Article 13

Five Counseling Techniques for Increasing Attachment, Intimacy, and Sexual Functioning in Couples

Elisabeth D. Bennett, Jaleh Davari, Jeanette Perales, Annette Perales, Brock Sumner, Gurpreet Gill, and Tin Weng Mak

Bennett, Elisabeth D., is a professor and program director of Clinical Mental Health Counseling at Gonzaga University. She has been teaching courses regarding assessment and treatment of sexual disorders and has been a practicing clinician serving couples for three decades.

Davari, Jaleh, is a second-year Master of Arts in Clinical Mental Health Counseling intern with Greenleaf Psychology and Counseling.

Perales, Jeanette, is a second-year Master of Arts in Clinical Mental Health Counseling intern with Spokane Public Schools Mental Health in the Schools program.

Perales, Annette, is a second-year Master of Arts in Clinical Mental Health Counseling intern with Frontier Behavioral Health.

Sumner, Brock, is a second-year Master of Arts in Marriage and Family Counseling intern with Children’s Home Society of Washington.

Gill, Gurpreet, is a second-year Master of Arts in Clinical Mental Health Counseling intern with Frontier Behavioral Health.

Mak, Tin Weng, is a second-year Master of Arts in Clinical Mental Health Counseling intern with Lutheran Community Services.

Abstract

Attachment literature is rooted in child development with focus on the relationship that develops between infant and caregiver for the first few years of life. Research demonstrates that attachment style and subsequent working models developed in childhood impact later adult relationships, particularly romantic relationships. This paper asserts that both members of a couple bring attachment styles and working models that reciprocally impact sexual functioning and ongoing attachment. Therefore, application of the techniques offered in this paper may increase secure attachment and positive working models that may increase the likelihood of increased intimacy and sexual functioning.

Keywords: attachment, intimacy, sexual functioning, couples counseling, counseling techniques
Couples do not enter marriage or counseling as blank slates. Each member of a couple has a history that, from birth, has shaped the way each partner approaches relationships. Assessing and working with the couple to help form secure attachment and positive working models of self and other may prove to bring about greater intimacy, more positive sexual functioning, and overall marital satisfaction (Bartholomew & Horowitz, 1991; Clulow, 2012; Gottman & Silver, 2015). A basic understanding of attachment, working models, and simple techniques are provided in the following pages.

**Attachment**

Attachment, the bond that develops between an infant and caregiver, serves a distinct purpose. It helps to keep the infant alive by promoting proximity between infant and caregiver so that the caregiver can provide the necessities of life for the infant (Bowlby, 1977, 1980, 1982; Powell, Cooper, Hoffman, & Marvin, 2013). The way in which a caregiver provides those means in great part determines the kind of attachment that develops. For infants and small children whose caregiver provides for those needs in a consistent and timely manner with warmth and delight, the attachment becomes secure. The securely attached infant turns toward the caregiver with expressions of needs and expectations that they will be met, which allows for development of peaceful, positive relationship bonds, healthy exploration, and a general sense of safety (Ainsworth, Blehar, Waters, & Wall, 1978; Hazan & Zeifman, 1999; Zeanah, Berlin, & Boris, 2011).

For those whose caregivers are inconsistent, delayed, unavailable, hostile, or otherwise unfitting or unresponsive to the child’s needs, the attachment may become insecure in either an anxious or avoidant style (Powell et al., 2013). The insecure infant is unsure of the caregiver’s responsiveness, doubtful that even basic needs will be met, and without a sense of safety in, or in returning to, the arms of the caregiver. Such infants may desperately cling to the caregiver or may reject the caregiver in an attempt to emotionally regulate or ameliorate the sense of frustration, disappointment, sadness, and fear resulting from the unfulfilling and unfitting interactions (Ainsworth et al., 1978).

As the child develops, the attachment style promotes working models of self and others. Securely attached children believe themselves to be worthy of love, approval, and positive interactions with the world around them. They perceive others as loving, accepting, warm, and safe. For those with insecure attachment, the individuals may perceive others as safe and warm while perceiving self as unworthy, making interactions with others anxiety producing. Others may see self as worthy but others as punitive, withholding, or hostile, which then reinforces avoidance. Early attachment styles and working models become the foundation for one’s capacity and means of emotional regulation as well as attachments in future relationships (Bowlby, 1973; Hazen & Shaver, 1994; Mikulincer & Shaver, 2007).

**Adult Attachment**

Indeed, careful observation notes that relationships with peers, colleagues, romantic partners, and ultimately life partners throughout one’s life mirror one’s early relationship with one’s primary caregiver (Fraley & Davis, 1997; Hazan & Shaver, 1994; Schore, 2000). There are some distinct differences between infant attachment and the
attachments of later life, particularly those with one’s life partner. In childhood, the child is dependent on the caregiver unidirectionally. In a securely attached adult relationship, there is reciprocity. Each serves as the secure base from which their partner can experience safety and draw comfort and strength. It is each partner’s responsibility to detect and recognize signals from the other partner and respond accordingly in a timely fashion (Clulow, 2001; B. Feeney, 2004). This adaptive support is a key predictor of satisfaction and longevity in relationships (Cutrona, Shaffer, Wesner, & Gardner, 2007). One’s working model accounts for the way in which a partner provides a base for the other partner as well as responds to the other partner’s provided base (Collins & Read, 1990; J. Feeney & Noller, 1990; Hazan & Shaver, 1987; Mikulincer, Shaver, Sapir-Lavid, & Avihou-Kanza, 2009). Hence, it is the individual variations in each partner’s attachment styles and working models that alter the couple’s ability to provide the reciprocal actions necessary for healthy intimacy and mutually satisfying sexual relationships. Consequently, people who experienced secure attachments in infancy and childhood tend to have long, stable relationships characterized by high investment, trust, friendship, and mutually satisfying sexual intimacy with life partners (Collins & Read, 1990; Holland, Fraley, & Roisman, 2012; Simpson, 1990).

**Attachment and Intimacy**

Specifically related to life partner intimacy, securely attached adults have the capacity to negotiate for closeness. Emotional closeness secures a reciprocal expression of one’s thoughts, feelings, and wishes that further increases intimacy (Prager, 1995). Secure individuals are happy, trusting, and ready to enter a relationship. They are able to make a considerable investment in their partner with constructive strategies to solve without great distress the conflicts that arise (Grau & Doll, 2003). Secure relationships are associated with higher levels of intimacy, trust, and satisfaction (Cassidy & Shaver, 1999). They describe love as selfless, and they avoid game playing. They behave in ways that enhance the relationship and they have greater sensitivity to the needs of their partner (Kunce & Shaver 1994; Mikulincer & Shaver, 2007). They are open to sexual exploration and mutual initiation that results in the enjoyment of physical closeness and a variety of sexual activities within long-term intimate relationships (Hazan, Zeifman, & Middleton, 1994). Securely attached people are flexible and accepting with their partners, and they are capable of openly and honestly expressing their thoughts and feelings. Such expression fosters the development and maintenance of intimacy and, reciprocally, secures adult attachment (Cassidy, 2001).

Conversely, insecurely attached adults experience intense fear of being alone or rejected. This fear contributes to a tendency to have short-term relationships characterized by emotional distance. This distance reinforces insecure attachment and further supports fears. Hence, the reciprocal nature of insecure attachment and lack of intimacy runs opposite but parallel to the patterns of secure attachment. In part, this may be due to the inability of the insecurely attached individual to negotiate for closeness, which keeps one’s partner at a distance. Intimacy is then either reduced or absent altogether because distance means not sharing one’s thoughts, feelings, and wishes in addition to not listening to one’s partner’s thoughts, feelings, and wishes (Prager, 1995). Several past studies support this theory. J. Feeney, Noller, and Patty (1993) demonstrated
evidence of insecure attachment having impact on intimacy by noting that insecure females show greater involvement in exhibitionism, voyeurism, and dominance/bondage, and insecure males report sexual reticence. Collins and Read (1990) demonstrated that highly anxiously attached individuals tend to experience low relationship satisfaction and a high break up rate. Other researchers noted that anxious individuals are more likely to experience passionate love but in an obsessive/dependent manner (Collins & Read, 1990; Hatfield, Brinton, & Cornelius, 1989; Schachner & Shaver, 2004). Anxious individuals tend to wish for more intimacy than they receive, to fall in love at first sight (Schachner & Shaver, 2004), and to be jealous and clingy (Bierhoff, Grau, & Ludwig, 1993). They have very little trust (Grau, 1999; Simpson, 1990). They tend to idealize partners, are dependent and often angry, and demand more attention from partners than securely attached individuals (Hazan et al., 1994). Lastly, insecurely attached individuals are likely to turn to secondary attachment figures when their attachment system is activated instead of their partners (Main, 1990; Mikulincer & Shaver, 2003).

Attachment anxiety appears to be related to anxiety about sexual attractiveness, acceptability, rejection, and abandonment, all of which impact sexual situations. Attachment anxiety promotes the use of sexual interactions to attain proximity and receive caregiving in order to prove worthiness for love and acceptance (Tracey, Shaver, Albino, & Cooper, 2003). The avoidant attachment style also promotes barriers to healthy long-term relationships. Avoidant individuals believe they need to be self-sufficient and avoid close emotional ties as an attempt to protect themselves from rejection and hurt. This decreases effective conflict resolution and severely limits negotiations for emotional closeness (Grau & Doll, 2003). Avoidant adults express discomfort in the romantic, affectionate, and intimate aspects of sexuality with preference for the genital stimulation aspects (Brennan & Shaver, 1995; Feeney et al., 1993; Hazan et al., 1994; Schachner & Shaver, 2004), making non-committal sexual relationships preferable over long-term committed relationships (Tracey et al., 2003). Hence, avoidant adults experience low satisfaction, a high break up rate, (Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994), and low intimacy in relationships (Levy & Davis, 1988).

It is clear that sexually intimate relationships are impacted by each individual’s working model and attachment style. It follows, then, that sexual dysfunctions occurring within intimate relationships may find roots in early attachment styles and negative working models (Bennett, Beal, & Beal, 2012). If this is so, early and ongoing effective treatment would include techniques that increase secure attachment and positive working models of self and other.

Attachment and Sexual Functioning

Secure Attachment

People with secure attachment are open to sexual exploration and required initiation that results in the pleasure of physical closeness and an array of sexual activities within long-term intimate relationships (Hazan et al., 1994). Securely attached gay men have higher communication about sex than gay men with an insecure attachment. Additionally, those men with securely attached partners reported having sex at least once a week (Starks & Parsons, 2014). Young (2013) stated that for young gay men, possessing a secure attachment style may buffer the effects of other risk factors. Women
in relationships report an increased sexual activity, desire, and satisfaction, along with lower attachment anxiety than women not in relationships (Rapoport, 2010). A study by Dosch, Rochat, Ghisletta, Favez, and Linden (2015) found that those with high dyadic sexual desire and activity were the most sexually satisfied, those with high dyadic and solitary sexual desire and activity were moderately satisfied, and those with low dyadic sexual desire and activity were the least sexually satisfied. The level of sexual satisfaction, desire, and activity can be helpful in pointing to motivation, self-control, type of attachment, and mindfulness. Finally, Carrasco (2013) found that secure attachment is related to sexual satisfaction, low permissiveness, tendency to seek sex in committed relationships, and that the combination of capacity to experience pleasure and stability of sexual relationships with the physical aspects of sex are the key factors of a securely attached relationship.

**Insecure Attachment**

Anxious and avoidant attachment styles were correlated with poor sexual functioning among men and women and were also related to less satisfying sexual relationships, higher levels of sexual dysfunction, and different sexual intercourse frequencies and motivations for sex (Stefanou & McCabe, 2012). Among men, avoidance was correlated with increased sexual intercourse frequency. Conversely, anxious attachment was correlated with decreased sexual satisfaction in men (Aarestad, 2000). Gay men with avoidant attachment styles reported significantly more casual unprotected anal intercourse than other attachment styles. Having a partner with an avoidant attachment style was correlated with an increase in reported unprotected anal intercourse (Starks & Parsons, 2014), making it clear that insecure attachment styles influence sexual safety and quality. In regards to young men who have sex with young men, insecure attachment style interferes with motivation to participate in health-protective behaviors and creates barriers to developing platonic relationships with peers and adults (Young, 2013).

For women, Birnbaum (2007) found that anxious attachment in women is significantly correlated with sexual dissatisfaction. Females with insecure attachment styles are significantly correlated with the diagnosis of vaginismus, supporting the notion that insecure attachment may be a crucial factor in the development of this condition (Özcan et al., 2015). Burri, Schweitzer, and O’Brien (2014) found that variables of attachment avoidance and attachment anxiety were associated with female sexual dysfunction. This study found that inability to maintain a sense of self in the presence of intimate others was the strongest predictor of sexual problems, followed by a history of sexual abuse in adulthood and higher levels of psychological distress. Additional research by Brink, Smeets, Hessen, and Woertman (2015) found that attachment avoidance in a romantic context was negatively related to sexual arousal, vaginal lubrication, the ability to reach orgasm, and sexual satisfaction. Attachment anxiety was negatively related to body appreciation, which, in turn, was positively related to sexual desire and arousal. A study by Costa and Brody (2011) also supported evidence that the failure to achieve a vaginal orgasm is correlated with anxious attachment. Women may have difficulties achieving vaginal orgasms and be more willing to engage in sexual activities that do not require emotional connection (e.g., casual sex) due to their discomfort with intimacy. Finally, in anxious women, the hyper-activation of the attachment system overrides the
capacity to experience sexual pleasure, satisfaction, commitment to a relationship, and the experience of orgasm and thus experience and interpret sexual activity as a reflection of their relationship status (Carrasco, 2013).

Techniques

A noteworthy caveat must be stated: if either member of the couple is engaged in an extramarital affair, it is not likely that the following assessment or techniques will be effective in building secure attachment. That said, for couples who have had the disruption of an affair that has now ended entirely, these techniques may prove to be a helpful part of the healing process (Reibstein, 2013; Schade & Sandberg, 2012).

Prior to the application of techniques to increase secure attachment and positive working models, it is important to identify the current attachment and working model of each member of the couple. There are several simple tools available to provide a quick and precursory evaluation of an individual’s attachment style and working model of self/other, including but not limited to; The Adult Attachment Interview, Adult Attachment Questionnaire, Adult Attachment Scale, Revised Adult Attachment Scale, Relationship Questionnaire, Relationship Scales Questionnaire, The Family Attachment Interview, Peer Attachment Interview, Attachment Style Questionnaire, Attachment Styles Inventory, and Reciprocal Attachment Questionnaire (Stein, Jacobs, Ferguson, Allen, & Fonagy, 1998). While identification is important, a discussion of the couple’s style and the ways in which they play their styles out together is even more so. The couple must have an awareness of their own position and clarity about the dynamics that position supports. Further, each needs to develop both the knowledge base and an understanding of the impact of secure attachment—especially the pleasure and joy that comes from intimacy within securely attached couples who view and value each other positively. This brings hope that helps the couple to do the difficult and often painful work of changing their destructive patterns of thought and behavior. The counselor can provide psychoeducation in session, reading materials as homework, and discussions in which the client(s) can express new insights and seek clarification. This assists the counselor in securing buy-in for the activities promoted through techniques intended to increase secure attachment.

Once buy-in is established, the following techniques can be employed with greater chance of successfully increasing secure attachment, positive working models, and intimacy. It should be noted that while each technique is designed for said purpose, no single technique fits every client or couple. Adjustments may be needed for any technique, or some techniques may simply not fit for some couples.

Intentional Delight

The first of the techniques to be presented is Intentional Delight. Literature from the Circle of Security, an internationally renowned research and service clinic, denotes the critical nature of a parent delighting in his or her child (Hoffman, Marvin, Cooper, & Powell, 2006). The parent in these cases demonstrates palpable joy at the child’s activities, talents, interests, or even just “being.” The delight is evidenced in pleasurable smiles, attendance with pride at the child’s events, and words of praise or pleasure in regards to the child’s products. Children experience this delight as proof of parental
interest and investment, as safety, and as feedback or structure that informs the child of expectations and boundaries. Adults need similar positive attentiveness to buoy secure attachment with their mates (Clulow, 2012). Despite the importance of demonstrated interest in each other, the busyness of life and common disappointments can cloud one’s view and limit the expressed and experienced joy that could be had between partners. This technique can redevelop shared and expressed joy between partners that increases experienced secure attachment.

The technique of Intentional Delight may be employed in these steps.

1. The couple is instructed to brainstorm the things that the couple do that they find to be of interest, pleasure, or importance to either member of the couple; these things are jotted into lists about both and by both.

2. Each member of the couple is provided a small bag of beans—each of a distinctly different variety.

3. The couple is then instructed to spend the next week on a treasure hunt. They are to catch the other in any action that is on the list or that could contribute to the list.

4. Each is instructed to clearly demonstrate to the other what it is they witnessed and that it was of interest, pleasurable, or important to the partner.

5. They then gather one of the partner’s beans. The partner might choose to give more than one bean if the display of interest, pleasure, or importance was particularly notable.

6. The following session, the couple brings their bags of what would now be mixed beans and discusses the activity. Discussion points focus on the intentions and feelings of both partners as they caught or were caught by the other with delight. The couple can also talk about what it is like to share experience in having or showing delight to one another. It is sometimes critical to note that one partner has markedly more beans after the exercise than the other. A discussion about the impact on each partner and brainstorming about increasing the delight shown can be helpful. Discussions of this type create love maps (Gottman, 2015).

This technique can be repeated until the couple creates habit in delighting in one another. Again, clear display and reception of delight is a known contributor to secure attachment.

**Date Night**

The second technique is Date Night. The focus of Date Night is to assist couples in building love maps, which leads to feelings of being known and valued and of safety (Gottman, 1999), and in breaking old patterns of negative working models of self and of others. Specific steps intended to help make Date Night effective in building secure attachment and increasing positive working models are as follows.

1. Have each partner make a list of the activities they most enjoy or believe they would enjoy on a date. Encourage them to make the list as long and exhaustive as they can and as descriptive as possible by providing any detail they think would enhance the activity. Local newspapers often provide a section on local events,
movies, and restaurants. The Internet may also provide this information for couples struggling to determine what is available in their area.

2. Partners take turns sharing in session their lists and answering any clarifying questions so that the other partner is clear about the important aspects of each activity. Some partners will need encouragement to hear the other’s list without judgment, comparison, or threat, and without altering the list or descriptions to fit self rather than other.

3. Have the couple identify three nights in the next six weeks to be designated as date nights. Draw straws for which partner will take which one of the first two nights as the date they will create. The third night will be a mutually designed night after the first two have been completed.

4. Assign each partner the task of designing a date night that would be a blast for the other partner using only activities from the other partner’s list.

5. Review the design with each partner separately to help assure the focus is on the other partner’s interests.

6. Direct the couple to pay special attention to the events and each other’s emotional expressions that are positive throughout the night and make an exhaustive list of all the things that were pleasurable about the night. Acknowledge that not everything is going to go perfectly and that each has a responsibility to make the date as positive for both parties as is possible. They should add to the list those things the other did to make it enjoyable, especially if something did not work well.

7. After each date, have the couple share their list and highlight at least three things they felt made the night more special.

8. Have the couple design the third night together integrating items from both original lists made by each partner and employing the positive list making as completed on prior dates.

9. Discuss the final date again, noting the lists made and highlighting top three positives per person.

Date night provides structure that may help make being together a more pleasurable experience for both partners with boundaries that keep a positive focus on the relationship. This gives opportunity for increased expression and listening to one another’s thoughts, needs, dreams, desires, and feelings (DeGarmo, 2008).

**Family Mission and Goals**

The third technique offered is Family Mission and Goals. For nearly two decades, Stephen R. Covey has proposed several benefits for families who create and live by clear and defining mission statements formally written and based on the values of the heads of the household (Covey, 1997). Since that time, several authors have suggested various uses of family or couple’s mission writing to help the couple weather marital or family turbulence (Michael, 2006). To assist the couple in building greater secure attachment and more positive working models, Family Mission and Goals offers a modality for clarifying the values that may have attracted the couple in the beginning, for highlighting
the commonalities in underlying intent for both partners actions, and for bringing a sense of security and teamwork that promotes mutual support and understanding between the partners. Furthermore, expressing ones values helps to nurture the development of intimacy and reciprocity predicative of secure adult attachment (Cassidy, 2001; Prager, 1995).

Employing this technique utilizes the following steps.

1. Identifying each of the client’s salient values. This can be accomplished via discussion using the techniques outlined by Glaser and Kirschenbaum (1980) or formal assessment tools such as the Hall-Tonna Inventory Values (HTIV; Hall, Tonna, Harari, Ledig, & Tondow 1992), and Personal Values Questionnaire (PVQ; Fink & Mansfield, 1993). Couples may appreciate exploring on-line assessments such as the Strengths Deployment Inventory (SDI) or the SDI Expectations edition (Porter & Scudder, 2015).

2. Have the clients review both lists together and provide clarification for what the terms used mean and develop a priority system—first individually and then together into one list. This step may take some time and may require instituting healthy communication and negotiation skills. It is helpful to stress that there does not have to be ultimate agreement between them on the details of the values but that they do both need to find ways to honor their differences by inclusion. Thus, the goal is not to determine who is right, but to determine how they will integrate their differences to make their end statement a good representation of both of them.

3. Write the mission statement of values which might look like this, “The Smith family lives by the values of …”

4. Once the mutually agreed upon list is completed, both partners visualize how those values could be demonstrated in their family daily as well as periodic activities. Make a list of the potential activities. Remind the couple that this is a time for brainstorming, which means not judging the idea until later review and integration.

5. Review the brainstormed ideas and assign the couple the task of assimilating each person’s top five activities that would be important demonstrations of the values. Write the 10 most critical activities the couple believes the family would do to demonstrate their values. Often the couple will find they agree on some if not most of the values. In that case, more than the top five values from each person will be integrated.

6. Have the couple select one from the top, one from the middle, and one from the bottom of the list of activities and make a clear and actionable goal statement for each that the couple agrees to implement over the next month.

7. As they work toward implementing the goals, ask them to make notes about the ways in which they can see the value activated by their partners and how they feel or could feel supported by their partner in sustaining that family value. Share those notes initially in session as practice for sharing these thoughts, feelings, accolades, and wants on a regular basis outside of session.
8. Each month add a new goal until all 10 values are represented in the couple’s daily and periodic activities. A review of both the mission statement and activation goals is critical as adjustments may need to be made to fit the couple or family over time—especially as significant changes such as new employment, births, and relocations occur (Covey, 1997).

**Words of Affection and Commitment**

The fourth technique offered is Words of Affection and Commitment. This technique is played out initially in the office and soon at home. The couples learn to attend to each other’s basic human needs to feel loved, liked, and safe with another person who knows, delights in, and protects them (Timmerman, 1991). Initially, a game may be created in which each partner takes turns sharing with the other one thing about them that they very much admire, appreciate, or enjoy which is followed by a commitment phrase such as, “I’m so grateful that you are mine,” or “I wouldn’t trade you for the world.” Encourage each partner to find actions, attributes, and roles that can be addressed in this way so as to be sure to be looking beyond only one general area. In that way, greater likelihood in valuing one’s partner as they need to be valued can be attained and comments can be more readily integrated. One man in a couple commented after the first few minutes of this activity that his partner only appreciated those things about him that were monetarily based given the comments the partner had provided. With minimal coaching, the partner non-defensively followed up with characteristics, actions, and talents in addition to the monetary pluses. The complaint dissipated quickly. The couple began to hold hands, increased eye contact, and smiled more at each other. As a side note, they were heard continuing the words of affection as they walked down the hall from the office after the session. Once the couple appears to have the activity well in hand, challenge them to employ the model at least 10 times throughout any given day or at least 50 times during the week. This might seem like a major undertaking, but many clients return successfully mastering a change in the way they look at and think about their partners and particularly in how they communicate their admiration for one another.

**Sexual Intimacy Activities**

The fifth technique is a combination of smaller activities, but each of them is part of a package a couple can do during moments that either are sexually intimate or have the potential to be. These actions provide building blocks for secure attachment and opportunities to adjust working models into more positive perspectives of both self and others. These activities are especially helpful for couples experiencing difficulties with intimacy or sexual dysfunctions that do not have a medical cause and that are alleviated by feelings of safety and relaxation (Southern, 1999). This set includes Feather Talk, Hand Riding, Claim and Cuddle, and Pillow Talk.

A helpful caveat is that it is not uncommon for either partner of a couple to have misunderstandings about their own bodies or their partner’s body and how they actually work when it comes to sexual stimulation, readiness for intercourse, or sexual satisfaction, including but not limited to orgasm. A healthy discussion providing accurate information such as detailed sexual response cycles for both males and females can be extremely helpful (Mashek & Arthur, 2004). What is helpful regarding accurate information in hand with building secure attachment and positive working models are activities that provide opportunities for both telling about what makes a positive working
relationship for one’s self and listening to what works for one’s partner (Mashek & Arthur, 2004).

**Feather Talk.** Feather Talk is one modality couples may find useful. Feather Talk involves the use of a feather or a silky cloth. One partner holds the feather and first traces the other partner’s face, hands, and feet (extremities that are safely the farthest from erogenous zones). The receiver of this touch gives input regarding how this feels and what would be more favorable in speed, pressure, and patterns of movement. The feedback is integrated and movements adjusted to reflect that input. The movement shifts to neck, shoulders, arms, and legs while one is again careful not to touch erogenous zones. More feedback is solicited, supplied, integrated, and demonstrated via shifts that fit the input. Only if the receiver directs such does the partner touch any erogenous zones following the non-erogenous zones. All touching stops gently and without negative consequence or comment if requested by the receiver. At any point of stopping, both parties talk about what was working, what was not working, and what could be shifted to make the experience pleasurable and safe.

**Hand Riding.** Hand Riding involves one partner demonstrating the types and places of touch that that partner finds most rewarding, placing a hand over the other partner’s hand and guiding the pressure, places, and types of movement found most pleasurable and safe (Southern, 1999). The partner being guided pays close attention to the non-verbal directions supplied by the guiding hand as well as any verbal directions and integrates them as fully as possible. That partner also genuinely thanks the guide for the direction and shows no sign of irritation or resentment and is fully open and desiring of input and of pleasuring the guiding partner. The guiding partner continually provides positive feedback for the partner’s efforts and success.

**Pillow Talk.** Pillow Talk is the conversation held after intercourse or other sexual activity is concluded. Many partners will move away from the other after sexual activity and fall into a comfortable sleep. This can promote feelings of distance and dissatisfaction and does not promote long-term safety or sense of belonging. The counselor instructs the couple to reserve some time and energy to talk openly about their sexual activity at its conclusion and to thank each other for the safety, kindness, and closeness provided to each other and the pleasure each contributed to the other. Pillow Talk can include expressions of love and care and a review of the qualities, activities, and characteristics one appreciates in the other.

**Cuddle and Commitment.** Finally, Cuddle and Commitment involves the intentional non-sexual holding of one’s partner coupled with clear verbal statements of one’s absolute commitment to the partner, their relationship, and the family they may have together. The cuddling may take the form of spooning, where both partners lie on their sides with one wrapped around the other, or one may lay partially over a partner with the head on the shoulder or chest of the other who is laying in a supine position with arms wrapped around the shoulders or waist. Less intimate but also effective may be a fully clothed cuddling on the couch, where the couple sits side-by-side holding one another with the same expressions of commitment. Couples can be coached in regard to the kinds of statements that display commitment such as, “You are my gal. We are in this through thick and thin. I’m yours and will fight for us.” This cuddling and words of commitment are reassuring and demonstrates that the goal of shared physical activity is
more than sport or self-fulfillment but is about the couple and their shared intimacy and ongoing secure relationship.

**Conclusion**

These conversations and activities held during and after sexually intimate moments can promote a sense of security in the partner, a view of self as lovable and admirable, and a view of other as loving, kind, accepting, responsive, and present as well as able to meet one another’s needs (Mosier, 2006). Each of the five techniques can be adapted to fit the specific individual needs or conditions of the couple, including adjustments for those needing physical accommodations due to chronic pain, ailments, injuries, or disabilities. Counselors can employ any of the single techniques or groupings of them to promote secure attachment and develop positive working models are developed. It is recommended that the counselor begin with activities that are less invasive physically or emotionally before moving to those that involve greater levels of risk to the client. Ongoing conversations and openness to feedback from the couple are, of course, essential to timing and adjusting the techniques to fit. Finally, while these techniques will oftentimes provide for built-in reward for the client(s), it may prove helpful to provide continual accolades for the efforts clients put into moving toward increasing secure attachment and positive working models.

**References**


*Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://www.counseling.org/knowledge-center/vistas*