

RESEARCH ON MARITAL SEXUAL DISSATISFACTION:
A REVIEW FOR COUNSELLORS

by

JOANNE DOROTHY CLEMENTS
B. A. University of Victoria, 1980

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF

MASTER OF ARTS

in the Faculty

of Education

ACCEPTED

FACULTY OF GRADUATE STUDIES

DATE

June 83

We accept this thesis as conforming
to the required standard

Vance Peavy

Max R. Uhlemann

Robert H. Fowler

© JOANNE DOROTHY CLEMENTS
UNIVERSITY OF VICTORIA
May, 1983

All rights reserved. This thesis may not be reproduced in whole or in part, by mimeograph or other means, without the permission of the author.

Supervisor: Dr. R. Vance Peavy

ABSTRACT

The present review is intended to bring together recently published journal research articles in the field of marital sexual dissatisfaction. Once gathered the articles were then evaluated against standards of good research. Analysis of the studies in this way revealed weaknesses in the field of marital sexual research across studies-namely, nonrandom, biased sampling, failure to report fully on research procedures and instruments, use of unvalidated questionnaires, and inattention to error reducing procedures.

The cumulation of studies suggested that while sexual interaction does not depend ultimately on a couple's nonsexual relationship, several studies indicated a correlation between the two variables. Several specific intrapersonal aspects were noted to be related to sexual difficulty and dysfunction in marriage. This review also found that sexual satisfaction was influenced by different factors for males versus females. Recommendations to counsellors also included information on frequency of intercourse and sexual

dissatisfaction reported in the collected studies. The importance of various sexual activities to sexual satisfaction was explored as well.

The review closed with a summary of the findings and recommendations to counsellors involved in sexual therapy. Suggestions for further research in the field were also presented.

2
[REDACTED]
[REDACTED]
[REDACTED]

TABLE OF CONTENTS

<u>Chapter</u>		<u>Page</u>
	ABSTRACT	ii
	TABLE OF CONTENTS	iv
	ACKNOWLEDGEMENT	vii
	DEDICATION	viii
I	INTRODUCTION	1
	Problem and Purpose	1
	Definition of Terms	2
	Significance of the Literature Review	3
	Limitations	5
	Procedure	8
	Data Collection	8
	Data Analysis	10
	Integration	16
II	REPORT ON THE QUALITY OF RESEARCH	18
III	THE MARITAL RELATIONSHIP INFLUENCES	23
	Comparative Studies	23
	Post Therapy Measurements	27
	Direct Correlations	30
	Personality Interactions	35

<u>Chapter</u>	<u>Page</u>
	Sexual Compatibility37
	Nondysfunctioning Partners40
	Chapter Conclusions and Summary46
IV	INTRAPERSONAL INFLUENCES50
	Personality and Mental Health50
	Self-Concept50
	Extraversion-Introversion51
	Maturity52
	Childhood Influences53
	Neuroticism56
	Anxiety60
	Hostility63
	Influences of Sex Differences64
	Satisfactions and Dissatisfactions65
	Personality69
	Values and Attitudes73
	Chapter Conclusions and Summary76
V	SEXUAL BEHAVIOR INFLUENCES81
	Frequency81
	Actual and Desired Frequency81
	Frequencies of Sexual Difficulties85
	Satisfaction88

<u>Chapter</u>	<u>Page</u>
Sexual Activities	90
Variety	90
Masturbation	93
Female Orgasm	93
The Couple's Relationship	95
Chapter Conclusions and Summary	96
VI CONCLUSIONS	99
Implications of the Findings for Counsellors ..	99
Suggestions for Further Research	103
BIBLIOGRAPHY	107
APPENDIX A: RATINGS OF QUALITY OF RESEARCH ...	119
APPENDIX B: DESCRIPTION OF RESEARCH	
ARTICLES	141

ACKNOWLEDGEMENT

Many thanks to my supervisor, Dr. Vance Peavy, for his help, encouragement and praise, especially after his initial misgivings. The thesis support group he formed especially helped to keep me motivated, and I would like to also thank each member of that group for their participation.

I appreciate the efforts of Dr. Max Uhlemann and Dr. Robert Fowler in serving as part of my committee.

Thank you to Marilyn Berry for working with me on the computer search and for the interest she demonstrated afterward. I am also grateful to Dr. Walter Muir for his assistance as a statistician.

To Maggy Soos I extend a very special thank you for taking on the burden of typing this thesis.

DEDICATION

This work is dedicated with love to Richard, my father,
and Michel, my fiance.

CHAPTER I

Introduction

Problem and Purpose

There were two major considerations which led to the decision to review the research on marital sexuality. First, the field seems to be expanding rapidly and in order that productive growth might continue it seemed expedient to contribute a recent review. It is assumed that investigation into marital sexuality reached a turning point following the publications of Masters and Johnson (1966 & 1970), therefore, it is work since then which was considered of interest. Thus, it is the purpose of this review to bring together studies from 1966 to 1981 which investigated marital sexual satisfaction in order that a broad perspective of recent findings might be presented for the benefit of counsellors involved in sexual and/or marital therapy.

The second major consideration is that the number of marriages ending in divorce in our society is much higher today than several years ago. A second assumption underlying this study is that sexual dissatisfaction plays a role in the break up of many marriages, therefore, a counsellor

working with couples could benefit from or up to date evaluation of information on marital sexuality. It is the author's desire to make a contribution to the treatment of marriages which are troubled sexually in order that the rate of marital unhappiness and breakdown might be decreased.

Definitions of Terms

The focus of the present review is on marital sexual dissatisfaction, and, conversely, marital sexual satisfaction. Throughout the paper this broad concept is sometimes broken down into the more specific terms of sexual difficulties and sexual dysfunctions.

The term sexual difficulties will be reserved for sexual problems which fall short of sexual dysfunctions (e.g., inability to relax, disinterest, problems reaching or maintaining excitement). Sexual dysfunction refers to those specific sexual problems identified by Masters and Johnson (1970): premature ejaculation, ejaculatory incompetence, impotence, orgasmic dysfunction, vaginismus and dyspareunia.

For the sake of variety the general terms of sexual dissatisfaction and satisfaction are augmented by such terms as sexuality and sexual troubles or problems.

Significance of the literature review

While cumulation of studies in a particular field may happen more or less naturally, this should not replace systematic efforts to incorporate findings in a wide ranging literature review (Feldman, 1971). The purpose of the next few pages is to establish the significance of the contribution that literature reviews make to science. Critical reviewing of the literature is as much a part of science as more traditional research and is worthy of recognition of its importance. Indeed there are times in the development of every field of scientific investigation when finding a unique problem to research becomes less important than finding ways in which studies are comparable and relate to each other (Good, 1966).

Literature reviews serve practical purposes as they incorporate findings within more readily assimilated theories. This is accomplished by several means in the course of an effective literature review. Previously dispersed information is gathered together, then condensed and abstracted. An effective compendium also highlights the amount and type of research that has or has not been done, and not of least importance, provides bibliographical listings of research and theoretical articles.

Perhaps the greatest value of the literature review is that it provides a perspective that could not exist without the cumulation of studies. The contribution that any study makes to the advancement of science is only magnified when that study is placed into a broader scheme which allows its importance and relation to other studies to be clearly seen (Feldman, 1971; Good, 1966). Furthermore, while not a substitute for broadly-based studies, piecing together information from several 'local' studies can be a valuable adjunct to more comprehensive work (Feldman, 1971). For example, from a collection of articles it can become possible to say something about the conditions under which generalizations from the findings hold and under which they do not. Hopefully, cumulation then allows for more reliable conclusions of the variables being studied (Taveggia, 1974).

One of the advantages of a cumulation of the literature is that errors from the original studies are weakened when combined. Although the integrating process is not free of errors itself, (these will be discussed in the section on limitations) as Hyman (1972) points out "in the process of searching and fitting, the secondary analyst may even improve the usual measures, finding and incorporating ques-

tions that tap some important and forgotten aspect of the concept" (p. 30).

As Good (1966) and Hyman (1972) emphasized, a vital outcome of a literature review is to contribute to the building of research theory. In hopes of integrating pieces of related findings into a larger domain, one is forced to think broadly and abstractly to find the wider concepts and categories which contain the varied, specific entities (Hyman, 1972).

Limitations

While combination of studies has been suggested as a possible means of randomizing the error in individual studies, the process of information integration is not free of its own sources of error and limitations. One way to deal with these drawbacks is to recognize them and state them frankly, to avoid misleading the reader. The purpose of this section is to point out the limitations of the present review.

First of all, the integrator is limited by his/her personal understanding of what is read. The recognition of this limiting factor and the realization that the field of

human sexuality was new to myself led me to prepare for the level of sophistication expected in the articles I hoped to review by reading several prominent books in the field (Kaplan, 1974; Masters and Johnson, 1966 & 1970). Integrators also need to have knowledge of the logic of scientific method and application of methods of research and methods of collecting and statistically analysing data. The format used as a guide to evaluate the research in the present review is included in the methods section. The author's understanding of research procedures and statistical analysis is based upon only two university courses, one at the undergraduate and another at the graduate level. It became necessary to consult a professional statistician on the appropriateness of the statistics which had been employed in three of the studies.

There were limitations on the volume of material collected for review. This review includes only journal articles published between 1966 and 1981 which could be found in the University of Victoria Library or were available through the interlibrary loan system without charge. Although there were financial restrictions on this study it is assumed that the method followed resulted in an adequate sample of the research into marital dissatisfaction.

It is suggested that limited resources likely contributed to what Hyman (1972) calls slippage which occurs usually in reviews as a result of a narrowness of purpose and a scarcity of appropriate studies. Conclusions of the present review are necessarily tentative as a larger selection of studies would have been more representative. Results are not only open to challenge from past studies which were missed but also from future studies which, of course, were impossible to obtain (Feldman, 1971).

The limitations of each of the studies selected here also weaken the present review. Of particular note is the lack of data from the original source which then inhibits the ability to specify or elaborate upon associations noticed (Feldman, 1971), and to make an appraisal of the errors in the data (Hyman, 1972).

Studies vary in the degree of statistical and methodological sophistication. Therefore, the value of the perspective created by the review depends upon the degree of critical rigor employed. In deciding to include, and in rating the studies selected in the present review, Feldman's (1971) advice was followed: "Justice must be tempered with mercy, but mercy must also be tempered with justice" (p.

96). Being overly critical would be tantamount to saying nothing of value was known in the field whereas uncriticalness could mislead the reader.

The very act of combining the results from several studies may produce error where none had existed before. As Hyman (1972) cautions, without careful thought, combining of fine individual studies, elimination of portions of them and total exclusion of some work may hinder the development of a more representative view. He also cautions that what might have been done in one study to reduce error, becomes a source of error when the study is used for another purpose. Furthermore, findings may lose all their meaning if they are carelessly applied out of context.

With these considerations in mind the reader has been advised of the limitations on the conclusions of this study.

Procedure

Data Collection. The Inventory of Marriage and Family Literature from 1967-1980 was scanned for key words in article titles which related to marital sexuality. Social Sciences Citation Indexes corresponding to the same time frame were checked for references to articles citing those arti-

cles found in the Inventory. Abstracts for all references were then located in the Psychological Abstracts to check for relevance to the purpose. Late 1980 and 1981 issues of Psychological Abstracts were also scanned for recent articles on marital sexuality. McPherson Library Periodical Room copies of the most recent publications of journals noted to frequently contain relevant articles were also scanned. A common source of references to additional articles was the reference list of the articles already secured. This last step was continued until no further new references were found (Feldman, 1971).

In the summer of 1982 a Psychological Abstracts computer search was completed. Several articles were subsequently included in the review. Unfortunately, due to financial limitations several relevant dissertations suggested on the computer print out were not secured for possible inclusion in the review.

The process of data collection resulted in a wider range of articles than were eventually included in the review. This method has been suggested as a satisfactory way to begin data collection as it increases the chance of a more representative sample (Feldman, 1971). Two tangential

areas of concern were eventually eliminated from the present review, however: those studies which focused mainly on either marital sex therapy or extramarital sexuality. While both these concerns were recognized as related to marital sexuality, it was noticed that studies in these areas often contained much data not directly related to the topic of the present review. In order to increase the manageability of the review these peripherally related studies were, therefore, excluded.

Data Analysis. Once all the data had been collected via the methods outlined above the selected articles were read through twice. At the first reading, qualities of good research were looked for as well as major findings. These aspects were highlighted and on second reading notes were recorded. After all studies had been gone over in this manner, the notes from each study were consulted and the quality of research was rated as ok (+), weak (x), not applicable (NA) or described in a previous study (NA*). These ratings were then entered in Appendix A. Following is a description of the criteria for good research used (Good, 1966; Mouly, 1978) in evaluating the articles.

The problem should have been stated clearly in concise and precise terms early in the study. Adequate delimitation of the problem was required to permit exhaustive treatment without reducing the investigation to insignificance. Potential value in helping solve theoretical or practical questions should have been evident in the problem statement. Significance could have included refining, verifying, revising or extending the findings of existing research.

Hypothesis statements should have been clearly labeled and placed early in the report. The use of clear, precise terms was important so there was no question of what factors were being tested. A good hypothesis reflected the nature of the problem. Hypotheses were evaluated in terms of agreement with all known facts and compatibility with well-attested theories. The means of testing the hypothesis should have been made clear.

Assumptions (what the researcher believed to be facts, but could not verify) should have been made explicit. The theoretical framework within which the investigator intended to work should have been presented. A statement of the limitations of the study was considered appropriate. Limitations are conditions beyond the control of the researcher

that may have placed restrictions on the conclusions and generalizability of results.

Any unusual terms which could have been misinterpreted should have been adequately defined. Variables should have been in operational terms. Once defined, terms and concepts should have been used consistently throughout the report. Unnecessary technical jargon should have been avoided.

The relationship between the present study and previous research should have been clear. Thorough, yet selective review of all literature dealing with variables under investigation should have been included. The literature review should have considered methodology and concepts used and have shown that existing evidence did not solve the immediate problem adequately. Studies included should have been organized so that they brought together data and theories which pointed out relevant issues, gaps in knowledge, and prepared the way for the logical leap to hypothesis construction. Both studies in agreement and in conflict with hypothesis should have been included in the literature review. An effective summary should have been part of a good literature review. The inclusion of complete bibliographical information on the original item was expected.

A clearly labeled research design appropriate to the solution of the problem was looked for. The design was expected to be fully described and organized for easy comprehension. Specific weaknesses in design should have been avoided.

Good research was expected to use an appropriate sampling method and specify the method clearly. Subjects should have been selected randomly from the population and assigned randomly to treatment groups. Precise description of the population needed to be included, and the sample should have come from this population. Sampling from one universe and generalizing to another should not have occurred. It was important that awareness of the experimental conditions was not allowed to affect the subjects' responsiveness and thereby make them unrepresentative. Control subjects should have come from the same population and have been selected in the same manner as the experimental subjects.

Descriptions of where, when and how data were gathered was expected in good research. Procedures should have allowed for collection of the quantity and quality of data necessary to investigate the problem with a minimum of

effort. Correct utilization of data gathering methods should have been evident and the validity and reliability of the evidence gathered should have been established.

Techniques used to analyse the data should have been appropriate and should have been applied correctly. Data processing needed to be completed to allow for maximum benefit from the study. In good research, findings should have been related to previous studies and inferences should have been carried to higher levels of theory if possible.

Analysis was best stated objectively without opinion and personal prejudice. Omitting or ignoring evidence that did not agree with the proposed hypothesis was not acceptable reporting. Unpredicted relations as well as hypothesized relations should have been included in the data. Any secondary findings could have been awarded their proper place but not overemphasized.

It was expected that conclusions be clearly stated, especially that the hypothesis be either accepted or rejected by verifiable evidence in the body of the report. A summary or conclusion should have recapitulated only information already presented and not have introduced any new data.

The report should have been accurately, completely and clearly written. It was best that concrete, familiar words and short direct sentences were employed. Neatness was an asset. The report should have been divided into appropriate sections and labeled with concise and descriptive headings. The style adopted should have been followed throughout the research article.

The number of checks (+) per article awarded under the above criteria was totaled to give an overall rating of the quality of the research in each article. Upon completion of this stage, it was then possible to tally the weaknesses in research across studies. It was from these totals that the report on the state of research in the area of marital sexuality was written.

It is pertinent at this point to include comment by other authors on the process of rating the quality of research in articles included in an integrative review. While levels of statistical and methodological sophistication between studies should not be ignored, the consensus among the critics of literature review procedures is that prior rating is not necessary (Feldman, 1971; Hyman, 1972; Taveggia, 1974) nor the best policy. A study weak in scien-

tific rigor may be able to make other valuable contributions to the literature review (Hyman, 1972). Thus, few studies were judged as unfit for inclusion in this review because of poor research standards although all studies included were rated. The significance of the problem and the relevance of the findings to the present topic were much more often deciding factors in exclusion of an article. It should be noted, however, that theoretical articles were not included. While many relevant and important articles of this type did turn up in the process of data collection, for the sake of manageability only research studies were included.

Other inconsistencies, besides those of quality of research were also found to exist between studies. Feldman (1971) suggests, however, that as long as the results are fairly consistent then it is possible to be assured of one's own findings although they stem from unequal studies. When inconsistencies in results occur, they suggest non-uniformities between studies which call for further research.

Integration. Organization of the findings began with construction of Appendix B, which, when completed, served as an index to topic areas. Appendix B is included in the review as a summary description of the articles for the

reader's benefit. After the first introduction of a study in the text, the flow of generalizations from the findings is not interrupted again by description of the same study.

With the help of Appendix B, findings across studies were organized under the broad topic headings (i.e., marital relationship, intrapersonal, and quality and quantity of sexual behavior influences). The findings were then further sub-divided into more specific components (e.g., the marital relationship, sexual compatibility and invested partners). Further organization resulted in clusters of findings which directly supported, contradicted or clarified each other. At this point, it was possible to begin writing the review and to draw conclusions from the combination of data from several sources.

CHAPTER II

Report on the Quality of Research

The results of research are only as solid as the quality of the research they are based upon. An overview of the strengths and weaknesses of the research sampled in this study is available in Appendix A. Following is an elaboration of the major findings.

The greatest weakness of research on marital sexuality seems to be the biased, unrepresentative nature of the subjects. Nonrandom selection was the norm; often no sampling was attempted at all. As a result of nonrandom selection the conclusions of this study are not applicable to the larger population, and are not statistically valid, but serve a heuristic purpose only (Popham & Sirotnik, 1967).

It should also be noted that most of the subjects chosen were educated, middle class, middle aged and white. As this is the type of person who tends to request sex therapy, the results of the study should at least be of interest to counsellors involved in sex therapy. The conclusions of the present paper do not apply, however, to the elderly, the young and those from different socioeconomic classes, ethnic and racial backgrounds.

Second to nonrandom selection, failing to describe fully the research design was a common weakness of the research articles. As Feldman (1971) noted, the inability to elaborate upon findings because of missing data is not a unique problem to the integrator of other's work, but it hits this type of researcher especially hard. In this review the evaluation of the quality of several aspects of the research design was impossible due to missing data. For example, when information on how the experiment had been conducted was incomplete, it was frequently difficult to evaluate whether the subject's awareness of the experimental conditions had affected their representativeness. Several studies were thus graded as weak in certain areas because there was not enough information to evaluate what had been done.

Also of distress was the tendency of researchers to refer to information on subjects, techniques used, research designs, etc. which were included in previous research articles. When it seemed expedient to do so, references were followed up, but usually the area of the research which was covered elsewhere was marked NA* to indicate that it was not covered in the article, but that references were supplied to

articles where the information could be obtained. Marks of NA* were not counted as weaknesses.

The validity and reliability of data collection instruments and techniques was often not attested to in the reports. In some cases, it appeared that the means of data collection had been devised solely for the study and then applied without prior testing of the instrument. Investigation into sexual activity is a recent area of research and well devised tests applicable to the diverging areas presently being investigated may not yet be in existence. Developing tests to measure human sexuality is a very worthwhile endeavour, yet if these measurements are to further the systematic, objective advance of knowledge they need to be verified before use as valid and reliable measures. Studies which failed to report the validity and reliability of the instruments used in data collection were graded as weak on this category.

Several studies suffered from inadequate procedures in collecting data. The source of the weaknesses varied. In a few studies it was unclear whether partners had been instructed to fill out questionnaires separately, and whether the subjects had any assurance that their response

would not fall into the hands of their spouse. Thus, it is unclear whether subjects would have felt safe to give information at testing which they had for whatever reason not yet shared with their spouse. Collaboration on responses is also a possible confounding factor if partners were filling out together a questionnaire of their sex life.

When the data collection instruments were not described (which in itself was a frequent source of weakness) it was not possible to evaluate whether the procedures had been appropriate. Thus, for a few studies insufficient description of instruments lead to an "X" on procedures. Similar evaluation was given to studies which described data collection instruments but then gave no information on how the tests were administered.

Procedures were also judged as inadequate in cases where it appeared that the individual collecting the data was likely to have a biased outlook (e.g., the subject's therapist, or the principal experimenter in an unstructured interview).

Within the scientific investigation of human sexuality there are many variables yet unexamined, thus many studies pointed to the paucity of research in making claims for the

significance of their work. In the literature review such claims were judged as adequate attention to the variables under study. When a variable appeared in a statement of purpose or hypothesis which had not been mentioned in the literature review, however, the review was graded as weak in covering all variables under study.

These were the major areas in which studies manifested weaknesses. Examination of Appendix A will reveal that occasional weaknesses in all categories under investigation did occur across studies but with less consistency than those mentioned in this section.

CHAPTER III

The Marital Relationship Influences

This chapter will explore the numerous indications in the literature that the marital relationship is the major determinant of the satisfaction gained in the sexual exchange between husband and wife. While the non-sexual interaction does seem to be of utmost importance to sexual satisfaction, the goal of this chapter is to put into perspective how the various aspects of the couple's relationship affect their sexual satisfaction. As Hartman (1980) concluded, good sexual interaction is neither necessary nor sufficient for a satisfactory marriage, and satisfactory sexual functioning does not preclude the presence of difficulties in other areas.

Comparative Studies

Examination of studies such as Hartman's (1980), which compared couples requesting marital therapy with those requesting sexual therapy will begin investigation of the effect of the marital relationship on sexual satisfaction. Following that will be findings from studies which assessed

changes in the couple's relationship after sex therapy and studies which focused on direct correlations between aspects of the couple's relationship and sexual dissatisfaction or dysfunction.

Hartman (1980) divided his twenty subjects, who were all clients in family therapy at a Canadian psychiatric institution, into four groups (controls, marital dysfunctioning, sexual dysfunctioning and combined dysfunctions) on the basis of their sexual satisfaction and marital happiness scores.

Controls and sexually dysfunctioning couples had significantly more satisfying marriages than those groups in which marital conflict was present. The latter groups reported greater maladjustment in the marital power structure. They also accepted responsibility for their feelings to a lesser degree and were less responsive to each other than the more maritally happy groups. The sexual dysfunctioning group exhibited significantly more open and direct communication of feeling, and therefore, more resolution of conflict and sensitivity to and understanding of spouse's feelings. Controls and sexual dysfunctional groups also showed less maladjustment in overall mental health.

Among couples experiencing marital distress, it was couples without sexual dysfunction which had the greater disturbance in many areas. This led Hartman to speculate that perhaps the presence of a sexual dysfunction permitted couples to attribute their problems to a concrete source which then allowed for a better adaption strategy. Furthermore, in some areas the marital relationship of the sexually dysfunctioning group seemed to be better than the control group. It should be remembered, however, that this control group also had been referred for family problems serious enough to warrant clinical attention.

As might be expected, control and marital groups had significantly more favourable ratings of sexual satisfaction than the other groups.

From these findings, Hartman concluded that neither a good sexual relationship, nor a good marital relationship presupposed the other. An earlier study by Frank and Kupfer (1976) generally agrees with the conclusions of Hartman.

Frank and Kupfer report on the discrepancies in the way that twenty couples from the Family Therapy Unit and twenty couples from the Sexual Behavior Center at a psychiatric clinic view their marriage.

Both marital and sexual therapy couples exhibited a failure to be explicit about expectations prior to marriage and how expectations were being met at present. Sexual therapy couples, however, had lower discrepancies between spouses and thus appeared to have identified their problems to a greater extent than the marital therapy couples. Both types of couples agreed about sexual difficulties they were experiencing, except for the male's more subjective sexual problems (e.g., inability to relax, too little foreplay, disinterest, etc.). In this area the sexual therapy couples again demonstrated better communication.

Results similar to those of Hartman (1980) and Frank and Kupfer (1976) were found in a study by Frank, Anderson and Kupfer (1976). Couples studied in the Frank et al. (1976) article were from the same population as the Frank and Kupfer (1976) article.

In the Frank et al. (1976) article no significant differences appeared between marital and sexual therapy couples in terms of frequency of sexual difficulties. Sexual therapy couples were experiencing marital difficulties also, but differences did emerge between the two groups in this area.

The marriage exceeded the expectations of sexual therapy couples for compatibility, independence and fun. The marriage exceeded marital therapy couples expectations for arguments and failed to meet their expectations for social contact. In settling disagreements, sexual therapy couples, less so than marital therapy couples, resorted to fighting, threats of violence, threats to leave home and actually leaving either briefly or for a day or more. They exhibited instead a pattern of talking things over calmly.

Post-therapy measurement

A few studies investigated the correlation between the marital relationship and sexual satisfaction by means of ratings of marital satisfaction after treatment for sexual dysfunction or dissatisfaction. There is a possibility that changes in the marital relationship which accompany sexual therapy might be important clues to how the marital relationship affects sexual functioning.

Fifteen married couples who had undergone treatment for sexual dysfunction were divided into more and less maritally happy groups and then examined in terms of the outcome of therapy (Abramowitz & Sewell, 1980). It was found that the

more maritally happy men were more sexually accepting of themselves and their mate and experienced more pleasure from sex after therapy. Maritally unhappy men made the greater actual gain in accepting their spouse sexually, but this post-treatment score did not approach the pre-treatment score of maritally happy males.

Women in this study were affected differently by sexual therapy than were the men. Unhappily married women did make gains in sexual pleasure as a result of sex therapy. These women still did not enjoy sex as much as their maritally happy counterparts, however, even though the latter reported no gain in sexual pleasure as a result of therapy. Women who enjoyed their marriages tended to benefit from therapy by becoming more sexually accepting of their mate while maritally unhappy women became even more critical of their husbands.

Overall, Abramowitz and Sewell reported mixed support for the hypothesis that marital adjustment facilitates the improvement of the sexual interaction. What evidence they did find in this direction they attributed to a more favorable history of resolving conflicts such as those exposed during therapy. Furthermore, the daily gratification that

maritally happy couples achieve from the relationship encourages cooperation, motivation and less resentment in therapy.

Tullman, Gilner, Kolodny, Dornbush and Tullman (1981) found significant changes in communication skills in the 43 couples they selected from those who had completed the two week sex therapy program at the Masters and Johnson Institute. As both males and females became more assertive and able to express feelings openly and thus more able to share themselves, Tullman et al. suggest that difficulty sharing oneself sexually is related to multiple patterns of poor interpersonal communication. Variations in areas of improved communication were noted between males and females. These differences seem to stem from stereotypical sex role behaviors and will be discussed in the section on sex role influences.

Foster (1978) also noted evidence of improved communication among his group of ten couples who had completed treatment for sexual dysfunction at a California institute. His results indicate that following treatment males increased their ability to assess accurately their wife's sexual likes and preferences. It was unclear from the study

whether women had become more revealing of their sexual preferences or whether men had become more aware of their wife's preferences. Of course, both areas of communication could have improved simultaneously.

Direct Correlations

Several studies examined directly or indirectly the impact of various indications of marital happiness on various indications of sexual satisfaction.

Frequency of marital intercourse and its relation to a number of marital and demographic variables among 294 women and 213 men in a stratified probability sample of Toronto families was investigated by Edwards and Booth (1976). It was found that especially for males, the marital variables explained more of the variation in the frequency of marital intercourse than the demographic variables.

Decrements in spousal affection and occurrence of marital discord both led to a reduction in the frequency of intercourse. A prior marriage and a power struggle dominated by one member of the present unit tended similarly to suppress coital frequency. Husbands who felt alienated also reported lower frequencies.

Frequency of coitus and marital happiness were likewise related in an earlier study by Levinger (1966).

Levinger selected 36 couples from parents of children at an elementary school and 24 couples from clients at a family service agency. He noted that when husbands perceived a high similarity between themselves and their wives in preferred rate of intercourse, they were more happy with the marriage than husbands who reported low similarities. The results for the women were similar, but not significant.

Also of note was the fact that the tendency of wives to report higher rates of intercourse than their husbands was reversed when only the clients from the family service agency were analyzed. These results were not significant statistically, but they suggest that when marital problems exist women are less sexually satisfied, as indicated by their lowered reports of coital frequency. (Lower estimation of an event's occurrence suggests a desire for increased activity, while a higher estimation of the event's occurrence suggests satisfaction (Levinger, 1966).)

The ability of the wife to achieve orgasm was correlated with marital happiness in a study by Gebhard (1970). Among the 1026 women involved in stable marriages who volun-

teered for the survey, marital happiness and orgasmic activity correlated at the extreme ends of both scales. Very happily married women had very high rates of orgasm during marital intercourse, while very unhappy women had very low rates.

Greater orgasmic ability correlated similarly with marital happiness in the wives studied by Swieczkowski and Walker (1978). Subjects were all female students from 20 to 35 years of age who had been married at least two years. The results of this study should be clarified by adding that happier wives reported greater maximization of their orgasmic ability, rather than greater intrinsic orgasmic ability. These two variables had been analyzed separately in the Swieczkowski and Walker article.

In the present literature review there was one study found which challenged the findings on the correlation between orgasmic ability and the marital relationship. Uddenberg (1974) found that sexual dissatisfaction was linked to a poor relationship with the husband but that low orgasmic consistency was not. It should be noted, however, that Uddenberg's subjects were 101 nulliparous pregnant women randomly selected from those attending an ante-natal clinic

in Lund, Sweden. Thus, it is suggested that the subjects of the Uddenberg article are less representative of the population to which the results of the present study will likely be applied than are the subjects of the previous articles.

Heath (1978a) investigated sexual enjoyment and frustration among 114 professional men who had been part of a longitudinal study since their college years. Sexual enjoyment correlated with marital happiness as rated by both spouses. Conversely, sexual frustration was related to marital unhappiness.

Of particular note in the findings was that men who enjoy sex agree with their wives that they communicate well. Also, a mutual concern for each other's sexual enjoyment was indicated. The most powerful finding associated with men's sexual pleasure was their perception that their wife enjoyed sexual relations as much as they. Nowinski, Heiman and Lopiccolo (1981) found that the men in their study also rated the perceived pleasure of their partner as the major determinant of the pleasure they themselves received from a given sexual activity.

Nettelbladt and Uddenberg (1979) back up the findings by Heath concerning sexual frustration and the marital rela-

tionship. Among the 61 men from a broader longitudinal study of randomly selected Swedish families, those who reported sexual dissatisfaction tended to describe their wives in an ambivalent or negative way.

Several studies focused on the relationship between the length of the marriage and the couple's sexual satisfaction. Ard (1977) investigated 161 couples who had volunteered to be part of a longitudinal study of marriage and were still married 20 years later.

While husbands reported greater enjoyment of sex in the last three years than their wives, 90% of the women reported at least positive feelings about their sexual relations. Although there had been a decrease in positive sexual feelings for the men in the three years preceding the study, 95% of the men still believed their feelings to be on the positive side. Wives actually reported a small increase in positive feelings toward sex. This increase was not significant however.

Frequency of coitus had dropped for these couples from a mean of nine times a month during the first three years of marriage to four or five times a month in the last three years. In spite of this finding, and some decrease in posi-

tive feelings about sex for the husbands, Ard concluded that overall sexual satisfaction neither really increases nor decreases as a result of the length of the marriage.

In Heath's (1979) study of professional men there is some support for Ard's findings on the relationship between sexual frequency and the length of the marriage. The factor of mental health was also involved in the Heath article. Heath found that after a decade of marriage the frequency of intercourse was correlated positively with the mental health of the men. Due to the small number of subjects who had been married over 10 years, and the fact that none of the judges' ratings of the men's mental health confirmed the finding, Heath recommends that the correlation be interpreted cautiously.

Personality Interactions

A couple of studies suggest that the interaction of the two personalities of the spouses effect their sexual satisfaction. Findings in this area will be introduced briefly now and elaborated upon in the section on intrapersonal influences.

Rosenheim and Neumann found in their 1981 study of 19 sexually dysfunctional Israeli Jews and their wives who presented for treatment at a mental health center in Hod-Hasharon, Israel, that pathogenicity existed around the direction of aggressive discharge in the marriage. Specifically, they noted that the men tended to be highly self-blaming and that their wives were highly other-blaming and aggressive.

The interplay of the spouses' personalities was noted to have an effect upon their sexual interaction in another study as well (Farley & Davis, 1980). This study looked at the role that three personality factors played in sexual satisfaction among 102 married couples living in university-owned student housing at a large, mid-western American public university.

Farley and Davis found that similarity rather than difference in personality was related to sexual satisfaction in marriage. Sex differences were a relevant factor, however. Females derived greatest sexual satisfaction when their spouse was almost identical to them in their scores on extraversion-introversion and on neuroticism. Male's sexual satisfaction was greatest when their spouse was identical to them on their psychoticism score.

These results are new in the field of marital analyses and open up a range of possibilities for further study.

Sexual Compatibility

There exist some studies which looked at the effect of the sexual compatibility of the couple in determining their sexual satisfaction. The study by Heath (1978b) especially focuses on the impact of sexual compatibility which he defines as:

the complexity of the personality and interpersonal factors clinically induced to be associated with fulfilling marital sexual relations... e.g., psychological healthiness, interpersonal mutuality, mutual fulfillment of needs. (p. 68)

Perceived sexual compatibility was defined as:

feelings of enjoying marital sexual relations and beliefs that one's spouse was considerate of one's sexual needs and also enjoyed sexual relations, that one was well mated sexually and that both spouses had been sexually faithful to each other. (p. 69)

Findings from other studies were found to support the relevance of sexual mutuality which Heath (1978b) had proposed was part of sexual compatibility. These findings will be discussed following presentation of those by Heath (1978b).

Sexually compatible men were found to be experiencing only minimal sexual frustration in the Heath (1978b) research. The degree of sexual pleasure the men were experiencing was not significantly related to their sexual compatibility, however. On the other hand, the man's judgment of his wife's degree of sexual pleasure was highly related to his sexual compatibility. The excellence of both partners as lovers did affect the sexual compatibility score. Frequency of coitus was not associated with sexual compatibility until after the first decade of marriage.

The personality and mental health of the sexually compatible man was found to be involved in several ways. He was more mature, more intimate and friendly with his wife. He also rated his wife as a friend to him and they both agreed that she understood him better than the wives of sexually incompatible men seemed to be able to.

The sexually compatible couple entered the relationship agreeing about their sexual attitudes, relationships and

values. Perhaps that is why the sexually compatible couple believed their expectations for an ideal marriage had been fulfilled to a greater extent than did the couple which was not sexually compatible. The sexually compatible couple demonstrated good communication, as they were satisfied with their pattern of disagreement resolution, and they agreed about the extent of their conflicts.

Among the studies which tended to support the findings of Heath (1978b) is the one by Levinger (1966). (The reader may review a description of previously introduced studies by consulting Appendix B.) The latter study found that perceived high similarity between self and spouse on preferred coital frequency occurred more often in men who were maritally happy. The results for the wives were similar but not significantly so. Both husbands and wives who perceived high similarity in preferred coital frequency did report equally significant greater sexual satisfaction than couples who perceived low similarity in preferred coital frequency.

Nowinski et al. (1981), in their study of 99 couples who were nondysfunctional sexually found that the females', and especially the males' pleasure associated with sex was positively correlated with perceived levels of partner plea-

sure. In addition, when a behaviorally diverse sexual repertoire was reported, it correlated with a strong desire to please one's partner plus a belief that one's partner enjoyed a variety of sexual activity.

Foster (1978) proclaimed that the dissonance between spouses' estimates of their own pleasure in sex and their estimate of their mate's pleasure in sex decreased following sex therapy. Thus, it appears that the three studies just mentioned all give support to one aspect of sexual compatibility which Heath (1978b) suggested was important in avoiding sexual frustration - that of sexual mutuality between the couple.

Nondysfunctioning partners

Before concluding the chapter on the influence of the marital relationship on the sexual satisfaction of the couple, it seems pertinent to discuss here the studies which examined the dysfunctional partner in the sexually dysfunctioning marriage. Many of the studies tended to support the hypothesis that there is no such thing as an uninvested partner when a marriage is troubled sexually.

In the following chapter it will be illustrated that sexual dysfunction in a marriage relates to the personality and mental health of the individuals in the marriage. At this point, discussion of intrapersonal factors will be limited to examination of the asymptomatic versus symptomatic partner.

Clement and Pfafflin (1980) investigated changes in personality among 92 couples one year after they had completed sex therapy at a West German clinic. They found that partners go through almost the same positive changes as a result of therapy as do the main complainants. Both male and female invested partners were experiencing fewer psychosomatic reactions, less inhibition, and less depression one year after therapy. Males also had lower scores on restrictiveness and extraversion and they exhibited better social resonance. Females made additional gains in becoming more open and emotionally stable.

The study of Rosenheim and Neumann (1981) is perhaps one of the clearest examples of the contribution that an asymptomatic partner makes to a dysfunctioning sexual union. They found that wives of sexually dysfunctioning males reported significantly more hostility than control wives

especially in the areas of criticism of others and acting out of hostility.

The studies of Heath (1978b & 1979) suggest that the psychological attributes of the spouse are involved in the success, as well as the failure, of a partner's sexuality. Wives of sexually compatible men understand their husband better and are better friends and companions to their husbands (Heath, 1978b). In addition, the husband's estimation of his wife's mental health throughout the marriage relates to his marital sexual compatibility (Heath, 1979).

Invested partners tended to exhibit patterns of sexual behavior, in addition to psychological factors which suggested that the dysfunction stemmed from the relationship of the pair. Derogatis and Meyer (1979) studied 51 sexually asymptomatic partners of patients at a Sexual Behavior Consultation Unit and found that male and female invested partners had lower levels of sexual satisfaction when compared to normal controls. They were basically experiencing the same degree of satisfaction as their partners, which stresses the collaborative nature of sexual satisfaction. Both genders of invested partners also reported less variety in sexual activity. Women invested in a sexually troubled

relationship especially tended to suffer from a creative deficit in their range of sexual experiences.

Asymptomatic partners were found to be very similar to symptomatic partners in another study as well (Cole, Blake-ney, Chan, Chesney & Creson, 1979). This study, involving 76 symptomatic and 54 asymptomatic partners who had undergone treatment for sexual dysfunctions, was an investigation into background variables and treatment outcome in the two groups.

When age was controlled there were few differences between symptomatic and asymptomatic partners. Among the males, both groups were similar on current sexual practices and attitudes, pre- and post-coital activities, and communication with partner on sexual matters. Surprisingly, both groups of males also wanted to change the same specific aspects of their sexual practices: delaying orgasm in intercourse, increasing enjoyment of pre- and post-coital play and changing the specific frequency and variety of sexual behaviors.

Some differences between symptomatics and asymptomatics were noted in this study. For example, both male and female symptomatic partners reported less acceptance of masturba-

tion although they were not significantly different from asymptomatics in their reported frequency of masturbation. Female partners did differentiate further between groups in that symptomatic partners desired to improve their own sexual response while asymptomatics wished more to help their partners. (The difference between male and female asymptomatic partners will be elaborated upon later.)

Uddenberg (1974) supports the finding that sexual dysfunction in one partner tends to correlate with dysfunction in the other partner. Specifically, low orgasmic consistency in the female was strongly linked to premature ejaculation and impotency in the male. Gebhard (1970) supports Uddenberg's suggestion that it may be sexual dysfunction in her husband which reduces the woman's opportunity for adequate sexual stimulation during intercourse. Uddenberg proposes that women with sexual dysfunctions may also either choose sexual partners with similar problems or their sexual troubles may be detrimental to the man's experience of his virility and thus precipitate sexual dysfunction in him. Several other studies also confirm that there is a relationship between sexual dissatisfaction in one partner and sexual dissatisfaction in the other (Frank, Anderson, & Rubinstein, 1978; Heath, 1978b & 1979).

Thus, it seems fairly evident that the invested partner in a dysfunctional marriage shares some of the responsibility for the state of the sexual union. There is another important finding to report concerning the asymptomatic partner - it seems to be a gender specific experience. Derogatis, Meyer and Gallant (1977) investigated the difference between 48 male and female partners in the role of invested partner at a Sexual Behaviors Consultation Unit. Men in the role of invested partner had levels of psychological distress equivalent to that observed in men with diagnosed sexual dysfunctions. On the other hand, the female invested partner showed signs of psychological distress significantly lower than either sexually dysfunctional women or male invested partners.

The findings of Rosen and Berry (1978) help to explain the results of the Derogatis et al. article. Rosen and Berry examined 190 married couples who had applied at a sex therapy clinic over a two year period. The researchers were asking whether there was any difference between men and women in attribution of responsibility when it became necessary for a couple to seek sexual therapy. The results of the study indicated that males tend to attribute greater

responsibility for sexual dysfunction to themselves than to females. The finding that the female also tended to attribute responsibility for the dysfunction of their sexual interaction to her husband probably compounded the blame that the male was already assuming.

The latter finding seems to suggest what could be behind the greater psychological stress that the asymptomatic male was found to be experiencing in the Derogatis et al. (1977) article. It is possible both he and his wife believe him responsible for her sexual dysfunction.

Chapter Conclusions and Summary

This chapter began with examination of the findings from studies which had investigated the interplay between sexual satisfaction and marital happiness through comparison of marital therapy couples to sexual therapy couples. The findings from these studies suggest that although marital and sexual problems often intertwine, in comparison to couples who request marital therapy, couples requesting sexual therapy may have a relatively good marital relationship.

Counsellors must be careful not to assume that all sexual troubles of their clients stem from difficulties in the couple's non-sexual interaction. Sexual dissatisfaction does seem possible in the absence of marital disharmony.

The next section of the chapter clarified the impact of marital problems which can tend to complicate sexuality. Without contradicting what has just been stated, investigations into pre- and post-sexual therapy measures suggest that couples' communication skills may hamper their ability to interact sexually. While sexual problems can occur independent of interpersonal difficulties, the counsellor may find communication problems at the root of sexual dissatisfaction in marital clients.

Frequency of marital intercourse and similarity of preferred frequency between spouses were suggested to both be related to marital happiness. Female orgasmic ability during intercourse also tends to relate to her rating of marital happiness. The length of the marital relationship, while perhaps related indirectly to frequency of intercourse did not correlate with sexual pleasure. What does seem to be of importance to marital counsellors is the awareness that decrements in sexual frequency and female orgasmic ability do tend to go together with marital unhappiness.

Investigation into the interaction pattern of spousal personality similarities and differences is suggested as worthwhile to the counsellor faced with a sexually dissatisfied couple. Personality factors will be elaborated in a later chapter.

Another conclusion which can be drawn from this chapter is that the sexual compatibility of the couple is important to their sexual pleasure. Several of the studies included here pointed to the mutuality of the nature of good sexual interaction. This finding tends to support the suggestion of Masters and Johnson that the enjoyment of sex is associated with interpersonal maturity, mutuality in the fulfillment of needs and marital happiness (Heath, 1978a).

The remainder of the chapter examined the role of the nondysfunctioning partner in a sexually dysfunctional marriage. Taken together, studies in this area suggest that asymptomatic partners can be as troubled psychologically and sexually as the overtly dysfunctioning partner. Thus, when faced with an individual complaining of sexual dissatisfaction, the counsellor is well advised to request that the spouse be part of the therapeutic process.

Now that the impact of the marital relationship on the sexual interaction has been discussed in this chapter, the next chapter will be devoted to an investigation of the influence of individual spouse's intrapersonal attributes on the sexual satisfaction gained through marital sexuality. Marital sexuality is after all the combination of the sexuality of the two individuals.

CHAPTER IV

Intrapersonal Influences

Personality and Mental Health

With the exception of a few studies (Nettelbladt & Uddenberg, 1979; Munjack & Staples, 1976) the literature on personality and mental health and sexual satisfaction suggests that intrapersonal influences do effect sexuality. Many different intrapersonal aspects have been focused on by researchers in this area. The first part of this chapter will present findings on research into sexual dissatisfaction and self-concept, extraversion-introversion, maturity, childhood experiences, neuroticism, anxiety, and hostility. The second part of the chapter looks at how sex role influences affect sexuality.

Self-Concept. Clement and Pfafflin (1980) noted that partners in a sexually dysfunctional marriage lack self-confidence and self-assurance and tend to think of themselves as unattractive. One year after sex therapy, changes toward positive self-perception were evident. Abramowitz and Sewell (1980) noted similar results in their study: follow-

ing therapy, the females, and those males who were happily married evidenced greater sexual self-acceptance.

Frank, Anderson and Rubinstein (1979) back up the suggestion of self-image and sexual satisfaction as interrelated. Theirs was an investigation into marital role tension and sexual satisfaction among 80 volunteer couples, and 50 marital therapy and 50 sex therapy couples at a psychiatric clinic. Frank et al. proposed that one aspect of self-evaluation is the individual's perception of how well they fulfill the roles they have chosen. The results of the study indicated that sexual satisfaction is directly related to the conflict being experienced regarding marital roles. What the results suggest then is that a poor self-concept, as indicated by marital role tension, is related to sexual dissatisfaction. The finding by Heath (1978a) that men who were sexually compatible with their wives viewed themselves positively backs up this proposal by Frank et al.

Extraversion-Introversion. In the study by Clement and Pfafflin (1980) males, following sexual therapy, exhibited less reaction-aggressive, masculine-stereotyped behavior, and less extraversion. Clement and Pfafflin suggest that once their sexual functioning had been regained these men were then able to relinquish a more chauvinistic position.

Farley and Davis' (1980) study of extraversion-introversion diverges from the previous research and looks at extraversion-introversion in terms of couple compatibility. The outcome of the work by Farley and Davis indicates that sexual satisfaction for the couple is highest when husband and wife are compatible on extraversion-introversion. When this finding was examined further, it was noted that a female particularly had greater sexual satisfaction when she and her husband were similar in this respect. The relationship between the males' sexual satisfaction and the couples' extraversion-introversion scores was not significant.

Maturity. The studies of Heath (1978 a & b) provide evidence that enjoyment of sexual relations is directly associated with psychological maturity and healthiness and interpersonal maturity. More specifically, men who were sexually compatible with their wives as well as those who enjoyed their sexuality, were less impulsively aggressive and were more tolerant and other centered in their values. They evidenced greater self-awareness and more autonomous values. Their personal relationships were more independent and tended to be more socially responsible, close and warm.

Sexually incompatible and frustrated men on the other hand tended towards domination by moods, egocentricity and poor communication with their wives (Heath 1978 a & b).

Childhood Influences. The studies which were found to indicate that relations between childhood experiences and adult sexuality do exist are all from European countries. Thus, it is suggested that duplication of these studies with a representative sample is needed before the results are applied to North Americans. The findings will be reported here for heuristic purposes only.

Nettelbladt and Uddenberg (1979) and Uddenberg (1974) investigated respectively men and women's sexual difficulties and sexual dysfunctions and their relations to childhood experiences. Men's sexual functioning was found to relate to early parental relations, but their sexual difficulty related only to the couple's present emotional relationship (Nettelbladt & Uddenberg, 1979). It was noticed, however, that both a woman's sexual difficulty and sexual functioning related to her early emotional health and her childhood relations with her parents (Uddenberg, 1974).

The correlations noted for dysfunctional men were as follows. The father was often described in a negative man-

ner. Contact with him during the subject's childhood and adolescence was poor and his sexually dysfunctional son perceived little similarity between the two of them. Poor and infrequent contact between mother and son was also noted and she was described as dominating.

As mentioned, Uddenberg (1974) found that both early emotional health and relations with parents correlated with female sexual difficulty and sexual dysfunction. (Dysfunction in this study was defined as difficulty in achieving orgasm, presumably during intercourse.)

In relation to mental health, moderate or severe mental disturbance during the woman's childhood correlated with more difficulties in sex and low orgasmic ability. Thus, Uddenberg concludes that early emotional experiences are of importance for later sexual satisfaction. She then went on to say that a troubled childhood likely stems from disturbed relations with parents. Several correlations between the woman's childhood relations with her parents and the women's sexuality were noted.

Both indices of sexual problems employed in this study (sexual difficulties and low orgasmic consistency) related to unsatisfactory childhood contact with the father and a

low perceived similarity to him. Furthermore, women experiencing high orgasmic consistency tended not to be among those who described their father as austere, hasty-tempered, or uncommunicative.

The woman's description of her mother did not correlate with either indication of sexual problems, but the mother's description of her daughter was relevant. When the mother viewed her daughter negatively the latter was more likely to experience both types of sexual problems. Women whose mothers perceived low similarity between the two of them also had greater difficulty obtaining orgasm.

Stress between her parents, as indicated by the mother having considered divorce and the interviewer's judgment of severe marital discord, was linked to sexual problems in the daughter as well.

Another European study (Mellan, 1971) investigated the interpersonal relationships of 276 women with functional sexual disturbances and 137 controls, most of whom were from infertile marriages. In comparison to the control group, it was noted that the mothers of women suffering from frigidity and vaginismus were more often rated as neurotic by their daughters.

In conclusion, this literature review found only European results (and therefore, results from samples unrepresentative of the population to which this study is intended) which suggested that childhood mental health and relationships with parents have an impact on adult sexuality.

Neuroticism. Several studies investigated the neurctic tendencies of persons suffering some form of sexual difficulty or dysfunction. The findings have been organized so that results on general neurosis and mental health will be presented first. Following will be information about the link between anxiety and hostility and sexuality.

Kupfer, Rosenheim and Detre (1977) asked 185 outpatients who were consecutively admitted to an American psychiatric clinic, to fill out a questionnaire in order to examine the relationship between sexual dissatisfactions and personality styles.

High impulsivity was found to be associated with sexual problems in this study. Persons low in impulsivity were furthermore likely to report sexual relations with their spouse had always been good, rather than improved, worsening, or always difficult. Among only women, however, the findings on impulsivity varied somewhat. Women low in

impulsivity less often had chronic problems in achieving orgasm. Low scores on impulsivity correlated with recent onset of difficulty becoming aroused however. The explanation Kupfer et al. proposed for the inconsistency in their results was that a tightly controlled woman is more likely to react to recent stress with an onset of difficulty in becoming aroused sexually.

Obsessiveness scores indicated worsening sexual relations in the Kupfer et al. study. This was deduced from the difference in the scores between subjects who reported worsening relations and those who reported improving relations sexually. Further information on impulsivity and obsessiveness will be included in the section on anxiety. Both of these personality variables were found to interact with anxiety to produce identifiable patterns in sexual interaction.

Clement and Pfafflin (1980) noted that one of the biggest changes in personality among persons who completed sex therapy was a reduction in neuroticism. Several other changes in personality were noted in this study, but these have been included in various other sections throughout the paper and will not be elaborated on at this point.

Heath (1979) confirms the hypothesis of a relationship between mental health and sexuality. Recent mental health (i.e., the three year period before the study) did not relate to sexual frustration however. It was the professional man's estimation of mental health from college until recently that affected his present sexual frustration. Present ratings of mental health were linked to sexual enjoyment however. This suggests that current mental health relates to attainment of sexual pleasure and past mental health relates to the lack of sexual pleasure. Sexual compatibility was found to be related to the current mental health of both the man and his wife in this study.

Abramowitz and Sewell (1980) found that an individual's score on behavioral flexibility, more effectively than marital adjustment, discriminated husbands in marital units which later dropped out of treatment for sexual dysfunction. This suggests that the husband's lack of flexibility might perpetuate sexual dysfunction in the marriage.

An assumption is being made in including flexibility in a section on neurosis. It is assumed that refusal to adapt in the face of a sexual dysfunction which requires treatment is a sign of neurotic tendencies.

To return to more direct measures of neurosis and sexual dissatisfaction, there exists at least one study which conflicts with the findings presented thus far in the chapter. Munjack and Staples (1976) searched for signs of psychological maladjustment in 70 women who were unable to reach orgasm, especially during intercourse. They compared their results to 53 neurotic patients, 65 psychiatric outpatients and 35 normal college students. The findings suggest that except for the sexual dysfunction, the women experiencing orgasmic difficulties were normal on several tests for neurosis and psychosis. The only way in which frigid women differed from the controls was in exhibiting higher scores for depression. From this Munjack and Staples conclude that either the seriousness of the sexual complaint led to the depression, or as is often the case, the depression had initiated the sexual dysfunction.

One last finding on neurosis and sexual satisfaction is of relevance before concluding this section. Farley and Davis (1980) found that the females in their study were not only more sexually satisfied when they and their spouses were similar on extraversion-introversion scores, but the couple's similarity on neuroticism scores also related to

the wife's sexual satisfaction. Again, the sexual satisfaction of the husband was not related to the similarity of he and his wife on this dimension. To conclude the report on the findings of Farley and Davis, it was similarity on the couple's psychoticism score which related to the male's sexual satisfaction. The wife's sexual satisfaction on the other hand did not correspond to the similarity of the couple's psychoticism score.

The findings by Farley and Davis are novel and interesting and are in need of further verification and expansion. What can be deduced at this point is that similarity rather than difference in personality affects marital sexual satisfaction, and that similarity in different personality areas bears differently upon the sexual satisfaction of women than it does upon the sexual satisfaction of men.

Anxiety. Kupfer, et al. (1977) found anxiety to be an important factor in sexual relations for their subjects. Anxious persons tended to report either decreases, or especially increases in sexual interest. Furthermore, anxious persons who also demonstrated impulsive features were likely to increase sexual activity when under stress.

One particularly important finding of the study was that without anxiety and obsessiveness, or impulsivity, in combination with previous sexual problems, acute problems in sexuality represented only a transient response to current stress. This was the case with males experiencing premature ejaculation as well as with females experiencing difficulty obtaining orgasm or difficulty becoming aroused sexually.

Cooper (1969) verifies the connection between anxiety and sexual dysfunction. He studied specifically male sexual dysfunction and the contribution of coital anxiety to the dysfunction among 49 patients who had a primary disorder of potency and who had attended 20 treatment sessions. Coital anxiety was defined as:

anxiety related temporarily to the act of coitus, (either imagined or actual) or sexual overtures and simulations (imagined or actual) short of intercourse, but which the male subject believed at the time would culminate in a coital attempt, but not to other life situations or events. (p. 144)

For the men in this study the most frequently mentioned type of coital anxiety was fear of sexual failure. This fear also correlated with fear of being seen by the spouse as sexually inferior and fear of ridicule on account of this.

Males whose coital anxiety had developed early in their history of sexual dysfunction improved more as a result of the 20 therapy sessions than men whose coital anxiety had developed later in the history of the dysfunction. The latter group was postulated to represent those few cases which seemed to be caused by anxiety. Cooper suggested that for these men, anxiety in anticipation of a first sexual experience had resulted in failure and a vicious cycle of anxiety and failure was then established. The more difficult men to treat had experienced a gradual decline in sexual performance. Anxiety had appeared as a consequence of the potency disorder; often after complaint by a frustrated wife, Cooper proposed.

When the two studies on the interplay of anxiety and sexuality are compared, it seems that they are discussing different phenomena. Kupfer et al. (1977) suggested that persons with anxious personalities tended toward more seri-

ous sexual dysfunction. Cooper (1969a) identified instead specific coital anxieties which related to sexual dysfunction in men. In another study (Cooper, 1969b) of frigid women, however, Cooper does appear to be referring to broad clinic anxiety. Rosenheim and Neumann (1981) propose what might be a solution to the incongruity. They believe that sexual dysfunction relates not necessarily to a broad clinical concept of anxiety but to interpersonal anxiety which is beyond just the fear of sexual encounter.

Hostility. Cooper in 1969(b) reported on the basic psychological health of 41 female subjects with a primary disorder of frigidity (difficulty obtaining orgasm during coitus). The only abnormal scores he found was a mean hostility score which was grossly raised, and decidedly intrapunitive, and a high anxiety score.

Intrapunitive hostility was found to be high among sexually dysfunctioning male subjects in the Rosenheim and Neumann (1981) research also. Patients, versus controls, scored higher on the overall hostility score and the intrapunitive sub-scales of self-criticism and guilt. In addition, it is interesting to note that the wives of the dysfunctional men also evidenced more hostility than their

counterparts, the wives of controls. The wives of the dysfunctioning men also differed from their husbands in that the direction of their hostility was extrapunitive, especially on the tendency to act out hostility.

Considering that these men were already highly intrapunitive, and were also found to be very sensitive to rejection, it is understandable that, when coupled with wives who tended to act out high levels of hostility, these men developed serious sexual symptoms. Rosenheim and Newmann concluded that certain generalized personality traits tend to identify males with erectile and/or ejaculatory sexual dysfunctions and their wives.

Influences of Sex Differences

Review of the findings presented thus far in the review would confirm that the effect of the various influences on sexual satisfaction has often been very different between the sexes. The last section of the chapter on intrapersonal influences will therefore be devoted to further exploration of the importance of gender differences to sexual satisfaction.

The areas of sex differences to be explored have been organized into three broad categories. In order to highlight the discrepancy in sexual experience between women and men, presentation of findings on the degree of pleasure and difficulty experienced in marital love making will be elaborated upon first. In keeping with the subject of this chapter, variables of personality which effect inconsistently male and female sexuality will follow. The last topic will expand on personality by delving into dissimilar values and attitudes held by the sexes and their effect upon sexual satisfaction in marriage.

Satisfaction and Dissatisfaction. Ard (1977) reported that more men than women in his longitudinal study of enduring marriages had extremely positive anticipations of sex at the time of the marriage. The wives remembered that their husbands had the higher expectations as well. Apparently, the husband's expectations had been fulfilled as they were reporting the greater enjoyment from sexual relations at the time of the study. Again, their wives agreed that it was the husband who experienced the greater enjoyment from their sexual interactions.

Foster (1978) confirms Ard's suggestion that men derive greater pleasure from sex than their wives. Before the 10 couples in Foster's subject group underwent sex therapy, females were achieving less pleasure from sex than the males. After therapy, pleasure derived from sex was found to be equal between the sexes.

As both partners had indicated a desire to share equally in sexual gratification at pretreatment testing, Foster saw this as a challenge to the idea that sexual attitudes in America are male dominated. Support for this idea can be found from Nowinski et al. (1981). They found that the pleasure a man derived from specific sexual activities correlated more highly with the pleasure he perceived his partner to experience from the same activity than with any of the other variables tested simultaneously. Heath (1978a) reported the same finding in his study. Foster recommended that lack of sexual information and techniques which stimulate the woman's erogenous zones were likely to be the major contributing factors to the woman's lower enjoyment in marital coitus.

Men appeared to be less satisfied with the sexual relations than their wives were in the area of frequency of

intercourse. Ard (1977) found that the men in his sample would have preferred more intercourse during the three year period which preceded the study. Husbands in Levinger's (1966) study also wished for more coitus than they were having, while wives did not indicate a similar desire.

Levinger noticed another interesting trend in his study as well. While results were not significant, spouses tended to estimate that the husband preferred the greater amount of intercourse whether his stated preference was actually higher than his wife's stated preference or not. This Levinger explained as an artifact of the cultural expectation that men have higher sex drives than women.

A return to the findings by Ard (1977) provides statistically significant results to support Levinger's hypothesis. Husbands in Ard's study did underestimate their wife's preferred frequencies and the women did overestimate their husbands' preferred frequencies of intercourse.

Perhaps this is an example of one area in marital sexual interaction which might cause difficulty because of expectations which have remained unspoken.

As might be expected, women are not only deriving less pleasure from sex, they are also experiencing greater dissatisfaction and dysfunction than men are.

Frank et al. (1978) especially noted a tendency for women to suffer more sexual difficulties, even among happily married couples. Furthermore, the more dysfunctions and difficulties the wives perceived for themselves and their husbands the less was their sexual satisfaction and the more they tended to make complaints about their sex life.

Men were also less satisfied the more sexual difficulties there were between them and their spouse, but their satisfaction did not suffer as a result of their, or their wives' dysfunctions sexually. When they both had sexual difficulties, and the wife also was experiencing a sexual dysfunction, then the husband tended to make a complaint about their sex life. Thus, it appears men's sexual dysfunctions were not as great a problem to them as their wives' were.

Frank et al. believe that their results suggested that women were not only experiencing greater sexual dysfunction, but were also more willing to admit it. There was less discrepancy between the number of women than men who reported less than satisfying sexual relations and who also admitted that sexual dissatisfaction was a specific complaint in their marriage. What this seems to suggest then is that

while women probably do experience less satisfaction from sex in marriage than men, the size of the disparity between men and women may be inflated because of male reluctance to admit to specific sexual complaints.

Before leaving this topic, it should be mentioned that Frank et al. are not alone in finding greater sexual difficulty in women than men. Whitehead and Mathews (1977) investigated effectiveness between treatments for 36 couples who had suffered sexual difficulties. In half the couples the male had been the main complainant and in the other half the female had been labelled as such.

The results to the pretesting that Whitehead and Mathews performed revealed that men rated themselves more arousable than women and male complainants were about as arousable sexually as female non-complainants. Women rated their partners as easier to arouse, again with an equivalent interaction between the sex of the main complainant. As their degree of arousability suggests, men do seem to have higher expectancies of and receive greater pleasure from marital sex.

Personality. Discussion of the diverging personality variables involved in male and female sexual satisfaction

will focus on personality change which accompanies treatment for sexual problems. The focus will then shift to role strain and concluding discussion of this topic will be an examination of the difference between male and female invested partners in sexually troubled marriages.

Abramowitz and Sewell (1980) found that working through a sexual dysfunction in therapy can upset the power balance of a marriage. Particularly they noted that the female tended to reduce her anxiety about dominance as she became more assertive and males gave up fears of submission by becoming more tolerant. The reader is reminded that Abramowitz and Sewell also found that it was the more flexible males who made it through sex therapy without dropping out.

Results much along the same lines appeared in the research of Tullman et al. (1981). Males in this study achieved greater intimacy by becoming more self-disclosing, tolerant and more willing to express feelings not usually shared with the partner. The areas in which females made personality changes as a result of therapy included the ability to assert themselves and to provide nonmaterial evidence of love and support.

Clement and Pfafflin (1980) provide further evidence that men and women go through different changes en route to a more satisfying sexual union. Women in their group moved toward increasingly permissive, egalitarian and realistic sexual attitudes. Men showed less reactive-aggressive, masculine stereotyped behavior and less extraversion.

The reader will likely recall that the findings of Farley and Davis (1980) are relevant at this point. Their results quite clearly showed that the sexual satisfaction of the wife correlated to quite different personality similarities between the couple than did the husband's satisfaction. To a large degree males and females seem to bring to their sexual interaction very different needs.

Satisfaction with gender identity is a relevant issue to explore in this chapter. There is evidence to suggest that women dealing with a sexually dysfunctional marriage may also be struggling with their feminine identity (Uddenberg, 1974). Related to this conclusion by Uddenberg is the finding by Frank et al. (1979) that women were experiencing greater role strain than their husbands on having responsibility for care of the children.

Evidence of role strain difference between men and women involved in sex therapy is found in Frank et al. (1979). Overall, women in sex therapy appeared to be experiencing more role strain than nonpatient women. A similar pattern did not appear for the men in sex therapy. Sex therapy women also differed from their husbands in that relative to nonpatient women, they specifically had greater role strain being sexually faithful to their spouse. Could it be that they blamed their husband for their sexual dissatisfaction, and therefore, wished to find another man who they hoped could bring them sexual satisfaction? Men in a sexually troubled marriage, of course, would not be expected to exhibit this pattern as they tend to take responsibility for the sexual problems whether they are the main complainant or not (Derogatis et al., 1977; Rosen & Berry, 1978).

This last point leads to discussion of differences between male and female invested partners in sexually troubled marriages. Derogatis et al. (1977) noted that male invested partners show disproportionately higher levels of psychological symptoms than female partners. Indeed, the invested males were not different from the dysfunctioning males in terms of specific psychological symptoms and the severity of

those symptoms. Invested females, however, showed much less indication of psychological stress than females actually identified as the dysfunctioning partner.

Values and Attitudes. What Derogatis et al. and Derogatis and Meyer (1979) propose as explanation of the high stress experienced by males in a sexually troubled marriage is that the pressure for equal sexual gratification for both partners has become interpreted by the male, and often reinforced by the female (Rosen & Berry, 1978), as his responsibility. Once the male has identified with this stereotypical role expectation, behavior inconsistent with it (i.e., his inability to give sexual satisfaction to his wife) results in high stress.

Support for the above findings and speculations comes from those studies which found that it was the perceived pleasure of his wife which was most important to the man's own pleasure in sex (Nowinski et al., 1981; Heath, 1978a). Thus, the man does seem to take special care to tend to his wife's preference and satisfaction in sex. The woman does not seem to be nearly so responsive to her husband's pleasure.

Mayadas and Duehn (1977) investigated the process of a short-term behavioral oriented sex education program among six couples married less than two years who were attending a private sexual counselling center. The men in their study were found to be highly aware of their spouses' distraction during sex, as well as their own. Females did not exhibit similar attention to their husbands' distraction. Again, husbands were found to be taking responsibility for their wives' sexual enjoyment.

As may be clear by now, the sexuality of husbands and wives seems to be influenced by different forces. On a general level, the marital variables involved in a study by Edwards and Booth (1976) explained more of the variance in sexual behavior than the background variables, especially for the men. Edwards and Booth propose that if it is assumed that the variables they employed indicate different socialization, then their results suggest that males and females are subjected to substantially different values and attitudes in the process of socialization. The findings reported previously seem to agree with this proposition.

Some values and attitudes relevant to female sexual satisfaction will be explored next. Kirkpatrick (1980)

investigated the relationship between sexual satisfaction, femininity and feminism in women among 199 volunteer couples from university classes and women's organizations. She found that the women's feminism scores were positively related to their sexual satisfaction and were the strongest predictor variable of the couples' sexual satisfaction as well.

The difference between spouses in feminism scores was higher for sexually dissatisfied couples however. Kirkpatrick believed that when the male was able to follow his sexual partner's nontraditional sex role example, then he likely also behaved sexually in a manner more conducive to the woman's sexual satisfaction. Limited support for the importance of couple similarity in sex role attitudes is found in Rosenheim and Neumann (1981). These researchers observed that dysfunctioning males regarded the social status of women as much lower than did their wives, and also as lower than did the control males. No similar disparity between controls and their wives on women's status was apparent.

Further evidence on what effects women's sexual satisfaction comes from Nowinski et al. (1981). Contrary to gen-

erally accepted notions of female sexuality, romantic involvement was not the most important influence on female erotic interest in this study. Either the women choose physical attraction, or romantic interest in their partner as a prerequisite to satisfying sexual relations. Obviously not all women place love before physical attraction.

The pleasure that women derived from intercourse was also found to correlate as highly with physical attraction to partner as with perceived partner pleasure. As has already been mentioned, for men, nothing correlated more highly with their own pleasure than their perception of their partner's pleasure.

The findings by Nowinski et al. challenge long standing assumptions of female erotic interest, and therefore, are worthy of further study and verification.

Chapter Conclusions and Summary

This chapter explored the effect of intrapersonal variables on marital sexual dissatisfaction. There were two parts to this investigation: personality and mental health influences, and influences of sex differences.

Among several intrapersonal influences which affect marital sexuality, self-concept was suggested as an important factor. The research also tended to indicate that men with extraverted tendencies have trouble sexually. Extraversion-introversion compatibility between couples turned out to be related to female sexual satisfaction. Two studies by Heath (1978a & b) suggest that a man's maturity relates to both his sexual compatibility with his wife and sexual pleasure.

Further studies on childhood mental health and relations with parents are needed on samples representative of North Americans before any conclusions can be drawn about the effect of these variables on marital sexuality in this society. The findings from European studies were presented.

Specific neuroses such as obsessiveness and impulsiveness were found to be related to sexuality. Both of these traits also interacted with anxiety to reduce the chances of a good prognosis in persons who have had previous sexual problems. General neurosis and the presence of general good mental health were also related in opposite directions to sexual problems. One study conflicted with the findings that mental health relates to sexual dysfunction. This

study did suggest that depression was involved in lack of orgasmic response in women however.

Scores on neurosis and psychosis were found to be related to wives' and husbands' sexual satisfaction respectively.

Anxiety certainly appeared to play a big part in sexual dysfunction. Whether anxiety tends to be of a broad clinical nature or is confined to only coital anxiety is yet unclear. Intrapunitive hostility also appeared as a common characteristic of persons who dysfunction sexually in their marriage.

The results from studies which investigated personality and mental health suggest to counsellors that these factors do play a part in marital sexuality. Psychological testing before sexual therapy begins might clarify how the intrapersonal attributes of each spouse is affecting their sexual interaction.

Differences between men and women in terms of pleasure and frustration in sex, personality features, and values and attitudes were discovered to relate differently to the sexes' satisfaction.

Results seemed to indicate fairly consistently that women get less pleasure and experience more troubles with sex. It is likely that this stems from a lack of knowledge in the marriage of sexual techniques which effectively stimulate the woman. The counsellor's job in a situation such as this would be to educate, and encourage communication and experimentation with sexual activities.

Counsellors are well advised to be aware of the individual pathways the wife and husband may need to follow to make the sexual union a success for both. The results presented here suggest that different personality attributes are involved in keeping a man from marital sexual satisfaction than are confounding his partner's sexual satisfaction.

Women, for example, may be struggling more with role strain and sexual identity problems than the husband is when their sexual interaction dysfunctions. He on the other hand, may be assuming the psychologically exacting responsibility for his and his wife's sexual dissatisfaction. Examination of the issue of responsibility seems to be an important one for a counsellor to explore with a sexually troubled couple.

Traditional feminine sex roles seem to be related to less sexual satisfaction for the woman and the couple. In regards to sexual fulfillment, exploration of a woman's view of her sexuality might help the sexually frustrated couple on their way to a more fulfilling sexual union.

The preceding chapter explored the importance of the marital relationship in the fulfillment of the sexual union. Now that consideration of the intrapersonal influences has been added to an understanding of marital sexuality, the next dimension to be explored is how the quantity and quality of a couple's sexual behavior affects their sexual satisfaction.

CHAPTER V

Sexual Behavior Influences

The purpose of this chapter will be to explore the effect of the quantity and quality of the couple's sexual interaction on their sexual satisfaction. Information on actual and desired sexual frequency will be presented first. The frequency of sexual troubles among couples will follow. Discussion of the relationship between frequency and satisfaction in sex will conclude the topic of sexual quantity influences.

Exploration of sexual quality influences will follow from the first section with report of the frequencies of various sexual activities. Research on specific behaviors (i.e., masturbation and female orgasm) will be presented next. Closing the chapter will be an analysis of the interplay between a couple's sexual behavior and the quality of the marital relationship or sexual interaction.

Frequency

Actual and Desired Frequency. Reports on the frequency of intercourse among couples were unfortunately given in

different units which makes comparison difficult. Heath's (1978 a & b; & 1979) professional men were reporting an average of 6.6 sexual relations a month. Levinger's (1966) parent and family service agency couples were a little above that at 6.98 occurrences of intercourse a month. Higher rates of intercourse were noted in the marriages of female university students: 10.4 coitions a month (Swieczkowski & Walker, 1978). A low median of four sexual relations a month was reported by Nettelbladt and Uddenberg (1979) in their study of randomly selected Swedish families.

Frank et al. (1978) gave some indication of the range of intercourse among couples who volunteered for a study of marriages which were working well. Two percent of the subjects reported an absence of intercourse; 8% reported less than one occurrence of intercourse per month; 23% estimated monthly intercourse to be from two to three times; 24% reported an average of one coition per week; 31% felt they had intercourse two to three times a week; 12% enjoyed sex four to five times a week and 1% reported a high of daily sexual activity.

These findings by Frank et al. help to put into perspective reports from those studies which averaged all sub-

jects responses. A look at studies which included rates of decline in sexual activity over the years will also clarify estimations of average marital coital frequency.

Heath (1978a & b) provides the most detailed range of rates of decline and so will be reported here. (The results of Ard (1977), were very similar.) In the first three years of marriage professional men reported an average of 10.8 coitions per month. This rate dropped to an average of 7.5 per month for the fourth to sixth year of marriage. During the seventh to ninth year of marriage the men estimated they had intercourse 6.3 times per month. By the 10th year of marriage, up to the 12th year, the intercourse rate was 5.1 times per month. Thus, it appears that for many marriages coital frequency declines over the years. One-third of the men reported a high stable rate of intercourse throughout their marriage however.

The factor most likely related to a decline in intercourse over the course of married life is advancing age. Age was found to be inversely related to marital sexual frequency in two studies (Edwards & Booth, 1976; Frank et al., 1978).

Ard (1977) challenged the idea that sex necessarily becomes less pleasurable the longer the marital relationship has lasted. Although no direct rebuttal to Ard's findings was found, sexual compatibility (Heath 1978b) and mental health (Heath, 1979) both were noted to become associated with frequency of marital sexual relations the longer the marriage. Heath (1978a) noted that enjoyment of sexual relations was not related to frequency during the first nine years. Unfortunately, he did not elaborate upon the relationship of enjoyment and frequency of intercourse in later years.

Desired frequency of intercourse was explored earlier in terms of sex differences. Results will, therefore, only be reviewed briefly at this point. Levinger (1966), Ard (1977) and Heath (1978a & b) noted that husbands desired more intercourse than they were having. This desired amount was also found to be greater than their wife's preferred amount. This last point is not surprising as it has been noted in other areas that it is the wife's preference which governs the couple's sexual behavior (Nowinski et al., 1981). Indeed, the Levinger (1966) article reported that there was no difference between the wife's preferred and actual frequency of intercourse.

It is interesting to note that in both Levinger's (1966) and Ard's (1977) studies the husbands tended to underestimate their wives' preferred frequency and the wives' correspondingly overestimated their husbands' preferred frequencies. Levinger explained his results in this area as the product of a cultural expectation that men have higher sex drives than women.

Frequencies of Sexual Difficulties. It seems beneficial to a review of marital sexuality for counsellors to include information on the frequency of sexual problems. Less than extremely pleasurable coitus may have become assumed by many to be proof of sexual abnormality, when in fact a rather high level of difficulty and dysfunction seems to be quite common.

Beginning with males' sexual problems, dissatisfaction will be reported separately for the sexes across studies. Nettelbladt and Uddenberg (1979) found that 40% of all the men in their study tended toward sexual dysfunctions. Thirty-eight percent of the total sample had experienced premature ejaculation, 10% retarded ejaculation and 7% impotence.

Ard (1977) focused on only impotence among men during the last three years of lengthy marriages. By this time in

their lives, 1% of the men had been always impotent in sexual relations during the three years preceding the study. Three percent were almost always or usually impotent; 6% were sometimes this way; 26% reported that once in a while they were impotent. Sixty-four percent of these men had had no experience with impotency.

Multiple dysfunctions were also noted with relative frequency in the literature. Frank et al. (1978) noted that while 32% of their sample were troubled by only one dysfunction, 7% were experiencing two and 1% were experiencing three dysfunctions. Approximately similar results were reported among the Swedish men in the Nettelbladt and Uddenberg (1979) article.

Frank et al. (1978) included a report on the frequency of sexual difficulties, which were found to be more frequent than dysfunctions among their subjects. Only 50% of their sample of happily married men were without sexual difficulty. Of those with sexual difficulty, 20% reported one, 12% two, 5% three and 13% four or more sexual difficulties.

Frank et al. (1978) found that the frequency of sexual difficulties and dysfunctions were higher among women. Only 23% of them reported no sexual difficulties. Four or more

difficulties plagued 22% of the women; three difficulties were reported by 15%, 25% found they experienced two sexual difficulties, and 15% complained of one difficulty.

In the area of sexual dysfunctions only 37% of the subjects from the above study had no problems. Twenty-one percent suffered one dysfunction, while a similar number reported two dysfunctions. Fourteen percent and 8% experienced respectively three and four sexual dysfunctions.

No studies of American subjects were found which looked directly at the average tendencies of women to achieve orgasm during coitus. Uddenberg (1974) reported that among pregnant Swedish women, 32% frequently failed to reach orgasm, 36% failed to reach orgasm in a moderate proportion of coitions and 32% attained orgasm at every, or almost every coitus. These results are in need of verification with a more representative sample however. The findings of Gebhard (1966) are relevant and will be presented in the next section of the chapter as they also include the influence of sexual behaviors and marital happiness on female orgasm rates.

Frank et al. (1978) commented on the differences in rates of sexual difficulties and dysfunctions between men

and women. They surmised that women probably were experiencing greater sexual dissatisfaction, but were probably also more willing to admit it than were the men. As has already been stated, Frank et al. found notable inconsistency between measures of the men's reports.

Some findings from Frank et al. (1978) will conclude discussion of both coital frequency and sexual dissatisfaction frequency.

For women in Frank et al. there were inverse relations between frequency of intercourse and the number of difficulties they reported for themselves and husbands. The men reported inverse relations between the frequency of intercourse and their wives' difficulties and their dysfunctions. As women's sexual dysfunctions did not effect the frequency of intercourse and men were found to underestimate the occurrence of their wives' dysfunctions, Frank et al. concluded that in American marriages as long as the wife does not complain nor refuse to have sex the man assumes that all is well.

Satisfaction. The above mentioned relationship carried over for the most part to the couple's satisfaction with their sex life as well. Women were more satisfied the less

dysfunctions they reported for themselves and for their husbands. The difficulties of both spouses affected the husband's sexual satisfaction. Neither his nor his wife's sexual dysfunctions figured in the man's sexual satisfaction however.

Considered collectively, the findings of Frank et al. suggest that it was the wife's sexual difficulties which were least well tolerated in the marital sexual relationship. Frank et al. proposed that these difficulties likely reflected the interpersonal problems of the couple. Edwards and Booth (1976) agreed that marital discord reduced the frequency of intercourse and that marital variables, at least in comparison to demographic variables, explained more of the variance in marital sexual frequency.

Levinger (1966) noted that marital happiness and sexual satisfaction also figured prominently in frequency of coitus. Specifically, his results suggest that couples who report equal desires for frequency of intercourse were more satisfied on both sexual and marital measures.

Sexual Activities

Variety. The evidence seems to suggest that there is a deficit in sexual experimentation which accompanies sexual troubles in a marriage. In their study of invested partners, Derogatis and Meyer (1979) found that both males and females revealed constricted sexual experiences especially in intercourse positions and mutual petting to orgasm. Cole et al. (1979) came up with very similar findings and also added that there were no differences between invested and sexually dysfunctioning males in terms of behaviors they desired changed (i.e. delaying orgasm in intercourse, increasing enjoyment of pre- and postcoital play and changing the specific frequency and variety of sexual behavior).

Studies of sexual behavior in couples who have completed therapy for sexual trouble indicate that increases in various coital activities accompany completion of treatment.

Mayadas and Duehn (1977) found couples in their study increased the occurrence of, and satisfaction from, experimentation with a variety of arousal techniques and coital positions. Greater congruence between desired and actual time duration of precoital interaction was noted by both partners following therapy.

Foster (1978) suggested a similar pattern among his subjects although he noted that after treatment women wanted more activity, especially more oral-genital caressing, oral-genital caressing to orgasm and more variety overall. Men had also decided they wished for more nudity. Foster explained that this dissatisfaction with the amount of sexual activity was likely related to the increased pleasure that the couples were experiencing after successful sex therapy.

Following treatment, only the female orgasm insufficiency score had not decreased in the above study. Women reported that they were satisfied in spite of this, however, as they were now able to achieve orgasm through manual or oral stimulation.

Thus, it seems that a couple's sexual repertoire might affect or be affected by their sexual dissatisfactions. Further light can be cast upon this relationship through exploration of other variables which play a role in the choice of sexual activities.

Swieczkowski and Walker (1978) stated that the rank order of use of intercourse positions correlated with the rank order of a woman's preferences and the effectiveness of

the position in producing female orgasm. Noncoital sexual activities engaged in were also those most preferred by the wife.

Nowinski et al. (1981) supported the idea that a woman's sexual preferences tend to govern a couple's activities. The single best predictor of behavioral diversity that Nowinski et al. found was self reported pleasure for women and perceived partner pleasure for men.

Thus the appropriate focus in probing into a couple's sexual interaction seems to be the wife's sexual pleasure. An interesting finding is that the couple's sexual repertoire was more diverse when the wife reported that physical attraction was important to sexual interest and then also rated her partner as attractive physically, than when she gave the opposite ratings on both variables (Nowinski et al., 1981).

Both partners in the Nowinski et al. article did report that behavioral diversity of activities correlated with the pleasure associated with those activities. Also, men and women reported similarly that a strong desire to please one's partner plus a belief that one's partner enjoys a variety of sexual activities was associated with a more behaviorally diverse sexual repertoire.

Masturbation. Attitudes toward masturbation were found to be linked to sexual problems in both men and women in the present review. Cole et al. (1979) affirmed that symptomatic partners more often than asymptomatic partners felt that masturbation was not acceptable although there was no difference in frequency of masturbation reported between the two groups.

Support for the findings on women's attitudes toward masturbation and sexual functioning was found in the article by Uddenberg (1974). Among the pregnant Swedish women it was noted that a permissive attitude toward masturbation in both men and women was linked to satisfying sexual relations. High orgasmic consistency was also linked with an accepting attitude towards masturbation by women. The last finding allows for the speculation that women accepting of female masturbation try it themselves. The result is that the woman then learns sexual techniques which are effective in bringing her to orgasm. If she then shares this knowledge with her partner this could lead to experience of greater orgasmic consistency in marital sexual interaction.

Female Orgasm. Unfortunately, there were no studies collected in the present sample which explore directly how

acceptance of female masturbation might bear upon orgasmic consistency. The studies which will be presented on the topic of female orgasm focused mainly upon duration of foreplay and intromission in the marital sexual exchange.

Gebhard (1970) noticed a positive correlation between duration of foreplay and a wife's orgasm rate. Conversely, those with lower orgasm rates also had shorter periods of foreplay. As some women who had never experienced orgasm were receiving the most extended periods of foreplay, Gebhard concluded that this was being done in hopes of inducing orgasm.

Conflicting results to those of Gebhard's (1970) on duration of foreplay and orgasmic ability were found by Swieczkowski and Walker (1978). In their study, orgasmic ability was not linked to the duration of foreplay. What seemed to be of importance to the women in the latter study in terms of the ability to orgasm, was satisfaction with the noncoital sexual activities used.

Higher orgasmic rates correlated with lengthier penile intromission, and lower orgasmic rates correlated with shorter intromission in the Gebhard (1970) article. Swieczkowski and Walker (1978) again disagree. They did find,

however, that a longer duration of penile intromission was related to the experience of multiple orgasm in their subjects.

The couple's relationship. Not surprisingly, higher orgasm rates were found more frequently in women who were happy with their marriage. Conversely, women who were very unhappy with their marriages tended to report the lowest occurrence of orgasm (Gebhard, 1970). Swieczkowski and Walker (1978) also noted that their subjects claimed reduced orgasm ability during periods of hostility toward their husbands. Women with high orgasmic consistency furthermore tended towards ratings of satisfaction with their sex life as well as their marital relationship (Uddenberg, 1974).

Other sexual behaviors found to correlate with marital happiness included the wife's satisfaction with positions available in intercourse. Also, dissatisfaction with non-coital activities correlated with marital unhappiness (Swieczkowski & Walker, 1978).

In a more general vein, Heath (1978a & b) found that sexual compatibility and enjoyment in men was related to the reported skill of both their wives and themselves as lovers. For sexually satisfied couples, Kirkpatrick (1980) noted the

following: more frequent intercourse and a desire for an even higher frequency, less disagreement over initiation and frequency of intercourse, longer periods of foreplay, longer periods of penile intromission prior to ejaculation and greater female experience of orgasm both manually and in intercourse.

Chapter Conclusions and Summary

The chapter began with a discussion of marital sexual frequency. Counsellors should note that although average coital frequencies were reported from a few studies there is evidence to suggest that the range of marital coital frequency is quite large in normal couples. Also, there is a tendency for the frequency of coitus to decline with the length of the marriage. This is probably related to the advancing age of the couple.

While it appears that males generally desire sex more often than their wives, expectations about the spouse's preferred frequency might be an area where further communication is needed. Wives tend to overestimate their husband's preferences and husband's underestimate their wife's preference. A more satisfactory rate of intercourse for both might be very easily established.

The results of research into the occurrence of sexual problems suggest that counsellors can reassure their clients that some degree of sexual difficulty and dysfunction are fairly normal. A woman experiencing sexual problems can be assured that she is not alone. On the bases of the findings here, the counsellor is advised to encourage the women to share with her husband that she is experiencing problems sexually. He may not be aware that she has a problem or that the problem is serious.

Measures of both intercourse frequency and rate of sexual troubles figure in sexual satisfaction and marital happiness. This information might be important to counsellors in determining the factors involved in sexual dissatisfaction.

The second part of the chapter explored research on various sexual behaviors. Variety and experimentation with new sexual techniques seem to be missing from the sexually unsatisfying union. The counsellor can help here by giving the couple the "permission" and encouragement to try new methods of achieving sexual pleasure. Encouraging the wife to be creative, or exploring her resistance to try a variety of sexual activities might prove to be a vital part of sex-

ual therapy. The findings suggest that it is her sexual preferences which tend to govern the couple's sexual repertoire.

Negative attitudes toward masturbation were found to identify persons with sexual problems. Counsellors might find that exploration of feelings toward masturbation is helpful when a couple's sexual interaction is suffering.

The findings on the importance of lengthy foreplay and penile intromission in inducing female orgasm were inconclusive. It could be that satisfaction with the quality of precoital stimulation is more important to the women than the quantity of either foreplay or intromission. The counsellor might encourage a woman to be specific with her husband about what sexual activities excite her rather than suggest prolonged precoital stimulation or intromission in order to bring her to orgasm.

Overall it appears that the quantity and quality of a couple's sexual interaction does relate to their sexual satisfaction. While these variables should not be placed before consideration of the couple's marital relationship or the effect of intrapersonal influences on sexuality, neither should the particulars of a couple's sexual behavior be ignored in the process of sexual counselling.

CHAPTER VI

Conclusions

The purpose of the present review has been to gather together the rapidly expanding findings on marital sexuality so that conclusions on the basis of recent research might be made available to counsellors involved in sex therapy. The beginning of this chapter will bring together the recommendations to counsellors which have been presented throughout the review. Following that will be suggestions for further research in the area of marital sexuality.

Implications of the Findings For Counsellors

When faced with a couple who are dissatisfied sexually a counsellor need not immediately assume that their sexual problem stems from problems in other areas of their relationship. The findings from Chapter five suggest several specifically sexual problems which could alone result in serious dissatisfaction.

There are several indications, however, that the couple's nonsexual relationship may confound their sexual interaction. The ability of the couple to communicate with

each other, especially about sexual matters, may be an influencing factor in sexual satisfaction in marriage. Men especially need to be encouraged to do more listening, and women more talking about sexual concerns.

The findings from research on sexual compatibility and on the nondysfunctional partner in a sexually troubled marriage convey the mutuality of sexual satisfaction. It is recommended to counsellors that both partners from a sexually troubled marriage be involved in therapy in terms of participation and responsibility for the dissatisfaction.

The issue of responsibility may need to be explored carefully with a couple. Men tend to assume responsibility for their wives' and their own sexual problems and the wife may do little to counteract this belief. Exploration of the issue of responsibility for sexual satisfaction in a sexually distressed couple could benefit the process of sex therapy.

The results of this review suggest that the interplay of a couple's personality and mental health could be pertinent to sexual difficulties. A counsellor may be wise to focus upon how spouses have adapted to incompatibilities in personality between them.

Several specific intrapersonal aspects were noted to be related to sexual difficulty and dysfunction. This review suggests that psychological testing be conducted to determine if problems in mental health could be involved in marital sexual dissatisfaction. Counsellors might watch especially for indications of a poor self-concept, male extraversion, immaturity (especially interpersonally), obsessiveness and impulsiveness and anxiety, alone or in combination, and depression and hostility (especially intrapunitive).

The chapter which covered intrapersonal influences on marital sexual satisfaction also dealt with gender specific variables which relate to marital sexual satisfaction. The conclusion which can be drawn from this section of the review is that counsellors, especially if working without an opposite sex co-therapist, need to be aware that sexual satisfaction is a gender specific experience.

Women derive less pleasure from sex generally than do men and they also suffer greater difficulties and dysfunctions. A thorough understanding of both genders sexual response is recommended for all counsellors involved in sex therapy so that clients (especially women), can be educated

and encouraged to discover their own unique path to sexual fulfillment.

Counsellors are also advised that different behavioural changes may need to occur between spouses before their sexual union is a success. A man may need to relinquish a stereotypical extraverted and sexually responsible position in order to listen to his wife's sexual problems and preferences. A woman on the other hand, may need to accept responsibility for her own sexual satisfaction and then also assert herself far enough to communicate sexually to her husband. She also may need to consider experimentation with a variety of sexual techniques and to let her husband know what her preferences might be.

Chapter five points out to counsellors that normal couples fluctuate widely in their frequency of coitus and also that difficulties and dysfunctions are fairly common. It is normal as well that the frequency of intercourse decreases as the length of marriage increases, probably as a result of advancing age.

A sexual therapist might help married couples to be explicit with each other in terms of desired frequency of intercourse. This seems to be an area where a lack of communication could be contributing to dissatisfaction.

When the couple's sexual problem involves lack of orgasmic response in the woman, the results of this review do not clearly support prolonging precoital stimulation and penile intromission. Determining specific activities pleasurable to the wife may be an equally important route to female satisfaction.

Suggestions for Further Research

As was pointed out in the introduction to this review, the above conclusions are open to challenge from past studies which were missed as well as from future studies which were impossible to obtain. The purpose of the last section of this review is to make recommendations for areas and methodologies of future study. The areas of greatest weakness in the quality of past research can serve as a guide for future studies.

The use of random selection of subjects for participation in research into marital sexuality would allow for more statistically significant conclusions and would also result in much needed representative populations (Abramowitz & Sewell, 1980; Farley & Davis, 1980; Heath, 1978b; Kirkpatrick, 1980; Kupfer et al., 1977).

A complete description of research design and careful attention to appropriate procedures to reduce error were also wanting in several of the studies reviewed here. These weaknesses limit the usefulness of conclusions for others in the field, as was pointed out in the section on the limitations of literature reviews.

Munjack and Staples (1976) and Kirkpatrick (1980) both support the conclusion of this review that more measures of sexual dissatisfaction are needed. That these new measures need to be carefully validated, administered and described was also pointed out previously.

While this review suggests that the marital relationship does not dictate the couple's sexual interaction, marital problems were found to frequently be influential. Further research into the nature of the interplay between the marital relationship and sexual dissatisfaction is thus called for (Clement & Pfafflin, 1980; Hartman, 1980). Specific areas recommended by this review are the contribution of the invested partner (Derogatis & Meyer, 1979) and the effect of the prolonged marriage on the sexual interaction (Ard, 1977; Murphy et al., 1980).

The results by Farley and Davis (1980) on the differing effects on male and female sexual satisfaction of extraversion-introversion, neurosis and psychosis compatibility between couples are in need of validation. Also, within the domain of intrapersonal influences, the European findings (Mellan, 1971; Nettelbladt & Uddenberg, 1979; Mellan, 1971) on childhood mental health and relationships with parents are in need of replication with a North American population. The chapter on intrapersonal influences raised in addition the question of whether the anxiety which interferes with sexual satisfaction is coital specific (Cooper, 1969), of a broad clinical nature (Kupfer et al., 1977), or somewhere in between (Rosenheim & Neumann, 1981).

As several of the findings in the area of female sexuality appear to be novel or unclear this topic seems to be worthy of further exploration. Nowinski et al. (1981) recommended study into the effect on the couple's sexual repertoire of changes in female sexual preferences, or the male partner's perception of them. Without ignoring the contribution of the work by Hite (1976), there were no North American studies collected in this review which investigated the rate of female orgasm during coitus. It was also noted

that an uncertainty exists about the importance of lengthy precoital stimulation and penile intromission in effecting female orgasm (Gebhard, 1970; Swieczkowski & Walker, 1978). Interesting findings which contradict stereotypical expectations of what excites women sexually were also noted by Swieczkowski and Walker (1978) and should be followed up with more research.

In conclusion, it is hoped that researchers will also increase their attention to work that has been done in the field of marital sexuality and will search out studies of relevance to their topic. Perhaps this review will be of benefit in this way to experimenters as well as to practitioners in the field of marital sexual dissatisfaction.

BIBLIOGRAPHY

- Abramowitz, S. I., & Sewell, M. M. Marital adjustment and sex therapy outcome. Journal of Sex Research, 1980, 16 (4), 325-337.
- Apfelbaum, B. On the etiology of sexual dysfunction. Journal of Sex and Marital Therapy, 1977, 3, 50-62.
- Ard, B. N. Sex in lasting marriages. A longitudinal study. The Journal of Sex Research, 1977, 13, 274-285.
- Bell, R. R., Turner, S., & Rosen, I. A multivariate analysis of female extramarital coitus. Journal of Marriage and The Family, 1975, 37 (2), 375-384.
- Burton, G., & Kaplan, H. M. Sexual behavior and adjustment of married alcoholics. Quarterly Journal of Studies on Alcohol, 1968, 29, 603-609.
- Cherwick, A. B., & Cherwick, B. A. The role of ignorance in sexual dysfunction. Medical Aspects of Human Sexuality, 1970, 4, 114-121.

- Chisholm, I. D. Sexual problems in marriage. Non-consummation. Postgraduate Medical Journal, 1972, 48, 544-547.
- Clark, A. L., & Wallin, P. Women's sexual responsiveness and the duration and quality of their marriages. American Journal of Sociology, 1965, 71, 187-196.
- Clement, U., & Pfafflin, F. Changes in personality scores among couples subsequent to sex therapy. Archives of Sexual Behavior, 1980, 9(3), 235-244.
- Cole, C. M., Blakeney, P. E., Chan, F. A., Chesney, A. P., & Creson, D. L. The myth of symptomatic versus asymptomatic partners in the conjoint treatment of sexual dysfunction. Journal of Sexual and Marital Therapy, 1979, 5(2), 79-89.
- Cooper, A. J. A clinical study of "coital anxiety" in male potency disorders. Journal of Psychosomatic Research, 1969, 13(2), 143-147. (a)
- Cooper, A. J. Some personality factors in frigidity. Journal of Psychosomatic Research, 1969, 13, 149-155. (b)

- Cuber, J. F. Sex in the upper middle class. Medical Aspects of Human Sexuality, 1974, 8, 8-34.
- Cuber, J. F. The sexless marriage. Medical Aspects of Human Sexuality, 1969, 3(11), 19-33.
- Derogatis, L. R., & Meyer, J. K. The invested partner in sexual disorders: A profile. American Journal of Psychiatry, 1979, 136(12), 1545-1549.
- Derogatis, L. R., Meyer, J. K., & Gallant, B. W. Distinctions between male and female invested partners in sexual disorders. American Journal of Psychiatry, 1977, 134, 385-390.
- Dickes, S., & Strauss, D. Adverse reaction of the apparently healthy partner in response to improvement in the overtly dysfunctional partner. Journal of Sex and Marital Therapy, 1980, 6(2), 109-115.
- Duddle, M. Etiological factors in the unconsummated marriage. Journal of Psychosomatic Research, 1977, 21(2), 157-160.

Edwards, J. N., & Booth, A. The cessation of marital intercourse. American Journal of Psychiatry, 1976, 133 (11), 1333-1336.

Edwards, J. N., & Booth, A. Sexual behavior in and out of marriage: An assessment of correlates. Journal of Marriage and the Family, 1976, 38, 73-81.

Ellison, C. Psychosomatic factors in the unconsummated marriage. Journal of Psychosomatic Research, 1968, 12, 61-65.

Farley, F. H., & Davis, S. A. Personality and sexual satisfaction in marriage. Journal of Sex and Marital Therapy, 1980, 6(1), 56-62.

Feldman, K. A. Using the work of others: Some observations on reviewing and integrating. Sociology of Education, 1971, 44, 86-102.

Foster, A. L. Changes in marital sexual relationships following treatment for sexual dysfunctioning. Journal of Sex and Marital Therapy, 1978, 4(3), 186-197.

- Frank, E., Anderson, C., & Kupfer, D. J. Profiles of couples seeking sex therapy and marital therapy. American Journal of Psychiatry, 1976, 133(5), 559-562.
- Frank, E., Anderson, C. M., & Rubinstein, D. Frequency of sexual dysfunction in "normal" couples. New England Journal of Medicine, 1978, 299(3), 111-115.
- Frank, E., Anderson, C., & Rubinstein, D. Marital role strain and sexual satisfaction. Journal of Consulting and Clinical Psychology, 1979, 47(6), 1096-1103.
- Frank, E., & Kupfer, D. J. In every marriage there are two marriages. Journal of Sex and Marital Therapy, 1976, 2(2), 137-143.
- Gebhard, P. M. Factors in marital orgasm. In Ailon Shiloh (Ed.), Studies in Human Sexual Behavior: The American Scene. Springfield, Illinois: Charles C. Thomas Publisher, 1970.
- Goldberg, M. What sex means in a happy marriage. Medical Aspects of Human Sexuality, 1981, 15(11), 138-157.

- Golden, B. A. Honeymoon sexual problems. Medical Aspects of Human Sexuality, 1971, 5(5), 139-152.
- Good, C. V. Essentials of Educational Research Methodology and Design. New York: Meredith Publishing Company, 1966.
- Green, C. J. Review of the literature on the treatment of sexual dysfunction and a study of couples who received treatment at Loyola University Hospital (Doctoral Dissertation, Loyola University of Chicago, 1978). Dissertation Abstracts International, 1978, 39(3-A), p. 1339. (Order No. 7815870)
- Greene, B. L., Lee, R. R., & Lustig, N. Conscious and unconscious factors in marital infidelity. Medical Aspects of Human Sexuality, 1974, 8(9), 97-105.
- Hartman, L. M. Interface between sexual dysfunction and marital conflict. American Journal of Psychiatry, 1980, 137(5), 576-579.
- Heath, D. H. Marital sexual enjoyment and frustration of professional men. Archives of Sexual Behavior, 1978, 7(5), 463-476. (a)

- Heath, D. H. Personality correlates of the marital sexual compatibility of professional men. Journal of Sex and Marital Therapy, 1978, 4(2), 67-82. (b)
- Heath, D. H. Marital sexuality and the psychological health of professional men. Journal of Sex and Marital Therapy, 1979, 5(2), 103-116.
- Hite, S. The Hite Report. New York: Dell Publishing, 1976.
- Hyman, H. Secondary Analysis of Sample Surveys: Principles, Procedures, and Potentialities. New York: John Wiley, 1972.
- Kaplan, H. S. The New Sex Therapy. New York: Brunner-Mazel, 1974.
- Kaplan, H. S., & Kohl, R. N. Adverse reactions to the rapid treatment of sexual problems. Psychosomatics, 1972, 13(3), 185-190.
- Kaslow, F. What personal photos reveal about marital sex conflicts. Journal of Sex and Marital Therapy, 1979, 5(2), 134-141.

- Kaufman, S. A. Impact of infertility on the marital and sexual relationship. Fertility and Sterility, 1969, 20, 380-383.
- Kirkpatrick, C. S. Sex roles and sexual satisfaction in women. Psychology of Women Quarterly, 1980, 4 (4), 444-459.
- Kupfer, D. J., Rosenbaum, J. F., & Detre, T. P. Personality style and sexual functioning among psychiatric outpatients. Journal of Sex Research, 1977, 13 (4), 257-266.
- Levine, S. B. Marital sexual dysfunction. Introductory concepts. Annals of Internal Medicine, 1976, 84 (4), 448-453.
- Levinger, G. Systematic distortion in spouse's reports of preferred and actual sexual behavior. Sociometry, 1966, 29, 291-299.
- Masters, W. H., & Johnson, V. E. Human Sexual Response. Boston: Little, Brown, 1966.
- Masters, W., & Johnson, V. Human Sexual Inadequacy. Boston: Little, Brown, 1970.

- Masters, W. H., & Johnson, V. R. Sexual factors in marital discord. Family Law Quarterly, 1974, 8(2), 225-237.
- Mayadas, N. S., & Duehn, W. D. Measuring effects in behavioral sexual counselling with newly married couples. Journal of Sex Education and Therapy, 1977, 3(1), 33-37.
- Meisel, S. S. The treatment of sexual problems in marital and family therapy. Clinical Social Work Journal, 1977, 5(3), 200-209.
- Mellan, J. Interpersonal relationships of female patients with sexual disorders as assessed by Leary's test. Archives of Sexual Behavior, 1971, 1(3), 263-267.
- Mouly, G. J. Educational Research. The Art and Science of Investigation. Boston: Allyn and Bacon, Inc., 1978.
- Munjack, D. J., & Staples, F. R. Psychological characteristics of women with sexual inhibition (frigidity) in sex clinics. Journal of Nervous and Mental Disorders, 1976, 163, 117-123.
- Murphy, G. J., Hudson, W. W., & Cheung, P. P. L. Marital and sexual discord among older couples. Abstracts for Social Workers, 1980, 16(11), 11-16.

- Nettelbladt, E., & Uddenberg, N. Sexual dysfunction and sexual satisfaction in 58 Swedish men. Journal of Psychosomatic Research, 1979, 23(2), 141-147.
- Nowinski, J., Heiman, J. R., & LoPiccolo, J. Factors related to sexual behavior in nondysfunctional couples. American Journal of Family Therapy, 1981, 9(1), 14-23.
- Olson, D. H., & Laube, H. How different types of marital interaction affect sexual functioning. Medical Aspects of Human Sexuality, 1982, 16(5), 64-76.
- Ostow, M., & Cholst, B. Marital discord. New York State Journal of Medicine, 1970, 70(2), 257-266.
- Paredes, A. Marital-sexual factors in alcoholism. Medical Aspects of Human Sexuality, 1973, 7(4), 98-115.
- Paykel, E. S., & Weissman, M. M. Marital and sexual dysfunction in depressed women. Medical Aspects of Human Sexuality, 1972, 6(6), 72-101.
- Popham, W. J., & Sirotnik, K. A. Educational Statistics: Use and Interpretation (2nd ed.). New York: Harper and Row, 1973.

Rainwater, L. Some aspects of lower class sexual behavior.

Medical Aspects of Human Sexuality, 1968, 2, 15-25.

Reiss, I. L., Anderson, R. E., & Sponaugle, G. C. A multi-

variate model of the determinants of extra-marital sexual permissiveness. Journal of Marriage and the Family,

1980, 42, 395-411.

Rosen, A., & Berry, K. Attribution of responsibility for

marital sexual dysfunction and traditionalism. Journal of Social Service Research, 1978, 1(3), 287-297.

Rosenheim, E., & Newmann, M. Personality characteristics of

sexually dysfunctioning males and their wives. Journal of Sex Research, 1981, 17, 124-138.

Sager, C. J. The role of sex therapy in marital therapy.

American Journal of Psychiatry, 1976, 133, 555-558.

Scharff, D. E. Sex is a family affair. Sources of discord

and harmony. Journal of Sex and Marital Therapy, 1976, 2(1), 17-31.

Swieczkowski, J. B., & Walker, C. E. Sexual behavior corre-

lates of female orgasm and marital happiness. Journal of Nervous and Mental Disease, 1978, 166(5), 335-342.

- Taveggia, T. Resolving research controversy through empirical cumulation. Sociological Methods and Research, 1974, 2(4), 395-407.
- Tullman, G. M., Gilner, F. H., Kolodny, R. C., Dornbush, R. L., & Tullman, G. D. The pre- and post-therapy measurement of communication skills of couples undergoing sex therapy at the Masters and Johnson Institute. Archives of Sexual Behavior, 1981, 10(2), 95-109.
- Uddenberg, N. Psychological aspects of sexual inadequacy in women. Journal of Psychosomatic Research, 1974, 18, 33-47.
- Wallin, P., & Clark, A. L. Religiosity, sexual gratification, and marital-satisfaction in the middle years of marriage. In Ailon Shiloh (Ed.), Studies in Human Sexual Behavior: The American Scene. Springfield, Illinois: Charles C. Thomas Publisher, 1970.
- Whitehead, A., & Mathews, A. Attitude change during behavioral treatment of sexual inadequacy. British Journal of Social and Clinical Psychology, 1977, 16, 275-281.

APPENDIX A: Ratings of Quality of Research

<u>Aspect of Research</u>	<u>Author(s)</u>			
	Abramowitz & Sewell, 1980	Ard, 1977	Clement & Pfafflin 1980	Cole et al. 1979
<u>Problem</u>				
Clarity	+	+	+	+
Delimitation	+	+	+	+
Significance	+	+	+	+
<u>Hypothesis/Purpose</u>				
Clarity	+	+	x	+
Related to problem	+	+	+	+
Testable/Workable	+	+	+	+
<u>Assumptions</u>				
Stated	+	+	+	+
<u>Limitations</u>				
Stated	+	+	+	x
<u>Terms</u>				
Defined	+	+	+	+
<u>Literature Review</u>				
Covers all variables	+	x	x	+
Problem yet unsolved	+	+	+	+
Bibliographical information	+	+	+	+
<u>Research Design</u>				
Fully described	NA*	x	x	x
<u>Subjects</u>				
Sampling	x	x	x	NA*
Described	+	+	x	+
Awareness	+	x	+	+
Controls	NA	NA	+	NA
<u>Data Collection</u>				
Described	NA*	x	+	x
Adequate procedures	NA*	x	+	+
Validity and reliability	+	x	+	x
<u>Data Analysis</u>				
Techniques appropriate	+	+	+	+

Aspect of ResearchAuthor(s)

	Abramowitz & Sewell, 1980	Ard, 1977	Clement & Pfafflin 1980	Cole et al. 1979
--	---------------------------------	--------------	-------------------------------	------------------------

Findings

Appropriately applied	+	+	x	+
Objectively reported	+	+	+	+
Conclusions clear	+	x	+	+

Style

Clear	+	+	+	+
Neat	+	+	+	+

Overall rating of quality	25/26	18/26	20/26	22/26
---------------------------	-------	-------	-------	-------

+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere

<u>Aspect of Research</u>	<u>Author (s)</u>		
	Cooper 1969 (a)	Cooper 1969 (b)	Derogatis & Meyer 1979
<u>Problem</u>			
Clarity	+	+	+
Delimitation	+	+	+
Significance	+	+	+
<u>Hypothesis/Purpose</u>			
Clarity	+	+	+
Related to problem	+	+	+
Testable/Workable	+	+	+
<u>Assumptions</u>			
Stated	+	+	+
<u>Limitations</u>			
Stated	+	x	+
<u>Terms</u>			
Defined	+	+	+
<u>Literature Review</u>			
Covers all variables	x	+	x
Problem yet unsolved	+	+	+
Bibliographical information	+	+	+
<u>Research Design</u>			
Fully described	+	x	+
<u>Subjects</u>			
Sampling	x	x	x
Described	+	+	+
Awareness	+	x	+
Controls	NA	NA	x
<u>Data Collection</u>			
Described	+	x	+
Adequate procedures	+	+	+
Validity and reliability	x	+	+
<u>Data Analysis</u>			
Technique appropriate	+	+	+

Aspect of ResearchAuthor(s)

	Cooper 1969 (a)	Cooper 1969 (b)	Derogatis & Meyer 1979
<u>Findings</u>			
Appropriately applied	+	+	+
Objectively reported	+	+	+
Conclusions clear	+	+	+
<u>Style</u>			
Clear	x	+	+
Neat	+	+	+
Overall rating of quality	22/26	21/26	23/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere			

<u>Aspect of Research</u>	<u>Author (s)</u>			
	Derogatis et al. 1977	Edwards & Booth 1976	Farley & Davis 1980	Foster 1978
<u>Problem</u>				
Clarity	+	+	+	+
Delimitation	+	+	+	+
Significance	+	+	+	+
<u>Hypothesis/Purpose</u>				
Clarity	+	+	+	+
Related to problem	+	+	+	+
Testable/Workable	+	+	+	+
<u>Assumptions</u>				
Stated	+	+	x	+
<u>Limitations</u>				
Stated	x	+	+	+
<u>Terms</u>				
Defined	+	+	+	+
<u>Literature Review</u>				
Covers all variables	+	+	+	x
Problem yet unsolved	+	+	+	+
Bibliographical information	+	+	x	+
<u>Research Design</u>				
Fully described	x	x	+	+
<u>Subjects</u>				
Sampling	x	+	x	x
Described	+	+	+	+
Awareness	+	x	x	+
Controls	NA	NA	NA	x
<u>Data Collection</u>				
Described	+	+	+	+
Adequate procedures	+	+	x	x
Validity and reliability	+	x	x	+
<u>Data Analysis</u>				
Techniques appropriate	+	+	+	+

Aspect of ResearchAuthor(s)

	Derogatis et al. 1977	Edwards & Booth 1976	Farley & Davis 1980	Foster 1978
--	-----------------------------	----------------------------	---------------------------	----------------

Findings

Appropriately applied	+	+	+	+
Objectively reported	+	+	x	+
Conclusions clear	+	+	+	+

Style

Clear	+	+	x	+
Neat	+	+	+	+

Overall rating of quality 23/26 23/26 18/26 22/26

+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere

<u>Aspect of Research</u>	<u>Author (s)</u>			
	Frank et al. 1976	Frank et al. 1978	Frank et al. 1979	Frank & Kupfer 1976
<u>Problem</u>				
Clarity	+	+	+	+
Delimitation	+	+	+	+
Significance	+	+	+	+
<u>Hypothesis/Purpose</u>				
Clarity	+	+	+	+
Related to problem	+	+	+	+
Testable/Workable	+	+	+	+
<u>Assumptions</u>				
Stated	+	+	+	x
<u>Limitations</u>				
Stated	+	+	+	+
<u>Terms</u>				
Defined	+	+	+	+
<u>Literature Review</u>				
Covers all variables	x	+	x	x
Problem yet unsolved	+	+	x	+
Bibliographical information	+	+	+	x
<u>Research Design</u>				
Fully described	+	+	+	+
<u>Subjects</u>				
Sampling	x	x	x	x
Described	+	+	+	+
Awareness	+	+	+	+
Controls	NA	NA	x	NA
<u>Data Collection</u>				
Described	+	+	+	+
Adequate procedures	+	+	x	x
Validity and reliability	x	x	+	x
<u>Data Analysis</u>				
Techniques appropriate	+	+	+	+

Aspect of ResearchAuthor(s)

	Frank et al. 1976	Frank et al. 1978	Frank et al. 1979	Frank & Kupfer 1976
<u>Findings</u>				
Appropriately applied	+	+	+	+
Objectively reported	+	+	+	+
Conclusions clear	+	+	+	+
<u>Style</u>				
Clear	+	+	+	+
Neat	+	+	+	+
Overall rating of quality	23/26	24/26	21/26	20/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere				

<u>Aspect of Research</u>	<u>Author (s)</u>			
	Gebhard 1970	Hartman, 1980	Heath, 1978 (a)	Heath, 1978 (b)
<u>Problem</u>				
Clarity	+	+	+	+
Delimitation	+	+	+	+
Significance	+	+	+	+
<u>Hypothesis/Purpose</u>				
Clarity	+	+	+	X
Related to problem	+	+	+	+
Testable/Workable	X	X	+	+
<u>Assumptions</u>				
Stated	+	+	+	+
<u>Limitations</u>				
Stated	+	+	+	+
<u>Terms</u>				
Defined	+	+	+	+
<u>Literature Review</u>				
Covers all variables	+	X	+	+
Problem yet unsolved	+	+	+	+
Bibliographical information	X	+	+	+
<u>Research Design</u>				
Fully described	X	X	X	X
<u>Subjects</u>				
Sampling	X	X	X	X
Described	X	X	+	+
Awareness	X	X	X	X
Controls	NA	+	NA*	NA
<u>Data Collection</u>				
Described	+	X	X	X
Adequate procedures	+	+	+	+
Validity and reliability	X	+	+	+
<u>Data Analysis</u>				
Techniques appropriate	+	+	+	X

<u>Aspect of Research</u>	<u>Author(s)</u>			
	Gebhard 1970	Hartman, 1980	Heath, 1978 (a)	Heath, 1978 (b)
<u>Findings</u>				
Appropriately applied	+	+	+	+
Objectively reported	+	+	+	+
Conclusions clear	+	+	+	+
<u>Style</u>				
Clear	+	+	+	+
Neat	+	+	+	+
Overall rating of quality	19/26	19/26	22/26	20/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere				

<u>Aspect of Research</u>	<u>Author (s)</u>		
	Heath 1979	Kirkpatrick 1980	Kupfer et al. 1977
<u>Problem</u>			
Clarity	+	+	+
Delimitation	+	+	+
Significance	+	+	+
<u>Hypothesis/Purpose</u>			
Clarity	+	+	+
Related to problem	+	+	x
Testable/Workable	+	+	x
<u>Assumptions</u>			
Stated	+	+	+
<u>Limitations</u>			
Stated	+	+	+
<u>Terms</u>			
Defined	+	+	+
<u>Literature Review</u>			
Covers all variables	+	+	+
Problem yet unsolved	+	+	+
Bibliographical information	+	+	x
<u>Research Design</u>			
Fully described	x	+	x
<u>Subjects</u>			
Sampling	x	x	x
Described	+	+	+
Awareness	x	x	x
Controls	NA	NA	NA
<u>Data Collection</u>			
Described	+	+	x
Adequate procedures	+	+	x
Validity and reliability	+	x	+
<u>Data Analysis</u>			
Techniques appropriate	+	+	+

Aspect of ResearchAuthor(s)

	Heath 1979	Kirkpatrick 1980	Kupfer et al. 1977
<u>Findings</u>			
Appropriately applied	+	+	+
Objectively reported	x	+	x
Conclusions clear	+	+	+
<u>Style</u>			
Clear	+	+	x
Neat	+	+	+
Overall rating of quality	22/26	23/26	16/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere			

<u>Aspect of Research</u>	<u>Author (s)</u>			
	Levinger 1966	Mayadas & Duehn 1977	Mellan 1971	Munjack & Staples 1976
<u>Problem</u>				
Clarity	+	+	X	+
Delimitation	+	+	X	+
Significance	+	+	X	+
<u>Hypothesis/Purpose</u>				
Clarity	+	+	X	+
Related to problem	X	X	X	+
Testable/Workable	+	+	X	+
<u>Assumptions</u>				
Stated	+	+	+	+
<u>Limitations</u>				
Stated	X	+	+	+
<u>Terms</u>				
Defined	+	+	X	+
<u>Literature Review</u>				
Covers all variables	X	X	X	+
Problem yet unsolved	+	X	+	+
Bibliographical information	+	+	+	+
<u>Research Design</u>				
Fully described	NA*	+	X	X
<u>Subjects</u>				
Sampling	NA*	X	X	X
Described	+	+	X	+
Awareness	X	+	X	X
Controls	NA	NA	+	+
<u>Data Collection</u>				
Described	+	+	X	X
Adequate procedures	+	+	X	X
Validity and reliability	X	+	X	+
<u>Data Analysis</u>				
Techniques appropriate	+	+	+	+

Aspect of ResearchAuthor(s)

	Levinger 1966	Mayadas & Duehn 1977	Mellan 1971	Munjack & Staples 1976
<u>Findings</u>				
Appropriately applied	+	+	+	+
Objectively reported	+	+	+	+
Conclusions clear	+	x	x	+
<u>Style</u>				
Clear	+	+	+	x
Neat	+	+	+	+
Overall rating of quality	21/26	21/26	10/26	20/26

+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere

<u>Aspect of Research</u>	<u>Author (s)</u>		
	Murphy et al. 1980	Nettelbladt & Uddenberg 1979	Nowinski et al. 1981
<u>Problem</u>			
Clarity	+	+	+
Delimitation	+	+	+
Significance	+	+	+
<u>Hypothesis/Purpose</u>			
Clarity	+	+	+
Related to problem	x	+	+
Testable/Workable	+	+	+
<u>Assumptions</u>			
Stated	+	+	+
<u>Limitations</u>			
Stated	+	+	+
<u>Terms</u>			
Defined	+	+	+
<u>Literature Review</u>			
Covers all variables	+	x	+
Problem yet unsolved	+	+	+
Bibliographical information	+	+	+
<u>Research Design</u>			
Fully described	+	+	+
<u>Subjects</u>			
Sampling	x	+	x
Described	+	+	+
Awareness	x	+	x
Controls	NA	NA	NA
<u>Data Collection</u>			
Described	+	+	+
Adequate procedures	+	+	x
Validity and reliability	+	x	+
<u>Data Analysis</u>			
Techniques appropriate	+	+	+

Aspect of ResearchAuthor(s)

	Murphy et al. 1980	Nettelbladt & Uddenberg 1979	Nowinski et al. 1981
<u>Findings</u>			
Appropriately applied	+	+	+
Objectively reported	+	+	+
Conclusions clear	+	+	+
<u>Style</u>			
Clear	x	+	+
Neat	+	+	+
Overall rating of quality	22/26	24/26	23/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere			

<u>Aspect of Research</u>	<u>Author (s)</u>		
	Rosen & Berry 1978	Rosenheim & Neumann 1981	Swieczkowski & Walker 1978
<u>Problem</u>			
Clarity	x	x	+
Delimitation	+	x	+
Significance	+	+	+
<u>Hypothesis/Purpose</u>			
Clarity	+	+	+
Related to problem	+	+	+
Testable/Workable	+	+	+
<u>Assumptions</u>			
Stated	+	+	+
<u>Limitations</u>			
Stated	+	+	+
<u>Terms</u>			
Defined	+	+	+
<u>Literature Review</u>			
Covers all variables	+	x	+
Problem yet unsolved	+	+	+
Bibliographical information	+	+	+
<u>Research Design</u>			
Fully described	x	+	x
<u>Subjects</u>			
Sampling	x	x	x
Described	x	+	x
Awareness	+	+	x
Controls	NA	x	NA
<u>Data Collection</u>			
Described	x	+	+
Adequate procedures	x	+	x
Validity and reliability	x	+	+
<u>Data Analysis</u>			
Techniques appropriate	+	+	+

Aspect of ResearchAuthor(s)

	Rosen & Berry 1978	Rosenheim & Neumann 1981	Swieczkowski & Walker 1978
<u>Findings</u>			
Appropriately applied	+	+	+
Objectively reported	+	+	+
Conclusions clear	+	+	+
<u>Style</u>			
Clear	+	+	+
Neat	+	+	+
Overall rating of quality	19/26	21/26	21/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere			

<u>Aspect of Research</u>	<u>Author (s)</u>		
	Tullman et al. 1981	Uddenberg 1974	Whitehead & Mathews 1977
<u>Problem</u>			
Clarity	+	x	+
Delimitation	+	x	+
Significance	+	+	+
<u>Hypothesis/Purpose</u>			
Clarity	+	x	x
Related to problem	+	+	+
Testable/Workable	+	+	x
<u>Assumptions</u>			
Stated	+	+	+
<u>Limitations</u>			
Stated	+	+	x
<u>Terms</u>			
Defined	+	+	+
<u>Literature Review</u>			
Covers all variables	+	+	+
Problem yet unsolved	+	+	+
Bibliographical information	+	+	+
<u>Research Design</u>			
Fully described	x	+	x
<u>Subjects</u>			
Sampling	x	+	NA*
Described	x	+	NA*
Awareness	x	+	NA*
Controls	+	NA	NA
<u>Data Collection</u>			
Described	+	+	x
Adequate procedures	+	+	+
Validity and reliability	+	x	NA
<u>Data Analysis</u>			
Techniques appropriate	+	+	+

Aspect of ResearchAuthor(s)

	Tullman et al. 1981	Uddenberg 1974	Whitehead & Mathews 1977
<u>Findings</u>			
Appropriately applied	+	+	+
Objectively reported	x	+	+
Conclusions clear	+	+	+
<u>Style</u>			
Clear	+	+	+
Neat	+	+	+
Overall rating of quality	21/26	22/26	21/26
+ = ok, x = weak, NA = not applicable, NA* = reported elsewhere			

Totals of Weaknesses in Each Aspect Across Studies

<u>Aspect of Research</u>	<u>X Totals</u>
---------------------------	-----------------

Problem

Clarity	4
Delimitation	3
Significance	1

Hypothesis/Purpose

Clarity	5
Related to problem	5
Testable/Workable	5

Assumptions

Stated	2
--------	---

Limitations

Stated	5
--------	---

Terms

Defined	1
---------	---

Literature Review

Covers all variables	14
Problem yet unsolved	2
Bibliographical information	4

Research Design

Fully described	18
-----------------	----

Subjects

Sampling	29
Described	7
Awareness	18
Controls	4

Data Collection

Described	11
Adequate procedures	11
Validity and reliability	15

Data Analysis

Techniques appropriate	1
------------------------	---

Aspect of ResearchX Totals

Findings

Appropriately applied

1

Objectively reported

4

Conclusions clear

3

Style

Clear

5

Neat

0

APPENDIX B: DESCRIPTION OF RESEARCH ARTICLES

<u>Author</u>	- Abramowitz & Sewell, 1980.
<u>Evaluation</u>	- 25
<u>Problem</u>	- What is the effect of marital adjustment on responsiveness to sex therapy?
<u>Subjects</u>	- 15 married couples who underwent treatment for sexual dysfunction.
<u>Instrument</u>	- Marital Adjustment scale. - Sexual Interaction Inventory. - Patient and therapist ratings of outcome.
<u>Findings</u>	- Data did not support the hypothesis that those with poor marital adjustment are poor candidates for sex therapy. - Changes noted in self-acceptance, sexual sexual pleasure, accepting one's mate, with reversed trends for men and women depending on pretreatment marital adjustment.

<u>Author</u>	- Ard, 1977.
<u>Evaluation</u>	- 18
<u>Problem</u>	- Does the passing of time effect sexual attraction in marriage?
<u>Subjects</u>	- 161 couples still married after 20 years who volunteered for a longitudinal study of marriage.
<u>Instrument</u>	- 42 variables of sexual behavior and attitudes.
<u>Findings</u>	- Both men and women had positive anticipation of sex from start of marriage and currently experienced pleasure; men were higher on both measures. - Most individuals had changed their early ideas of sex. - Frequency of intercourse had dropped. - Husbands continued to desire more sex than wives. - 70% of wives were usually orgasmic. - 36% of husbands were occasionally impotent. - Differences between spouses in opinions about sex had negative effects on the marriage.

<u>Author</u>	- Clement & Pfafflin, 1980.
<u>Evaluation</u>	- 20
<u>Problem</u>	- Does removal of sexual dysfunction lead to stabilization of personality areas disturbed in cases of sexual dysfunction.
<u>Subjects</u>	- 92 couples who completed sex therapy in a West German clinic at follow up year later.
<u>Instruments</u>	- Giessen Test. - Freiburg Personality Inventory. - Sexual Attitude Scale.
<u>Findings</u>	- Therapy for sexual functioning ran parallel to statistically significant changes in positive self-perception, and especially reduced neuroticism. - Changes in sexually functioning partner were in same direction but to a lesser extent than dysfunctioning partner. - Female patients exhibited increasing permissiveness, egalitarian and realistic attitudes toward sex. - Male patients decreased in reactive-aggressivity, masculine-stereotyped behavior and extraversion. - Changes in male patients suggested a relinquishing of chauvinist behavior after therapy.

<u>Author</u>	- Cole, Blakeney, Chan, Chesney, & Creson, 1979.
<u>Evaluation</u>	- 22
<u>Problem</u>	- Are there differences in background variables and treatment outcome between symptomatic and asymptomatic partners which justify the use of the separate diagnoses?
<u>Subjects</u>	- 76 symptomatics and 54 asymptomatics who had participated in previous treatment for sexual inadequacy.
<u>Instruments</u>	- Sexual Attitudes and Background Questionnaire. - A comprehensive follow-up questionnaire eva-

- luating current marital and sexual functioning.
- Findings
- When age and sex were accounted for symptomatic and asymptomatic persons do not differ significantly on familial backgrounds and early sexual experiences; same trend existed at follow-up.
 - The diagnostic categories of symptomatic and asymptomatic do not tend to be useful for comparing predisposing factors nor predicting outcomes for treatment of sexual dysfunctioning couples; categories may even perpetuate blaming which negatively effects outcome.

- Author
- Evaluation
- Problem
- Subjects
- Instruments
- Findings
- Cooper, 1969 (a).
 - 22
 - To develop a psychosomatic concept of "coital anxiety" and to examine its clinical usefulness, especially as a prognostic tool in male potency disorders.
 - 49 patients with a primary disorder of potency who had attended 20 treatment sessions.
 - 4 point psychosomatic scale of anxiety.
 - Reporting on point at which anxiety began to accompany the sexual disorder - early or late.
 - 94% of patients experienced anxiety during coitus.
 - Fear of failure was the most frequently mentioned anxiety.
 - Patients in the "early onset" coital anxiety group did significantly better in therapy than those in "late onset" of anxiety group.

- Author
- Evaluation
- Problem
- Cooper, 1969 (b).
 - 21
 - To provide basic psychological data on the personality of the frigid female, including factors frequently cited, neuroticism, anxiety and hostility.

- Subjects - 41 female subjects with a primary disorder of frigidity.
- Instruments - Neuroticism Scale Questionnaire.
- Hostility Scale.
- Findings - The mean hostility score was very high as was the score on toughmindedness and anxiety.
- Typical frigid woman had immature hysterical personality, with prominent resentment, attention seeking behavior and marked emotional immaturity; she was toughminded in her refusal to communicate with male partner and a belief "that it was all his fault."; hostility and resentment were often generalized to the whole male sex.
-

- Author - Derogatis & Meyer, 1979.
- Evaluation - 23
- Problem - To develop an appreciation of who invested partners are and how they contribute to the dysfunctional status of their partners.
- Subjects - 51 sexually asymptomatic partners of patients at Sexual Behavior Consultation Unit.
- Instruments - Derogatis Sexual Functioning Inventory.
- Findings - Female invested partners engaged in a significantly constricted range of sexual activities and revealed significantly lower sex drives than controls.
- Male invested partners had significantly lower femininity scores and somewhat lower scores on endorsement of specific sexual experiences.
- Degree of sexual satisfaction was similar in partners and their patient spouses.
-

- Author - Derogatis, Meyer & Gallant, 1977.
- Evaluation - 23
- Problem - To examine the characteristics of the invested partner in sexual dysfunction and the differences between male and females in this role.

- Subjects - 48 sexually asymptomatic partners of patients at Sexual Behaviors Consultation Unit.
- Instruments - SCL-90; an outpatient psychiatric rating scale.
- Findings - Male invested partners showed significantly more psychological symptoms than female invested partners but about the same symptom distress levels as sexually dysfunctional men.
- Female invested partners were not asymptomatic but showed significantly lower levels of psychological distress than their male counterparts, or dysfunctional women.

- Author - Edwards & Booth, 1976.
- Evaluation - 23
- Problem - To formulate a theory of marital and extra-marital sexual behavior in terms of social background and marital variables.
- To determine the efficiency of the different factors in explaining sexual behavior.
- Subjects - 294 women and 213 men in a stratified probability sample of Toronto families.
- Instruments - 18 variables pertaining to social background and marital relationships.
- Findings - Marital variables best accounted for variations in sexual patterns although type of behavior and sex of subject were important.
- Sexual behavior was largely contextual, determined more by present than past circumstances.
- The more severe the marital strain the lower the frequency of marital coitus; as latter became less frequent, extramarital involvement was more likely to occur.

- Author - Farley and Davis, 1980.
- Evaluation - 18
- Problem - To investigate the role of personality in

- sexual satisfaction, especially extraversion-introversion, neuroticism, and psychoticism.
- Subjects - 102 married couples who were living in university-owned student housing at a large mid-western U.S. public university.
- Instruments - PEN (psychoticism, extraversion-introversion, neuroticism) inventory.
- Farley and Davis Marital Sexual Activity and Satisfaction Inventory.
- Findings - Female's sexual satisfaction was highest when her husband's personality was similar to hers on extraversion-introversion and neuroticism.
- Males had greatest sexual satisfaction when their wife was similar to them on psychoticism scores.
- Females are more sensitive to personality than males.
- Males resonate to less healthy aspects of personality.

- Author - Foster, 1978.
- Evaluation - 22
- Problem - To report on the effect of successful sexual therapy upon the couple interaction as well as the sexual response.
- Subjects - 10 couples who were the first to complete treatment at a California clinic.
- Instruments - Sexual Compatibility Test.
- Findings - Significant before and after treatment changes on amount of sexual activity, amount of sexual communication, level of sexual pleasure and the ability to perceive accurately a mate's sexual preferences and pleasures.
- Significant changes also in the dysfunctional scores.

- Author - Frank, Anderson and Kupfer, 1976.
- Evaluation - 23
- Problem - To examine similarities and differences be-

- tween those who seek marital and those who seek sexual therapy, as it is often assumed that the two therapies attack different problems.
- Subjects - 54 couples who presented at the Family Therapy Unit (29) or Sexual Behavior Center (25) at the University of Pittsburgh School of Medicine.
- Instruments - KDS - 15, an initial marital evaluation form.
- Findings
- Two groups were similar on sexual and marital difficulties.
 - Sex therapy couples less conservative, more thoughtful, basically happy with each other, less impulsive and more mature.
 - Marital couples had antagonistic relationships; more dependence; often did not have enough money to meet needs.
 - Difference in terms of (1) expectations of marriage; (2) specific complaints about marriage; (3) method of handling disagreements; and (4) overall satisfaction with sex life and marriage.
-
- Author - Frank, Anderson and Rubinstein, 1978.
- Evaluation - 24
- Problem - What constitutes normal sexual functioning within stable marital units?
- Subjects - 100 volunteer couples who believed their marriages were working.
- Instruments - Section of KDS-15 which focuses on couple's sexual relationship.
- Findings
- 40% of men report erectile or ejaculatory dysfunction; 63% women report arousal or orgasmic dysfunction.
 - 50% of men and 77% of women had nondysfunctional difficulties.
 - The number of difficulties was more strongly related to sexual dissatisfaction than number of dysfunctions.
 - Wife's dysfunctions least impact on frequency and her difficulties caused the greatest problems.

<u>Author</u>	- Frank, Anderson and Rubinstein, 1979.
<u>Evaluation</u>	- 21
<u>Problem</u>	- To look at specific role areas within which different kinds of distressed couples have problems.
	- To examine the relationship of marital role tension to sexual satisfaction.
<u>Subjects</u>	- 80 volunteer couples, 50 marital therapy couples, and 50 sex therapy couples at Psychiatric clinic.
<u>Instruments</u>	- Portions of KDS-15 about (a) marital role behavior, and (b) sexual difficulties.
<u>Findings</u>	- Lower levels of role strain were found in nonpatient group than either patient group.
	- In all groups a higher level of role strain in an individual correlated with increased sexual dissatisfaction suggesting a relationship between self-esteem in terms of role fulfillment and satisfying sexual relationship; finding specific to self, as no relationship between husband/wife discrepancy on role response and sexual dissatisfaction was found.

<u>Author</u>	- Frank and Kupfer, 1976.
<u>Evaluation</u>	- 20
<u>Problem</u>	- Are their differing effects on the marriage or sexual relationship stemming from discrepancies in the way husband and wife view the marriage?
<u>Subjects</u>	- 20 couples from the Family Therapy Unit and 20 couples from Sexual Behavior Center at a Psychiatric Clinic.
<u>Instrument</u>	- Relevant sections of Marital Questionnaire, KDS-15.
<u>Findings</u>	- Marital patients received significantly higher scores on discrepancies in rating the quality of the marriage, specific complaints about the marriage and concerns about male sexual difficulties.

<u>Author</u>	- Gebhard, 1970.
<u>Evaluation</u>	- 19
<u>Problem</u>	- To examine the importance of foreplay and duration of penile intromission in inducing female orgasm.
<u>Problem</u>	- 1026 volunteer women who were in intact, stable marriages.
<u>Instruments</u>	- An interview designed to elicit information about sexual behavior and attitudes from childhood to present.
<u>Findings</u>	- Very happy marriages contain women who orgasm more frequently. - Longer periods of foreplay also seemed to result in higher frequency of orgasm. - Also a tendency for longer intromission to result in higher orgasm rates.

<u>Author</u>	- Hartman, 1980.
<u>Evaluation</u>	- 19
<u>Problem</u>	- To investigate empirically the relationship between sexual dysfunction and marital conflict.
<u>Subjects</u>	- 20 couples referred for family treatment to a Canadian Psychiatric Institute.
<u>Instruments</u>	- Marital Happiness Scale. - Videotaped discussions. - Couple Evaluation Scale.
<u>Findings</u>	- Couples with only sexual dysfunction differed significantly from those with only marital or both marital and sexual dysfunction; seemed to have better marital adjustment. - A good sexual relationship is neither a necessary or sufficient component of a satisfactory marriage and conversely sexual problems may emerge even in a functional relationship.

<u>Author</u>	- Heath, 1978 (a).
<u>Evaluation</u>	- 22
<u>Problem</u>	- To objectively examine Masters and Johnson's

- hypothesis that sexual pleasure is induced by psychological and interpersonal maturity, mutuality in need fulfillment and a vital and creative marriage.
- Subjects - Data on enjoyment from 59, and data on frustration from 55 professional men who completed the relevant items as part of a longitudinal study on maturing.
- Instruments - Items from Heath 1978(b) which related to the study of sexual pleasure and frustration.
- Findings - Masters and Johnson hypothesis was confirmed that sexual pleasure is enhanced in psychologically mature and healthy men whose interpersonal relations are mature, who are engaged with their spouse in a mutual fulfillment of each other's needs and whose marriages are happy and satisfying.
- Sexual frustration was less consistently related to psychological unhealthiness, interpersonal immaturity, inadequate marital communication and marital unhappiness.

- Author - Heath, 1978 (b).
- Evaluation - 20
- Problem - To examine the personality and interpersonal correlates of marital sexual compatibility as well as the relation to marital sexual frequency, pleasure and frustration.
- Subjects - 60 married professional men in their early 30's who were part of a longitudinal study of maturing.
- Instruments - MMPI, Rorschach, Self-Image Questionnaire, Perceived Self Questionnaire.
- A Valuator Test.
- 2 1/2 hour focused interview.
- Terman's Ideal Marriage Questionnaire.
- Sex questionnaire.
- Findings - Sexual compatibility was significantly related to 39% of the more than 400 measures of adult personality and interpersonal relationships.
- Sexual compatibility was moderately related

to sexual pleasure and satisfaction, but not to marital coital frequency.

- Increasing sexual compatibility was consistently related to increasing psychological maturity, interpersonal maturity and the mutuality of the marriage relationship, to effectiveness in fulfilling various adult roles and to marital happiness.

<u>Author</u>	- Heath, 1979.
<u>Evaluation</u>	- 22
<u>Problem</u>	- To examine the relation of psychological health to sexual frequency, enjoyment, frustration and marital sexual compatibility.
<u>Subjects</u>	- 68 successful professional men who had been selected to represent a range of maturity in their college years in a longitudinal study.
<u>Instruments</u>	- MMPI, Rorschach Self Image Questionnaire, judge and self-evaluation. - Perceived Self Questionnaire. - Composite judge ratings on psychological health and self ratings in the past and present. - Percentage of statements about maturing. - Kelly's Sex Questionnaire. - Terman's Ideal Marriage Questionnaire.
<u>Findings</u>	- Psychological health did not predict frequency of intercourse or degree of frustration but was clearly associated with sexual pleasure and especially with marital sexual compatibility. - Likely that marital sexual compatibility was assessing some complex personality attributes associated with the healthiness of an intimate relationship.

<u>Author</u>	- Kirkpatrick, 1980.
<u>Evaluation</u>	- 23
<u>Problem</u>	- To investigate the relationships among sexual satisfaction, femininity and feminism in women.
<u>Subjects</u>	- 199 couple volunteers from university

- classes, and local woman's organizations.
- Instruments
- MMPI masculinity-femininity scale.
 - Attitudes Toward Women.
 - Sexual Interaction Inventory.
 - Sexual Behavior Questionnaire.
- Findings
- No relationship between sexual satisfaction and femininity.
 - Sexually satisfied females scored higher on feminism.
 - High within couple differences on feminism scores were significantly more common in sexually dissatisfied couples.
 - Strongest predictor of couple's sexual satisfaction was female's feminism score, followed by male's feminism scores and then feminism difference in couples.
 - Feminism scores appeared to be related to some sexual behavior.

- Author
- Evaluation
- Problem
- Subjects
- Instruments
- Findings
- Kupfer, Rosenbaum and Detre, 1977.
 - 16
 - To examine the relationship between sexual difficulties and four personality styles (anxious, impulsive, obsessive and phobic).
 - 185 outpatients consecutively admitted to a U. S. psychiatric clinic.
 - KDS 3 questionnaire.
 - Chronic anxiety was associated with changes in sexual interest and activity and thoughts of ending the marriage.
 - Significant degree of impulsivity noted in groups with a history of difficulty with sexual relations.
 - Women having difficulty getting along with spouse and a history of low arousability were high on anxiety and impulsivity; those with acute onsets in arousability problems were not high in any profiles.
 - Chronic premature ejaculation connected to chronic anxiety.

- Author
- Levinger, 1966.

- Evaluation Problem - 21
 - To test previous findings: tendency to deny husband's lower desire for intercourse; and whether respondent's perceived similarity of spouse's preferred sexual frequency varies positively with own satisfaction with marriage.
- Subjects - 36 couples who were parents of children in an elementary school.
 - 24 couples who were clients at a family service agency.
- Instruments - Lengthy interview with interviewer of same sex describing aspects of the marital relationship.
- Findings - Regardless of actual preferences, all respondents tended to overestimate husband's preference and underestimate wife's.
 - Both tended, husbands statistically so, to perceive similarities in preferred frequency of intercourse when they were satisfied sexually and maritally.
 - Reports of actual frequencies were displaced upward for satiated respondents and downward for unsatisfied respondents.
-

- Author - Mayadas and Duehn, 1977.
- Evaluation Problem - 21
 - To investigate content, interactional pattern, treatment intervention and outcome of a short-term behavioral oriented sex education program.
- Subjects - 6 couples selected from a private sexual counselling center who were married less than 2 years and had no personality disorganization.
- Instruments - Sexual Inventory.
 - Sex Knowledge and Attitude Test.
 - Interpersonal Sexual Attention Questionnaire.
- Findings - Sexual knowledge increased after treatment.
 - Subjects became less distracted during sex.
 - Males noted higher rates of distraction in

spouse than their spouse's do in them, suggesting that males do carry the burden of the success of the sexual interaction.

- Females became more orgasmic during intercourse.
- Greater mutuality in initiating sex began.
- Husbands gained greater confidence and ability in ejaculatory control and wife's sexual fulfillment depended less upon ejaculatory response.
- Became more experimental with positions and techniques.
- Greater congruence between desired and actual time duration in foreplay.

<u>Author</u>	- Mellan, 1971.
<u>Evaluation</u>	- 10
<u>Problem</u>	- Presentation of results of Leary's method for the investigation of interpersonal relationships with women.
<u>Subjects</u>	- 276 women with functional sexual disturbances or relationship problems.
	- 137 controls.
	- Likely Czechoslovakian.
<u>Instruments</u>	- Sorting 128 cards listing character traits to describe self, partner, mother, father, ideal self and ideal partner.
<u>Findings</u>	- Women who felt aversion toward partner appeared to be similar in interpersonal relationships to frigid women.
	- Vaginismus women were most neurotic and least energetic; partners viewed as neurotic; unconsummated marriages were common in this group - wives' defenses greater than husbands' aggressiveness.
	- Hypererotic women were high in self-confidence, dominance and low in affection; mothers were dominant and energetic; partner was dependent, nonaggressive and kind.
	- Frigid women were dependent and their partners were the most dominant and hostile.
	- Dyspareunia sufferers had dominating, mini-

mally kind mothers and a submissive, kind father.

<u>Author</u>	- Munjack and Staples, 1976.
<u>Evaluation</u>	- 20
<u>Problem</u>	- To test for psychological maladjustment in women who are unable to obtain orgasm especially during intercourse.
<u>Subjects</u>	- 49 female clients of university hospital sex clinics and 26 women in private therapy. - 53 neurotics from a psychotherapy study. - 65 consecutive psychiatric outpatients. - 35 college students.
<u>Instruments</u>	- MMPI - Institute for Personality and Ability Testing - Self Evaluation form. - Symptom check list. - Eysenck Personality Inventory.
<u>Findings</u>	- Females complaining of frigidity are identical to a normal control group in psychological profile and less neurotic than psychiatric outpatients. - Normals were less depressed. - From a global psychological perspective there was little difference between primary and secondary orgasmic dysfunction.

<u>Author</u>	- Murphy, Hudson and Chung, 1980.
<u>Evaluation</u>	- 22
<u>Problem</u>	- To determine the extent to which severity of sexual problems among elderly couples influences the quality of married life between sexes, and among various age groups and ethnic groups.
<u>Subjects</u>	- 378 married persons aged 40-86, from multi-ethnic backgrounds in the state of Hawaii.
<u>Instruments</u>	- Index of Marital Satisfaction and Index of Sexual Satisfaction.
<u>Findings</u>	- A cautious interpretation of the results: 1/5 married persons over 40 years old has a clinically relevant sex problem and 1/6 have a clinically relevant marital problem.

- The impact of sexual discord on the quality of the marriage is smaller for older couples than younger.
- Once gender and age were accounted for ethnicity didn't contribute to the seriousness of marital relationship.

Author
Evaluation
Problem

- Nettelbladt and Uddenberg, 1979.
- 24
- To estimate the frequency of male sexual dysfunction, and to investigate its background and whether it relates to sexual dissatisfaction.

Subjects

- 61 men from a broader longitudinal study of randomly-selected Swedish families.

Instruments

- Semi-structured interview of about 2 hours.

Findings

- 40% of the men tended to have a sexual dysfunction; 39% had premature ejaculation problems; 10% retarded ejaculation, 7% impotence.
- Sexual dysfunction was prevalent in men reporting early parental relations that predisposed for inadequate masculine identification (i.e., poor contact with father and a dominating mother).
- Sexual dysfunction was not significantly related to sexual satisfaction of the couple.
- Male's sexual satisfaction was related to his emotional relationship to wife and child, but not to early parental relations.

Author
Evaluation
Problem

- Nowinski, Heiman and LoPiccolo, 1981.
- 23
- To test the effect of variables of culturally stereotypical beliefs about sexual behavior on the frequency of occurrence of specific sexual behaviors.

Subjects

- 99 couples who were nondysfunctional sexually.

Instruments

- Sexual Interaction Inventory.
- P Questionnaire.

- Findings
- Marlowe-Crowne Social Desirability Scale.
 - Subject's own enjoyment and estimated enjoyment of partner were most highly correlated with behavior.
 - For men the best predictor of behavior was their estimate of their partner's level of pleasure; for women it was self-reported pleasure.
 - Male is not the governing partner in sexual repertoire, women's sexual preferences and her partner's estimate of those are the significant determiner of the repertoire.

- Author
- Evaluation
- Problem
- Subjects
- Instruments
- Findings
- Rosen and Berry, 1978.
 - 19
 - To investigate whether married women and men seeking marital counselling differ in attribution of responsibility and whether differences in attribution are associated with traditionalism of religious group affiliation.
 - 190 married couples who had applied at a sex therapy clinic over a 2 year period.
 - Open-ended description of sexual problem.
 - Determination of religious group traditionalism.
 - Frequency of religious observance.
 - Tendency for women to attribute responsibility to spouses and males to attribute responsibility to themselves.
 - These sex differences in attribution characterized only members of nontraditional religious groups.
 - No sex differences for members of nontraditional religious groups; average attribution was spouse and self.
 - Failure of traditional groups to exhibit expected attribution tendencies could be due to the heterogeneity in religious orthodoxy

- Author
- Evaluation
- Rosenheim and Neumann, 1981.
 - 21

<u>Problem</u>	- To investigate 4 personality traits in sexually dysfunctioning males and their wives.
	- Also tested views about sex roles.
<u>Subjects</u>	- 19 dysfunctional males and their wives.
	- 25 control males and wives.
	- All Israel Jews.
<u>Instruments</u>	- Sensitivity to Rejection Scale.
	- Hostility and Direction of Hostility Questionnaire.
	- Ascendance-Submission Reaction Study.
	- Sex Role Survey.
	- External-Internal Locus of Control Scale.
	- Separate Structured Interviews.
<u>Findings</u>	- Patients exhibited statistically significant higher sensitivity to rejection, greater hostility directed inward, higher self-criticism, more negative perception of women's role and more external locus of control tendencies.
	- Sensitivity to rejection and guilt were especially important predictors.
	- Patients' wives exhibited significantly higher hostility scores especially on criticism of others and acting out tendencies.
	- Patients were more sensitive to rejection than their wives and regarded women to be significantly lower in status.

<u>Author</u>	- Swieczkowski and Walker, 1978.
<u>Evaluation</u>	- 21
<u>Problem</u>	- To investigate sexual behavior correlates of marital happiness and female orgasm.
<u>Subjects</u>	- 48 female students, 20-35 years old, married at least 2 years.
<u>Instruments</u>	- Rating scale on intercourse positions and sexual activities.
	- Locke-Wallace Marital-Adjustment Test.
	- Measure of infidelity.
	- Female orgasmic ability and experience.
<u>Findings</u>	- Marital happiness, fidelity and experience of orgasm were related to dissatisfaction with marital sex and to certain specific sexual behaviors.

- When dissatisfaction from performing less desired sex acts was separated from dissatisfaction from not performing desired sexual acts the correlations often differed markedly.
- Greater marital happiness correlated with greater orgasmic ability.
- Women who wanted more use of positions were less happy and more unfaithful.
- Orgasmically able women were more likely to wish for more use of positions.
- Use of positions was highly correlated with preference and ability to produce orgasm.

<u>Author</u>	- Tullman, Gilner, Kolodny, Dornbush and Tullman, 1981.
<u>Evaluation Problem</u>	- 21 - To determine whether a test battery was capable of measuring the increases in communication skills occurring as a result of sex therapy at the Masters and Johnson Institute (MJI).
<u>Subjects</u>	- 73 couples accepted by MJI for 2 week sex therapy program. - 13 control couples at MJI for infertility.
<u>Instruments</u>	- Self-Expression Scale. - Scale of Feelings and Behavior of Love. - The Behavioral Test of Tenderness Expression. - The Personality Research Form. - Marlowe-Crown Social Desirability Scale.
<u>Findings</u>	- Instruments were capable of measuring changes in the levels of communication skills brought about by therapy. - Especially changes in the verbal expression of feelings, self-disclosure, tolerance of other, nonmaterial support and evidence of love, feelings not expressed verbally and positive assertion and assertiveness. - Males exhibited increased vulnerability by expressing feelings openly; females' increased vulnerability encompassed asserting self more.

<u>Author</u>	- Uddenberg, 1974.
<u>Evaluation</u>	- 22
<u>Problem</u>	- Investigation of the psychological aspects of orgasmic consistency and satisfaction with sex life.
<u>Subjects</u>	- 101 nulliparous pregnant women randomly selected from those of the ante-natal clinic in Lund, Sweden.
	- 80 of their mothers.
<u>Instruments</u>	- Attitude-Interest Scale.
	- Franck Drawing-Completion Test.
	- Self-Father-Mother Inventory.
	- Tachistoscopic Picture Perception Test.
	- Inventories and semi-structured interviews.
<u>Findings</u>	- Correlation between orgasmic consistency and satisfaction with sex life.
	- Low orgasmic consistency linked with sexual dysfunction in partner.
	- Permissive attitude toward masturbation correlated with orgasmic consistency and along with acceptance of masturbation in the male correlates with satisfaction with sex life.
	- Satisfaction linked to relation to partner.
	- Disturbances in childhood were linked with orgasmic and satisfaction problems.
	- Contact with father was important.
	- Mothers of daughter with poor sexual adaptation rated them poorly.
	- Marital strain between her parents meant that the women was more likely to have poor sexual adoption.
	- Low female identity resulted in low orgasmic consistency.

<u>Author</u>	- Whitehead and Mathews, 1977.
<u>Evaluation</u>	- 21
<u>Problem</u>	- To investigate whether there was any qualitative difference in attitude change that resulted from 2 treatment methods which emphasized different changes.
<u>Subjects</u>	- 36 couples treated for sexual difficulties

Instrument
Findings

- 1/2 male main complainant; 1/2 female main complainant.
- Semantic differential scale.
 - Differences in derived scores of general evaluation, anxiety and "loving"; "sexually attractive" and "easy to arouse" were found relating to sex of rater identity of complainant, and treatment received.
 - Treatment combining guided practice with counselling resulted in significantly greater attitude changes.
-

(SAMPLE VITA FORM)

VITA

Surname: CLEMENTS

Given Names: JOANNE DOROTHY

Place of Birth: CAMROSE, ALTA. Date of Birth: May 8, 1957

Educational Institutions Attended, with Dates of Entering
and Leaving:

OKANAGAN COLLEGE, VERNON, B.C. 1975 to 1976

VANCOUVER COMMUNITY COLLEGE, LANGARA 1977 to 1977

UNIVERSITY OF VICTORIA, B.C. 1978 to 1980

UNIVERSITY OF VICTORIA, B.C. 1981 to 1983

Degrees, Diplomas, Etc., Awarded, with Dates and Names of
Institutions:

B. A. (First Class) 1980 University of Victoria

Honors and Awards:

Honour Roll, Vancouver Community College, Langara, 1977.

Saanich Peninsula Savings Credit Union Scholarship, 1982.

Publications:

(SAMPLE PARTIAL COPYRIGHT LICENSE FORM)

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis or dissertation (the title of which is shown below) to users of the University of Victoria Library, and to make **single copies only** for such users or in response to a request from the library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copy of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis/Dissertation

RESEARCH ON MARITAL SEXUAL DISSATISFACTION:_____

A REVIEW FOR COUNSELLORS._____

Author

Signature

Joanne Dorothy Clements_____

Name (typewritten)

May, 1983_____

Date