

Intimacy scale of the emotional dimension: construct validation

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Abstract

This work is interested in emotional intimacy, and hereby reports on the construct validation of the Intimacy Scale of the Emotional Dimension (ISOTED). Two hundred and ninety-nine persons participated in the validation study, aged 17-56. Two other scales were used for various aspects of the construct validation process. They included that The Dyadic Communication Assessment Scale and the Simple Screening Instrument for Substance Abuse. Exploratory Factor analysis revealed 14 items, two factors – Emotional congruence, $\alpha = .97$, and Emotional Vacuum, $\alpha = .92$. Confirmatory Factor Analysis confirmed the two factors with good indices, giving credence to the factorial validity of the ISOTED. Further, the ISOTED has convergent, as well as criterion-related validity. Therefore, the ISOTED is a valid and reliable scale with robust psychometric properties. It promises to be useful in clinical and research contexts for assessing intimate relationships.

Keywords: Emotional Intimacy; Scale; Reliability; Validity; Relationship;

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1. Introduction

In the world today, relationship-related challenges abound. This is not unconnected with the phenomenon that intimacy is absent in many relationships, and many people have misguided notion of intimacy. This work focuses on emotional intimacy. Emotional intimacy is a form of intimacy whereby partners in relationship are open to each other. They share their feelings, ideas, challenges, and every issue they deem necessary. They understand each other's feelings, point of view and respect each other.

In society, persons in relationship are more conversant with physical and sexual intimacy than emotional intimacy (Pasha et al, 2017; Pasha et al., 2020; Priyadharshini, & Gopalan, 2019; Taghiyar et al., 2015). This has adverse effect on the quality of such relationships and satisfaction accruing from the relationship (Bloch et al., 2014; Duffey et al., 2004; Kardan-Souraki et al., 2016; Karimi et al., 2012; Oulia et al., 2006; Pasha et al., 2017; Randall & Bodenmann, 2009). Studies show that intimacy is positively correlated with physical health (Boden et al., 2010; Dandurand & Lafontaine, 2013; Moreira et al., 2010; Pasha et al., 2017; Pasha et al., 2020; Sinclair & Dowdy, 2005); marital satisfaction (Greeff et al., 2001; Kim, 2013; Laurenceau et al., 2005; Li et al., 2018; Masoumi et al., 2017; Sinclair & Dowdy, 2005; Whisman et al., 1997); coping with stress (Harper et al., 2000; Immanuel et al., 2017; Sinclair & Dowdy, 2005); as well as mental health and psychological well being (Duffey et al., 2004; Kim, 2013; Yoo et al., 2014; Sinclair & Dowdy, 2005). Lack of intimacy can precipitate divorce in marriage (Allison, 2008; Duffey et al., 2004; Weinberger et al., 2008).

There is paucity of scales measuring intimacy in general. Most of the existing scales focus on marital/sexual intimacy (Bagarozzi, 2001; Etemadi et al., 2006; Sheffield, 2004). Even some scales that are meant for general use, for instance, the Personal assessment of intimacy in relationship (PAIR: Moore et al., 1998; Priyadharshini & Gopalan, 2019) is a multidimensional scale with 36 items. It measures emotional, social, sexual, intellectual, and recreational intimacy. It has lots of sex-centered items – as if intimacy is synonymous with sex. Persons in non-sex-centered relationship will not be able to respond to the scale items. The Fear of intimacy Scale (FIS: Descutner & Thelen, 1991) has 35 items that assess anxiety about close heterosexual dating relationships. The FIS has three factors. The issue with this scale is that it is intended for people in sexual relationship. The Emotional Intimacy scale (Sinclair & Dowdy, 2005) has 5 items. It involves perception of closeness to another that allows sharing of personal feelings, accompanied by expectations of understanding, affirmation, and demonstrations of caring. It focuses on friends and family members. Due to these limitations in the existing intimacy scales, the author considers it necessary to develop a scale that focuses on emotional intimacy. Erikson (1963; 1968) considers growth in intimacy as one of the important tasks of development.

Intimacy as a result of a positive solution to a crisis in the period of early adulthood is considered in the theory of psychosocial development (Erikson, 1963; 1968; 2004; Orlofsky et al., 1973). According to Erikson (2004), a young individual who established his or her own identity should possess the ability to develop emotional/psychological intimacy with another person. A negative solution to the crisis leads to isolation resulting in difficulties in building close relationships, including romantic relationships, which has an impact on the further development of the individual. According to Erikson (2004), the ability to develop intimacy fosters creativity, productivity, and ego integration.

This work reports on a new scale that assesses intimate relationships focusing on the psychological/emotional domain – the Intimacy Scale of the Emotional Dimension (ISOTED). The

following is reported: The Factorial validity, convergent as well as the criterion-related validity of the ISOTED.

2. Method

2.1. Participants

Two hundred and ninety nine (299) persons comprising men = 210 (70.2%) and females = 89 (29.8%) responded to the study measures. The participants were from Udenu Local Government Area, Enugu State. Participants' ages range from 17 years to 56 years (Mean age = 30.91; SD = 8.87). Married persons were 157 (52.5%), whereas single persons were 141 (47.2%), Divorced = 1(0.3%). These were from various education backgrounds, thus: Primary education = 2 (0.7%), secondary education = 125 (41.8%), Ordinary Diploma = 18 (6.0%), Bachelor of Science and above = 154 (51.5%). They have divers occupation, namely: Business = 28 (9.4%); Students = 96 (32.1%), Public Servants = 63 (21.1%), Agriculturists – 85 (28.4%), Drivers = 27 (9.0%); Religious affiliation: Catholics = 91 (30.4%), Protestants = 43 (14.4%), Pentecostals = 75 (25.1%), African Traditional Religion (ATR) = 30 (10.0%), Islam 60 (20.1%).

2.2. Research Design

The research was designed with a mixed-method in which qualitative and quantitative approaches were used together. This integrated method includes collecting, analyzing, and combining qualitative and quantitative data in one or more stages.

2.3. Data Collection Tools

Intimacy Scale of the Emotional Dimension (ISOTED)

The Intimacy Scale of the Emotional Dimension (ISOTED) is a measure of emotional intimacy. This involves tendency to sharing personal information with one's partner, valuing, emotional support, respect, admiration, spending time with one's partner, listening and general feeling of being-at-home with each other. The ISOTED can be used to assess the quality/level of intimacy in married couple, as well as persons in close relationships. The ISOTED is anchored on a 5-point scale, viz: Never (1), Rarely (2), Sometimes (3), Often (4) and Always (5). The higher the score, the higher the intimacy dimension. The original items of the ISOTED were 28 items generated by the author from interviewing various people – married, single persons in relationships, women and men of the clergy. These 28 items were given to three persons (marriage counselor, clergy, and social psychologist) who specialized in relationship matters. They vetted the instrument for face and content validity. Based on their input, ten items that measure related constructs were deleted. The remaining 18 item ISOTED was used for validation study.

Dyadic Communication Assessment Scale (DCAS)

The 16-item DCAS was developed by Immanuel (2020) to assess the quality of communication among dyads – married persons as well as partners who are involved in close relationships. It can be used to assess the quality (effective vs. non-effective) of communication in dyads, with the view to facilitating self understanding and psychological intervention in distressed relationships. One of the items reads, "My partner listens attentively regardless of her/his other engagements". The DCAS has five response options ranging from Rarely (1) to Always (5). Items that suggest ineffective communication are reverse scored. Higher scores suggest higher dyadic communication in the relationship. The DCAS has the following psychometric properties: the full-scale $\alpha = .90$; split-half-half reliability = .88. The DCAS has three factors, namely: Factor 1 is

Responsive Communication ($\alpha = .83$). Factor 2 is blocked communication ($\alpha = .76$). Factor 3 is self-disclosure ($\alpha = .78$). The DCAS can be used as full scale (the 16 items). One can equally use any of the sub-scales depending on one’s research interest.

Simple Screening Instrument for Substance Abuse (SSISA)

The Simple Screening Instrument for Substance Abuse (SSISA) was developed by the Center for Substance Abuse Treatment (1994). It is a 16-item scale, although only 14 items are scored so that scores can range from 0 to 14. These 14 items were selected from existing alcohol and drug abuse screening tools. A score of 4 or greater has become the established cutoff point for warranting a referral for a full assessment. Since its publication in 1994 the SSISA has been widely used and its reliability and validity investigated. Peters et al. (2004) reported on a national survey of correctional treatment for co-occurring disorders (COD) that the SSISA was among the most common screening instruments used. Peters et al. (2000) found the SSISA to be effective in identifying substance dependent inmates, and the SSISA demonstrated high sensitivity (92.6 percent for alcohol or drug dependence disorder, 87.0 percent for alcohol or drug abuse or dependence disorder) and excellent test-retest Reliability (.97). Knight et al. (2000) also found the SSISA a reliable substance abuse screening instrument among medical patients.

2.4. Data Collection Process

The participants were approached at different sites – shops, offices, etc. where they were within the city. The questionnaire forms were administered to the participants and they responded to the items immediately. Only persons who consented to participate in the study responded to the scale items. The correctly filled scales were scored, coded, and used for data analysis.

2.5. Data Analysis

Analyses were done using Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA) and Item analysis. Pearson Product Moment Correlation was employed to establish convergent validity, whereas One-Way Analysis of Variance (ANOVA) was used to ascertain the criterion validity.

3. Results

Table 1. Factor Loadings of the Intimacy Scale of the Emotional Dimension (ISOTED)

| Items | Factor 1 | Components | |
|---|------------|------------|------------|
| | | Factor 2 | |
| 1. I share personal information with my partner | .86 | | |
| 2. My partner does not have admiration for me | | .80 | |
| 3. My partner respects my feelings | | .34 | .54 |
| 4. I feel comfortable expressing my true feelings with my partner | .91 | | |
| 5. I am afraid sharing my personal thoughts with my partner | | | .73 |
| 6. My partner and I spend quality time together | .90 | | |
| 7. I encourage my partner | | .89 | |
| 8. My partner really thinks I am relaxed with him/her | | .89 | |
| 9. I feel bored listening to my partner’s personal woes | | | .80 |
| 10. My partner really appreciates me | .88 | | |
| 11. My partner finds it difficult to confide in me | | | .86 |
| 12. I trust my partner enough as to confide in her/him | | .90 | |

| | | |
|---|-----|------------|
| 13. I wish I can get out of this frustrating relationship | .42 | .51 |
| 14. We do not care about sharing feelings in our relationship; we just try to discharge our duties | | .88 |
| 15. I have been betrayed in previous relationships, so I have decided to talk less about myself | .38 | .62 |
| 16. I do not like it when he/she wants to know “too much” about me | | .83 |
| 17. All that my partner cares about in our relationship is sex/money (underline correct one) | .42 | .57 |
| 18. There is a place in my heart where nobody, no matter how close, could reach | | .77 |

Factor 1 = Emotional Congruence; Factor 2 = Emotional Vacuum

Exploratory Factor analysis resulted in two valid factors. Kaiser-Meyer-Olkin Measure of Sampling Adequacy = .91; Chi-Square = 4465.787. Bartlett’s Test of Sphericity – df = 91, $p < .001$. As Table 1 shows, Factor 1, named Emotional Congruence, contains items 1,4,6,7,8,10, and 12, whereas Factor 2, named Emotional Vacuum, contains items 2,5,9,11,14, 16, and 18. Items 3, 13, 15, and 17 loaded in both factors, so they are removed from the ISOTED, thus reducing the ISOTED to 14 items. Initial Eigenvalues for Factor 1 = 8.59, which explains 47.72% of the variance. Initial Eigenvalues for Factor 2 = 3.70, which explains 20.55% of the variance.

The two factors of the ISOTED were confirmed via Confirmatory Factor analysis with good indices, thus: NNFI = .91, CFI = .92, RMSEA = .18, Chi-Square = 1092.40, df 103, $p < .01$. This gives credence to the factorial validity of the Intimacy Scale of the Emotional Dimension (ISOTED).

The 14 item Intimacy Scale of the Emotional Dimension (ISOTED) was subjected to Item analysis. Emotional Congruence’s Cronbach’s alpha = 0.97; Correlated Item-Total Correlation range from 0.83 to 0.91; Split-half reliability = 0.94; Emotional Vacuum, alpha = 0.92; Correlated Item-Total Correlation range from 0.68 to 0.85; Split-half reliability = 0.86; Full-Scale, alpha = 0.92; Correlated Item-Total Correlation range from 0.53 to 0.77. The above results show that the sub-scales as well as the Full-Scale of the Intimacy Scale of the Emotional Dimension (ISOTED) are internally consistent and reliable.

The Intimacy Scale of the Emotional Dimension (ISOTED) sub-scales were compared with each other for concurrent validity. Results were thus: Emotional Congruence vs. Emotional Vacuum, $r = 0.05$, $p > .05$. This suggests that the two factors are not related. This gives further evidence to the construct validity (discriminant validity) of the ISOTED. Emotional Congruence vs. Full-Scale, $r = 0.60$, $p < .01$; Emotional Vacuum vs. Full-scale, $r = 0.83$, $p < .01$. This suggests that each of the sub-scales is related positively to the full-scale.

Further, the Intimacy Scale of the Emotional Dimension (ISOTED) was administered together with the Dyadic Communication Assessment Scale (DCAS). The result was thus: ISOTED-Emotional Congruence, $r = 0.32$, $p < .01$. This shows that there is a high correlation between the ISOTED-Emotional Congruence (which measures intimacy) and the DCAS (which measures communication), thereby attesting to its convergent validity. However, the correlation between ISOTED-Emotional Vacuum (which measures lack of intimacy) and the DCAS (which measures communication) is thus: $r = .04$, $p > .05$. This shows that that there is no correlation between ISOTED-Emotional Vacuum and DCAS, thereby attesting to its discriminant validity. Correlation between the Full-scale and the DCAS is, $r = 0.21$, $p < .01$, an evidence of convergent validity of the full-scale of the ISOTED.

Also, Intimacy Scale of the Emotional Dimension (ISOTED) was administered together with the Simple Screening Instrument for Substance Abuse (SSISA). Drug users and non-users were compared on their scores on the ISOTED, thus: in the Emotional Congruence, Drug users scored lower ($M=12.01$, $SD=5.40$) than those that did not abuse drug ($M=13.90$, $SD=6.30$). This difference in their scores is significant: $F=7.73$, $p < .01$. This gives further evidence to the criterion validity of the ISOTED-Emotional Congruence. Lower intimacy is associated with higher drug use. This difference is graphically illustrated in Figure 1.

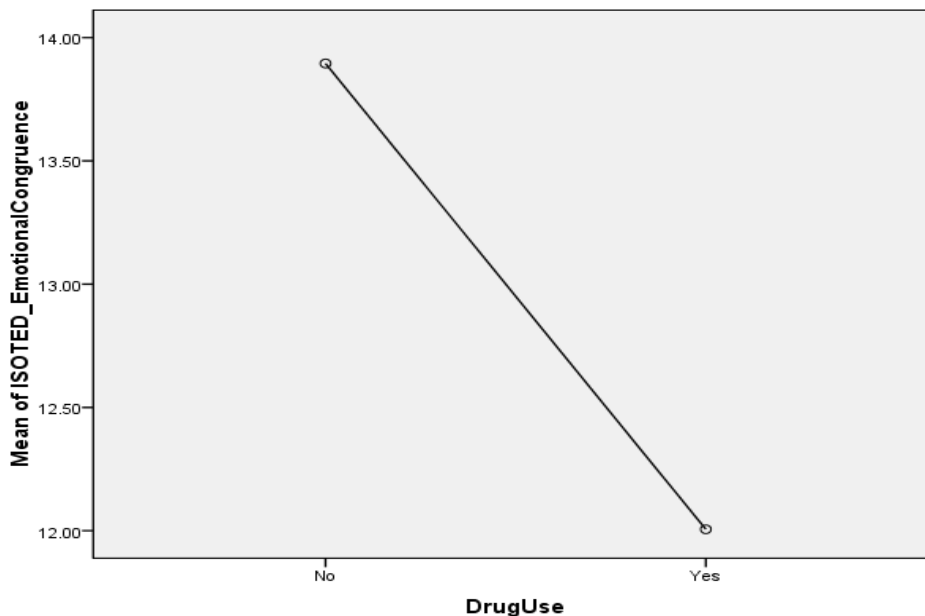


Figure 1. Line Graph showing the scores of non-drug users and drug users in the Emotional Congruence dimension of the Intimacy Scale of the Emotional Dimension (ISOTED).

Further, drug users and non-users were compared on their scores on the ISOTED-Emotional Vacuum, Drug users' score ($M=15.83$, $SD=8.37$) and scores of those that did not abuse drug ($M=15.60$, $SD=8.57$) were similar. Thus there is no significant difference in their scores: $F = 0.05$, $p > .05$. When it comes to absence of intimacy, drug users and non-users did not differ.

Furthermore, drug users scored lower ($M=40.94$, $SD=8.95$) than those that did not abuse drug ($M=43.31$, $SD=12.43$) in ISOTED-Full-scale. This difference in their scores is significant: $F=3.67$, $p < .05$. This gives further evidence to the criterion validity of the ISOTED-Full-scale. Lower intimacy is associated with higher drug use. This difference is graphically illustrated in Figure 2.

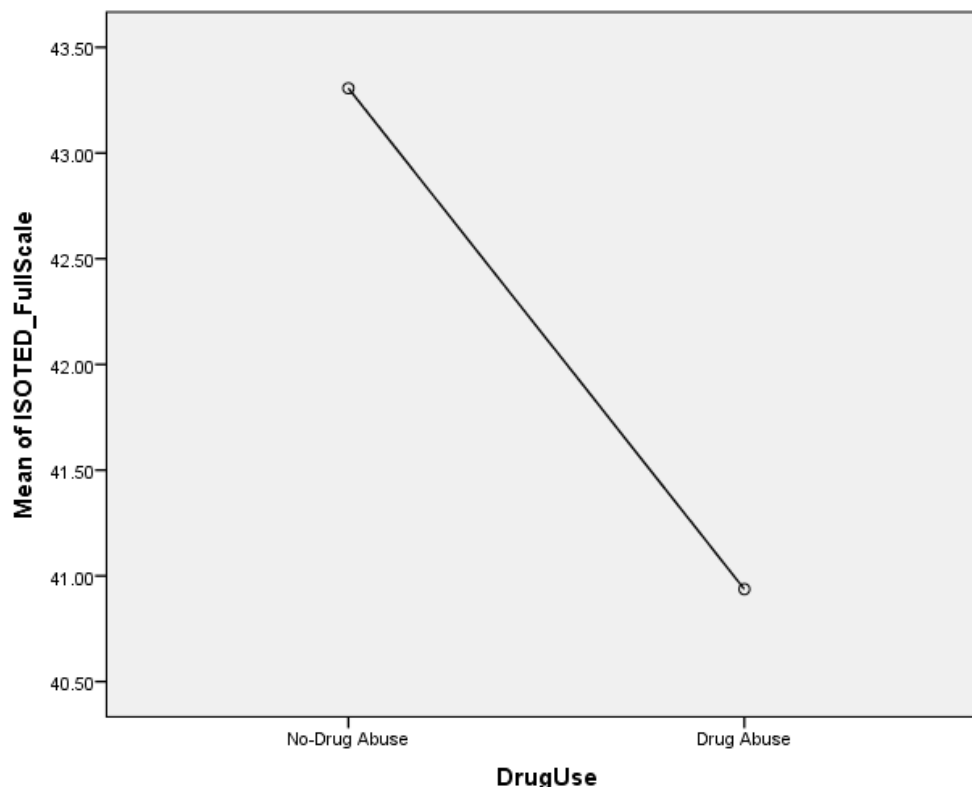


Figure 2. Line Graph showing the scores of non-drug users and drug users in the full scale (total score) of the Intimacy Scale of the Emotional Dimension (ISOTED).

4. Discussion

Exploratory Factor analysis (EFA) revealed two independent factors. These were confirmed via Confirmatory Factor analysis (CFA). These are named Emotional Congruence (Factor 1) and Emotional Vacuum (Factor 2). This gives evidence of the factorial validity of the Intimacy Scale of the Emotional Dimension (ISOTED). This is similar to some intimacy scales that have multiple dimensions (Descutner & Thelen, 1991; Moore et al., 1998; Priyadharshini, & Gopalan, 2019). However, it differs from some intimacy scales that are unidimensional (Sinclair & Dowdy, 2005). ISOTED is a 14-item intimacy scale (Appendix A) with robust psychometric properties. The two sub-scales can be used independently to assess different dimensions of emotional intimacy. Those interested in positive aspect of emotional intimacy – emotional congruence – can use that sub-scale, whereas those interested in absence of emotional intimacy in a relationship, can use the Emotional Vacuum subscale. Those that are interested in the holistic assessment of emotional intimacy in relationship can use the full scale. However, to use the full-scale, one has to reverse the items of the Emotional Vacuum. ISOTED draws attention to the fact that one can be intimate in relationship without sex. This is a major contribution to intimacy research.

It was found that the ISOTED sub-scales did not correlate with each other. This suggests that the two sub-scales measure different aspects of emotional intimacy. However, each of the sub-scales correlated significantly with the full-scale, showing that each has something in common with the full-scale. This strongly suggests that one can use any of the sub-scales independently. Using the full scale

is the best option when one is interested in holistic view if emotional intimacy (looking at the combined impact of both presence and absence of intimacy).

The ISOTED has concurrent validity with the Dyadic Communication Assessment Scale (DCAS). Communication is the hallmark of intimacy. This is particularly obvious in the emotional congruence dimension. This is supported by research (Campbell, 2015; Emmers-Sommer, 2004; Erikson, 2004; Gravningen et al., 2017; Hook et al., 2003; Kardan-Souraki et al., 2016; Scheafer, & Olson, 1981; Timmerman, 2009; Waring, & Russell, 1982). This implies that persons in close enduring relationship should pay attention to the quality of their communications.

The ISOTED also has criterion validity with the Simple Screening Instrument for Substance Abuse (SSISA). This means that persons abusing substance have difficulty maintaining intimacy in relationships. In that case, substance fills the vacuum created by lack of authentic human encounter. Some studies (Borhani, 2013; Keane, 2004; Lipsky et al., 2005) report that many persons with substance abuse challenges have difficulties maintaining intimate relationships. This has implications for management of substance-dependent persons. Building up their capacity for intimacy – being authentic, honest, and open – would go a long way in weaning them from the substance that they are using as surrogate partner.

Using the Intimacy Scale of the Emotional dimension (ISOTED) for the assessment of emotional intimacy ensures that appropriate scale is used in the measurement of emotional intimacy. This guarantees that results from such assessment are valid. This research results could be validated as more researches adopt the ISOTED and use it for research and clinical assessments across nations and clients of various demographics.

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Appendix A

Intimacy Scale of the Emotional Dimension (ISOTED)

Instructions: Below is a list of statements that involve close relationships. Go ahead and respond to the statements as they apply to you, using the scale provided.

Never (N)

Rarely (R)

Sometimes (S)

Often (O)

Always (A)

- 1. I share personal information with my partner ----- N R S O A
- 2. My partner does not have admiration for me ----- N R S O A
- 3. I feel comfortable expressing my true feelings to my partner ----- N R S O A
- 4. I'm afraid sharing my personal thoughts with my partner ----- N R S O A
- 5. My partner and I spend quality time together ----- N R S O A
- 6. I encourage my partner ----- N R S O A
- 7. My partner really thinks I am relaxed with him/her ----- N R S O A
- 8. I feel bored listening to my partner's personal woes ----- N R S O A
- 9. My partner really appreciates me ----- N R S O A
- 10. My partner finds it difficult to confide in me ----- N R S O A
- 11. I trust my partner enough as to confide in her/him ----- N R S O A
- 12. We do not care about sharing feelings in our relationship;
 We just try to discharge our duties ----- N R S O A
- 13. I do not like it when he/she wants to know "too much" about me ---- N R S O A
- 14. There is a place in my heart where nobody, no matter how close,
 can reach ----- N R S O A