

SEXUAL BEHAVIOUR AND DYSFUNCTION IN DIVORCE SEEKING COUPLES*

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ABSTRACT

50 divorce seeking couples, when compared with 30 well adjusted couples, showed that sex-related factors and sexual dysfunctions were related to divorce seeking behaviour. A significantly high number of couples in the study group, reported a bad honeymoon, unsatisfactory coital experience, lack of cooperation from the spouse and variant sexual habits. The findings emphasise the importance of imparting adequate knowledge about sex and management of sexual dysfunctions, as part of marital therapy.

The thread of sexuality is woven densely into fabric of human existence. Sexual adequacy is a mark of manliness, more precisely an expression of healthy and sturdy youthfulness. Sex is a very sensitive barometer for assessing marital relationship. Sexual inadequacy can be both the cause and result of maladjustment. Marital disharmony is a well known consequence of sexual dysfunction.

Sexual inadequacy except in few cases is psychological in nature. Without being a component of any definite psychiatric syndrome, it may be an isolated handicap resulting from several psychological trauma (Venkoba Rao 1974). What sort of sexual problems do arise when marriages are disturbed and how do sexual problems affect marriages? While there is considerable literature on the relationship between sexual & marital dysfunction (Kimmel & Vander Veen 1974, Howard & Dawes 1976, Ables & Brandsma 1977, Hartman 1980 a) this has been confounded by the existence of similar items in assessment instruments of both marital & sexual problems. Ables & Brandsma (1977) argue for an important link between the two, while Hartman & Daly (1983) argue for independence.

Agarwal (1971) found an abundance of sexual problems in a clinical sample of marital disharmony in 40 couples. Four men were found

to be impotent and nine had premature ejaculation. Impotence was of primary nature in two; in the other two it occurred after a period of normal function and was more or less a symptom of disturbed marital relationship. In 28 cases wives reported frigidity of mild to moderate degree and were unable to attain orgasm occasionally or usually. The usual reasons for this low responsiveness were moral inhibitions, fear of pregnancy, crude techniques, tiredness and poor emotional atmosphere. In another clinical sample of 17 cases of frigidity Agarwal (1997) found one or more neurotic symptoms in almost all cases. It was reported that frigidity was usually associated with ignorance, poor emotional experience, tiredness, fear of pregnancy and marital disharmony. In relation to marital disharmony either overt or covert rejection of husband was observed in eleven cases. In majority of these cases sex was perceived as a sort of punishment when marital situation was not satisfactory. Thus it appears that for woman, sex relationship without an emotional bond is not satisfactory.

Pallazoli et al (1978) stated that there has always been considerable overlap in symptomatology between clients presenting for marital problems and patients presenting for sexual dysfunction. There is also a complex interaction and interdependence between marital &

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sexual complaints. Rust et al (1988) studied 28 attenders of a sexual and marital clinic, the relationship between marital distress and sexual dysfunction were investigated with the help of two psychometrically constructed questionnaires, the Golombok Rust Inventory of Sexual Satisfaction (GRISS) and the Golombok Rust Inventory for Marital State (GRIMS), which were designed to avoid conceptual overlap and to be complementary to one another. It was found that for men there was a much closer relationship between sexual and marital problems than for women. In particular, it was noted that specific male dysfunctions of impotence and premature ejaculation played a much larger part in marital discord than did the female dysfunction of anorgasmia and vaginismus. Rust further cited that male sexual performance may be more susceptible to marital problems and consequently aggravate the situation, while female sexual dysfunction may be less intrusive as far as relationship is concerned. Catalan et al (1990) in an assessment of 200 couples referred to a sexual problem clinic, found that one third of couples had significant marital and relationship problems and more than 30% were suffering from psychiatric disorders, although they were usually of mild to moderate intensity.

Most of the studies carried out in relation to marital problems and sexual dysfunction have been reported from samples of either marital clinics or sexual clinics. The total sample of people presenting with marital dysharmony and its relationship to sexual problems has not been looked at. To what extent the sexual problems contribute to breakdown of marriages in the Indian setting has not been reported by any previous study and therefore this study was undertaken.

AIMS

(1) To compare sex-related factors, extent and nature of sexual dysfunction among individuals seeking divorce and persons with well adjusted married life.

(2) To find out whether sex-related factors and sexual dysfunctions have a relationship to divorce seeking behaviour.

MATERIAL AND METHODS

This study was conducted at Matrimonial Court, Jaipur City, where married couples were seeking divorce as a solution to their unresolved marital problems. It was decided to study two groups of individuals. In the first group we studied 50 couples seeking divorce. The first two cases on the list of matrimonial court on every Monday from Feb. to July 1992, were selected for study. In those cases where subjects were not co-operative despite joint efforts of the Court and investigators or where literacy status was too low to understand the instruments of study, subsequent cases on the list of the Court were included in the study.

For control group, it was decided to study those couples who had fairly well adjusted married life. For this purpose one sector of a colony called Jawahar Nagar was selected. Investigators went from house to house on holidays and after initial introduction, information was gathered about whether the members of the family had any knowledge about family courts and it was also indirectly ascertained that no case was already going on in the matrimonial court. Marital Adjustment Questionnaire (MAQ) was given to both the spouses in a one to one setting by investigators. For this purpose help of a female doctor was sought, who could establish rapport with the lady of house. Those couples who scored well (more than 20) on Marital Adjustment Questionnaire (Kumar & Rohatgi, 1976) were requested to participate in the research.

Aims of the study were explained to the subjects and assurance regarding the confidentiality of information was given. All subjects were administered a specially designed data sheet enquiring about source of knowledge of sex, attitude towards sex, history of premarital sex, experience of honeymoon, satisfaction from coital experience, causes of dissatisfaction, co-operativeness

of partners in sexual behaviour, variant sexual habits etc. For the assessment of attitude towards sex, a specially designed questionnaire consisting of 10 questions was prepared and respondents scoring 6 or more were considered having a positive attitude. To ascertain confidentiality, an envelop was given to them and they were asked to keep their response sheet in this envelop (without writing their name), seal it and put it in the bag of investigators, which was opened at the end of study. Sexual behaviour pertained to the period for which the couple lived together prior to filing papers for divorce in the court.

A detailed history of sexual behaviour of those respondents who at the time of data collection reported having sexual dysfunction was taken. Most of these subjects had already consulted a physician for their ailment and had reports of relevant physical investigations like complete urine examination, blood sugar, X-ray lumbosacral spine etc. For those of them who did not have these, the investigator got such investigations done and organicity was rule out. Diagnosis was made according to ICD-10. Data thus collected was subjected to statistical analysis.

RESULTS

In this study of 50 divorce seeking couples (100 persons) and 30 well adjusted couples (60 persons) the two groups did not differ on general parameters like age duration of marriage, ethnicity, literacy status etc. When enquired about source of acquiring knowledge about sex, it was observed that most males and females of the experimental group acquired knowledge about sex from their friends (84% & 70%) and from books (56% & 24%) respectively, 4% of males and 14% of females from relatives, 12% of males and 4% of females from movies and 6% of females attained the knowledge about sex after marriage only. While looking at the attitude towards sex among the two groups, it was found that 43 (86%) males and 35 (70%) females had a positive attitude showing that there is no statistical difference between the two groups. Few instances of premarital sexual relations were found in our

sample. In the experimental group only 4 (8%) males and 3 (6%) females reported premarital relations, whereas in the control group only 3 (10%) males admitted premarital sex. Since premarital sexual relation is prohibited and strongly criticised in the community, it is difficult to comment whether the prevalence of premarital relationship is only actually this much or whether it has been reported less than the true rates.

DISCUSSION

The present study has attempted to explore as to the extent to which sex-related problems contribute to marital crises and decision to divorce. Interesting findings have emerged from this investigation which has gathered information regarding various aspects of sexual behaviour.

When enquired about honeymoon experience, significantly higher number of subjects from experimental group reported honeymoon as a bad experience (30% of males & 36% females), whereas 19 (38%) of males & 17 (34%) females considered their honeymoon as average. (Table I).

TABLE I
EXPERIENCE OF HONEYMOON OF TWO GROUPS

S.N.	Experience of Honeymoon	EXPERIMENTAL GROUP			CONTROL GROUP		
		(A) Male (N=50)	(B) Female (N=50)	Total (N=100)	(C) Male (N=30)	(D) Female (N=30)	Total (N=60)
1.	Good	9(18%)	4(8%)	13	18(60%)	12(40%)	30
2.	Average	19(38%)	17(34%)	36	9(26.6%)	8(26.6%)	16
3.	Bad	15(30%)	18(36%)	33	2(6.6%)	5(16.6%)	7
4.	No comment	7(14%)	11(22%)	18	2(6.6%)	5(16.6%)	7
X (B/A & C) = 16.209				df = 3	P = <.001 S		
X (B/W B & D) = 12.625				df = 3	P = <.005 S		

On statistical evaluation it was found to be significant that spouses in the experimental group reported a poor quality of honeymoon in comparison to control group. Those who reported it as a bad experience said that they were not permitted to go for outings, they had too many restrictions.

there was no privacy for personal life, had frequent quarrels with each other and a poor intimate relationship.

TABLE 2
EXPERIENCE OF COITUS IN TWO GROUPS

S.N.	Experience of Coitus Wives	EXPERIMENTAL GROUP			CONTROL GROUP		
		(A)Male (N-50)	(B)Female (N-50)	Total (N-100)	(C)Male (N-30)	(D)Female (N-30)	Total (N-60)
1.	Satisfactory	26(52%)	17(34%)	43	22(73.33)	15(50.00)	37
2.	Uncertain	2(4%)	3(6%)	5	1(3.33%)	1(3.33%)	2
3.	Unsatisfactory	15(30%)	18(28%)	29	5(16.66%)	4(13.33%)	9
4.	No comment	7(14%)	16(32%)	23	2(6.66)	10(33.33)	12
X (B/A & B) = 5.636		df = 3		P = >.005		NS	
X (B/A & C & D) = 6.796		df = 3		P = >.005		NS	
X (B/A & C) = 3.871		df = 3		P = > 0.16		NS	
X (B/A & D) = 3.267		df = 3		P = > 0.05		NS	

Regarding responses about the experience of coitus, (Table - 2) though no statistical difference between the two groups could be established, higher percentage of males and females from experimental group (30% to 28%) reported unsatisfactory experience of coitus in comparison to control group (16% males & 13% females). 32% of females in experimental & 33% of females in control group did not respond to this question. This could be due to the fact that females reporting dissatisfaction may be considered as a women with increased desire or it can be attributed to poor knowledge about sex in general & orgasm in particular.

TABLE 3
CAUSES RESPONSIBLE FOR DISSATISFACTION WITH COITUS IN TWO GROUPS

S.N.	Responsible causes	EXPERIMENTAL GROUP		CONTROL GROUP	
		(A) Male (N-15)	(B)Female (N-14)	(C)Male (N-5)	(D)Female (N-4)
1.	Sex against will	--	13(28%)	--	4(13.33%)
2.	Disinterest of spouse	10(20%)	2(4%)	5(16.66%)	2(6.66%)
3.	Extramarital relation of spouse	6(12%)	5(10%)	--	--
4.	Unpredictable behaviour of spouse during coitus	7(14%)	5(10%)	3(10.00%)	2(6.66%)
5.	Violent behaviour of spouse during coitus	--	6(12%)	--	--
6.	Other causes	6(12%)	4(8%)	--	2(6.66%)

*** Few subjects commented two or more causes.

When the causes for dissatisfaction with the sexual act in the two groups were analysed, large number of males of experimental group (Table - 3) reported lack of interest of spouse during the act (20%), unpredictable behaviour of spouse during the act (14%) and extramarital relations of wife (12%). Females of experimental group, reported dissatisfaction with coitus because the sexual act was against her will (26%), extramarital relation of husband (10%), violent behaviour and crude technique during coitus (12%) and unpredictable behaviour and husband (10%). Factors like extramarital relationship & violent behaviour of spouse during coitus were not at all reported in control group.

TABLE 4
OVERALL ROLE OF WIFE IN SEXUAL ACT IN TWO GROUPS (AS REPORTED BY HUSBANDS)

S.N.	Role of wife	Exp. males (N = 50)	Control Male (N = 30)	Total (N = 80)
1.	Active cooperation	13(26%)	15(50.00%)	28
2.	Passive cooperation	11(22%)	10(33.33%)	21
3.	Non cooperative	19(38%)	3(100%)	22
4.	No comment	7(14%)	2(6.66%)	9

X = 10.228 df = 3 P = <0.02 S

Table - 4 gives the information on the overall role of the wife in the sexual relationship as reported by husbands in two groups. 38% of the males of experimental group considered the role of wife as noncooperative while 26% considered it an active cooperation. Among the rest 22% reported the role of wife as passive cooperation and 14% did not make any comments. The findings are statistically significant when compared with controls (P= <0.02). In the latter group 50% of males were satisfied with their wives and 33% regarded the role of wife as cooperative but of passive nature.

On the contrary, in experimental group, (Table - 5), when enquired about over all role of husband in sexual act, 28% of wives reported a co-operative role of husband in sex, whereas 36% considered the role as noncooperative. Large

number of wives in both groups (28% & 23.33%) did not comment on this question, which again indicates a strong reluctance to give vent to their problems related to sex.

TABLE 5
OVERALL ROLE OF HUSBAND IN SEXUAL ACT IN TWO GROUPS (AS REPORTED BY WIVES)

S.N	Role of Husband	Exp. males (N=50)	Control male (N=30)	Total (N=80)
1.	Cooperative	14(28%)	15(50.00%)	29
2.	Noncooperative	18(36%)	7(23.33%)	25
3.	Uncertain	4(8%)	1(3.33%)	5
4.	No comment	14(28%)	7(23.33%)	21

$X = 4.272$ $df = 3$ $P = > 0.10$ NS

Variant sexual habits of the male partner were reported only in the experimental group (oral sex, anal sex, homosexuality and sadism). None of the husbands reported any variance in their spouse's sexual behaviour. While wives of experimental group reported oral sex (10%), anal sex (10%), homosexuality (2%) and sadism (14%), wives of control group did not report any history of variant sex (Table - 6).

TABLE 6
VARIANT SEXUAL HABITS AS REPORTED BY SPOUSE OF TWO GROUPS

S.N.	Variant sexual habits	EXPERIMENTAL GROUP		CONTROL GROUP	
		Male (N=50)	Female (N=50)	Male (N=30)	Female (N=30)
1.	Oral sex	--	5(10%)	--	--
2.	Anal sex	--	5(10%)	--	--
3.	Sadism	--	9(18%)	--	--
4.	Homosexuality	--	1(2%)	--	--

* More than one or two variant habits of husband reported by wife.

**Total no. of persons having variant sexual behaviour is 10 (20%) out of 50 couples interviewed.

Studies in relation to marriage and sexual behaviour carried out in the past have been of those couples who presented in either a psychiatric clinic (Agarwal, 1971 and Weissman & Paykel, 1974), or a sexual dysfunction clinic (Rust et al 1988, Catalan et al 1990). There are no reports of studies from those who come to courts for divorce.

TABLE 7
EXTENT OF SEXUAL PROBLEMS IN TWO GROUPS

S.N	Sexual problems	Exp. Group (N=100)	Control group (N=60)
1.	Present	22 (22%)	6 (10%)
2.	Absent	78 (78%)	54 (90%)

In the present study when the extent and nature of sexual dysfunction between the two groups are looked at (Table 7 & 8), 14% of males & 30% females reported sexual dysfunction in comparison to 10% males and 10% females of control group. Three men (6%) were impotent and in three (6%) others premature ejaculation was reported. Of three cases of impotence, it was of a primary nature in two and was contributing to marital disharmony. In the other case the impotence occurred after a period of normal functioning and was more or less a symptom of disturbed marital relationship. In all 6% cases premature ejaculation problem was observed after marriage and was more or less responsible for marital disharmony. In one case, a man had loss of interest in sexual act because of psychotic illness in his wife. In 11(22%) cases wives reported the loss of interest in sexual act. Out of the 11, two did not allow the husband to have sexual intercourse even during the initial days of marriage. In the rest of the cases most females considered the marital disharmony as a prime cause for lack of interest. In 3 (6%) cases females reported an orgasmic dysfunction in the course of sexual intercourse.

TABLE 8
DIAGNOSTIC BREAK UP OF SEXUAL PROBLEMS IN
TWO GROUPS ON OBJECTIVE ASSESSMENT

S.N.	Sexual problems	EXPERIMENTAL GROUP		CONTROL GROUP	
		Male (N-50)	Female (N-50)	Male (N-30)	Female (N-30)
MALE					
1.	Erectile dysfunction	3(6%)	--	--	--
2.	Premature ejaculation	3(6%)	--	1(3.33%)	--
3.	Lack or loss of interest	1(2%)	--	2(6.66%)	--
FEMALE					
1.	Lack or loss of interest	--	1(22.%)	--	3(10%)
2.	Orgasmic dysfunction	--	3(6%)	--	--
3.	Anorgasmia	--	1(2%)	--	--

** Out of the 15 females only one was spouse of a man suffering from male sexual dysfunction.

Our findings are supported by the earlier findings of Agarwal (1971) and Pallazoli (1978) who have reported a high prevalence of problems in patients with marital disharmony.

When relationship between divorce seeking behaviour and sex related factors and dysfunctions were analysed, it was found that initiation of marital problems started at the time of honeymoon because a significantly higher percentage of males and females considered their honeymoon as a bad (30% and 36%) or 'average' experience (38% and 34%). Simultaneously, the experimental group also reported unsatisfactory coitus in the subsequent days of married life (30% males and 28% females). The reported causes responsible for this dissatisfaction like lack of interest of spouse in sexual act, unpredictable behaviour of spouse during act, possible extramarital relationship of spouse, marital conflict, violent behaviour and crude techniques during the act, also throw a light on relationship between marital disharmony and sex related problems. When we looked at the sexual dysfunction, it was evident from the findings that of the 14% of males, who reported a sexual dysfunction, only 2 (4%) had such a problem before marriage and in the rest of the cases such dysfunctions developed during the course of married life and contributed to marital disharmony

and a subsequent decision to divorce. In the four percent where problem were existing even before marriage, the decision to divorce was taken by the wife on grounds of sexual dissatisfaction. Among females of the experimental group except 2 (4%) cases, all the rest considered their lack of interest in sex or dysfunctions a result of marital disharmony, which made them unhappy; this unhappiness was also a contributing factor for present crisis and the decision to divorce. Three females who reported an orgasmic dysfunction in course of sexual intercourse also considered marital disharmony as an important factor the responsible for this dysfunction.

Thus with the above findings it is clear that sex related factors and dysfunctions and divorce seeking behaviour are closely linked and in most cases appeared to be contributory to the present crisis, though it was not the only cause for divorce seeking behaviour, except in very few cases.

CONCLUSION

From this study it is evident that sex-related factors and sexual dysfunctions are related to divorce seeking behaviour and contributed to 22% cases. A significantly high number of couples reported a bad honeymoon, unsatisfactory coital experience, non cooperation of spouse or variant sexual habits. Therefore marital therapy should include adequate knowledge about sex and management of sexual dysfunctions among couples. Intervention is required as early as period of honeymoon.

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