



2020

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Recommended Citation

Kindt, Mallory (2020) "Sexual Intimacy After the Transition to Parenthood: Using Emotionally Focused Therapy," *Intuition: The BYU Undergraduate Journal of Psychology*. Vol. 15 : Iss. 2 , Article 7.

Available at: <https://scholarsarchive.byu.edu/intuition/vol15/iss2/7>

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Sexual Intimacy After the Transition to Parenthood: Using Emotionally Focused Therapy

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Abstract

The transition to parenthood requires a significant amount of adjustment and often leads to a decrease in a couple's relationship satisfaction. Specifically, new parents often experience attachment distress that can negatively affect their sexual relationship. Attachment distress may stem from the over prioritization of the parent role, postpartum fatigue and overall toll on new mothers, and unreasonable sexual expectations. One specific treatment that may help couples to overcome the negative repercussions that the transition to parenthood may have on their sexual relationship is Emotionally Focused Therapy (EFT). EFT uses three stages, cycle de-escalation, changing interactional patterns, and consolidation/integration. These stages are broken into nine steps that aid parents in learning how to acknowledge their emotions and unmet attachment needs, as well as how to change their interaction patterns to have an increase in positive interactions and thereby develop a more secure attachment. Overall, through EFT, couples may learn how to cope with the changes in their sexual relationship during the postpartum period, leading to more positive relationship outcomes.

Sexual Intimacy After the Transition to Parenthood: Using Emotionally Focused Therapy

The arrival of a new baby is usually met with feelings of great excitement. However, the transition to parenthood is also a time of adjustment. A majority of research discussing the transition to parenthood and related stressors indicates that there are often deteriorations in relationship satisfaction (Don & Mickelson, 2014; Doss et al., 2014; Ferriby et al., 2015; Holmes et al., 2013). A decline in relationship satisfaction may be related to couples struggling to make necessary adjustments in their sexual relationship. Girard and Woolley (2017) suggest that when sex is causing distress in a relationship, “it is responsible for 50% to 75% of the relationship satisfaction” (p. 720). Therefore, ensuring that couples can adjust to a new normal regarding their sexual intimacy is integral in promoting positive relationship outcomes.

First-time parents may be especially vulnerable to experiencing attachment distress due to new stressors that affect their sexual intimacy. In this context, attachment refers to the enduring bond between two individuals. An increase of negative attachment experiences (e.g., feeling unloved, being worried about the state of the relationship, etc.) may lead to a deterioration of the attachment bond (Birnbaum & Reis, 2019), that when coupled with feelings of disconnection, may contribute to decreases in commitment, as each individual may become more preoccupied with self-soothing and neglect the relationship (Ferriby et al., 2015). Couples may experience increases in conflict frequency that infiltrate all aspects of their life, including career, finances, social life, parenting ability, and sex (Doss et al., 2014; Holmes et al., 2013; Simpson & Rholes, 2019). As such, finding an effective way to soothe new parents’ attachment distress and finding solutions to their sexual distress is essential to ensure more positive outcomes regarding the couple’s relationship.

While the majority of this article uses research that focused on or had samples that were exclusively heterosexual couples, occasionally, the cited research does include both heterosexual and homosexual couples. As such, this article will attempt to specify when the research includes heterosexual and homosexual couples through the use of the word “partner.” In other words, when the term “partner” is used, it is referring to research that included individuals who may

identify as homosexual. Otherwise, it can be assumed, in this article, the research exclusively focused on heterosexual couples.

A specific intervention that is used to soothe attachment distress is Emotionally Focused Therapy (EFT). As EFT is an empirically supported treatment and focuses on the acknowledgment of primary emotions, unmet attachment needs, and the cycle of interaction, it may be beneficial for couples who are suffering from attachment stress during the transition to parenthood (Greenman & Johnson, 2013). Sexual intimacy issues that can be addressed using Emotionally Focused Therapy (EFT) include the new prioritization of the parent role, postpartum fatigue and overall toll on new mothers, and unrealistic sexual expectations. Going through the EFT stages of cycle de-escalation, changing interactional positions, and consolidation/integration may be an effective way to help couples recognize unmet attachment needs and create new emotional patterns that allow them to improve their expectations of, feelings toward, and communication about sexual intimacy during the transition to parenthood.

Issues Regarding Sexual Intimacy and Attachment In Couples Postpartum

After the birth of a child, it is common for new parents to experience significant changes in their sexual intimacy patterns. For instance, it is typical for regular patterns of sexuality to not resume until approximately a year after birth (Lévesque et al., 2019). Significant changes in a couple's sexual intimacy patterns may be due to a new focus on the baby, which could result in feelings of ambivalence from both partners toward their sexual relationship (Olsson et al., 2010; Woodhouse et al., 2012). Pattern changes in the couple's sexual relationship may lead to an increase of negative feelings toward sexual relations, thus leading to a decrease in sexual frequency (Lévesque et al., 2019). As such, it is necessary to understand how a couple's sexual relationship is highly affected by the new prioritization of the parent role, fatigue and the overall toll, and unrealistic postpartum sexual

expectations and how these factors may lead to a perpetuating cycle regarding sex and attachment distress.

New Prioritization of Parent Role

New parents, especially mothers, prioritize their parental roles and responsibilities after the birth of a baby. Having a baby requires the couple to restructure and gain a new focus that changes the fundamentals of daily life (Don & Mickelson, 2014; Olsson et al., 2010). For example, Lévesque et al. (2019) and Vannier et al. (2018) found that parents not only gave priority to the baby in terms of meeting needs and time but also gave more priority to the role of being a parent than any other role in their life. These findings suggest that when a baby is born, couples might no longer prioritize or have time for their sexual relationship, which could create feelings of disconnection and loneliness. Additionally, even if couples do find time to be sexually intimate, the presence of a baby may make it difficult for both partners to focus on and enjoy the sexual experience, as they might be preoccupied and worried about the baby (Lévesque et al., 2019). As such, evidence suggests that when a baby is born, being a parent becomes the priority and the focus is not on being a sexual and romantic partner.

Fathers, depending on their attachment style, may be particularly susceptible to experiencing feelings of attachment distress and decreases in sexual satisfaction during the postpartum period. The studies in this paragraph utilize attachment styles as defined by Bowlby, instead of the more general definition above (Fletcher & Gallichan, 2016). Olsson et al. (2010) and Kohn et al. (2012), suggest that first-time fathers who have an anxious attachment could feel that they have to compete with the baby for the mother's attention and subsequently feel uninvolved and distant, both as a partner and as a parent. For fathers that have an avoidant attachment, feelings of distance are amplified if the father feels overly relied upon and that their independence is being stifled as a result (Kohn et al., 2012; Simpson & Rholes, 2019). Whether a father has an insecure attachment or not, if attachment needs are not met, the father may withdraw and express feelings of ambivalence, which could be detrimental to the romantic and sexual relationship (Ferriby et al., 2015). When new fathers feel that they are no longer the priority to their partner, fathers may experience increased attachment distress and withhold

love and affection from their partner in attempts to be noticed, thereby creating negative patterns of interaction.

Postpartum Fatigue and Toll on New Mothers

One certainty that comes with being a new parent is experiencing fatigue, which may be due to the difficult physical and emotional tolls that come with pregnancy, birth, and the postpartum period. Increases in fatigue due to new parenting responsibilities have specifically been linked to a decrease in a woman's sexual desire in the postnatal period, as women usually carry the burden of parenting responsibilities (Lévesque et al., 2019; Woodhouse et al., 2012). Additionally, the lack of energy may cause both parents to not desire or prioritize a sexual relationship. Olsson et al. (2010) found that even if both couples wanted to engage sexually, due to fatigue, the opportunity to sleep became more important than their sexual desire. Long-term fatigue may hurt a couple's ability to maintain a sexual relationship if sleep continues to be prioritized over sex (Olsson et al., 2005), which might lead to increased feelings of disconnection. Therefore, women may be particularly susceptible to feelings of disconnection as they experience the majority of the physical and emotional toll of carrying and delivering the baby and recovering from childbirth.

Physical Toll on Mothers

Another certainty that comes with having a baby is the physical toll on the mother's body. The physical toll begins in the early stages of pregnancy and carries on through birth and postpartum. Physical changes that women experience during pregnancy, childbirth, and postpartum that might affect a woman's interest in sex include bleeding, early contractions, weight gain, tears of vaginal tissue that occur during birth, vaginal dryness, and pain during intercourse (Don & Mickelson, 2014; Hartley et al., 2018). Woodhouse et al. (2012) suggest that around 80% of new mothers will experience sexual difficulties in the postnatal period due to these physical changes and stress on the body. Additionally, Woodhouse et al. suggested that women may also experience a loss of sexual desire which may lead to a lack of intimacy and feelings of disconnection as sexual and emotional intimacy are inevitably connected. First-time fathers may struggle to understand their mate's lack of desire for sex as their bodies have not gone through the same strain and

physical changes. Fathers with an anxious attachment may particularly feel they have lost access to their mate (Ferriby et al., 2015). Overall, if the mother and father have different perceptions of the impacts pregnancy and birth has on the woman's body, it may lead to conflict in the relationship.

Emotional Toll on Mothers

Relatedly, pregnancy, birth, and breastfeeding contribute to an emotional toll on the mother's psychological well-being. To illustrate, the drastic physical changes that occur in a woman's body both during and after pregnancy may lead to feelings of insecurity and negative body image (Hartley et al., 2018; Woodhouse et al., 2012). Rallis et al. (2007) found that in the first year postpartum, new mothers were struggling with feelings of being fatter and felt a discrepancy between their body's current size and their ideal size. Additionally, women may feel that their body is more for the baby, especially if a mother is breastfeeding, rather than her body being for her husband and sexual relations (Olsson et al., 2010). Feelings of body insecurity may lead to a woman having negative perceptions of herself and a lack of confidence, which may contribute to feelings of postpartum depression (Hartley et al., 2018). Kalmbach et al. (2015) suggests that anhedonia (defined as "blunted positive affect and diminished appetite drive" p. 1636), which is specific to depression, is related to lower sexual desire and other related sexual difficulties. Overall, with less interest in sexual intimacy or greater struggle in sexual discrepancy, couples may experience an increase in tension if partners are not able to express their needs and emotions concerning their sexual relationship.

Unrealistic Sexual Expectations

As it is impossible to fully comprehend how becoming a parent may affect one's life, it is common for both men and women to have unrealistic expectations after the birth of a child, especially concerning their sex life. For example, men are especially vulnerable to having unrealistic expectations towards their sex life and may struggle to redefine what sexual intimacy means to the relationship during the postpartum period (Olsson et al., 2010). Unrealistic sexual expectations may be further exacerbated as around 60% of men experience no change in sexual desire during the period of pregnancy (Radoš et al., 2015). Little to no change in a man's sexual desire may make it difficult for a male partner to understand why his sexual relationship changes. New fathers may be frustrated when the frequency

of sexual interaction declines or when it is necessary to adjust to the mother's physical changes, and this may push men to rush the mother into returning to their pre-birth sexual patterns (Olsson et al., 2010). The man's pressure to return to normal sexual patterns may have an unintended conflict and the female partner may feel misunderstood and hurt. Overall, having unrealistic sexual expectations may perpetuate issues around the couple's sexual relationship.

Women, likewise, may have unrealistic sexual expectations during the postpartum period. To illustrate, women could struggle with "socially constructed images of being a mother who 'has it all' – perfect body, passionate relationship with partner, loving relationships with children..." (Woodhouse et al., 2012, p. 185). Due to perceived societal expectations of what motherhood is supposed to be like, it is not uncommon for a woman to fail to anticipate sexual difficulties, especially if it is her first child (Vannier et al., 2018). Also, women may hold themselves to high standards and assume that they will be able to maintain their sexual activity in the postpartum period. If they are not able to maintain their sexual activity and desire for sex, they may feel like a failure or feel guilty about declining sex (Tavares et al., 2019; Woodhouse et al., 2012). Indeed, if a woman feels she is unable to meet her own expectations regarding her sex life, she may feel guilty and inadequate (Woodhouse et al., 2012), possibly making it difficult for her to connect sexually.

The Relationship Between Postpartum Sexual Issues and Attachment

Overall, with the birth of a baby, couples are likely to experience significant changes in their sexual relationship that may lead to attachment distress in the relationship. As mentioned above, the new priority placed on parenthood rather on the couple relationship may lead to a decrease in frequency of sexual relations. Discrepancies in desire for sex or other negative emotional experiences associated with sex can cause anxiety in the relationship, as sex is important for couple intimacy and overall relationship satisfaction (Girard & Woolley, 2017). Additionally, postpartum fatigue and the overall toll on new parents, may make it difficult for parents to align their sexual desires and needs. Mothers may be in pain from delivery and struggle to see themselves as physically attractive (Woodhouse et al., 2012) and fathers may not understand or be educated in how sex may change after birth (Olsson et al., 2010). Additionally, both men and

women are susceptible to having unrealistic expectations after birth (Olsson et al., 2010). As such, parents could experience feelings of disconnection if they are not able to communicate about their sexual desires as constructive communication and feelings of accessibility, responsiveness, and engagement are vital to promoting secure attachment and understanding (Brimhall et al., 2018). In sum, the increases in miscommunication and feelings of disconnection could lead to a decline in partner attachment if neither partner feels that their partner is accessible, responsive, and engaged during the postpartum period.

Using Emotionally Focused Therapy

Significant adjustment in the transition to parenthood is necessary due to stressors that occur during the postpartum period, including the new prioritization of the parent role, lower sex drive, or unrealistic sexual expectations. Such stressors may contribute to couples experiencing lower couple satisfaction due to a cycle of conflict, disconnection, and stress. The EFT model could help couples cope with the transition to parenthood by identifying negative interaction cycles, validating attachment needs, and creating new emotional experiences. Furthermore, as couples come to understand their emotions in response to the stress of the postpartum period, they might be able to make their relationship a place of refuge and security (Greenman & Johnson, 2011). EFT promotes a positive marital relationship by following three stages, cycle de-escalation, changing interactional patterns, and consolidation/integration.

Stage One: Cycle De-escalation

Stage One of EFT guides the therapist to develop a relationship of trust with both individuals in the relationship and to assess presenting issues. The therapist may establish reliability with the couple by listening to the couple's stressors and validating their emotions and thoughts. For example, the therapist could validate the couple by acknowledging how difficult the transition to parenthood can be and reminding the couple that it is normal to have to renegotiate their relationship as they are learning to fulfill their new parental role. While validating the couple's experience, the therapist may start to explain that as postpartum is a stressful period, the couple's attachment injuries may be activated (Alves et al., 2019; Simpson & Rholes, 2019). An attachment injury can be defined as an experience when "one partner violates the expectation that the other will offer comfort and caring in times of danger or distress" (Johnson et al., 2001, p. 145). It is through

this process the therapist builds a relationship of trust, allowing the couple to talk about sensitive things like postpartum sexual dysfunction. Furthermore, as a therapeutic alliance is created, the therapist may be able to fully assess attachment styles, again referring to Bowlby's attachment styles. The therapist could pinpoint anxious or avoidant attachment, which may cause one or both individuals to worry about disconnection and either pursue or withdraw from the relationship (Alves et al., 2019). With a therapeutic alliance established and an initial assessment completed, the therapist can help the couple understand how their sexual dysfunction is related to unmet attachment needs that might have been triggered by the onset of parenthood and the new prioritization of their parental role.

As a second step, the therapist would identify the present negative interaction cycles surrounding the couple's sex life. By doing this, the therapist helps the couple understand that their relationship stress may be due to negative interaction cycles (Greenman & Johnson, 2013) and with new awareness, couples may begin to make connections between their current circumstances, feelings, thoughts, and behaviors with their patterns of interaction. The therapist then explains that people are born with the need to securely connect with others and if stress, like the transition to parenthood, is placed on that connection, negative interaction cycles may begin (Girard & Woolley, 2017). If a couple is struggling with their sex life postpartum, a therapist may help the couple make connections between their new circumstances and stressors as parents, their emotions, and the couple's negative interaction cycles. The couple may begin to realize that negative interaction cycles are not occurring due to the lack of typical sexual experiences, but due to feelings of disconnection in the couple relationship that are amplified by new stressors such as lower sexual desire from the physical and emotional toll of pregnancy and birth.

Once the couple recognizes their negative interaction cycles regarding their sexual intimacy, in step three, the objective is to begin to access the unmet attachment needs that are causing secondary and primary emotions that lead to negative interaction cycles (Girard & Woolley, 2017). Both individuals in the relationship need to gain the ability to recognize and express their attachment needs to their partner. Recognizing and understanding unmet attachment needs is important for a couple who is attempting to reconnect sexually, since couples who have higher levels of sexual intimacy and sexual satisfaction also feel more secure in their relationships (A. Hughes, personal communication, March 9,

2020). Therefore, a couple's recognition of their primary emotions and unmet attachment needs may have a positive impact on the couple's sexual satisfaction (Lévesque et al., 2019). When couples have an increased ability to recognize their unmet attachment needs and negative interaction cycles, they may be better equipped to understand how the stressors of becoming a parent affect their sexual relationship.

In step four, the therapist focuses on reframing the couple's issues with sexual intimacy as actually being about their communication process and their underlying attachment needs, rather than focusing on the more surface-level sexual issues. For instance, the therapist could suggest that with the stress of postpartum, the couple has begun to miss each other's cues and desire for sexual connection (Girard & Woolley, 2017). Such stressors could include the physical and emotional toll that pregnancy takes on the mother. The toll from pregnancy may make it more difficult for the mother to be in tune with her mate's needs. If the couple has been missing each other's bids for connection, both individuals might be more likely to express secondary emotions such as anger, frustration, and sadness in an attempt to reconnect. However, as one individual expresses these emotions and verbalizes discontent with the sexual relationship, the other individual may respond similarly in a defensive manner, leaving both individuals with negative feelings and thoughts, such as believing that they are unlovable. Fortunately, if the couple can recognize negative interaction cycles, they may have more empathy for one another and have less conflict centered around their sex life (Lévesque et al., 2019). Therefore, reframing the couple's sexual stress as actually being about their desire for connection instead of their sexual issues is an important step in healing attachment injuries. Additionally, with the need for connection identified, couples may more readily emotionally support one another as they cope with the strains of being new parents.

Stage Two: Changing Interactional Positions

Stage Two begins with step five, in which the therapist aims to help couples begin to identify and express their own attachment needs. Step six is closely related in which the therapist teaches the couple how to listen to and validate one another's primary emotions and attachment needs. In a postpartum context, a therapist could start by explaining that each individual may have different needs that manifest in disparate approaches to sexuality, but both individuals have the same aim of feeling loved, valued, and seen (Girard & Woolley, 2017). Conversations about primary emotions and attachment needs may

be unfamiliar for couples, if both individuals have increased self-awareness of their own primary emotions and attachment needs, they may be able to express those needs and feel more connected to one another. Furthermore, with increased communication regarding one another's attachment needs, couples could plausibly gain a clearer perspective that they are transitioning into parenthood together, further promoting empathy and connection (Alves et al., 2019). Feelings of connection could lead to greater sexual desire as each individual begins to recognize and attend to their partner's attachment needs (Girard & Woolley, 2017). Therefore, as the couple expresses their attachment needs, they may recognize that their sexual dysfunction is not about sex, but about the need for connection and emotional security. Additionally, couples may be able to let go of unrealistic expectations for sexual intimacy and work together to form joint desires regarding sexual relations during this time period.

The objective of step seven is to instruct the couple on how to build a new interaction cycle that can create an environment for emotional connection. Step seven can be particularly powerful for a couple who is experiencing sexual distress during the transition to parenthood if the couple is vulnerable and explicitly asks for connection. Asking for connection can then lead to the promotion of emotionally and sexually satisfying experiences (Girard & Woolley, 2017; Olsson et al., 2013). A therapist may use specific tactics, such as blamer softening (i.e., not blaming a partner for declining sex) and withdrawer re-engagement (i.e., a partner is stressed and refuses to have a conversation, but then recognizes attachment fears and chooses to actively respond) which may lead to more positive interaction cycles (Greenman & Johnson, 2013). At this point, couples may be able to share their sexual needs and concerns with one another and understand how those things impact their relationship satisfaction. A couple may recognize that if they consistently tune in to one another's attachment needs, the desire for sex may increase (Woodhouse et al., 2012). At the end of this step, couples may experience relief as they practice awareness of their own needs, express their needs, and actively listen to their partner, all of which promote a more secure attachment and greater sexual satisfaction.

Stage Three: Consolidation/Integration

In the last steps of EFT, steps eight and nine, the therapist will assist the postpartum couple in finding new solutions to their sexual dysfunction followed by consolidating the information covered in therapy. A variety of solutions may

be discussed. Some couples may decide to emphasize emotional intimacy until some of the postnatal stressors have subsided, like giving time for the mother to physically heal properly. Postpartum could also be a time for the father to increase positive affect, showing affection toward the mother and being empathetic, which has been correlated with increases in sexual satisfaction (Tavares et al., 2019). Partners may also change the focus of their sexual interests, which may have previously focused on sexual genitalia and certain sexual behaviors but may now be focused on creating a safe space for the couple to intimately connect and recognize their romantic partnership in conjunction with their parental role (Lévesque et al., 2019; Woodhouse et al., 2012). Putting such strategies into practice could promote a teamwork mentality, in which the couple deals with the stressors of the postpartum period together. A teamwork mentality has been associated with positive outcomes regarding couple relationship satisfaction (Don & Mickelson, 2014; Woodhouse et al., 2012). Hopefully, couples leave therapy with a secure attachment, more positive interaction cycles, and the ability to effectively cope with the stress of being a new parent.

Conclusion

The time after the birth of a child is often a time of significant adjustment, especially regarding the couple's sexual intimacy patterns. As mentioned above, new stressors may disrupt a couple's sex life as they may prioritize their parental role, deal with postpartum fatigue and the toll of pregnancy and childbirth, and have unrealistic expectations of their postpartum sex life. The combination of these factors may lead to negative cycles of interactions, especially concerning the couple's sexual intimacy, leading to feelings of disconnection in the relationship. EFT can be an effective treatment for couples who are struggling with postpartum sexual dysfunction, as it focuses on the emotions underlying the negative patterns of interaction and unmet attachment needs. As couples go through the stages and steps of EFT, they may be able to express and attend to one another's needs and thus build positive patterns of interaction that allow them to successfully cope with the stressors of newfound parenthood and promote a positive and connecting sexual relationship. Overall, the aim of this paper was to gain a better understanding of the issues couples face during the postpartum period, how those issues are related to couples' sex lives, and offer a viable option for

couples to explore in therapy. EFT is a viable solution and has the potential to help couples successfully navigate their sex lives during the postpartum period.

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