Intimacy and Safer Sex
Patrice E. Heller, PhD

“Intimacy” is a concept often discussed but rarely defined. A popular connotation of intimacy is sexual contact. Sexuality, however, is only one expression of intimacy. Furthermore, sex may or may not be intimate, and intimate relating may or may not include sex.

Intimacy is both a process and a quality of a relationship in which self-knowledge, self-disclosure, and mutual understanding are essential elements. Couples who integrate these elements into their expressions of sexuality enhance and add meaning to their relationships. When intimate partners honestly disclose their sexual histories and feelings, they build the trust and understanding necessary to establish a climate of sexual safety. Given that sexuality is often intrinsic to intimate relationships and that awareness of HIV can profoundly affect the trust and connection that helps to forge an intimate bond, honestly discussing intimacy, HIV, and safer sex is critical for developing and maintaining fulfilling relationships. This article defines intimacy, explores the process and components of intimacy, and discusses the relationship between intimacy and HIV risk in the context of both same-sex and heterosexual couples.

Intimacy Defined
Intimacy is an interactive, dynamic process that evolves as partners explore their similarities and differences in feelings, thoughts, and behaviors. It requires self-awareness and the ability to disclose and express oneself in a partner’s presence. While some researchers describe intimacy as a quality of a particular interaction in which partners co-create meaning and behave accordingly, others distinguish between intimacy as a relational process and as an experience: an intimate experience is the result of mutual disclosures of intimate topics; an intimate relationship develops over time as partners share intimate experiences and expect to continue to do so.

Because intense intimacy is difficult to sustain, it occurs episodically through different stages of a relationship. Intimacy involves a continuing process of sharing, listening, understanding, and feeling understood by the other partner, yielding a powerful mutual connection. The value of intimacy is its ability to provide the depth, intensity, and meaning that couples often seek in relationships. As a result, intimacy tends to strengthen a couple’s commitment to sustain their relationship.

In most relationships, partners play several roles and share a variety of daily experiences. Intimacy may be associated with many domains of couple functioning, such as those measured by the Personal Assessment of Intimate Relationships (PAIR) scale: emotional, social, intellectual, recreational, and sexual. Couples often experience more intimacy in one area than another. Because partners may have different styles and levels of relating intimately, having similar needs for and perceptions of intimacy can be very important.

Trust, Self-Disclosure, and Closeness
Mutual trust, self-disclosure, and closeness are essential elements of the process of intimacy. Although these components are sometimes mistaken for intimacy, they are not sufficient in and of themselves for intimacy to develop.

Intimacy grows when disclosure is mutual. A certain level of trust is necessary in order for partners to disclose experiences, health and medical histories, thoughts, feelings, and fantasies. Similarly,
“Intimacy” is one of those words that is a magnet for hope and yearning. You hear it and comprehend the million things it means in a flash of desire. But when you get beyond that initial impulse, the word reveals its complexity: it is about sex, it is about love, it is about proximity, it is about comfort, it is affinity, it is about communication.

For different people, different elements of intimacy dominate their understanding of the word. But mental health providers cannot be blinded to the complexity of this concept by the simplicity of their emotional responses to it. In this issue of FOCUS, Patrice Heller and John Martin define aspects of intimacy as they relate to the quality of relationships and to HIV prevention. Heller, in particular, relates the fundamentals of intimacy—trust, self-disclosure, mutual understanding, similarity, and differentiation—to HIV-related risk. The result is a nuanced definition that prepares providers to help clients understand their motivations for sex and sexual intimacy, to distinguish the desire for sex from the desire for intimacy, and to understand the ways in which the two overlap. Martin talks about how sexual behavior can express intimacy and the ways in which the sexual choices gay men make are related to the emotional intimacy they wish to express.

One way of approaching HIV-related risk is to manage desire—not merely to manage behavior. By defining intimacy and exploring its role in sexual decisions, individuals are able to understand trust is necessary for partners to listen non-judgmentally to each other’s disclosures. Self-disclosure usually encourages more self-disclosure as well as continuing the process of building trust.4

Disclosure, while usually understood as verbal expression, is also expressed through tone of voice, behavior, and body language. A broad continuum of cognitive, behavioral, and emotional self-disclosures contributes to increasing levels of intimacy. An intimate relationship allows partners to feel safe in sharing both positive and negative emotions and thoughts, and partners may undergo periods of unhappiness or dissatisfaction. Disclosures are sometimes disturbing and disruptive, but couples who have strong mutual affection can usually work through difficult issues and deepen their intimacy. Because people vary in their tolerance for sustained closeness, partners may respond to intensifying intimacy by limiting their self-disclosures, which may account for the episodic nature of intimacy.

Partners are often uncomfortable talking about sex and disclosing their sexual histories and feelings. For many people, however, the threat of HIV and other sexually transmitted diseases (STDs) renders mutual self-disclosure of infection status essential to building trust in sexually intimate relationships. When partners disclose information about their sexual histories and non-monogamous relationships, they often feel as if their intimacy is challenged. However, these disclosures provide critical information for a couple to make informed decisions about safer sex while weighing the benefits and costs of sexual risk behaviors. As disclosure is central to intimacy, the very process of disclosing and discussing sexuality and sexual risk behaviors are the building blocks of sexual intimacy. Dishonesty or failure to allow adequate time to address these issues can destroy whatever intimacy has already developed between partners. Indeed, a couple’s commitment to being intimate and sexual involves integrating pleasure and responsibility.

By sharing and integrating self-disclosures over time, partners become more comfortable in each other’s presence and feel accepted. Acceptance and comfort are both functions and creators of intimacy; they allow one partner to be him or herself without feeling the need to change the other partner. While acceptance and comfort might be perceived as freedom to participate in sexually risky behaviors, in fact, mutual acceptance creates a safe climate for

References
The drive for similarity seems a profound force in relationships. However, both similarities and differences between partners may enhance the process of intimacy. 

Psychologists distinguish between intimacy and closeness. When partners are close, they are sensitive to each other’s feelings, thoughts, needs, and defenses; the desire to protect each other pertains to all aspects of relating, including sexual contact. Intimacy adds the elements of change and growth. Partners in a close relationship experience intimacy when they learn more about themselves and grow as individuals. Closeness stabilizes the relationship, but individual growth can lead to changes that either deepen and strengthen the relationship or destabilize it. Patrick and Thomas Malone eloquently describe the different but related experiences of closeness and intimacy: “When I am close, I know you in your presence, when I am intimate, I know myself in your presence.”

Mutual Understanding and Similarity

Mutual understanding and similarity are strongly associated aspects of intimate relating. Partners may share many areas of similarity, such as cultural values and mores, ethnicity, religion, or sexual orientation. Life-course changes that occur in individuals and in a relationship will either help couples grow and become more intimate or will create discontinuities and dissimilarities that cause negative emotional responses and a diminution of intimacy.

A recent study found that the greater the partners’ abilities to know each other’s thoughts and feelings—an indicator of mutual understanding—and the greater the similarity in their perceptions of how intimate their relationship is, the more likely a couple is to have a high level of intimacy. Feelings of intimacy often emerge when partners have similar needs for certain degrees and kinds of intimacy. When partners are well matched with respect to their level of need for intimacy, they feel validated and supported by their mutual reality.

 Apparently, similarity is so important that partners may even misperceive or distort each other’s opinions in order to achieve consensual validation. The drive for similarity seems to be a profound force in relationships. However, both similarities and differences between partners may enhance the process of intimacy. In a study comparing religiously and ethnically intermarried couples with married couples of the same religious and ethnic backgrounds, there were different pathways to intimacy. Couples with similar backgrounds reported that their common heritages helped to create an intimate bond, while intermarried couples found that exploring their differences created opportunities for awareness of self and other, which led to more intimate connections. Intimacy is largely a result of the ways in which couples negotiate their similarities and differences.

Differentiation and Fusion

Partner similarity often reflects a couple’s congruent psychological needs, and people tend to choose partners with similar levels of “differentiation” from their families of origin and from each other. 

Differentiation is the “process by which a person manages individuality or togetherness in a relationship. . . . The more differentiated the individual, the more he/she can function autonomously while in meaningful contact with others.” Similarity in partners’ level of differentiation is important in couple functioning, but it does not ensure great intimacy if both partners are poorly differentiated.

When partners are poorly differentiated, they may experience a “fused” intimacy, which depends heavily on validation from the other partner. In these relationships, partners are highly reactive to each other and do not function autonomously. Their level of intimacy is compromised because each person’s self-disclosure is too dependent on the responses of the other partner or on the dynamics of the relationship. Fusion occurs when partners subconsciously use the relationship to experience a completion of self and to buoy self-esteem through validation by the other partner. Fused partners appear to be intimate because they profoundly need and depend on each other, but, in fact, they are often intolerant of high levels of intimacy.

On the other hand, well-differentiated partners are able to experience autonomous, self-validated intimacy, which allows them to express themselves independently of the other partner’s response. Gender differences often contribute to the development of fused and autonomous intimacy. Men are traditionally socialized to be independent, taught to fear intimacy, and instilled with the belief that masculinity and interdependence are mutually exclusive. This may sometimes
cause the male partner’s emotional distance and apparent autonomy to mask a deep dependence on and need for his partner. Women tend to be socialized to be adaptive, to place other’s needs before their own, and to focus on relationships. As a result, maintaining a separate identity within a relationship can be challenging, and women tend to express fusion in a way that appears to be intensely intimate but is, in fact, a surrendering of self. In different ways, these distinct characteristics of male and female socialization can cause men and women to become entrenched in fused relationships.

In same-sex relationships, gender similarity often enhances intimacy because these couples may benefit from greater flexibility and empathy for issues relating to gender. Research indicates that a couple’s sexual orientation does not weaken the impact of traditional gender roles and expectations on patterns the couple develops with respect to sex, power, and work. However, because gay and lesbian couples have a heightened awareness of the relativity of social rules and expectations for men and women, they have a greater potential to transcend the limitations of stereotypic male and female relational vulnerabilities.

Although same-sex similarity can increase understanding between partners, same-sex couples may be more vulnerable to fusion. Lack of acceptance from their families or culture at large may cause some same-sex couples to become excessively dependent on one another. When couples bond defensively around family alienation, homophobia, or the threat of HIV, they are likely to develop fused intimacy.

Although HIV is a threat to couples regardless of their sexual orientation, concern for this threat is often greater among gay men. This similarity of concern may create an incentive for couples to confront HIV risk with honest disclosures, in this way building a foundation of trust. However, when HIV-infected partners refuse to disclose their HIV status or lie about it, even out of fear of rejection or abandonment, they obstruct the process of intimacy, which requires honesty. Furthermore, poorly differentiated partners experiencing fused intimacy may be less vigilant about protecting themselves from infection because their behaviors usually depend on the other partner’s approval and needs. Truly differentiated partners are better able to perceive the role and meaning of safer sex in the context of each partner’s health and the couple’s specific circumstances. Ultimately, partners cannot truly achieve an intimate relationship without appreciating and openly dealing with the shared dilemmas associated with sexual risk.

Conclusion

Intimacy is a dynamic process characterized by individual growth and awareness of each partner within the context of a close relationship. Intimacy evolves when mutually self-disclosing partners manage their feelings of autonomy and togetherness in a balanced way. In a truly intimate relationship, partners feel safe to express themselves to each other. A powerful form of self-expression and intimate relating is sexuality. The way in which couples come to understand what sexual risk and safer sex mean to them is influenced by the elements comprising intimacy: closeness, acceptance, self-disclosure, similarity, differentiation, and mutual understanding. Likewise, in a safe, self-aware, mutually trusting and under-

Authors
Patrice Heller, PhD, Rabbi, is a psychologist and staff therapist at PENN Council for Relationships, Philadelphia, maintains a private psychotherapy practice, and serves as an independent rabbi in the greater Philadelphia area. Dr. Heller’s practice and publications focus on intimacy, gender issues, and racial, religious, and ethnic differences in close relationships.

References
McLean J, Boulton M, Brookes M, et al. Regular partners and risky behaviour:
Gay Men and Intimacy: Missing Link in HIV Prevention
James I. Martin, PhD

HIV prevention is not a problem of individuals in isolation but of couples embedded in a social and cultural context. Sexual behavior that carries any risk for HIV infection always involves at least two people. Because of this fact, the relative intimacy of the relationship within which sex occurs, and the multiple meanings of that relationship, are extremely important both for understanding the challenges of maintaining safer sex habits and for designing more effective prevention programs.

People are motivated to engage in sex for many different reasons, in hopes of obtaining one or more desired outcomes including everything from “to feel closer to my partner” to “revenge.” The meanings that people attribute to sex are likely to vary depending on the context in which the sex occurs. This article examines some of the ways in which the amount of intimacy gay men experience within their sexual relationships may affect their maintenance of safer sex habits. Further, it will recommend some new directions for HIV prevention based on these considerations.

Sex in Intimate Relationships

Research indicates that unprotected anal intercourse among gay men occurs much more frequently in primary relationships than in casual ones or anonymous encounters. However, interpreting this finding is more complex than it might seem. The difference in unprotected anal sex rates might be attributable primarily to the behavior of seroconcordant couples. It is not yet clear whether gay men in serodiscordant primary relationships engage in unprotected anal sex more frequently than those having sex with casual or anonymous partners. In addition, although people generally consider unprotected anal sex among seroconcordant negative partners to be safe, the same behavior among seroconcordant positive partners could be considered risky because of the possibility of reinfection.

Determining the reasons for higher rates of unprotected anal sex in primary relationships is also difficult. According to some qualitative studies, trust, commitment, love, and emotional satisfaction are key factors. For example, gay men in some studies report that using condoms would threaten their relationship because it would signify a lack of trust. In many cases, sex contributes powerfully to the development and maintenance of a relationship’s intimacy by relaxing boundaries and increasing both physical and verbal expressions of trust and caring. Thus, it should not be surprising that prevention strategies attempting to interfere with the expression of sexual desire among couples often fail. Prevention programs designed to convince gay couples that using condoms demonstrates “mutual caring” ignore the fact that—at least among seroconcordant couples—the use of condoms might imply that partners cannot have faith in each other’s fidelity or honesty.

Many people would rather sacrifice safer sex habits than the intimacy of their closest relationships. This is largely because the benefits provided by a trusted and loved partner in an intimate relationship—such as companionship, support, and affirmation—are instrumental in a person’s ability to maintain self-esteem and cope with stress.

References


Contacts

Paul Robert Appleby, MA, PhD Candidate, Department of Psychology, University of Southern California, Los Angeles, CA 90089, 213-743-1635, appleby@rcf.usc.edu (e-mail).

Patrice Heller, PhD, PENN Council for Relationships, One Village Road, Suite 2A, Horsham, PA 19044, 215-657-4868.

James I. Martin, PhD, Ehrenkranz School of Social Work, New York University, 1 Washington Square North, New York, NY 10003-6654, 212-998-9095.

See also references cited in articles in this
Sex in the Absence of Intimacy

At the other end of the intimacy spectrum are gay men who are lonely. In one survey, feelings of loneliness among gay men correlated with lower intimacy in a subject’s closest relationship, diminished support from friends and people in general, unstable self-esteem, and the use of avoidance to cope with stress. Not surprisingly, men who are not in primary relationships reported the highest levels of loneliness. In the same survey, men who reported having unprotected anal sex with a nonprimary partner scored higher on measures of loneliness and avoidance coping and lower on measures of intimacy and perceived social support than men who reported the same behavior with a primary partner or those who reported no unprotected anal sex.7,8

A possible explanation for these results is that some gay men who lack intimate connections to others might use sex to cope with feelings of loneliness or low self-esteem. In such cases, sex—especially if it is impulsive—might help to reduce awareness of such negative feelings. Substance use, especially in combination with impulsive sex, could serve the same purpose. Gay men are not likely to give up such powerful methods for coping with loneliness or other negative emotions unless they have a comparably effective substitute. Faced with the choice of either maintaining safer sex habits or feeling good, many gay men would choose the latter. Prevention programs that treat sex as if it were a completely rational and controllable behavior are likely to be ineffective with these men.

Recommendations for Prevention

Prevention programs must go beyond telling gay men that, no matter who their partners are, they should always use condoms or avoid anal sex for the rest of their lives. Instead, interventions must employ a variety of strategies to address gay men’s needs for intimate relationships and coping with stress. Negotiated safety strategies that encourage partners to discuss the relative risks of engaging in unprotected anal sex or other sexual behaviors represent a promising direction in HIV prevention for gay men in primary relationships. By acknowledging to gay men in seroconcordant negative relationships that they cannot contract or spread HIV as long as they remain monogamous, prevention efforts avoid interfering with the development and maintenance of committed, intimate relationships. Similarly, seroconcordant HIV-infected partners can be encouraged to make mutual decisions regarding the amount of risk they are willing to assume, in this way, strengthening intimate relationships.

Prevention efforts aimed at gay men who have limited or no intimacy in their lives must apply different strategies. Some of these men may need help learning how to establish and build satisfying relationships with other men. Group workshops may provide gay men with opportunities to discuss their feelings about relationships and learn relationship-building skills. Therapeutic small groups are especially appropriate for helping gay men to learn healthier ways of coping with loneliness, stress, and other negative feelings. Gay men who lack intimate relationships and who experience serious difficulties maintaining self-esteem may need intensive individual therapy oriented toward helping them build a more stable sense of self.

These recommendations notwithstanding, gay men face numerous political, economic, and social obstacles to maintaining intimate relationships, and the pervasiveness of homophobic discrimination and violence adds to their daily stress. Although therapeutic interventions can help gay men to adapt to these conditions, they do not change the conditions them-

![Prevention aimed at gay men with limited intimacy in their lives must use different strategies](image-url)


Authors

James I. Martin, PhD, is an Associate Professor at the Ehrenkrantz School of Social Work, New York University, where he teaches direct social work practice and research methodology. He is the author of numerous articles on HIV prevention and other issues of concern to lesbians and gay men.
Correlates of Intimacy
Laurenceau JP, Barrett LF, Pietromonaco PR. Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived partner responsiveness in interpersonal exchanges. *Journal of Personality and Social Psychology.* 1998; 74(5): 1238-1251. (Pennsylvania State University; Boston College; and University of Massachusetts at Amherst.)

Self-disclosure, partner disclosure, and partner responsiveness are important components in the process of developing intimacy through personal interactions, according to the findings of two studies testing the Harry Reis and Phillip Shaver interpersonal intimacy model.

Reis and Shaver’s model emphasizes self-disclosure and partner responsiveness as the two main components of intimacy. Self-disclosure is the communication of personally relevant information, thoughts, and feelings to another person. Factual self-disclosures reveal personal facts, for example, the number of sexual partners a person has had, while emotional self-disclosures reveal private feelings, opinions, and judgments, such as the emotional effects of past relationships. Reis and Shaver suggest that emotional self-disclosures generate greater intimacy than factual self-disclosures because they allow the listener the opportunity to support and confirm important aspects of the discloser’s view of self.

Partner responsiveness is likely to generate intimacy if it addresses the communications needs, wishes, or actions of the speaker and if the speaker perceives this response as understanding, validating, and caring. According to Reis and Shaver, the speaker’s perception of the listener’s responsiveness is more important to the development of intimacy than the speaker’s disclosure or the listener’s actual response.

In the two studies testing Reis and Shaver’s model, the study samples consisted of university students. After every social interaction lasting longer than 10 minutes, subjects reported in a diary their level of self-disclosure and their perceptions of their partners’ responsiveness. In the diary—known as the Rochester Interaction Record (RIR)—subjects recorded information about their level of self-disclosure, partner disclosure, perceived partner responsiveness, intimacy, and other variables.

In the first study, which lasted one week and enrolled 69 participants, both self- and partner disclosure significantly predicted intimacy across a range of social interactions and relationships. This supported the basic tenets of the interpersonal intimacy model.

The second study, consisting of 89 participants, was similar to the first, but with three modifications: the diary collection period increased from one week to two weeks; expanded measures of partner responsiveness evaluated the level of perceived understanding, caring, and acceptance by partners; and measures of self-disclosure distinguished between factual and emotional disclosures. The results of the second study corroborated the assertion that emotional disclosure is more important to the development of intimacy than factual disclosure.

Communication Factors Predicting Risky Sex

In a study of African American men and women in Los Angeles, participants who reported high rates of condom use were more likely than other participants to value personal goals such as acceptance and nurturing; to report few, if any, obstacles to condom use; and, to perceive that they have good communication skills in dating and sexual situations.

The study sample included 306 inner-city African American men and women between the ages of 18 and 40 who identified as heterosexual, were not involved in long-term committed relationships, and had some previous sexual experience. Ten percent of subjects reported never using condoms, and 25 percent reported always using a condom during sex.

Researchers evaluated the extent to which individual and relationship dynamics affect sexual risk-taking. To do this, they used the interpersonal model, which takes into account four factors that may influence sexual behavior: goals for engaging in sexual intercourse; methods for achieving these goals; beliefs and values that influence which goals and methods are most important; and the means available for achieving these goals.

As the number of partners increased,
Female participants perceived a greater number of obstacles to practicing safer sex, including decreased pleasure, loss of spontaneity and romance, and feelings of embarrassment when talking about condoms. Although male participants did not exhibit this correlation, men who were more likely to worry about HIV infection and who felt they had more control over preventing HIV infection were more likely to use condoms.

Both men and women perceived lower levels of control over becoming infected with HIV as the number of their sexual partners increased, but this correlation was only marginally significant for male participants. As the number of sex partners increased, men also tended to feel that there was little point in taking precautions to prevent HIV infection. In addition, participants who had reported previously being infected with a sexually transmitted disease (STD) also reported lower rates of condom use than participants who had never been infected with an STD.

Gay Couples and Unsafe Sex


(University of Southern California)

In “committed” gay male relationships, risky sex is often viewed as a symbol for love, commitment, and trust, while safer sex often arouses suspicion, according to a Los Angeles study of high-risk sex among gay couples. Ninety-five percent of participating couples who engaged in unprotected anal sex reported doing so because of these “relationship reasons.”

Researchers recruited 46 gay couples recruited through advertisements in gay print media and in locations frequented by gay men. Both members of each couple participated in the study. Participants had to have been in their current relationships for at least six months, and the average length of relationships was 43 months. Participants were between 18 and 68 years old; 74 percent were Caucasian; and 54 percent reported at least two years of college education. Seventy percent of participants were seronegative, 24 percent were seropositive, and 7 percent were unaware of their infection status or chose not to disclose it.

Sixty-two percent reported having had sex outside of their relationship, and only 30 percent of these subjects used condoms during these encounters. Both partners in 43 percent of the couples had at some time engaged in sex outside of the relationship and one partner in 35 percent of couples had sex outside of the relationship; 21 percent of the couples were monogamous.

All but one of the couples engaged in unprotected oral sex believing it to be safe or of negligible risk. In addition, 48 percent reported engaging in unprotected anal sex, 35 percent reported engaging in protected anal sex, and one couple engaged only in mutual masturbation.

Serodiscordant couples were as risky in their sexual behaviors as were seroconcordant couples, and there were no differences in the reasons couples gave for engaging in such behaviors. In addition to “relationship” reasons, 95 percent of couples who engaged in unprotected anal sex reported doing so for increased pleasure, and 90 percent reported doing so because of beliefs in safer sex myths such as “pulling out” before ejaculation. Of couples who practiced protected anal sex, 44 percent attributed this behavior to habit, and 38 percent wanted to protect themselves and their partners from HIV infection.

In response to a hypothetical situation in which participants imagined that their partners requested them to use condoms, 53 percent of participants stated that they would feel suspicious of the other partner.
DID YOU KNOW?

You can access a FREE searchable archive of back issues of this publication online! Visit http://www.ucsf-ahp.org/HTML2/archivesearch.html.

You can also receive this and other AHP journals FREE, at the moment of publication, by becoming an e-subscriber. Visit http://ucsf-ahp.org/epubs_registration.php for more information and to register!

ABOUT UCSF AIDS HEALTH PROJECT PUBLICATIONS
The AIDS Health Project produces periodicals and books that blend research and practice to help front-line mental health and health care providers deliver the highest quality HIV-related counseling and mental health care. For more information about this program, visit http://ucsf-ahp.org/HTML2/services_providers_publications.html.