Intimacy as a multidimensional concept is discussed with particular attention paid to love and sexuality. A theoretical model encompassing many of the components of intimacy is presented and tested in a preliminary way with a random sample of 106 married women ranging in age from 50 to 82. Women's life satisfaction and psychological well-being were both strongly related to their satisfaction with their intimate relationship. Passionate and companionate love as well as sexual satisfaction were related to a woman's contentment with her intimate relationship.

Intimacy in Older Women's Lives[1]

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Intimacy is generally considered to be a basic human need (see Freud, 1922; Maslow, 1954). Developmental psychologists have long recognized the importance of love or "attachment" in the early development of human beings (see Rajecki et al., 1978, for a comprehensive review of this literature). Is intimacy a critical variable in the lives of adults as well? This study is designed as a first step in the examination of the importance of intimate relationships in the lives of older women.

According to many theorists, a major task facing every adult is the establishment of intimate relationships with others (Erikson, 1964; Kantor & Lehr, 1975; Kaplan, 1978; Levinson et al., 1976). Erikson (1964) has identified the crisis between intimacy versus isolation as the sixth essential stage of human development from which succeeding stages of adulthood will grow healthfully or with inhibitions. Eckels (1978) discusses adjustment to aging in relation to successful resolution of earlier stages of ego development.

Empirical support for the importance of intimacy in later adult life comes from two rather different sources: demographical/statistical studies and psychologically oriented interview studies (Traupmann & Hatfield, 1981).

Demographic/Statistical Evidence

At the simplest level, marital status may be viewed as an approximate indicator of intimacy. To the extent that this indicator holds up there are interesting correlations of intimacy with statistics on the incidence of disease and disaster. Whether the causal nexi are present is a matter of speculation.

1. Health statistics indicate that married people are less vulnerable to a long list of diseases and physically disabling conditions (Carter & Glick, 1976; Gove, 1972; National Center for Health Statistics, 1976; Syme, 1974).
2. The rate of mental illness is lower in married than in single populations (Briscoe & Smith, 1974; Leff et al., 1970).
3. Automobile fatality rates for divorced people are, on the average, three times higher than for those for the married (Bloom et al., 1978).

Psychological Evidence

Intimacy, viewed as a multidimensional concept, includes mutual trust, support, understanding, and the sharing of confidences. Recent studies that employ these somewhat refined concepts of intimacy, rather than simply marital status, report a strong correlation between intimacy and psychological well-being. The seminal work of Lowenthal and her associates has pointed to the presence of a confidant as the "critical variable" in the psychological adaptation to aging as measured by a maintenance of morale, an avoidance of psychosomatic symptoms, and an ability to cope well with stress (Lowenthal et al., 1967; Lowenthal & Haven, 1968; Weiss, 1977). Conversely, Lowenthal (1964) identified extreme social isolation as a factor in precipitating psychiatric illness. Larson (1978) and George (1978) have pointed to the importance of marriage and social relationships in the maintenance of subjective wellbeing in American older adults.

Brown and Felton (1978), in a recent review of this literature, concluded that being embedded in a network of close interpersonal ties has been found to promote general life satisfaction and a sense of belonging, worth, and identity, as well as mitigate against the anomie and lack of normative regulations that often characterize mental illness. They point out agreement among mental health professionals and social scientists (e.g., Lowenthal & Robinson, 1976) that it is the quality of the individual's interpersonal

[1]This research was supported in part by the Department of Health, Education and Welfare Administration on Aging Grant 90-A-1230 for multidisciplinary research on aging women, which was awarded to the Faye McBeath Institute on Aging and Adult Life, University of Wisconsin-Madison, Madison, WI.

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relationships that is intimately related to well-being.

It is difficult to assess the importance of intimacy in men's lives from the studies of men because of the emphasis on work and self, stemming in part from biases in the structure of the interviews. Gilligan and Notman (1978) note a significant lack in these studies of concern for the development of responsible caring relationships in men's adult lives, despite the Ericksonian sixth stage of intimacy versus isolation.

In sum, the existing literature on intimacy in adult life points to a need for careful study of the *quality* of close relationships in the lives of both women and men.

What Is Intimacy?

The multidimensionality of the concept. — Recently, several theorists have characterized intimacy as a multidimensional concept (Hatfield et al., 1979; Weiss, 1977) that includes evaluative, cognitive, and behavioral dimensions (Huston, 1974), temporal dimensions of relatedness (Levinger, 1974), and involvement-intensity factors (Rubin, 1973).

Walster and Walster (1978) have conceptually separated love into two types: passionate love and companionate love. They define passionate love as "a wildly emotional state associated with tender sexual feelings, elation and pain, anxiety and relief," and companionate love as "a more low-keyed emotion, with feelings of friendly affection and deep attachment." If, as Walster and Walster (1978) state, passionate love fades over time and is replaced by companionate love, then the distinction between the two types of love is crucial in understanding the quality of long-term relations.

The sexual dimension. — How does sex fit into the picture? Is the sexuality in the relationship a powerful factor in the lives of middle-aged and older women? Clinicians, observing younger couples, have suggested that sex may be a thermometer for intimacy so that a reading of the sexual satisfaction tells us about the intimate relationship as a whole (Kaplan, 1974; Masters & Johnson, 1976; Zilbergeld, 1978).

Recently, Butler and Lewis (1976) made essentially the same claim about older couples. They suggest that relationship problems such as too much togetherness after retirement, sexual boredom, temporary illness of one partner, or carelessness in personal hygiene may be expressed in the sexual relationship as impotence or pain during intercourse. The theoretical importance of this dimension in intimate relations as well as the increasing interest in sexuality in older age led us to include sexual satisfaction as a major component of this investigation.

The Model

As noted earlier, the statistical relationship between marital status and longevity — morbidity and mortality — has been amply demonstrated (Eisenberg, 1979; Larson, 1978; Lynch, 1977; Somers, 1979). The implications of this consistent finding, that the experience of a close, loving, tender relationship is closely linked to feeling better physically and emotionally on a day-to-day basis, has yet to be explored.

It was reasoned that, if intimacy is as important to happiness and health as has been suggested, a woman's overall life satisfaction should be explained in large part by her satisfaction with her intimate relationship. Similarly, her physical and mental health should be correlated with satisfaction in her intimate relationship. What, then, contributes to a happy and satisfying intimate relationship? It was expected that the quality of an intimate relationship should be made up of such elements as passionate love, companionate love, and sexual satisfaction.

Of course, if human relations were straightforward and unidirectional, the links between intimacy and health would have already been observed, but the relationships are much more entangled than that. The reciprocal nature of our variables *are* recognized: dissatisfaction in a relationship inhibits people's sexual relations; psychological distress from other sources may render an individual "unavailable" for emotional closeness; and physical illness may be brought about by stress experienced in the intimate relationship. This paper documents the existence of a relationship between the quality of intimacy and psychological and physical well-being. Once this is done, the difficult task of untangling the directionality of cause can proceed.

Method

The sample. — As part of a multidisciplinary study of aging women, a random sample of 240 women living in five different areas of the city of Madison, Wisconsin, was interviewed in June 1978. The women ranged in age from 50 to 82. These women must be considered atypical when compared to other older women in our society. The median income was approximately $2,000 higher than the national median income of older women. The respondents were highly educated compared to national averages for women in this age group. (There were about 15 Master's degrees and 3 PhDs in this group of 240.) More than 75% of them reported being in very good health. They were a very physically active group, with 75% reporting that they get some regular physical exercise every day. About one-third of them were working either part or full time.

The 240 women in the sample were asked to describe the most important person in their lives. If the relationship they described was a sexual one, whether or not it was with their husband, they received the intimacy questions. The screening questions served to protect the respondents from being subjected to questions that might have caused some discomfort or embarrassment. One hundred and six of the 240 women reported an ongoing sexual relationship. For most of these women, it was with their husband; for a few, it was with a spouse equivalent.

It should be noted that the series of intimacy ques-

tions produced a biased subset of the sample. This subset included only those women who (a) nominated a spouse or spouse equivalent as the most important relationship and (b) agreed to answer the questions about the quality of that relationship. Additionally, this method of questioning could have introduced an additional systematic bias in that only those women with completely satisfactory relationships might have been willing to respond. Variance in the data, however, suggests that some women with less than perfect relationships did, in fact, respond.

Measurement

Definitions of passionate and companionate love were provided and the women were asked to rate the level felt for their partner. The satisfaction with the sexual aspect of the relationship and with the total relationship were also rated on 5-point scales. Mental health was measured using a modified version of the *SCL-90 Symptoms Check List* by Derogatis (1977), which consisted of symptoms check lists for three of the nine symptom constructs: anxiety, depression, and interpersonal sensitivity. Other measures included ratings of physical health, financial worry, and life satisfaction (see Appendix).

Analysis

The first step in model building is to identify the existence of relationships among the variables of interest. The goals, then, of this exploratory study were (a) to identify the relationships among physical health, mental health, and the quality of those relationships. At this stage of our knowledge, causal analyses would be inappropriate and misleading. Disentangling causes must await further study. We therefore present our preliminary model, using zero-order correlations.

Results

Life satisfaction. — Our first question was how important is intimacy to an older woman's overall life satisfaction? Our results suggest that a woman's satisfaction with her intimate relationship is extremely important to her overall sense of well-being. Satisfaction with one's intimate relationship correlated .74 ($p < .001$) with overall life satisfaction (see Figure 1). On the average, women were very satisfied with their intimate relationships ($M = 7.23$) and also with their lives in general ($M = 7.02$).

Mental health. — In designing our research, we were aware that it might be difficult for older women to admit that they were dissatisfied with their lives. It may be that for older women dissatisfaction is manifested only indirectly through psychological symptoms such as depression or anxiety (see Pearlin & Johnson, 1977). Our second question was to what extent is intimacy related to psychological well-being. The answer for this sample of women is that intimacy is strongly linked to psychological well-being. The correlation between the measure of psychological symptomology and relationship satisfaction was $-.406$ ($p < .001$). A possible interpretation of this relationship is that the quality of intimacy serves as a protection against the depression and anxiety often experienced by middle-aged and older women as suggested by Brown and Harris (1978). Because the results are correlational, however, conclusions about the causal direction of the effect should not be drawn. It is equally likely that the absence of depression enhances the quality of intimacy.

Physical health. — Another indirect manifestation of discontent can be one's physical health. A recent wave of evidence suggests that men and women with good interpersonal relationships are physically healthier than those without good relationships (Cobb, 1976; Kaplan et al., 1977; Pearlin & Johnson, 1977). Our third question was to what extent is physical health related to the satisfaction women experience in their intimate relationships. As can be seen in Figure 1, the correlation between how healthy they felt and how happy they were with their intimate life was .239 ($p < .01$). Although the relationship is not as strong as the others, it is remarkably high, considering the many other factors associated with physical health in later life.

What are the components of relationship satisfaction? What is the relative importance of passionate love, companionate love, and sexual satisfaction? It appears that each of these three components is important to the quality of women's intimate relationships (see Figure 1). Passionate love, an intense emotional experience usually associated with *new* romance, remains a significant component of older women's intimate lives ($r = .390, p < .001$). Although most of these women have been married over 30 years, feelings of passionate love are still present.

Companionate love, a more low-keyed emotion, also appears as a major, significant component of the quality of intimacy ($r = .427, p < .001$).

Finally, the sexual satisfaction these women experience with their partner remains a strong element in the overall satisfaction with their intimate relationship ($r = .376, p < .001$).

Discussion

Previous literature on aging suggests that the existence of an intimate other is an essential factor in preventing the social isolation often associated with the psychological symptomology of depression and anxiety. Life satisfaction research also points to the degree of social interaction and the marital status of the elderly as important factors in determining satisfaction in the later years. We hypothesized that not merely the existence of an intimate relationship but the quality of the relationship would be related to both overall satisfaction and psychological well-

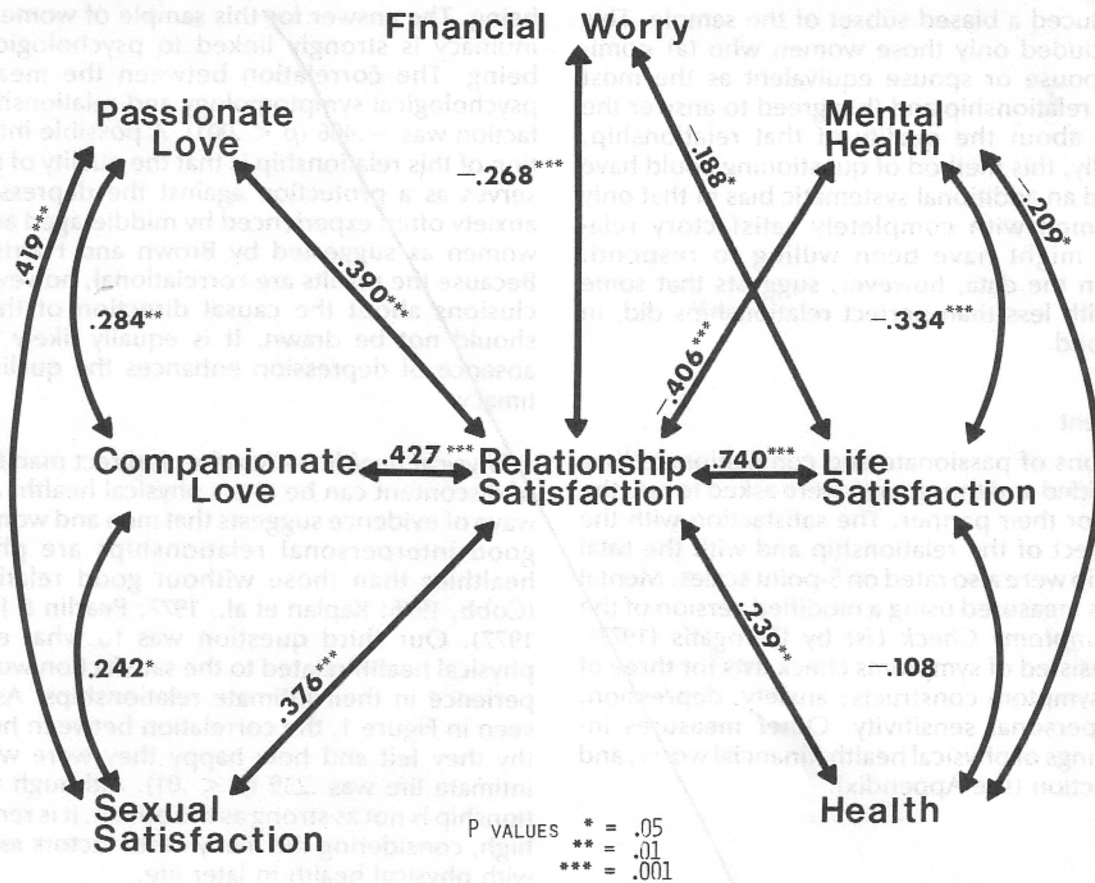

Figure 1. The relationship between intimacy and three measures of satisfaction with life.

being. Our data support these hypotheses. The level of satisfaction and happiness experienced by the middle-aged and older women in their intimate relationships proved to be strongly associated with both measures. Furthermore, the quality of intimacy proved to be a significant factor in older women's physical health.

Traditionally, overall satisfaction with life has been linked to more quantitative variables such as income, education, and age (Cobb, 1976; Kaplan et al., 1977; Larson, 1978), rather than more qualitative interpersonal variables that are the focus of the present work. Larson's (1978) review of 30 years of research on subjective well-being of older Americans isolated three variables as those most frequently associated with a sense of well-being: socioeconomic status, health, and number of social contacts.

Although it was not our aim to replicate those findings, these factors were included in our analyses. Income and education per se were not directly related to any of our dependent variables (see Table 1 for a summary of these results). However, financial worry was found to be a significant detriment to relationship satisfaction ($r = -.188$, $p < .05$). Financial worry is the psychological equivalent of the income variable. Thus, older women's subjective well-being is less strongly related to the traditional explanatory variables and more closely related to the *quality* of their interpersonal life.

Table 1. Means of Intimacy Variables and Age for Older Women

Variable	n	Mean	Standard deviation	Possible range
Relationship satisfaction	106	7.23	1.79	2–10
Life satisfaction	106	7.02	1.57	2–10
Mental health	106	5.48	5.25	0–23
Health	105	4.10	.83	1–5
Passionate love	99	3.1	.952	1–5
Companionate love	101	4.1	.706	1–5
Sexual satisfaction	77	12.95	2.17	2–16
Age	105	58.3	17.79	50–82

Table 2. Correlations between Demographic Variables and Relationship Satisfaction, Life Satisfaction, and Mental Health

	Relationship satisfaction	Life satisfaction	Mental health
Income	.141 (NS[a])	−.180 (NS)	.012 (NS)
Education	.066 (NS)	.084 (NS)	.103 (NS)
Age	.040 (NS)	−.016 (NS)	−.084 (NS)
Financial worry	.268*	.188**	.186**

[a]NS = not significant.
$^{*}p < .001$
$^{**}p < .05$

Beyond the main hypotheses tested in this study, two additional findings are worthy of note. These relate to passionate love and unrequited love respectively.

According to Walster and Walster (1978), passionate love, a wildly emotional state associated with tender and sexual feelings, fades over time. It is replaced by companionate love, a more low-keyed emotion with feelings of friendly affection and deep attachment. Our study suggests that Walster and Walster may be wrong. For this sample of women married well over one-quarter of a century, passionate love remains a significant factor in their lives. The level of passionate love expressed is quite high (Table 1) *and* it is strongly correlated with the satisfaction and happiness women feel in their marital relationship.

The level of companionate love reported by the women is also high. It might be argued that the *distinction* between passionate and companionate love is what fades over time — that the feelings of security and emotional closeness that many happily married older couples report (Troll et al., 1979) are actually a blend of passion and companionate feelings. This lack of distinction between the two kinds of love then might explain the high levels of passionate love reported by the older women.

However, data from this study deflate that argument. The correlation between passionate and companionate love was a mere +.284, indicating that, although these emotion states are related, they are nevertheless distinct. This is similar to Rubin's (1973) finding that liking and loving are positively correlated, yet not strongly so.

To this point, we have dealt only with the love people feel toward their partner. It has been pointed out recently by Essex et al. (1979) that a lack of reciprocity in the area of intimacy may lead to depression in older women. The women reporting the greatest number of depressive symptoms in the Essex et al. study were women who most strongly felt that they were giving more love and support to their intimate other than they were receiving.

We were able to test this finding with our data set by utilizing a number of questions that, although asked, were not incorporated in the model. In addition to questions about their *own* feelings toward their partner, we asked the women to indicate the amount of passionate love they thought their partner was giving them, the amount of companionate love he was giving, and her perception of his level of satisfaction with the sex in the relationship. We reasoned that, if reciprocity was important to ward off depression, we should find some statistical relationships between the difference scores (how much passionate love the respondent feels for her partner minus the amount of passionate love she feels from him, and similarly for companionate love and sexual satisfaction) and the dependent variables used in this study.

Only two of these correlations reached statistical significance. They are two correlations with the difference score of the passionate love variable and (a) health, $r = .24$ ($p < .01$), and (b) relationship satisfaction, $r = .19$ ($p < .05$). Thus, there is some sparse evidence that a perception of reciprocity in intimacy may be a component in overall well-being.

In conclusion, satisfaction and happiness in a love relationship is a complex of many factors. Among those investigated were the passionate love the women felt for their partners, the companionate love they felt, and their sexual satisfaction. As the model in Figure 1 demonstrates, our findings suggest that all three of these components are significantly related to an overall happiness in an intimate relationship.

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Appendix I

I. *Assessing intimacy*
  A. *Passionate love:* What is the level of passionate love that you feel for your partner? Responses ranged from 1 = none at all to 5 a tremendous amount.
  B. *Companionate love:* What is the level of companionate love that you feel for your partner? Responses ranged from 1 = none at all to 5 = a tremendous amount.
  C. *Relationship satisfaction:*
    1. How satisfied are you with your relationship? Responses ranged from 1 = very dissatisfied: I am often not satisfied with my relationship, to 5 = completely satisfied: I could not be more satisfied with my relationship.
    2. How happy are you with relationship? Responses ranged from 1 = very unhappy: I am often not happy with my relationship, to 5 = completely happy: I could not be happier with my relationship.

    The composite index is the sum of questions 1 and 2.
  D. *Sexual satisfaction:*
    1. After sex with my partner, I usually feel . . . Responses ranged from 1 = extremely distant and angry to 8 = extremely loving and close.
    2. After sex with my partner, I usually feel . . . Responses ranged from 1 = extremely sexually frustrated to 8 = extremely sexually satisfied.

    The composite measure is the sum of questions 1 and 2.

II. *Assessing life satisfaction, physical health, and financial worry*
  A. *Life satisfaction:*
    1. How satisfied are you with your life in general? (Response choices were the same as for relationship satisfaction above.)
    2. How happy are you with your life in general? (Response categories were the same as for happiness with relationship above.)

    The composite measure is the sum of questions 1 and 2.
  B. *Physical health:* How has your health been in the last year? Responses ranged from 1 = very poor to 5 = excellent.
  C. *Financial worry:* Many people have concerns about having enough money. Do you have concerns about having enough money to afford your basic needs such as food, clothing, and household repairs? ______ Yes ______ No How much does this concern you? Responses ranged from 1 = not at all concerned to 5 = extremely concerned.