SEXUAL BEHAVIOUR AND DYSFUNCTION IN DIVORCE SEEKING COUPLES

SHIV GAUTAM & LALIT BATRA

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 (1977) 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 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 &

* This Paper won the “Mariana Award” in 46th Annual confernc of Indian Psychiatric Society, held in Madras Jan 6-9, 1994.
sexual complaints. Rust et al (1988) studied 28 attendees 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 ruled 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 relations 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 1 | EXPERIENCE OF HONEYMOON OF TWO GROUPS |
|---------|-------------------------------------|
| **Honeymoon** | **EXPERIMENTAL GROUP** | **CONTROL GROUP** |
| **(A)** | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** |
| **(N=50)** | **(N=50)** | **(N=100)** | **(N=50)** | **(N=50)** | **(N=100)** |
| 1. Good | 9 (18%) | 4 (8%) | 13 | 18 (50%) | 12 (40%) | 30 |
| 2. Average | 19 (38%) | 17 (34%) | 36 | 9 (18%) | 15 (30%) | 24 |
| 3. Bad | 15 (30%) | 18 (36%) | 33 | 26 (60%) | 26 (52%) | 52 |
| 4. No comment | 7 (14%) | 11 (22%) | 18 | 2 (4%) | 5 (10%) | 7 |

\[ \chi^2 (B W A & C) = 16.209 \]
\[ \chi^2 (B W B & C) = 12.225 \]

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. | EXPERIMENTAL GROUP | CONTROL GROUP |
|------|--------------------|---------------|
|      | (A)Male | (B)Female | Total | (C)Male | (D)Female | Total |
| 1.   | Satisfied |         | 26(52%) | 3(6%) | 29(58%) | 30 |
| 2.   | Unsatisfactory |     | 1(2%) | 5 | 6(12%) | 10 |
| 3.   | Unsuccessful |   | 1(2%) | 3(6%) | 4(8%) | 7 |
| 4.   | No comment |                   | 1(2%) | 2(4%) | 3(6%) | 6 |

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 (10%) 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 | Control Male | Total |
|-----|-------------|------------|--------------|-------|
|     | (N = 50) | (N = 30) | (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 |

When comparing the findings 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 noncooperative. 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. In the latter group 50% of males were satisfied with their wives and 33% regarded the role of wife as noncooperative 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
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.

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.

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

| S.N. | Sexual problem                      | EXPERIMENTAL GROUP | CONTROL GROUP |
|------|------------------------------------|--------------------|---------------|
|      | Male (N=50)                        | Female (N=50)      | Male (N=30)   | Female (N=30) |
|      |                                    |                    |               |               |
| 1    | Erectile dysfunction                | 3(6%)              | 1(3.33%)      |               |
| 2    | Premature ejaculation               | 3(6%)              | 1(3.33%)      |               |
| 3    | Lack or loss of interest            | 1(2%)              | 2(6.66%)      |               |
|      |                                    |                    |               |               |
| 1    | Lack or loss of interest            | --                 | 11(36.67%)    | 3(10%)        |
| 2    | Orgasmic dysfunction                | 3(6%)              | --            | --            |
| 3    | Anorgasmia                         | 1(2%)              | --            | --            |

** One of the 13 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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* Shiv Gautam, M.D., D.P.M. MNAMS, Professor, Dept. of Psychiatry, S.M.S. Medical College, Jaipur Lalit Batra, M.D: Institute of Human Behaviourer and Allied Sciences, Delhi.

* Correspondence
APPENDIX 1:

SEXUAL BEHAVIOUR QUESTIONNAIRE

1. How did you get knowledge about sex?
   (i) from parents (ii) from relatives or brothers or sisters (iii) from friends (iv) from books (v) from films (vi) from other sources.

2. Is sexual relationship harmful to the mental/physical health of a person?

3. Did you establish sexual relationship with others before marriage?

4. How was your experience of honeymoon?

5. Did you have any doubt about the sexual intercourse on an average?

6. How many times a day did you have sexual intercourse on an average?

7. What was your spouse's attitude to these relationships?

8. Did you make use of any means to avoid conception?

9. Was there fear of conception in these relationships?

10. Was there any adequate or separate place/room in your house for these relationships?

   Yes/ No

APPENDIX 2:

SHORT INVENTORY OF ATTITUDE TO SEX

The inventory has been prepared by selecting ten questions from Eysenck's Inventory of attitude to sex. Questions pertaining to sexual satisfaction, excitement, nervousness, curiosity, homosexuality, promiscuity, hostility, inhibition and guilt have been included. All the questions pertaining to different areas of attitude towards sex in the Eysenck's inventory of attitude to sex (Eysenck's 1976) were screened by three psychiatrists independently and ten questions which measure attitude to sex were selected with hundred percent agreement. It was kept in mind that the questions selected be accepted in the Indian cultural setting. Thus short inventory of attitude was prepared which is as follows. The questions were translated into Hindi for those individuals who did not understand English.

| Response Score | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------|---|---|---|---|---|---|---|---|---|----|
| Active/Average/Passive | | | | | | | | | | |
| Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |