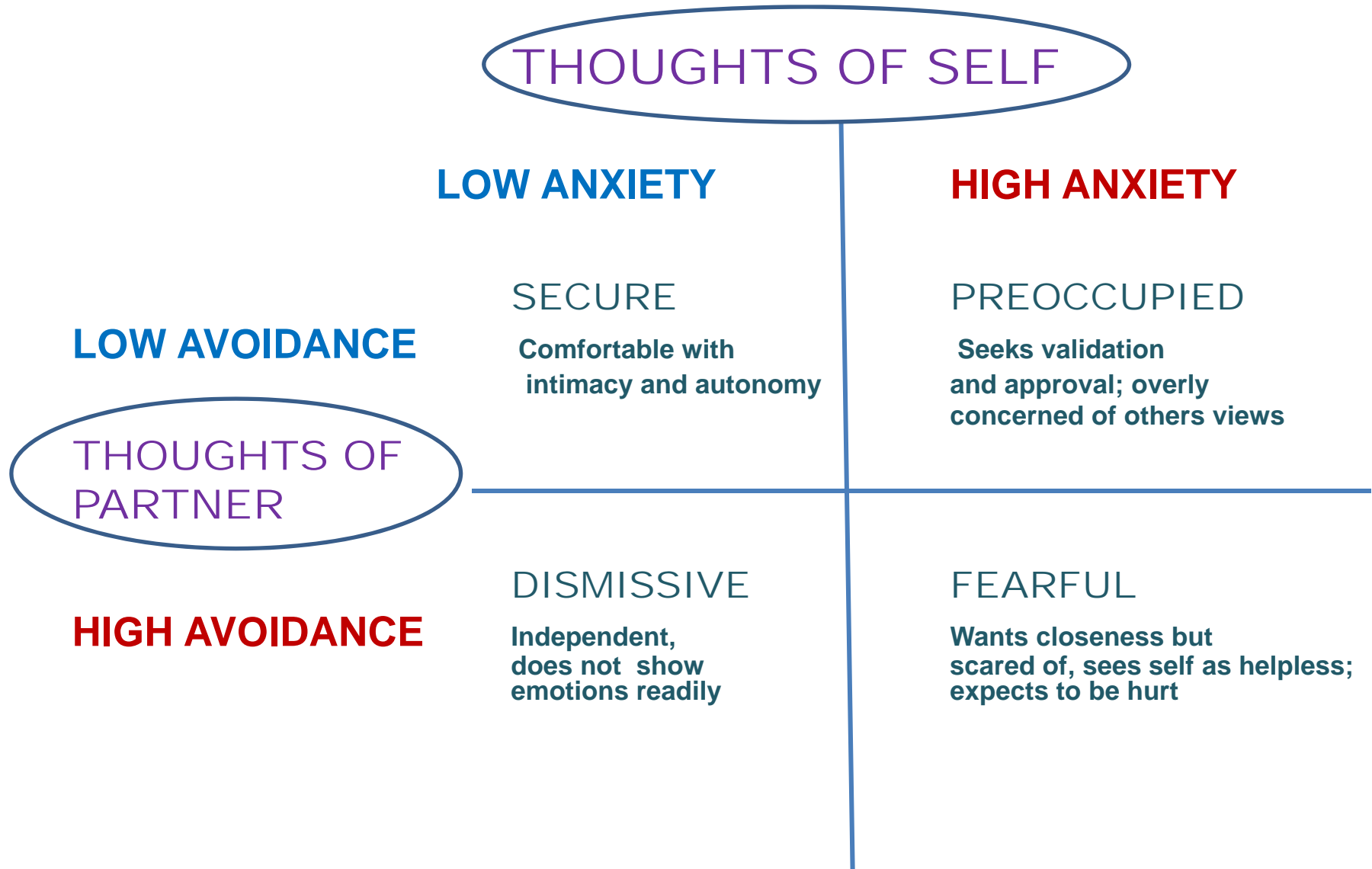
Feeling insecure(sometimes) when the other is inaccessible

Sharing discoveries with one another

Playing with one another and exhibiting a mutual fascination and preoccupation



ATTACHMENT STYLES AND INTIMACY



EVALUATION OF CHILDHOOD AND ADULT ATTACHMENT STYLES IN SEX COUNSELING

A. CLINICAL INTERVIEW

B. "MY SEXUAL HISTORY" –inquiry

with 41 questions in 4 items:

1) ANAMNESIS AND EARLY CHILDHOOD HISTORY.

Client's experiences of the family history and relationships

2) THE VALUES, ATTITUDES AND ATMOSPHERE

in childhood society (home, school etc) towards sexuality

3) SEXUAL GROWTH and SEXUAL EXPERIENCES

4) THE CURRENT SITUATION AND NEED FOR HELP

Case 1. Male student, 25 years old, **erection problems while having sex with his beloved but not during masturbation.** Constantly worried about his partner's satisfaction. Has a **very low self-esteem** though doing well in studies and other obligations.

During the counseling sessions realises the influence of his avoidant, demanding and cold father to his self-esteem, and how preoccupied and fearful he is in relationship with his girlfriend. He starts psychotherapy and has some sex therapy meetings together with his girlfriend.

Case 2. Female student, 22 years old, suffering from **anxiety, bodily distress and pain** while having intercourse with her long time boyfriend. No psychiatric diagnosis or physiological causes can be found for the pain.

During the sex counseling process she realises, how her hard and very religious mother has always been apt to intrude her life and judge her opinions and choices. As a teenager, her mother told her, that sex without marriage or masturbation both are sin.

She realises the guiltiness, shame and fear inside her mind preventing her from enjoying her sexuality

Case 3. Anna, a 21 years old student . At first meeting tells how broken and abnormal she feels and how she hates herself. Has no interest in sexuality or dating though at the same time yearns for closeness. Through Inquiry she realises how disorganized and insecure the attachment relation in childhood with her mother has been. Mother used to criticise Anna´s unwillingness to act like a "girlish girl" and later was very concerned of the size of her breasts or body shape and also told about her sex life experiences with various male partners to Anna.

During the sex therapy process Anna identifies herself being agender and after a psychiatrist consultation is referred to transgender polyclinic. She understands her body dysmorphia, lack of self-respect and fear of sexuality in a new way and decides to contact her mother hoping for the possibility to build a new kind of relation with her. She says "she" is still ok to use but starts to use name Luca to embody her agenderism .

CONCLUSIONS

Clients in students sex counseling report significantly more often of the characteristics of ambivalent, anxious or avoidant than secure attachment styles in their life history.

They also recognise the preoccupied, fearful or dismissive attachment style in their adult intimate relationships and mental inability to enjoy their sexuality alone or with a partner.

THOUGH ATTACHMENT RELATIONSHIPS DON'T EXPLAIN ALL THE WORRIES THE STUDENTS HAVE IN THEIR SEX LIFE PROBLEMS IT SHOULD BE TAKEN TO ACCOUNT ESPECIALLY IF THERE ARE NO PHYSIOLOGICAL CAUSES FOR THE SYMPTOMS