Intimacy as a Protective Factor Against Depression in Older Adulthood

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Advancing age brings numerous changes to a person's life, both physically, emotionally, and socially. Depression is one of the most common and significant mental health problems encountered among older adults, having a substantial impact on quality of life. It is associated not only with psychological distress but also with an increased risk of cognitive decline, social isolation, and physical deterioration.

Among the factors that increase the risk of developing depressive symptoms are retirement and withdrawal from professional activity, the loss of a life partner and other loved ones, reduced social networks, the presence of chronic illnesses, and feelings of loneliness. These experiences may challenge an individual's capacity for adaptation and contribute to the development or worsening of depressive symptomatology.

Why do some individuals adapt more successfully to the losses and changes associated with aging, while others develop depressive symptoms? The answer is complex and involves both risk factors and protective factors. Growing evidence suggests that individuals who benefit from meaningful emotional connections exhibit lower levels of depressive symptoms and a better quality of life. Thus, intimacy can be viewed as a valuable resource for maintaining mental health in older adulthood.

Sexuality and Intimacy: Needs That Do Not Grow Old

For many years, the sexuality of older adults was an overlooked topic or viewed through the lens of prejudices according to which interest in intimate life inevitably diminishes with advancing age. However, this perspective does not reflect clinical reality nor the evidence available in the scientific literature. In reality, sexuality continues to represent an important component of identity, well-being, and mental health in older adults. It is important to understand that sexuality is not limited to the sexual act itself. According to the World Health Organization, sexuality is a central aspect of human existence and includes identity, interpersonal relationships, intimacy, affection, and emotional expression. Intimacy, on the other hand, refers to the emotional and relational closeness between two people, involving feelings of connection, trust, safety, and belonging.

Although sexuality may include intimacy, the two do not completely overlap. A relationship may be characterized by a high level of emotional intimacy even in the absence of sexual activity. Similarly, sexual behaviors do not guarantee the existence of a deep emotional connection. From this perspective, intimacy can be viewed as one of the fundamental components of sexuality, contributing to relationship satisfaction and psychological well-being.

According to the study conducted by Fitzroy, Hulko, and Brotto (2022), intimacy includes emotional closeness, mutual support, and the opportunity to share thoughts and feelings in an atmosphere of safety and acceptance. Participants described intimacy as the feeling of being seen, heard, and understood by an important person in their lives, emphasizing that these experiences are essential for emotional well-being.

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In everyday life, intimacy can take many forms: a sincere conversation, a hug, holding hands, a gentle touch, time spent together, or simply the presence of a loved one. According to the National Institute on Aging, many older adults consider emotional closeness and affection to become even more important with advancing age. Emotional intimacy is not exclusive to romantic relationships. Close friendships, relationships with children, grandchildren, or even relationships developed within the community can provide important forms of emotional intimacy.

Perhaps, with advancing age, the way people express their sexuality changes; however, the need to be loved, listened to, and understood remains the same. For many older adults, a sincere conversation, a hug, or simply the presence of someone close can hold as much emotional value as any other form of intimacy.

Depression in Older Adulthood

Depression is frequently encountered among older adults and has important consequences for overall health. The presence of depressive symptoms is associated with a reduced quality of life, impaired social functioning, and an increased risk of mortality. According to the World Health Organization, approximately 14% of adults over the age of 60 have a mental disorder, and depression is among the most common psychiatric conditions in this age group.

According to the DSM-5-TR, the diagnosis of a major depressive episode requires the presence of five or more symptoms for at least two weeks, one of which must be depressed mood or loss of interest and pleasure in usual activities. The other symptoms include changes in appetite or body weight, sleep disturbances, psychomotor agitation or retardation, fatigue, feelings of worthlessness or excessive guilt, difficulties with concentration, and recurrent thoughts of death or suicide.

In older adulthood, depression may manifest differently compared to younger adults. In psychiatric practice, it is not uncommon for older adults to seek consultation primarily because of somatic symptoms, such as persistent pain, fatigue, reduced energy, or sleep disturbances, without explicitly describing feelings of sadness. This may make depression more difficult to recognize, both for the patient and for family members. In addition, social withdrawal, loss of interest in daily activities, and reduced involvement in interpersonal relationships are commonly encountered manifestations. These particularities may contribute to the underdiagnosis of depression in older adults and to delays in accessing treatment.

Risk factors for depression in later life are multiple and include the loss of a life partner, social isolation, chronic illnesses, functional limitations, and a reduced social support network. Among these, loneliness and the lack of close relationships have consistently been identified as important predictors of depressive symptoms. Recent meta-analyses have demonstrated that older adults who experience loneliness have a significantly higher risk of developing depression compared to those who benefit from satisfying social relationships.

The relationship between depression and sexuality is bidirectional. On the one hand, depression can significantly affect sexual functioning and an individual's ability to maintain satisfying intimate relationships. Symptoms such as anhedonia, reduced energy, diminished interest in pleasurable activities, and impaired self-esteem may lead to reduced sexual desire and lower relationship satisfaction. In addition, certain antidepressant treatments, particularly selective serotonin reuptake inhibitors, may contribute to the development of sexual dysfunctions.

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On the other hand, difficulties in the sphere of sexuality and the lack of intimacy may represent factors that favor the onset or maintenance of depressive symptoms. Studies have shown that older adults who report high levels of relationship satisfaction, emotional closeness, and healthy expression of sexuality exhibit lower levels of depressive symptoms and a better quality of life. A study conducted by Souza and colleagues (2023) among older adults demonstrated that the healthy expression of sexuality is associated with lower levels of depressive symptoms and a higher quality of life. The authors conclude that sexuality should be viewed as a relevant dimension of health and not merely as an aspect of biological functioning.

Emotional intimacy appears to play an important role at this stage of life. The opportunity to share experiences and emotions with a significant person may represent a protective factor against depression, an aspect that will be discussed in greater detail in the following section.

Intimacy as a Resource for Mental Health in Older Adulthood

In psychiatric practice, I frequently observe that the emotional suffering of older adults is not related solely to illness or loss of autonomy, but also to the absence of close relationships in which they feel heard, understood, and accepted. For this reason, discussions about intimacy, affection, and sexuality should not be avoided. They are part of the human experience and can provide valuable information about an individual's emotional resources and quality of life.

Intimacy provides, above all, a sense of continuity. During a period of life in which many aspects are changing, having someone with whom we can be ourselves, without fear of being judged, can create a sense of stability and security. For many older adults, the simple fact that there is someone who knows them, understands their life story, and shares their experiences represents a valuable emotional resource.

Intimacy also contributes to preserving personal identity. In clinical practice, many patients describe the difficulty of adapting to the changes brought about by aging and the feeling that they are no longer the person they once were. Close relationships can counterbalance these experiences by providing confirmation that a person's value is not determined by age, productivity, or health status, but by who they are as a human being.

Another important role of intimacy is to provide meaning and belonging. The need to belong and to be connected with others remains present throughout life. Close relationships create contexts in which people can share joys, concerns, and memories, contributing to the construction of a sense of continuity and personal meaning.

Just as the body needs food and rest to function optimally, the brain needs human connection, closeness, and the feeling that we belong to someone. Intimacy is not an emotional luxury, but one of the resources that help us remain balanced and resilient throughout life.

Practical Implications

Recommendations for Maintaining Intimacy:

- Set aside a few minutes each day to connect with someone close to you, even if it is just through a simple phone call.

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- Try to engage in at least one social activity each week: meeting friends, participating in a club, attending a class, taking part in a religious activity, or volunteering.
- If you have a partner, create moments dedicated exclusively to your relationship: a walk, a meal together, or a conversation without phones or television.
- Express affection in ways that feel comfortable to you: a hug, holding hands, a compliment, or a caring gesture.
- If you have been widowed, allow yourself to build new relationships and connections without feeling that you are betraying your partner's memory.
- Notice whether you have started avoiding people, declining invitations, or losing interest in activities that previously brought you pleasure. These may be early signs of depression.
- Keep a journal of moments that bring you joy, closeness, or gratitude. This exercise may help maintain a positive perspective.
- Talk to your doctor if sexual difficulties arise. Many of these problems are treatable and should not be accepted as simply "normal for aging."

Practical Recommendations for Family Members and Caregivers

- Ask not only "How are you?" but also "How are you feeling?" or "What has brought you joy lately?"
- Schedule regular visits or meetings with the older person instead of relying solely on spontaneous contact.
- Encourage social relationships and friendships, not only family relationships.
- Respect the person's need for privacy and intimacy, including when they live in a residential care facility or require caregiving.
- Do not minimize the importance of a new romantic relationship in later life, and avoid comments that may generate shame or guilt.
- Be attentive to changes such as social withdrawal, loss of interest in activities, neglect of personal appearance, or frequent expressions of worthlessness.

Sometimes, the most valuable thing you can offer is not advice, but your time, attention, and willingness to listen.

A Simple Exercise for Strengthening Intimacy

Choose someone close to you and set aside 15–20 minutes for a conversation in which each person answers three questions:

- What has brought me joy lately?
- What has been difficult for me?
- What do I need right now from the people close to me?

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This type of dialogue can increase the feeling of emotional closeness and reduce feelings of loneliness.

Conclusions

The need for closeness, affection, and emotional connection does not disappear with advancing age. On the contrary, during periods marked by change and loss, close relationships can provide support, comfort, and the feeling that we are not alone in facing difficulties. Perhaps this is one of the most important lessons of aging: beyond the passing years and the changes brought by life, people continue to need to be seen, heard, understood, and loved.

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