Relationship between Women's Intimacy with their Romantic Partner and their

Emotional, Social, and Psychological Well-Being: A Mixed-Methods Approach

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Abstract

Many studies have confirmed a relationship between well-being and romantic intimacy. However, little is known about the relationships between the different dimensions of well-being and romantic intimacy. This study aimed to investigate the relationship between women's intimacy with their romantic partner and their emotional, social, and psychological well-being using a mixed method approach. To do so, a cross-sectional study was conducted with 78 women aged 30 to 50 years old. Both quantitative and qualitative results revealed a significant positive correlation between overall well-being and romantic intimacy. The analyses also confirmed the expectation that psychological and emotional well-being are significantly related to romantic intimacy, while social well-being does not significantly relate to romantic intimacy. In addition, the qualitative analysis was able to provide more insight into the different aspects within the well-being dimensions that were important according to the participants. These findings are in line with prior research. Future research should focus on conducting longitudinal studies to explore the causality between romantic intimacy and well-being. Furthermore, by conducting more elaborate qualitative research, more insight can be gained about the relationships between the dimensions of well-being and romantic intimacy. Lastly, by conducting a study including male and female participants, the strength of the relationship between romantic intimacy and well-being amongst women and men can be explored to see if differences exist.

Keywords: well-being, emotional well-being, social well-being, psychological well-being, romantic intimacy.

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Love is an aspect in our lives that humans start looking for from a very young age (Sternberg & Grajek, 1984). From early on, children want to be loved by their parents, friends, and families. Then, during adulthood most consider the establishment of romantic relationships a significant developmental milestone (Arnett, 2000, 2004). Within these relationships, intimacy is displayed, which is a concept defined as having meaningful interactions and connections with others such as being emotionally close with a partner (Miller & Lefcourt, 1982). This closeness develops through the sharing of one's deepest self with another individual, such as one's strengths, vulnerabilities, weaknesses, and competences (Hu et al., 2006). Intimacy can be regarded as a fundamental element that influences the development and maintenance of romantic relationships.

Dimensions of Romantic Intimacy

Romantic intimacy is a multidimensional concept that consists of four components. The first component of romantic intimacy is the presence of love and affection (Berscheid, 1985). People are less afraid to express themselves and are more open to share their thoughts and feelings when they are conscious of being loved. Secondly, personal validation instils a sense of acceptance in an individual, both for what is being said and for who they are (Berscheid, 1985). Thirdly, trust is essential for people to feel safe when sharing private information (Berscheid, 1985). They must be given the assurance that their confession will be kept private and that their inner selves will not be exposed to an unsympathetic world (Hatfield & Rapson, 1993). Fourthly, self-disclosure is an important part of romantic intimacy. It promotes affection, adoration, tenderness, faith, and comprehension (Hatfield & Rapson, 1993). If one or both parties are unwilling to provide personal information, an intimate connection cannot develop properly (Hatfield & Rapson, 1993). It can therefore be

stated that love, affection, personal validation, trust, and self-disclosure are essential components of romantic intimacy to promote openness, acceptance, adoration, tenderness, faith, and comprehension. Without these components, a romantic intimate connection cannot develop fully.

Conceptualization of Well-Being

Well-being is defined as a "state in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (World Health Organization, 2004, p.10). According to Keyes (2002) and Keyes & Lopez (2002), well-being can be conceptualised through a combination of 14 theoretical aspects regarding emotional, social, and psychological well-being (Keyes, 2007; Table 1). A person's emotional well-being is a dimension that describes how much happiness, joy, and contentment they experience and how they can effectively deal with negative emotions like melancholy, anxiety, and anger. This dimension is strongly related to emotional intelligence, which is composed of understanding and controlling emotions (Schutte et al., 2002). The degree to which a person has satisfying interpersonal connections and is involved in their society is referred to as their social well-being. It involves having a sense of belonging and feeling valued and supported by others. A measure of psychological well-being is the extent to which an individual experiences a sense of purpose, meaning, and potential for personal progress. The conceptualisation and operationalisation of well-being by Keyes (2002) has been strongly supported for its practicality and psychometric qualities (Joshanloo, 2020).

Table 1

Overview of Theoretical Dimensions of Well-Being

Dimensions	Aspects	Definition

Emotional well-being	Happiness	Both the presence of positive emotion and the absence of unpleasant emotion.
	Life satisfaction	Positively evaluating one's life.
	Interest in life	Having a keen interest in one's life.
Social well-being	Social acceptance	Positive attitudes toward, an awareness of, and acceptance of variations among people.
	Social actualisation	Believes that society, groups, and individuals all have the capacity to improve or develop.
	Social contribution	Believes that society and others value and can benefit from one's daily activity.
	Social coherence	Finding society and social life significant and at least somewhat understandable.
	Social integration	A feeling of comfort and support from a community as well as a sense of belonging.
Psychological well-being	Autonomy	Listening and adhering to internal standards and principles.
	Environmental mastery	Demonstrates the capacity to choose, control, and shape one's personal environment to fit demands.
	Personal growth	Seeks challenges, recognizes one's own potential, and believes in continuing grow.
	Positive relations	Has the ability to establish warm, reliable personal relationships.
	Purpose in life	Finds purpose and direction in one's own life.
	Self-acceptance	Positivity toward oneself, acceptance of and liking most of one's personality.

Romantic intimacy in Relation to Women's Well-Being

Researchers have found that romantic intimacy can be a significant predictor of well-being (Brendgen et al., 2002; Campbell et al., 1994; Demir, 2008; Hatfield & Rapson, 1993; Hook et al., 2003). For instance, studies have found that people who rated their quality of intimacy as higher were also more likely to have higher levels of happiness and self-esteem

as well as lower levels of depression and loneliness (Demir, 2008; Joyner & Udry, 2000; Levesque, 1993). This is because being supported and having one's needs met provide people a sense of security and help them develop positive self-conceptions (Davies & Windle, 2000; Furman & Shaffer, 2003; Meier & Allen, 2008; Montgomery, 2005). Currently, no prior research has adopted a qualitative approach to further explore which factors contribute to this relationship.

While numerous studies indicate a positive relationship between intimacy with a romantic partner and well-being (Bar-Kalifa et al., 2015; Collins et al., 2009; Demir, 2010; Johnson et al., 2012), little is known about the differences between the three components of well-being in relation to romantic intimacy. Moreover, no research has been conducted to explore this relationship from a women's perspective. However, it is crucial to concentrate on the romantic intimacy and well-being of women in particular because they could experience certain societal and cultural constraints and expectations in relationships that may have an adverse effect on their well-being. For example, Vangelisti & Daly (1997) found that women reported their standards within a romantic relationship to be less fully met when compared to men, leading to more frequently reported dissatisfaction with their relationship. Researching the link between women's romantic intimacy and their well-being can outline these, and other, gender-specific problems.

Aims of the present Study

The main purpose of this study is to quantitatively and qualitatively investigate the relationship between women's intimacy with their romantic partner and their emotional, social, and psychological well-being. Based on previously conducted research (Bar-Kalifa et al., 2015; Collins et al., 2009; Demir, 2010; Johnson et al., 2012), it is expected that women's intimacy with their romantic partner is positively related to overall well-being. More specifically, it is predicted that the dimensions of psychological and emotional well-being are

related to romantic intimacy, while social well-being is not related to intimacy (Keyes, 2002; Keyes & Lopez, 2002). The second aim of this study is to qualitatively explore the relationship between women's intimacy and their emotional, social, and psychological well-being and discover which aspects within these dimensions are most present.

Method

Design

This study was approved by the Ethics Committee of the University of Twente from the Faculty of Behavioural, Management, and Social sciences (BMS), Domain of Humanities and Social Sciences (HSS) (no. 230111). A mixed-methods approach was used to investigate the relationship between the three domains of well-being and romantic intimacy.

Participants

A convenience sample was recruited using the network and social media accounts of three bachelor students Psychology. To participate in this study, participants were required to meet several inclusion criteria. These inclusion criteria comprised of an age between 30 and 50 years old, having had a romantic relationship in the recent past or currently being in a romantic relationship, and having good English, Polish, German, or Dutch language proficiency. 93 women were recruited (M_{age} = 40.25, SD = 6.25) of which 12 were excluded because they did not meet the inclusion criteria. In addition, 3 participants were excluded because they did not meet the psychometric assumptions to conduct a Pearson's correlation test. These participants showed extremely low scores on the questionnaires which resulted in suspicion of them not seriously and attentively participating in the study.

The final sample consisted of 78 women between 30 and 50 years old with a mean age of 40.79 years (SD = 6.16). Almost all participants were citizens of Europe (n = 76, 97.4%), with Dutch (n = 36, 46.2%), German (n = 25, 32.1%), and Polish nationality (n = 15,

19.2) and 2.6% with other nationalities including Turkish and South African. Moreover, most participants were currently in a romantic relationship (n = 75, 96.2%) while some have had a romantic relationship in the recent past (n = 3, 3.8%). Most of the participants indicated to have a bachelor's degree (n = 24, 30.8%) or a master's degree (n = 25, 32.1%). Other educational levels of the participants included elementary school graduate or middle school graduate (n = 13, 16.7%), high school graduate or equivalent (n = 11, 14.1%), or PhD degree (n = 5, 6.4%). Additionally, most women in the sample had a full-time job (n = 39, 50.0%) or a part-time job (n = 34, 43.6%). Lastly, most women had one or more children (n = 59, 75.6%); they had on average 2.17 children (SD = 0.81).

Procedure

Women between 30 and 50 years old were asked to fill out the online Qualtrics (www.qualtrics.com) questionnaire in either English, Dutch, Polish, or German. They were recruited through WhatsApp, Instagram, and LinkedIn with a link to the questionnaire and the following message: "Would you like to help me by filling out a questionnaire for my bachelor Psychology? I am currently in my third year of the Bachelor Psychology at the University of Twente and to graduate I am conducting research into the topic 'women flourishing throughout their lifespan.' I am looking for women between 30 and 50 years old. You could help me by filling out the following questionnaire. It takes about 30 minutes to complete the questionnaire. Thank you!"

Before the questionnaire started, the women were provided with a welcome and an instruction of the present study. After being informed about the purpose of the study, the participants had to give their consent to being able to start with the questionnaire. At the end of this study, the participants were allowed to provide their email address in the case that they would be interested in further studies about flourishing women. This email address has not been connected to the data of the participants. Because the whole questionnaire also included

questions from other researchers in the Psychology Program of the University of Twente, the Questionnaire did take around 30 minutes to complete in total.

Measures

Romantic Intimacy

The Miller Social Intimacy Scale (MSIS) is a 17-item questionnaire created to measure intimacy in a range of interactions, including those with friends, family, and partners (Obuchowski, 2005). The scale measures frequency of intimacy (6 items; e.g., "How often do you show him/her affection?") and intensity of intimacy (11 items; e.g., "How close do you feel to him/her most of the time?"). Each item is scored on a scale of 1 (extremely rarely) to 10 (almost always). Two of these items (item 2 and item 14) had to be reverse coded. A higher level of intimacy is indicated by a higher mean MSIS score. The MSIS's internal consistency has been proven to be good (Obuchowski, 2005), which has been confirmed in the current study ($\alpha = 0.88$), indicating a good level of reliability. Since this questionnaire was not available in German and Polish, it has been manually translated by the researchers.

Mental Well-Being

Well-being was assessed using the 14-item scale called the Mental Health Continuum Short Form (MHC-SF) (Lamers et al., 2011). The MHC-SF measures emotional well-being (3 items; e.g., "During the past month, how often did you feel satisfied?") social well-being (5 items; e.g., "During the past month, how often did you feel that our society is a good place, or becoming a better place, for all people?"), and psychological well-being (6 items; e.g., "During the past month, how often did you feel confident to think or express your own ideas and opinions?"). The participants' responses ranged from 0 (never) to 5 (almost always) on a 6-point Likert scale. Higher mean scores on the MHC-SF reflect higher levels of mental well-being. The scale has proven to have a good internal reliability (Lamers et al., 2011) and it indicated a Cronbach's alpha of 0.90 in the current study, representing excellent internal

consistency. The internal reliability of the subscales emotional well-being ($\alpha = 0.73$), social well-being ($\alpha = 0.81$), and psychological well-being ($\alpha = 0.86$) was acceptable to good.

Open-ended Question

Participants were asked to respond to one qualitative open-response question. No word-limit was given to the participants to encourage creativity and flexibility and avoid sending the answer of the participants into a certain direction. The question participants were presented with was: "For you personally, how do you think well-being and intimacy (with your romantic partner) are related? Can you give an example?"

Data Analysis

Statistical data analysis software of RStudio (version 1.3.1073) was used to analyse the quantitative data. First, data was tested for normality, linearity, homoscedasticity, and outliers. When these assumptions were met, a Pearson's correlation was conducted to examine the correlation between mental well-being and romantic intimacy. The Pearson correlation coefficient represents the degree to which one variable may be accurately predicted from the other (Berg, 2021). A correlation coefficient below 0.3 was considered weak, one between 0.3 and 0.7 was considered moderate, and one above 0.7 was considered positive (Cohen, 1992).

The qualitative data analysis software called ATLAS.ti (Version 23) was used to analyse the open questions. Thematic analysis was used to analyse the qualitative data and find themes in the answers. The definition of a theme is an abstract concept that takes the form of a meaning or a pattern that is derived through the analysis and integration of the material (Nowell et al., 2017). Thematic analysis is a technique that is appropriate for comprehending the perceptions, actions, and experiences of the participants. A combination of inductive and deductive thematic analysis was used for this research paper.

First, familiarisation with the answers of the participants took place by reading over their answers multiple times. After this, the answers were inductively coded by using four codes: no, yes, irrelevant, and no answer. The code no expressed that the participants did not perceive a relationship to exist between romantic intimacy and well-being, with the code yes meaning that they did perceive this relationship to exist. The code irrelevant expressed that the fragments the participants provided did not relate to the question asked and the code no answer was applied when no answer was given by the participant. After this, the answers of the participants that were coded with the code yes were examined further. By using the categories of the MHC-SF – a deductive coding approach – three subcodes were created within this code: emotional well-being, social well-being, and psychological well-being.

Within the answers of the participants, a possibility of applying multiple codes was possible. Some answers of the participants covered multiple topics that would make up for multiple fragments. For example, some participants answered yes to the open question but gave an explanation that did not refer to the question asked. In this case, both codes yes and irrelevant were applied. Moreover, there was a possibility to apply multiple subcodes to one answer. However, since participants did not provide an answer in which multiple subcodes would be applicable, only one subcode was used per answer. A relatively high interrater reliability (r = 0.88) was achieved by asking two researchers to code answers of 10 participants (McHugh, 2012).

Results

Correlation between romantic intimacy and mental well-being

Pearson's product-moment correlation tests showed a significant positive relationship between overall well-being and romantic intimacy, $r(78) = .31$, $p = .005$ (Table 2). Therefore, the hypothesis that overall well-being and romantic intimacy are positively correlated cannot be rejected. When considering the different aspects of well-being, the strongest relationship

was found between psychological well-being and romantic intimacy, $r(78) = .34$, $p = .002$, followed by emotional well-being, $r(78) = .27$, $p = .018$. Lastly, the weakest and a non-significant relationship was found between social well-being and romantic intimacy, $r(78) = .19$, $p = .095$. According to the rule of thumb proposed by (Mukaka, 2012), it can be concluded that the relationship between overall well-being and romantic intimacy and psychological well-being and romantic intimacy are showing a low positive correlation. The remaining correlations can be considered negligible.

Table 2

Means, standard deviations (SD) and correlations for overall well-being, emotional well-being, psychological well-being, social well-being, and romantic intimacy (N = 78).

Variable	Mean	SD	1	2	3	4	5
1. Overall well-being	3.34	0.81	-				
2. Emotional well-being	3.73	0.83	.77***	-			
3. Psychological well-being	3.64	0.91	.90***	.64***	-		
4. Social well-being	2.74	1.06	.86***	.52***	.59***	-	
5. Romantic intimacy	8.06	0.98	.31**	.27*	.34**	.19	-

Note. *p < .05. **p < .01. ***p < .001

Thematic Analysis

Table 3 provides an overview of the coding scheme used to apply thematic analysis to the answers of the participants to the open question. Most participants indicated that there was a relationship between well-being and romantic intimacy (n = 46, 58.23%). From the answers within this code, most answers were coded to relate to the dimension of psychological well-being (n = 18, 22.78%), followed by the code that indicated their answer to not relate to any of the three well-being dimensions (n = 13, 16.46%). Hereafter, emotional well-being was coded most often (n = 12, 15.19%). At last, social well-being was least often

coded (n = 3, 3.80%). Regarding causality, most participants indicated romantic intimacy to cause their well-being (56.52%), with less participants indicating that well-being causes romantic intimacy (36.96%). The remaining 6.52% of the participants indicated that the relationship between romantic intimacy and well-being to be bidirectional. These findings suggest that, according to the participants, psychological well-being is most often mentioned to be related to romantic intimacy. In addition, participants mentioned emotional well-being more often when compared to social well-being, indicating that both hypotheses cannot be rejected. Lastly, regarding causality, most participants indicated romantic intimacy to cause their well-being.

Table 3

Overview of the coding scheme that was applied to answers of the open question.

Code	Definition	Subcode	Example Quote	Frequency (n)
No	Code expressed that no relationship was perceived between romantic intimacy and well-being.	-	"I've been single for four years after being in a close relationship for 13 years. During being single, my well-being increased significantly. Even without intimacy, I feel very well or generally even better."	7 (8.86%)
Yes	Code expressed that a relationship was perceived between romantic intimacy and well-being.	(1) Psychological well-being	"Being completely open, trusting and supporting each other is the most valuable thing in my relationship."	18 (22.78%)
		(2) Emotional well-being	"When you're happy, in tune with your body, and happy and content with your general situation, I would say that intimacy plays a bigger and more satisfying role than when you're unhappy, sad, and dissatisfied."	12 (15.19%)
		(3) Social well-being	"Without intimacy I would feel much more […] alone."	3 (3.80%)
		(4) No specified well-being dimension	"For me, intimacy only works with well-being. In principle, well-being also functions without intimacy."	13 (16.46%)
Irrelevant	Code expressed that fragments were provided that did not relate to the question.	-	"Trust-love."	20 (25.32%)
No answer	Code expressed that no answer was given by the participant.	-	"No answer"	6 (11.39%)
Total				79 (100.00%)

Firstly, psychological well-being was most often coded. Within this subcode, participants mentioned positive relations most frequently. An example of a given answer is: *"Intimacy requires and creates a lot of trust, which makes me feel more connected and comfortable with my counterpart."* Another answer related to the development or presence of warm and trusting relationships is: *"When there is respect and consideration for each other in a relationship, there will be a greater sense of well-being. When my partner gives me the feeling that I can be who I am, I experience a freedom to continue to develop myself and that makes me a happy person."* Besides, some participants quoted self-acceptance to be important: *"I notice that when I feel understood and comfortable in my own skin, I need intimacy much more."* Moreover, participants indicated environmental mastery within their answer: *"You can better absorb and deal with all challenges in life if you experience a lot of support from your relationship(s)."* Aspects of autonomy and personal growth were not mentioned by the participants.

Secondly, emotional well-being was most often coded. Within this subcode, participants related romantic intimacy to happiness and life satisfaction. Most participants related their answer within this subcode to happiness: *"When you're happy, in tune with your body, and happy and content with your general situation, I would say that intimacy plays a bigger and more satisfying role than when you're unhappy, sad, and dissatisfied."* This code displays the presence of positive affect while at the same time the absence of negative affect. Another quote that belongs to happiness is: *"When I'm comfortable, it's easy for me to show affection for my partner. If I'm not well, I don't feel well, I would like to be alone and intimacy is difficult for me."* However, one participant related their answer to life satisfaction: *"If you are happy and satisfied with your life […]."* Participants did not mention the aspect of interest in life.

Thirdly, social well-being was least often coded. Within this subcode, only the aspects social acceptance and social integration were mentioned by the participants. An example of a participant's answer related to social acceptance is: *"[…] Where you can be who you really are and don't have to pretend. Who accepts you as you are."* In addition, one answer related to social integration, meaning that a sense of belongingness is created through romantic intimacy: *"without intimacy I would feel much more unhappy and alone."* Aspects of social actualisation, social contribution, and social coherence were not mentioned by the participants.

Correlation qualitative and quantitative data

The Pearson's correlation tests mostly showed no significant correlations between romantic intimacy and the thematic codes (Table 4). However, the only exceptions were found for the relationship between overall well-being (MHC-SF) and *code no*, $r(78) = -.33$, $p = .004$ and overall well-being (MHC-SF) and the qualitatively coding of psychological well-being, $r(78) = .25$, $p = .030$. This means that these relationships can be considered to show a low correlation.

Table 4

Means, standard deviations (SD) and correlations for each qualitative variable and the overall quantitative well-being and romantic intimacy

scores.

Variable	Mean	SD	1	2	3	4	5	6	7	8
1. Overall well-being (MHC-SF)	3.34	0.81	-							
2. Romantic intimacy (MSIS)	8.06	0.98	.31**	-						
3. Code yes	.60	.49	.06	.11	-					
4. Code no	.09	.29	-.33**	-.16	-.29**	-				
5. Code irrelevant / no answer	.32	.47	.16	-.01	-.85***	-.22	-			
6. Subcode emotional well-being qualitative	.15	.36	.09	.08	.35**	-.13	-.29**	-		
7. Subcode psychological well-being qualitative	.23	.42	.25*	.12	.44***	-.17	-.38***	-.06	-	
8. Subcode social well-being qualitative	.04	.19	.02	.03	.16	-.06	-.14	.10	.21	-

Note. N = 78. *p < .05. **p < .01. ***p < .001

Discussion

The present study aimed to investigate the relationship between women's intimacy with their romantic partner and their emotional, social, and psychological well-being using a mixed method approach. Generally, it was expected that overall well-being would be positively correlated with romantic intimacy. This expectation was supported by both the qualitative and quantitative results. Both analyses also confirmed the expectation that psychological and emotional well-being are significantly related to romantic intimacy, while social well-being does not significantly relate to romantic intimacy. In addition, the qualitative analysis was able to provide more insight into the different aspects within the well-being dimensions that were important according to the participants.

Main findings

The results of this study mostly demonstrated significant effects between the dimensions of overall well-being in relation to romantic intimacy. However, both the quantitative and qualitative analysis showed that no significant effects were found between social well-being and romantic intimacy. This can be due to different factors, such as the presence of confounding variables that mask the true relationship between social well-being and romantic intimacy or the possibility that a type II error has occurred (Banerjee et al., 2009; Kamangar, 2012). Even though no confounding demographic variables were found in the current study to influence the relationship between social well-being and romantic intimacy, Joshanloo et al. (2013) indicated that social well-being can be dependent on cultural differences. They state that "while emotions appear to be universal, social context is strongly culturally diverse because it is conditioned by the type of interpersonal relations in society (e.g., collectivism-individualism, power distance), quality of social environment (as measured by functioning of democracy or number of crimes), and social beliefs (such as interpersonal trust or societal cynicism) (Żemojtel-Piotrowska et al., 2018, p.1048)." The current study did

not find an influence of culture on the relationship between social well-being and romantic intimacy. This may be related to the unequal representation of the various cultures in this study. This imbalance may have made it more challenging to identify significant cultural differences. In addition to this, cultural variation could have been greater to analyse the influence of culture more clearly on the relationship between social well-being and romantic intimacy. When accounting for these limitations, a different result might be generated. This is why it would still be beneficial to explore the influence of culture on the relationship between social well-being and romantic intimacy.

Moreover, significant effects were found in the quantitative analysis between the dimensions of well-being and romantic intimacy, while the qualitative analysis did not find any significant effects. An explanation for this discrepancy is that the reliability and validity of the MHC-SF is relatively high whereas no conclusions can be drawn about the reliability and validity of the open question (Lamers et al., 2011). This is because, to this date, there is no universally accepted terminology and criteria to evaluate qualitative research (Noble & Smith, 2015). Another possible explanation for this discrepancy is that prior research found that participant replies were frequently briefer, less contextual information was gathered, and relational satisfaction and consensus development were lower in online qualitative studies (Davies et al., 2020). The current study generally found that participants did not provide examples in their answer to the open question. In addition to this, some participants did not understand the question and were therefore unable to answer the question. Hence, it is important to conduct more elaborate, in-person, qualitative research to more in-depth explore the relationship between the dimensions of well-being and romantic intimacy.

At last, from the answers of the participants to the open question, a slight suggestion can be seen with regards to the causality between well-being and romantic intimacy. Most participants namely indicated romantic intimacy to cause their well-being. This is in line with

prior research which suggests that romantic intimacy contributes to well-being (Bar-Kalifa et al., 2015; Demir, 2010; Johnson et al., 2012). However, it has not yet been explored whether well-being influences romantic intimacy and what the strength of this relationship would be. Therefore, this direction first needs to be explored before drawing any conclusion about the causality of this relationship.

Strengths and Limitations

The current study has several strong points. Firstly, the diversity of the sample regarding the education level, job status, and age of the participants. This diversity lays the groundwork for results that are more objective, inclusive, and trustworthy (Shen et al., 2011). Furthermore, the scales that were used in this study have been proven to have a high reliability and validity (Lamers et al., 2011; Obuchowski, 2005). Therefore, the outcomes of the two scales are quite consistent and they have been proven to correctly measure what they are intended to measure. Since these scales are more often used in different studies, comparison is possible. Additionally, by applying a mixed methods approach, a more comprehensive understanding of the research question was created by gathering different insights (Johnson & Onwuegbuzie, 2004; Thurmond, 2001).

On the contrary, there were several limitations of the study. Firstly, using a non-probability convenience and snowball sampling method to recruit participants has decreased the representativeness of the sample. These sampling methods bias the motivation, interest, and selection of subsequent participants (Etikan & Bala, 2017; Stratton, 2021). Therefore, conducting this study again using a different sampling method would be favourable. Moreover, regarding the quantitative analysis, the sample was relatively small. Moreover, the sample size for the quantitative part of this study was relatively small. In addition, the MSIS that was used in the current study did not distinguish between different categories within romantic intimacy, the scale only provided insight in the overall intimacy score of the

participants. It was chosen because of its high Cronbach's alpha. A scale that has a slightly lower value regarding internal reliability, is the Personal Assessment of Intimacy in Relationships (PAIR) scale (Moore et al., 1998). By using this scale, insight can be gained in categories such as emotional, social, sexual, intellectual, and recreational intimacy (Schaefer & Olson, 1981). Lastly, asking the participants just one open question about how they think romantic intimacy and well-being are related from their own experience did not provide sufficient insight to fully explore this relationship. Since there was also no indication given about the length of the desired answer, some answers comprised of just a few words. Therefore, quite some answers were coded as irrelevant (n = 20, 25.32%) or no answer was given (n = 6, 11.39%).

Future Implications

Given the results and limitations of the current study, implications can be made for future research. Firstly, longitudinal studies should be conducted to determine the causality between romantic intimacy and overall well-being. Due to the multiple assessment points, a longitudinal study may be able to shed additional light on the relationship and causality between romantic intimacy and well-being. It is recommended to conduct a longitudinal study with the duration of multiple decades and at least 3 timepoints to track changes within this relationship throughout the lifespan of an individual.

In addition, more elaborate qualitative research can be conducted to explore the relationship between the different components of well-being and romantic intimacy. By, for example, using an interview study that asks for participants' experience with each dimension of well-being and their aspects, more extensive knowledge can be gained. Thus, by conducting more elaborate qualitative research, more knowledge can be gained about the relationships between the dimensions of well-being and romantic intimacy.

Lastly, the current research solely puts a focus on the experience of women with regards to their romantic intimacy and well-being. However, it would be interesting to include the perspective of the male gender as well. Previous research concluded that romantic intimacy is experienced differently by men and women. While men perceive romantic intimacy more as sexual behaviour and physical proximity, women seem to associate it with love, affection, and the expression of warm feelings (Ridley, 1993). Much research has focused on the difference between women and men regarding their social intimacy or romantic relationships (Hook et al., 2003). However, it has not been explored whether the relationship between romantic intimacy and well-being differs between men and women.

Therefore, it is important to conduct a longitudinal qualitative study including both genders, men and women. By doing so, more insight will be gained into the causality between well-being and romantic intimacy, the different factors of well-being determining the causality and strength of this relationship, and whether differences between men and women exist. It is important to conduct this study with participants starting around the age of 35 since most have established a stable romantic relationship at that age (UNECE, 2020).

Conclusion

The current study examined the relationship between well-being and romantic intimacy. A positive relationship was found between overall well-being and romantic intimacy. In addition, psychological and emotional well-being were significantly related to romantic intimacy, while social well-being did not significantly relate to romantic intimacy. Since this study is the first to explore the relationship between the dimensions of well-being and romantic intimacy, future research could focus on conducting more elaborate qualitative research to learn more about these relations. This can be done by conducting longitudinal qualitative studies with both men and women starting from the age of 35 to explore this

relationship in more detail and provide suggestions for any existing causality between well-being and romantic intimacy.

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