

Intimate Relationships across the Lifespan

Goals for intimate relationships and the decision to enter into such relationships vary widely across the life courses of people (Sassler, 2010). This chapter focuses on the nature and dynamics of intimate relationships over an individual's lifespan, extending from childhood through adolescence and adulthood. Intimate relationships during childhood are characterized by nonromantic love, warmth, and affection between children and their parents and other attachment figures. But intimate relationships during adolescence and adulthood are characterized by both nonromantic and romantic relationships with their attachment figures including peers, friends, and partners.

Major Lifespan Premises

There are three major lifespan-developmental premises with regard to intimate relationships (Diamond, Fagundes, & Butterworth, 2010). First, the quality and functioning of intimate relationships as shaped by the individual's developmental conditions. Second, influences of intimate relationships on the individual's social, psychological, and behavioral development. Third, effects of intimate relations on the individual's mental health, well-being, and adjustment over the lifespan. An important model that focuses on the lifespan-developmental premises with regard to intimate relationships is the convoy model of social relationships.

Convoy Model of Social Relationships

The convoy model of social relationships presents a framework for explaining the nature, characteristics, and dynamics of intimate relationships, and other forms of close relationships over the individual's lifespan (Antonucci, Birditt, & Ajrouch, 2011; Kahn & Antonucci, 1980). The model incorporates both a lifespan perspective and a multigenerational perspective and focuses on a wide range of close relationships.

The convoy of intimate relationships can shape and share individuals' life experiences, challenges, successes, and disappointments (Antonucci et al., 2010). Convoy of intimate relationships can have positive or negative effects on individuals' lifespan development. For example, in an ideal situation, the convoy can help the individual learn, grow, and mature in a prosocial manner. However, in a suboptimal condition, the convoy can also have negative effects on individuals' efforts, aspirations, and successes by creating problems rather than solving them.

Like attachment figures, the convoy can provide the same secure base for individuals' lifespan development. The convoy of very close attachment relationships includes mother, father, other caregivers, siblings, grandparents, spouse, and intimate partners. In case of less but still close relationships, the convoy may include peers, other relatives, friends, and even coworkers or classmates (Antonucci, Ajrouch, & Birditt, 2014). According to the convoy model, the intimate relationship convoy represents three levels of close circles. These are inner, middle, and outer circles. These circles indicate different degrees of closeness. According to Kahn and Antonucci (1980), inner circle members of a person are so close and important that it is hard for him/her to imagine life without them. Next to the inner circle in degree of closeness are respectively the members of middle and outer circles, who are not as close as the members of the inner circle, but nonetheless, they are quite close and important members of a person's convoy relations.

The convoy model predicts relative stability and changes in convoy memberships with the changing positions of the individual, family, and social life cycles. The model also assumes a curvilinear pattern in convoy relations over the lifespan of individuals. For example, young children have few convoy members, but the number keeps growing during young adulthood and middle adulthood as roles and family size increase, and the number begins decreasing with older adulthood, when aging people's roles and families become limited. Findings of a study (Antonucci, Akiyama, & Takahashi, 2004) support the notion that there are both consistency as well as clear changes in social relationships at different stages of an individual's life cycle.

Thus the convoy model emphasizes the lifespan nature of social relations focusing on the stability and change of convoy relations throughout the individual's life course of development. However, certain relationships, such as the parent-child relationship, especially the mother-child relationship, are consistently present over the life course. The mother-child relationship usually occupies the top position among the closest relationships during childhood, followed by other developmentally appropriate relationships, such as peer relationships among teens, spousal relationships among adults, and finally relationships with adult offspring and grandchildren as the individual ages (Antonucci, Akiyama, & Takahashi, 2004).

The convoy model (Antonucci, Ajrouch, & Birditt, 2014) also attempts to explain how personal and situational factors influence social relationships and how these, in turn, influence the individual's mental health, well-being, and life satisfaction. As individuals grow from infancy through adulthood, important life circumstances influence their developmental processes. The convoy of close relations usually influence individuals over time by helping and supporting them to face challenges of life. Contrarily, the convoy can also disrupt their development and ability to successfully meet challenges of life.

Childhood Attachment Relationships

Human development theorists and researchers have observed that humans have phylogenetically acquired the need for positive response or love from people most important to them. This need in childhood is for parental warmth, affection, care, comfort, support, nurturance, and love (Rohner, 1986/2000, 2015) or attachment (Ainsworth, 1973; Baumeister & Leary, 1995; Bowlby, 1969/1982, 1994). According to Rohner (1999), individuals who can best satisfy this need for infants and children are their parents, but for adolescents and adults this number expands to include significant others, such as peers and intimate partners. Similarly, attachment researchers have shown that the exclusive mother-child relationship during infancy normally expands to include fathers, siblings, grandparents, and other relatives in early childhood. Children's later relationships development largely depends on their relationships with parents (Bowlby, 1969/1982; Rohner, 1986/2000). Children tend to behave, throughout the lifespan, in ways that are similar to their parents' behaviors. Children's relationships with their siblings may also influence their relationships with peers. Children with closer relationships to their siblings tend to have closer relationships with their friends as well.

Attachment and other close social relationships are likely to expand further in later childhood through adolescence and adulthood to include peers, friends, spouse, adult offspring, and grandchildren. Several attachment researchers have documented these changes in children and adolescence (Bretherton & Waters, 1985), and also in adults including older adults (e.g., Antonucci, 1994; Consedine & Magai, 2003; Magai et al., 2001).

Quality of Childhood Attachment Relationships

One of the most powerful factors in children's growth and development is the quality of attachment relationship between parents and children (Ainsworth & Bowlby, 1991). Good quality attachment relationship depends on how quickly and adequately parents respond to children's needs for care, comfort, and security. Moreover, it depends on the feelings of children, and not of parents, about parental care, love, and affection.

Types of Child-Parent Attachment Relationships

Child-parent attachment relationships can be of two types: (1) primary attachment relationships and (2) secondary attachment relationships. The parent(s) or any other caregiver who provides most direct, continuous, and responsive care to a child becomes the primary attachment figure to the child. Individuals who provide occasional care and support to a child in the absence of a primary caregiver become secondary attachment figures to a child. An array of secondary attachment figures can include siblings, grandparents, aunts, uncles, etc.

Attachment Styles

Attachment theorists (Ainsworth & Bowlby, 1991) suggest two major forms or styles of attachment relationships: (1) secure attachment and (2) insecure attachment. Insecure attachment has the following three subtypes:

Resistant/ambivalent attachment. This is a subtype of insecure attachment, which is characterized by anxiousness and frustration of children with their parental responses toward them. They seek parental love but get upset with parental behavior.

Avoidant attachment. This subtype of attachment is characterized by children's willingness to avoid or ignore parents' presence and responses toward them.

Disorganized attachment. This subtype of attachment is characterized by children who show unpredictable behavior. They feel uncomfortable, sometimes scared, and confused with parental responses toward them.

Developmental Outcomes of Attachment Styles

Different types of attachment styles indicate the overall quality of parent-child relationships, depending on children's feeling of security and comfort with parental or other caregivers' responses to their needs. The attachment styles have important lifespan-developmental outcomes for children. Prompt and consistent care, attention, and active response from parents or caregivers to the children's needs and comforts, especially during the first three months, help the development of the basic trust between parents and children (Bell & Ainsworth, 1972). The child's degree of trust about parents, other people, and the world depends, to a large extent, on the quality of care she/he receives during the first year of life (Erikson, 1950/1963). A number of attachment researchers have shown that parent-child secure attachment can help children to explore their environment more actively and confidently, develop healthy peer relations, and positive social interactions with other children (Waters, Hamilton, & Weinfield, 2000). In addition, children with secure attachment demonstrate greater emotional stability, ability to express their feelings more easily, and handle their stress more effectively than do children with insecure parent-child attachment (Goldberg, 2000). The role of gender in childhood friendships is often overestimated. For example, although there are some differences in friendship behaviors between male and female children, there are also substantial similarities. Differences in behavior such as aggression and nurturing may be largely due to differences in circumstances that males and females may encounter with their friends. Behaviors of male and female children are likely to be similar in the same circumstances.

Development of Childhood Attachment Styles

Development of good quality attachment styles between parents and children depends on several factors including a child's developmental history (such as abuse and traumatic experiences), and a child's perception of reliability of parental behavior in providing warmth, affection, support, comfort, and security. The following parental-child interactions have been found to promote attachment relationships (Rohner, 1986/2000):

Physical: Touch, kiss, hug, fondle, etc.

Verbal: Praise, compliments, say nice things, etc.

Attachment Relationships during Adolescence

Adolescence is a distinct and critical stage of development. This is the period of transition from late childhood to the beginning of adulthood. Many significant physical, psychological, and social developments occur during adolescence. This is a stage of life when an individual becomes an emerging adult physically, emotionally, cognitively, and socially.

Two important developmental characteristics emerge during adolescence. These are: (1) sexual maturity and (2) psychological and social independence. One of the most important factors for adolescents' psychosocial development is identity development, including the formation of values, beliefs, and ideals that guide the adolescents' behaviors (Rice & Dolgin, 2005). This is a stage of life when an individual attains puberty, the period during which an adolescent reaches sexual maturity and becomes capable of reproduction.

Physical Development

The following significant physical developments occur in an adolescent during puberty:

1. The period of sexual maturation during which an adolescent becomes capable of reproduction.
2. Puberty follows a surge of hormones which trigger a two-year period of rapid physical development, usually beginning at about age 11 in girls and 13 in boys. This is called a period of growth spurt.
3. Primary sex characteristics development. For example, the reproductive organs (ovaries, testes, and external genital) develop dramatically and make sexual reproduction possible.
4. Secondary sex characteristics: development of nonreproductive sexual characteristics, such as female breasts and hips, male voice quality, and pubic hairs in both male and female.
5. Two important physical developments occur at the onset of puberty: (a) beginning of menstrual cycle in girls usually around the age of 13 years, and (b) beginning of ejaculation in boys about the age of 14 years.

Adolescent Peer Relationships

Social development of adolescents is marked by an expansion of peer network, increased importance of close friendships, and the emergence of romantic relationships (La Greca & Harrison, 2005). Two distinguishing

features characterize adolescents' social network: (1) increasing number and importance of peers in social network, and (2) beginning of heterosexual romantic relationships. As adolescents move from middle school to high school their peer networks increase significantly, and peer crowd affiliation becomes an important characteristic of peer relations (La Greca & Prinstein, 1999). Moreover, adolescents gradually decrease conformity to parents and increase conformity to peers. Influences of peers become more important than influences of parents in adolescents' self-concept and identity development, and close friends begin to surpass parents as adolescents' primary source of social support (Furman & Buhrmester, 1992). Interaction with family members decreases substantially during adolescence. Research findings show that ninth graders spend 50 percent less time with family members than fifth graders do (Larson & Richards, 1991). Similarly, ratings of support show that adolescents' perceptions of support from mothers, fathers, and siblings decreases and support from friends and romantic partners increases. For example, in elementary school, parents are perceived as the most supportive; in middle school or junior high school both friends and parents are perceived as almost equally supportive; and in high school friends and romantic partners are perceived as the most supportive (Furman & Buhrmester, 1992).

Dunphy (1963) identified two types of peer group networks that precede adolescents' romantic relationship development. According to Dunphy, these networks are (1) small groups of same-sex close friends, which he termed as "cliques," and (2) large mixed-sex networks, which he labeled as "crowds." These peer networks differ in size as well as in developmental functions. Peer cliques are smaller in size than peer crowds. He proposed that same-sex cliques of adolescent boys and girls merged together to form mixed-sex cliques. The combination of several mixed-sex cliques make mixed-sex crowds. Dunphy argued that the major function of these mixed-sex peer crowds is to channel adolescents' heterosexual romantic relations by providing access to romantic partners and context for initial dating. Similarly, another study has shown that small groups of same-sex peer networks are the foundations of large groups of mixed-sex peer networks, which in turn are predictive of the emergence of future romantic relationships among adolescents (Connolly, Furnman, & Konarski, 2000). One study indicated that adolescent romantic relationships occur across group boundaries when they are exposed to new sets of peers and group norms through their romantic partners (Kreager, Haynie, & Hopfer, 2013).

Friendships

Friendships refer to voluntary dyadic relationships in which each member has positive emotional feelings toward the other. In most cases adolescents' friendships begin with peers of the same-sex and gradually extending to other-sex friendships with transition from early to late adolescence.

Difference between friendships and family relationships. Friendships can differ from family relationships in several important ways. Unlike family relationships, friendships are reciprocal and voluntary, where each person has equal status. Friendships appear to be as important or even more important than sibling relationships, because good friendships can often make up for poor sibling relationships, but good sibling relationships can rarely make up for poor friendships.

Emergence of chumships. Friendships often emerge much earlier in life, such as in childhood, and undergo significant developmental changes during preadolescence and adolescence with the emergence of chumships (Sullivan, 1953). Chumship refers to a reciprocal relationship, in which each individual adjusts his/her behavior to meet the needs of the other in order to attain satisfying and shared outcomes. An important aspect of such relationships is characterized by extensive self-disclosure. The need for such intimate relationships is thought to be motivated by the expectation to experience love and avoid loneliness (Buhrmester & Furman, 1986). The focus of chumships or friendships during preadolescence is often based on frequent shared activities with a child's best friend. Frequent activity with the same person often promotes interpersonal sensitivity and feelings of self-worth (Sullivan, 1953). One of the major components of chumships and adolescent friendships is intimate self-disclosure. During preadolescence individuals begin to disclose and share thoughts and affect with their close friendships based on intimacy, trust, mutual support, and loyalty within these close relationships (Youniss & Volpe, 1978). Such intimate disclosures of emotional experiences are associated with less lonely feelings (Franzoi & Davis, 1985). In addition, supportive interactions with friends are associated with lower level of social anxiety (La Greca & Harrison, 2005).

Contrarily, about one-third of adolescent boys report that their friendships are characterized by an absence of support (Youniss & Smollar, 1985). Conflict is not uncommon in adolescent friendships, and adolescents' relationship quality depends on the nature of conflicts (Laursen, 1993, 1995) and the manner in which conflicts are resolved (Perry, Perry, & Kennedy, 1992). Uncontrolled affective expression, power assertion techniques, and mediation through a third party may result in

disengagement and poor quality of friendships (Shulman & Laursen, 2002). Though disagreements sometimes occur, open conflict is less frequent among late adolescents because of increased awareness of the negative impacts of conflict and increased skill in conflict resolution (Collins & Steinberg, 2006). In healthy late adolescent relationships, conflict resolution often involves compromise. Consequently, such resolution often leads to increased intimacy and understanding (Collins & Steinberg, 2006). Whatever may be the reasons, dissolution of friendships is frequently associated with depression, loneliness, guilt, and anger (Laursen, Hartup, & Koplas, 1996; Parker & Seal, 1996).

Changing Patterns of Peer Group Relationships

Although young adolescents prefer same-sex peers, the importance of other-sex peers increases over time with transition from early adolescence through late adolescence (Arndorfer & Stormshak, 2008). During childhood, children primarily interact with their same-sex friends and peers (Maccoby, 1998). A significant shift in peer relations occurs during early adolescence with increase in interest and interactions with other-sex peers. Although early adolescents spend time thinking about members of the other sex, actual interactions with the other-sex begin later during middle and late adolescence (Connolly et al., 2004). Compared to sixth graders, eighth graders were found to have an increased preference for other-sex peers across time. Both eighth grade boys and girls rated mixed-sex peer groups as more enjoyable than same-sex peer groups (Darling et al., 1999). This research indicates that mixed-sex peer relationships are generally preferred over same-sex peer relationships with the transition from early adolescence into late adolescence.

Romantic Relationships of Adolescents

Like friendships, adolescents' romantic relationships involve support, intimacy, and companionship (Laursen, 1996). Romantic relationships have some additional specific characteristics such as passion, commitment, and sexual intimacy, which do not exist in friendships (Connolly, Furman, & Konarski, 2000). Although romantic relationships may begin during early or middle adolescence, greater closeness with romantic partners than with best friends typically begins around late adolescence (Laursen, 1996). However, interest in and interactions with other-sex peers increases during early adolescence. Initially adolescents keep on thinking about the other-sex and start increasingly interacting with them. These interactions

typically occur in mixed-sex groups (Connolly et al. 2004). As a part of adolescents' romantic behavior, dating typically begins around the age of 14 to 15 years, initially as an extension of close relationships in mixed-sex peer groups (Connolly et al., 1999; Feiring, 1996). Dating relationships typically mark the beginning of adolescents' sexual interactions with romantic partners. A large body of research has shown that adolescent dating relationships are not transitory and unimportant (Collins, 2003; Davila et al., 2004).

Sexual Behavior of Adolescents

According to the Centers for Disease Control and Prevention data (CDC, 2006):

- About 4 to 9 percent of teenagers in the United States have experienced sexual intercourse by age 13.
- About 40 percent of girls and 45 percent of boys have had sex by the tenth grade.
- About 60 percent of teenagers are sexually active during late adolescence.
- Only about 15 to 20 percent of Americans over 20 years of age are virgins.

Meaning of Adolescent Sex

A study (Laumann et al., 1994) designed to explore the meaning of adolescent sex, asked a large number of adolescent males and females the following question: Why did they have first-time sexual intercourse? Their responses with the percentage of respondents are as follows:

- 51 percent of adolescent males attributed it to readiness for sex and curiosity.
- 25 percent of males said they were in love.
- 50 percent of adolescent females said they were in love.
- 25 percent of females said readiness for sex and curiosity.
- Only a small percentage of males and females attributed it to the desire for physical pleasure.
- Majority of the adolescent males admitted that they were not in love with their first sexual partner.
- Majority of the females said they were in love.

Gender Differences in Sexual Attitudes and Behavior

About 7 percent of adolescent girls said that their first intercourse was forced by their male partners, and about 25 percent of adolescent girls said that their first intercourse was unwanted and just to please their partners (Rice & Dolgin, 2005). Approximately 70 percent of girls who were involved in sexual intercourse before 13 years of age said that their first incident was either unwanted or forced by their partners (Alan Guttmacher Institute, 1999). Teenage boys are more likely than teenage girls to separate sex from love. Most sexually active adolescents, especially girls, prefer to stick to a single partner. Adolescent females are more likely than their male peers to be involved in sexual activities with a same-sex partner. A recent analysis of national data indicated that about 10 percent of females and 5 percent of males had engaged in sexual activity with the same-sex partners, and the percentage increases as they entered into young adulthood (Mulye et al., 2009).

Correlates of Adolescent Sexual Behavior

Sexual activities of adolescents are influenced by a variety of factors. Some of the important factors that are associated with adolescent sexual behavior are as follows:

Age. The older adolescents, regardless of gender, are more likely to have had sexual intercourse than the younger adolescents (Laumann et al., 1994).

Ethnicity. The incidence of teenage sex is highest among African American adolescents followed by Hispanic Americans and European Americans. For example, a report of the U.S. high school students about sexual intercourse in 2009 showed that percentages were highest among Black males (72 percent) and females (58 percent), followed by Hispanic males (53 percent) and females (45 percent), and White males (45 percent) and females (40 percent) (Centers for Disease Control and Prevention, 2010). In comparison to adolescents of other ethnic groups, Asian American adolescents are less likely to be sexually active. They typically restrict their romantic behavior to kissing, hugging, and petting until they are married (Huang & Uba, 1992). Black youth aged 15–21 report first sexual intercourse at earlier ages than their White, Hispanic/Latino, or Asian counterparts (McCabe, Brewster, & Tillman, 2011). White youth aged 15–21 report heterosexual oral sex at higher rates than their Black, Hispanic/Latino, or Asian youth (McCabe, Brewster, & Tillman, 2011).

Religion. The adolescents, especially females, with strong religious belief have the lowest incidence of premarital sex. Religious practice is a strong determinant of sexual abstinence (Mott et al., 1996).

Boyfriend or girlfriend relationships. Adolescents who have a boyfriend or a girlfriend are more likely to have teenage sex than those who don't have any such friends (Scott-Jones & White, 1990).

Early dating. Adolescents who start dating at an early age, and have more or less stable dating relationships, are more likely to be sexually active with more partners than adolescents who begin dating at later age (Dorius, Heaton, & Steffen, 1993).

Age at first incidence. Adolescents who are younger at the first intercourse have a more permissive attitude toward teen sex and have more sexual interactions than those who are older at the first incidence (Rice & Dolgin, 2005).

Age at puberty. The younger the adolescents are during puberty, regardless of gender, the greater the probability for them to become sexually more active earlier in life than those who reach puberty at a later age (Halpern et al., 1994).

Parental control. Parental strictness and control have curvilinear relations with adolescent attitude toward sexual permissiveness and rate of sexual activity. The sexual permissiveness is highest among adolescents who perceive their parents as most liberal about premarital sex, and lowest among those who perceive their parents as neither very strict nor very liberal, and neither too high nor too low for adolescents who perceive their parents as very strict (Khaleque, 2003; Miller et al., 1986).

Peer influences. Adolescents often get involved in teenage sex when they see that their peers are involved in such behavior (Miller et al., 1997). Adolescents having deviant peer groups are more likely to engage in early sex than adolescents who are not associated with such peer groups (Underwood, Kupersmidt, & Coie, 1996).

Siblings. Adolescent girls are more frequently influenced by the sexual attitude and behavior of their same-sex older siblings than adolescent boys (East, Felice, & Morgan, 1993). However, once the younger siblings start sexual interactions, they can be sexually more active than their older siblings (Rodgers, Rowe, & Harris, 1992).

Gender. Initially adolescent girls tend to be less permissive about teenage sex than adolescent boys. However, once they start it, they become equally active like adolescent boys (De Gaston, Weed, & Jensen, 1996). In 2009, 60 percent of sexually active male high schoolers reported using condoms in intercourse, as did 44 percent of sexually active female high schoolers (Centers for Disease Control and Prevention, 2010). Adolescent

females are more likely than their male peers to report a same-gender sexual partner. A recent analysis of national data estimated that roughly 10 percent of females and 5 percent of males had engaged in same-gender sexual activity, with percentages increasing as youth entered into young adulthood (Thompson & Auslander, 2011).

Problem behaviors. Teenagers with problem behaviors, such as delinquency, drug addiction, alcohol abuse, and promiscuity are more likely to engage in premarital sex than those who are not involved in such behaviors (Harvey & Springer, 1995; Weinbender & Rossignol, 1996).

Single-parent family. Teenagers, especially girls, from single parents and father-absent families are more likely to be involved in premarital sex and teen pregnancy than teenagers from two-parent intact families. Due to deprivation of parental love and affection, these teenagers get involved in sex as a means to find love and affection (Rice & Dolgin, 2005).

Broken family. Adolescents from divorced and reconstituted families tend to get more involved in early sexual behavior than adolescents from two-parent intact families (Young et al., 1991).

Parental education and socioeconomic status. Adolescents of parents with higher education and higher socioeconomic status report less premarital sex than do adolescents of parents with lower education and socioeconomic status (Murry, 1996; Sieving, McNeely, & Blum, 2000).

Gender Differences in Sexual Values

Although differences between adolescent males and females in sexual attitudes and behavior are increasingly diminishing, they still exist. For example, more males than females generally accept sex without love (Feldman, Turner, & Araujo, 1999). Moreover, women, generally get involved in sex with the desire for intimacy, love, and affection, but men typically want to have sex for pleasure and getting relief from tension (Leigh, 1989). Although the double standard in sexual attitudes and behaviors is rapidly diminishing, still many adolescents continue to believe that teenage sex, especially casual sex, is more acceptable for males than for females. Adolescents, especially females, believe that first sex then love may be acceptable for males but not for females. For females, premarital sex is more likely to be acceptable in the context of first love then sex (Rosenthal, Moore, & Brumer, 1990). Despite increasing social tolerance of premarital sex in Western culture, many adolescents still believe that teen sex is more acceptable for males than for females. Adolescent girls are more likely than boys to be concerned about their reputation, which could be adversely affected if it is known to their peers that they are sexually active,

especially with multiple partners (Hiller, Harrison, & Warr, 1997; Jackson & Cram, 2003).

Sexual Aggression and Peer Victimization

Both adolescent males and females can be victims of unwanted sexual aggression. However, in most cases victims are females and harassers are males. Findings of a number of studies revealed that approximately 20 to 30 percent of adolescent females reported sexual aggression by their partners (e.g., Rhynard, Krebs, & Glober, 1997; Shrier et al., 1998), and only 10 percent of males reported having had unwanted sexual intercourse (Shrier et al., 1998). Some of the important reasons of sexual harassment are peer pressure, addiction, threat to terminate relationship, fear of losing job, verbal coercion, and date rape (Rhynard, Krebs, & Glober, 1997).

Teen Pregnancy and Abortion

A high rate of teenage sexual intercourse accompanied by negligence or unwillingness to use contraceptives has resulted in a high rate of teen pregnancy in Western countries (Rice & Dolgin, 2005). The United States has the highest rate of teen pregnancy among industrialized countries (Rodriquez & Moore, 1995). Although the teen pregnancy rate has declined in the United States during the 1990s, still the number of teen pregnancies among 15–19-year-olds girls is over one million a year, and about 1 in 5 sexually active teenage girls gets pregnant each year (Henshaw, 2003). Approximately one-half of these pregnancies get terminated either by miscarriages or by induced abortions. The teenage pregnancy rate is highest for African American teenage girls, closely followed by Hispanic girls, and next European American teenagers. The rate of teen pregnancy is the lowest among Asian American teenagers (Ventura et al., 2001).

Causes of Teen Pregnancy

According to Darroch and her colleagues (2001), some of the important causes for a high rate of teen pregnancy in the United States are (1) increase in premarital sexual intercourse; (2) lack of efficient use of contraceptives; (3) erosion in religious and moral values; (4) family breakdown (such as high divorce rate, increasing number of single-parent families, father absence, etc.); (5) high rate of poverty, school dropout, delinquency, and drug addiction; (6) increased tolerance of teen sex and pregnancy by society; and (7) inadequate education about sex and reproduction.

Several other studies (e.g., Domenico & Jones, 2007; Martin, Hamilton, & Ventura, 2011) indicate the following additional reasons for teen pregnancy: (1) experience of childhood abuse, (2) lack of parental love and supervision, (3) false belief that having a baby will improve their relations with partner, and (4) little or no idea about parental responsibilities.

Outcomes of Adolescent Peer and Romantic Relationships

Outcomes of peer relationships. Peer relationships have significant implications for adolescent social and emotional development. Peer relationships help adolescents learn how to be sensitive toward others' wishes, feelings, and needs. Moreover, positive interactions with peers enhance adolescents' skills to negotiate areas of conflict in order to maintain a relationship that is mutually satisfactory. As adolescents grow older, they start partying on weekend nights with several other-gender peers or a romantic partner, and through this process they increasingly develop positive affect. On the other hand, staying alone on the weekend nights often causes loneliness and depression (Larson & Richards, 1998).

Results of a study on multiple levels of adolescents' interpersonal functioning, including general peer relations and qualities of best friendships relationships, showed that peer crowd affiliations and positive qualities in best friendships protected adolescents against feelings of social anxiety; whereas relational victimization and negative interactions in best friendships have significant effects on high social anxiety and depressive symptoms (La Greca & Harrison, 2005).

The changes in adolescents' interactions patterns are also reflected in their affective experiences. Overall, affective states become more negative in middle school or junior high school than in late elementary school (Larson & Lampman-Petratis, 1989). Adolescents' socioemotional development through interactions with friends or peers are relatively more positive than those with family members, and they become increasingly more positive from elementary school to high school (Larson & Richards, 1991).

Although interactions with peers are generally characterized by positive affect, peers are also a frequent source of negative affect. In fact, negative affect generated by peer interactions increases, especially by peer victimization, from preadolescence through adolescence, and for girls such negative affect occurs more often with peers than with family members during adolescence (Larson & Asmussen, 1991). Considerable evidence supports that peer victimization is associated with a host of maladjustment indices, and the consequences of victimization are long lasting (McDougall & Valliancourt, 2015). Sustained peer victimization during childhood

and adolescence is associated with poor academic performance, negative views about school climates, and heightened perceptions of being at risk in school (Esbensen & Carson, 2009; Juvonen, Wang, & Espinoza, 2011). Adolescents experiencing peer victimizations at school are at increased risk of health problems including headache, loss of appetite, sleeping problems, poor quality of life, etc. (Bogart et al., 2014; Gini et al., 2014). Sustained period of peer victimization during early and middle adolescence has been found associated with relationship problems, such as loss of friends and feelings of isolation (Smith et al., 2004). Findings of several longitudinal research have shown that peer victimizations during childhood and adolescence are linked to a bunch of mental problems (internalizing disorders) including depression, anxiety, and loneliness in subsequent years (Yeung & Leadbeater, 2010; Zwierzyńska, Wolke, & Lereya, 2013). In a meta-analysis of 10 longitudinal studies, Reijntjes et al. (2011) showed that peer victimization predicted increasing problems of mental health such as aggression, delinquency, and misconduct. Peer victimizations during childhood and adolescence have also been found to be associated with suicidal tendency and attempted suicide (Klomek, Sourander, & Gould, 2010).

As a process of interactions, peer relationships provide much more give and take than other relationships (Larson, 1983). Peer interactions also provide chances for growth of self-knowledge, interpersonal communication skill, and self-control (Douván & Adelson, 1966). Because of similar developmental experiences and cohort effects, adolescent peers are typically in a better position than parents to understand the intensity and intricacies of each other's affective life.

Outcomes of romantic relationships. Adolescent romantic relationships resulting in sexual interactions have many unintended consequences. Existing evidence indicates that adolescents who are engaged in nonprotective sex are at higher than average risk for HIV, other sexually transmitted infections (STIs), unintended pregnancy, sexual abuse, and other preventable sexual health problems (McCabe, Brewster, & Tillman, 2011; Thompson & Auslander, 2011). According to the National Research Council and Institute of Medicine (2009), most adolescents who are engaged in risky behavior can develop health problems in adulthood. In the United States, HIV infections increased by 21 percent among adolescents and young adults aged 13–29, from 15,600 in 2006 to 18,800 in 2009; while within the same age group of African American males, HIV infections increased 48 percent during the same period (Prejean, Song, & Hernandez, 2011). All sexually active teens are at risk of contracting sexually transmitted diseases (STDs) due to unprotected and risky sexual behavior (Rosenthal et al., 1997). Approximately 25 percent of adolescents contract at least one STD every year (Alan Guttmacher Institute, 1994). Some STDs, such as

chlamydia and gonorrhea, are more common among adolescents than adults (CDC, 2000). Adolescent girls are more likely to contract STDs than adolescent boys. For example, an adolescent boy is less likely to contract an STD after having sex with a HIV-infected girl than vice versa (Rosenthal et al., 1995). Moreover, STDs are often asymptomatic, especially in females.

Other notable outcomes of adolescent sexual intercourse are unintended teen pregnancy and abortion. Despite recent declines, teenaged birthrates in the United States remain still as much as eight times higher than the teenaged birthrates in other developed countries (Martin, Hamilton, & Ventura, 2011). The cost of adolescent childbearing is enormous. Adolescents' childbearing negatively affects adolescents' own lives, their children, adolescents' parents, and the society at large (USDHHS, 2013). Compared with their peers who delay childbearing, teen girls who have babies are (1) less likely to finish high school; (2) less likely to get good jobs; (3) more likely to be dependent on public support; (4) more likely to be pregnant again; (5) less likely to be able to establish a stable family life, because if they marry the chance of divorce will be very high; (6) more likely to be poor as adults; and (7) more likely to have children with poorer educational, behavioral, and health outcomes over their lifespan (Rice & Dolgin, 2005).

Some of the major problems of parents of adolescent mothers are (Rice & Dolgin, 2005) (1) initial shock and disappointment; (2) unpredicted disruption of their own life plans; (3) unexpected child care burden in old age; and (4) cost of food, clothes, health care, and additional space for the new child, especially if they are retired with limited income.

Major problems of the newborn include (CDC, 2015) (1) a vicious circle of increased probability of life in poverty in a single-parent family, (2) poor educational and developmental prognosis, (3) high probability of becoming adolescent parents themselves, and (4) increased probability of developing personality and behavioral problems.

Finally, the society has to bear the cost of adolescents' pregnancy. For example, the cost to the U.S. taxpayers for teen childbearing was about 9.4 billion dollars in the year 2013 (NCTUP, 2015). The average annual public cost in the United States for each child born to a teen mother each year is approximately \$1,682.00 from birth to 15 years of age (NCTUP, 2015).

Adult Intimate Relationships

Intimate relationships develop and change throughout adulthood. Age-related changes in the character of intimate relationships are generally connected with the physical, psychological, and social changes that occur at

different stages of adulthood. Although demarcation of different stages of adulthood varies in different times and in different societies, most human development researchers divide adulthood in three stages: (1) young adulthood (ages 20–40), (2) middle adulthood (ages 40–65), and (3) late adulthood (ages 65 and over).

Significant Changes at Different Stages of Adulthood

Descriptions of the three stages of adulthood are as follows:

Young adulthood. This stage is characterized by the height of physical and cognitive development. During this stage young adults make career choices, select intimate partners, and establish intimate relationships.

Middle adulthood. This stage is characterized by the beginning of decline in health and physical strength, height of careers, and mature thinking. Children become adult and start leaving the nest. Parents get more time and privacy for intimate interactions.

Late adulthood. This stage is characterized by continuous decline and deterioration of physical and mental abilities, retirement, chronic health problems, old age dependency, and loss of friends and loved ones.

Intimate Relationships in Young Adulthood

Young adulthood is typically the time when the vast majority of young men and women start exploring and moving in and out of romantic relationships (Sassler, 2010). According to Erikson (1950/1963) a central task during late teens and early twenties is the development of “intimacy versus isolation.” Erikson believed that during young adulthood individuals learn how to develop enduring and committed intimate relationships. When young adults enter in college, friendships they had developed in high school tend to be eroded and replaced by new friendships in campus (Roberts & Dunbar, 2011). Their intimacy levels and interactions with new friends increase and gradually become deeper (Miller, 2015). Generally, young adults are sexually active, and they begin to establish romantic relationships that may continue for much of their lives or life-long. But experiences in earlier stages of life have some effects on young adults’ intimate relationship formations. For example, parent-offspring ties and parental supports during adolescence and young adulthood have been found to have positive effects on early achievement, successful transition to adulthood, and development of healthy intimate relationships (Booth et al., 2012). Several studies have shown that young adults who were involved in romantic relationships in high school during adolescence have

increased likelihood of forming cohabiting and marital relationships by their early twenties (Gassanov, Nicholson, & Koch-Turner, 2008; Raley, Crissey, & Muller, 2007; Uecker & Stockes, 2008).

Entering into romantic relationships involves skill development for comfortable communication with opposite-sex partners. Young people need to become familiar with the process of making initial overtures, communicating their needs to partners, managing conflicts, and repairing or terminating problematic relationships successfully (Booth et al., 2012). Young women are generally more competent and confident than young men in navigating intimate communication (Giordano, Longmore, & Manning, 2006). But young men often score higher in self-esteem and self-efficacy than young women (Gecas & Longmore, 2003). Some scholars have suggested that while young women are likely to become highly emotionally involved in their romantic entanglements, young men tend to avoid softer emotions (Eder, Evans, & Parker, 1995). In contrast to these views, recent findings show that regardless of gender both young men and women tend to develop positive emotional feelings and meanings in their romantic relationships (Korobov & Thorne, 2006; Giordano, Longmore, & Manning, 2006).

Partnering for romantic relationships during young adulthood may take different forms. Individuals select from an array of romantic options, including entering into casual or short-term sexual relationships; dating for finding a long-term partner; entering into shared living with a romantic partner in a cohabitation as a substitute for marriage or “trial marriage”; and finally settling into a formal marital union (Sassler, 2010). Cohabiting adults more often tend to marry their partner than do single adults who are not cohabiting with a romantic partner (Lichter, Batson, & Brown, 2004; McGinnis, 2003). Although the marriage rate is decreasing, especially in Western countries, still it remains one of the most venerated options (Cherlin, 2004). In 2001, about 35 percent of U.S. young adults aged 18 to 25 were dating, 20 percent were cohabiting, and 20 percent were married (Scott et al., 2011).

Adolescents and emerging adults who seek long-term partnerships have different attitudes and show different behavior patterns than the young adults who look for short-term partnerships. For example, both young women and men are less selective about desired attributes (such as physical attractiveness, personality, education) for short-term partnerships than for long-term partnerships (Buunk et al., 2002; Stewart, Stinnett, & Rosenfeld, 2000). Emerging adults who intend to enter into marital relationships with their partners in their early twenties engage in different relationship patterns than do those who intend to marry later. For example, they tend

to be more conservative in sexual attitudes as they are less likely to be involved in premarital sexual activity (Gaughan, 2002; Uecker, 2008). Moreover, they are engaged in fewer risky behaviors, such as binge drinking and drug addictions (Carroll et al., 2007).

Adolescents and young adults often get involved in intimate interactions characterized by different styles. According to Orlofsky (1993) these styles are: pre-intimate, intimate, stereotyped, pseudo-intimate, and isolated style.

Pre-intimate style. This style is marked by love without long lasting and without obligations.

Intimate style. This style is characterized by deep and enduring love relationships between partners.

Stereotyped style. This style refers to a superficial friendly relationship between same-sex individuals rather than between opposite individuals.

Pseudo-intimate style. In this style individuals maintain a long-lasting sexual relationship without real love, affection, and intimacy.

Isolated style. In this style individuals have no consistent love, affection, and attachment for the partners. They often discontinue or withdraw intimate interactions, if and when they want.

Influences of Ethnicity, Gender, and Nativity on Young Adults' Intimate Relationships

Several researchers have found ethnic and racial differences in dating behavior, mate selection, entrance in cohabiting and marital unions, and marital expectations (Crissey, 2005; Vaquera & Kao, 2005). Romantic relationships among younger adults, like those of older adults, tend to be ethnically homogenous (Blackwell & Lichter, 2004). But younger adults are the more likely to participate in cross ethnic intimate relationships than older adults (Joyner & Kao, 2005). However, involvement in interethnic relationships may have some long-lasting effects (Sassler, 2010). Several studies have shown that young adults in interethnic relationships receive less social support from families and friends than they receive in ethnically homogenous unions, and their relationships are less likely to be stable (Vaquera & Kao, 2005; Wang, Kao, & Joyner, 2006). Interethnic romantic involvement may also influence subsequent partner choice. For example, adolescent women whose first sexual experience was with a partner of a different race were significantly more willing than women without such experience to enter in interracial marriages as adults (King &

Bratter, 2007), although interracial couples experience more instability in marriages (Bratter & King, 2008; Zhang & Van Hook, 2009).

Generational status is another factor that has been found to affect intimate relationship processes. Foreign-born (first generation) youth were found significantly less likely as adolescents to enter in romantic relationships than their second generation counterparts; and the second generation were still less likely than their third generation counterparts to form such relationships (King & Harris, 2007). Research also reported substantial ethnic variations in intimate relationship progression patterns (O'Sullivan et al., 2007). A study on some Hispanic groups (e.g., Mexicans and Puerto Ricans) showed that the likelihood of cohabitation increases among Hispanic young adults with each successive generation in the United States (Brown, Van Hook, & Glick, 2008).

Intimate Relationships in Middle Adulthood

A vast majority of middle-aged adults are involved in intimate relationships through marital union. According to the 2000 U.S. Census report (U.S. Census Bureau, 2003), more than 70 percent of men and 66 percent of women aged 45 through 64 years were married. As a distinctive relationship with social and legal recognitions, marriage between heterosexual individuals remains the most common form of intimate relationship during the middle and late adulthood (Bookwala, 2012).

Relationship Quality and Satisfaction in Middle Adulthood

The quality of intimate relationships in marital couples often takes the shape of a U-curve. That means marital satisfaction is generally high during the early years then goes down during the middle years and again goes up during the later years (Rollins & Feldman, 1970). But some later studies do not support this view (Vaillant & Vaillant, 1993). Several cross sectional studies, comparing marital quality across adulthood, have found support for a U-shaped trend with marital satisfaction and happiness. For example, marital satisfaction and happiness were found to be lower among middle-aged adults compared to younger or older adults (e.g., Van Laningham, Johnson, & Amato, 2001). However, a number of longitudinal studies have found that marital satisfaction and happiness typically decline after the newlywed young adults enter into middle adulthood, and later on either stabilize or continue to decline (Umberson et al., 2006; Van Laningham, Johnson, & Amato, 2001).

The course of intimacy and love changes across adulthood. The changes often become evident in midlife. The ideal form of love in adulthood consists of three components—passion, intimacy, and commitment. But in many cases, passion begins to diminish during middle adulthood, transforming marital love into companionate love based only on two components—intimacy and commitment. For some middle-aged couples the end of passion in a marital relationship may signal the beginning of marital dissatisfaction and unhappiness, which may finally lead to divorce or extramarital relationship.

Problems in Marital Relationships in Midlife

Like young and older adults, middle adults are not immune to problems in the marital relationship. About 50 percent of all marriages in the United States end in divorce. Marital relationships may end for a variety of reasons, including poor communication between couples, couples' inability to manage personal and family crises in midlife, interpersonal conflicts and couples' inability to resolve conflicts equitably, lack of purpose and emotional stress in midlife due to "empty nest" (children leaving home as they grow adult), and so on. However, for some marital satisfaction increases when children leave home, because couples get more time and better privacy to get involved in a romantic relationship. But those couples who are relatively dissatisfied, the possibility of divorce increases when their children leave home.

Transition to empty nest in middle age can in some cases play an important role in marital disruption (Bookwala, 2012). A longitudinal study found that the empty nest is associated with an increased risk of marital disruption, which varies by the duration of the marriage (Hiedemann, Suhomlinova, & O'Rand, 1998). The transition to the empty nest significantly increased the probability of divorce or separation for couples who experienced the empty nest relatively early in their marriages than those who arrived at this life stage relatively late in their marriages (Heidemann, Suhomlinova, & O'Rand, 1998). They also found that women who were employed during the empty-nest transition were at a greater risk for divorce presumably because of their economic independence due to employment that permitted them to end poor marriages after the children had left home. Other reasons for midlife divorce found in a large-scale survey by the American Association of Retired Persons (AARP, 2004) include some form of abuse (e.g., physical, verbal, or emotional), inconsistency and conflict between spouses in terms of values or lifestyles, lack of trust, and infidelity. The AARP survey also found that midlife divorce is often initiated more

by women than men, and men are sometimes caught by surprise by the divorce decision of their long-term married partners.

Lasting Marital Relationships in Midlife

Long-term loving relationships depend on several factors including, among others, both partners' commitment for long-term relationship; mutual trust and reliability; physical and verbal expression of appreciation, admiration and love to each other; partners offering emotional supports to each other to deal with midlife crises; and both considering one another as the best intimate partner. In addition, sex also plays a major role in marital relationships in midlife. For example, in a longitudinal study on 283 middle-aged married couples, Yeh et al. (2006) found that higher sexual satisfaction was related to greater marital satisfaction, with lower marital instability among middle-aged couples.

Nonmarital Intimate Relationships in Midlife

Although marriage is still the main form of partnered relationship during middle adulthood, an increasing number of middle adults are opting for intimate relationships other than traditional marriage (Amato et al., 2007). Common nonmarital partnered relationships during middle adulthood include heterosexual or same-sex intimate relationships with or without cohabitation. Middle-aged and older adults, particularly widows, are often unwilling to remarry because of losing freedom and financial benefits (Davidson, 2001). For these and other reasons, remarriage is uncommon in later life (Carr, 2004). But middle-aged and older singles are more often inclined to forming alternative relationships, dating, and establishing long-term supportive companionships that are not cohabitating but are termed as living apart together (LAT) (Strohm et al., 2009).

The living apart together (LAT) relationship is an emerging form of non-cohabiting intimate relationships in Western societies (Levin, 2004). In a LAT relationship a couple does not share the same household. But the two individuals consider themselves a couple because of their deep personal relationship including romantic relationship (Levin & Trost, 1999). More than 4 percent of the Swedish population aged 18 to 74 are engaged in LAT relationships, while even larger numbers are engaged in LAT relationships in other Western European countries such as France and Germany (Levin & Trost, 1999). A study reported that 32 percent of Dutch elders who started a new partnered relationship after dissolution of marriage enter into a LAT relationship (De Jong Gierveld & Peeters, 2003). A national

survey report, using national data from 1996 and 1998, showed that 6 percent of men and 7 percent of women aged 23 to 70 were in LAT relationships in the United States (Strohm et al., 2009). Using data from California in 2004–2005, the same report showed that the prevalence rates of LAT relationships were even higher than the national average for those who are in both heterosexual relationships (13 percent of men, 12 percent of women) and same-sex relationships (17 percent of gay men, 15 percent of lesbians) in California. Although research focusing on LAT relationships, especially among middle-aged and older adults is lacking in the United States (Casalanti & Kiecolt, 2007), researchers in Western Europe have recognized this issue as a growing phenomenon in these age groups (Bookwala, 2012).

The LAT relationship is primarily serving as a vehicle for giving and receiving emotional support without the duties and obligations associated with marital relationship (Bookwala, 2012). Thus the LAT relationships provide opportunity to combine intimacy with autonomy. Some common reasons for entering in a LAT relationship are having minor children living with one or both of them in the home, giving care to one or both parents or to another person, pursuing education or working in different places, and living in their own homes after retirement (Levin & Trost, 1999). Motives for involvement in LAT relationships vary by gender. Women are more interested and active than men for being in LAT relationships (Bookwala, 2012). The main reasons for women to prefer LAT relationships are the desire for and privilege of keeping and living in their own homes and enjoying intimate relationships without the duties and obligations of marital relationships.

Intimate Relationships in Late Life

Adults' desire for intimacy continues through late life, because of social changes, especially in Western culture. There is no age at which intimacy, including physical intimacy, is considered to be inappropriate. However, the patterns of intimacy can change with aging. For example, the socio-emotional selectivity theory argues that people become more selective in their attachment relations in late life and develop a tendency to reduce the number of individuals with whom they would maintain a close relationship (Carstensen, 1992). Several researchers suggested that in attachment and other close relationships aging people tend to follow an overall preferred social relations convoy (e.g., spouse, family, and friends only) (Antonucci, Akiyama, & Takahashi, 2004).

Sex and intimacy patterns of older men and women differ from that of younger men and women for many reasons such as health, hormonal changes, interest, privacy, and culture. In some societies there are negative stereotypes toward aging sex. Physical and psychological changes that often occur with aging can interfere with developing and maintaining romantic relationships. The physical aspect of intimacy increasingly becomes less important in old age than psychological aspects such as love, warmth, affection, care, support, and companionship. Communication and expression of feelings through touching, kissing, and fondling indicate reassurance, love, and support.

Intimacy, especially physical intimacy, may be diminished or lost in old age because of the following reasons:

- **Loss of a partner.** Death or absence of a partner is one of most common age-related problems of intimacy in late life. Some aging people, especially women, may not find a new partner for romantic relationship after the death of spouse.
- **Health problems.** Various health problems that become more common with aging can interfere with physical intimacy. Cardiovascular diseases, diabetes, and prostate enlargement can cause erectile dysfunction; and arthritis can affect movements and make life painful. The pain, discomfort, drugs, anxiety, and tension associated with different health-related disorders can diminish the desire for physical intimacy. Moreover, moderate to severe cognitive impairment complicates issues of consent to and comfort during intercourse.
- **Use of drugs.** The aging people, especially males, who take drugs (e.g., anti-hypertensive and psychoactive drugs) may develop erectile dysfunction and consequently become unable to have sexual intercourse.
- **Age-related reproductive changes.** Levels of sex hormones decrease with aging may cause changes in sex organs, especially in aging women (e.g., vaginal atrophy due to menopause), that make sexual intercourse uncomfortable or difficult. As a result the desire for sex may decrease.
- **Reluctance to discuss age-related changes.** It is likely that elderly people will develop age-related changes in body, especially in their reproductive organs (e.g., erectile dysfunction or lack of firmness in erection in male, vaginal dryness in postmenopausal women), which may interfere with their physical intimacy with partners. They should be willing to discuss these changes with their partners and with health care practitioners to find solutions. For many older adults there may not be enough scope for sex education and counseling. Sometimes older clients feel shy of expressing their sex problems.

- **Negative stereotypes about sexuality in late life.** Even some healthy elderly people may develop negative stereotypes and start thinking that sexuality is not appropriate or normal in old age.
- **Discrepancy in attitudes and expectations between partners.** One partner may have a positive attitude and want to continue with physical intimacy in late life, but the other may have a negative attitude and does not want it. Some older people may feel bored after having sex for about 30 to 40 years with the same partner.
- **Lack of privacy.** Sometimes elderly couples want to continue their intimate physical relations in late life, but they can't do it because of lack of privacy. For example, those elderly couples who live with family members or in a long-term care facility have little or no opportunity for physical intimacy.
- **Shift to other forms of intimacy.** For some older adults, passions for physical intimacy may decrease after years of living together with the same partner. Consequently, sexual intercourse may become less frequent or ultimately stop. However, many elderly couples tend to develop other forms of intimacy (e.g., touching, hugging, massaging, kissing, verbal expressions of affection) that express warmth, love, affection, care, and concern for their partner.

Despite pervasive negative stereotypes, sex is an ongoing process, and many older adults consider sexual intercourse an important part of their life and continue to have healthy sexual activity in marital or nonmarital relationships during much of their later years. Although frequency of sex may decrease with age, however, it varies from person to person. Sometimes older men perform better and have higher sexual satisfaction than younger men. Moreover, some postmenopausal women enjoy sex more than young women because there is no fear of pregnancy and better privacy at home due to empty nest. In a study on the importance of sex in late life, Gott and Hinchcliff (2003) showed that partnered elders rated sex from somewhat important to be very or extremely important; and only unpartnered elders rated sex to be of no importance at all. In a large national study of premenopausal women in the United States, Cain et al. (2003) found that 76 percent of the women reported that sex was of moderate or greater importance, and 86 percent of those who had engaged in sexual activity in the preceding six-month period, regardless of menopausal status, reported feeling moderate to greater emotional satisfaction. Indeed, sexual intimacy and satisfaction play an important role in positive relationship evaluations in the later years (Bookwala, 2012). In another study of elders between 45 and 94 years of age, DeLamater and Moorman (2007) found that more frequent sexual activity was associated with more positive evaluations of intimate relationships.

Age is typically negatively related with sexual activity and satisfaction in late life. For example, several studies showed that frequency of sexual activity is lower for older adults than younger adults (Burgess, 2004; Lindau et al., 2007). However, there was considerable variability among older adults in their sexual activity. This variability was associated with relationship status, such as partnered elders were more likely to report sexual engagement than their single counterparts.

But some studies suggest, however, that rates of sexual activity in older adults are in fact increasing among both married and unmarried cohorts with a much greater proportional increase among unmarried elders (Peplau, Fingerhut, & Beals, 2004). Moreover, these studies also showed that later-born aging cohorts reported higher satisfaction with their sexual activity, fewer sexual dysfunctions, and more positive attitudes toward sexuality in later life than earlier-born cohorts. In their review of a number of studies on gay and lesbian sexuality, Peplau and her colleagues (2004) noted that being older was significantly associated with lower frequency of sexual activity. They also noted that like heterosexual couples, higher sexual frequency was associated with higher sexual satisfaction and relationship satisfaction among the same-sex couples. Although old age is widely viewed as a broad-based explanation for decline in sexual interest and activity, this relationship may be far from simple. For example, DeLa-mater and Moorman (2007) suggested that declines in sexual activity in old age can be better understood by looking through biopsychosocial perspectives. In a study on sexuality in late life using secondary data from nearly 1,400 individuals aged 45+ years (mean age approximately 60 years), the same researchers found that age was negatively associated with frequency of partnered and unpartnered older adults' sexual activity, and the sexual frequency was also significantly mediated by biological and psychosocial factors.

Gender and Sexuality in Late Life

Research evidence showed that significantly more older men than women reported engaging in sexual activity (DeLamater & Moorman, 2007; Lindau et al., 2007). For example, DeLamater and Moorman found that 71 percent of men aged 60 to 69 years and 64 percent of men aged 70 to 79 years reported sexual activity at least once in a month; for women of the same age range, the corresponding percentages were 47 percent and 26 percent, respectively. It is important to note that these studies typically defined sexual activity broadly to include behaviors ranging from masturbation to coital sexual intercourse. The higher

levels of sexual activity reported in these studies for older men than women may be partially explained by other factors, such as age variations among the male older adults, sexual performance-enhancing drugs that are available to them, and also more opportunity for aging men to partner with younger women than older women to partner with younger men. Nonetheless, research evidence generally shows that women have lower sexual excitation and higher sexual inhibition than men, but sexual inhibition can also increase in men due to the occurrence of erectile problems (e.g., Bancroft et al., 2009).

According to Dennerstein, Alexander, and Kotz (2003) the postmenopausal stage is characterized by declines in sexual arousal and interest and increases in sexual dysfunction of women. Similarly, Mansfield, Voda, and Koch (1998) reported that 40 percent of their sample consisting of postmenopausal women experienced change in sexual responses characterized by decline in desire, arousal, ease in orgasm, enjoyment, and frequency of sexual activity. Several researchers, however, have suggested that the changes in sexual activity and interest in postmenopausal women may be influenced by other factors such as those related to sexual intimacy in the relationship (Birnbaum, Cohen, & Wertheimer, 2007), and women's desire for change in sexual qualities (Mansfield, Voda, & Kotch, 1998). The most common reasons reported by the 90 percent of postmenopausal women for engaging in sex were the expression of love or the experience of pleasure and enjoyment (Cain et al., 2003).

Many elderly people, especially aging women who live alone, find satisfaction and a sense of companionship in interactions with pets. Caring for pets can give them a sense of caregiving, support, nurturance, and connectedness.

Marriage and Health in Late Life

Numerous studies point to the health protective benefit of the marital relationship in middle and late adulthood (Bookwala & Jacobs, 2004). Mancini and Bonanno (2006) found that greater marital closeness in late life was associated with lower levels of depressive symptoms, less anxiety, and greater self-esteem among married older adults. Staying married during the retirement years has a wide array of health benefits including lower prevalence of fatal and nonfatal chronic diseases, higher functional levels, and lower disability (Pienta, Hayward, & Jenkins, 2000). Murphy, Glaser, and Grundy (1997) found that long-term illness rates are lowest among individuals in first marriages compared with all other marital status categories (widowed, remarried, divorced, and never married) for adults about 70 years old. Similarly, Prigerson, Maciejewski, and Rosenheck (2000)

found that married middle-aged and older people reported fewer chronic illnesses, better functional health, fewer nursing home days, and fewer physician visits than widowed or divorced individuals in the same age group. In a longitudinal study, Zhang and Hayward (2006) found that the frequency of cardiovascular disease was higher among middle-aged and older women and men who experienced some form of marital loss including widowhood or divorce in comparison to continuously married individuals. They also found that women who experienced marital loss were at higher risk of developing cardiovascular disease than men. But cohabiting elders do not enjoy the same health privileges as their married counterparts do. A literature review on the relationship between the marital quality and health showed that in general, psychological well-being in one or both partners was higher when the marital relationship was marked by intimacy, support, and closeness; whereas psychological well-being was lower when the marital relationship was marked by disagreement, conflict, and dissatisfaction (Brown, Lee, & Bulanda, 2006).

Marital Quality and Health

A recent literature review on the relationship between characteristics of the marital relationship and health of both members of late-life couples confirmed a link between marital quality and psychological well-being. Walker and Luszcz (2009) found that, in general, psychological well-being in one or both partners in the marriage was higher when the marital relationship was marked by support and closeness, whereas psychological well-being was lower when the marital relationship was marked by dissatisfaction or conflict. In a study on the marital quality and physical health, Bookwala (2005) found that poor quality of marriage of middle-aged and older adults was consistently related to multiple physical health indicators including physical disability, higher physical symptomatology, more chronic health conditions, and poorer self-rated health. A longitudinal study revealed that middle-aged and elderly women in less satisfying marriages were at higher risk of cardiovascular diseases than women in more satisfying marital relationships (Gallo et al., 2003).

In addition, a good-quality marriage can act as a buffer in the face of stress during the middle-aged and subsequent years. These buffering effects are clearly linked with functional disability and psychological well-being. For example, Bookwala and Franks (2005) found that older adults who were more functionally disabled but in a better quality of marital relationships experienced lower levels of depressive symptoms than those with similar levels of functional disability but in worse marital relationships. Another study showed that older adults who were more functionally

disabled and reported high marital closeness experienced lower levels of depressive and anxiety symptoms and higher self-esteem than their functionally disabled counterparts whose marriages were marked by low levels of closeness (Mancini & Bonanno, 2006). In addition, several authors have suggested that the negative impact of stress can be buffered by supportive social relationships including good-quality marital relationships (Carstensen, Isaacowitz, & Charles, 1999; Cohen & Wills, 1985).

Marriage and Mortality

Researchers have found relations between marital status and survival across the adult lifespan. For example, Kaplan and Kronick (2006) found that the risk of mortality was lower for married elders than their unmarried or never married counterparts. Cohabiting partners do not have the same protective benefits for survival like that of married couples. Moustgaard and Martikainen (2009) showed that cohabiting elderly partners had a higher mortality risk than their married counterparts. Results of a meta-analysis on 53 studies based on a sample of 250,000 elders confirmed that the longevity of the married couples was significantly greater than that of widowed, divorced, and never married elders. A longitudinal study showed that continuously married individuals, regardless of gender, survived longer than those who had experienced a marital disruption even if the latter had remarried (Tucker et al., 1996).

Intimate Relationship as a Source of Support in Late Life

Adult intimate relationship, especially during old age, serves as a significant source of support in times of stress (Antonucci, Lansford, & Akiyama, 2001). Here support refers to a partner's responsiveness to a loved one's needs and involvement with acts that are connected with caring and facilitating adaptive coping during stress (Cutrona, 1996). Several studies confirmed the health-promoting support of intimate relationships in older couples (e.g., Franks et al., 2004; Fekete et al., 2007). Positive partnered relationships in late life can promote older adults' ability to optimize their cognitive performance and compensate for losses they may experience in the cognitive domain (Meegan & Berg, 2002; Strough & Margrett, 2002). The benefits of supports are, however, not limited to the domain of cognition only. Berg and her colleagues (2008), for example, showed that there are significant correlations between perceived positive support from spouses and psychological well-being of older couples dealing with husbands' prostate cancer.

CHAPTER SUMMARY

Chapter 3 contains discussions about the major lifespan premises including an important model of attachment premises, childhood attachment relationships, attachment styles, and developmental outcomes of childhood attachment styles; attachment relationships during adolescence, adolescent peer relationships, changing patterns of peer group relationships, romantic relationships of adolescents, adolescent sexual behavior, correlates and consequences of adolescent sexual behavior, gender differences in adolescent sexual values, sexual aggression and peer victimization, and teen pregnancy and abortion; and adult intimate relationships including ethnicity, gender, and cultural differences among young, middle, and older adults.

Intimate relationship across the lifespan. The parent-child attachment relationship in childhood expands further through adolescence and adulthood in the form of close relationships between peers, friends, spouses, and a variety of couple relationships.

Convoy model of social relationships. This model presents a framework for explaining the nature, characteristics, and dynamics of intimate relationships, and other forms of close relationships over the individual's lifespan.

Major lifespan premises. Three major lifespan-developmental premises with regard to intimate relationships are the quality and functioning of intimate relationships as shaped by the individual's developmental conditions; influences of intimate relationships on the individual's social, psychological, and behavioral development; and effects of intimate relations on the individual's mental health, well-being, and adjustment over the lifespan.

REFLECTIVE QUESTIONS

1. Discuss the major types of child-parent attachment relationships.
2. What are different attachment styles? Discuss the developmental outcomes of attachment styles.
3. Discuss changing patterns of peer group relationships during adolescence including gender differences in sexual attitudes, values, and behavior.
4. What are the correlates and consequences of adolescent sexual behavior?
5. Discuss significant changes in adult intimate relationships at different stages of adulthood from young adulthood through old age.

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