Psychological Factors in Marital Sex Problems

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PSYCHOLOGICAL FACTORS IN MARITAL SEX PROBLEMS

BY

LEONARD MANNING WARE

A THESIS SUBMITTED in PARTIAL FULFILLMENT of the REQUIREMENTS for the DEGREE of MASTER of ARTS in LOYOLA UNIVERSITY

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VITA

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CHAPTER I

INTRODUCTION TO THE STUDY

The purpose of this study is to investigate and analyze psychological factors associated with sexual problems that cause unhappiness in marriage, as indicated by data obtained from clinical cases. Although Terman (73) and others have provided much valuable psychological information on the relationship of sex problems to marital happiness, there has been a tendency on the part of many writers to deal with marital sex problems by stressing physical factors and sex techniques more than psychological factors appearing in the psycho-social backgrounds and the personalities of the husband and wife. And so far as the present writer has been able to discover, no study has been made on the relationship between these psychological factors and the marital sex problems themselves. The present study undertakes to show how psychological factors are related to clinical sex problems of husband and wife as indicated in tables formulated from data taken from the files of one hundred clinical cases handled by the National Institute of Family Relations in the city of Chicago.

The studied group consisted of one hundred couples selected at random from among those who had applied for psychological service on marital sex problems at the National Institute of Family Relations during the years of 1943 to 1947. The group included couples of various ages, occupations
and educational backgrounds. Each client and spouse had been examined by the staff physician and interviewed by the psychologist who handled the case. A careful record had been made of the background data, the problem, and the surrounding circumstances. The history taken included such data as age, occupation, education, previous marital status, length of acquaintance before betrothal, length of engagement, date of marriage, kind of residence, number of children, and other pertinent information.

Questionnaires and tests on personality factors had been administered to each person and, during the course of detailed discussions, the psychologist had made written notes of additional facts to be considered with the personality factor scores in making the interpretations. In staff conferences, analysis of the immediate problem in the light of all the data had usually revealed that a group of psychological factors was involved. Reliance had been placed not merely on the personality scores but on the whole situation, including the medical report, in interpreting the facts, finding the causes, and making recommendations for adjustment.

The study surveys marital sex problems presented by this group at the Institute's marriage clinic, the frequency of their appearance, and the relationships between the psychological factors on the one hand and the sex problems on the other. The sex problems investigated consist of orgasm inadequacy and vaginismus in the case of the wife; premature ejaculation and impotence in the case of the husband; and frigidity, infidelity, hypersexuality, perversion, and homosexuality in the case of either partner. In the process of showing the relationships between the
psychological factors and the sex problems, it became necessary to distinguish the physical from the psychological factors and to see especially what part the latter play.

As to the physical factors, these are divided by the present writer into two classes, namely physiological factors on the one hand and physical sex techniques on the other. The physiological factors include such matters as general health, fatigue and endocrine disturbances. Sex techniques include what are called by Exner an indirect or affectional approach as distinguished from a direct, or exclusively physical, approach (24:78).

The psychological factors are the ones which are of chief concern in this study. These are divided into psycho-social factors of background on the one hand and personality factors on the other. Background factors are subdivided into such circumstances as age, education, occupation, previous marital status, length of acquaintance before betrothal, length of engagement, length of marriage, kind of residence, and number of children.

Personality factors are most important of all in the present study. These include general attitudes, domestic interest (herein called Domesticity), dominance, companionship, emotional maturity, family attachments (herein called Family), health and habits, introversion, monetary policies (herein called Money), neurotic traits, and dependence. Of course, personality factors include the psychological attitude toward sex itself. The term "personality factors", as used herein, also includes the overt conduct attributable to such factors.
The most important objective of the present study is to show what an important part psychological factors, as distinguished from biological ones, play in sexual difficulties that contribute to unhappiness in marriage. An attempt is made here to illustrate the words of Magner, who says, "The gratification of the sex impulse is, therefore, not merely in the physical order or on an occasional or casual basis. It is found equally and more constantly in the psychological level." (49:162)
CHAPTER II

REVIEW OF RELATED LITERATURE

The literature on the subject of marriage and sex can be classified under the headings of medical, psychological, religious and sociological. Many of these writings can also be called "educational" in the sense of being instructive to both laymen and professional people. Of course, there is considerable overlapping, and much of the medical, religious and sociological literature necessarily includes some psychological research and comment.

The bulk of the literature deals with marital happiness in general and emphasizes physical factors and techniques in connection with sex, but does not sufficiently stress the importance of the psychological factors which affect sex difficulties. Nevertheless, there can be found a general agreement that many sexual maladjustments are dependent upon psychological influences to a greater or lesser extent. And in some works of the more modern writers, especially those writing from the Catholic viewpoint, there are very definite views in favor of psychological factors as being more important than physical sex techniques.

Taking first the medical group, it appears that one of the early important writers on the subject was Max Huhner. Huhner lays stress on the consequences of masturbation (36:40), the ignorance of husbands in failing
to arouse the wife sufficiently (36:44), and various other physical acts or techniques. He goes on, however, to recognize psychic impotence as caused by inhibitions and fears (36:99); frigidity in the female as being caused in some cases by the impotence or premature ejaculation of the male (36:167); and lack of sexual satisfaction as being caused by psychic factors such as want of affection, fear of pregnancy, sexual repression, and faulty education (36:168). Coitus interruptus, and physical discomfort of the female are also cited by him as causes of sexual dissatisfaction on the part of the wife (36:197).

The next writer to be considered is Stekel. This writer emphasizes the matter of psychic impotence (66:58). He maintains that the reflex action of the spinal cord is interfered with by inhibitory ideas (65:91) such as fear of failure, sense of guilt and sin (65:153), persistence of an infantile attitude (65:261), and other similar matters.

Writing on frigidity in woman, Stekel discusses physical techniques of the husband as well as the importance of the psychic relationship between the partners. He asserts the need for the husband to become acquainted with the erogenous zones of the wife (67:124). He shows that passive behavior is a typical love requisite of the female in her surrender to the male (67:249), and that this cannot exist if there is animosity between the man and the woman (68:3). He also points out that man must appeal to woman spiritually before she can yield to him physically (68:38). Modern woman, he says, is not a mere plaything, but she demands spiritual appreciation of her personality (68:39). Stekel insists, therefore, that
woman's sexual frigidity is definitely a psychic rather than an organic symptom (68:273).

Malchow furnishes a general discussion of male and female sexual sense and the sex techniques to be used, but he also indicates that both physical and mental attributes contribute to love and sexual adjustment (50:40). He observes further that women, much more than men, place a high value on the mental aspects of devotion (50:71).

In a research on marriage, Hamilton gives data on interviews with one hundred married couples. He reaches as one of his most important conclusions the idea that the spirit of play has a profound effect on sexual adjustment. Love-play, he contends, is far more desirable than an attitude that such play is immodest, immoral or perverted (33:158).

Robinson gives as the most important causes of frigidity in women such matters as sexual repression, masturbation, sexual weakness of the husband, dislike toward the husband, and fear of pregnancy, as well as physical causes such as uterine disease, cervical laceration, ovarian inflammation, vaginismus, and thyroid disease (61:302-3). In addition, he asserts that spiritual attributes of the partner, as well as sexual preliminaries, seem far more important to the woman than to the man (61:322).

A pair of writers who made a study of a large number of marital cases are Dickinson and Beam. This study, however, is based on cases arising in gynecological practice and therefore deals with the medical aspects of sexual difficulties as appearing in women presenting themselves
for medical or surgical intervention (19).

Stopes has presented for popular use the theory of a rhythm of periodic sex receptivity in woman to be understood and utilized by the husband (72:60-61). She also emphasizes the fact that in sexual matters an appeal must be made to woman's emotional and spiritual nature as a part of the process of preparing her for sexual union (72:64-65). The following is worth quoting: "It should be realised that a man does not woo and win a woman once for all when he marries her: he must woo her before every separate act of coitus, for each act corresponds to a marriage as other creatures know it." (72:69)

Exner points out that there is a social zone in sex in which "are found the higher affectional attractions between male and female -- as contrasted to the self-centered physical attractions -- ..." (24:33). He further says that a sexual approach that is too direct or exclusively physical is a harmful factor. Every sex act in marriage should include some spiritual significance and should have a prelude of courtship and wooing, since there should be a union of two personalities in emotional mood as well as in body (24:78). Exner sums up the factors in marital sex maladjustments by saying that they consist of ignorance of sexuality, lack of understanding, negative compulsions, low attitudes, crudeness, quick emission, disregard for woman's periodicity of desire, and complete lack of knowledge with respect to the art of love (24:110).

Yarros, a female physician, emphasizes need of the woman to be prepared and aroused for the sex act (80:39). She blames prostitution and
promiscuity as a poor preparation on the part of men for marriage. "We do not train ourselves for a worthy human life in an inferior school of low and base standards", says Yarros (80:122). She also stresses the fact that sex satisfaction, although very important to marital happiness, cannot be regarded as an isolated factor in the complex relationship of man and wife (80:218).

Writing on frigidity in women, Hitschmann and Bergler bring out the theme of woman's psychic needs and her slowness to be aroused. They cogently remark: "The majority of women require a psychic tie to the partner in order to enjoy him sexually." (34:17)

Clark asserts the importance of correct ideas of sexual living. He facetiously remarks: "Times change. It may not be long before the sex psychologist and student of sexual matters will be generally recognized as a sane and normal individual." (13:100) Speaking of the sex act in marriage, he says that the pleasure of such an intimate association depends not only on sensual experience but also on emotional and psychic values which mean more than mere physical attraction and immediate sensory satisfaction (13:252).

Wright is another woman physician who has written on marital sex problems. She affirms the importance of harmony between soul and body in the sex union (79:45). According to this writer, every sex act should be a miniature representation of the entire love relationship (79:87).

A Marriage Manual, written by Stone and Stone in 1939, is probably one of the most useful books on this subject, both to practitioner and
layman. Consisting of a series of questions and answers in an imaginary interview between a physician and a couple who are about to be married, the book successfully answers many questions essential to sex adjustment in marriage. These authors say that the sex act is not merely instinctive (71:207-8), but is an experience that involves a harmonious blending of physical, emotional and esthetic qualities (71:215).

Isabel E. Hutton tends to blame ignorance of sexual matters on the part of women for some of the sex difficulties which occur in marriage (38:55), as well as the impetuosity of the average man (38:75). This author also regards the idea that there should be no intercourse during and after the menopause as utterly unfounded and as responsible for many domestic rifts occurring at this stage of life (38:130).

Helene Deutsch regards the man's technical efforts to bring about sexual adjustment with his wife as of less value to the woman than the intentions behind them. In other words, the wife is affected more by the very fact that his efforts indicate regard and desire for her than she is by the mechanical processes themselves (18: v. 2, 88).

Bergler deals with some of the neurotic aspects of sexual difficulties (8:73-90), and also stresses the fact that there is a psychic superstructure built upon the foundation of the instinctive sexual urge (8:76). Bergler says that sexual success is less dependent on techniques or tricks than on genuine tenderness and some experience (8:91).

To Rudolf Dreikurs, sexual difficulties are definitely the consequences of personal conflicts and antagonistic attitudes (20:157). Demand-
ing attitudes, he says, are more to blame than lack of good sex techniques (20:160). Neurotic mechanisms amounting to emotional withdrawals also lead to many sexual difficulties (20:161).

Kitching deals with a variety of sex problems confronting the veteran who is returning to his wife after a prolonged absence. Among other things, he remarks that infidelity is not the actual cause of a broken marriage but is rather the result of a marriage that has already been ruined, whereas fidelity characterizes those who value the marriage too highly to jeopardize it by infidelity (41:54-55). He also emphasizes physical sex techniques to stimulate sex response but admits that psychic attitudes play a part (41:107-9).

Turning now to authors classed by the present writer as psychological, one of the first to be considered is Forel. This writer deals with many medical and sociological problems but he nevertheless lays stress on psychic matters, for example, psychic impotence, which he says increases more as the fear of failure becomes greater (25:219). He also makes it clear that "... love requires above all things the higher psychic irradiation of intimate sympathetic sentiments associated with the sexual appetite, with which they should always remain intimately connected ..." (25:520)

Katherine B. Davis investigated factors in the sex life of a large number of women. She contends that preparation for sex in marriage is an important factor in marital happiness, there being a definite connection between such preparation and the attractiveness of the marriage relation-
ship itself (15:76).

Everett, who wrote on the hygiene of marriage, says that great love is necessary to physical adjustment. A woman who feels antagonism toward or contempt for her husband is unable to give herself to him fully in the sexual relationship (23:124).

One of the best works relating to the subject of the present study is The Principles, Technique and Materials of Counselling, compiled by The American Institute of Family Relations (of Los Angeles) in 1935. This discusses, among other things, the biological and psychological differences between the sexes in sexual excitability and sexual selection (74:Ch. IV, 7), the importance of masculine aggressiveness and feminine submissiveness (74:Ch. IV, 7), the periodicity of desire in the female (74:Ch. V, 4), the cultural aspects of sex (74:Ch. VI, 4-5), the harmful results of sexual ignorance (74:Ch. VI, 5), the need for rational ethics in sex education (74:Ch. VI, 5), the dangers of premarital sex experience (74:Ch. VII, 6), the neurotic damage of feelings of guilt, shame and fear (74:Ch. VII, 12), and the dangers of abortion (74:Ch. XII, 5). This work also deals with the causes and treatment of impotence (74:Ch. XII, 11-14), frigidity (74:Ch. XII, 15-16), hypersexuality (74:Ch. XII, 16), and infidelity (74:Ch. XIII, 7), as well as many other important matters. It is stressed that sexual adjustment involves the whole personality, as sexual satisfaction is psychologically allied closely to such things as comradeship, tenderness, protection and loyalty (74:Ch. XV, 2).

Terman has made a comprehensive statistical survey of psychological
factors involved in marital happiness. He indicates some weariness with the tendency of sexologists to over-emphasize sex as a psychological experience upon which marital happiness is primarily dependent (73:247). This writer also says that sexual incompatibility of a biological nature is of little importance as compared with that resulting from psychological factors of personality and background. To use Terman's words, "... we believe that sexual incompatibility in the stricter sense of the term is not often a primary cause of marital unhappiness and that what is called sexual incompatibility is in the majority of cases essentially incompatibility of the conditioned personalities." (73:361-62)

Ellis pays much attention to the pathology of sex. But he also stresses the importance of psychic factors in marital sex adjustment. He advises "an ever fresh courtship" for each act of union (22:40). He asserts that marriage involves "... not only an erotic harmony, but a many-sided and ever deepening non-erotic affection, a community of tastes and feelings and interests, a life in common, a probability of shared parenthood, and often an economic unity." (22:284) He admits that we cannot ignore constitutional or physical defects, but says that the wise physician who has given his best aid nevertheless often leaves much to be done by the psychologist or psychotherapist (22:308). Ellis reproaches men for the frigidity of their wives, saying that it is often the husband who is too ignorant or too negligent to arouse the wife's sex nature, with the result that she seems frigid (22:309-10). The art of love, according to Ellis, develops from the man or woman's most intimate per-
One of the most prolific modern writers on marriage and sex is Paul Popenoe. Popenoe says: "To the extent that husband and wife establish a really co-operative partnership in everything, their sex life will be valuable". (59:233) He further asserts: "Sexual maladjustments are in almost every instance psychological in origin." (58:147) Speaking of conditions favorable to sexual adjustment, he says that these conditions are mostly psychological and social: "They include feelings of confidence and trust, of permanence and security. They include freedom from fears and anxieties. They involve the meeting of two complete personalities." (58:148)

One of Popenoe's paragraphs is especially pertinent to the present study and is worth quoting in full:

The tenderness, the protection, the feeling of emotional security and permanence and dependability, the broadening and deepening of your own personality through its lifelong and trustful union with that of another who is a part of you and yet sees everything differently; the commitment of the partners to a common purpose in the maintenance of a home and the creation of a family, -- all these are just as much a part of sex as is the mere act of sexual intercourse. As a part of this whole life-experience, the renewal of the bond of love through sexual intercourse is an extraordinarily valuable thing. As a mere experience for itself, and separated out from all the rest of the picture, it is missing the mark. (56:14)

Another recent writer in the psychological area remains to be con-
sidered. This author, Oliver M. Butterfield, sums up the subject by saying:

Any discussion of the techniques of sexual intercourse runs the risk of implying that success is largely a matter of mechanics, of touching this, or patting that, or of some particular position, time or frequency. The facts are, rather, that any dependence on mechanical procedures must always be secondary to mental and emotional attitudes if success is to be real and lasting. Men and women are not automatons moved by mechanical motors and electric push-buttons, but rather living spirits swayed by feelings and emotions. It is in this latter realm, rather than in dependence on mechanical techniques, that help is most likely to come for those having difficulties. (12:86-87)

Butterfield also lists as common causes of sexual difficulty in marriage such items as lack of a common goal, inadequate preliminary courting, coitus interruptus, premature ejaculation, unequal sex desire, masturbation, unfavorable conditions, psychic handicaps, physical changes, and conflicts in temperament (12:140-41).

Coming now to those who write from the religious viewpoint, it appears that in 1911, antedating the medical, psychological and sociological works mentioned in the present study, a book entitled Marriage and Parenthood, The Catholic Ideal, was written by Father Gerrard. This author distinguishes clearly between love, as an act of the will, and passion as a mere sensation (27:36). He further says that a husband should use his intelligence to discover how he may utilize acts of sympathy, interest, kindness and attention to arouse his wife's feelings toward him-
Father Morrison is another writer who, much later (in 1934), pointed out the importance of the non-physical factors when he said, "A happy marriage rests on a tripod. Physical, mental, and moral compatibility are the three supports. When any one of these is lacking, collapse or unhappiness is very near." (51:119)

In 1939, Latz produced a book which undoubtedly helps to alleviate some sex trouble which arises from fear of pregnancy. The book referred to is The Rhythm of Sterility and Fertility in Women. This book describes the natural method of birth control through use of the safe period as sanctioned by the Catholic church (46:110-35).

Leclerq is another Catholic writer who makes statements important enough to quote at length:

Man is more inclined toward physical love. Taking the word in its usual meaning, the sex instinct will be said to be more developed in him; on the other hand, woman's affective needs are greater. Where the man wants physical pleasure, the woman wants tokens of affection and the acts of endearment that express it. Misunderstandings arise frequently between husbands and wives for lack of adequate appreciation of this matter. (47:123)

And again:

But the Christian concept of married love is one in which the love of friends, which properly speaking contains no sexual elements, disengages itself from sentimental and physical love and dominates them both. It is one in which the union of the married couple is founded above all else upon a harmony of souls, a concordance of characters,
tastes and ideas. (47:125)

A pair of Protestant writers who fully recognize the truth of the foregoing are Wood and Dickinson, who say:

It is to be remembered that the sex part of life interacts with every other part, being affected by health conditions, by the degree of freshness or fatigue of the individual, by harmony in personal relationships in general, by mental poise and calm, and by the question whether the physical experience is something which is sought merely for itself or whether it is a culmination of an attitude of mutual self-giving which permeates all the experiences of life. (77:64)

A Jewish writer, Rabbi Goldstein, deplores the lack of sexual understanding on the part of some men and women (29:114). He points out that woman should learn to share actively in the marital sex life (29:114-15) and that man has much to learn about sex. He says:

The man, on the other hand, also needs to learn a number of things. He needs to learn to be patient, to be considerate, to be tender, to be delicate in the approach to his wife. Men too often bring into their marriage the un-disciplined impulses, the crude manners, even the perversions that they have learned from women of the street. A woman wants to be wooed, and even a wife must be wooed in order to be won. This man must learn: The wooing of the wife is not limited to the honeymoon but must continue throughout the years of marriage.

Father Schmiedeler, writing in 1946, points out the dangers of isolating sex passion from the other factors cementing the love relationship, when he says:
Emphasis on passion, or the isolation of physical sex from the other elements of the love complex, does much harm. This is true no matter under what form of sex abnormality it shows itself. It begets the selfish individual. And that is not without serious social results. A selfish person is unsocial, uncooperative. Yet cooperation is highly essential in all social or group life, including of course family life.

(63:80)

Recently, in 1947 in fact, one of the best books on this subject was published: The Art of Happy Marriage by Magner, a Catholic writer. Among many valuable statements, the author makes the following important assertion:

It is of the utmost importance, for steady attraction or the maintenance of what is called compatibility, that we realize we cannot get along very far on animal "magnetism" or "sex appeal". These elements in our personality can become dreadfully stale unless reinforced by qualities of character and understanding that make us permanently valuable in the partnership. (49:14)

Another recent writer, Father Nash, reiterates the principles previously announced and makes the following valuable contribution on extra-marital sex relations:

It is God's law that, deliberately to seek sexual pleasure outside of marriage, and even in the smallest degree, is a mortal sin. But this elementary principle needs to be reaffirmed in view of the consistent propaganda on the other side. Radio, cinema, yellow press, all combine to induce in our people a mentality which at
least inclines to admit that the impulse in question cannot be with­
stood. Not since the Garden of Eden has a more pernicious lie been foisted
upon the sons and daughters of Adam. (52:8-9)

Thus, it is seen that religion has been quick to recognize the important
relationship which psychic factors bear toward sex life in marriage.

This leaves remaining for discussion the sociological works in
this field. These writings make use of medical, psychological and
religious thought for marriage counseling as an essential branch of the
educational functions of social work.

One of the best presentations of the subject from the sociological
point of view is that of Baber. Baber asserts that although sex is
vital to marriage, the non-sexual interests and activities of the couple
are of far greater weight than the strictly sexual behavior in which
they engage (2:266). He points out that sex in mankind is both physical
and psychic and that the inseparable blending of these attributes adds
to the dignity of human life (2:269). He says further that since the
psychic attribute of sex is capable of great stimulation as well as of
restraint and refinement, control of sex is maintained through it rather
than through the relatively constant biological urge (2:270). In
addition, he stresses the thought that the primary requisite for sexual
harmony is the substitution of mutual gratification instead of self-
gratification (2:273).

Burgess and Cottrell investigated the question of how to predict
the outcome of marital ventures. They came to the opinion, among other things, that most of the marital sex problem cases they studied seemed to be in reality problems of psychology, attitudes, behavior patterns, cultural factors, or personality factors (11:225). The following statement is worth quoting:

With the majority of couples, sexual adjustment in marriage appears to be a resultant not so much of biological factors as of psychogenetic development and of cultural conditioning of attitudes toward sex. This finding is derived from case studies and, while rather clearly indicated, should not be taken as conclusively established. It is in harmony with the obvious generalization that the biological growth and maturation of the individual takes place in association and interaction with his emotional, intellectual, and social development. The understanding of any one of these aspects of human growth is necessarily to be arrived at in the context of the others. (11:347)

A very useful booklet was written in 1941, by Arden, entitled A Handbook for Husbands and Wives. Although the author stresses physical sex techniques, he is nevertheless cognizant of the importance of psychic factors. Says Arden:

As time goes on, physical form and feature and physical satisfaction do not occupy the center of attention -- other essential factors assert themselves: disposition, character, emotional reactions, mind, comradeship, health -- in general, the entire personality fills the picture, and many mutual adjustments therefore become necessary. (1:38)

Bowman, writing in 1942, also produced an excellent book on
marriage and sex. Some of his beautifully worded passages are here given:

Satisfactory adjustment sexually and in other ways (if they may be separated for purposes of discussion) go hand in hand reacting one upon the other . . .

... Sex in marriage is not a simple physical act, distinct in itself. It is one component of a complicated whole, ramifying through other elements, which in their turn ramify through it, a thread of changing hue inextricably woven into the warp and woof of life.

... In sexual union there is not only the contact of bodily organs but also the contact of personalities. (10:327)

... It is as different from the mating of animals as the building of a home is different from the construction of a nest, as the composition of a symphony is different from the automatic warbling of a bird. (10:329)

... Maneuvers and manipulations without love, affection and understanding are like the ability to blend colors with keen eye and nimble fingers while lacking the vision, inspiration, and insight of the true artist. Technique is important but not all important. ... The sexual act to be really complete must involve meaning as well as sensation. Meaning has a permanency about it that sensation lacks, and this cannot be produced by technique. (10:349)

Groves has also given thorough consideration to both the physical and the psychic factors of sex adjustment. The following passage illustrates that his point of view is in accord with that of others mentioned above:

Obviously there must be body adjust-
ment, but this aspect of the sex life cannot remain isolated. The thinking and the feeling aspects of the sex life of both the man and the woman are likewise involved in their reactions. Because of this it is common to speak of the physical, intellectual and emotional sides of sex comradeship. (31:333)

In another book written by Dr. Groves in conjunction with Gladys Hoagland Groves, the authors elaborate on the need for affection to be uppermost in sex union (32:208). In an additional work by Dr. Groves alone, many suggestions are given for preserving the marital relationship. One of the most interesting sections is that devoted to unfaithfulness, which he separates into two classes, acute and chronic. The latter, being habitual, is much more difficult to handle than the former, which is usually a sudden weakening under stress (30:16-18).

Duvall and Hill give further testimony. They say:

Happiness in marriage is dependent not alone on perfecting the physical sex act to the point of mutual fulfillment. As studies and clinical evidence have richly indicated, it lies more within the personality adjustment of each member of the couple and in their larger relationships as two whole persons than in any physical tricks or techniques. True married living revolves around such interchange as is found in planning for the children, spending the family money, making plans for vacations and holidays, rejoicing over personal advances, and comforting one another in times of illness or disappointment. It is these day-by-day experiences in common that set the stage for the fullness of sexual response which, for most couples, symbolizes their unity and is far more satisfying than the purely
physical release involved. (21:141-42)

In 1947 a compilation of the views of many authors was edited by Kling and Kling. These writers indicate the important part played by psychic factors, as illustrated in the following passages: "In well-integrated human beings, intercourse serves not only as a method of reproduction but as an individualized satisfaction of psychic and emotional needs." (42:168) And in another place it is said:

The object of the married relationship, as far as its two actors only are concerned, is union -- the union of the mind, the soul, and the body. Pleasures of the body are nothing in themselves; if pursued for their own sake they can end only in emptiness and disappointment. (42:185)

These writers further discuss the psychic-sexual relationship by stating the following:

Difficulties experienced on one plane inevitably have their repercussions on another, and therefore it is not possible to write of physical maladjustment in marriage without any reference to the emotional and intellectual conditions associated with it. Marriage is more than an erotic union. (42:213)

But despite all that has gone before, the year 1948 has produced a book of an entirely different tone by Kinsey, Pomeroy and Martin. (40) This book, written entirely from the statistical and biological viewpoint, completely ignores the spiritual and psychic attributes of sex and regrettably re-classifies man's sexual behavior as the expression of an entirely self-centered animal urge. By its emphasis on the perverted
aspects of sex, it gives a distorted and harmful view of human sex conduct.

Proceeding now to specific problems of the present study, as discussed in the literature, the problems of orgasm inadequacy and frigidity of the wife may be first considered. These problems are necessarily related closely since repeated disappointment as to orgasm often leads to eventual frigidity (74:Ch. XII, 14).

Popenoe says that the etiology of these problems is almost entirely psychic (57:2). They are due to inhibitions rather than to the absence of the necessary mechanism (57:3). Many wives, however, suffer from these conditions merely because the husband fails to give the proper stimulus or himself is a victim of premature ejaculation (57:3-4). In other cases, it is mere ignorance on sex matters that is the source of the difficulty (57:5). Of course, low vitality, fatigue, worry, marital disagreements, and the selfish attitude of the husband also make their contribution (57:5-6).

In some cases, the practice of withdrawal to prevent conception has produced frigidity on the part of the wife (57:11). The emotions of fear and hate are also powerful enough to cause frigidity (57:15). Guilt feelings or resentment on the part of the wife because of pre-marital sex relations with the husband may be responsible in some instances (57:16). It is also likely that emotional immaturity and infantile fixations are additional causes for frigidity or orgasm inadequacy and that in other cases a father fixation on the part of the wife
may be the difficulty (57:17). Other causes are fear of sex, protest
against being a woman, and psychological sex shock (57:18-20).

Knight places emphasis, as a cause, on wrong education that pro-
duces poor attitudes and morbid fears in girls and women (43:25).

Bergler, who has written a good deal on the subject, emphasizes
tender conduct more than sex techniques on the part of the husband to
overcome the wife's difficulty. He also asserts that unless woman accepts
inwardly or unconsciously a passive role in the sex act, she will auto-
matically suffer from frigidity (7:374-90).

Owensby takes the view that frigidity has increased in the higher
strata of society because of the psychological influence of refinement
in culture, there being a conflict between the intellect and the emotions
(54:535-37).

Davis points out that sex desire in women reaches a maximum around
the menstrual period and that some cases of lack of orgasm may result
from failure to utilize this knowledge (16:345).

Glueck places blame on the overemphasis of physiological and
biological conduct at the expense of human values and ideals (28:1-3).

Inadequate duration of coitus as well as the use of contraceptives
are blamed by Bose (9:235).

Landis shows that husbands and wives admit that it takes more
time to achieve sexual adjustment than in any other aspect of married
life. This may be of some value in cases where it is necessary to under-
stand that lack of sexual satisfaction at first is no cause for alarm
In an article by Pope Pius XII, there may also be found, by implication, a recognition of the fact that women who rebel against the place assigned to them by nature and attempt to compete with men directly in the world's affairs are apt to lack the gentle femininity required for proper emotional response to the husband. The Holy Father says that although men and women are equals, each sex must nevertheless be true to their natural characteristics. If, however, through selfishness and covetousness, woman departs from her function of motherhood and family life, danger ensues (55:6).

Father Schmiedeler has laid some blame on lack of proper sex education but he states clearly the views of the Catholic church as follows:

... insofar as sex instruction is concerned the golden mean between the ultra-remicence of an earlier day and the ultra-frankness that is characteristic of our own time is to be aimed at; the duty of giving sex instruction lies first of all with the parent; the child must be treated as a child, that is, the instruction must be graded and guarded. (64:9)

With respect to sex education, Desenberg says it becomes difficult to bring to marriage the necessary mutuality when early home influences and subsequent experiences tend to surround sex with an air of the forbidden. This amounts to a conditioning toward a taboo and leads to coarseness and selfishness that cause marital dissatisfaction (17:89-92).
Thus, it is seen that the literature gives a wide variety of causes for the wife's orgasm inadequacy and frigidity.

The problems of infidelity of either husband or wife may be next considered. As previously stated, Groves separates infidelity into two kinds, acute and chronic, the former being a sudden onset under pressure of circumstances and weakening of the individual whereas the latter is long-standing and habitual.

Kitching, it may be repeated, deals with the problem by saying that it is not the cause of a rift in the marriage but that it is more often an indication and result of a marriage that has already crashed. Furthermore, according to Kitching, neither spouse will become unfaithful if he or she values the marriage sufficiently to avoid the risk of jeopardizing it by engaging in infidelity.

Bergler asserts that frigidity is the frequent reason for infidelity in women. A woman who is not sexually satisfied in her marriage feels that her husband, not she herself, is to blame, and she therefore changes lovers. But the neurosis cannot be cured by such external means. He says further that man's most frequent cause for adultery is that his marital sex life does not give him adequate satisfaction because it does not have the element of forbidden joy with which he has associated sexuality since early childhood (8:102-3).

Duvall and Hill point out that extramarital ventures have the same attraction that candy has for a hungry and poorly disciplined child. This indicates the need of emotional maturity in marriage (21:234).
Turning attention now to the problems of premature ejaculation, impotence and frigidity of the male, it is obvious that these problems are closely related since they are all manifestations of sexual inadequacy on the part of the male. Bergler regards premature ejaculation as the most typical of all disturbances of potency. He cites as one cause the objection of the man's inner conscience if he unconsciously identifies the woman with his mother. This may result automatically in some form of impotence (5:50-59).

Bergler further says that when the genital organs are intact, impotence is in the great majority of cases the result of neurosis, as only three organic diseases could cause it, namely tabes, multiple sclerosis and advanced types of diabetes (6:450-66). He also says that serious problems of economics, social status, health, etc., may in certain circumstances absorb the libidinous urges for a time and that most cases of impotence are of psychogenic origin (4:657-76).

Thorne declares that nearly any man may suffer from premature ejaculation under certain conditions such as a high enough degree of excitement, the maintenance of an erection for a long time prior to attempting intercourse, abstinence from intercourse for some time so that the threshold is low, and lack of confidence in himself accompanied by fear that premature ejaculation will occur (75:273-75).

Walker, speaking of cases of impotence where little or no organic lesion is found, says that as a rule such cases are functional in origin, but in some instances there is a minor lesion of the genitalia which may
be a causative factor. Sometimes a temporary functional impotence occurs as a sequel to a lesion of the genitalia or nearby organs by power of suggestion. In other cases, the trouble may arise from fears such as those produced from reading books on sex aberration. (Walker observes that intercourse should be an automatic act, just as digestion is.) Other fears are those relating to venereal disease, consequences of masturbation, and guilt feelings. Occasionally, the trouble arises because of perversion, or by reason of sublimation in the form of an outlet of the libido in excessive devotion to a profession or business. He stresses the fact that physical treatment is less important than psychotherapy.

Ruhner maintains that in some cases impotence results simply from a long continued ignorance of the couple in regard to how to perform the sex act, that is, a failure to have the wife assume a position with knees flexed and the thighs abducted. This makes coitus impossible and creates a situation in which impotence develops from a long series of unsuccessful attempts (35:651). He objects, however, to the tendency of many psychoanalysts to believe that all forms of impotence are entirely psychic without examination of the sex organs (37:366-70).

Osnato agrees that most cases of impotence result not from organic disease but from neuroses. He cites as causes such things as narcissism (in the form of prolonged masturbation) and homosexual regression (53:530-33).

A separation of physical from psychic considerations with reference
to the love object, that is, a direction of physical desire toward one objective and a direction of the psychic urges toward another, is credited by Karpman as being one of the causes of impotence. He says that exceptions to the rule that most cases are functional and psychic in nature may consist of a small number of cases in which there is a physical basis such as spinal cord diseases, diabetes, sequelae of parotitis and gonorrhea, hydrocele, etc. He also maintains that sexual ability declines with age only to the same extent as other bodily functions and may continue physiologically until death. Furthermore, he classifies impotence diagnostically as a conversion type of hysterical neurosis, that is, a condition in which a psychic difficulty is manifested in the form of a physical symptom. He also lists, as causes, incestuous attachment, homosexuality, and fears and anxieties resulting from masturbation and other paraphilic activities (39:274-303).

A distinctly psychoanalytic point of view is expressed by Loewenstein, who contends that the inhibitions giving rise to impotence arise from the fear of castration associated with childhood episodes (48:333-40).

Bennet mentions, as causes of impotence, friction in the social relationship of the couple, hysterical conditions, anxiety, fetishism, and homosexuality (3:296-304).

Stephen presents the novel theory that since urination in children can be used as a means of self-assertion and aggression, there may later be an unconscious identification of urination with the sex act. The latter, instead of expressing feelings of love becomes an aggressive act...
and is therefore inhibited. This conflict between the aggressive impulses and the loving impulses causes impotence (69:305-13).

If the wife has nothing to offer the husband but the companionship of the body, the man's potency may be adversely affected, according to Lake. Furthermore, for a sensitive man, there may be a variety of psychic hindrances that may seem trivial to others. Lake further says that since the sex act consumes a considerable amount of nervous energy, a man whose daytime activities drain his energy may have little left for sex life at night (44:467-72).

Wortis points out the importance of esthetic factors in marriage. In time, personal carelessness may decrease pleasant sensory stimulation, including that of sight, and thus feelings of disgust may arise which will have a bad effect on the erotic desire. He also cites selfishness as a harmful factor and further mentions lack of sufficient aggressiveness in some men as a contributory factor to their sexual ineffectiveness (78:1413-27).

Creevey and Rea, discussing treatment of impotence by male sex hormone, say that the benefits of such therapy where hypogonadism is not present is chiefly psychic (14:392-94).

Sohapiro contends that psychic impotence is the result of increased resistance, "resistance" being any mental or physical thing that interferes with the normal progress of the sexual urge from the center to the periphery (62:280-82).

A wide variety of causes of impotence is discussed by Popenee.
He says that it is a mistaken notion that too frequent intercourse in earlier life causes impotence in later life. The true causes are the individual's own emotional conflicts, fears, anxieties, doubts, ideas of compensatory deprivation, sinfulness, remorse, disgust, etc. (60:9). Neither is abstinence a cause. The fundamental physiological capacity is not lost, even though time may be required to arouse the habitual sex disposition (60:10). If erections occur at any time, as when inhibitions are relaxed during sleep, it indicates that the trouble is due to mental blocking rather than to physical factors (60:13-14).

Popenoe remarks that in some cases impotence or premature ejaculation may occur on the wedding night because of the novelty or excitement of the situation and that much depends on the attitude of the wife. If she shows contempt or hostility, the hurt to the husband's feelings may cause further failure. However, with reference to remarks of the wife at such a time of failure, Popenoe says that a neurotic is apt to be affected whereas a tougher-minded man would not (60:17).

In some cases, impotence is a temporary condition caused by drug-bearing medications such as phenobarbital or copaivin capsules (60:20). But Popenoe further states that most cases of sexual inadequacy in men arise from long-standing inner conflicts centered primarily on sex itself, the wife, the man himself or on all three combined in various ways (60:22). In some instances, impotence is a manifestation of mother fixation (60:27) or of hostility toward the wife (60:30). An established fear of venereal disease is also sometimes a causative factor and so is
the habit of sex phantasy instead of sex reality (60:31).

Popenoe also emphasizes as a cause a lack of male aggressiveness on the part of the husband, often accompanied by unwomanly aggressiveness on the part of the wife instead of attractive, alluring and seductive conduct by her. It is necessary for the wife to bolster up the man's ego and overcome his feelings of inferiority in life in general, these being interrelated with the sexual inferiority (60:33-36). In other cases, however, the wife's passivity, prudery or lack of stimulating effect on the husband may be so great as to make the sex relationship a one-sided affair which becomes burdensome to the husband and leads to sexual resistance on his part (60:39).

With reference to hypersexuality and perversion, there is also a relationship between these problems, since these difficulties are apparently based on over-emphasis of sex rather than on physical causes. In some instances, the wife may contend that her husband is hypersexed when the truth is that she herself is neurotically under-sexed and needs treatment (74:Ch. XII, 15).

The psychoanalysts hold that hypersexuality in men is often associated with unconscious tendencies toward homosexuality and that the man is attempting to suppress these and reassure himself by oft-repeated demonstrations of normal relationship to the opposite sex. This is a supposition that is difficult to prove but it is likely that in some cases excessive or abnormal sexual activity is a form of compensation for fears or inadequacies of some kind (74:Ch. XII, 15-16).
On the matter of vaginismus, Stone and Stone say that this genital spasm in woman completely bars sexual intercourse if the spasm is fully developed. The spasm is involuntary and almost reflex in nature. Reasoning or persuasion seem to have no effect and force merely creates further fear and makes matters worse. Even though the woman may be willing to engage in intercourse, the muscles around the perineum contract so tightly that intromission is impossible. The authors lay the blame on faulty sex education, negative conditions, traumatic experiences of a psychosexual nature, inhibitions, fears, and various anxiety neuroses as some of the factors involved (70:390-53). Abnormality of the woman's sex organs, causing pain in intercourse, may cause the spasm in some cases (71:242).

The last remaining problem to be considered is that of homosexuality. In such cases, Popenoe agrees with the Freudian theory that the individual, male or female, may be the victim of a fixation occurring at one of the successive stages of the normal development of the libido. That is, as the individual progresses from the self-love of the infant to the love of parents, then to the pre-adolescent interest in companions of the same sex, after which comes adolescent interest in nearly all members of the opposite sex, and finally the adult monogamous level, it is possible that development may have been arrested at the homosexual level during the period just preceding adolescence (57:21-22).

As has been seen above, all of the various sex problems mentioned are believed by many writers to be greatly affected by psychological
factors. The remaining task of the present study is to describe the procedures and findings indicating how the psychological factors are related to the marital sex problems under consideration.
CHAPTER III

MATERIALS AND METHODS OF THE PRESENT STUDY

As stated in Chapter I, the materials for the present study have been secured from primary and original sources of data in one hundred clinical case records. These were obtained from the files of the National Institute of Family Relations, an organization which conducts a psychological clinic for marital and sex problems. In order to have an understanding of the sources of data used in the present study, it may be well to explain in further detail the functions and general procedure of the Institute in handling such cases.

Interviews with clients are conducted by a psychologist, and the medical aspects of the case are handled by a physician. Both husband and wife are interviewed if possible so that cross-checking can be accomplished. During the interviews a combined case history sheet and questionnaire is used. This is supplemented by detailed discussions with husband and wife and by certain standard personality tests hereinafter named. In the course of the interviews, the psychologist makes written notes and as soon as possible thereafter these are elaborated upon by means of dictation to a stenographer so that they may be reduced to useful written form as a part of the case record.

The case history sheet is used to record data such as date of the interview, names and addresses, age, occupation, education, previous
marital status, length of acquaintance before betrothal, length of engagement, date of marriage, number of children, and other pertinent information. After these data have been secured, a brief statement of the problem is taken. Further details of the problem are discussed in subsequent interviews.

The questionnaire proper, devised at the Institute and called "The Marriage Personality Appraisal", consists of 190 questions to be answered orally by "yes" or "no". A copy of this questionnaire appears in the appendix to the present study. Before administering the questionnaire, the psychologist explains to the subject the manner in which the questions are to be answered. The subject is told that honest answers are necessary if aid is to be had, that the questionnaire is not an intelligence test, that it is desirable to give a spontaneous rather than a carefully thought out answer, and that the object of the questionnaire is to get information regarding the subject's attitudes, traits and conduct so that help can be given.

The standard personality tests used in conjunction with the questionnaire are the Allport A-S (ascendance-submission) Reaction Study (separate forms for men and for women), the Willoughby E M (emotional maturity) Scale, and the Neymann-Kohlstedt Diagnostic Test for Introversion-Extroversion. The appendix to the present study includes copies of these tests.

After the questionnaire and tests have been administered, the psychologist, in additional conferences, guides the subject to present
all pertinent facts in his life history from early childhood to and including the present problem. As previously stated, the psychologist gets full details of the problem itself during the course of these conferences. When these steps have been completed, the psychologist has the necessary information and scores on the various aspects of the subjects' personalities, including their sex life.

The questionnaire itself is divided into twelve sections, covering various factors in the marital situation, as described later in this chapter. Each section is given a score on the basis of the favorable and unfavorable answers, and due consideration is given to the additional tests used as well as to the data obtained in the interviewer's history sheet and in his discussions with and observations of the subject. All factual items are necessarily utilized in conjunction with the scores in making interpretations.

Staff conferences are held from time to time for joint discussion and analysis of the cases so that causative factors and relationships may become known and better understood, appropriate interpretations formulated, necessary recommendations made, and requisite counseling and guidance given toward adjustment. In making diagnoses, appropriate consideration is given to the medical report and the staff conference. Emphasis is placed upon those personality items which may particularly affect the marital relationship. Where a sex problem is presented, special attention is given to the relationship that may exist between psychological factors of personality and the sexual maladjustment.
In order to understand the nature of the questionnaire used, it is necessary to describe the nature and use of the sections into which it is divided. These sections are entitled as follows: 1. Attitudes, 2. Domesticity, 3. Dominance, 4. Companionship, 5. Emotional Maturity, 6. Family, 7. Health and Habits, 8. Introversion, 9. Money, 10. Neurotic Traits, 11. Dependence, and 12. Sex. Affirmative answers on the individual questions in the various sections are regarded as unfavorable. Such unfavorable answers cause a deduction to be made consisting of the approximate percentage which the question bears to the total number of questions in the section. For example, a section having ten questions is scored on the basis of deducting 10 per cent for each unfavorable answer from a possible 100 per cent score on that section.

Further adjustments of the scores are made, however, in certain sections, since the A-S Reaction Study is used in conjunction with the section on Dominance, the E M Scale with the section on Emotional Maturity, and the Neyman-Kohlstedt test with the section on Introversion. In these sections, the score on the questionnaire section and the percentile or decile score of the additional test are averaged.

High scores are considered desirable, but it should be noted that in the section on Dominance, the questions are so worded that a low score for a woman is considered undesirable as indicating too much dominance, whereas a low score for a man indicates too much submissiveness. Therefore, in using Allport's A-S Reaction Study form for women, the decile scores thereon have to be reversed before they can be averaged with the
questionnaire's section on Dominance. That is, since the A-S Reaction Study results in decile scores ascending and descending between the highest decile for dominance and the lowest decile for submissiveness, it is necessary to take the high decile scores of the dominant women on the A-S Reaction Study and place them in the corresponding position at the low end of the A-S decile scale before the average can be computed between the A-S and the section on Dominance.

The first section, Attitudes (questions numbered 1 to 10), inquires into such things as the individual's will to succeed, his realization of the importance of success in marriage, his belief that his own efforts are of value, his demands and expectations, his ability to adjust, and the liberality of his views.

Next follows Domesticity (questions 11 to 17), a section designed to inquire into interest in home life, willingness to sacrifice, and cooperativeness in family routine.

The third section, Dominance (questions 18 to 29), covers the matter of dominance and submissiveness. It is sought to discover whether there is competition and rivalry between the husband and wife or whether there is a suitable partnership in the home, whether one partner is attempting to regulate the other's life, whether there is a struggle for supremacy, and whether there is appropriate male masterfulness and female gentleness.

Fourth is the section dealing with Companionship (questions 30 to 37). This includes mutuality of interests and comradeship in such
things as church, occupation and general activities.

The fifth section is one covering Emotional Maturity (questions 38 to 74). An attempt is made here to discover whether the individuals are acting their age. Inquiry is made on whether they are exhibiting the mature adult characteristics of generosity and cooperation toward group welfare or whether they have fixated on or regressed to the childhood level of selfish conduct, self-glorification, and determination to protect their own comfort and convenience as well as get their own way at all times and at all costs. Inquiry is further made on whether the subjects insist on immediate satisfactions or understand delayed rewards. Also included here is the matter of showing unselfish devotion in the form of kindness, tenderness, affection, gifts, compliments, appreciation, and expressions of love.

The sixth section, Family (questions 75 to 91), deals with family attachments, covering dependence on parents, interest in parenthood, treatment of children, trust and confidence in each other, and loyalty.

Seventh comes the section called Health and Habits (questions 92 to 105), dealing with personal integrity, health, manners, habits, personal appearance, dissipation, etc.

The eighth section, on Introversion (questions 106 to 125), is designed to get some idea of whether there may be a great difference between the partners, that is, one greatly introverted, the other too extroverted. It covers such matters as self-absorption, shyness, impulsiveness, sociability, introspection, retrospection, methodicalness, flexibility,
cordiality, meticulousness, seriousness, etc.

The ninth section, on Money (questions 126 to 140), refers to such matters as greed, management, sales resistance, budgeting, extravagance, etc.

Neurotic Traits (questions 141 to 160), is the subject of the tenth division. Here an effort is made to obtain an estimate of the person's irritability, sensitiveness, agreeableness, excitability, contrariness, quarrelsomeness, ill temper, severeness, and so on.

The eleventh section, Dependence (questions 161 to 167), attempts to discover whether the couple are sharing the responsibilities of home life together or whether one has a tendency to cast the responsibilities upon the shoulders of the other.

Last appears the section on Sex (questions 168 to 190). This section includes questions which are designed to bring out the person's specific attitudes, conduct and responses in sexual matters. It includes demonstrativeness, fidelity, sex ignorance or misinformation, lack of satisfaction, overemphasis on physical sex, repressions, inhibitions, shock, guilt feelings, sex worry, homosexual tendency, general sex fears, understanding of love-play, fear of pregnancy, and so on.

By means of the twelve sections of the questionnaire, together with the other procedures above described, scores and other data are obtained which are recorded in the files of the Institute. From these records it was possible to secure the data for the present study. The investigation necessitated not only the extraction and tabulation of
data from the records on the problems and the scores of the subjects but also a classification and enumeration of background factors that might be capable of influencing the total situation in each case.

Since the results of this study are based on the total situation in clinical cases, it is well to note the words of Terman at this point, referring to statistical method:

It should be emphasized, however, that both in the task of improving the technique and in its practical applications as a tool, the method should be constantly checked against results secured by case-study procedures. Meaningful clinical analyses are expensive, but we can never hope to replace them by the routine application of psychometric methods. Each of these two approaches should reinforce and bring improvements in the other. (73:378)

The selection of one hundred such clinical cases used in the present study was made at random in the following manner: Out of a total of nearly six hundred marital cases of all kinds found in the files of the Institute, inspection permitted the setting aside of slightly over two hundred in which the primary problem was a sexual one. Alternate cases among these two hundred were then taken until one hundred cases were available for this study.

After the selection of these cases, questions were formulated in regard to types of problems, frequency of their appearance, and the psychological factors associated with them. These questions were such as the following: What types of sex problems arise? What is the frequency
of their appearance? How are psychological factors associated with them?

Answers to these interrogations required classification, tabulation and analysis of data on the following items: (1) kinds of sex problems, (2) frequencies of these problems, and (3) psychological factors associated with them. Analysis of the data indicated the problems, frequencies, factors and relationships by means of summarizing devices in the form of tables based on the history sheets and the scores on the questionnaires and tests.

The first step naturally was to classify the cases and to tabulate and list them according to the nature of the problem involved. The cases were divided into thirteen groups as follows: (1) Wife's Orgasm Inadequacy, (2) Wife's Frigidity, (3) Husband's Infidelity, (4) Husband's Premature Ejaculation, (5) Husband's Impotence, (6) Husband's Frigidity, (7) Husband's Hypersexuality, (8) Husband's Perversion, (9) Wife's Vaginismus, (10) Wife's Hypersexuality, (11) Wife's Infidelity, (12) Wife's Perversion, and (13) Husband's Homosexuality. The problem of the wife's homosexuality was not listed as it did not appear among the cases examined. After being thus grouped, the number of cases in each group was tabulated and the problems were listed in the order of their frequency.

The next step was to tabulate background data of the subjects in order to furnish a description of the kind of persons involved and of the psychological circumstances surrounding the various types of cases. In most of the tables thus formulated, the method of classification follows the grouping employed by Terman (73). The various groups of
data were listed with reference to each sex problem and with reference to the entire number of cases in the study. Wherever possible, arithmetic means and standard deviations were employed to indicate central tendencies and degrees of homogeneity or heterogeneity.

The subjects were first classified according to age groups of husbands and wives separately. A similar procedure was followed with reference to ages of husbands and wives at marriage.

In like manner, a table of data was formulated and calculations made with reference to education of husbands and wives. This was computed on the basis of the number of years of school completed.

Occupations of the subjects was the next matter to be classified and tabulated. The types of occupation were arranged as follows: (1) professional, (2) semi-professional and managerial, (3) clerical, skilled trades, and retail business, (4) semi-skilled trades, minor clerical and minor business, (5) slightly skilled labor, (6) unskilled labor, and (7) housewife. Rural owners and rural labor, appearing in Terman's grouping, did not appear in these cases of a clinic in a large city.

The next step was to list frequencies with reference to previous marital status of husbands and wives. These groups were (1) single, (2) widowed, (3) divorced once, and (4) divorced more than once.

Tabulation was then made of the length of acquaintance of the couples before betrothal. Length of engagement and length of marriage were each computed in similar manner.

Following this, a listing and calculation was made of the kinds
of residence of the couples under the headings of (1) unfurnished apart-
ment or home, (2) own home or own building, (3) with or close to husband's
parents, (4) with or close to wife's parents, (5) furnished apartment or
room, and (6) miscellaneous. The last heading covered trailers, rear of
store, etc.

Last of the items descriptive of the circumstances surrounding
the couples was the number of children in each case.

Last, but probably most important, correlations and the signifi-
cance thereof were computed between the Sex scores and the personality
factor scores, according to the twelve divisions of the questionnaire
previously described. The correlations were computed* first between the
Sex scores of the clients and each of their own personality factor scores
with reference to the specific sex problems of greatest frequency, namely,
(1) Wife's Orgasm Inadequacy, (2) Wife's Frigidity, (3) Husband's In-
fidelity, (4) Husband's Premature Ejaculation, and (5) Husband's Impo-
tence, and then with reference to all cases in the study. The remaining
specific sex problems were too small in number to permit satisfactory
individual treatment. The same procedure was then followed to calculate
correlations between the Sex scores of the clients and the Sex scores as
well as the personality factor scores of their spouses. The entire cor-

* The rank-difference (rho) method of correlation was used, the
formula being: $\rho = 1 - \frac{6 \text{ (sum of } D^2)}{N(N^2 - 1)}$ as given by Henry E. Garrett,
1947), 345.
relation process yielded 138 correlations.
CHAPTER IV

PRESENTATION AND INTERPRETATION OF DATA

The data resulting from the procedures previously described afford ample opportunity for interpretation. But before presentation of the data to be interpreted, reference is again made to Terman who, in speaking of the psychological study of marital happiness, says:

In the field with which we are here concerned, no method of diagnosis or research can be perfected once for all. The ideals and philosophy of sex and marriage are undergoing perpetual change. With every generation, new causes of marital unhappiness become operative, and some of the earlier causes lose their effects. These changes in mores may be relatively slow, or they may come about with almost cataclysmic speed; in any case they call for endless modifications of diagnostic and research procedures and for plasticity of interpretation on the part of all who use them.

(73:378)

These remarks apply with equal force to the present study.

The first set of data presented answers the questions of what types of sex problems occurred in the present study and what the frequencies of the problems were, as given in Table I on page 49. This table shows that the present group of one hundred cases includes thirteen types of sex problems, no cases appearing however on homosexuality of the wife.

The distribution of problems shows that the problem of Wife's Orgasm Inadequacy has the greatest frequency, this problem appearing in
<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>
26 per cent, or more than one-fourth, of the cases. Next in order of frequency is the problem of Wife's Frigidity, amounting to 17 per cent of the cases. The problem of Husband's Infidelity takes third place with 14 per cent.

From this table, it is seen that in the present group the wives suffered far more often from lack of sex satisfaction or lack of ability to participate adequately (in the form of orgasm inadequacy and frigidity) than the husbands did in premature ejaculation, impotence or frigidity. But the husband's infidelity occurred in seven times as many cases as it did with wives, and the husbands also exceeded the wives in hypersexuality and perversion.

Discussion of the types of sex problems and their frequencies having been disposed of, attention may be turned to consideration of the psychological circumstances and background factors surrounding the subjects of this study. With reference to the ages of the subjects, Table II, on page 51, presents data on the ages of the husbands and the wives separately. In this connection, it may be remarked that Husband's Infidelity occurred most frequently (50 per cent) with husbands in the 30 to 34 year old group. Husband's Premature Ejaculation occurred more (33.33 per cent) in the 25 to 29 age group than in other age groups. The husbands in the age group of 35 to 39 led in frequency (37.50 per cent) as to the complaint of Husband's Impotence. In Husband's Frigidity, the husbands in the 40 to 44 age group were greater in number (42.84 per cent) than those in the other age groups. Husband's Hypersexuality, Husband's Perversion, and
TABLE II

AGES OF HUSBANDS AND WIVES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A.M.</td>
<td>S.D.</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>33.11</td>
<td>9.48</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>37.00</td>
<td>8.13</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>37.85</td>
<td>7.41</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>30.77</td>
<td>7.99</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>34.50</td>
<td>2.33</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>36.00</td>
<td>4.98</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>33.20</td>
<td>5.77</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>35.80</td>
<td>2.46</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>27.66</td>
<td>1.24</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>31.50</td>
<td>6.50</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>35.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>28.00</td>
<td>.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>28.00</td>
<td>.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>34.42</td>
<td>8.31</td>
</tr>
</tbody>
</table>
Husband's Homosexuality, taken together, appeared chiefly with the husbands in the late twenties or early thirties.

In the totals for all problems, the husbands tended to cluster around the late twenties and early thirties. The mean ages for the various problems also fell chiefly within the early thirties and late twenties, the mean age for all problems being 34.42. Considerable heterogeneity, however, is shown in the standard deviations, that for the entire male population being 8.31 years.

In regard to that part of the table dealing with wives, the problem of Wife's Orgasm Inadequacy involved chiefly women ranging from the early twenties to the early thirties. Wife's Frigidity appeared mostly in the twenties and thirties, with the early thirties predominating. Wife's Vaginismus occurred only with wives in the twenties. The remaining problems appeared chiefly where the wives were in approximately the first half of the usual life span. This is generally true of the entire female population in this study, the mean age for all of the problems being 31.33 years with a standard deviation of 7.95 years. Perhaps the figures on age indicate that time serves to overcome the difficulties or to reduce their importance.

Table III, on page 53, gives the age groups of husbands and wives at the time of marriage. As to most of the problem groups, the greatest number (34 per cent) of husbands married in the age group of 24 to 27, but a considerable number (21 per cent) fell into a younger group, namely 22 to 23. The mean ages for the various problems range from 23.00 to
### TABLE III

**AGES OF HUSBANDS AND WIVES AT MARRIAGE IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.M.</td>
<td>S.D.</td>
<td>A.M.</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>26.03</td>
<td>5.25</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>30.94</td>
<td>9.50</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>24.42</td>
<td>4.88</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>26.55</td>
<td>5.45</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>29.87</td>
<td>7.58</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>25.42</td>
<td>4.05</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>26.00</td>
<td>2.36</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>24.60</td>
<td>3.06</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>25.66</td>
<td>2.44</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>29.00</td>
<td>6.00</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>28.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>23.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>25.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>26.93</td>
<td>6.52</td>
</tr>
</tbody>
</table>
30.94 years, with a mean age of 26.93 for the entire group of husbands in the study. Substantial figures occur in the standard deviations, however, that for the entire group being 6.52 years. It may be remarked that, in view of the fact that the usual age of marriage for males in this country is approximately twenty-five years (2:176), the present group of husbands in general married slightly later than the average, although the standard deviation indicates a wide range.

As to the wives, for all of the problems, 41 per cent fell into the group of those who married between the ages of 20 and 23, but there is a large representation (29 per cent) among the 24 to 27 age group. The mean ages for the various problems range from 20.00 to 27.05 years with a mean of 23.88 for all the wives in the study. The standard deviations are again substantial and that for the entire group is 5.50. Since the usual age of marriage for females in this country is approximately twenty-two years (2:176), these wives in general apparently married somewhat later than the average, although a fairly wide range is shown in the standard deviation.

Perhaps the fact that in many cases the subjects of this study tended to marry somewhat later than the usual age indicates that the couples who presented the problems of this study were not choice marital material in the first instance or they would have paired off earlier. As to difference in age between husbands and wives, this is, for the whole group, only about three years, or about the same as the average in the United States (2:176).
The respective educations of the husbands and wives are indicated in Table IV on page 56. A substantial plurality (46 per cent) of the husbands, for all problems, had some amount of college education, including four men at the post-graduate level. The means for the various problems range from 9.50 years of education to 16.00 years and the standard deviations range from .00 to 4.00 years. The mean education for the entire group of husbands is 12.30 years with a standard deviation of 2.95 years.

As to the wives, for most of the problems, the greatest number (39 per cent) appeared in the high school education group. The college group (29 per cent) ranked third, slightly behind the grammar school group (32 per cent). The women had slightly less education on the average than had the men, the means for the different problems varying from 10.00 years to 13.66, with a mean of 11.73 for all of the wives as compared with a similar mean of 12.30 for the men. There was greater homogeneity among the women than among the men, as the standard deviations ranged from .00 to 3.09 and the standard deviation for the whole group of women was 2.50.

Although the college men and high school women presented sex problems more frequently than did those with less education, it is difficult to determine whether the better educated are actually more apt to have such problems or whether they are merely more prone to apply for aid on them. In the experience of the writer, the latter seems to be true. The educated group appear to have greater means, time, knowledge and inclination to do something constructive about their problems.
### Table IV

Number of Years of Education Completed by Husbands and Wives in One Hundred Clinical Cases of Marital Sex Problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.M.</td>
<td>S.D.</td>
<td>A.M.</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>12.73</td>
<td>3.33</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>11.76</td>
<td>3.05</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>12.21</td>
<td>1.90</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>12.00</td>
<td>1.88</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>12.12</td>
<td>2.57</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>11.57</td>
<td>3.96</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>13.00</td>
<td>1.78</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>11.00</td>
<td>1.54</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>11.66</td>
<td>2.06</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>9.50</td>
<td>.70</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>16.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>15.00</td>
<td>.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>12.00</td>
<td>.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>12.30</td>
<td>2.95</td>
</tr>
</tbody>
</table>
Table V, on pages 58 and 59, gives the occupations of the husbands and wives. This table shows that, for most of the problems, the husbands appeared most frequently (32 per cent) in the clerical, skilled trades and retail business group. The second group (semi-professional and managerial) followed closely (25 per cent). And the professional group had a larger share (14 per cent) than might be expected, although these appeared chiefly under the heading of Wife's Orgasm Inadequacy.

The wives were predominantly (64 per cent) housewives but it will be noted that over one third (36 per cent) of the wives were engaged in work or business. Four per cent of the entire group of women were professional women suffering from orgasm inadequacy or frigidity. The latter figure also seems higher than would be expected. This, together with the apparently disproportionate number of cases among wives of professional men, may indicate a rather high degree of sexual difficulty among professional people or, on the other hand, promptness in seeking help.

The previous marital status of the husbands and wives is shown in Table VI on page 60. It is apparent at a glance that the overwhelming majority of all the cases involve men (88 per cent) and women (82 per cent) who had never been married before. Perhaps this is an indication that divorced people have less trouble in subsequent marriage or that they seek legal recourse rather than psychological aid in attempting to solve their sexual difficulties in marriage. It is to be noted also that 16 per cent of the wives were divorced women as compared to only
### TABLE V

**OCCUPATIONS OF HUSBANDS AND WIVES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Professional</th>
<th>Semi-professional and managerial</th>
<th>Clerical, skilled trades and retail business</th>
<th>Semi-skilled clerical and minor business</th>
<th>Slightly skilled labor</th>
<th>Unskilled labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>6</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>1</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>Wife's Hypersexuality</td>
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<td>1</td>
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<td>1</td>
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<td>Wife's Infidelity</td>
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<td>1</td>
<td>1</td>
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<td>Wife's Perversion</td>
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<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
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<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>14</td>
<td>25</td>
<td>32</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
</tbody>
</table>

5
## TABLE V (continued)

**OCCUPATIONS OF HUSBANDS AND WIVES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Wives' Occupations</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Professional</td>
<td>Semi-professional</td>
<td>Clerical, skilled</td>
<td>Semi-skilled</td>
<td>Slightly skilled</td>
<td>Unskilled</td>
<td>Housewife</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td>trades and retail business</td>
<td>trades and minor clerical and minor business</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
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</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
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</tr>
<tr>
<td>Wife's Hypersexuality</td>
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<td></td>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
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<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>4</td>
<td>7</td>
<td>16</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>64</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE VI

PREVIOUS MARITAL STATUS OF HUSBANDS AND WIVES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Husbands</th>
<th>Wives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>Widowed</td>
</tr>
<tr>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>88</td>
<td>3</td>
</tr>
</tbody>
</table>

9 per cent on the part of the men. This may indicate that divorced women are more apt to be involved in sex difficulty in the second marriage than divorced men are.

Table VII, on page 61, indicates the length of time during which the couples knew each other before becoming engaged to marry. In this tabulation, for all problems, a substantial plurality (40 per cent) of the couples had had one to two years of acquaintance before betrothal, with means ranging from one month to 40.92 months and standard deviations ranging from zero months to 40.07 months. The mean for the entire group is 22.69 months with a standard deviation of 20.76 months. These figures indicate a high degree of heterogeneity, but the tabulation showed that 28 per cent of the couples had known each other less than six months. This may have some significance as to later troubles, including sexual problems.
### TABLE VII

LENGTH OF ACQUAINTANCE OF COUPLES BEFORE BETROTHAL IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A.M.</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>22.34</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>18.82</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>40.92</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>16.44</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>31.00</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>11.71</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>17.60</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>12.40</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>40.00</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>26.50</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>28.50</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>36.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>22.69</td>
</tr>
</tbody>
</table>
Table VIII, on page 63, furnishes the data on how long the couples were engaged before their marriage. There was a close contest in frequency, for all problems, between those engaged zero to two months (28 per cent) and those engaged one to two years (27 per cent). The significance of the short engagement group seems great in the present study because 45 per cent, or nearly half, of all the cases in the study, were engaged for only six months or less; or, from another point of view, 64 per cent, or nearly two-thirds, of all the cases in the study, were engaged for one year or less, leaving only 36 per cent who were engaged for over a year. Furthermore, many of the most abnormal and difficult problems appeared among those with very short engagements or no engagement at all.

There is therefore some indication in this table that where the couples did not have adequate opportunity to understand each other thoroughly by means of an adequate engagement period, they were more apt than otherwise to develop marital difficulty taking the form of sexual trouble. Although the standard deviation of the mean shows great heterogeneity for the total group, the above observations nevertheless seem to hold good for the reasons previously stated.

In Table IX, on page 64, the length of the marriages at the time the problem was presented is shown. It appeared in the course of this tabulation that 65 per cent of the problems developed to the point of seeking aid in the first eight years of marriage.

This is generally true of most of the various problem groups, but
### TABLE VIII
LENGTH OF ENGAGEMENT OF COUPLES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Number of cases</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A.M.</td>
<td>S.D.</td>
<td></td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>12.34</td>
<td>12.32</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>13.64</td>
<td>12.96</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>14.21</td>
<td>13.41</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>6.66</td>
<td>5.91</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>10.37</td>
<td>10.34</td>
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<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>8.14</td>
<td>7.99</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>8.40</td>
<td>8.07</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>10.00</td>
<td>9.26</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>8.33</td>
<td>7.14</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>8.50</td>
<td>5.00</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>3.50</td>
<td>2.50</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>10.89</td>
<td>10.86</td>
</tr>
</tbody>
</table>
TABLE IX

LENGTH OF MARRIAGE OF COUPLES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>A.M.</td>
</tr>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>7.38</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>6.05</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>13.42</td>
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<tr>
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<td>9</td>
<td>4.33</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>4.87</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>10.57</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>7.20</td>
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<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>11.20</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>2.33</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>2.50</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>7.00</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>5.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>3.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>7.61</td>
</tr>
</tbody>
</table>
the problem of Wife's Orgasm Inadequacy, which clustered about the early years of marriage, also appeared in marriages enduring from over twenty years to more than a quarter of a century. The problem of Wife's Frigidity also grouped itself in the early years but appeared too in marriages existing many more years. Husband's Infidelity appeared somewhat later than the others, that is, after six or more years of marriage, reached its greatest frequency (42.34 per cent) after nine years, and persisted to some degree even as late as marriage of twenty-seven or more years' standing.

Husband's Premature Ejaculation appeared chiefly (88.88 per cent) in the first five years of marriage. Husband's Impotence showed greater frequency (50 per cent) in the first two years than might be expected, but the writer observed that these included some cases of temporary impotence experienced by young bridegrooms who apparently had to overcome feelings of guilt, anxiety and related emotions. The problem of Husband's Frigidity tended to appear only after several years of marriage had elapsed. Some interrelation between this and Husband's Infidelity may be suspected. Husband's Hypersexuality appeared mostly early and then showed itself again in the later years. Husband's Perversion took a somewhat similar course. Wife's Vaginismus, as might be expected, arose in the early years. Wife's Hypersexuality did likewise.

The means for the various problems ranged from 2.33 years in Wife's Vaginismus to 13.42 years in Husband's Infidelity, but the deviations were substantial. The mean for the entire group was 7.61 years, with a standard
deviation of 6.60 years, thus indicating a high degree of heterogeneity.

The kinds of homes maintained by the couples are given in Table X on page 67. As may be easily seen, the great majority of the couples, in all problems, lived in the unfurnished type of apartment or house (60 per cent), or in their own home or building (19 per cent). However, a considerable number (10 per cent) lived with or close to the parents of either the husband or wife. It is possible that this may have caused friction, insecurity or self-consciousness having a bearing on the ability to adjust sexually. Nine per cent lived in furnished apartments or rooms and 2 per cent in miscellaneous dwellings consisting of a trailer in one instance and the rear of a store in another. Such rooms and dwellings may have had an atmosphere of impermanence which could cause insecurity and lead to sexual difficulty.

Table XI, on page 68, indicates the number of children the various couples had. It is observable at once that the overwhelming majority of these couples had very small families, if any, despite the fact that the marriages had existed for a number of years. Thirty-five per cent had no children and another 35 per cent had only one child, although 54 per cent had been married for over five years. The means ranged from zero to 2.20 for the various problems, with standard deviations ranging from zero to 1.54. The mean number of children for the entire one hundred couples was 1.12 with a standard deviation of 1.08. It would seem, then, from Table XI, that couples with no children or with very small families tended to be represented heavily among people having marital sex problems.
### Table X

**Kinds of Residence of Couples in One Hundred Clinical Cases of Marital Sex Problems**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Unfurnished apartment or house</th>
<th>Own home or building</th>
<th>With or close to husband's parents</th>
<th>With or close to wife's parents</th>
<th>Furnished apartment or room</th>
<th>Miscellaneous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>11</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>10</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>6</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>60</td>
<td>19</td>
<td>5</td>
<td>5</td>
<td>9</td>
<td>2</td>
</tr>
</tbody>
</table>
## TABLE XI

NUMBER OF CHILDREN OF COUPLES IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>A.M.</th>
<th>S.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>1.23</td>
<td>.11</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>1.29</td>
<td>.87</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>1.50</td>
<td>1.04</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>.77</td>
<td>.13</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>.50</td>
<td>.22</td>
</tr>
<tr>
<td>Husband's Frigidity</td>
<td>7</td>
<td>.35</td>
<td>.84</td>
</tr>
<tr>
<td>Husband's Hypersexuality</td>
<td>5</td>
<td>1.00</td>
<td>.63</td>
</tr>
<tr>
<td>Husband's Perversion</td>
<td>5</td>
<td>2.20</td>
<td>1.54</td>
</tr>
<tr>
<td>Wife's Vaginismus</td>
<td>3</td>
<td>.00</td>
<td>.00</td>
</tr>
<tr>
<td>Wife's Hypersexuality</td>
<td>2</td>
<td>.50</td>
<td>.22</td>
</tr>
<tr>
<td>Wife's Infidelity</td>
<td>2</td>
<td>.50</td>
<td>.22</td>
</tr>
<tr>
<td>Wife's Perversion</td>
<td>1</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Husband's Homosexuality</td>
<td>1</td>
<td>1.00</td>
<td>.00</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>1.12</td>
<td>1.08</td>
</tr>
</tbody>
</table>
The above observations complete the interpretation of psycho-social circumstances and background factors and leave for discussion the correlations between the Sex scores and personality factors. Table XII on pages 70 and 71 furnishes, with reference to certain problems and to all cases in the study, the correlations between the Sex scores of the subjects presenting a problem and their own personality factors. The correlations in the table as well as in Table XIII (given hereafter) are computed for those problems having a numerical quantity sufficient for the purpose, these being the first five problems in the list, namely Wife's Orgasm Inadequacy (twenty-six cases), Wife's Frigidity (seventeen cases), Husband's Infidelity (fourteen cases), Husband's Premature Ejaculation (nine cases), and Husband's Impotence (eight cases). The remaining problems involved too few cases to lend themselves well to correlation and were therefore considered only in the correlations involving all the cases in the study as a whole.

Taking first the problem of Wife's Orgasm Inadequacy, as shown in Table XII, it appears that there is a significant correlation between the wives' Sex scores and their Companionship, Emotional Maturity and Neurotic Traits. This may indicate that wives who are poor companions, who are emotionally immature, and who have neurotic tendencies are apt to suffer also from orgasm inadequacy.

On the problem of Wife's Frigidity, there seems to be a significant relationship between the Sex score and the subject's Attitudes, Dominance, Companionship, Emotional Maturity, and Neurotic Traits. The table reveals
TABLE XII

CORRELATIONS OF SUBJECTS' SEX SCORES WITH THEIR OWN PERSONALITY FACTORS, AND SIGNIFICANCE OF THE CORRELATIONS, IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Attitudes</th>
<th>Domesticity</th>
<th>Dominance</th>
<th>Companionship</th>
<th>Emotional Maturity</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>.09</td>
<td>-.01</td>
<td>.28</td>
<td>.42</td>
<td>.54</td>
<td>.20</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>.51</td>
<td>.45</td>
<td>.76</td>
<td>.80</td>
<td>.78</td>
<td>.46</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>.37</td>
<td>.18</td>
<td>.82</td>
<td>.54</td>
<td>.74</td>
<td>.49</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>.28</td>
<td>.73</td>
<td>.63</td>
<td>.63</td>
<td>.31</td>
<td>.44</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>.37</td>
<td>.37</td>
<td>.84</td>
<td>.95</td>
<td>.78</td>
<td>-.47</td>
</tr>
<tr>
<td>All Cases in Study</td>
<td>100</td>
<td>.35</td>
<td>.18</td>
<td>.65</td>
<td>.66</td>
<td>.73</td>
<td>.27</td>
</tr>
</tbody>
</table>
TABLE XII (continued)

CORRELATIONS OF SUBJECTS' SEX SCORES WITH THEIR OWN PERSONALITY
FACTORS, AND SIGNIFICANCE OF THE CORRELATIONS, IN ONE
HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Health and Habits</th>
<th>Intversion</th>
<th>Money</th>
<th>Neurotic Traits</th>
<th>Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
<td>S</td>
</tr>
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<td>Wife's Orgasm Inadequacy</td>
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<td>.01</td>
<td>-.01</td>
<td>.01</td>
<td>.48</td>
<td>5</td>
</tr>
<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>.03</td>
<td>.46</td>
<td>.28</td>
<td>.84</td>
<td>1</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>.04</td>
<td>.08</td>
<td>.57</td>
<td>5</td>
<td>.49</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>.79</td>
<td>1</td>
<td>.11</td>
<td>.30</td>
<td>-.05</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>-.40</td>
<td>.48</td>
<td>-.12</td>
<td>.52</td>
<td>.27</td>
</tr>
<tr>
<td>All Cases in Study</td>
<td>100</td>
<td>-.02</td>
<td>.16</td>
<td>.15</td>
<td>.45</td>
<td>1</td>
</tr>
</tbody>
</table>

NOTE: Columns headed "S" indicate significance at the .05 and the .01 levels of confidence, pursuant to Table 49 as given by Garrett, op. cit., 299 and 347.
that the women who had poor attitudes, who were too dominant, who were poor companions, who were emotionally immature and who had neurotic tendencies were also the frigid ones.

In the cases involving Husband's Infidelity, significant correlations appear between the Sex score and Dominance, Companionship, Emotional Maturity, Money and Dependence. It appears from these correlations that the husband who is unfaithful is apt to be too submissive, is deficient in companionship, emotional maturity, and monetary attitudes, and is likely to be dependent.

With regard to Husband's Premature Ejaculation, significant correlations are found for Domesticity as well as for Health and Habits. A part therefore seems to be played by the factors of Domesticity and Health and Habits in Husband's Premature Ejaculation.

In Husband's Impotence, the factors of Dominance, Companionship, and Emotional Maturity showed significant correlations with the Sex score. It appears, then, that the impotent husbands studied here were too submissive, were poor in companionship and were emotionally immature.

With reference to all types of cases combined, there are significant correlations, all on the .01 level, with the subjects' Attitudes, Dominance, Companionship, Emotional Maturity, Family, Neurotic Traits, and Dependence, but not with Health and Habits. As to the specific problems, the factors of Dominance, Companionship, and Emotional Maturity appear to have the most significant relationships to them. These results tend to confirm the belief that physical factors are less influential than psycho-
logical ones in these problems. It is apparent then, from Table XII, that rather than physical factors, it is the psychological factors of the subject's personality which in most cases are definitely associated with and related to the subject's sexual difficulty or inadequacy.

Moving on now to Table XIII on pages 74 and 75, another opportunity is afforded to study the personality factors associated with the sexual problems. This time, however, it is the Sex score and personality factor scores of the subject's partner which are being contemplated in their relation to the Sex score of the subject.

In this table it is manifest that there is a significant correlation between the Sex score of the subject and the Spouse's Sex score in Husband's Infidelity, in Husband's Impotence, and in all cases in the study taken as a whole. As said by Bergler, "It is obvious that in judging each case, the sexual life of the partner must also be considered." (8:96). The correlation of Spouse's Sex with Husband's Impotence may be the result of cases in which distaste for either the wife's sexual aggressiveness or her lack of interest in sex produces a reaction of male impotence.

Attitudes of the spouse also produced significant correlations with the subject's Sex score in the problem of Wife's Orgasm Inadequacy and for all cases in the study. It seems logical that a spouse's poor attitudes in the marriage could produce feelings of insecurity in the partner and thus affect the sexual response.

Domesticity of the spouse showed a significant correlation with the Sex score of the subject for all of the cases as a whole though not in
TABLE XIII

CORRELATIONS OF SUBJECTS' SEX SCORES WITH SEX SCORES AND PERSONALITY FACTORS OF THEIR SPOUSES, AND SIGNIFICANCE OF THE CORRELATIONS, IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Spouse's Sex</th>
<th>Attitudes</th>
<th>Domesticity</th>
<th>Dominance</th>
<th>Companionship</th>
<th>Emotional Maturity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>.26</td>
<td>.47</td>
<td>.20</td>
<td>.65</td>
<td>.65</td>
<td>.37</td>
</tr>
<tr>
<td>Husband's Infidelity</td>
<td>14</td>
<td>.57</td>
<td>.31</td>
<td>.14</td>
<td>.32</td>
<td>.56</td>
<td>.29</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>.25</td>
<td>.18</td>
<td>.18</td>
<td>-.04</td>
<td>.75</td>
<td>.55</td>
</tr>
<tr>
<td>Husband's Impotence</td>
<td>8</td>
<td>.91</td>
<td>.09</td>
<td>.62</td>
<td>.57</td>
<td>.78</td>
<td>.01</td>
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<td>.57</td>
<td>.34</td>
<td>.25</td>
<td>.51</td>
<td>.58</td>
<td>.35</td>
</tr>
</tbody>
</table>
TABLE XIII (continued)

CORRELATIONS OF SUBJECTS' SEX SCORES WITH SEX SCORES AND PERSONALITY FACTORS OF THEIR SPOUSES, AND SIGNIFICANCE OF THE CORRELATIONS, IN ONE HUNDRED CLINICAL CASES OF MARITAL SEX PROBLEMS

<table>
<thead>
<tr>
<th>Problem</th>
<th>Number of cases</th>
<th>Family</th>
<th>Health and Habits</th>
<th>Introversion</th>
<th>Money</th>
<th>Neurotic Traits</th>
<th>Dependence</th>
</tr>
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<tbody>
<tr>
<td>Wife's Orgasm Inadequacy</td>
<td>26</td>
<td>.59</td>
<td>.30</td>
<td>.36</td>
<td>.65</td>
<td>.57</td>
<td>.37</td>
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<tr>
<td>Wife's Frigidity</td>
<td>17</td>
<td>.14</td>
<td>.18</td>
<td>.41</td>
<td>.25</td>
<td>.47</td>
<td>.26</td>
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<tr>
<td>Husband's Infidelity</td>
<td>14</td>
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<td>-.10</td>
<td>.42</td>
<td>.15</td>
<td>-.01</td>
<td>.18</td>
</tr>
<tr>
<td>Husband's Premature Ejaculation</td>
<td>9</td>
<td>-.08</td>
<td>.41</td>
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<td>.38</td>
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<td>Husband's Impotence</td>
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<td>.04</td>
<td>-.14</td>
<td>-.15</td>
<td>-.24</td>
<td>.18</td>
<td>.16</td>
</tr>
<tr>
<td>All Cases in Study</td>
<td>100</td>
<td>.03</td>
<td>.31</td>
<td>.39</td>
<td>.35</td>
<td>.44</td>
<td>.41</td>
</tr>
</tbody>
</table>

NOTE: Columns headed "S" indicate significance at the .05 and the .01 levels of confidence, pursuant to Table 4.9 as given by Garrett, op. cit., 299 and 347.
the individual problems. The correlation of this factor with the Sex score in general may mean that a sexual distaste may be based in part on the spouse's lack of domestic interest.

The factor of Dominance of the spouse also appears to play a part with the Sex score of the client, as seen by significant correlations in the problem of Wife's Orgasm Inadequacy and for the group of one hundred problems in general. Lack of masterfulness on the part of the husband may have some bearing on the sexual response of the partner, as seen in the light of the literature. Father Gerrard early remarked that woman was intended to be somewhat submissive to man, saying:

She was to be his complement, helping him in those things for which by nature he was unsuited. He was to be the strong element, she the gentle. He was to be her protector; she was to find her joy in the sense of his protection. Obviously, then, she was meant to yield, at least to some extent, to his overlordship. (27:79)

Malchow also remarks that the male delights in domination and the female derives some pleasure from submission (50:46-47). Yarros too says that women still feel that the man should take the initiative in love-making (80:217).

The view that the male generally takes the aggressive role and that the female is biologically and culturally more passive is also supported by Stone and Stone (71:268) and by Wortis. The latter says that the male is and must still be regarded as the leader despite all talk of equal careers for both sexes, and that the timid male cannot command enough respect from woman to make a satisfactory sex adjustment with her
Father Schmiedeler also emphasizes the thought that sex traits must be distinctly different in the two sexes, as a man must be manly and a woman thoroughly feminine if mutual admiration is to exist.

The factor of Companionship has consistently significant correlations with all of the sex problems and with the group as a whole. It may be easily understood, of course, that there is a clear and definite relationship between the husband's failure to give comradeship and the wife's lack of sexual response or interest. On the other hand, the wife's failure to be a good companion may encourage the husband to seek other women or to develop a sexual neurosis in the form of premature ejaculation or impotence. These reactions may in some cases be a subconscious method of getting even with the spouse by disappointing him or her sexually.

Emotional Maturity of the spouse appears to have a significant relationship with the Sex score of the client in the problems of the general group. It may be readily understood that if a spouse exhibits childish selfish conduct toward the other instead of characteristically adult generosity, cooperation and devotion, there may develop feelings of resentment and antagonism which could interfere with the ability to respond properly in the sexual sphere.

With reference to Family, there is only one significant relationship, that with Wife's Orgasm Inadequacy. Apparently, a husband who fails to give full loyalty and exhibits lack of interest in parenthood and family life has an adverse effect on his wife's ability to reach orgasm.
As to the relationship of the spouses' Health and Habits factor to the subjects' Sex scores, significant correlations appear for Wife's Frigidity and for the entire group of cases as a whole. These correlations may indicate that some of the sex problems may be affected by physical as well as other factors concerning the spouse. An intermixture of physical and psychic factors of the spouse may operate in the combined group of sex problems, but the preponderance of influence probably lies with the psychic factors, as may be readily seen by observing the significant items in Table XIII.

The personality factor of Introversion on the part of the spouse seems to play a significant part with the subject's Sex score in all of the cases as an entire group. It is not difficult to understand that an introverted, asocial husband may have an adverse effect on the wife's sexual response or desire and that an introverted, asocial wife may have an adverse effect on the husband's sexual fidelity or sexual performance.

The group of cases as a whole, and the problem of Wife's Orgasm Inadequacy in particular, show significant correlations with the spouse's score on Money. Apparently the problem of Wife's Orgasm Inadequacy is definitely connected with the contributory factor of the husband's attitude toward money, and the factor of Money is also related to all of the other sex problems to a greater or lesser extent.

With respect to the factor of Neurotic Traits, there is a significant correlation between this and the problem of Wife's Orgasm Inadequacy as well as the entire group of cases as a whole. Apparently the
wife finds it difficult to respond to or be aroused by a neurotic husband whereas the husband may find his performance or his desire affected by a neurotic wife.

Dependence of the spouse is a factor which also showed a significant relationship with the group of cases as a whole. This may indicate that a married person's sexual adjustment may be adversely affected by a spouse who is too dependent upon the other and fails to share the matrimonial responsibilities.

Looking at Table XIII from another point of view, it may be said that the problem of Wife's Orgasm Inadequacy shows significant relationship with the husband's personality factors of Attitudes, Dominance (lack of), Companionship, Family, Money, and Neurotic Traits. Wife's Frigidity shows significant relationship with the husband's personality factor of Companionship as well as Health and Habits.

Husband's Infidelity appears to have significant relationship with the wife's personality factors of Spouse's Sex and Companionship. Husband's Premature Ejaculation has a significant relationship with the wife's personality factor of Companionship. The problem of Husband's Impotence indicates significant relationship to the wife's personality factors of Spouse's Sex and Companionship.

With reference to the entire group of cases in the study, there are significant relationships existing (nearly all on the .01 level) between the client's Sex scores and the Sex scores and all personality factors of the spouse, with the exception of Family. It may also be noted that the
most frequent significant relationship to the specific problems appeared in connection with the factor of Companionship.

It seems clear then, from scrutiny of the data in Table XIII, that physical factors connected with the spouse as well as the physical sex techniques employed by the spouse are not the outstanding influence on the sex problems of the marital partner. This part is played instead by the psychological attitudes and conduct of the spouse as manifested in the various aspects of his or her personality. It may also be observed, with reference to the group of one hundred cases as a whole, that Table XIII reveals eleven significant correlations as compared with seven correlations in Table XII and that the average of these correlations is .38 in Table XIII as compared to .35 in Table XII. This may indicate that the Sex scores and personality factors of the spouse have a greater and more widely spread influence on the subject's Sex score than do the subject's own personality factors.
CHAPTER V

SUMMARY AND CONCLUSIONS

This study may be described as an attempt to throw light on the part played by psychological factors in problems of sexual maladjustment that affect marital happiness, as shown in cases arising in a marriage clinic. It has tried to show what sex problems arise, their frequency, the psychological factors associated with them, and the manner in which such psychological factors are associated with the sexual problems.

The chief purpose of this study is to show the distinction between the physical factors contributing to sexual inadequacy in marriage and the psychological factors so contributing, to analyze these psychological factors and to show to what extent they are related to the sex problems. To carry out these aims, the study has investigated one hundred cases of marital sex problems handled in the marriage clinic of the National Institute of Family Relations and has tabulated and analyzed the data obtained from these cases. Of course, the conclusions reached apply only to the group of cases studied, without any attempt to form generalizations not justified by the limited evidence available.

In order to accomplish its purposes, the study utilized the case records, questionnaires and personality test scores used at the Institute in handling the cases. Tabulations were made first of the problems, the psychological circumstances, and the background factors surrounding the
subjects. Following this, the sex scores and personality factors of the subjects were tabulated. Finally correlations between the sex scores and the personality factors were computed in two ways: (1) between the subjects' sex scores and their own personality factors, and (2) between the subjects' sex scores and the sex scores and personality factors of their spouses.

Analysis of the data provided a large body of matter for interpretation. The problems found for the husbands, in the order of their frequency, were: Infidelity (fourteen), Premature Ejaculation (nine), Impotence (eight), Frigidity (seven), Hypersexuality (five), Perversion (five), and Homosexuality (one). The problems for the wives, in the order of their frequency, were: Orgasm Inadequacy (twenty-six), Frigidity (seventeen), Vaginismus (three), Hypersexuality (two), Infidelity (two), and Perversion (one). The problem of Wife's Homosexuality did not appear in the cases studied. It thus became clear that the wives exceeded the husbands in lack of sex satisfaction and that the husbands exceeded the wives in infidelity, hypersexuality, and perversion.

With reference to age of the subjects, it was noted that for most of the problems the husbands tended to cluster around the late twenties and early thirties. The wives tended to have problems in the ages ranging from the early twenties to the late thirties. The sex problems, then, appeared chiefly among fairly young clients.

As to ages at marriage, most of the husbands married in the middle twenties, slightly later than the average age of marriage for men in the
The wives also tended to marry somewhat later than the average for females in this country. The delayed marriages may indicate that these people were not choice marital material. As to the difference in age between husbands and wives, this was approximately three years, the same as the average in the United States.

With respect to education of the subjects, men having some amount of college education constituted the greatest number of the male clients. The mean education for the men was a little better than high school. The women were somewhat behind the men in education, having a mean education a little below the high school graduate level. The greatest number of the women belonged in the high school graduate group. It seems, then, that the sex problems were presented in general by people having a moderate degree of education and probably the means for handling such problems professionally.

A tabulation of the occupations of the husbands and wives showed that the husbands appeared most frequently in the class designated as clerical, skilled trades and retail business. The wives were mostly housewives but 36 per cent of the wives involved in the sex problems studied here were working. Employment on the part of wives may thus be a factor in the sex problems studied; or perhaps employed wives were more apt to seek help because they were able to pay for it. Professional people of both sexes also showed a rather high frequency of sex problems.

Investigation of the previous marital status of the husbands and wives indicated that the great majority had been single. The number of
divorced women involved was twice that of divorced men.

As to the length of time the couples were acquainted prior to marriage, the heterogeneity was very great. However, even though 40 per cent of the couples had known each other for a period of one to two years before betrothal, there may be some significance in the fact that 28 per cent of the entire group had known each other less than six months.

A listing of the length of engagement gave results that may be significant. Twenty-eight per cent of the couples had been engaged from zero to two months and nearly half of the entire one hundred cases had had engagements of six months or less. These couples seemed to provide a large proportion of serious sex problems.

As to length of the marriages, two-thirds of the problems culminated during the first eight years of marriage. The problems of Husband's Infidelity and Husband's Frigidity arose somewhat later than most of the others. It may be suspected that these two problems bear a relationship to each other.

The kinds of homes occupied by the couples were mostly (60 per cent) the unfurnished type of apartment or house. However, a considerable number lived in arrangements that might have caused difficulty, as for example, with parents or in a furnished room.

An overwhelming majority of the couples had either no children or had very small families. Thirty-five per cent were not parents at all and another 35 per cent were the parents of only one child. In view of the fact that many of the couples had been married for a considerable
length of time, it appears that childless couples were heavily represented in the sex problem group.

In the presentation of the correlations of the clients' Sex scores with their own personality factors in the five principal sex problems (Wife's Orgasm Inadequacy, Wife's Frigidity, Husband's Infidelity, Husband's Premature Ejaculation, and Husband's Impotence) and in the one hundred cases as a whole, there were many significant relationships with the various personality factors. The factor of Health and Habits presented a significant correlation only with Husband's Premature Ejaculation, and the factor of Introversion gave no significant correlations at all. The belief that physical factors play less of a part in the subjects' sex problems than do associated psychological factors was confirmed. Rather than physical factors, the more important things were the psychological factors of Attitudes, Domesticity, Dominance, Companionship, Emotional Maturity, Family, Money, Neurotic Traits, and Dependence. Of these, the greatest relationship to the subjects' sex difficulties was seen in Dominance, Companionship, and Emotional Maturity.

With regard to the correlations between the clients' Sex scores and the Sex scores and personality factors of their spouses in the five principal sex problems listed above, and in the one hundred cases as a whole, there were also many significant relationships. The relationships were especially clear with reference to Wife's Orgasm Inadequacy and to the group of cases as a whole. In the latter instance, there were significant relationships between the client's Sex scores and the Sex scores and all
personality factors of the spouse except Family. The most outstanding relationship appeared on the factor of Companionship, which had significant correlations to each of the five principal sex problems as well as to the entire one hundred cases combined. From these results, it became apparent that sex knowledge and techniques of the spouse were not as important in overcoming the marital partner's sexual difficulties as was the influence of the spouse's psychological factors of conduct and personality.

The most important conclusions of this study are that physical factors are of less consequence in marital sex problems than are background and psychological factors and that mere physical sex techniques are not as needful as well adjusted personalities and conduct. Thus, the human being is raised above the animal level and is more apt to follow the divine purpose of his Creator. Or, as stated in Magner's The Art of Happy Marriage:

Wisely commenting on these fundamental considerations, Pope Pius XI observed: "By matrimony, therefore, the souls of the contracting parties are joined and knit together more directly and more intimately than are their bodies, and that not by any passing affection of sense or spirit, but by a deliberate and firm act of the will; and from this union of souls by God's decree, a sacred and inviolable bond arises. Hence the nature of this contract, which is proper and peculiar to it alone, makes it entirely different both from the union of animals entered into by the blind instinct of nature alone in which neither reason nor free will plays a part, and also from the haphazard unions of men, which are far removed from all true and honorable unions of will and enjoy none of the rights of family life." (4:9:14-15)
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APPENDIX:

QUESTIONNAIRE AND TESTS
THE MARRIAGE PERSONALITY APPRAISAL

By LEONARD M. WARE

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30 West Washington Street
Chicago 2, Illinois

Pass any question you cannot answer.

Date _____________________________

Name __________________________ Address __________________________

City __________________________ Zone State __________________________

Telephone __________________________

Who referred you to the Institute? __________________________

Your place of birth __________________________ Date of birth __________________________

Age __________________________ Occupation __________________________

Education __________________________ Religion __________________________

Nationality background __________________________ Color __________________________

Marital status, single, married, widowed or divorced __________________________

Place of first meeting sweetheart or spouse __________________________

Length of acquaintance before betrothal __________________________

Length of engagement __________________________

Type of marriage __________________________
A-S REACTION STUDY

DIRECTIONS: Most of these situations will represent to you your own actual experiences. Reply to the questions spontaneously and truthfully by checking the answer which most nearly represents your usual reaction. If a situation has not been experienced, endeavor to feel yourself into it and respond on the basis of what you believe your reaction would be. If the situation seems totally unreal or impossible to respond to, you may omit it.

1. In witnessing a game of football or baseball in a crowd, have you intentionally made remarks (witty, encouraging, disparaging, or otherwise) which were clearly audible to those around you?
   - frequently
   - occasionally
   - never

2. a) At a reception or tea do you seek to meet the important person present?
   - usually
   - occasionally
   - never

   b) Do you feel reluctant to meet him?
   - yes, usually
   - sometimes
   - no

3. At church, a lecture, or an entertainment, if you arrive after the program has commenced and find that there are people standing, but also that there are front seats available which might be secured without "piggishness" or discourtesy, but with considerable conspicuousness, do you take the seats?
   - habitually
   - occasionally
   - never
A - S REACTION STUDY

DIRECTIONS: Most of these situations will represent to you your own actual experiences. Reply to the questions spontaneously and truthfully by checking the answer which most nearly represents your usual reaction. If the situation has not been experienced, endeavor to feel yourself into it and respond on the basis of what you believe your reaction would be. If a situation seems totally unreal or impossible to respond to, you may omit it.

1. At a hairdressers are you persuaded to try new shampoos and new styles of hairdressing?
   - frequently
   - occasionally
   - never

2. a) At a reception or tea do you seek to meet the important person present?
   - usually
   - occasionally
   - never

   b) Do you feel reluctant to meet him?
   - yes, usually
   - sometimes
   - no

3. At church, a lecture, or an entertainment, if you arrive after the program has commenced and find that there are people standing but also that there are front seats available which might be secured without “piggishness” but with considerable conspicuousness, do you take the seats?
   - habitually
   - occasionally
   - never
The "S" of the items represents, for the moment, this subject; if an item in your opinion describes his characteristic reaction (actual or probable) to the situation indicated, please check the item in the space provided; if the reaction described is not characteristic, do nothing. Two completed samples are provided.

Samples

a. S enjoys good food. ............................................ ✓

b. S prefers to spend his spare time in jail. ..................... ......

Begin here

1. S is ordinarily friendly toward members of his immediate social group, but in critical periods becomes irritable or hostile. ..............................................................

2. S is extremely solicitous of his immediate family associates. ...................... ...

3. S makes his plans with objective reference to his own death when this issue is involved, and has no emotional reaction greater than that, for instance, concerned in planning with reference to a long journey. ..........................................

4. S is meticulous in matters of dress; a considerable part of his income may be spent in this activity, even though strict economies are thereby necessitated elsewhere ..........................................................

5. S chooses his course of action with reference to his own maximum immediate satisfaction ..........................................................

6. S develops affective difficulty in the presence of a necessity for precise or realistic thinking, e.g., mathematics. ..........................................................

7. Faced with an instance of violation of his mores, S is intellectually interested, without emotional shock, and seeks to discover what motives and satisfactions are involved from the standpoint of the violator. ..........................................

8. Deprived of a much-anticipated opportunity, S redoubles his efforts to gain just this objective. ..........................................................
The Neymann-Kohlstedt Diagnostic Test
for Introversion-Extroversion
(1928 Revision)

Name.............................................................. Occupation............................................. Age

This test is composed of fifty statements, each being followed by the words "Yes" and "No." There is no implication of right or wrong in any of the statements and you are asked to consider them from the viewpoint of personal like or dislike. Read the first statement and if you like the idea it expresses, draw a line under "Yes." If you dislike it, draw a line under "No." Proceed in the same way with the rest of the statements.

1. Be by yourself a great deal YES NO 1
2. Think of life in terms of pleasure YES NO 2
3. Always be calm and collected YES NO 3
4. Have a great deal of confidence in others YES NO 4
5. Think or dream of what you will do five years from now YES NO 5
6. Stay at home during a social affair. YES NO 6
7. Work with many people around you YES NO 7
8. Do the same kind of work all the time YES NO 8
9. Enjoy social gatherings just to be with people YES NO 9
10. Think a great deal before deciding anything YES NO 10
11. Accept suggestions rather than working them out for yourself YES NO 11
12. Quiet rather than exciting amusements YES NO 12
13. Dislike having people watch you YES NO 13
14. Quit a tiresome task YES NO 14
15. Save money rather than spend it YES NO 15
16. Seldom (infrequently) analyze your thoughts or motives YES NO 16
17. Indulge in reverie (day-dream) or thought YES NO 17
18. Have people watch you do things that you do very well YES NO 18
19. Let yourself go when angry YES NO 19
20. Work better when people praise you YES NO 20
21. Have excitement YES NO 21
22. Often meditate and think about yourself YES NO 22
APPROVAL SHEET

The thesis submitted by Leonard Manning Ware has been read and approved by three members of the Department of Psychology.

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval with reference to content, form, and mechanical accuracy.

The thesis is therefore accepted in partial fulfillment of the requirements for the Degree of Master of Arts.

January 5, 1949
Date

Signature of Adviser