British Journal of Psychiatry (1988), **152**, 629–631

Marital Problems and Sexual Dysfunction: How Are They Related?

JOHN RUST, SUSAN GOLOMBOK and JOHN COLLIER

In a study of 28 attenders of a sexual and marital clinic, the relationship between marital distress and both general and specific sexual dysfunctions was investigated. 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 the specific male sexual dysfunctions of impotence and premature ejaculation played a much larger part in marital discord than did the female dysfunctions of anorgasmia and vaginismus.

There has always been considerable overlap in symptomology between clients presenting for marital therapy and patients presenting at sexual dysfunction clinics; so much so that both sex therapists and marriage counsellors have needed to develop expertise in each others' skills. There is also a complex interaction and interdependence between sexual and marital complaints. Indeed it has been argued (Pallazoli *et al*, 1978) that all apparently 'negative' symptoms may be performing a 'positive' function for clients in protecting them from something more undesirable. If this is so, then eliminating one symptom might lead to the development of new problems, and a wide understanding of both areas is required.

What sort of sexual problems do arise when marriages are disturbed, and how do sexual problems affect marriages? While there is a considerable literature on the relationship between sexual and marital dysfunction (Kimmel & van der Veen, 1974; Howard & Dawes, 1976; Ables & Brandsma, 1977; Hartman, 1980*a*,*b*; Hartman & Daly, 1983), this has been confounded by the existence of similar items in both the marital and sexual assessment instruments used, so that any relationship found may have been artifactual. Ables & Brandsma (1977) argue for an important link between the two, while Hartman (1980*a*,*b*) and Hartman & Daly (1983) argue for independence.

In the present study the relationship between sexual dysfunction and marital problems is further investigated using two psychometrically constructed questionnaires, the Golombok Rust Inventory of Sexual Satisfaction (GRISS) (Rust & Golombok, 1985, 1986*a*,*b*) and the Golombok Rust Inventory of Marital State (GRIMS) (Rust *et al*, 1986, 1988), which have been designed to avoid conceptual overlap and to be complementary to one another.

Method

Subjects

Subjects were 28 couples presenting at a Sheffield clinic for both marital and sexual problems, following referral by general practitioners. There was a wide spread of social class throughout the predominantly urban catchment area of a district general hospital. The mean age of the sample was 33.6 years (age range 18–60 years) and the mean length of relationship was 10.6 years.

Questionnaires

The GRISS has 28 items on a single sheet, all answered on a five-point scale from "always", through "usually", "sometimes" and "hardly ever", to "never". It gives overall sexual dysfunction scores separately for men and women, and also gives a profile for the couple of 12 subscales, comprising impotence and premature ejaculation in the man, anorgasmia and vaginismus in the woman, infrequency and non-communication for the couple, and non-sensuality, avoidance and dissatisfaction for both the man and the woman. The reliability of the overall scales has been found to be 0.94 for men and 0.87 for women, and that of the subscales on average 0.74 (ranging between 0.61 and 0.83). Validity has been demonstrated under a variety of circumstances (Rust & Golombok, 1986*a*,*b*).

The GRIMS has 28 items, also on a single sheet, and is answered on a four-point scale from "strongly agree", through "agree" and "disagree" to "strongly disagree". It gives a single scale for both the man and woman in the relationship, and, unlike the GRISS, the scale items are the same for both men and women. The reliability of the GRIMS is 0.91 for men and 0.87 for women, with validity being demonstrated under various situations (Rust *et al*, 1988).

Procedure

Both the GRISS and the GRIMS were administered to the clients while they were sitting apart in the waiting area prior to being seen by the therapist. Unlimited time was given, and someone was available to answer any queries.

https://doi.org/10.1192/bjp.152.5.629 Published online by Cambridge University Press

TABLE I
Correlations between the GRIMS main scores and the GRISS main and subscale scores in a group of 28 couples presenting for relationship therapy

GRISS scale	*Correlation coefficient, r*	
	Male GRIMS	*Female GRIMS*
Male overall	0.47****	0.39**
Female overall	0.06	0.26
Impotence	0.44*	0.47***
Premature ejaculation	0.35*	0.30
Non-sensuality (male)	0.17	0.08
Avoidance (male)	0.38**	0.31
Dissatisfaction (male)	0.61*****	0.57*****
Infrequency	0.37*	0.18
Non-communication	0.32*	0.35*
Dissatisfaction (female)	0.25	0.50****
Avoidance (female)	0.00	0.10
Non-sensuality (female)	0.11	0.36*
Vaginismus	−0.06	−0.09
Anorgasmia	0.12	0.28

*$P<0.05$; **$P<0.02$; ***$P<0.01$; ****$P<0.005$; *****$P<0.001$.

Results

The correlations between the GRIMS overall scores and the GRISS overall and subscale scores appear in Table I. It can be seen that for male sexual dysfunction there is a large correlation with both male ($r=0.47$, $P<0.005$) and female ($r=0.39$, $P<0.02$) poor marital state. However, this is not found to be the case for women, for whom there is no significant correlation between their sexual dysfunction and either male ($r=0.06$) or female ($r=0.26$) perceptions of marital disharmony. An interesting discrepancy can also be seen when the correlation between male sexual dysfunction and female marital dissatisfaction ($r=0.39$, $P<0.02$) is compared with that between female sexual dysfunction and male marital dissatisfaction ($r=0.06$, NS).

In looking at the subscale scores we find, as we would expect, that where there are marital problems sex takes place significantly less often ($P<0.05$) and the partners have significantly less communication on the subject. None of the five female sexual dysfunction subscales correlate with male marital distress; however, two of them do relate to female perceptions of dysfunction: where the marriage is poor, the woman is more likely to score high on non-sensuality (or vice versa) ($r=0.36$, $P<0.05$) and in particular on sexual dissatisfaction ($r=0.50$, $P<0.005$). Male sexual dissatisfaction correlates highly with both male and female perceptions of a poor marriage ($r=0.61$, $P<0.001$ and $r=0.57$, $P<0.001$), while female sexual dissatisfaction has no impact on the man's view of the marriage. Men who have a poor marriage avoid sex (or vice versa) ($r=0.38$, $P<0.02$). This is not the case for women. Male non-sensuality does not relate to a poor marriage ($r=0.17$ for men and $r=0.08$ for women, both not significant). Premature ejaculation is found to be related to the man's view of the marriage ($r=0.35$, $P<0.05$), but not to the woman's. Impotence is related to a poor marriage for both men and women ($r=0.44$, $P<0.05$ and $r=0.47$, $P<0.01$).

Discussion

The results clearly indicate that marital distress and sexual dysfunction are related, but further indicate that this relationship is particularly strong only in men. In fact our results are in general agreement with those of Persky *et al* (1982), who, on a sample of 19 couples, find correlations of 0.54 for men and 0.39 for women between the Locke–Wallace Marital Adjustment Scale (Locke & Wallace, 1957) and the Couple Interactions Scale (Persky *et al*, 1978). When the results of Persky *et al* are looked at in terms of male marital/female sexual and female marital/male sexual correlations, the values are 0.19 and 0.44 respectively with their measures. The higher correlations found by Persky *et al* may be due to the two scales used having sexuality items in common. However, Persky *et al* emphasise the size of the overall relationship between sexual dysfunction and marital problems, and play down the sex difference.

Given the significant correlation between female sexual dissatisfaction and the female marital score, we cannot say that there is no relationship between sexual dysfunction and marital discord for women; however, the large difference between men and women here is striking. For men, their own sexual dysfunction is able to predict about 25% of the variance of their scores on marital discord, while sexual dysfunction in their partner has no relation whatever to their own satisfaction with the marriage. For women, the level of marital discord is higher when their partner has a sexual problem than when they have a problem themselves.

Looking at the GRISS subscales dealing specifically with satisfaction with the sexual relationship, we note again that while sexual and marital dissatisfaction are generally highly related, a woman's dissatisfaction with the sexual relationship has little impact on the man's perception of the marriage. This adds supportive interpretation to the results found with the main scores, as the two sexual dissatisfaction subscales of the GRISS are the only ones in which respondents are asked specifically about their partner rather than about themselves.

Non-sensuality in either partner seems to have little relationship to the state of the marriage, although women who are dissatisfied with the marriage have a higher score on non-sensuality. While men who are dissatisfied with the marriage avoid sex, there is little evidence that is is an important factor for women.

https://doi.org/10.1192/bjp.152.5.629 Published online by Cambridge University Press

As expected, in less satisfactory marriages sex takes place less often, and the partners talk less about their sexual relationship.

For the major sexual dysfunctions, neither female dysfunction (anorgasmia or vaginismus) seems to be related to marital satisfaction in either partner. However, for men, impotence and premature ejaculation are much commoner where the man is dissatisfied with the marriage, and impotence in particular is common when the woman is dissatisfied with the marriage. These effects tend to be fairly large, especially for impotence, and it may well be that the overall difference between men and women may relate to differences in the forms of sexual dysfunction between the sexes. 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 the relationship is concerned. A different interpretation might be given by sociobiologists (Wilson, 1981), who may hypothesise that sex difficulty is "pathological" for men but "almost normative" for women (Cole, 1985). However, many workers in the area remain unconvinced by the theoretical presuppositions of sociobiology.

As the study is correlational we have no direct way of knowing any direction of causality, and certainly as far as the overall result is concerned either direction is plausible, as is common causality. Indeed it seems likely that all occur; some marital problems result from sex problems, some sexual problems result from marital problems, and sometimes a common extraneous factor causes both. However, the differential behaviour between men and women, and the specific result we have found with male sexual dysfunction, may perhaps identify one direction as being more common. In particular, it seems plausible that marital problems can lead to a lowering of male sexual desire directed to the partner, which can can lead to impotence. If this happens, a positive feedback loop may lead to an exacerbation of the problem. However, it must be remembered that this data was collected on a clinical sample. Further studies are needed of how these problems are related in random samples drawn from the general population. Further work might also consider how matters may differ when an organic cause for a particular sexual dysfunction has been identified.

Acknowledgement

Thanks are due to all at the Whitely Wood Clinic in Sheffield.

References

ABLES, B. & BRANDSMA, J. (1977) *Therapy for Couples*. San Francisco: Josey Bass.

COLE, M. (1985) Sex therapy: a critical appraisal, *British Journal of Psychiatry*, **147**, 337–345.

HARTMAN, L. (1980*a*) The interface between sexual dysfunction and marital conflict. *American Journal of Psychiatry*, **137**, 576–579.

—— (1980*b*) Relationship factors and sexual dysfunction. *Canadian Journal of Psychiatry*, **25**, 560–563.

—— & DALY, E. (1983) Relationship factors in the treatment of sexual dysfunction. *Behaviour Research and Therapy*, **21**, 153–160.

HOWARD, J. W. & DAWES, R. M. (1976) Linear prediction of marital happiness. *Personality and Social Psychology Bulletin*, **2**, 478–480.

KIMMEL, D. & VAN DER VEEN, F. (1974) Factors of marital adjustment in Locke's Marital Adjustment Test. *Journal of Marriage and the Family*, **36**, 57–63.

LOCKE, H. J. & WALLACE, K. M. (1957) Short marital adjustment and prediction tests: their reliability and validity. *Marriage and Family Living*, **21**, 251–255.

PALLAZOLI, M., BOSCOLO, L., CECCHIN, G. & PRATA, G. (1978) *Paradox and Counterparadox*. New York: Aronson.

PERSKY, H., STRAUSS, D., LIEF, H., MILLER, W. & O'BRIEN, C. (1978) Plasma testosterone level and sexual behaviour in couples. *Archives of Sexual Behaviour*, **7**, 157–173.

——, CHARNEY, N., STRAUSS, D., MILLER, W., O'BRIEN, C. & LIEF, H. (1982) The relationship between sexual adjustment and related sexual behaviours and attitudes to marital adjustment. *American Journal of Family Therapy*, **10**, 38–49.

RUST, J. & GOLOMBOK, S. (1985) The Golombok Rust Inventory of Sexual Satisfaction. *British Journal of Clinical Psychology*, **24**, 63–64.

—— & —— (1986*a*) The GRISS: a psychometric instrument for the assessment of sexual dysfunction. *Archives of Sexual Behaviour*, **15**, 153–161.

—— & —— (1986*b*) *The Golombok Rust Inventory of Sexual Satisfaction*. Windsor: NFER–Nelson.

——, BENNUN, I., CROWE, M. & GOLOMBOK, S. (1986) The construction and validation of the Golombok Rust Inventory of Marital State. *Sexual and Marital Therapy*, **1**, 34–40.

——, ——, —— & —— (1988) *The Golombok Rust Inventory of Marital State (GRIMS) (Test and Handbook)*. Windsor: NFER–Nelson.

WILSON, D. D. (1981) *Love and Instinct*. London: Temple Smith.

*John Rust, BSc, MA, PhD, FBPsS, FSS, *Department of Child Development and Educational Psychology, University of London Institute of Education*; Susan Golombok, BSc, MSc, PhD, ABPsS, *Department of Psychology, City University*; John Collier, MB, ChB, MRCPsych, *Department of Psychiatry, University of Sheffield*

*Correspondence: *25 Woburn Square, London WC1H 0AA*

https://doi.org/10.1192/bjp.152.5.629 Published online by Cambridge University Press