

Career Women Most Likely To Suffer From Inhibited Sexual Desire

Career women are more likely to suffer from inhibited sexual desire than are their counterparts who are employed in ordinary "jobs," or who are unemployed housewives. That is one of the major findings of a study conducted by Dr. Constance Avery-Clark, Ph.D., clinical and research associate, Masters and Johnson Institute.

Avery-Clark told *BT* that when she initially undertook her research she was not seeking information on the links between inhibited desire in women and their work life; instead, she wanted to discover whether there was any validity to the belief that men who were married to women, those concerned with the ongoing advancement of their careers, had major sexual problems. (Career women are differentiated from those women also work outside the home, but who while employed do not have a specific career commitment.)

Avery-Clark looked retrospectively at clients who were seen at the Institute between January 1, 1979 and March 1, 1985. She looked solely at married couples. Excluded from the study group were those in which one partner was retired, in which either partner was a student, in which the major complaint initially identified by the client was marital discord or in which the presenting problem was the husband's homosexual orientation. In her statistical analysis, she looked solely at the *primary presenting* sexual dysfunction, such as male impotence or female inhibited sexual desire. Her study group finally narrowed down to 211 couples.

Within the category of occupational status, 22% of men married to career women were impotent. This contrasted with 16% of men married to "job" women, and 36% of men mar-

ried to unemployed women who were impotent. Nor does age seem to make a difference in statistical results when one looks at male impotency as related to wife's work status. When Avery-Clark divided her group into a subsample based on age, with those in the subsample being 54 or younger, she found for husbands of career women, 19% were impotent. Of job women, 15% of the male subsample were impotent. And, of men under 54 married to unemployed women, 22% were impotent.

BT asked Avery-Clark for her insights into why she thought male impotency rates were highest for men married to women who were housewives. Avery-Clark: "My hypothesis is that males married to housewives still feel that they are responsible for a positive outcome for sexual activities. Thus, they face more performance anxiety than other husbands. Women who work may also be more assertive and able to communicate their needs better. The larger statistical difference between those over or under 55, married to housewives, probably reflects the effects of aging. The male over 54 age group has two things to confront, performance pressures plus physiological changes resulting from aging."

When Avery-Clark looked at women who presented with inhibited sexual desire, she found that the rate was highest for those identified as career women. Twenty-two percent of career women, in which neither partner was over 54, presented with ISD. This contrasted with 10% of job women and 11% of housewives in subsample (both under 55).

Career women, however, had the lowest rate of orgasm problems. "It appears as if these women have the greatest difficulty in getting into the mood for sexual activity, but once in the mood pattern, career women have less difficulty in being orgasmic. While we need more controls to study the reasons behind this pattern, my hunch is that part of the difficulty encountered by this woman is her inability to find time to unwind and to get into the mood for a sexual encounter. However, once she is 'in the mood,' the function of her assertive skills and her more sophisticated communication skills, being able to ask for what she needs, makes for the statistical difference between groups in terms of orgasmic difficulties. "Of those identified as having orgasmic difficulties, 17% were career women, 29% job women and 25% unemployed women." (Avery-Clark was looking at sexual interaction, not just intercourse in identifying women with orgasmic difficulties. What she identified was how women reacted once the sexual response cycle was "kicked in.")

In addressing the therapeutic needs in treating the ISD-career woman, Avery-Clark suggested that problems are system-related. "Too many studies have shown that although a husband may talk about egalitarianism, he really does not share in household tasks. Thus, we have situations in which women are overburdened by having to cope with two jobs! Eventually, the woman's resentment and anger as well as her exhaustion from coping with major tasks could lead to the dissolution of the marriage. Thus, the husband has as much to gain from renegotiating the couple system as does the wife." Needed also, she suggests, must be an emphasis on "dating and courtship skills."

Avery-Clark is now continuing her analysis of the study population, identifying the impact of such dimensions as education level, length of marriage, numbers of children. She, unfortunately, cannot analyze the impact of differing salaries -- do greater numbers of men have sexual problems if their wives earn \$5,000 more than they do, for example. The Institute does not ask income questions except for those seeking sliding-fee schedules.

Avery-Clark hopes to obtain future funding for research on this area. Eventually, one needs to see if such patterns are replicated in a non-clinical population, she suggested. She is interested in hearing from anyone who uses her group designations, running their

own client population through a similar computer analysis. (BT would also be interested in hearing from anyone who does that.)

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