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Multidimensional Sexual Self-Concept Questionnaire

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The Multidimensional Sexual Self-Concept Questionnaire (MSSCQ; Snell, 1995) is an objective self-report instrument designed to measure the following 20 psychological aspects of human sexuality: (1) sexual anxiety, defined as the tendency to feel tension, discomfort, and anxiety about the sexual aspects of one’s life; (2) sexual self-efficacy, defined as the belief that one has the ability to deal effectively with the sexual aspects of oneself; (3) sexual consciousness, defined as the tendency to think and reflect about the nature of one’s own sexuality; (4) motivation to avoid risky sex, defined as the motivation and desire to avoid unhealthy patterns of risky sexual behaviors (e.g., unprotected sexual behavior); (5) chance/luck sexual control, defined as the belief that the sexual aspects of one’s life are determined by chance and luck considerations; (6) sexual preoccupation, defined as the tendency to think about sex to an excessive degree; (7) sexual assertiveness, defined as the tendency to be assertive about the sexual aspects of one’s life; (8) sexual optimism, defined as the expectation that the sexual aspects of one’s life will be positive and rewarding in the future; (9) sexual problem self-blame, defined as the tendency to blame oneself when the sexual aspects of one’s life are unhealthy, negative, or undesirable in nature; (10) sexual monitoring, defined as the tendency to be aware of the public impression which one’s sexuality makes on others; (11) sexual motivation, defined as the motivation and desire to be involved in a sexual relationship; (12) sexual problem management, defined as the tendency to believe that one has the capacity/skills to effectively manage and handle any sexual problems that one might develop or encounter; (13) sexual esteem, defined as a generalized tendency to positively evaluate one’s own capacity to engage in healthy sexual behaviors and to experience one’s sexuality in a satisfying and enjoyable way; (14) sexual satisfaction, defined as the tendency to be highly satisfied with the sexual aspects of one’s life; (15) power-other sexual control, defined as the belief that the sexual aspects of one’s life are controlled by others who are more powerful and influential than oneself; (16) sexual self-schemata, defined as a cognitive framework that organizes and guides the processing of information about the sexual-related aspects of oneself; (17) fear of sex, defined as a fear of engaging in sexual relations with another individual; (18) sexual problem prevention, defined as the belief that one has the ability to prevent oneself from developing any sexual problems or disorders; (19) sexual depression, defined as the experience of feelings of sadness, unhappiness, and depression regarding one’s sex life; and (20) internal sexual control, defined as the belief that the sexual aspects of one’s life are determined by one’s own personal control.

The MSSCQ (Snell, 1995) was based on previous work by Snell and Papini (1989), Snell, Fisher, and Schuh (1992), Snell, Fisher, and Miller (1991), and Snell, Fisher, and Walters (1993). Scores on the MSSCQ can be treated as individual difference measures of the 20 sexuality-related constructs measured by this instrument or as dependent variables when examining predictive correlates of these concepts.

Description

The MSSCQ consists of 100 items arranged in a format in which respondents indicate how characteristic of them each statement is. A 5-point Likert-type scale is used to collect data on peoples’ responses, with each item scored from 0 to 4: not at all characteristic of me (0), slightly characteristic of me (1), somewhat characteristic of me (2), moderately characteristic of me (3), and very characteristic of me (4). In order to create subscale scores (discussed below), the items on each subscale are averaged. Higher scores thus correspond to greater amounts of the relevant MSSCQ tendency.

Response Mode and Timing

People respond to the 100 items on the MSSCQ by marking their answers on separate machine-scoreable answer sheets. In most instances, the scale usually requires about 45–60 minutes to complete.

Scoring

After several items are reverse coded (Items 27, 47, 68, 77, 88, and 97, designated with an R), the relevant items on each subscale are then coded so that A = 0; B = 1; C = 2; D = 3; and E = 4. Next, the items on each subscale are averaged, so that higher scores correspond to greater amounts of each tendency. Scores on the 20 subscales can thus range from 0 to 4. The items on the MSSCQ subscales alternate in ascending numerical order for each subscale (e.g., Subscale 1 consists of Items 1, 21, 41, 61, and 81; Subscale 2 consists of Items 2, 22, 42, 62, and 82).

Reliability

The internal consistency of the 20 subscales on the MSSCQ was determined by calculating Cronbach alpha coefficients, using 473 participants (302 females; 170

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Validity

Evidence for the validity of the MSSCQ comes from a research investigation in which Snell (1995) found that among university students, the MSSCQ subscales were related in predictable ways to men’s and women’s contraceptive use. Among males, a history of reliable, effective contraception was negatively associated with (1) sexual anxiety, (5) chance/luck sexual control, (17) sexual fear, and (19) sexual depression; and positively associated with (2) sexual self-efficacy, (8) sexual optimism, (11) sexual motivation, (13) sexual esteem, (14) sexual satisfaction, and (16) sexual self-schemata. By contrast, among females, long-term effective contraception use was negatively associated with (17) sexual fear, (19) sexual depression, and (20) internal sexual control; and positively associated with (2) sexual self-efficacy, (7) sexual assertiveness, (11) sexual motivation, (14) sexual satisfaction, and (16) sexual self-schemata. Additional findings indicated that males reported higher levels of (3) chance/luck sexual control, (6) sexual preoccupation, (9) sexual problems self-blame, and (11) motivation to be sexually active than did females. By contrast, females reported greater (4) motivation to avoid risky sexual behavior and (17) fear of sexual relations than did males.

Exhibit

**Multidimensional Sexual Self-Concept Questionnaire**

*Instructions:* The items in this questionnaire refer to people’s sexuality. Please read each item carefully and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale:

- **A** = Not at all characteristic of me.
- **B** = Slightly characteristic of me.
- **C** = Somewhat characteristic of me.
- **D** = Moderately characteristic of me.
- **E** = Very characteristic of me.

*Note:* Remember to respond to all items, even if you are not completely sure. Your answers will be kept in the strictest confidence. Also, please be honest in responding to these statements.

1. I feel anxious when I think about the sexual aspects of my life.
2. I have the ability to take care of any sexual needs and desires that I may have.
3. I am very aware of my sexual feelings and needs.
4. I am motivated to avoid engaging in ‘risky’ (i.e., unprotected) sexual behavior.
5. The sexual aspects of my life are determined mostly by chance happenings.
6. I think about sex “all the time.”
7. I’m very assertive about the sexual aspects of my life.
8. I expect that the sexual aspects of my life will be positive and rewarding in the future.
9. I would be to blame if the sexual aspects of my life were not going very well.
10. I notice how others perceive and react to the sexual aspects of my life.
11. I’m motivated to be sexually active.
12. If I were to experience a sexual problem, I myself would be in control of whether this improved.

References


13. I derive a sense of self-pride from the way I handle my own sexual needs and desires.
14. I am satisfied with the way my sexual needs are currently being met.
15. My sexual behaviors are determined largely by other more powerful and influential people.
16. Not only would I be a good sexual partner, but it’s quite important to me that I be a good sexual partner.
17. I am afraid of becoming sexually involved with another person.
18. If I am careful, then I will be able to prevent myself from having any sexual problems.
19. I am depressed about the sexual aspects of my life.
20. My sexuality is something that I am largely responsible for.
21. I worry about the sexual aspects of my life.
22. I am competent enough to make sure that my sexual needs are fulfilled.
23. I am very aware of my sexual motivations and desires.
24. I am motivated to keep myself from having any “risky” sexual behavior (e.g., exposure to sexual diseases).
25. Most things that affect the sexual aspects of my life happen to me by accident.
26. I think about sex more than anything else.
27. I’m not very direct about voicing my sexual needs and preferences. (R)
28. I believe that in the future the sexual aspects of my life will be healthy and positive.
29. If the sexual aspects of my life were to go wrong, I would be the person to blame.
30. I’m concerned with how others evaluate my own sexual beliefs and behaviors.
31. I’m motivated to devote time and effort to sex.
32. If I were to experience a sexual problem, my own behavior would determine whether I improved.
33. I am proud of the way I deal with and handle my own sexual desires and needs.
34. I am satisfied with the status of my own sexual fulfillment.
35. My sexual behaviors are largely controlled by people other than myself (e.g., my partner, friends, family).
36. Not only would I be a skilled sexual partner, but it’s very important to me that I be a skilled sexual partner.
37. I have a fear of sexual relationships.
38. I can pretty much prevent myself from developing sexual problems by taking good care of myself.
39. I am disappointed about the quality of my sex life.
40. The sexual aspects of my life are determined in large part by my own behavior.
41. Thinking about the sexual aspects of my life often leaves me with an uneasy feeling.
42. I have the skills and ability to ensure rewarding sexual behaviors for myself.
43. I tend to think about my own sexual beliefs and attitudes.
44. I want to avoid engaging in sex where I might be exposed to sexual diseases.
45. Luck plays a big part in influencing the sexual aspects of my life.
46. I tend to be preoccupied with sex.
47. I am somewhat passive about expressing my own sexual desires. (R)
48. I do not expect to suffer any sexual problems or frustrations in the future.
49. If I were to develop a sexual disorder, then I would be to blame for not taking good care of myself.
50. I am quick to notice other people’s reactions to the sexual aspects of my own life.
51. I have a desire to be sexually active.
52. If I were to become sexually maladjusted, I myself would be responsible for making myself better.
53. I am pleased with how I handle my own sexual tendencies and behaviors.
54. The sexual aspects of my life are personally gratifying to me.
55. My sexual behavior is determined by the actions of powerful others (e.g., my partner, friends, family).
56. Not only could I relate well to a sexual partner, but it’s important to me that I be able to do so.
57. I am fearful of engaging in sexual activity.
58. If just I look out for myself, then I will be able to avoid any sexual problems in the future.
59. I feel discouraged about my sex life.
60. I am in control of and am responsible for the sexual aspects of my life.
61. I worry about the sexual aspects of my life.
62. I am able to cope with and to handle my own sexual needs and wants.
63. I’m very alert to changes in my sexual thoughts, feelings, and desires.
64. I really want to prevent myself from being exposed to sexual diseases.
65. The sexual aspects of my life are largely a matter of (good or bad) fortune.
66. I’m constantly thinking about having sex.
67. I do not hesitate to ask for what I want in a sexual relationship.
68. I will probably experience some sexual problems in the future. (R)
69. If I were to develop a sexual problem, then it would be my own fault for letting it happen.
Sexual Self-Disclosure Scale

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The Sexual Self-Disclosure Scale (SSDS) is a 19-item, Likert-type scale measuring the degree of threat associated with sexuality questions. The scale items assess respondent’s self-reported ease or difficulty with disclosing information in different contexts and interpersonal situations.

Description

The self-administered scale requires respondents to imagine themselves in the different situations described by each item and then rate how easy or difficult it would be to reveal sexual information under each circumstance. A short, 7-