



# ON INTIMACY AND SEXUAL RELATIONSHIPS

AN INTEGRATIVE AND INTERDISCIPLINARY APPROACH

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In the practice of relationship therapy, sex therapy is often organized, marketed, or subordinated academically and clinically as a related though separate field. However, research and clinical experience indicate that complaints in the realm of sexuality are perennial presentations for clients in committed relationships. A common reason for seeking therapy

is framed as “sexual disinterest” or “disconnect.”

Earlier work in sexual medicine dedicated significant time and energy — with enthusiastic support from pharmaceutical companies — to the physiology of arousal to explain and approach sexual disinterest and the impact of sexual disconnection on relationship distress and individual mental health. And even though

symptoms, syndromes, and DSM-based classifications may still correspond to a more linearly defined, biologically and structurally based impairment of genital response, it is now increasingly recognized that most sexual complaints take place in the presence of adequate physical and hormonal health, age-related changes notwithstanding.<sup>1</sup>

In other words, a steroid-infused cocktail is not going to consistently

eradicate declining sexual interest even — and perhaps especially — in otherwise stable long-term sexual relationships. It is increasingly clear that an endocrinological focus is insufficient to account for disconnection in sexual relationships in particular sociocultural (and gendered) contexts and at the complex nodal point where physiological, interpersonal, and intrapersonal experiences meet and unfold.

Luckily, the conversation has shifted considerably — even in sexual medicine — and is now being framed within a humanistic, systemic, sociological, and relational paradigm. Today, the problem is being viewed less as a potential dysfunction located in an individual and more as existing within a relational process.

Indeed, sexual interactions do not occur in a “relational vacuum” — even when described as “casual sex” — and many variables are involved in mediating sexual interactions. In the new relational paradigm, the notion of “intimacy” has come up as crucially prominent. This is a welcome de-pathologizing shift in which relationship distress is seen through an interdisciplinary and much more nuanced lens. Previously unimagined developments in technology and its use in neuroscience research have also served to support this shift with claims of scientific evidence.

### AN INTERDISCIPLINARY AND FLEXIBLE DEFINITION OF INTIMACY

Even though the clear-cut differences that used to exist between modern economies and agrarian societies may be gradually disappearing, considering the context-specific ways in which intimacy is conceptualized and experienced still bears relevance. That is the case

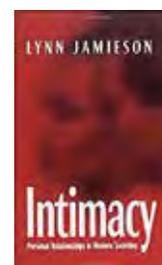
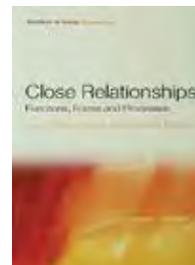
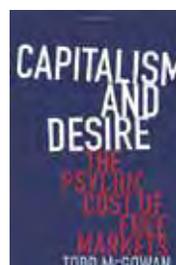
particularly for relationship work conducted in a Canadian province like ours: the seat of an increasingly post-industrial and service-oriented society with a high influx of global immigrants.

In its broadest contemporary conceptualization, intimacy is defined as a construct of ideas of self and self in relationship with another/others. The notion of “self” indicates that this conceptualization is associated with the rise of modernity and individualism, particularly post Second

intensity, quality, and contingency upon cultural contexts and lived experiences.<sup>2</sup>

On the low end of the spectrum, intimacy may entail more limited self-exposure and involvement with the other — as measured in attunement, attention, and tracking of another’s verbal or less direct communication — as well as engaging in some shared understandings. On the high end of the continuum, it may involve a much higher degree of sharing experiences

#### THE RISE OF ROMANTIC LOVE ▶ RESOURCES



Though intimacy is not the only component of relationship satisfaction, it has a prominent position within sexual relationships predicated on a romantic paradigm. For recent accounts of the rise of romantic love, see Victor Karandashev’s *Romantic Love in Cultural Contexts* (2017) and Todd McGowan’s *Capitalism and Desire: The Psychic Cost of Free Markets* (2016). For an uncomplicated challenge to this view in which it is argued that romantic love is universal and as ancient as humankind, see Elaine Hatfield and Richard Hapson’s in *Close Relationships: Functions, Forms, and Processes* (2006).

For an excellent account of the modern conceptualization of intimacy resulting from the rise of an ethic of individual self-fulfilment, autonomy, and achievement, see Daniel Santore’s *Romantic Relationships, Individualism and the Possibility of Togetherness* (2008). Central to his thesis is the modern construction of the “individual identity” as opposed to the “collective” and the social construction of a contemporary notion of “romantic love.” For a much more elaborate analysis, see Lynn Jamieson’s *Intimacy: Personal Relationships in Modern Society* (1988).

World War. In this modern sense, intimacy is the process of knowing oneself in the presence of another. But it is also two (or more) selves engaging in self-disclosure and sharing each other’s internal lives. It exists in a continuum, and it may refer to an intense, interpersonal experience of intersubjectivity, or it may vary in

in which partners may be in touch with and invite the other into the most vulnerable aspects of their inner selves.<sup>3</sup>

### INTIMACY IN THEORIES THAT INFORM PRACTICE

Different theoretical orientations offer specific definitions of intimacy. They also vary in how they signify the connections between intimacy

and relationship distress. In important ways, these orientations converge and complement each other and, as such, serve best to support our clinical work.

Intimacy entered the field of relationship therapy in the 1960s, when pioneering family therapist Murray Bowen introduced his notion of “differentiation” as an indicator of mental health in the family and the couple system. In his approach, cognition was radically privileged, and differentiation was measured on a numeric scale in which the greater the degree, the more thoughts were distinguished from emotions, which were subordinated and controlled by rational thinking. In this model, healthy development was seen as dependent upon the ability to achieve emotional independence and autonomy from the family of origin, while maintaining a degree of connectedness as in an ideal balance. The notion of intimacy was not specifically conceptualized, but it was understood that romantic partners who were well differentiated in this Bowenian sense would be able to maintain closeness and achieve intimacy and mutuality without engaging in “fusion.”<sup>4</sup> Here we see how a notion of intimacy was signified as involving self and other as in the broad conceptualization above.

With today’s advances in neuroscience, Bowen’s discernment and hierarchization of rationality is outdated,<sup>5</sup> but some of his contemporary followers consider his notion of differentiation as not necessarily dismissible if understood as a platform for the emergence of a stable sense of self<sup>6</sup> and as one of the necessary conditions for healthy degrees of closeness, intimacy, and mutually reciprocal connection.<sup>7</sup>

Attachment theorists often use the concepts of “closeness” and “intimacy” interchangeably and sometimes refer

to “emotional intimacy,” “relational intimacy,” and “bonding” as equivalent terms. From an attachment perspective, intimacy in adult relationships may involve verbal self-disclosures, physical interactions, and the experience of feeling understood, validated, accepted, and cared for. It refers to a very particular type of interaction, which is critical to the development of secure attachment bonds.

The capacity for intimacy<sup>8</sup> — translated in attachment terms as the capacity to engage in mutually reciprocal care-seeking/caregiving interactions — is a developmental phenomenon and a marker of mental health. Attachment theorists recognize sexuality and caregiving are independent behavioural systems.<sup>9</sup> This distinction is also being further explored in neurobiology where the dynamics of pair-bonding are recognized as based on the same system that informs the infant-caregiver attachment, while the sexual mating system is identified as functionally independent.<sup>10</sup> Though distinct, these systems often coordinate.

According to John Bowlby’s original work, the attachment behavioural system is innate, present across the lifespan, and comprised of four defining features, each designed to elicit and warrant a sense of material and psychological security: proximity maintenance; separation distress; safe haven; and secure base.<sup>11</sup> As a developmental model, what becomes different in adult attachment relationships is the degree of symmetry and mutual reciprocity. Whereas in the infant-caregiver dyad, there are clear roles for provision of care; in adult relationships, there is turn-taking.<sup>12</sup>

In an attachment framework, intimate interactions are seen as essential for the development of attachment bonds in early life as well as in sexual



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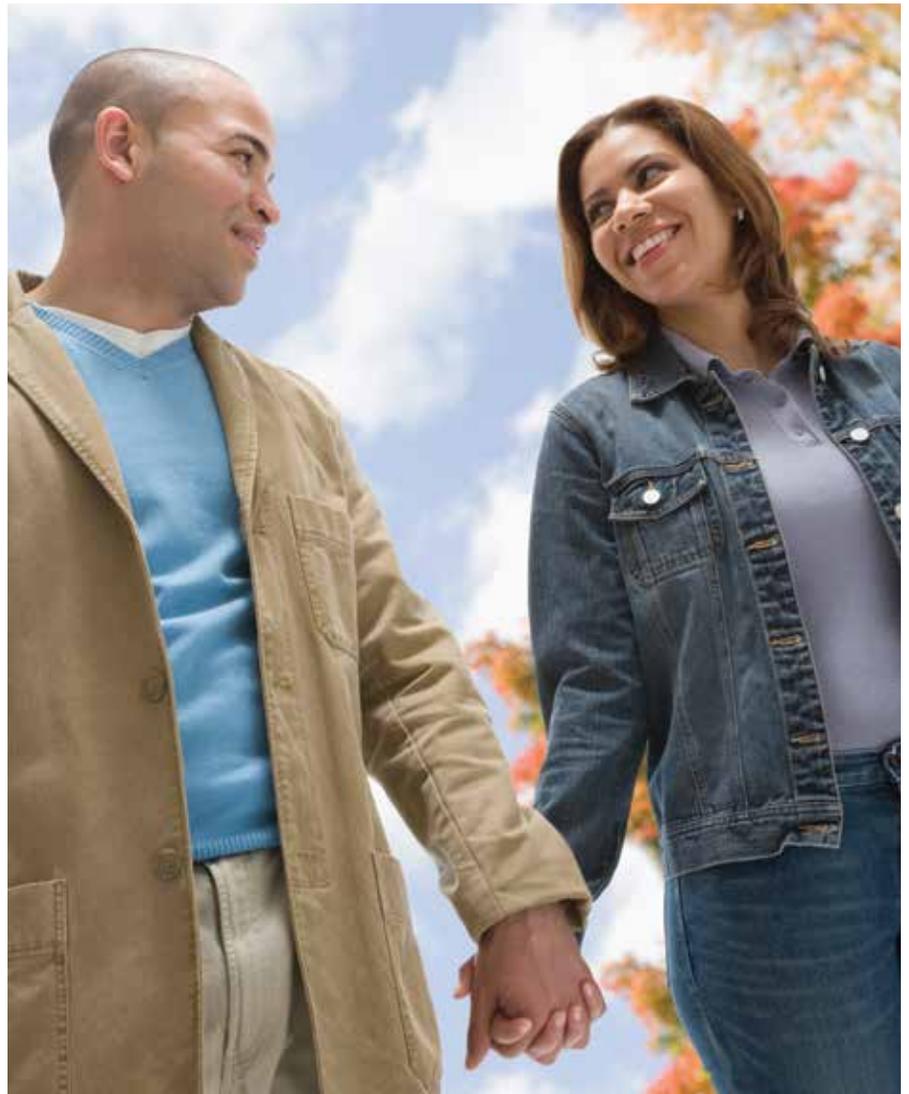
relationships. It follows that individual differences in attachment strategies that were generally established in early life influence the degree of intimacy that is perceived, elicited, offered, and tolerated in adult romantic relationships.<sup>13</sup>

Sue Johnson's brand of emotionally focused therapy (EFT) is no doubt the most widely recognized approach to relationship therapy informed by attachment theory. In this paradigm, great faith is placed on intimate interactions to facilitate the development of secure attachment bonds, as well as to maintain them. Relationship satisfaction is associated with partners' mutually reciprocal availability and responsiveness, which therapy is designed to help organize and facilitate. The problem of sexual disconnect is viewed as a problem of attachment insecurity.

Ultimately, the goal is to create enough safety in the relationship so partners provide each other with their primary adult attachment needs.

Individuals whose attachment strategies are informed by security are more inclined to activate their attachment system — and to bid for connection, for increased intimacy — in a balanced, flexible, and mutually reciprocal fashion. Individuals presenting with a more preoccupied inclination (and other variations of attachment orientations) may activate the attachment system and orient towards connecting behaviours in less balanced, less predictably organized, and more asymmetrical ways — for example, by placing higher demands on other/s to regulate self.<sup>14</sup>

Therapies informed by attachment theory, such as EFT, and the research supporting them have indicated that partners who make themselves available and responsive to each other's bids for connection — by mutually and



reciprocally responding to each other's emotional needs and concerns — resolve conflict more effectively, develop greater intimacy, and experience more relationship satisfaction.

Gottman and team also subscribe to an emotionally focused approach in which attachment theory has a place.<sup>15</sup> But they argue Johnson's EFT does not make room for the possibility that, in some cases, partners' need for intimacy — and perhaps their internal working models of attachment — will never make for a good fit. In this case, an approach based on fostering further intimacy — strengthening attachment bonds through mutual availability and responsiveness — will not suffice. Gottman makes

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use of affective neuroscience (via Jaak Panksepp's work) to add to the dimensions covered in EFT to improve couple relationships.

#### TOWARDS A MORE INTERDISCIPLINARY PERSPECTIVE

In attachment theory, mental representations of self and other are mutually confirming. A notion of self as worthy develops according to a notion of other as available and responsive and is internalized in a stable working model of self and other into adulthood.<sup>16</sup> In the context of attachment security, the self feels safe to explore, developing a sense of autonomy that can coexist

comfortably with the human reality of interdependence. This secure self is deemed capable of engaging in intimate interactions that, in adulthood, will facilitate the development of a secure sexual relationship bond. In this sense, deep intimate connection requires a self system accurately attuned to both self and the partner experience. This dynamic development is supposed to be innate and its trajectory into adulthood universal.

Other cultural contexts may not present the dyadic structure apparently required for the development of an attachment bond in its classical sense, though.<sup>17</sup> An example might be the multiple mothering that can occur when three generations live together. In this or other cultural contexts, notions of self as relational may impact a conceptualization of intimacy that is quite diverse from the one taken for granted in our therapy worlds.<sup>18</sup> Comparably, adult relationships may also derive security from a dynamic that involves bonding with multiple attachment figures. Interesting recent work on consensual non-monogamy, open relationships, polyamory, and even hookup culture indicates that there may be a lot more to the development of healthy adult attachment relationships than an uncomplicated reliability on the sexual dyad.<sup>19</sup>

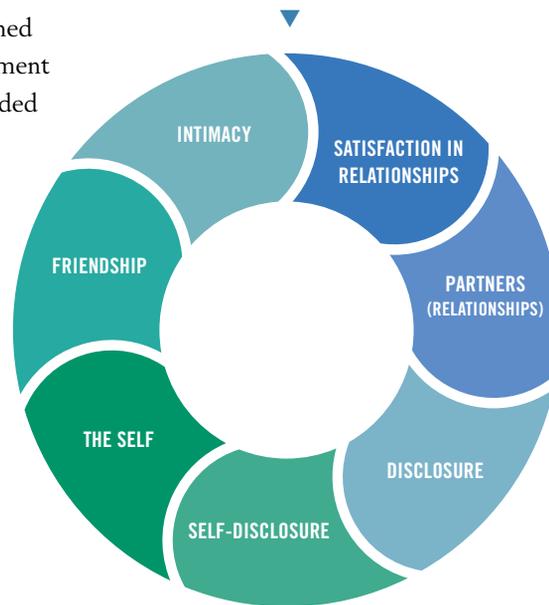
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Celebrated speaker and relationship therapist Esther Perel is very sensitive to how cultural contexts inform our notions of intimacy. She speaks specifically about how, in a contemporary romantic relationship, partners are overburdened by each other's needs for the attachment security that is supposed to be provided within the exclusive space of the coupleship bond. She admits that the link between affectional bonding and sexual desire — the focus of her lifelong inquiry — run bidirectionally, with certain physiologically based differences in men and women.<sup>20</sup> But Perel also notices in her practice that a number of couples who speak of being securely attached are showing up with complaints about loss of sexual connection.

In cases like these, I think therapists exclusively informed by attachment theory would search for an internal working model in need of fixing, believing that sexual reconnection would ensue. And maybe those informed by Gottman's work might consider mismatched needs for sexual connection, and then encourage experiences of positive affect, among other strategies. And those of us interested in neuroscience would be curious about whether creating better

Individual differences in intimacy-related needs and fears appear to be systematically associated with attachment expectations<sup>3</sup>



physiological regulation and vagal tone,<sup>21</sup> perhaps through sensorimotor and mindfulness-oriented practices,<sup>22</sup> might create the conditions for rekindling the relationship into a positive change.

Following Perel, we may all benefit from using all of the above and from expanding our therapeutic lenses with a broader interdisciplinary approach to relationship distress and the connection with issues of intimacy. We have moved

away from the early pathologizing orthodoxies of sexual medicine and its genital-centric focus and into a relational paradigm in which emotion is prominent and legitimized.

We now need to make better use of interdisciplinarity to historicize the suburban (and sometimes immigrant or cross-cultural) nuclear family and overburdened coupledness. From there, we may be able to borrow certain conceptual frameworks from sociology and philosophy — as the earliest theorists did — and critically rethink them through neuroscience to see where that will take our clinical work. Thinking about concepts such as “transcendence” and “otherness” and getting informed about novel work in affective neuroscience may be an excellent place to begin. I am excited and looking forward to where we will go next in relationship therapy: away from brand-name therapy orthodoxies and towards a more critical and broader perspective. ■

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