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Intimate Relationships
A Vital Component of Health

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EDITORIAL

S. J. Giorgianni, PharmD

Editor-in-Chief

Intimacy and Health: A Delicate Lifelong Balance

We are profoundly affected by our relationships for both good and for bad. When we have an argument with a loved one, we may have a hard time concentrating at work. When our child is troubled, we, as parents, suffer along with the child. When a romantic relationship breaks up, we may lose (or gain) 10 pounds in two weeks. Conversely, when we fall in love, we feel elated. Even a walk around the block with a beloved dog can make the world seem like a wonderful, happy place.

More and more, health professionals are coming to believe that interpersonal relationships are a significant component of health. In these times of medical miracles, our health care system is rediscovering the merits of caring for the whole person, and is increasingly moving away from the belief that a person's mental health should be treated separately from his or her physical health. The interplay between individuals' emotional and physical aspects is receiving widespread recognition in the media and among clinicians.

The connection between lifestyle and health has received a great deal of attention in recent years. Today, who would disagree that diet, exercise, and smoking—each in its own way—impact both physical and mental well-being? In the same way, there is a growing awareness that interpersonal relationships are an important contributor to total health and that it is important for patients to communicate with their practitioners about those relationships.

In the past few decades, medical and social science researchers have begun examining the connection between relationships and health. They are asking questions such as: are elderly people who are lonely at greater risk for falls than those who aren't lonely? Do people without support at home die more quickly and with greater feelings of despair after a heart attack than those with people supporting them? Can having a social network decrease susceptibility to infection? Does the absence of a loving family structure affect the likelihood that a single mother might develop a disastrous episode of postpartum depression? Are lonely people more likely to be admitted to nursing homes than people with strong, vibrant community ties?

As more evidence emerges from the laboratory and the clinic supporting the notion that a person's health can be profoundly affected by his or her interpersonal relationships and social networks, health practitioners may be better able to view and address some of their patients' medical problems within those contexts. Educators and public health officials are starting to consider how best to educate people about the importance of interpersonal relationships on health throughout the life cycle. By realizing the impact relationships can have on health, people will feel more comfortable talking not only about their physical needs and pains with their clinicians, but also about their emotional and interpersonal needs and pains.

At Pfizer, the recognition already exists of the importance of interpersonal relationships and social networks on overall health. That recognition drives a part of our research agenda: with a committed pharmaceuticals research and development investment of over \$4.5 billion dollars per year, Pfizer is a leader in the discovery, development, and market introduction of innovative therapeutic agents that help address the physical and mental health needs of people throughout the world.

In addition, through companywide work/home life programs—which include on-site child care, flexible work arrangements, telecommuting, and seminars on issues ranging from parenting to pet care—Pfizer helps its more than 90,000 employees and their families and dependents as they strive to build better relationships, and thus, better lives. Managers at Pfizer are responsible not only for attaining fiscal and project goals, but also for creating work environments that are respectful and supportive of the individual. And through Pfizer's direct company philanthropy and employee volunteerism, we play an active role in improving individual and community health.

It is hoped that as the notion becomes even more widespread that interpersonal relationships are at the very core of what it means to be human, it will become commonplace for health practitioners to take the pulse of their patients' emotional conditions along with their physical conditions.



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Intimate Relationships A Vital Component of Health

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Intimate Relationships: Vitaly Linked to Health

Without intimacy, the world would be a cold, emotionally barren place; intimacy is the glue that holds humanity together. It is the stuff of movies, books, plays, and music. The need for it seems to be present throughout life. But despite the songs we sing and the books we write, how much do we actually know about what intimacy is and how it contributes to human health?

The Pfizer Journal® recently called together a panel of experts in the fields of human relations, counseling, research, education, and social policy to shed light on the state of intimacy at the dawn of the 21st century and to assess the importance of its role in the health of both individuals and society.

The panelists' first task was to define intimacy—a task that generated a range of definitions. Commenting on the diverse opinions about a seemingly straightforward concept, panelist David Schnarch, PhD, Director of the Marriage and Family Health Center in Evergreen, Colorado, said, “There are few aspects of human relationships that are more sought after, more written about, and less understood than intimacy.”

Webster's defines intimacy as a state “marked by very close association, contact, or familiarity.” But this definition doesn't hint at the critical role that intimate relationships play during the course of an individual's lifetime in terms of physical and emotional health.

Stephanie A. Sanders, PhD, Associate Director at The Kinsey Institute for Research in Sex, Gender, and Reproduction at Indiana University in Bloomington, gave several examples of how intimacy and health are interconnected: “Intimate relationships can mean the difference between life and death because they can provide the emotional support that helps people weather physical and psychological adversity. For many people surviving an illness or an accident or even just trying to stay healthy, intimate relationships can actually be the reason to live. But the pursuit of intimacy can also be harmful to health: the HIV and sexually-transmitted-disease epidemics are a reflection of how people may put themselves at risk in the pursuit of one type of intimacy. Another way for us to think about intimacy is how it can jeopardize people because of social norms that dictate how it's appropriate to demonstrate intimacy. I'm thinking of lesbians, who, because of a fear of homonegativity or homophobia in the medical establishment, often steer clear of seeking medical care.”

A BUFFER AGAINST STRESS AND LONELINESS

And Cindy M. Meston, PhD, Assistant Professor of Psychology at the University of Texas at Austin, said, “There are ample studies that provide a good deal of support for the notion that being connected to someone—trusting someone, being able to reveal private thoughts and feelings—serves as a buffer against stress and loneliness. Intimacy can even lessen the adverse effects of certain psychological and medical conditions.”

The panelists said it was critical to maintain a broad definition of intimacy to include the many types of relationships that can affect health. “If we are to fully appreciate the connection between intimacy and health, we have to talk about a range of human experience, not only about the types of intimate relationships that contain a sexual aspect,” said Michael A. Perelman, PhD, Acting Co-Director of the Human Sexuality Program at New York Presbyterian Hospital. He spoke, for example, about the positive effect on health derived from interactions with other living organisms—not

“There are few aspects of human relationships that are more sought after, more written about, and less understood than intimacy.”



Dr Schnarch

necessarily even another mammal. “Some individuals even define activities that lower their blood pressure, like gardening or watching fish in their aquarium, as intimate,” he said.

Janice M. Irvine, PhD, Associate Professor of Sociology at the University of Massachusetts at Amherst, concurred, adding: “I would even take the position that it’s also entirely possible to have an intimate relationship with one’s work. I’ve never measured my blood pressure when I’m doing research, writing, or discussing my ideas with my colleagues, but I would venture to say that engaging in work that you love can have a positive health benefit.”

Beverly Whipple, PhD, RN, FAAN, Professor in the College of Nursing at Rutgers University, said, “Contrary to popular opinion, we can have many types of intimate relationships in our lives—those that involve both romantic intimacy and those that don’t—and they can all be important to our health and well-being. I define relationships with our newborn, our children, our partners, our good friends, and older adults such as our parents as intimate, and all of these types of relationships make for richer, happier lives.”

For example, Dr Whipple spoke about the close relationship she has with her daughter, one that is so close that she was invited to be present as her daughter recently gave birth to her first child.

“That was a wonderful experience, one that I’ll never forget, and it further solidified our relationship,” Dr Whipple said. “It made me feel terrific that she wanted me there for such an important moment in all of our lives. And with the birth of my grandchild, a new intimate relationship was also born in my own life.”

Barbara Kemp Huberman, RN, BSN, MEd, National Director of Training/Sexuality Education at Advocates for Youth in Washington, DC, talked about another type of intimate relationship in her own life. “My granddaughter will say to me, ‘I want to come to your house and cuddle up and eat chicken noodle soup and watch a movie together.’ The relationships I have with her and with my close friends and family have shown me the importance of an intimate social network in getting through life’s crises.”

Dr Schnarch called intimate relationships “people-growing machines, wonderful vehicles for attaining personal growth,” because they provide the structure for both confronting oneself and opening up to another. “I believe that often this process of self-confrontation and self-disclosure is a difficult one that involves conflict and doesn’t always feel good. But when we get to the point where we’re really being honest with ourselves and with another, it gives a wonderful sense of freedom. Eventually, we begin

Social Support Is Beneficial to Health

Many studies have been done in the past few decades that have suggested a causal connection between intimate relationships and health.¹ Here are just a few of them.

- From 1979 to 1994, community-based studies revealed an association between social isolation and mortality rates. In the earliest of these studies, men and women who lacked ties to others (based on an index assessing contacts with friends and relatives, marital status, and church and group membership) were 1.9 to 3.1 times more likely to die in a nine-year follow-up period than those with many more contacts.^{2,1}

- In a 35-year study of 126 male Harvard graduates chosen randomly from the classes of 1952 to 1954, 91% of participants who said they did not have a close, warm relationship with their parents had diagnosed diseases in midlife—including coronary artery disease, hypertension, duodenal ulcer, and alcoholism—compared with 45% of matched participants who did report warm relationships with their parents. The researchers suggested that, since parents are usually the most meaningful source of social support in early life, the perception of parental love and caring may have important effects on biological and psychological health and illness throughout life.³

- Elderly men and women hospitalized for an acute heart attack who had no emotional support were more likely to die within six months after their heart attack than were those with emotional support.⁴

- Social stress, psychological distress, and psychosocial support affect the adjustment of breast cancer patients, influence their experience of and adherence to medical treatment, and may affect the course of the disease.⁵

- People who participate in more types of social relationships may have less susceptibility to colds. Evidence implicates social ties in the regulation of the immune system and suggests that social networks may play a role in the ability to resist infection.⁶

- Social support and pet ownership, a nonhuman form of social support, have both been associated with increased coronary artery disease survival.⁷

to feel better about ourselves and we’re more optimistic and hopeful about the future, all of which are positive, healthful feelings,” he said.

Claire Wohlhuter, MD, PhD, Worldwide Medical Director at Pfizer Inc, felt that it was important when we think about intimacy to be mindful of gender stereotypes.

“If we are to fully appreciate the connection between intimacy and health, we have to talk about a range of human experience, not only about



Dr Perelman

the types of intimate relationships that contain a sexual aspect.”

“Each of us has masculine and feminine characteristics. It’s now become more acceptable for women to show their masculine sides, to be ambitious and aggressive in the workplace, so it should be equally acceptable for men to show their feminine sides through intimacy and sexuality. We shouldn’t pigeonhole people by narrowly defining the way each gender ought to behave.”

Looking at intimacy from a couples’ perspective, Stanley E. Althof, PhD, Associate Professor of Psychology, Case Western Reserve University School of Medicine, said that intimacy is often an elusive state, one that two people shouldn’t expect will always be present at the same level in their relationship. If they do have that expectation, he said, they’ll inevitably become disillusioned.

“In medical terms, *intima* means the most deep level of something inside—where two things may be touching but still remaining separate,” he said. “I think of intimacy, then, not as a state that two people reach by merging or fusing and then staying forever merged and fused. Rather,

“Even though the medical students, residents, and graduate psychology students I teach probably have experienced intimacy,



Dr Althof

the subject still seems soft to them, somehow not relevant to their education.”

intimacy is a sort of psychological touchstone, because it touches and goes, touches and goes. Thinking of intimacy as an elusive, rather than a permanent, condition enables people to stick out the rough times that invariably pop up in a relationship.”

“Based on experience from my marital therapy practice, I’d say one of the major criteria for defining intimacy in a relationship is by the level of interest in communication that exists between two people,” said William R. Stayton, MDiv, ThD, Coordinator of the Human Sexuality Program at Widener University. “When there is communication—even angry communication—there’s hope for the relationship. It’s when interest in communicating is gone that the chances the relationship will continue lessen.”

“When it comes to sexuality education, *intimacy* is a word that tends to make people uncomfortable,” said Monica Rodriguez, BS, Director of Information and Education at the Sexuality Information and Education Council of the United States (SIECUS). “People aren’t quite sure what it is and where it fits in. Is it sex? Is it love? Can we teach it? I say, it’s a part of all of these things—sex, love, friendship—and yes, we should most certainly be teaching it.”

THE CHALLENGE: RAISING AWARENESS ABOUT THE CONNECTION BETWEEN INTIMACY AND HEALTH

The panelists said they felt strongly that the importance of intimacy to health is often overlooked—by individuals, by health care professionals, and by society itself—to the detriment of all. “If we take the premise that intimate relationships and health are linked, then I think it behooves us to advise clinicians to try to see their patients as whole people,” said Dr Althof. “It’s not just a migraine headache, but a mother with a full-time job, a marriage, and two kids who’s feeling mighty stressed. It’s not just a woman with a broken arm, but someone who may be involved in a battering relationship. I think that on some visceral level, most health care professionals don’t truly believe that relationship health or sexual health is part of overall health, simply because they haven’t been trained that way. And patients tend not to volunteer this kind of information—perhaps out of embarrassment or because they don’t see the professional’s office as the place to introduce those types of issues. So there’s a yawning divide that neither health professional nor patient feels it’s appropriate to cross.”

Dr Schnarch concurred. “I taught in a medical school for 17 years, and I found that when I talked about issues like love, sex, and intimacy there was a feeling of ‘Wait a second; that’s not real medicine.’ And because these sub-

jects aren't taught, when physicians go out and start practicing, they don't feel comfortable talking about this stuff with patients, either."

"I think that experience is the norm," said Dr Althof. "How many medical schools have courses on love? Marriage? Intimate relationships? I'm continually struck by how this fundamental part of life is not included in educational curricula at the highest levels. When I tell my students we're going to talk about love—and cover subjects like heartbreak and how that can adversely affect health—I get lots of blank stares. They want to know, 'What papers can we possibly read?' 'What does this have to do with treating illness?' Even though they've probably all experienced intimacy, it just seems very soft to them, somehow not relevant to their education, something better left to a humanities class. This is an important deficit in the training of health professionals."

"You run into confidentiality issues too," Ms Huberman added. "Especially when it comes to adolescents, most health professionals probably wouldn't want to be tangled up in any liability issues by talking with young people about things like contraception or even about friendship and relationships."

"Perhaps the reluctance stems from the fact that when they ask such questions of patients, of any age, most clinicians feel they are opening up a Pandora's box," said Dr Sanders. "These kinds of discussions are going to take time, because you're probing the human heart, talking about feelings, about relationships. Someone's wife has left or become sick; a son has gotten into drugs; an elderly woman's husband has just died. There are countless relationship issues that can affect health. But they can't be dealt with quickly. And these days, with our health care system being what it is, health professionals are under so much pressure to move through patients—the average length of an office visit is now about eight minutes—that time often is the last thing they have. Even if they want to, they don't have the luxury to get to know patients."

Ms Rodriguez said, "We are a disease-oriented society: health professionals are trained to look for signs of sickness and not for some vague mind-body connection. So if a woman comes into the office feeling lousy, depressed, having trouble sleeping, the professional will probably try to look only for some medical reason for her condition. The health professional needs to become comfortable asking, 'Is there anything going on in your personal life? Is your relationship OK?' That orientation toward seeing the connection between intimate relationships and health must become integral to routine patient assessments."

"The health professional needs to become comfortable asking, 'Is there anything going on in your personal life? Is your relationship OK?' That orientation toward seeing the connection between intimate relationships and health must become integral to routine patient assessments."

—Ms Rodriguez

A 'WIN' FOR EVERYONE

Everyone would benefit, the panelists said, if this type of mind-set changed. "Because good intimate relationships contribute to increased longevity, lower morbidity and greater personal happiness, it seems clear that individuals—and society—would want to foster a social and economic climate in which these types of relationships can flourish," said Dr Wohlhuter.

Added Dr Schnarch: "On the surface, it might seem that government or business doesn't have a stake—or indeed shouldn't even have a role—in people's personal lives. But people with good personal relationships make happier and healthier citizens, they raise healthier families, and they're healthier and more productive employees. It's a win for everybody. This is something we all should care about—as individuals and as a society."

Those who attended the roundtable offered views on intimacy from their personal experience and from their professional experience working with adolescents, adults, and the elderly in those groups' quest to develop and nurture intimate relationships in their lives. They offered their thoughts about how society might benefit from gaining a better understanding of the relationship between intimacy and health.

The chapters of this issue of *The Pfizer Journal*® explore topics related to intimacy and health, such as the role that intimate relationships play throughout the life cycle, how loneliness and isolation may affect health, and the increasingly important role that the Internet is playing in intimate relationships. Ideas are also put forth for societal changes that would improve the climate for intimate relationships.

Chapter 1



Intimacy and Health Through the Life Cycle

A half century of research supports *The Pfizer Journal*® panelists' consensus that the need for intimacy begins at birth, beginning with monkey research in the 1950s that showed that some infant monkeys separated from their mothers instead became attached to the gauze diapers that covered their cage floors. Monkeys craved cuddly contact, but when they didn't get it from their mothers they suffered in later life—they had difficulty relating to their peers and raising offspring.⁸

John Bowlby, an early attachment theorist, expanded attachment theory to include both adults and children. He said that attachment results in a person's attaining or maintaining closeness to some other clearly identified individual who is conceived as better able to cope with the world. Attachment is most apparent when the person is frightened, tired, or sick and is assuaged by comforting and caregiving.⁹

The ideas that a child needs to be lovingly attached to a reliable parental figure and that attachment is a primary motivating force in human nature have become very much a part of our culture. Even so, in his book *Becoming Attached*, author Robert Karen, PhD, says the idea of attachment meets with resistance because it doesn't always

fit comfortably in our lives. "Modern society has taken many of us a long way from a life centered on the pleasures and pains of being connected to others. Our focus is often on other things—achievement, power, acquisition, romance, excitement. But the need for proximity, for felt security, for love; the need to be held, to be understood, to work through our losses; these basic themes of attachment are to some degree built into us biologically. We have mixed feelings about them. But they are there."⁸

"Along with food and water, I believe that intimacy is one of our most basic needs," Dr Althof said. "But while it's easy to deduce a causal relationship between food and health, the relationship between intimacy and health is often less obvious and thus all too frequently overlooked."

What follows are some scenarios, based on the panelists' discussions, that illustrate the interplay between intimate relationships and health. The connections are often subtle and therefore easy to miss—by the individual, by the health care community, and by society.

A 78-year-old woman falls down the stairs in her home and breaks a hip. Three years earlier, the woman's husband died and she has been living alone ever since. The woman's two grown children live in other states, and she rarely sees them. She is depressed and often feels she has no reason to go on living. After her accident, since there is no one to help with her care at home, she is sent to a nursing home.

A recent study of more than 15,000 women, aged 50 or older, conducted by the National Institute of Public Health in Oslo, Norway, found that mental distress seems to have a bearing on risk of hip fracture in women. The 10% of women with the highest level of mental distress, based, in part, on loneliness and depression, had a more than twofold increased risk of hip fracture compared with women with the lowest level of mental distress, after adjustment for age and medication.¹⁰

"We know that in the United States, women outlive men by about six years¹¹ and that nearly 70% of women

"We know that in the United States, women outlive men by about six years and that nearly 70% of women over the age of 65 are widowed and live alone, so we have to ask ourselves, 'What is the quality of life for these women?'"



Dr Sanders

over the age of 65 are widowed and live alone,¹² so we have to ask ourselves, ‘What is the quality of life for these women? Will loneliness and depression be the hallmarks of these years? If so, and if these conditions are adversely affecting their health and thus affecting health care costs in the United States, shouldn’t we as a society be doing more to help them?’” asked Dr Sanders.

The wife of a 58-year-old man dies. After 30 years of marriage, the man feels the loss deeply, but after grieving for a year he feels he is ready to start looking for companionship. There’s a problem, however: The man has occasional erectile dysfunction (ED), a condition he and his deceased wife had learned to accept. But now that he would like to start anew, he is fearful about possibly having to reveal his condition to someone else. As time goes by, he becomes more and more depressed. He starts to believe no woman would be interested in him, and his self-esteem plummets. During a routine visit to his physician’s office, he comes close to revealing his problem, but embarrassment gets the better of him. As he leaves, he tells himself that he’s probably better off not getting involved again—for a while, anyway.

Erectile dysfunction is the most common sexual problem in men, affecting up to 30 million men in the U.S. Erectile dysfunction affects feelings of self-worth and self-confidence and may impair the quality of life for men and their partners. Patients are often embarrassed or reluctant to discuss the problem with their health care professional.¹³

“ED can be a devastating condition,” said Dr Althof. “It can interfere with quality of life and lead to depression, poor self-image, and poor self-esteem. These things affect the way a man functions in a relationship, on the job, and at home. Health professionals must acknowledge that men may resist getting help. So when a man over 40 comes into their office, they should take the initiative and ask about the patient’s sexual history. A clinician can start by asking a simple, nonthreatening question: ‘Many men your age start to experience sexual difficulties. If you have such a problem, I’d be happy to discuss it further.’ The important thing is to try to deal with the problem before it begins doing damage to the man and his partner.”

THE PARTNER GAP

A 70-year-old woman has been widowed for five years. During that time, she has just about given up hope that she may ever again have an intimate relationship. Then, at a family event, she meets a man who has himself recently been widowed. They strike up a friendship and begin to grow closer. The woman’s friends start noticing that she is looking better: she has a new hairstyle, new clothes, and a glow that comes into



Ms Huberman

“When I explain that there are three “I’s” in adolescence—identity, independence, and intimacy—parents feel comfortable talking about identity and independence, but not about intimacy.”

her face. She goes to social events and starts dancing again as her arthritic aches and pains seem to preoccupy her less.

The partner gap is one of the most obvious issues affecting romantic intimate relationships among older adults in the U.S. today, according to an AARP study. While 78% of women and 84% of men aged 45 to 59 have sexual partners, only 21% of women and 58% of men 75 and older have partners.¹⁴ At the same time, 87% of women and 92% of men aged 45 or older say a good relationship with a spouse or partner is important to their quality of life.¹⁴ “I call the AARP study a pilot light study because it shows that older people want intimate relationships but often don’t have them simply because a partner isn’t available,” Dr Althof said. “If someone comes into the picture, the spark ignites and they become alive, even passionate, and there’s often a slowdown in physical deterioration. So the misconception that older people are past the point of being interested in intimate relationships is just that: a misconception.”

A 17-year-old boy begins cutting classes and smoking, drinking, and hanging out with a group of boys engaged in similar behaviors. Soon he is spending more time with his group of friends at the mall than at home or at school. His parents are worried and baffled. His response when they confront him about his unhealthy behaviors: “All the kids smoke and drink.” To fit in with the crowd and maintain the friendships he desperately desires, he feels he must do the same.

Smoking, drinking, and drug use were listed in a recent government survey as among the behaviors that place teenagers at risk for serious health problems.¹⁵ Beneath some of those behaviors is often a desire to achieve closeness with peers. “Adolescence is the developmental stage that as adults we have the most difficulty understanding, because when kids are starting the search for intimate relationships, they behave in ways we don’t always understand,” said Ms Huberman. “When I talk to parents and

Intimacy and the Adolescent

Erik Erikson, one of the leading figures in the fields of psychoanalysis and human development, theorized that the need for social interaction is the most important force driving human behavior and the development of personality. In Mr Erikson's view, adolescence is the time when a person first must make a choice between a life of intimacy versus one of isolation. In the best outcome, the person will develop the ability to give and receive love and begin to make long-term commitments to relationships.

"The strength acquired at any stage is tested by the necessity to transcend it in such a way that the individual can take chances in the next stage with what was most vulnerably precious in the previous one," Mr Erikson writes. "Thus, the young adult, emerging from the search for and the insistence on identity, is eager and willing to fuse his identity with that of others. He is ready for intimacy, that is, the capacity to commit himself to concrete affiliations and partnerships and to develop the ethical strength to abide by such commitments, even though they may call for significant sacrifices and compromises."¹⁵

"Adolescence is a time of turning away from the nuclear family toward the world at large, the world of music, movies,

books, and friends," said Dr Althof. "And it's a time when hormones begin to play a major role in shaping both boys' and girls' quests to embark on relationships. It's not just socialization; it's also biology. I think we need to acknowledge that there are general behaviors and courtship behaviors that are biologically driven. Human development is both biology and learning. Nowhere is this duality more evident than during adolescence."

"A few years ago, at the Kinsey Institute, a group of kids came in to talk about relationships, and one important point they made was that even when they had very short relationships that lasted only a few weeks, they often were devastated when these relationships ended," Dr Sanders said. "But their parents couldn't believe they would be so hurt. What they felt their parents didn't understand was that these were incredibly significant relationships because they were putting themselves out there emotionally, getting close to someone in a way they hadn't done before. They weren't cavalier about the whole thing—quite the opposite. The other interesting thing was that boys in the group reported that they felt it was harder for them to lose a girlfriend because she was often the one person they really had started opening up to. Ultimately, the way adolescents handle these early relationships has a profound effect on their views and behaviors in adulthood."

explain that there are three "I's" in adolescence—identity, independence, and intimacy—they feel comfortable talking about identity and independence, but when I get to intimacy, they just don't want to see their emerging young adult in that light. Parents need to realize, though, that teenagers are seeking separation from family. They want contact and closeness with their peers—far beyond what they wanted or needed in childhood. And that search for closeness can sometimes lead them to engage in behaviors that are risky to health. Our duty as parents is both to recognize and validate their need for intimacy and to steer them away from things we know can harm them."

A 19-year-old woman finds out she has contracted a sexually transmitted disease (STD). Even though she knows she should have been using protection, she has been reluctant to ask her partner to do so for fear that he might reject her.

This young woman has become one of the 3 million young people aged 10 to 19 who contract an STD each year.¹⁶ Her unwillingness to protect herself is an example

of how her need for acceptance and sexual intimacy has jeopardized her health.

"Young people, especially young women, are especially vulnerable during their teenage years because often they are starting to experiment with sex at a time when they don't yet feel confident in who they are," said Dr Schnarch. "They want to be liked, to be validated, but they don't feel empowered as individuals, so they are reluctant to say things like, 'Use a condom,' and therefore sometimes wind up pregnant or with an STD. Understanding the interpersonal issues that underlie the statistics on teenage pregnancy and STDs can help us as clinicians and as a society as we think about things like how to design our sexuality education programs."

A 9-year-old boy's parents divorce. Soon afterward, the boy begins complaining of stomachaches and his teacher notices that, though he is normally outgoing and studious, he has become indifferent about his schoolwork and no longer joins his friends in play during recess.

More than 1 million children are involved in new divorces each year,¹⁷ and certain experts argue that children of divorce often suffer depression, learning difficulties, and other psychological problems more frequently than those in intact families.¹⁸

“The controversy over whether or not people should stay married when there are difficult problems in the relationship is a question to which there are no easy answers,” said Dr Wohlhuter. “What’s clearer is the fact that when parents divorce, they aren’t the only ones affected. Children certainly feel the effects too.”

After 37 years of marriage, a woman starts noticing changes in her husband’s behavior: He gets lost on his way home, puts together mismatched outfits, and forgets how to do

simple arithmetic. Alzheimer’s disease is eventually diagnosed. His wife, 75, is the man’s sole caregiver. As his condition deteriorates and he becomes easily angered, as his sleep patterns become disturbed, and, as he starts to wander, the toll on his wife increases. The woman, herself suffering from severe arthritis, finds herself becoming exhausted, depressed, and angry. She is easily fatigued, sleeps poorly, and complains of coming down often with colds and headaches.

Few diseases disrupt the life of a patient and the patient’s family more than Alzheimer’s disease. Studies have suggested that the disease may even have negative effects on the immune systems of the patients’ partners.

One researcher, Mary Mittelman, DrPH, the Director of the Caregiver Research Program at the NYU Aging and

Intimacy and the Elderly

There is no clear end to the need for intimacy in the later years of life. Several of the panelists said they have older patients who are still very much interested in sexuality and intimacy.

Since the population aged 65 and older is expected to double in the next three decades to nearly 70 million Americans—20% of the population—it is anticipated there will be increasing attention to the concerns and desires of older individuals. Today, 13% of the population is older than age 65, and many of these 34.7 million Americans consider intimacy an important part of their lives.¹⁹

Nearly half of older Americans recently reported that they considered the years after age 65 the best years of life, according to a new National Council on Aging survey.¹⁹ The growing life expectancies of Americans mean that being 60 today frequently involves continuing intimate relationships with the family of origin: about 44% of Americans aged 60 have at least one parent alive compared with about 13% in 1940.¹⁹ In addition, most are as satisfied with their sexual lives as they were when they were in their 40s: 74% of men and 70% of women said that in late life they were as satisfied as or more satisfied than they had been in midlife.¹⁹

“Recent research suggesting that a high proportion of men and women remain sexually active well into later life refutes the prevailing myth that aging and sexual dysfunction are inexorably linked,” said Dr Meston. “Even age-related physiological changes do not render a meaningful sexual relationship impossible or even necessarily difficult.” The female

advantage in life expectancy leads to women’s higher rate of institutionalization. One of the main challenges for older women is finding partners, since for every 100 older men there are 143 older women. After age 85, for every 100 men there are 241 women.¹⁹ Further, men are more likely to be married after age 65 (75%) than are women (43%). Widows outnumbered widowers four to one in 1998.¹⁹

Dr Meston said it was important for older people not to fall into the trap of expecting—or worse, trying to force—the kind and degree of sexual response characteristic of their youth. “It is equally important that they not fall prey to the negative folklore that decreased physical intimacy is an inevitable consequence of the passage of time,” she said.

When it comes to aging and intimacy, certain negative attitudes, stereotypes, myths, and taboos work against older people who want to continue to have intimate relationships that include physical expressions of love. Sexual thoughts, sexual feelings, and sexual desire persist into advanced age for most individuals.²⁰ “There is no age at which sexual activity, thoughts, desire, or feelings end,” said Dr Sanders. “Unfortunately, it is often distasteful for younger adults to think about intimate relationships in others they view as ‘too old.’ Yet the reality of the need is there; this disparity often leads to negative feelings between younger generations of people who are often in clinical and policy careers and the more mature population they serve.”

As in young people, the need to care for and be cared about continues into older ages. The emotional, mental, spiritual, social, and physical aspects of intimacy are needs that all people have regardless of age. Dr Wohlhuter recalled Robert Browning’s observation: “Grow old with me! The best is yet to be.”

E ffects of Early Emotional Deprivation

The impact of emotional deprivation on Romanian orphans in state-run institutions is an example of the early need for close, loving relationships and the damage that can be done when such relationships are absent.

A study of 46 orphans adopted in British Columbia from Romanian orphanages in 1990–1991 looked at the effects of early deprivation on later child development. The orphans had spent an average of 17.5 months in an institution: almost all their lives. Apart from physical deprivation—75% of the adoptive Canadian parents reported that the children hadn't had enough to eat and 56% said the children hadn't had enough to drink—the parents estimated that their Romanian adopted children had spent 18 to 20 hours a day lying quietly in their cribs. As a result, the children suffered from medical problems such as intestinal parasites, hepatitis B, and anemia; suffered from developmental problems such as eating disorders; had lower IQs than their Canadian counterparts; and had behavioral problems: they were withdrawn and anxious, engaging in repetitive behavior like rocking back and forth and watching the movements of their hands and fingers. They withdrew from siblings and friends, did not know how to play, and threw temper tantrums. The study concluded that when the children were removed from the orphanages and grew older, they overcame most of the physical problems and developmental delays; but, even three years after their adoptions, their parents were more concerned about behavioral, emotional, and social problems that seemed to require huge efforts to overcome.²¹

“We know very little about how early social deprivation can affect later intimacy needs and relations. Whether there is a critical threshold or a crucial time period before the damage is lasting is unknown. Perhaps most important is the question of whether later caregiving and emotional nurturing can make up for some or all of the detrimental effects. A lot more research needs to be done in this area,” said Dr Meston.

Dementia Research Center, who conducted the NYU Spouse-Caregiver Intervention Study, has suggested that as many as 80% of caregivers of dementia patients suffer from chronic fatigue, depression, or anger. In an effort to discover whether counseling and support of caregivers and their families is effective in treating their symptoms, the study, which began in 1987, has enrolled hundreds of caregivers, randomly assigning them to either a treatment

group or a control group. The results suggest that intervention, such as counseling, weekly support groups, and continuous availability of counselors increases family cohesion and the caregiver's satisfaction with his or her social network, that intervention decreases depression, and that intervention has a dramatic effect on delaying the patient's entry into a nursing home. In her testimony to the U.S. Senate on the subject of helping Alzheimer's patients' caregivers, Dr Mittelman said, “What does it say about us as a society if we are not prepared to support the family so that it can care for its members as they age?”²²

PHYSICAL CHANGES IMPACT INTIMACY

A 55-year-old woman finds that she is losing her sex drive and also starting to experience pain during intercourse. The woman, who is a few years past menopause, is starting to feel insecure about her attractiveness. Lately, she has begun going to bed later than her husband. They argue more than usual, and the woman becomes depressed, fearing that her relationship is in jeopardy.

Female sexual dysfunction (FSD) is a condition that is estimated to affect 30% to 50% of American women,²³ yet despite its relative prevalence, FSD often goes undetected and is generally poorly understood.

Dr Sanders pointed out that as we develop and age, we're constantly dealing with our changing biological selves and the effects these bodily changes may have on our physical and emotional health. “During menopause, for example, hormonal changes trigger bodily changes that may directly impact a relationship,” she said. “As estrogen wanes and sex may become painful, a woman may shy away from intimacy. She may start to experience self-doubt: ‘I'm not as attractive as I once was.’ What does this do to self-esteem? I think that often, people look to what they perceive as the measure of arousal in their partner as some kind of validation of their attractiveness. At midlife and beyond, our psychological dealings with our bodies become an important component of how we see ourselves and how we see our value in a relationship. So, physical changes can affect our willingness to participate in a sexual relationship, with the result that we deny ourselves something that's important to our health and well-being.”

Says Ms Huberman: “From the moment we're born until the moment we die, we yearn for intimacy. Unless we have suffered severe trauma in our lives and thus try to push it away, we want and need to feel close to others. And that yearning for closeness inevitably affects us both positively and negatively as we make the journey on the roller coaster of life.”

Chapter 2



Loneliness and Isolation: Modern Health Risks

“We live in a society in which isolation is commonplace. In the impersonal climate of industrial society, even more people obviously suffer from a sense of loneliness—the loneliness of the lonely crowd. Understandably, the intense wish emerges to compensate for this lack of warmth with closeness. People cry for intimacy.

—*The Unheard Cry for Meaning*, Viktor Frankl

Written more than two decades ago, the foregoing quote is even more relevant nowadays. One need only consider certain demographics to see how widespread isolation is today in America.

In 1900, for example, it was unusual to find people living alone, and relatively common to see large households: only 5% of households in 1900 consisted of people living alone, while 20% had seven or more people. Over the course of the century, the proportions reversed: 26% of households in 1998 consisted of only one person; 1% had seven or more.²⁴ By 2010, it is estimated that 31 million Americans will be living alone, up from 24 million in 1995.²⁵ Among the elderly, in 1995, 32% of all people older than 65 years lived alone.²⁶ Nearly half—45%—of women 65 years and older were widowed, and 70% lived alone.¹²

“Of course, living alone doesn’t necessarily mean that someone is lonely, but I think we can justifiably say that for a significant proportion of our society, loneliness is simply a fact of life,” said Dr Meston. “This is especially true for the elderly, but it also cuts across all age groups. I don’t think that as a society we quite realize the seismic change that is going on or that many people in our country are grappling with the painful realities of isolation and loneliness.”

THE IMPACT OF LONELINESS ON HEALTH

In his book *Love & Survival: The Scientific Basis for the Healing Power of Intimacy*,²⁷ Dean Ornish, MD—best known for directing clinical research demonstrating that comprehensive lifestyle changes may begin to reverse heart

disease—describes the isolation he finds when he lectures around the country. He asks his audience how many of the following statements are true:

- You live in the same neighborhood in which you were born and raised, and most of your old neighbors are still there.
- You’ve been going to the same house of worship for at least 10 years, and most of your fellow congregants from 10 years ago are still there.
- You’ve been at the same job for at least 10 years, and most of your coworkers are still there.
- You have an extended family living nearby that you see regularly.

In a typical audience of several thousand people, only a few raise their hands. “And that’s not just in San Francisco or New York or Los Angeles, but also in Ames, Iowa, or Omaha, Nebraska, the heart of the heartland. Fifty years ago, most would have been able to say yes [to these statements],” Dr Ornish writes.

Panelist Dr Schnarch said that Americans have not always been as lonely and isolated as they are today. “It’s only since the industrial revolution, with mass movement to cities, that the tight bonds people had with family and community began to weaken and people thus began to



Dr Meston

“Living alone doesn’t necessarily mean that someone is lonely, but I think we can justifiably say that for a significant proportion of our society, loneliness is simply a fact of life.”

develop a heightened sense of isolation. In recent decades, especially after World War II, isolation has only intensified as it's become commonplace for people to move out to suburbs or away from the towns and cities in which they grew up," he said.

Loneliness may be characterized by three conditions: isolation, such as distance from a romantic partner; feelings

of being disconnected—not having close friends; and feelings of not belonging—not identifying with or not being accepted by valued social groups.²⁸ Loneliness may also be measured (Figure 1). One study examined the differences between lonely and socially embedded individuals that might explain differences in health outcomes suggested that social relationships were associated with positive out-

Figure 1. Is it Possible to Diagnose Loneliness?

Because lonely people generally tend to visit health professionals more often than people who aren't lonely, it's possible that a patient may be making a visit out of loneliness. How can a health professional discern loneliness? One way is by using the UCLA Loneliness Scale, which scores loneliness on a range of 20 (not

lonely) to 80 (lonely). This questionnaire is the most widely used measure of loneliness, with more than 500 citations in the Social Sciences Citation Index. Scores on the loneliness scale have been found to predict a wide variety of mental and physical health outcomes.²⁹ The mean score for the general population is about 40.

UCLA Loneliness Scale (version 3)

Instructions: The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described by writing a number in the space provided. Here is an example:

How often do you feel happy?

If you never felt happy, you would respond "never," if you always feel happy, you would respond "always."

NEVER

RARELY

SOMETIMES

ALWAYS

1

2

3

4

How often do you feel

*1. that you are "in tune" with the people around you? _____

2. that you lack companionship? _____

3. that there is no one you can turn to? _____

4. alone? _____

*5. part of a group of friends? _____

*6. that you have a lot in common with the people around you? _____

7. that you are no longer close to anyone? _____

8. that your interests and ideas are not shared by those around you? _____

*9. outgoing and friendly? _____

*10. close to people? _____

11. left out? _____

12. that your relationships with others are not meaningful? _____

13. that no one really knows you well? _____

14. isolated from others? _____

*15. you can find companionship when you want it? _____

*16. that there are people who really understand you? _____

17. shy? _____

18. that people are around you but not with you? _____

19. that there are people you can talk to? _____

20. that there are people you can turn to? _____

Scoring: Items with an asterisk should be reversed (ie, 1=4, 2=3, 3=2, 4=1), and the scores for each item then summed together. Higher scores indicate greater degrees of loneliness.

looks on life, more secure attachments, and more effective restorative behaviors.³⁰

Loneliness has traditionally been considered a psychological problem, but research conducted in the past few years has suggested a connection between loneliness and health.³¹ For example:

- Loneliness for a romantic partner has been shown to be a significant factor in physician utilization—independent of depression, somatic complaints, and health status.³¹

- People who are lonely use emergency departments 60% more often than nonlonely people, despite the same level of chronic illness and acuity of illness.³² (Figure 2.)

- In a four-year study that controlled for age, physical health, income, and education, elderly people who were extremely lonely were more likely than other elderly people to be admitted to nursing homes over that time period. One of the reasons given for the link between loneliness and nursing home admission was that the extremely lonely sought to enter a nursing home as a way of gaining social contact.³³

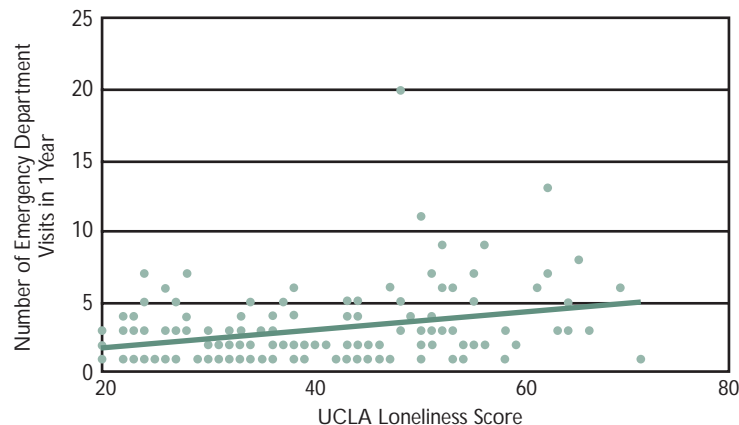
Many things can lead to loneliness across the age spectrum: disability, loss of employment, diminished financial reserves, change in family structure and family member roles, availability of health care, and lack of competitive level of education. The threat of violence; experiencing discrimination; substance abuse; the social pressure to juggle multiple responsibilities such as work, parenting, and caretaking; and frequent geographic moves all contribute to isolating and insulating people from other people.

THE LONELY HEART

While loneliness and social isolation are less commonly recognized as important elements in predicting morbidity and mortality from cardiovascular problems, studies have suggested that those conditions have a strong impact on the ultimate fate of people suffering from coronary artery disease as well as of people who have had heart attacks or have been slated for surgical procedures.

In one study, lack of emotional support was significantly associated with six-month mortality after an acute myocardial infarction.⁴ Additional studies have found that loneliness at the time of surgery may be an important predictor of death at both 30 days and five years following coronary artery bypass grafting³⁴ and that the recurrent cardiac event rate at six months after an initial myocardial infarction was significantly higher among those who lived alone.³⁵ Results of a study in Stockholm suggest that lack of social support contributes to the severity of coronary artery disease not only among men, but among women as well.³⁶

Figure 2. Total Hospital Visits vs. UCLA Loneliness Scale



Note: A score of 20 means an individual is not lonely.

A study that looked at emergency department usage among 164 adults at a Massachusetts hospital found that emergency department visits were more frequent among those who were lonelier. The difference was statistically significant ($P < .001$).

In a Duke University study, investigators found that patients with coronary artery disease who had low levels of social and economic resources were an important high-risk group among medically treated patients with the disease.³⁷

The pathways by which loneliness and social isolation put people at risk for cardiovascular problems are not yet fully understood. However, one way that researchers are evaluating the issue is in recognizing that people who do not have their emotional needs adequately met are more likely to engage in risky behaviors such as smoking, drinking, and overeating. On the other hand, when emotional needs are met, people are more likely to successfully and permanently make the healthy lifestyle changes necessary to reverse heart disease. Recent research tends to lend credence to that line of thought: one study suggested that when emotional needs are being met, people are more motivated to make lifestyle changes that lower heart disease risk.³⁸

James Lynch, PhD, author of *The Broken Heart: The Medical Consequences of Loneliness*, has written, “It is high time for us to develop a more comprehensive physiological perspective, one that will help clarify the cardioprotective nature of community life and loving relationships, as well as the cardioprotective nature of healthy dialogue, and the cardioprotective benefits of our relationship to the rest of the natural, living world.”³⁹

In the next chapter, we will explore the ways in which changing demographics are affecting the kinds of relationships we now form and the way these changes may be impacting health.

Chapter 3



The Changing World of Intimate Relationships

Statistics bear out the enormous changes that have occurred in the fabric of intimate relationships in the U.S. in the past quarter century. For example, from 1970 to 1996, the number of divorced people more than quadrupled, from 4.3 million to 18.3 million, while the number of never-married adults more than doubled, from 21.4 million to 44.9 million.⁴⁰ In this social context, being single is no longer the stigma it once was. A recent cover story in *Time* magazine titled “Who Needs a Husband?” talked about the fact that 66% of single women in the U.S. would marry only if they found the perfect mate. And 63% of men said the same about women.⁴¹

Why do marriages fail? The reasons cited most often by both men and women include poor communication, basic unhappiness, loss of love, incompatibility, infidelity, mental illness or emotional problems, conflict over men’s and women’s roles, and spouses’ personality traits.⁴² External pressures such as financial problems can also lead to marriage breakdown. Financial hardship can increase isolation, engender emotional stress, cause depression, and lower self-esteem, which in turn can worsen marital tensions.⁴³

At the same time that divorce has become commonplace and people are less likely than they once were to believe that someone should sacrifice personal happiness to stay in an unsatisfying marriage,⁴⁴ numerous studies have suggested that a couple relationship is beneficial to health. Here is a small sample of what some of those studies suggest:

- Widowhood and divorce seem to affect overall survival among women with cancer: widows with colorectal cancer were found to have twice the death rate of married women.⁴⁵

- Married men with prostate cancer survive longer than unmarried men. In a longitudinal study from 1973 to 1990 of more than 140,000 men with prostate cancer, researchers at the University of Florida found that married patients had a significantly longer median survival than those who were divorced, single, separated, or widowed.

The researchers concluded that this outcome had to do with marriage’s health effects on social support and/or mood. The researchers said that understanding the relationships among marital status, social support, mood, and mortality could open the way to rational strategies for postponing death in men with prostate cancer.⁴⁶

- Unmarried men were more likely to enter the hospital with a greater severity of disease than married men and were more likely to die in the hospital following surgery or be sent to nursing homes upon discharge than married men.⁴⁷

- Single (never-married) men had an increased risk of cardiovascular disease mortality and of noncancer, noncardiovascular mortality—after adjustment for such variables as smoking and diabetes.⁴⁸

- Researchers investigating the correlation between social functioning and pain found that marital status as well as quality of the marital relationship in terms of long-term stress and emotional support may affect the progression of rheumatoid arthritis.⁴⁹

TOWARD HEALTHY RELATIONSHIPS

Differentiation. The panelists discussed the fact that being your own person—differentiating from a partner—is crucial to relationship health. Dr Schnarch defined differentiation as

- Having a clear sense of self while in close proximity to a significant partner
- Being able to regulate one’s own anxiety
- Controlling one’s response to a partner’s reactivity and anxiety
- Being willing to tolerate growth in a partner

To which Dr Stayton added: “A lot of my work focuses on helping people become individuated again so that they can make independent choices, including the choice to be together or not. When people stay in a symbiotic relationship for a long time, they can build up some resent-

ment, even possibly hostility, toward each other because they're locked into a pattern of interaction that doesn't allow them to make the choices that feel right for them. People need to feel that they don't have to be 'one' in every way in order to have a close relationship."

Dr Schnarch, who has written a book called *Passionate Marriage*, says that divorce is often the inevitable result when people are either unwilling or unable to differentiate from their partners. "Most people go into relationships looking for someone to validate them; to provide empathy, understanding, and acceptance; to reduce their anxiety," Dr Schnarch said. "But this need for external validation eventually starts shading how and what we say to keep ourselves, our partner, and the relationship itself calm. This dishonesty destroys intimacy and sexual passion, diminish-

es our sense of worth, and leads to emotional gridlock—a kind of frozen relationship. When couples reach this kind of gridlock, it's usually the point at which they get divorced."

Dr Schnarch also said that the current tidal wave of broken relationships may in part be the result of the desire many people have to compensate via their adult relationships for the bad parenting they believe they received as children.

That kind of thinking—one promoted by a certain genre of popular psychology—is bad for relationship health, Dr Schnarch said. "I'm not discounting the importance of early attachment as promulgated by the pioneer attachment theorists," he said. "It is the conclusions we're drawing today about its impact on adults that

What Is Love?

In his book *Cupid's Arrow: The Course of Love Through Time*, psychiatrist Robert Sternberg, PhD, of Yale University defines what he considers the components of love. In what he calls the "triangular theory of love,"⁵⁰ Dr Sternberg states that love can be divided into three basic components:

- Intimacy—which includes desiring to promote the welfare of the loved one; experiencing happiness with the loved one; being able to count on the loved one in times of need; and giving emotional support to the loved one.
- Passion—which involves intense longing for union with someone.
- Commitment—which consists of both a short-term aspect, that is, making the decision to love someone, and a long-term aspect, which is the commitment to maintain that love.

In Dr Sternberg's model, the three components of love, in combination, produce seven different kinds of love. (Table 1.) For example, in romantic love, intimacy and passion may be present, but not commitment. Whereas, in companionate love, intimacy and commitment may be present, but not passion. Friendship is an example of a type of love in which there may be intimacy without passion or commitment. The ideal in a couple relationship is consummate love, in which there is an equal measure of intimacy, passion, and commitment.

Dr Sternberg writes that attaining consummate love is analogous to trying to meet a goal in a weight-reduction program. "Reaching your ideal weight is often easier than maintaining it. Attaining consummate love is no guarantee that it will last; one may become aware of the loss only after it is far gone. Consummate love, like other things of value, must be guarded carefully."

"Breaking love down to its component parts is helpful, I think, because it's a way for people to see that especially when it comes to ideal love, there are a number of factors that must be sustained. Ideal love isn't impossible to maintain, but it takes work," Dr Meston said.

Table 1
Taxonomy of Kinds of Love

Kind of love	Intimacy	Passion	Decision/ commitment
Nonlove	-	-	-
Liking	+	-	-
Infatuated love	-	+	-
Empty love	-	-	+
Romantic love	+	+	-
Companionate love	+	-	+
Fatuous love	-	+	+
Consummate love	+	+	+

Note: + means component is present; - means component is absent. These kinds of love represent idealized cases based on the triangular theory. Most loving relationships will fit between categories, because the components of love occur in varying degrees, rather than being simply present or absent.

“One of our greatest challenges lies in finding ways to keep a relationship alive and growing, passionate and exciting over a long span of time.”



Dr Stayton

I have trouble with. In my opinion, attachment theory has been distorted so that we now have the idea that insufficient early nurturing forever affects a person's ability to have intimate relationships. This notion has filtered into our collective societal consciousness and given rise to what I believe is an unhealthy, victim mentality: 'I wasn't nurtured enough, so therefore you have to nurture me.' I don't think the original attachment thinkers would have made this kind of leap. But the notion persists that if a child doesn't get those early emotional needs met in a certain way, he or she has the right as an adult to expect, and indeed, demand, that they be met by others—usually a partner. This kind of thinking, extrapolated to an adult partner, may contribute to our high divorce rates. Of course, there are many cases where bad parenting does have a lingering detrimental effect and affects the ability to have successful relationships, but I would guess that most of us have been adequately parented. People could benefit from taking more responsibility for their own role in relationships *now* and worrying less about what they were or weren't given as young children.”

Dr Irvine added that the notion of resiliency also comes into play in understanding how people can recover from early relationship problems. “We have so much new information about how the brain shifts and changes through the lifetime. This has really undermined a certain paradigm about the inflexibility of what happens early on,” she said. “The notion of resiliency is important because it can move us away from the idea that seems to be so pervasive that a damaged child forever re-enacts trauma throughout his or her lifetime. If we can see children, and adults, as dynamic beings who interact with their environment, we can think of all kinds of things that can help repair damage: connecting to a pet, connecting to a hobby, or, for an adult, connecting to work. Here's where I think it's important to broaden the definition of intimacy.”

MAINTAINING INTIMACY OVER THE LONG-TERM

Dr Stayton brought up the issue of demographics: people are simply living longer but without a road map showing how to sustain relationships over time. “We're living with a whole new phenomenon that has never been known in history,” he said. “In 1900, the average life expectancy was 47 for men and 51 for women. Today it's 72 for men and 79 for women, and it's going up all the time. In 1900, the average relationship lasted 20 to 25 years. Today a couple that partners at age 25 or 26, which is the average, and stays together till death do them part could be coupled for 50 years or more. We have not helped bring people along on how to live in a relationship for that length of time. So one of our greatest challenges lies in finding ways to keep a relationship alive and growing, passionate and exciting over a long span of time.”

Dr Althof predicted that learning how to maintain long-term relationships will become increasingly important as the large population of baby boomers comes face-to-face with this issue over the course of the next several decades. “As we age, the challenge is not only to maintain a level of intimacy, but also to deepen and enrich the relationship despite all the changes going on in mind and body,” said Dr Althof. “Accepting where each person in the relationship is in their physical and emotional lives is critical at this time in trying to maintain a certain *something* in the relationship. I don't mean only sexually. I mean that bond between two people—trying to move beyond the point at which a relationship can grow stale.”

Added Dr Irvine, “I think a lot of people in midlife—especially given the divorce statistics, but also among lesbians and gay men—have had a major meltdown of a very central, long-term, mid-adult relationship and are on the other side of that. Now they're facing all sorts of choices about where to move from there. Do you try to just re-create something that you had before, in an attempt to alleviate some of the terror of being alone in the world and

“As we age, the challenge is not only to maintain a level of intimacy, but also to deepen and enrich the relationship despite all the changes going on in mind and body.”

—Dr Althof

the anxiety of the self? Or, do you re-evaluate in particular ways? As a society, we need to think about how we can help support people not just to re-create the same old patterns that will inevitably lead couples to hit that gridlock again. We live in an age that is so negative toward people who are older. It's almost as if because you're older and perhaps no longer attractive in a conventional way, you don't even count anymore, and whatever you're going through in life doesn't count either."

In his paper "On Love," Stephen B. Levine, MD, Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine, offers advice about how to be realistic about love. He writes, "Ideal love requires a comfortable balance of individuality and couplehood—a balance between oneness and twoness, or, as Kierkegaard wrote of the miracle of happy marriage, 'making the different the same.' We expend much energy striving to attain harmony. The state of ideal love, when attainable, is evanescent. Usually, a gap exists between our private sense of ideal love and our actual experience of ourselves and our partner in a relationship. This gap is a source of existential distress and, like all distress, is buffered by an array of competing life demands and mechanisms."

Dr Levine's practical suggestions for promoting long-term relationship health include the following:

- Develop the patience to simply listen to your partner speak.
- Make clear to your partner what you like to do in life without making demands.
- Put the good of the couple and the good of the partner ahead of your interests.
- Give your partner the benefit of the doubt when you feel that you have been mistreated.
- Speak frequently from the heart about subjects other than personal unhappiness with your partner.
- Keep all your personal ambitions in perspective; most people do not actually achieve theirs.
- Value authentic sexual behavior highly, even the inevitable disappointments.
- Assume that your partner's perception that you are interested in satisfying his or her sexual needs is vital to the growth of love.
- Love your body and its pleasures; stop taking your bodily imperfections so seriously.
- Think of your sexual life as the camouflaged re-enactment of your childhood pleasures and pains.
- Believe that integrity, honesty, and respect breed love, love breeds good sex, and good sex breeds love. It is a circle.
- Own and express your emotions, but don't always



Dr Irvine

"We live in an age that is so negative toward people who are older."

assume that they are the most important aspects of any interpersonal situation.

- Do not abandon your ideal of love just because your partner is currently falling short of meeting its requirements.
- Tell your partner how much you value loving and good sex.
- Behave as though you realize that although you do not like to admit it, your need to be loved is far greater than your need to have sex.⁵¹

RELATIONSHIPS WITH PETS AS A CONTRIBUTOR TO HEALTH

Though people have kept pets from time immemorial for companionship or status, it is only in recent decades that interactions with pets have come to be seen as having a real impact on human health. This effect can be especially powerful in a society such as ours, in which there are such large numbers of people, both young and elderly, who live alone and in which stress is commonplace.

In a recent study, researchers looked at 48 male and female stockbrokers earning more than \$200,000 per year who lived alone and were using medication to control high blood pressure. They found that those with a pet experienced half the increase in blood pressure under stress as those who didn't own a pet.⁵²

Strong attachment to a pet has been associated with less depression and better morale. In addition, among elderly pet owners with minimal confidant support, those who were more attached to their pets reported less recent illness than those who were less attached.⁵³

Pet ownership studies conducted among people older than 65 years found that those who need companionship often turn to a health professional; those with pets reported less need for the services of a physician than those without pets. Those without pets averaged 9.49 physician visits per year, while pet owners went to their doctors only 8.42 times per year.⁵⁴

A study examined the effects of cat and dog owner-

“There is this idea that people who are depressed are somehow weak and should simply snap out of it. I don’t think that anyone who is seriously depressed wouldn’t snap out of it if they could.”



Dr Wohlhuter

ship on the emotional well-being of cancer patients and their family members, recognizing the psychosocial burdens of both the spousal caregivers and children with a seriously ill parent. The findings suggested the companionship of pets can help a child adapt to a parent’s serious illness and death by providing unconditional love and continuity. In addition, children may be comforted by confiding in their pets.⁵⁵

Studies of children and pets have suggested that pets appear to lower blood pressure and heart rate in children, too.⁵⁶ Children with a strong pet bond also score higher on empathy for others than do children without pets. This may have significant implications for the future: if these children can reach adulthood and retain their empathy, they may have an easier time coexisting with others and therefore be less apt to suffer from loneliness.⁵⁷

A recent study among HIV-infected men suggests that those who owned pets reported less depression than those without pets. The beneficial effect of pet ownership occurred mostly among people with fewer confidants and suggests that by enhancing companionship for some HIV-infected people, pets may help buffer the stress of the disease.⁵⁸

OBSTACLES TO ACHIEVING INTIMACY

Depression. In the U.S. today there are an estimated 17 million people suffering from clinical depression.⁵⁹ Depression can affect: the mind—by interfering with the ability to think and make decisions; emotions—by causing feelings of sadness, despair, guilt, worthlessness, and apathy; behavior—by leading to alcohol or drug abuse, suicide attempts, and other destructive behaviors; and relationships—by leading to aggression, withdrawal, or marital and family distress.⁶⁰ One partner’s depression can also affect the

other’s mood. One study reported spouses living with a depressed patient reported significantly more depressed mood than that found in the general population.⁶¹

Unlike normal and usually transitory negative mood states, major depression is extreme and persistent and can interfere significantly with a person’s ability to function.⁶² Women are at particular risk: estimates are that between 10% and 25% of women will experience at least one significant episode of major depression during their lifetimes; the range for men is between 5% and 12%.⁶³

“There is this idea that people who are depressed are somehow weak and should simply snap out of it,” Dr Wohlhuter said. “I don’t think that anyone who is seriously depressed wouldn’t snap out of it if they could. They are suffering. No one chooses this illness.”

With more than 2 million of the 34 million Americans older than age 65 suffering from depression, the disease is a significant contributor to suicide among older people.⁶⁴ Although older Americans constitute only 13% of the population, those older than age 65 account for 20% of all suicide deaths.⁶⁴ The highest rate in this population is for white men aged 85 and older: 65.3 deaths per 100,000 people in 1996—about six times the national rate of 10.8 per 100,000.⁶⁴ Yet depression should not be considered a normal part of aging.⁶⁴

A report by the National Institutes of Health found that depression is a widely underrecognized and undertreated illness in the elderly and that many of the adults who commit suicide have visited their primary care physician shortly before the time of suicide: 20% on the same day, 40% within one week, and 70% within one month.⁶⁴

Childhood and adolescent depression is also a serious problem. Studies show that at any one time, between 10% and 15% of the child and adolescent population has some symptoms of depression. The prevalence of the diagnosis of major depression among children aged 7 to 19 has been estimated at 5%.⁶⁵ The National Depressive and Manic-Depression Association says that one symptom of possible adolescent depression is trouble with family, friends, and peers.⁶⁶ In one study, adolescents who were depressed were found to be less intimate with both parents, to feel less social support, and to have lower self-esteem than their peers.⁶⁷ And in a group of 69 university students, those who were determined to be lonely according to the UCLA Loneliness Scale reported more symptoms such as sleep disturbances, headaches, and loss of appetite.⁶⁸

Stress. The stresses of modern life are many: increasing demands of work, both parents working, single parenthood, work-related travel, commuting to and from the

workplace, caretaking responsibilities—including caring for the home, children, elderly parents, or ill relatives—financial pressures, second jobs. The list goes on and on.

“With our lives so full of often-competing demands, it’s easy to feel overwhelmed and to let our relationships fall by the wayside,” said Dr Sanders.

“I think you need to be a fairly well-functioning person to allow intimacy to occur,” Dr Althof said. “When you’re stressed, your ability to function adequately goes down. I think our level of functioning naturally fluctuates through the life cycle, but stress is definitely a big contributor.”

“One of the things I try to drive home when working with couples and families is that they have to make time for their relationships; they have to be *intentional*, otherwise, all of the many other commitments in our lives take over,” said Dr Stayton.

“I like the word *intentional*, in that if someone wants intimacy to be a priority in his or her life, time has to be set aside for that, because nothing that’s important—in any area of life—can be accomplished without putting in the time,” Dr Perelman added.

How do the stresses of the modern workplace affect intimacy? “Certainly, people are working long and hard, but I think that, to some extent, some people use work as a way of avoiding intimacy difficulties at home,” said Dr Schnarch.

Dr Althof talked about the “lure of competency” that exists in the workplace. “People feel productive at work. They’re lauded and feel that they’re contributing to the good of the world. We don’t always get pats on the back at home.”

Dr Irvine referred to *The Time Bind*, a book about the work/family time-dilemma. Author Arlie Hochschild found that, in many instances, people flee the pressures of home by spending more time at work, and that many find more satisfaction in the workplace than at home.⁶⁹

Citing the common misconception that intimate relationships will always be happy and comfortable, Dr Perelman added: “The greater potential for intimacy that exists in couples and families also carries the potential for much greater stress and disharmony. Consequently, some people choose the workplace, which may seem on the surface to be safer and more comfortable because there’s more clarity about what’s expected of them. Work has boundaries and rules that limit the level of intimacy. In the home there is a much broader range of acceptable behaviors, but also much more ambiguity.”

Dr Schnarch said that precisely because intimacy at home is often more demanding, the potential benefits of



Between 10% and 25% of women will experience at least one significant episode of major depression in their lives.⁶³

dealing with common relationship problems are greater, too.

“While I don’t want to overly glorify house and family and diminish the importance of work, I do think there is an advantage to intimacy in the household over intimacy in the workplace,” said Dr Schnarch. “If you look at intimacy as a vehicle for personal development, then the greater the challenge to your sense of self, the greater the potential for personal growth. Disclosing your true self to your spouse, kids, and parents challenges your identity and self-worth more than doing this with a coworker. It’s harder to get a new spouse or child than it is to get a new job.”

Social Phobias. Social anxiety disorder is the third most common psychiatric disorder in the U.S., after depression and alcohol dependence.⁷⁰ It is estimated that one out of every eight Americans suffers from the disorder.⁷¹

Also known as social phobia, social anxiety disorder is characterized by either an excessive fear of scrutiny by other people or by a persistent fear of humiliation or embarrassment in social or performance situations. This results in either avoiding the feared situation or enduring it with intense distress.⁷²

“The consequences of social anxiety disorder can be devastating,” Dr Wohlhuter said. The disorder can lead to alcohol abuse, suicidal thoughts, dropping out of school, and not getting married and having children.”

Sexual Dysfunction. Sexual problems among men and women are surprisingly more common than most people think. Statistics on erectile dysfunction, premature ejaculation, or having difficulty reaching an orgasm show that 3 out of 10 men experience sexual problems.⁷³

Although the definition of female sexual dysfunction continues to evolve, it is currently recognized by many of those studying the problem to consist of four compo-



Social anxiety disorder is the third most common psychiatric disorder in the U.S.⁷⁰

“Sexual problems can lead to intimacy avoidance. If it’s purely a physical problem that’s not being dealt with, it can have a real impact on closeness. And that’s a shame, because often these problems can be treated.”



Dr Whipple

nents: decreased sexual desire, decreased sexual arousal, dyspareunia (pain during intercourse), lack of satisfaction, and persistent difficulty in achieving or inability to achieve orgasm.⁷³ An estimated 4 out of 10 women have some sort of FSD,⁷³ yet despite this, FSD often goes undetected.

“Patients and health professionals tend to be reluctant to talk about these matters,” said Dr Meston, who found in a recent study that women tend to tolerate a certain level of sexual dysfunction before calling it a problem or reporting marital dissatisfaction.⁷⁴ Among men, less than half of all men who report being either completely or moderately impotent seek treatment.¹⁴

“Sexual problems can lead to intimacy avoidance,” Dr Whipple said. “If it’s purely a physical problem that’s not being dealt with, it can have a real impact on closeness. And that’s a shame, because often these problems can be treated.”

Eating Disorders. People with eating disorders may also be starved for intimacy. Several authors have suggested that eating disorders like anorexia nervosa and bulimia are associated with intimacy problems.⁷⁵ In fact, problems with trust and intimacy appear to be frequently occurring characteristics of people with eating disorders.⁷⁶ On a Fear of Intimacy Scale, women diagnosed

with bulimia showed significantly greater fear of intimacy than did other women.⁷⁶ Similarly, women with an eating disorder described more difficulties in intimate relationships than did other women. They said they had less satisfaction with closeness and more discomfort in close intimate relationships, and their descriptions of relationships with their mothers and friends were generally less positive.⁷⁷

While commonly associated with adolescent girls, eating disorders are limited neither to adolescents nor to girls. The incidence of anorexia nervosa, for example, has stabilized among teenagers but has increased threefold among young adult women. While 90% of eating disorders are diagnosed in women, the incidence may be increasing among men. A study of men in the U.S. Navy revealed a 2.5% prevalence of anorexia nervosa, 6.8% of bulimia, and 40% of other eating disorders.⁷⁸

When may problems with intimacy become apparent in those who have an eating disorder, and what impact might it have on their lives? The dual problems of insecure attachment and weight concerns have been well documented in elementary school and middle school girls. Insecurely attached young girls had greater weight concerns than did girls who had secure attachments.⁷⁹ One study suggests that intimacy problems may appear in adolescence. When adolescent girls concerned about overeating were compared with those concerned about undereating, both groups perceived problems related to their parents. Those concerned about overeating perceived an intimacy problem only with their fathers, while those concerned about undereating said that they had poor relationships with their mothers and fathers, less social support, and low self-esteem.⁸⁰ “During adolescent sexual development, young women often have issues about their weight,” Ms Huberman said. “Not infrequently, adolescents’ preoccupation with weight is a way to push intimacy away, as well as an attempt to get the relationships they seek.”

The association between eating disorders and relationships is becoming an area of increasing interest. Some say that an eating disorder that develops before marriage represents childhood problems, while one that develops later is associated with marital stress.⁸¹ What happens when a man or woman with an eating disorder marries? There is scant research in this area. The impression is that both those who have the eating disorder and their partners are dissatisfied with their relationship. Communication difficulties and the lack of openness in people with an eating disorder may represent important obstacles to the growth and enhancement

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Less than half of all men who report being either completely or moderately impotent seek treatment.¹⁴

of marital intimacy. Lack of intimacy does not necessarily directly cause the eating disorder, but the problem is likely to be circular, with the eating disorder interfering with intimacy and the intimacy issues aggravating the eating disorder.⁸² Some suggest that, as marital stress increases, symptoms of bulimia or anorexia nervosa worsen.⁸³ For example, bulimia may develop during pregnancy because of the stress of an unhappy marriage compounded by the anticipated arrival of a child.⁸¹ Anorexia nervosa may develop at menopause because of depression or feelings of loss.

What's the course of intimacy for people with eating disorders? If there was a stable, intimate relationship before the onset of the eating disorder, then the potential for healthy intimacy is more favorable. If the disorder existed throughout the relationship, the prognosis for survival of the relationship is said to be poor. This is particularly true for people with anorexia nervosa in a relationship based on power and codependency instead of true intimacy. Husbands of women with anorexia often tend to take on the role of strong and important caregiver, while generally, the anorexic woman feels cared for.⁸¹ The two see anorexia as an external enemy that they fight together. Problems result when symptoms worsen, which makes the spouse feel guilty and helpless. On the other hand, when the symptoms are relieved, the couple may lose the common bond they once had.⁸¹

While the level of marital intimacy is frequently thought to be lower when one of the partners has an eating disorder, it is not believed to be as low as it is among couples who have marital distress. When a marriage is in trouble, the intimate relationship between partners is at even greater risk than when one of the partners suffers from an eating disorder.⁸⁴

"Despite limited time in a standard medical visit, asking a patient whether there are any problems in close relationships could uncover problems that will need to be addressed for treatment to succeed. This can be especially

"Clinicians should explore a patient's comfort or fear of intimate relationships when an eating disorder is detected."

—Dr Wohlhuter

crucial in patients diagnosed with an eating disorder," Dr Wohlhuter said. "Still, clinicians should explore a patient's comfort or fear of intimate relationships when an eating disorder is detected. For some people, avoiding food or bingeing and purging may be metaphors for avoiding intimacy or for clinging and then rejecting it."

Difficulty Handling Conflict. Does conflict impede intimacy? Or, put another way, where there is conflict, can there be intimacy? Within certain boundaries, most emphatically yes, according to the panelists. "Intimacy does not mean never arguing or disagreeing with each other," said Dr Stayton. "In my counseling practice, some of the greatest breakthroughs have come when couples have been most honest with their anger and upset."

"Intimacy is by no means always pleasurable," Dr Perelman added. "Times of great tragedy, such as war, can also be times of great intimacy. Certainly, periods of extreme external stress can engender greater intimacy in a couple's relationship. Such increased intimacy may provide a more stable foundation for coping with and resolving stress, leading to even greater levels of pleasurable intimacy for the couple in the future."

"Relationships aren't always soothing all the time; they're not like mother's milk," said Dr Schnarch. "Often, when people don't feel good about themselves, they think that another dose of intimacy will be the next panacea. But the most important intimacies within long-

"Intimacy doesn't mean that you're satisfied, gratified, accepted, validated, trusted—all the time. If people have this misconception, then when they do get intimacy—which can be upsetting or contain conflict—they tend to shy away from it because it doesn't fit the ideal they're carrying around in their heads."

—Dr Schnarch

term emotionally committed relationships are almost invariably at times upsetting and unsatisfying and very, very important to the evolution of both the people involved and the longevity of the relationship. Intimacy doesn't mean that you're satisfied, gratified, accepted, validated, trusted—all the time. If people have this misconception, then when they do get intimacy—which as I said, can be upsetting or contain conflict—they tend to shy away from it because it doesn't fit the ideal they're carrying around in their heads.”

Gender Stereotyping. The panel members said they felt strongly that stereotypical portrayals of gender differences when it comes to intimacy are harmful to relationships. “The popular notion that women want intimacy and men don't is one that I don't think does anyone any good,” said Dr Stayton. “We all know men who want closeness and women who don't.”

“I don't think there's all that much difference in the *need* for intimacy between men and women,” said Dr Meston. “The *expression* of feelings may vary, but everyone needs to feel commitment and intimacy and passion.”

Dr Schnarch added: “I think intragender differences far outweigh differences *between* genders. I believe that women are more different from each other than they are from men, and the same is true for men. What we've seen is that, as people become more differentiated, as they become more developed and as they grow older, whatever differences there are between men and women tend to fall away. Women become more willing to validate their own eroticism. They don't have to dress it up in the guise of love, because intimacy is not always about love. And men get to the point where they are willing to let somebody actually hold them and stop focusing so much on intercourse. Men become much more compatible as partners.”

Dispelling the gender stereotype is important, the panelists felt, because many times, people actually avoid intimacy by playing the gender card: “You don't talk because you're a man.” “You get hysterical because you're a woman.”

“Once people realize that no gender is better at achieving intimacy than another and that they can't hide behind the gender cover, it gets easier to start honestly relating to each other as people,” Dr Schnarch said.

OTHER BARRIERS TO INTIMACY

In their book, *On Sex and Human Loving*, William Masters, MD, Virginia Johnson, and Robert Kolodny, MD, write that although most people readily express a need for intimacy in their lives, it often seems elusive.⁸⁵ According to the authors, some common reasons for difficulty initiating or maintaining intimate relationships include:

- Aggressiveness
- Self-centeredness
- Selfishness
- Lack of empathy
- Conflicting or unrealistic expectations
- Fear of intimacy
- Fear of rejection
- Fear of losing control
- Negative self-image

“I believe that if asked, most people would probably say that being in an intimate relationship is good for us,” said Dr Perelman. “Who among us hasn't felt the exhilaration of being in love and the joy that can come from relationships with family and friends? Unfortunately, though, I think our expectations about relationships have changed and become overly inflated. There's less tolerance today for the downside that inevitably accompanies any relationship, whether among friends or romantic partners. We want things to be great all the time, but that's just not the way human beings are constructed. We deny ourselves the benefits that come from intimacy when we set standards that are impossible to attain. That's not to say we shouldn't strive to improve our relationships, but we need to keep in perspective the fact that we're all flawed in some way, we're all struggling on earth, and we're all in this thing called life, together.”

“I don't think there's all that much difference in the *need* for intimacy between men and women. The *expression* of feelings may vary, but everyone needs to feel commitment and intimacy and passion.”

—Dr Meston

Chapter 4



Intimacy in a Wired World

“To paraphrase Charles Dickens, when it comes to the Internet and intimacy, this is both the best of times and the worst of times,” said Dr Perelman. “On one hand, you have people sharing their beliefs and feelings in a way that is self-esteem enhancing and stabilizing. You have shy people or those who are chronically ill or disabled but who can now develop relationships that they probably couldn’t otherwise. On the other hand, there can be duplicity, dishonesty, isolation, and even danger. There have been serious crimes, including child abduction and rape, when Internet correspondents meet in person. Parents definitely need to know what their children are doing on the Internet and with whom they’re communicating. So it’s a mixed bag. But every generation has decried new technology for its negative influences. The Internet is no different.”

To Ms Rodriguez, the Internet is a wonderful vehicle for disseminating and accessing a vast amount of information about sexuality and relationships, which she says can only be a boon to health. “And no one ever has to be embarrassed about asking about anything,” she said.

“There are some very constructive uses for electronic media to open people up to new ideas and knowledge about relationships,” said Ms Huberman. “Certainly, for young people, the Internet has increasingly become a place where they go for information because it’s such a comfortable medium for them. We have to acknowledge that, and we have to find ways to make technology work in a positive, constructive way. It’s not going to go away.”

A NEW WAY TO FORGE RELATIONSHIPS

Certainly, the Internet has given people a whole new way to meet, communicate, and develop intimate relationships, as demonstrated by the following examples.

For Suzanne—a vibrant, 56-year-old independent management consultant who lives in New Jersey—the Internet has become a way to meet people without leaving the safety and privacy of her own home, until she

decides she trusts someone enough to do so. “It’s not easy meeting single, available men at my age,” she said. “I’m not interested in singles bars, and while I come across many men through my work, they’re either not available or not what I’m looking for in a relationship. By this point in my life, I have a very clear idea of what I want in a partner, and the Internet has given me a much wider pool of similarly minded people than I had previously.”

In one Internet encounter, Suzanne met Phil, a California man who had recently lost his wife to cancer, when he happened to wander onto the Web site that contained her posting. It was the first and only time that this 65-year-old retired chief financial officer of a technology company had ever visited a singles Web site, but when he saw Suzanne’s photo and the description she had written about herself, he was intrigued. He sent her an e-mail.

After months of getting to know one another via daily e-mails and frequent phone calls in which they increasingly revealed their thoughts and feelings, hopes and dreams, Suzanne felt comfortable enough to meet Phil off-line, in person. “When we met, I already felt as if we were old friends. The Internet had given us a way to nurture our relationship,” Suzanne said. “Phil is bright, funny, sensitive, and kind. He didn’t misrepresent himself at all. It’s an amazing story, and I know this doesn’t work for everyone, but for me the Internet has brought someone wonderful into my life whom I would never have met under regular circumstances.”

At the other end of the age and gender spectrum, Joey, a 10-year-old boy from New York who attends an elite prep school, is part of a chat group of his peers that has mushroomed into hundreds of participants. All of the members of the password-protected group are also fourth graders at private schools, many of whom know each other in real life. But the chat group gives them a quick and easy way to talk to each other after school, compare homework assignments, discuss crushes, and just stay in



Chat-group participation is now the second most frequent interactive activity—behind e-mail—among Internet users.⁸⁶

touch. “With children generally busier and spending less time playing outside than in previous decades, the Internet has in some ways replaced the playground as a way to make and nurture childhood friendships. E-mail has also, in an odd way, resurrected letter writing, a form of communication that was on the verge of disappearing,” said Dr Perelman.

The fact that the Internet doesn’t work as a meeting place for everyone is borne out by anecdotal stories about those who get together in person after communicating via computer, only to find that their Internet partner doesn’t at all fit that person’s self-presentation.

“What makes the Internet so popular right now and what’s driving it as a social problem is not its facility for promoting intimacy, but, rather, its facility for pseudo-intimacy,” Dr Schnarch said. “As I defined it earlier, intimacy involves a process of self-confrontation and self-disclosure in the presence of a partner. In Internet chat groups, self-confrontation is negligible, so I seriously question whether the Internet is conducive to the large-scale development of genuine relationships.”

Chat groups bring up all sorts of questions about the importance of face-to-face communication to the development of an honest relationship. How important is it to see and hear someone or to have some way of comparing words with actions? We all rely on a range of nonverbal cues to reduce our uncertainties about other people’s identities and motivations. Perhaps it’s human nature for people to misrepresent themselves at times, but evidence suggests that the Internet makes it easier to invent on-line personalities that differ significantly from off-line realities and that the ability to simulate identities is one of its most attractive features for many users. Gender bending is said to be especially popular.⁸⁶

Another hotly debated issue is the relationship between Internet usage and the tendency to express strong feelings in antisocial ways. Some researchers have argued that because people can’t see or hear each other, it’s easy to ignore the pain that words can inflict. The Internet thus seems to make it easier for people to behave impulsively.⁸⁶

THE INTERNET AND FIDELITY

With the advent of the Internet, the concept of

fidelity is changing. Cyberinfidelity is difficult to define, however. For example, if one partner is involved in a passionate e-mail relationship or engages in an act of sexuality with a cyberpartner, is that person being unfaithful to the real-life partner?

“Many therapists are now seeing couples in which one partner, instead of having sex with the other, is engaging in cybersex with someone they met in a chat room,” said Dr Perelman. “The person will deny that such behavior implies rejection and avoidance of their real-life partner, saying, ‘It’s not as if I was really unfaithful; I didn’t actually go out and have a *real* affair. I don’t even know the woman’s (or man’s) name! I don’t know why my spouse (or partner) is getting so upset.’ When the Internet becomes a vehicle for intimacy between one partner and someone outside that relationship, conflict will inevitably develop.”

The panelists concurred that interpersonal conflicts like this will only escalate as technology creates more and more ways for people to be sexual together.

THE INTERNET AND ISOLATION

The Internet has sparked a revolution in interpersonal relationships as people log on in record numbers. Estimates are that about 55 million Americans log on daily to exchange e-mail and join chat groups.⁸⁷ Chat-group participation is now the second most frequent interactive activity—behind e-mail—among Internet users.⁸⁶ There has never been a time when so much information and interaction have been so readily available, often with complete anonymity, to so many, 24 hours a day, seven days a week, from one’s own home or office or anywhere else.

Researchers and social critics continue to debate whether the Internet is improving or harming participation in community life, social relationships, and health. In a Carnegie Mellon University study called HomeNet, the first to examine the impact the Internet is having over time on the social involvement and psychological well being of Americans, researchers looked at Internet use among 169 people in 73 households.⁸⁸ Their findings suggest that greater use of the Internet had an overall negative impact on the participants’ psychological and social well-being. The researchers themselves didn’t expect such results and said they contradicted the popular notion that the Internet was generally a boon to peoples’ social lives.

As those in the study sample used the Internet more often, they reported keeping up with fewer friends, spending less time talking with their families, experiencing more daily life stressors, and feeling more lonely and depressed. These results occurred even though interpersonal commu-

nication was their most important reason for using the Internet in the first place, the researchers reported. This is viewed by some as an ironic twist but by others as a redefinition of interpersonal communication in the 21st century.

The HomeNet findings also suggest that teenagers seem the most vulnerable to these potential negative effects, particularly since they use the Internet for more hours each day than adults. As a result, the researchers advised parents to maintain open communication with their teenager and advised them to put the computer in a public place—in the living room or kitchen rather than the basement or the teenager’s room—as a way of monitoring Internet use.⁸⁹

“The Internet lends itself to obsessiveness because information is limitless,” Dr Schnarch said. “Even an innocent inquiry can lead to so many links that before you realize it, hours have gone by. Those are hours that aren’t being spent with friends and family.”

Although the Internet can be educational, convenient, and cheap, it also presents certain challenges to those who may have difficulty controlling compulsive or addictive tendencies. In an on-line survey of more than 17,000 Internet users,⁹⁰ 6% of those surveyed met the criteria for compulsive Internet use (as characterized in the list below) and 30% reported using the Internet to escape from negative feelings. The vast majority admitted to feelings of time distortion, accelerated intimacy, and feeling uninhibited while on-line.⁹⁰

Some signs that Internet use has become excessive can include:

- Feeling preoccupied with the Internet
- Feeling the need to spend more and more time on the Internet
- Making repeatedly unsuccessful efforts to control, cut back, or stop Internet use
- Staying on-line longer than intended
- Risking the loss of a significant relationship, job, or career opportunity because of Internet use
- Lying to family members or others about Internet involvement
- Using the Internet as a way to escape problems or relieve feelings of sadness or anxiety.⁸⁹

Some research has found that the Internet can actually improve social relationships. A recent survey sponsored by the Pew Internet and American Life Project that comprised more than 3,500 U.S. adults, 1,690 of whom were Internet users, found that 60% of those who exchange e-mail with family members or close friends said they were in contact more often because of e-mail. As a group, Internet users

Internet Use May Help Relationships

Findings from the long-term Pew Internet and American Life Project on how Americans are using the Internet suggest that Internet use may be good for relationships.

- Twenty-six million have used e-mail to start communicating regularly with a family member with whom they had not previously had much contact.
- Twenty-four million have used the Web and e-mail to locate or hunt for family or friends they had lost touch with.
- Sixteen million say they have learned more about their families since they began using e-mail.
- Thirty million are members of families in which someone has created a family Web site.
- Fifty-four million belong to a family in which someone has used the Internet to research their family history.
- Women make up a significant number of those going on-line. Nine million women went on-line for the first time in the first half of 2000. “This surge in Internet usage by women is reshaping America’s social landscape because women are using e-mail to enrich their important relationships and enlarge their networks,” the report stated.

were more likely than nonusers to have a robust social life. Eight percent of Internet users said they were socially isolated, versus 18% of nonusers. Seventy-five percent of Internet users said they had visited with family or friends the day before; 61% of nonusers said they made such visits.⁹¹

Another study supporting the notion that the Internet encourages relationship-building was one in which a researcher examined more than 14,000 self-help groups, including on-line support groups, and found that many people with serious illnesses such as AIDS, breast cancer, alcohol abuse, and anorexia use these groups to help cope with their medical conditions.⁹²

“There are tremendous amounts of money and energy being devoted to developing Internet technology,” said Dr Perelman. “I think it would be very helpful if some of those resources could be allocated toward developing an even greater understanding of how all of this technology affects people’s emotional and physical health.”

Chapter 5



H

ow Society Can Foster Intimacy: A Call to Action

In the same way that diet, smoking, and exercise received relatively little recognition for their impact on health until just a few decades ago, the panelists said they felt it is time to raise public awareness about the impact of intimate relationships on health. They talked about a number of areas in which this could be accomplished. “We can model the intimacy/health connection in so many ways,” Dr Whipple said. “It’s very important for us not only to verbalize this but also to be role models as parents, educators, businesspeople. We need to help people develop positive concepts about intimacy, that it’s not just about genital sex and that it can be beneficial in so many ways.”

WHAT THE MEDIA CAN DO

Many teenagers report that they don’t get adequate information about healthy sexuality and relationships from their parents or school during adolescence.⁹³ Yet, with American children and adolescents spending an average of three to five hours per day with a variety of media—including television, radio, videos, video games, and the Internet⁹⁴—what they aren’t getting at home or in school, they seem to be getting from these sources. Indeed, 40% of teenagers say they have picked up ideas for how to talk to a boyfriend or girlfriend about sexual issues from TV shows and movies.⁹⁵

Acknowledging the increasingly important role of the

“Now is the time to jump on the bandwagon and start getting out more messages about sexual health.”

—Dr Whipple

media in becoming a source of healthy sexuality information for young people, the National Commission on Adolescent Sexual Health⁹⁶ advised the media to exercise its influence by providing accurate sexuality information and modeling responsible behaviors. This included providing diverse and positive views of a range of body images and eliminating stereotypes about sexuality and sexual behaviors—for example, eliminating the idea that only young, beautiful people have sexual relationships or that all adolescents have intercourse.

The media have been much more open about sexuality in the past few years, and the panelists concurred that increased knowledge about available treatment for erectile dysfunction has had a lot to do with this. “Now is the time to jump on the bandwagon and start getting out more messages about sexual health,” Dr Whipple said.

“And I think that once people get to talking about sexuality, it isn’t much of a stretch to move on to talking about the difference between sexuality and intimacy. ‘Now, I might be able to have an erection, but does it mean what I want it to mean?’ The meaning of sex, the context of sex, is becoming an issue that’s starting to show up on the public radar screen,” Dr Sanders said.

WHAT INSTITUTIONS CAN DO TO ENHANCE SEXUALITY EDUCATION

The panelists said that sexuality education, as it is currently taught in many schools, leaves out a large chunk of information about relationships, love, and intimacy and tends to concentrate on strictly sexual aspects.

Ms Huberman added: “Kids may get ‘plumbing’ courses—generally at the age of 12 or 13, which in any case, in my opinion, is far too late. They may get some puberty education in the fourth or fifth grade, but by and large, we desert young people in terms of a formal educational program when they need knowledge and skills the most, and that is when they enter the later years of adoles-

cence, from age 16 on up. There are virtually no schools that have human sexuality courses of a comprehensive nature that deal with relationships, that deal even with communication skills at the high school level. But in a recent survey, we discovered that 85% of the American public wants this topic taught in the schools. One of the most astounding things we found when we asked why, was that parents said that while they wanted their kids to learn about things like sexually transmitted diseases and pregnancy prevention, they very much wanted them to learn the skills required to grow up to be adults who have healthy relationships.”

Ms Rodriguez said that even when sexuality education courses are given, they often get short shrift. “There will be some teaching about sexually transmitted diseases or AIDS, but the part about relationships tends to get cut out of the curriculum when time is needed for teaching what are considered more important topics,” she said.

One recent report supports the panelists’ belief that parents want more comprehensive sexuality education for their children. A 1999 national poll of 1,501 sets of parents and students plus teachers and principals suggests that many parents want more, not less, detail in school-based sexuality education programs. The survey, conducted by the Henry J. Kaiser Foundation, a health research organization, found that parents want sexuality education to cover an array of relationship topics. For example, 94% of parents said that sexuality education should teach students how to deal with the pressure to have sex and the emotional consequences of sex; 97% said it should address how students should talk with their parents about sex; and 88% said it should cover how to talk with a partner about birth control and STDs.⁹⁷

The topic of sexuality education in schools generally polarizes parents. On one side is the conservative approach that teaches abstinence until marriage and either leaves out any discussion of contraception or talks about it only in the context of its shortcomings. On the other side is the liberal approach that addresses the dangers of STDs and the basics of reproduction.

The Kaiser survey suggests that many parents want more depth in sexuality education courses. Some parents say this is their best defense against the vast amount of poor information on sexuality that adolescents are exposed to via the media and what they learn from their friends. These parents want sex education classes to cover a wide array of topics: abstinence, avoiding pregnancy, STDs, abortion, and sexual orientation.

Comparing the 1999 Kaiser survey of parents to

the results of the 1981 Gallup Organization poll of professional educators suggests a trend favoring a more comprehensive approach to sexuality education: In the 1981 Gallup poll, 84% of educators said that sexuality education should teach about STDs; in the 1999 Kaiser survey, 98% of parents agreed with that. In 1981, 54% of educators said sexuality education should cover the subject of abortion—a sentiment shared by 79% of parents in 1999. In 1981, 45% of educators wanted sexuality education to include a discussion of homosexuality; in 1999, 76% of parents said sexual orientation should be part of the sexuality education course.

With all of the information parents wanted to include in sexuality education curricula, it may not be surprising to discover that nearly two thirds of parents say that sexuality education should last a semester or longer. Typically, however, it is given in only one or two sessions during a general course on health education.

Despite the findings supporting a more comprehensive approach to sexuality education, certain groups have indicated they will not alter their position favoring the teaching of abstinence until marriage, with no instructions about obtaining birth control or using condoms to prevent disease. In fact, a survey released by the Alan Guttmacher Institute reported that this is the approach now taken by 23% of all sexuality education teachers.⁹⁸

“Adolescents, especially older adolescents, will experiment sexually; it’s part of a natural stage in human evolution,” says Ms Huberman. “By not teaching them how to protect themselves and how to behave responsibly, we’re putting their health at risk. In other countries, such



Ms Rodriguez

“It would be wonderful if adults could learn about life cycle changes they’ll be going through and how those will

affect their sexuality and thus their relationships. Today there are very few venues where these types of things are discussed.”

“Intimacy, companionship, and warm relationships are important antidotes for the loneliness, frustration, anxiety, and losses that sometimes come with age.”

—Dr Wohlhuter

as the Netherlands, there is as much adolescent sexual behavior as there is in the U.S., but there are far fewer teenage pregnancies because that society doesn't shy away from promoting sexual health messages. I think we can learn from that.”

Ms Rodriguez also said that people could be helped by receiving sexuality education throughout life, not just during adolescence. This is an opinion that is becoming more and more important as maturing adult couples live more vigorous lives for longer periods.

“It would be wonderful if adults could learn about life cycle changes they'll be going through and how those will affect their sexuality and thus their relationships,” said Ms Rodriguez. “Today there are very few venues where these types of things are discussed.”

INCLUDE TEACHING ON SEXUALITY AND RELATIONSHIPS IN PROFESSIONAL CURRICULA

When it comes to training health care professionals, the panelists were unanimous in calling for a change. “A new crop of sexuality educators and researchers aren't being trained, and academically oriented programs are folding,” said Dr Schmarch.

Ms Huberman added, “There are no such jobs in school systems or health departments or universities, so people simply aren't going into these fields.”

In medical schools, sexuality education, “is not considered important,” Dr Althof said. “I begin my lectures by routinely asking the students how many have ever been asked by their physicians during a comprehensive exam whether they have a sexual problem or concern. Never do more than about 20% of the audience raise their hands. And while the current economics of health care may contribute to doctors' not asking, I feel in some ways it's more a question that doctors truly feel that sexual health isn't a part of general health care.”

To which Dr Perelman added: “It is essential that

this change. Medical and professional schools' curriculum must add a psychological balance to the equation of the management of disease and long-term health planning. The restoration of sexual health must be part of that process.”

NURSING HOMES: ACKNOWLEDGE THE INTIMACY NEEDS OF THE INSTITUTIONALIZED ELDERLY

Estimates are that, from 2011 to 2030, the number of people older than age 65 will rise from 40.4 million (13% of the population) to 70.3 million (20% of the population).⁹⁹ Will such institutions as nursing homes accommodate their desire for intimacy?

In many nursing homes today, those who seek to continue an intimate life face challenges, including chronic physical disease, lack of a willing partner, lack of privacy, and the attitudes of family members, staff, and society. At many nursing homes, residents are segregated by sex, thereby offering little opportunity to meet partners.

In addition to physical expressions, intimacy can be expressed through love, friendship, and bonding throughout life. The physiological, psychological, and social merits of intimate relationships provide complex benefits for older people. Men who reside in a Virginia nursing home reported that social intimacy was most important to them; it was highly important for them to find peers who could share their interests. Other forms of intimacy, in order of importance to the men, were non-sexual physical, intellectual, emotional, and sexual-physical intimacy.¹⁰⁰ Further, the men said their satisfaction with their lives was associated with the ability to have intimate social, physical, and intellectual relationships while living in the nursing home.

“Considering all of the losses they have experienced in their health, their independence, their home, and their daily contact with family members, people who live in nursing homes may have an increased need to reach out and bond with others,” said Dr Wohlhuter. “Intimacy, companionship, and warm relationships are important antidotes for the loneliness, frustration, anxiety, and losses that sometimes come with age.”

Institutionalization in a nursing home can have unintended, insidious effects on full expression of the desire for closeness, tenderness, touch, and intimacy. “The lack of privacy, loss of independence, and loss of control work against the desire to touch, hug, and hold another person. Older adults have the right to opportunities for socializing and sexual expression,” said Ms Rodriguez, who noted

that SIECUS is now producing a new publication about sexuality in the elderly.

Two out of three people aged 65 or older live with spouses or other family members, but 4.2% of older Americans live in nursing homes.¹⁹ For these 1.43 million people, institutional practices can affect their ability to have an intimate relationship. Nursing homes work to maximize the potential, the independence, and control of residents; but to fully provide holistic care, there is a growing call for them to recognize and respect the need for intimacy, which is a core aspect of identity.¹⁰¹ “It may be acceptable to restrict sexual relations during a short hospital stay, but less so in a place substituting for home,” one group of investigators reported.¹⁰²

Misinformation Persists. In a nursing home, the problems that may arise regarding physical expressions of intimacy among older people may be the result of lack of education about the appropriateness of sexual activity in the aged. Older people are in a generation that was not well educated about sexual matters, so many of them may retain myths and misinformation about sexuality. In the past 20 years, dramatic changes in sexual knowledge, attitudes, and behaviors have occurred. “Health care professionals have a unique opportunity to educate the elderly about sexuality and to dispel the myths that even the elderly believe to be true about sensuality, intimacy, and sexuality in late life,” said Dr Whipple.

Unfortunately, society seems to be uncomfortable with sexually active 70- or 80-year olds. “These feelings can extend to the professionals who care for older people in nursing homes and who see their attempts to interact, suggestive comments, or sexual expression as shameful or a sign of mental illness,” said Dr Stayton. “Providers need greater insight and compassion to recognize that intimacy in nursing home residents is a good thing that is rewarding and stimulating for the residents and not harmful to anyone else.”

Family members can frustrate administrators’ efforts to permit sexual privacy because of their attitudes, their embarrassment, and their denial of the sexuality of the elderly. At one Canadian chronic care facility, a calculated attempt to develop an institutional culture more supportive of sexual health used education, research, and services for residents, spouses, and staff. “A willingness to identify, investigate, and educate about sexual issues has replaced a general tendency to feel uncomfortable and to avoid this issue,” reported the leaders of the initiative.¹⁰³

One report observed that the only privacy nursing home residents often have is “between their sheets,”

because caregivers do not remove obstacles to residents who wish to fulfill sexual desires and do not consider permitting sexual expression as part of the primary caregiving role.¹⁰⁴ “Intimacy in the later years often includes intercourse, but it also includes friendship, warmth, caring, touching, holding hands, flirting, affectionate expressions, sharing a laugh, and talking about important events between people who care about each other,” said Dr Whipple.

When sexual intimacy is physically possible, nursing homes can help allow residents to express it via privacy signs on the doors,¹⁰⁵ beds larger than twin size, rooms specifically designed for privacy, rules that the staff must knock on doors before entering, and respect for the privacy of residents.

Privacy and confidentiality are desirable even when sexual intercourse is not possible. Residents who hug, fondle, caress, cuddle, kiss, or hold hands can achieve a sense of closeness, sensual touch, and the intimacy of companionship with others and generally do not want to be interrupted during this activity.

“I think we’ll soon find that institutions such as nursing homes will start allowing for more emotional and physical intimacy,” predicted Dr Perelman. “Today, for the most part, institutions are designed to fulfill dependency needs: food, shelter, and health care. Usually, this is done in such a way that doesn’t allow for intimacy between the individuals within the institution. Indeed, that type of behavior is usually frowned on because it interferes with caretaking obligations. But I think we’ll find in the near future that more institutions will change policies to respond to the baby boomer demand to carry intimacy into old age, and those will become the more popular institutions.”

Concern for residents’ privacy is a factor in residents’ ratings of satisfaction with care. Residents at one nursing home praised the staff for the quality of care with regard to meals, showers, and entertainment, but found fault with the lack of intimacy in their daily lives and the ability to have private social relations in whatever form they desired.¹⁰⁶



Two out of three people aged 65 or older live with their spouses or families, but 4.2%—1.43 million Americans—live in nursing homes.¹⁹



For any nursing home that is certified for Medicare or Medicaid, the Residents' Bill of Rights protects the right of conjugal visits in nursing homes unless otherwise ordered by a physician.¹⁰⁷

Nursing homes are responding to the need for intimacy with new policies. One nursing home posted this policy: "Conjugal visits are important. Two people who have lived together for years are entitled to private visits without intrusion. For any nursing home that is certified for Medicare or Medicaid, the Residents' Bill of Rights protects the right of conjugal visits unless otherwise ordered by a physician."¹⁰⁷ Additional variations on that policy could include a broader definition of who was permitted to have conjugal visits, including residents who become acquainted in nursing home facilities and decide to be intimate, same-sex individuals who desire intimacy, and intimate visits by partners who do not live in the nursing home.

Older residents are seeking intimate friendships, as a study of pet therapy at nursing homes in New York found.¹⁰⁸ The college students who brought companion animals to the nursing homes found that the residents were developing close relationships with them, seeing them as family and friends rather than visitors or strangers. Some of the college students were troubled by the unexpected intimacy that accompanied their pet visits, but others developed rewarding relationships with residents and said they felt they had been able to re-create an aura of domesticity for residents who had been removed from their homes and families because of age and illness.

At one nursing home in Canada, a privacy room was established. There, residents can reserve the room for hugging, for sex, for cuddling with grandchildren, or whatever form of private intimacy they desire. As a senior social worker at the Baycrest Centre for Geriatric Care in Toronto, Canada, has observed: "The moment the residents wake up—before they realize they have to go to the bathroom, before they remember they have arthritis, before they realize they can hardly walk—they imagine themselves as aged between 18 and 25. They all tell us that."

BUSINESS CAN SUPPORT THE BELIEF THAT HEALTHY RELATIONSHIPS PROMOTE GOOD HEALTH

"One way business can enhance and cultivate the public's appreciation of the value of relationships is by

supporting and acknowledging media that recognizes the importance of relationships and mental health in the life cycle," Dr Perelman said. "Business, through unrestricted grants, could also support continuing medical education efforts that recognize a new paradigm of integrating the mind and body, rather than artificial notions of separation of mind and body."

Ms Huberman added, "I have a long wish list for action by corporate America when it comes to raising awareness about the relationship between intimacy and health:

- Support policies at the federal, state, and local levels that incorporate the universal values of respect, honesty, tolerance, and responsibility.
- Support educational programs in which intimacy and relationship development are the focus, not something that's considered tangential.
- Create opportunities for parents to obtain the necessary knowledge and skills to raise emotionally and sexually healthy children.
- Promote the research and evaluation of strategies, programs, and policies that support the development of people who are emotionally and sexually healthy.
- Promote the development and availability of technology, pharmaceuticals, and therapies that reduce the risk of sexually transmitted diseases and unwanted pregnancy outcomes, which have impact on relationships."

Dr Schnarch said: "American business—and government, too—can help facilitate the process of helping people achieve better relationships by realizing that the goal isn't sex, or even intimacy for intimacy's sake, but that, ultimately what we're talking about is healthy families. Healthy families aren't only an electable position; they're a bankable position, because there is a tremendous cost in dollars and time to businesses when there is divorce or other problems in the family. Divorce and other relationship miseries can lead to things like alcoholism or depression that cost time and money in the workplace. So in the long run, investing in relationships makes good economic sense, too."

In the end, the panelists agreed that they didn't want to set a single intimacy standard to which everyone should be expected to conform; nor did they want to create a psychiatric label called intimacy disorder. "There may indeed be such a thing as an intimacy disorder," Dr Perelman said, "but I think it's more likely that many issues we see clinically surrounding the concept of intimacy also reflect other existential conflicts that are part of the human condition."

Pfizer Is Committed to Helping Employees Balance Work and Personal Responsibilities

More and more companies in the U.S. are realizing the importance of helping their employees better integrate their work and home lives. At Pfizer, which has been named one of the “100 Best Companies for Working Mothers” by *Working Mother* magazine for the past three years, there is a great understanding of the need to help employees and their families achieve a healthy balance between their work and home lives.

“Pfizer programs and policies are designed to provide support and assistance in many areas of employees’ lives, and since we’ve merged with Warner-Lambert, another company known for its support of work/life issues, we’re stronger in this area than ever,” says Rob Norton, Senior Vice President, Corporate Human Resources. “Some programs are meant to help employees manage their career responsibilities, others provide support for a variety of personal concerns.”

One measure of this greater understanding among U.S. companies is that employee assistance programs (EAPs) have been growing rapidly since their beginnings 30 years ago. Such counseling programs are now available in nearly half of all companies with more than 100 employees, and it is reported that from 1994 to 1998, EAP enrollment increased by 80%.¹⁰⁹

Employee assistance programs provide help for all types of issues—depression, elder care, child care, or drug abuse—whether they involve the employee or someone in his or her family. But such programs are only part of the way that companies are reaching out to employees. Flextime, maternity, paternity, and adoption leave, and on-site child care are all gaining in popularity.

At Pfizer’s headquarters in New York, a back-up child care center, staffed with top-quality teachers and equipment, opened in the summer of 1999. At the center there is a comprehensive parent resource library and a private room for mothers to nurse and care for their infants. If they wish, parents can order lunch for their children from a special Pfizer Kids menu, which is then delivered from the cafeteria. At Pfizer’s Global R & D facility in Groton, Connecticut, a state-of-the-art child care center—the largest child care center in Connecticut—serves more than 300 children, from

infants through school-age, with full-time care. Pfizer employees at other locations such as Morris Plains, New Jersey, and Ann Arbor, Michigan, also have access to state-of-the-art, on-site child care centers.

A Work/Life Balance Lunch & Learn seminar series at the New York headquarters offers insights and information from various well-known experts to help employees enhance the quality of their lives both at work and at home. The monthly seminar series is also a way for employees to strengthen bonds with each other by exchanging concerns and ideas. The series features prominent authors and speakers and covers topics including parenting, elder care, and caring for pets.

“In this day and age, more companies are making a commitment to help employees and their families balance the sometimes conflicting demands of their work and personal lives. In this tight labor market, it’s simply good business sense,” says Mr. Norton. “In 1999, over 26% of all new hires came from employee referrals. And in a 1998 survey of Pfizer employees from around the world, 87% agreed with the statements ‘I like working at Pfizer’ and ‘I’m proud to work at Pfizer.’ That means a lot to Pfizer leadership and reinforces the belief that when employees feel that the company cares about them and takes their needs and concerns seriously, people are proud and happy to work here.”



A young artist at a Pfizer child care center.

Intimacy Myths

The panelists said they felt that certain myths affect both the individual's and society's perceptions of intimacy, and they wanted to dispel some of them.

MYTH SEXUAL BEHAVIOR IS NECESSARY AND SUFFICIENT FOR INTIMACY.

"There are many types of intimate relationships—only some are sexual. The term 'intimacy' is sometimes used as a euphemism when people mean sex, but I feel that it is important to keep the difference in mind. Although sexual interactions can express and enhance intimacy within a relationship, people sometimes engage in sexual activity without intimacy."

—Dr Sanders

MYTH INTIMACY IS EASY TO ACHIEVE AND MAINTAIN.

"Intimate relationships take a lot of work, and we have to expect sadness and pain along with the pleasure."

—Dr Whipple

MYTH INTIMACY IS ONLY FOR CERTAIN PEOPLE.

"Adolescents don't have a right to intimacy. The elderly don't have a right to it. And it's not OK for people who aren't heterosexual to have those needs. Clearly, these notions are inaccurate."

—Ms Huberman

MYTH GROWTH ONLY TAKES PLACE IN A SITUATION IN WHICH THERE IS NOT A LOT OF ANXIETY.

"I believe growth takes place only in an anxiety-producing situation, albeit one where the anxiety is at a manageable level."

—Dr Stayton

MYTH INTIMACY IS DEPENDENT ON ARTICULATING FEELINGS.

"I think the public has been sensitized through the popular media that it's more important to articulate feelings than to listen. That's fine, but we also have to be willing to listen. Listening to what someone is trying to tell you is much more important to maintaining intimacy than voicing your own feelings."

—Dr Schnarch

MYTH SEX IS SYNONYMOUS WITH SEXUALITY.

"Sex is something one does; sexuality encompasses the totality of a person: their relationships and emotions. We should be teaching sexuality education, not sex education."

—Ms Rodriguez

MYTH INTIMACY ALWAYS FEELS GREAT.

"In truth, most long-term emotionally committed relationships almost invariably are upsetting and unsatisfying at times, yet still very, very important to the evolution of the people involved and the longevity of the relationship."

—Dr Schnarch

MYTH EVERYONE WANTS INTIMACY AS THE PRIMARY COMPONENT OF HIS OR HER LIFE.

"Different people desire different levels of intimacy and people should feel free to decide for themselves what feels right for them."

—Dr Irvine

MYTH

INTIMACY IS A CONSTANT IN LONG-TERM RELATIONSHIPS.

“Intimacy is often episodic; it waxes and wanes. It’s not something that is always either there or not there.”

—Dr Meston

MYTH

CONNECTEDNESS AND INTIMACY ARE ONE AND THE SAME.

“This comes up a lot these days, when technology has provided us with so many ways to communicate. But intimacy isn’t about the “Hi, how’re you doing?” that can be achieved through a quick phone call or e-mail. It’s much more than that.”

—Dr Althof

MYTH

INTIMACY ONLY OCCURS WITHIN LONG-TERM RELATIONSHIPS.

“Intimacy may come in many forms and its duration may be variable. Sometimes people who don’t know each other at all will share intimate moments. On the other hand, some long-term couples may not really be intimate.”

—Dr Sanders

MYTH

PEOPLE ARE COMPARTMENTALIZED—OUR RELATIONSHIPS ARE OVER HERE AND OUR WORK LIVES ARE OVER THERE AND THERE IS A STRICT SEPARATION BETWEEN THE TWO.

“We are ourselves—wherever we go, whatever we do. I think that if society realizes this and realizes that it’s good for our health to be better able to integrate our work lives and personal lives, we’ll all be better off.”

—Dr Wohlhuter

MYTH

MEN DON’T WANT INTIMACY.

“Of course that’s not true. The challenge is, as our generation of men is parenting the next, can we incorporate some of the lessons we’ve learned about the importance of identifying our emotions and articulating our needs and have those things become part of our masculinity?”

—Dr Perelman

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Table of Figures and Tables

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Figure 2. Geller J, Janson P, McGovern E, et al. Loneliness as a predictor of hospital emergency department use. *J Fam Practice*. 1999;48.

Table 1. Sternberg RJ. *Cupid's Arrow: The Course of Love Through Time*. Cambridge, UK: Cambridge University Press; 1998.

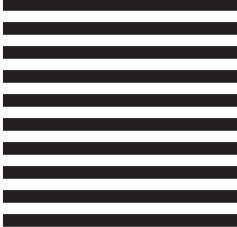


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