

Pereira, Henrique; Cardoso, Fernando; Afonso, Rosa Marina; Esgalhado, Maria da Graça
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PREDICTORS OF QUALITY OF INTIMATE RELATIONSHIPS AMONG OLDER PEOPLE

Henrique Pereira (University of Beira Interior & Unidade de Investigação em Psicologia e Saúde – UIPES - Portugal) hpereira@ubi.pt

Fernando Cardoso (Institute of Applied Psychology – ISPA - Portugal)

Rosa Marina Afonso (University of Beira Interior – Portugal & Unidade de Investigação e Formação em Adultos e Idosos (UNIFAI)

Maria da Graça Esgalhado (University of Beira Interior – Portugal & Instituto de Psicologia Cognitiva, Desenvolvimento Vocacional e Social (IPGDVS)

Abstract. Traditional research has paid very little attention to aspects of human sexuality among older people. Therefore, in this study, our aim was to utilize psychosocial indicators to research how emotional and sexual variables can predict better quality of intimate relationship among the elderly. Participated in this study 101 elderly people (52 men, and 49 women) aged between 65 and 84 years of age (mean = 71,15, DS = 5,14). To collect the data, the Quality of Intimate Relationships Questionnaire was used (Pereira & Afonso, 2006, Cronbach's alpha = 0,94) which assess intimate and interpersonal experiences in the past and in the present time. Also, the Geriatric Depression Scale was used (Sheikh & Yesavage, 1986) in order to assure that no participants were depressed. The results indicate that positive correlations were obtained between sexual fantasies ($R=0.362$; $p<0.001$), and emotional fantasies ($R=0.453$; $p=0.001$) between the past and the present time, being these dimensions predictors of good quality of intimate relationship, since their correlated by time. Considering that sexual and emotional fantasies are the product of cognitive and emotional activity, the maintenance of these abilities throughout the life cycle may contribute to a better quality of life of older people, particularly in the maintenance of a quality intimate relationship.

Key-words: Older people, intimacy, relationships, quality of intimate relationships
Predictors of Quality of Intimate Relationships among older people

INTRODUCTION

Populational aging in a world phenomenon, and this becomes a reason for many societies and governments at many levels in a nearby future (WHO, 2008). As a consequence, many researchers have put their efforts together to improve the quality of life of older people, both at the biomedical level and the psychosocial level (DeLamater, 2005); Fernández – Ballesteros, 2005); Ginsberg, Pomerantz & Kramer-Feeley, 2005; Haavio & Kontula, 2009.

One of the less studied areas in the field of biopsychosocial factors and positive aging is the sexual and intimate aspects among elderly people. This may be because of a certain prejudice of health professionals regarding this issue, especially those elderly people who live in assisted residencies (Bouman, Arcelus & Benbow, 2006).



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Literature suggests that the quality of an intimate relationship and sexual performance are more connected to psychological aspects than to sexual dysfunctions (Bitzer, Platano, Tschundin & Alder, 2008) or geriatric depression (Baehrens, Horne, & Rosendale, 2007). Developmental theories help us understand how early attachment may influence the process of positive affection and intimacy formation (Oliveira, 2000; Forstmeier & Maercker, 2008), leading people to produce safe attachments and positive emotions.

When it comes to assessing the sexual behaviour of older people, some predictors of good sexual activity were listed for men (good general health, good self-esteem, having sexual significant experiences and alcohol consumption) and for women (sexual desire, having a healthy sexual partner, valuing of sexuality during marriage, and previous pleasurable experiences) (Kontula & Haavio-Mannila, 2009). For both men and women, proximity, touching and intimate activity were also important.

Ginsberg et al. (2005) made clear that older people also desire to have more sexual activity, especially on the level of intimacy, and that the greater reason for not having it is the lack of a partner. Also, it was demonstrated that the majority of people did not show much preoccupation about sexual activity.

Other studies indicated that gender, age, having a spouse, nature and knowledge about sexual experiences, and sexual attitudes influence the sexual lives of older people Wang et al. (2008). As it was found, sexual activity was correlated with education, lower levels of stress and higher daily activity.

Although aging usually encompasses some decreasing of sexual response, associated with physical changes, for example, prostate problems, hypertension, diabetes, psychiatric medication that causes sexual dysfunctions (Spar & La Rue, 2005; Esquirol-Cassa, Herrero-Villa & Sanchez-Aldeguer, 2009), it is necessary to differentiate "sexual functioning" from "effects of ageing".

It is true that physical changes may diminish an effective sexual response, but it is also true that a new model of understanding human sexuality beyond genitality prevails (Fernández-Ballesteros, 2005). Here, affections take greater importance, as well as the capacity to explore intimacy. This, of course, is directly linked to the abilities older people have to make these explorations.

For example, some studies emphasize the need for positive attitudes towards sex and sexuality, because there seems to exist an association between motivation and emotional health among older people (Forstmeier & Rüddel, 2007; Hautzinger, 1994; Forstmeier & Maercker, 2008). These studies state that motivation plays an essential role on emotions, becoming a resilience strategy against physical and emotional disease.

This may also be related to the existence of an assexuality myth around the sexuality of older people, the neutral sex Chincolla-Prieto (2006), but due to their vast life experience, older people find internal resources to cope with those myths, namely emotional and cognitive abilities that contribute to a more gratifying sexual life.

If we agree that an intimate relationship is one in which intimate experiences occur with the expectation that such episodes will continue over time (Olson, 1977; Gaia, 2002), this broad definition forces us to expand all type of relationships, including relationships among older people

Intimacy is indeed a multidimensional concept, and as Gaia (2002) describes it, involves five different aspects: a) Self-disclosure, b) Emotional Expression, c) Physical Contact (e.g. hugs, handholding, pat on back, etc.), d) Support/Coping Aid, e) Sharing Activities. According to this model, categories that transcend the physical aspects of intimacy are included.

Observing the increase of longevity as generalized phenomenon, the WHO defined sexual health as the integration of physical, emotional, mental and social aspects of well-being that enrich and better personality, communication, and love (Goodwach, 2005). This way, it is clear how multidimensional intimate experiences are, and the quality of intimate relationships among older people became relevant as a field of study.

Other aspects of sexuality among older people involve the issue of sexual satisfaction. It is necessary, though, to differentiate satisfaction related to sexual activity from that one related to an intimate relationship, where the satisfaction experienced is the degree to which spouses perceive that their partners met their needs and desires (DeLamater et al., 2008). According to this perspective, it's about the



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partner's perception of mutual's needs and simultaneous personal position that allows the enjoyment of profound intimacy (Peleg, 2008).

Another aspect to pay attention to is sexual desire among older people. Ageing per se does not mean a necessary decrease of desire (Skultety, 2007) but data suggests that it is very associated with cognitive aspects of mental functioning such as self-efficacy, regulation, or decision making (Forstmeier & Maercker, 2007a, 2008), that play an important role in the prevention of cognitive and emotional deterioration of older people.

In fact, the levels of emotional health may protect older people from psychiatric and psychosomatic disorders, namely depression and anxiety (Forstmeier & Rüddel, 2007; Hautzinger, 1994; Kuhl & Furhmann, 1998; Kruglanski et al., 2000; Forstmeier & Maercker, 2008) which, in turn, might cause adjustment and emotional problems in their intimate relationships.

Therefore, it was our purpose to develop a research with the following objectives: to assess the quality of intimate relationships in a group of Portuguese older people; and to determine the predictors of good intimate relationships among older people;

METHOD

Participants

Participated in this study 101 older people: 52 men (51%) and 49 women (49%), aged between 65 and 84 years (Mean=71.15; SD=5.14), mainly from average economic status (74%), and mainly married (61%) and widowed (34%). Average time of marriage was 30 years and 69% came from rural areas of residence, with professional activities associated with agriculture.

In this sample, participants had very little education (76% less than 4 years) and 31% lived with their spouse, 35% with relatives and 32% lived in assisted residences. Only 2% lived alone.

Regarding community involvement, 28% had no involvement at all, whereas 15% of them do some voluntary work, and 45% engaged in some form of handwork. Only 13% do gardening.

Levels of autonomy were also explored and it was observed that 59% of participants slightly depend on someone else, 15% strongly depend on someone else, and 12% are independent.

Regarding their health condition, 13% of participants classified it as very bad, 16% as bad, 53% not good nor bad, and 18% as good. When it comes to chronic diseases, 97% of participants indicated some chronic disease. Also, regarding physical activity 67% of them said that they didn't practice any activity at all.

Instruments

Three questionnaires were used in this study: the socio-demographic questionnaire (in order to characterize the sample, involving questions of demographic nature and lifestyle); the Geriatric Depression Scale (Sheikh & Yesavage, 1986) in order to control depression; and the Questionnaire of Intimate Relationships (Pereira & Afonso, 2006).

The Questionnaire of Intimate Relationships measures intimate and interpersonal experiences, and has two time dimensions for all items: present and past situation, and two aspects of experience: emotional and sexual. Reliability analysis for this questionnaire demonstrated excellent internal consistency, as it is shown on table 1.



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Table 1 – Reliability analysis for the Questionnaire of Intimate Relationships

	(α) Cronbach's Alpha	Number of items
Emotional level – present	0.937	10
Emotional level – past	0.933	10
Sexual level – present	0.913	10
Sexual level – past	0.956	10
All levels	0.944	40

Procedures

Data were collected after an informed consent was delivered to all participants who attended drop in centres in a rural area of Northern Alentejo in Portugal. Confidentiality was assured as some participants solicited help in the filling of the questionnaire, because of illiteracy or lack of vision. Geriatric Depression Scale helped screen participants, and all participants who presented severe or moderate levels of depression (24) were excluded from this study as this might change perceptions of the quality of their intimate relationships.

RESULTS

Our first objective was to measure quality of intimate relationships in a sample of older people. As we can see from table 2, the results indicate that average scores for both emotional and sexual dimensions were relatively good, since the expected mean would have been 15 points. Also, we can see that significant changes happened from past to present leading to a decreasing of those scores.

Table 2 – Results of mean general scores for dimensions of quality of intimate relationships (n=101)

		Mean	SD	F	p
Emotional	Past	20,2160	1,60435	5,340	0,000
	Present	19,2400	2,00161		
Sexual	Past	20,0560	1,52031	2,742	0,006
	Present	19,3840	2,32026		

In order to address our second objectives (to estimate predictors of quality of relationships), initially explorations involved the establishment of correlations between past and present dimensions for all items at a sexual and emotional levels. These results are shown on table 3.



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Table 3 – Results for pairs of correlations (n=101)

Pair of correlation	Pearson Correlation	Sig.
Good emotional behaviour – past * Good emotional behaviour – present	0,027	0,786
Good sexual behaviour – past * Good sexual behaviour present	0,145	0,147
Sad emotional intimacy – past * Sad emotional intimacy present	0,125	0,212
Sad sexual intimacy – past * Sad sexual intimacy present	0,004	0,970
Good emotional relationship – past * Good emotional relationship -present	0,119	0,235
Good sexual relationship – past * Good sexual relationship -present	-0,020	0,839
Emotional Incapacity – past * Emotional Incapacity – present	0,038	0,709
Sexual Incapacity – past * Sexual Incapacity – present	-0,095	0,343
Emotional Insatisfaction – past * Emotional Insatisfaction – present	0,081	0,419
Sexual Insatisfaction – past * Sexual Insatisfaction – present	-0,060	0,550
Emotional quality of relationship – past * Emotional quality of relationship – present	0,202	0,043
Sexual quality of relationship – past * Sexual quality of relationship – present	-0,128	0,204
Emotional difficulties – past * Emotional difficulties – present	0,121	0,227
Sexual, difficulties – past * Sexual difficulties – present	-0,276	0,005
Emotional pleasure – past * Emotional pleasure – present	0,085	0,398
Sexual pleasure – past * Sexual pleasure – present	0,082	0,417
Emotional Trust – past * Emotional Trust - present	0,048	0,634
Sexual Trust – past * Sexual Trust – present	-0,052	0,605
Emotional fantasy – past * Emotional fantasy – present	0,453	0,000
Emotional fantasy – past * Emotional fantasy – present	0,362	0,000

For all correlations done, only four presented significant results:

“I have emotional fantasies in my intimate relationship” past and present ($r=0.453$, $p = 0.01$).

“I have sexual fantasies in my intimate relationship”, past and present ($r=0.362$, $p = 0.01$).

“Many times I think about the emotional quality of my relationship”, past and present ($r=0.202$; $p=0.043$).

“I have difficulties in maintaining my sexual relationship”, past and present ($r=-0.276$; $p=0.005$).

DISCUSSION

Overall results indicated that participants in this study showed good levels of quality of intimate relationship, and that predictive factors were mostly on emotional and sexual fantasies as well as thinking about the quality of that relationship on an emotional level. A negative predictor was found regarding the difficulties in maintaining their sexual lives, since a negative correlation between past and present was found.

These results lead us to accept that sexual fantasies are an indicator of good levels of health and quality of life (Cogan et al., 2007; DeLamater & Still, 2005), and also that the brain may constitute a powerful sex organ with capacity to transcend ageing, since fantasies are a product of cognitive function (Chincolla-Prieto, 2006).



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The cognitive aspects of how older people maintain their self-perceptions, thoughts and fantasies regarding intimacy are closely related to aspects of mental performance, education, and lower stress (Wang et al., 2008), and motivational determinants (Forstmeier & Maercker, 2008). In fact, this was a sample of participants with good levels of autonomy, activity and low-stress feelings, which may have contributed to the obtained results.

Older people tend to engage in healthier life styles, and this may help them manage and regulate their personal expectations as well as their intimate relationships in a more adjusted manner (Paúl & Fonseca, 2005).

Current social and care conditions may be a problem for many older people who become more isolated and depressed. Social participation and cultural involvement should integrate older people, acknowledging their specific characteristics and helping all member of society to accept ageing as a normative stage of our life cycle.

Implications of this study include the need for professionals who work with older people to address issues of sexuality and intimacy in their ethics and practices.

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