

Sexual Dysfunction and Disorder Patterns of Working and Nonworking Wives

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The sexual dysfunction and disorder patterns of 218 married working and nonworking women were compared in a retrospective analysis of couples presenting for sexual and marital therapy at the Masters & Johnson Institute. Results indicated that women who were pursuing careers of an ongoing, developmental nature were twice as likely to present with a primary complaint of inhibited sexual desire than women who were employed in jobs that emphasized the immediate organization of activities, or women who were unemployed outside of the home. "Career" women were also significantly more likely to present with vaginismus than the other two groups of subjects. "Job" and "Unemployed" women were more likely to complain of concerns related to orgasmic return than "Career" subjects. The results were interpreted in terms of psychological and interpersonal stressors characteristic of married couples when wives pursue careers, and also in terms of the impact of traditional values regarding sexuality when wives are not involved in careers.

The dramatic influx of women into the labor force during the last 20 years has been described as "a total reversal not only of history and its public tradition, but also of the daily life in which we [are] immersed"¹ (p. 98). The reversal has consequences "of immense magnitude for the nation"² (p. 14). One of the consequences that has received virtually no systematic investigation is the potential alterations of the response patterns of sexually active couples when the female partner is employed outside of the

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home. The pioneer researchers in the field of dual-earner relationships have recently acknowledged that

We know [almost nothing] about the quality of . . . the relationship where there have been significant shifts in the power base for control of resources, decision making, and division of labor [as a function of the woman's working]. Sexual and other expressive aspects of the relationship need to be assessed in greater detail.³ (p. 44)

The information that has been published on the sexual patterns of dual-earner couples is based primarily on clinicians' observations of their clients in treatment. Many of their reports suggest that a woman's working has a negative impact on the couple's sexual interchange. For example, marriage therapists Johnson, Kaplan and Tusek⁴ report that the majority of dual-earner couples who seek their professional counseling manifest at least one sexual dysfunction.

One of the most frequent explanations for the reported negative effect of a woman's working on a couple's sexual interactions relates to stress. It has been suggested that dual-earner couples experience a high incidence of sexual difficulty because their innovative lifestyle is more stressful than the traditional male-female arrangement. The dual-earner lifestyle has been reported to be more stressful because of certain unique psychological and interpersonal dilemmas or stressors with which it is associated.

The unique psychological conflicts were first delineated by the Rapoport.⁵ These include the overload dilemma (the time limitations associated with structuring and performing a myriad of roles), and the normative dilemma (the conflict associated with adhering to personally acceptable sex role values that are contrary to the socially accepted dictums ascribing homemaking and emotional nurturing to women, and financial providing to men).⁶⁻¹³

The dual-earner relationship has been reported to be more stressful interpersonally because the woman's working and generating outside income produces a shift in the balance of resource power within the relationship, resulting in power struggles between the members of the dyad.^{14,15} These struggles may produce tension in the relationship that can interfere with interpersonal intimacy in general and sexual interchange in particular. Engaged in conflicts to assert authority, either one or both partners may be reluctant to be vulnerable or available enough to the partner to meet his or her emotional and sexual needs as a consequence.^{4-6,8,16-21}

Reports of a woman's working having a positive impact on the dual-earner couple's sexual response patterns are virtually nonexistent. However, some of the more recent studies on dual-earner relationships in general have indirectly suggested that dual-earner couples may very possibly be less rather than more susceptible to sexual dysfunctions or dis-

orders. The findings of these investigations have indicated that a woman's working does not necessarily or even primarily have a negative impact on the psychological or interpersonal adjustment of individuals involved in dual-earner relationships. An example of this is the study by Bebbington,²² in which it was observed over 10 years ago that dual-earner women in the investigation demonstrated the ability to cope with stressors in a more objective, task-oriented manner than women in single-earner relationships, and that single-earner subjects tended to respond in a more emotional, avoidant fashion. These findings have been supported by a number of researchers.^{12,18,23-26}

Another set of research findings suggesting the positive effect of women's working pertain to couples' interpersonal adjustment. For example, Epstein²⁷ observed that dual-earner couples more often make decisions based on better communication and greater mutuality of purpose. More equitable decision-making patterns have been observed in dual-earner couples by other investigators.^{16,18,28,29}

The most frequent explanation for the reported positive psychological and interpersonal effects of female employment relates to stress, just as it does with explanations of the negative impact of women's working. In this case, the same psychological and interpersonal stressors (the overload and normative dilemmas and the shift in the balance of resource power) that were identified originally as producing more distress in dual-earner than in single-earner relationships, have been interpreted by researchers on the positive impact of women's working as being associated with more constructive psychological and interpersonal response patterns. For example, Bebbington,²² in part, attributed his findings on the more effective coping strategies of dual-earner women to the fact that these subjects were confronting the normative dilemma (the pursuit of personally but not socially acceptable goals) rather than having to cope with the dilemma of conforming to socially but not personally acceptable values. The avoidant and less effective coping responses of the single-earner subjects in Bebbington's investigations were related to the fact that the nonworking subjects were not struggling with the normative conflict but were, instead, having to manage concerns associated with adhering to socially but not necessarily personally acceptable values.

In attempting to clarify the reasons for the positive impact of women's employment that have been observed with regard to dual-earner couples' interpersonal adjustment, Booth³⁰ and Skinner³¹ have suggested that the very shift in the balance of power associated with working women's increased financial resources, previously interpreted by some of the original researchers as the cause of tension-ridden power struggles between the dual-earner partners, may, in fact, produce more cooperation than competition. These investigators have emphasized that because of the greater similarity of resource power between men and women in dual-

earner relationships, the greater the probability that the decisions within the relationship are made cooperatively rather than by one individual or the other.

The findings that indicate that women in dual-earner relationships may be more objective in managing stress than women in single-earner arrangements, and that dual-earner couples may more often make decisions out of a sense of mutuality of purpose than single-earner couples, suggest that dual-earner couples may also be able to manage concerns over intimacy and sexuality more objectively and more cooperatively than couples in single-earner arrangements. If this is the case, dual-earner couples might be expected to be less rather than more susceptible to experiencing sexual difficulties.

There have been no studies published based on empirical data that support the hypothesis that dual-earner couples are less susceptible to sexual dysfunction or disorder, nor have there been any published results that support the hypothesis that these couples are more likely to experience sexual difficulties.

Methodological Problems

Knowledge about the relation between women's working and couples' sexual response patterns is limited not only by a paucity of empirical investigations but also by methodological problems. Published reports on the sexual patterns of dual-earner couples have been based almost exclusively on a limited number of case studies, rendering the empirical nature of the findings questionable.^{32,33} As with much of the general research on the effect of women's employment, reports on the sexual interaction patterns of dual-earner couples often "prove to be personal statements of one perspective or another, often containing very heuristic insights but without adequate (and in some cases any) empirical backing"³⁴ (p. 68).

Most reports are based not only on very small but nonrepresentative samples, with control groups being conspicuous by their absence.^{22,33,35,36} One important example of the absence of control groups is the failure of most reports on dual-career couples to include women in traditional, single-earner relationship arrangements (or relationships in which the man is employed outside of the home and the woman is a homemaker), making useful comparisons between the two groups difficult.

Another notable absence of control groups is the failure on the part of most researchers to differentiate groups of working women; for the most part working women are regarded as a homogeneous population.¹⁹ For example, working women are rarely categorized according to occupation, despite the fact that researchers have identified at least two important types of working women who differ from one another on a number of work-related as well as psychological and interpersonal characteristics. These groups include women who engage in employment of an ongoing, develop-

mental nature that presumes professional advancement, and those who are in jobs that emphasize the immediate organization of activities.^{12,13,33,37-42}

Purpose of Investigation

The primary purpose of the present investigation was to assess, in a preliminary but nonetheless more systematic manner, the sexual response patterns in dual-earner relationships. It was the aim of this investigation to include a larger sample than has been studied previously. There was also the goal of evaluating sexual patterns controlling for the effect of the type of employment in which the woman was engaged. Finally, it was the intent of this study to compare the patterns of dual-earner couples with those of single-earner couples.

This report presents only the results pertaining to female dysfunction and disorder patterns. The reasons for this are twofold. First, the literature suggests that of the two partners in a dual-earner relationship, it may be the woman who is most likely to be affected by the lifestyle's unique psychological and interpersonal stressors and, therefore, to sexual problems that may be associated with these stressors.^{6,7,23,31,38,43,44} Additionally, the large amount of data that has been collected in this investigation precludes its being published in one article. The results pertaining to male sexual difficulties will be published subsequently.

METHOD

Subjects

The subjects were selected from couples who had presented themselves for sexual dysfunction or disorder therapy at Masters & Johnson Institute in St. Louis, Missouri between January 1, 1979, and March 1, 1985. The women were defined as presenting with sexual dysfunction or disorder concerns if their distresses met the criteria defined in the Diagnostic and Statistical Manual III⁴⁵ for the following psychosexual difficulties: 1) 302.71, inhibited sexual desire; 2) 302.72, inhibited sexual excitement; 3) 302.73, inhibited female orgasm; 4) 302.76, functional dyspareunia; 5) 306.51, functional vaginismus; and 6) 302.70, atypical psychosexual dysfunction, sexual aversion. Subjects were eliminated from the investigation if: 1) they presented solely for a complaint that was other than a sexual dysfunction or disorder (e.g., V61.10, marital problem, or 302.00, ego-dystonic homosexuality, not associated with a sexual dysfunction or disorder); 2) they were not married at the time of the couple's treatment at the Institute; 3) either they or their spouses or both were students at the time of treatment at the Institute; and 4) either they or their spouses or both were retired at the time of their treatment.

Procedure

Each of the couples had a file on record at the Institute which included a requested Pre-Counseling Information Form, part of the application procedure for all couples. This form provided information about their difficulty, their marriage, family, and their occupation. In addition to the Information Form, the files also contained daily records of information obtained during treatment that pertained to the couple's history, dysfunction or disorder, and progress in treatment. The Pre-Counseling Information Form and the daily records were examined for each couple in order to identify each female subject's sexual problem. The specific nature of each of the primary presenting female difficulties was determined on the basis of the information contained in the files regarding the psychosexual dysfunction or disorder diagnosis that had been given to each woman at the time she had originally presented herself for treatment at the Institute. For the purposes of the present investigation, each subject was then classified according to her primary presenting sexual difficulty at the time she first sought therapy. For example, a woman who complained of inhibited female orgasm that had, by history, subsequently resulted in inhibited female sexual desire was classified as presenting primarily with the former distress.

The women were further classified on the basis of their occupational status. Subjects were placed in one of three employment categories. The first category, Career, included employment for economic compensation outside of the home that: 1) involved a high degree of commitment to work as measured by number of years of preparatory education and training, and/or number of hours devoted per week to meeting employment responsibilities; 2) was of an ongoing, developmental nature that emphasized increasing levels of responsibility rather than the performance of immediate activities; and/or 3) was undertaken not only for economic considerations but also for intrinsic rewards that facilitated personal development. In the present investigation, the Career category included employment identified by the U.S. Department of Labor⁴² as managerial or professional specialties.

The second occupational category, Job, included employment that: 1) did not involve a high degree of commitment as measured by number of years of preparatory education and training, and/or number of hours devoted per week to meeting employment responsibilities; 2) emphasized the organization of immediate activities rather than increasing levels of responsibility; and/or 3) was undertaken primarily for economic reasons rather than for intrinsic rewards associated with personal development. This group included employment identified by the U.S. Department of Labor⁴² as: technical, sales and administrative support; service occupations; precision production, craft, and repair; operators, fabricators, and laborers; and farming, forestry, and fishing.

The final occupational category, Unemployed, referred to the pursuit of homemaking and community volunteer activities for which there was no direct economic compensation.

RESULTS

There were 218 women who met the criteria for inclusion in the present investigation. All of the subjects were Caucasian. They ranged in age from 20 to 65 years with a mean age of 40.12. The procedure for classifying the women according to their primary presenting sexual concern at the time they initiated treatment at the Institute resulted in 15 subjects with a primary complaint of aversion, 5 with a primary complaint of dyspareunia, 17 with vaginismus, 31 with inhibited sexual desire, 52 with inhibited orgasm, and 98 diagnosed as having no sexual dysfunction or disorder.

The procedure for classifying women on the basis of their occupation resulted in the identification of 65 Career women, 62 Job women, and 91 Unemployed women. The Career subjects ranged in age from 24 to 56 years with a mean of 36.5; the Job subjects ranged from 20 to 54 years with a mean of 35.6; and the Unemployed subjects ranged from 26 to 62 years, averaging 43.7. Since the women in the Unemployed category averaged more than 7 years older than the subjects in the other two occupational groups, it was necessary to control for age. A subsample from the original population of 218 women was identified, including women who themselves were 54 years or younger and whose husbands were not older than 54. This age was selected as the criterion for inclusion in the subsample because it represented the lowest maximum age of the age ranges for each of the three groups of women and their spouses. There were 187 women who met the criterion for inclusion in the subsample, 62 being categorized as Career, 59 as Job, and 66 as Unemployed. The mean ages for the Career, Job and Unemployed wives were 35.9, 34.7 and 39.3 years, respectively. Comparisons of sexual response patterns were made both for the original sample and for the subsample of women 54 years or younger.

Table 1 is a presentation of the percent of wives in each of the three occupational groups for both the original sample and the subsample who presented with each of the sexual difficulties as their primary complaint. The results indicate a pattern of Career women presenting twice as often with the primary complaint of inhibited sexual desire as Job and Unemployed women. Career women also presented more often with vaginismus at a rate that was between two and five times greater than it was for Job and Unemployed subjects.

Job and Unemployed subjects, however, presented more often with a primary complaint of inhibited orgasm than Career women. The incidence of orgasmic dysfunction was between 33% and 72% greater among the

TABLE 1
Percent of Wives within Each Occupational Category
Presenting with Each Sexual Dysfunction/Disorder
for Both Original and Subsamples

Dysfunction/Disorder	Occupation		
	Career	Job	Unemployed
Aversion	6 (6)*	10 (8)	5 (8)
Dyspareunia	5 (5)	2 (2)	1 (2)
Vaginismus	15 (16)	3 (3)	5 (8)
Inhibited Desire	22 (22)	11 (10)	11 (11)
Inhibited Orgasm	17 (18)	29 (31)	25 (24)
None	35 (33)	45 (46)	52 (47)
Total	100 (100)	100 (100)	100 (100)

* () Refers to percent figures from the subsample of subjects 54 years or younger.

Job and Unemployed women. The Job and Unemployed women also had a tendency to present more often without any diagnosable sexual difficulty. The rate of no diagnosable dysfunction or disorder was between 29% and 49% greater for these two groups of women.

Table 2 is a presentation of the percent of wives with each sexual difficulty that was in each of the three occupational categories for both the original sample of 218, and the subsample of 187 subjects 54 years or younger. Unequal expected frequencies Chi-squared analyses of the results for both samples indicated that women who presented with the primary complaint of inhibited sexual desire were significantly more likely to be categorized as Career women than they were to be Job or Unemployed women ($\chi^2 = 11.08$, $p < .004$ for the original sample; $\chi^2 = 12.75$, $p < .002$ for the subsample). Additionally, women presenting with vaginismus as their primary sexual complaint were also significantly more likely to be from the Career group than from the other two groups of women ($\chi^2 = 42.002$, $p < .015$ for the original sample; $\chi^2 = 33.25$, $p < .001$ for the subsample). The analyses for the original sample revealed that there was a trend in the direction of Job and Unemployed women presenting more often than Career subjects with the primary complaint of inhibited orgasm, although this finding did not achieve statistical significance ($\chi^2 = 4.25$, $p < .12$). However, the analyses for the subsample suggested that when age was controlled for, this trend of Job and Unemployed subjects presenting more often than Career subjects with inhibited orgasm came

close to achieving statistical significance ($\chi^2 = 4.86$, $p < .088$). The analyses also revealed no significant differences among the three groups of women with regard to the rate of aversion or the rate of absence of diagnosable sexual difficulty. Analyses were not performed on the rate of dyspareunia because there were only five cases in both the original and subsample groups, three among Career women, and one each in the Job and Unemployed women categories.

DISCUSSION

The results of this retrospective analysis of 218 married couples who presented for the treatment of sexual dysfunction or disorder complaints at Masters & Johnson Institute during a 5-year period suggest that differences in female sexual response patterns exist between the clinical dual-earner and single-earner subjects. The results also support the importance of distinguishing among groups of working women as there appeared to be differences in female dysfunction and disorder patterns between the dual-earner couples in which the woman pursued a career, and those in which the woman was employed in a job. The findings suggest that the female subjects who were pursuing careers were more prone to sexual difficulties during the desire phase of responsivity, while the women who were engaged in jobs or who were unemployed experienced more concern during the genital stages of responsivity.

TABLE 2

Percent of Wives Presenting with Each Sexual Dysfunction/Disorder within Each Occupational Category for Both Original and Subsamples

Dysfunction/Disorder	Occupation			Total
	Career	Job	Unemployed	
Aversion	27 (29)*	40 (36)	33 (35)	100 (100)
Dyspareunia**	60 (60)	20 (20)	20 (20)	100 (100)
Vaginismus	59 (59)	12 (12)	29 (29)	100 (100)
Inhibited Desire	45 (50)	23 (23)	32 (27)	100 (100)
Inhibited Orgasm	21 (24)	35 (40)	44 (36)	100 (100)
None	23 (26)	29 (34)	48 (40)	100 (100)

* () Refers to percent figures from the subsample of subjects 54 years or younger.

**Data on dyspareunia were not included in the statistical analyses since there were only five cases in both the original and subsamples.

Inhibited Sexual Desire

Inhibited sexual desire, a sexual disorder characterized by a low level of both initiatory sexual behavior and receptivity to the initiation of sexual behavior, was significantly more likely to be associated with Career women in this investigation than with Job or Unemployed subjects. Career women were twice as likely as the other two groups of female subjects to present with this difficulty as their primary concern.

Since inhibited sexual desire has been identified as being associated with high levels of stress, one interpretation of these results is that they support the contention the lifestyle of working women, at least those pursuing careers, is more stressful than the lifestyle of the other groups of women.

Men and women living with high levels of stress often have lowered libido; although a modest portion of this reduction in libido may stem from alterations in circulating levels of testosterone attributable to stress, it is likely in this situation that the major factor in lowered sexual interest is the additional cost in emotional and cognitive terms of coping with the stress.⁴⁶ (p. 569)

An interpretation of the findings is that they support the hypothesis that the Career women experience more stress because they are confronted with unique stressors, the emotional and cognitive costs of which make them particularly susceptible for desire phase disorders. The psychological difficulties of coping particularly with the overload dilemma, for example, appear to be especially disruptive to sexual interest. Like career women in dual-earner relationships, men and women who are noted for being so busy that they make "whirling dervishes look downright sedate"⁴⁷ (p. 32) are frequently reported to be so physically and mentally exhausted by the time they are able to be alone with their spouses at the end of the day that they may have difficulty focusing their attention on initiating sexual activity.⁴⁸ It is the woman who appears to be particularly susceptible to the hectic pace because she reportedly not only has to meet the demands of a career but also to perform most of the household duties as well. Regardless of her or her husband's educational or occupational level, or the presence, number, or age of children in the home, the career woman in the dual-earner relationship has been identified by the large majority of investigators as performing significantly more of the domestic chores than her male counterpart and, therefore, as being more affected by the stress with which the overload dilemma is associated.^{35,49-52}

Since inhibited sexual desire has been identified as being more closely associated with relationship difficulties than any other type of sexual concern, another interpretation of the findings on inhibited sexual desire is that they support the hypothesis that dual-earner relationships, at least those in which the woman pursues a career, are fraught with more interpersonal stress resulting from power struggles between the partners.

Persons in conflict with each other are likely to have diminished feelings of sexual attraction for each other or may simply find that a large portion of their sexual energies are drained by other problems of their relationship. Couples contending with difficulties such as hostility, deceit, poor communication, and lack of respect or affection may therefore experience impairment of libido.⁴⁶ (p. 568)

If, in fact, dual-earner relationships in which the woman pursues a career are more characterized by attempts on the part of the partners to assert their authority in a competitive manner, the woman's interpretation of initiation of or receptivity to physical contact might be affected by concerns about power. The woman might be more likely to interpret her male partner's initiation of or receptivity to physical contact as his attempting to gain control over her rather than its providing her with sensory information that might stimulate her sexual interest. Power-related concerns might be associated with feelings of resentment or anger, and the woman's focusing on these concerns and feelings might render her less capable of attending to the sensory input that would facilitate her level of sexual desire. By the same token, the woman might refrain from initiating sexual contact when experiencing levels of anxiety associated with thoughts that she would be rebuffed by her partner because of his perception that she was trying to control him; or she might initiate but then withdraw if, in fact, he did not respond to her advances because of his unwillingness to be vulnerable to her. Any one of these cognitive-affective-behavior patterns could result in the woman's developing inhibited sexual desire.

Vaginismus

Vaginismus is the psychophysiological syndrome that involves involuntary, spastic muscular contraction of the outer third of the vaginal barrel which severely, if not totally, impedes vaginal penetration. This sexual dysfunction was significantly more prevalent among Career women than among Job or Unemployed subjects. While the limited total number of cases of vaginismus within the investigation necessitates these significant findings being regarded with some caution, the fact that the rate of vaginismus was so much higher among Career subjects than among the other two groups of women certainly suggests the usefulness of examining the pattern further.

Since the incidence of vaginismus was highest among the subjects who also presented with the higher rate of inhibited sexual desire, it might be accurate to interpret the findings regarding vaginismus in relation to those regarding the desire phase difficulties. In fact, this appears to be particularly appropriate since Masters and Johnson⁵³ note that "Vaginismus has been encountered frequently in marriages with rarely occurring coitus" (p. 244). Masters and Johnson have also associated vaginismus with stress similar to that which contributes to the development of inhibited sexual

desire, and have recently reconfirmed the relation between stress and the occurrence of vaginismus.⁵⁴

Inhibited Female Orgasm

There was a tendency for inhibited female orgasm to be less prevalent among the Career subjects than among the Unemployed or Job women. Unemployed and Job women were, respectively, 47% and 70% more likely to present with a primary concern of inhibited orgasm than were Career women (or 35% and 76% more likely when age was monitored). Although this pattern only approached statistical significance and requires more systematic investigation, it suggests a positive effect that women's working may be having on dual-earner couples' sexual interactions. The condition of inhibited female orgasm, or the disruption of the genital phases of the female sexual response patterns, has been identified as being primarily a product of conforming to traditional sociocultural values associated with sexuality. These values emphasize the man's being the expert on sexuality, and the woman's being

a sexual entity only in relation to her capacity for breeding, never relative to . . . her sexual expression . . . Sociocultural influence more often than not places woman in a position in which she must adapt, sublimate, inhibit or even distort her natural capacity to function sexually in order to fulfill her genetically assigned role. *Herein lies a major source of woman's sexual dysfunction.*⁵³ (pp. 209-210)

Orgasmic dysfunction occurs when women are focusing their attention on thoughts related to the sociocultural dictums that restrict their freedom to express themselves sexually; these thoughts are associated with anxiety that is particularly disruptive to the genital phases of sexual responsiveness. Focusing on these thoughts and concomitant feelings inhibits many women from attending to the sensory stimulation that would facilitate sexual involvement sufficient to trigger orgasm.

Since the traditional sociocultural norms regarding female sexuality are the primary source of female orgasmic dysfunction, one interpretation of the results of the present investigation is that the Job and Unemployed subjects continue to adhere more strongly to these traditional values, while Career women have more effectively neutralized their negative impact. The fact that the women in the present investigation who were more likely to experience orgasmic concern were also those more involved in lifestyles more consonant with traditional sex-role values suggests that these anorgasmic women might be more likely to be conforming to traditional norms regarding sexuality. The findings support the contention that, compared with the Career subjects, the Unemployed and Job subjects may be having to confront the dilemma of conforming to socially acceptable but not necessarily personally satisfying values regarding sexuality.

When compared with the other women in the investigation, the Career subjects appear to have more effectively neutralized the negative effect of traditional sexual values as these impact on genital responsiveness. Instead, these subjects may be contending more with the stressors that have been identified as characterizing the dual-earner relationship (for example, the normative dilemma, or conforming to personally but not socially acceptable standards regarding sexuality). The impact of struggling with these dilemmas appears to be more positive, at least when genital phase responsivity is considered. The Career subjects' more responsive genital functioning associated with contending with the normative dilemma may reflect, as some of the dual-earner literature indicates, more adaptive coping patterns generally on the part of these women, and/or more cooperative problem solving between partners within the context of their dual-earner relationships.

CONCLUSIONS

The results of the present investigation suggest that women's working is associated with alterations in the response patterns of the sexually active married couples in this investigation. However, the nature of the alterations reflected an interaction between the women's working status and the type of employment in which they were engaged. The subjects in this investigation were more likely to complain of desire phase disorders and vaginismus if they were pursuing careers, and they were more likely to present with orgasmic concerns if they were employed in jobs or were unemployed outside of the home.

Although the present investigation represents the most systematic research that has been conducted thus far on the topic of the dual-earner lifestyle and sexual response patterns, it is nonetheless only a preliminary study. Future research must include prospective analyses of subjects at the time they present for treatment rather than their retrospective examination which characterized the present investigation. This more systematic approach would facilitate the more precise and sophisticated collection of information. It would also permit the inclusion of a wider variety of assessment techniques such as those that measure the existence and intensity of the different stressors that may influence the development of sexual difficulties in dual-earner and single-earner relationships.

This field also requires investigations that include nonclinical populations. The results of this investigation are limited by the fact that they can only be generalized to couples presenting themselves for sex and marital therapy. Nonetheless, information about clinical dual- and single-earner couple populations has been woefully lacking. Hopefully, the present investigation will augment the awareness of mental health professionals to the sexual dysfunction patterns that may characterize different groups of dual-earner and single-earner couples seeking counseling.

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