

# PERSONAL ASSESSMENT OF INTIMACY IN RELATIONSHIPS SCALE

## Reference:

Schaefer, M. T. & Olson, D. H. (1981) Assessing intimacy: The PAIR Inventory, *Journal of Marital and Family Therapy*, 1, 47-60.

## Description of Measure:

A 36-item measure of relationship intimacy, encompassing five different factors and one “faking” scale. The five factors are:

- (1) Emotional Intimacy – feeling closeness, ability to share feelings, and be supported without defensiveness.
- (2) Social Intimacy – having common friends and social network.
- (3) Sexual Intimacy – sharing affection, touching, physical and sexual closeness.
- (4) Intellectual Intimacy – sharing ideas and experiences about life and work.
- (5) Recreational Intimacy – sharing of experiences, common pastimes and involvement in activities.

The scale can either be phrased in terms of how the relationship “is now” or it can be phrased in terms of how the relationship “should be” (or both), depending on what the researcher wishes to study.

Respondents answer each item on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree).

## Abstracts of Selected Related Articles:

Moore, K. A., McCabe, M. P., & Stockdale, J. E. (1998). Factor analysis of the Personal Assessment of Intimacy in Relationships Scale (PAIR): Engagement communication and shared friendships. *Sexual and Relational Therapy, 13*, 361-368.

The Personal Assessment of Intimacy in Relationships (PAIR) was developed by Schaefer & Olson (1981) to assess both the actual and ideal levels of intimacy in relationships. Attempts to replicate the original factor structure have not been reported. In Stage 1 of the present study, 157 volunteers (34 males, 123 females; mean age 27.76 years) who were currently in committed relationships completed the PAIR. Factor analysis failed to replicate the original structure but yielded a reliable, independent three-factor solution: engagement, communication and shared friendships. There were no gender differences on these factors. Confirmatory factor analysis failed to confirm this three-factor solution in a group of 145 clients (77 males, 68 females; mean age 35.79 years) presenting to a clinic for the treatment of sexual dysfunction. Principal components analysis yielded a unifactorial solution. These results suggest that people from the general population demonstrate three independent but increasingly involved aspects of intimacy, ranging from engagement to communication to shared friendships. People with sexual dysfunction seem to experience a decrement in all aspects of intimacy. The implications of these findings for the treatment of sexual dysfunction are discussed.

Gable, S. L., Reis, H. T., Impett, E. A., & Asher, E. R. (2004). What do you do when things go right? The intrapersonal and interpersonal benefits of sharing positive events. *Journal of Personality and Social Psychology, 87*, 228-245.

Four studies examined the intrapersonal and interpersonal consequences of seeking out others when *good* things happen (i.e., capitalization). Two studies showed that communicating personal positive events with others was associated with increased daily positive affect and well-being, above and beyond the impact of the positive event itself and other daily events. Moreover, when others were perceived to respond actively and constructively (and not passively or destructively) to capitalization attempts, the benefits were further enhanced. Two studies found that close relationships in which one's partner typically responds to capitalization attempts enthusiastically were associated with higher relationship well-being (e.g., intimacy, daily marital satisfaction). The results are discussed in terms of the theoretical and empirical importance of understanding how people "cope" with positive events, cultivate positive emotions, and enhance social bonds.

Reis, H. T. & Franks, P. (2005). The role of intimacy and social support in health outcomes: Two processes or one? *Personal Relationships, 1*, 185-197.

That intimacy and social support are related to an individual's health and well-being has often been noted. The present study had two goals. First, we intended to establish whether intimacy and social support were related to mental and physical health in a large, representative community sample. Second, we sought to determine whether intimacy and social support make unique contributions to predicting health, as a step toward developing a model of the relation between these processes. Results strongly supported the initial hypothesis that intimacy and social support were both related to health status. We also found that the effects of intimacy on well-being were mediated by social support, but that the effects of social support were not mediated by intimacy. We therefore concluded that the health-promoting benefits of intimacy most likely occur because intimate relationships are likely to engender higher levels of social support. Distinguishing unique and shared prediction effects is a generic concern for disciplines that study variables that are naturally correlated in real life, such as in the field of personal relationships.

**Scale: Contact Dr. Olson for permission to use items.**