Sexual satisfaction is a complex result of both effective physical and psychological stimulation with positive evaluations of the experience. But what is the relationship among sex role personality factors, interpretations of sexual experience, and sexual satisfaction?

Androgyny, Sexual Satisfaction, and Women

In recent years there has been much discussion of the changing role of women from "passive receivers" to "active participants" in their sexual relationships. Attaining sexual satisfaction has become a legitimate, acceptable goal for women to seek.

In keeping with this attitude change, most nurses now believe they have a responsibility to promote the sexual health of their clients. Unfortunately, many nurses still draw mostly on their own life/work experience rather than empirically based knowledge when assessing and planning interventions to promote clients' sexual health (Mims, 1980).

Assumptions about the sexual health needs of the female client could be based on her employment status or personality. For instance, the nurse may assume that an assertive successful career woman would also be assertive and "successful" or satisfied in intimate relationships; conversely a passive, shy housewife may be viewed as having many concerns about lack of sexual fulfillment. While these kinds of interpretations are intuitively appealing and are often supported in popular magazines and the media, there has been little empirical investigation of the relation between sex role personality factors and sexual satisfaction.

Sexual satisfaction is a complex result of both effective physical and psychological stimulation with positive evaluations of the experience. Thus, it would seem that a woman who is able to attain the physical arousal she desires and has expectations and interpretations about the experience that are also positive would be likely to experience satisfying sexual interactions. We conducted a study to investigate the relationship among sex role personality factors, interpretations about sexual experience, and sexual satisfaction.

The theory of androgyny (Bem, 1975) suggests that a masculine sex role disposition is associated with active, initiating traits while the feminine sex

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role is more passive and conforming. The androgy nous personality is one who is flexible and adaptive, utilizing both feminine and masculine behaviors depending on the situation. Hence, it would seem plausible that masculine and androgy nous women would be more likely to be active participants in their sexual interactions and that, in turn, should increase the likelihood of attaining effective sexual arousal and sexual satisfaction.

There has been some support in the literature for a link between women's sexual satisfaction and their sexual orientation. Safir, Peres, Lichtenstein, et al (1982) reported a higher proportion of androgy nous women in a sample of sexually functional couples than in a group of sexually dysfunctional couples. Similarly, increased sexual satisfaction was associated with androgy nous and masculinity in a study of 204 single college women by Kimlicka, Cross, and Jarmi (1983). They found that enjoyment of a larger variety of sexual activities was related to masculinity but not to femininity.

In addition to the possibility that personality orientation influences levels of sexual satisfaction, the perceptions of causal factors for satisfying and unsatisfying sexual experiences also have been investigated utilizing a modified attribution framework (Weiner, 1974). Surveys of college women (Frank, 1980; Bridges, 1983) have reported that women with a high frequency history of orgasm appear to utilize self-enhancing attributions (i.e., they credit their own ability or effort) when they experience sexual satisfaction while they attribute unsatisfying sexual experiences to external causes (e.g., bad luck, the situation, the partner). On the other hand, women with a low frequency history of experiencing orgasm seem to externalize credit for satisfying sexual experiences to their partners, while perceiving themselves as mostly responsible for unsatisfying sexual experiences. Finally, regardless of sexual history, the quality of the overall relationship appears to be a very salient factor in women's explanations for both satisfying and unsatisfying sexual experience outcomes (Frank, 1985).

Differences in utilization of self-enhancing attribution patterns that foster positive future expectations have also been found among women as a function of their sex role orientation (masculine, feminine, undifferentiated, androgy nous) (Kaplan, 1980). For instance, androgy nous women appear to attribute successful task performance to their own abilities and failure to external causes. However, feminine women seem to view external causes (e.g., the ease or difficulty of the task) as equally important to their own ability in causing a positive or negative task performance (Welch, 1982).

When the various findings on attributions or androgy nous or sexual satisfaction are considered together, they suggest that masculine or androgy nous, sex-role oriented women should be more likely than others to feel sexual satisfaction, perhaps because they are taking an active role within the interaction and are then making attributions that tend to reflect positively on their sexual self-image and abilities. These women also should have a higher likelihood of establishing and maintaining a history of having satisfying sexual experiences.

The Study

The purpose of the study was to investigate these hypotheses, clarifying the relation between sex role personality factors and sexual satisfaction. The specific hypotheses investigated were:

1. In satisfying sexual experiences, masculine and androgy nous women would be expected to make stronger self or internal attributions for the success, whereas feminine women would attribute success to the partner or to external circumstances. The quality of the relationship would be expected to be of importance to all women.

2. In unsatisfying sexual experiences, masculine and androgy nous women would be expected to attribute the causes for the dissatisfaction to their partners and to external circumstances rather than to themselves. Feminine women would view themselves as the cause of the unsatisfying experience. Again, the quality of their relationship would be expected to be of importance to all women.

3. Masculine and androgy nous women would have a history of experiencing orgasm more frequently than feminine women.

Method

Subjects and Procedure

The subjects were 155 women, approximately 50% of whom were married. Almost 90% of the sample was between ages 21 to 45. The women were well educated (90% of the sample had a minimum of some college education) and 59% worked in a variety of occupations (including managerial positions, health professional, and clerical positions). Ten percent were housewives and 31% were students. The model length of involvement for the women's sexual relationships was 2 to 5 years.

Questionnaires were distributed to the women by nursing students who were enrolled in a nursing research class at Florida State University. Students were instructed to give questionnaires to women of various ages and occupations and were provided a brief explanatory statement to utilize when approaching potential participants. Those women who agreed to participate mailed the questionnaire directly back to the researchers in a previously addressed, stamped enve-
lope. This ensured that total confidentiality and anonymity of responses was achieved.

**Questionnaire**

The seven-page questionnaire contained both open-ended and "forced-choice" type questions. It was a modified version of a questionnaire developed and utilized by Frank, Lang, and West and subsequently utilized by Frank and Maas. The Bem Sex Role Inventory (Bem, 1972) was chosen to measure the constructs of masculine, feminine, androgynous, and undifferentiated sex role traits. This instrument has established reliability and validity in similar applications (Kaplan). Sexual history was assessed with two items asking how often (1 = rarely or never, to 5 = nearly always or always) the woman experienced orgasm and emotional satisfaction during sexual experiences with a partner.

Women were asked to recall the last time they had each of two experiences: a sexually satisfying encounter and an unsatisfying sexual experience. They were then to rate the importance of each of seven factors as causes of each of these outcomes using a five point Likert type scale (1 = not at all important; 5 = extremely important). The factors included the woman's own sexual skill or ability, her effort or involvement, the partner's sexual skill or ability, his effort or involvement, situational factors or luck, the extent to which it is easy (or difficult) for most people to feel sexual satisfaction, and the quality of the overall relationship. Additional space was provided for women to write in any other causal factors and rate their importance.

The survey was pre-tested by 20 volunteers of various ages and occupations (eg, nurses, secretaries, faculty members, students).

**Results**

**Subject Attrition**

Three hundred surveys were distributed with analyses performed only on those completed surveys indicating heterosexual orientation and sexual activity with a partner within the last year. Nine surveys were excluded based on failure to meet these criteria, and an additional 136 surveys were not returned. Thus, the final sample of 155 was approximately half of the initial sample.

Sudman and Bradburn (1980) suggest that in questionnaire surveys, often the undesirable responses are underrepresented. It may be that non-responders in this survey had negative feelings either about their sexual experiences or about revealing their perceptions related to personal sexuality, in addition to a lack of sufficient motivation to complete and return the questionnaire. This contention was somewhat supported by noting the characteristics of the final sample. A majority of these women reported experiencing emotional and physical sexual satisfaction at least half of the time when engaging in a sexual interaction. Further, the women who responded were generally well educated with 90% having a minimum of some college education. This select sample appeared to have been interested in the topic, willing to reflect on their own experiences, and motivated to complete the survey.

**Analyses**

In scoring the Bem Sex Role Inventory, subjects' responses were first classified as high or low on masculinity and femininity,* and then four groups were defined: Masculine (high masculine-low feminine), Androgynous (high masculine-high feminine), Undifferentiated (low masculine-low feminine) and Feminine (low masculine-high feminine). The sample was comprised of 22 Masculine (14%), 34 Androgynous (22%), 25 Undifferentiated (16%), and 74 Feminine (48%) women.

Twenty-nine percent of the women reported experiencing orgasm rarely or only sometimes during sexual activity. This group was designated as the low frequency history of orgasm group. Most (71%) of

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*Above or below the median score for the sample*
the women reported experiencing orgasm half of the time or more often during sexual activity. This group comprised the high frequency history of orgasm group.

The effects of the independent variables (Bem Group and history of orgasm) on the causal attributions were analyzed for each sexual experience outcome (satisfying and unsatisfying), utilizing multivariate analysis of variance (MANOVAS). Designs for analysis involved separation of the standard attribution measures (self-capability, self-effort, task ease, and luck) in a $4 \times 2 \times 4$ design from those attributions that had to do with the partner's skill and effort and the relationship ($4 \times 2 \times 3$ design). Mean ratings of importance for each of the attribution dimensions for the satisfying and unsatisfying experience are shown in the Table.

Considering the standard attribution measures, for the satisfying sexual experience outcome there was a significant main effect of Bem Group on the attribution measures $F(4, 147) = 2.962, p = .023$. Follow-up univariate tests showed the attribution “it is generally easy for people to feel sexual satisfaction” contributed the major portion to this effect, $F(3, 147) = 2.465, p = .083$. The cell means were Masc. = 3.41 (n = 22), And. = 2.53 (n = 34), Und. = 3.24 (n = 25), and Fem. = 2.59 (n = 74).

Discussion

Hypothesis 1, that women's attributions would be different as a function of their sex role disposition, received minimal support. Masculine and androgynous women did not credit themselves more for satisfying sexual outcomes than feminine or undifferentiated women. Regardless of Bem Group, women attributed the quality of the relationship, their own involvement, and their partner's involvement as the most important causes for the satisfying outcome. However, the data also suggested that androgynous women may view orgasm as an easier goal to attain than the other Bem Groups, perhaps based on their own positive history of orgasm or emotional sexual satisfaction.

Overall there was little support for Hypothesis 2, that masculine and androgynous women would engage in self-protective, external attributions for unsatisfying sexual outcomes, while feminine or undifferentiated women would hold themselves most responsible. Instead, all women made similar attributions for unsatisfying sexual experiences, ranking the negative quality of the relationship, their own lack of involvement, and their partner's lack of effort.

In examining Hypothesis 3, masculine and androgynous women did not have a history of more frequent orgasm than feminine or undifferentiated women. However, women who did have a history of more frequent orgasm attached significantly more importance to their own sexual capacity as a causal factor than did the women with a low frequency of orgasm. Thus, attributions that are internal, self-enhancing, and also promote positive expectations for future interaction appeared to be significantly associated with women's frequency in attaining orgasm, regardless of sex role orientation.

In summary, the study did not sup-
port the hypothesis that women's sex role disposition exerts a direct influence on sexual satisfaction, although these characteristics could certainly influence partner selection and the nature of the couple's relationship. Instead, it appeared that sexual encounters are governed more by the couple's agreement and satisfaction with how each expresses his or her sexual role, regardless of whether this is in an active, passive, initiating, or responding form. This interpretation is further supported by the fact that women's attributions seemed to highlight their perceived levels of involvement in both the general and sexual relationship as key causal factors for the sexual satisfaction or dissatisfaction. Further, building a positive history of attaining physical sexual satisfaction was evidently facilitated by the woman's belief that she has the capacity to reach orgasm if she is motivated and makes the effort.

Nursing Implications
The results of this study suggest that nursing assessment of female sexual health should incorporate questions about the woman's satisfaction with both her own and her partner's sexual participation and involvement, regardless of the specific form this participation might take. Further, the expectations for the desired level of intimacy within a given sexual interaction should be explored in the context of their meaning for the overall relationship. These data can give the nurse a more complete view of those factors influencing the woman's sexual satisfaction.

This research also suggests that providing permission and specific information to support the woman's having confidence that she has the capacity to reach orgasm when she is motivated and tries can facilitate the woman having satisfying sexual experiences. Such interventions might include discussion of normal physiology of sexual response, giving permission to ask the partner for specific kinds of touch or discussing attitudes and feelings that can facilitate motivation or trying to experience orgasm.

In conclusion, these data put forth a direction for nursing assessment and intervention for the nurse who is helping clients achieve optimal sexual health. Roy (1984) has discussed the importance of the nurse conducting a thorough assessment of the client's self concept as one basis for providing comprehensive nursing care. Eliciting perceptions in the areas investigated in this study can provide insights for the nurse when gaining an understanding of the woman's sexual self concept. It must be kept in mind, however, that the select nature of the sample may limit findings to those women who are experiencing a relatively positive sexual self concept and who may require only brief interventions to enhance their sexual health. Thus, research is needed to investigate the perceptions of women who are experiencing sexual concerns that may require extensive nursing intervention.

References
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