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Sexual Self-Consciousness Scale

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The Sexual Self-Consciousness Scale (SSCS) aims to measure individual variability with regard to the propensity to become self-conscious in sexual situations. Self-focused attention was found to have impeding effects on genital sexual responsiveness, presumably because it also reduces processing capacity (Meston, 2006). Next to this effect of a state of self-focused attention, experimentally induced self-focus was found to interact with the personality trait of sexual self-consciousness in its effect on genital arousal (Meston, 2006; van Lankveld & Bergh, 2008; van Lankveld, van den Hout, & Schouten, 2004). Subjective experience of sexual excitement was not affected in these studies. Sexual self-consciousness may thus constitute a vulnerability factor for the development of sexual dysfunction.

Description

Based on the sexological literature and on the opinion of a local panel of sexological experts, Hendriks (1997) selected 15 items to construct the SSCS. The items represented private and public aspects of self-consciousness proneness in sexual situations and of sexual anxiety and discomfort, analogous to the subscales of the Self-Consciousness Scale (Fenigstein, Scheier, & Buss, 1975). In a psychometric study (van Lankveld, Geijen, & Sykora, 2008), 282 participants between the ages of 16 and 75 years completed questionnaires. A total of 253 participants provided both demographic and SSCS data. Eighty percent of the 171 female participants (M age, 25.6 years; SD = 7.7; range, 16–58) had a steady male partner; 20% were single. Of 82 men (M age, 34.1 years; SD = 11.8; range, 16–70) 89% had a steady female partner; 11% were single. In a principal components analysis (PCA) on the initial 15-item questionnaire, the best-fitting solution contained two components with eigenvalues > 1. Based on this PCA, multitrait scaling analysis (Hays & Hayashi, 1990), and subscale internal consistency, 12 items were retained. The final subscales both consisted of six items. The oblimin-rotated PCA on the final 12-item version again revealed two factors together explaining 53.7% of the variance (see Table 1). Normative scores of the SSCS have not yet been published.

<table>
<thead>
<tr>
<th>TABLE 1 Principal Components Analysis of the 12-Item Sexual Self-Consciousness Scale: Oblimin-Rotated Pattern Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Item</strong></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td><strong>Sexual Embarrassment Subscale</strong></td>
</tr>
<tr>
<td>It takes quite some time for me to overcome my shyness in sexual situations.</td>
</tr>
<tr>
<td>I quickly feel embarrassed in sexual situations.</td>
</tr>
<tr>
<td>I feel uncomfortable in sexual situations.</td>
</tr>
<tr>
<td>I find it difficult to sexually let myself go in front of the other person.</td>
</tr>
<tr>
<td>When I see myself during sex, I am irritatingly aware of myself.</td>
</tr>
<tr>
<td>I continuously feel being observed by the other person during sex.</td>
</tr>
<tr>
<td><strong>Sexual Self-Consciousness Subscale</strong></td>
</tr>
<tr>
<td>I am aware during sex of the impression I make on the other person.</td>
</tr>
<tr>
<td>I pay much attention to my sexual thoughts and feelings.</td>
</tr>
<tr>
<td>I often wonder during sex what the other person thinks of me.</td>
</tr>
<tr>
<td>I am preoccupied by the way I behave sexually.</td>
</tr>
<tr>
<td>During sex, I pay much attention to what happens inside my body.</td>
</tr>
<tr>
<td>I often imagine how I behave during sex.</td>
</tr>
<tr>
<td>Eigenvalue</td>
</tr>
<tr>
<td>Percentage of explained variance</td>
</tr>
</tbody>
</table>

Note: Loadings < .40 have been suppressed; together, both components explained 53.7% of the total variance.

Response Mode and Timing

Items are presented as brief descriptive statements. Participants rate their level of endorsement on a 5-point Likert-type scale. Scale interval anchors are: Strongly Disagree = 0, Disagree a Little = 1, Neither Agree nor Disagree = 2, Agree a Little = 3, and Strongly Agree = 4. Completion requires less than 5 minutes.

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Scoring
Subscales representing the Sexual Embarrassment and Sexual Self-Focus components are calculated as sum scores (see Exhibit).

Reliability
The internal consistency of the current version is good for the Sexual Embarrassment subscale (Cronbach’s α = .84), satisfactory for the Sexual Self-Focus subscale (Cronbach’s α = .79), and good for the full 12-item scale (Cronbach’s α = .85). Correlations between the subscales in our full sample were r = .44 (p < .001), which is less than their respective reliability coefficients, and is considered as solid evidence that the subscales measure distinct concepts. Test-retest reliability after a 4-week interval was satisfactory for the subscales (for Sexual Embarrassment, r = .84; for Sexual Self-Focus, r = .79), and for the total score (r = .79; all ps < .001; van Lankveld, Geijen, & Sykora, 2008).

Validity
In the psychometric study (van Lankveld, Geijen, & Sykora, 2008), 61 sexually dysfunctional participants were identified (42 women, 19 men). Sexually dysfunctional participants were older (M dysf = 34.1 year; M func = 26.6 year, p < .001), more often had a steady partner (M dysf = 93.2%; M func = 79.7%, p < .05), and had longer relationships (M dysf = 10.5 year; M func = 6.0 year, p < .01).

Sexual Embarrassment and Sexual Self-Focus scores were significantly related to age, F(2, 234) = 9.60, p < .001. Independent main effects were found of Sex, F(2, 234) = 8.48, p < .001; Group, F(2, 234) = 7.02, p = .001; and Partner Status, F(2, 234) = 4.11, p < .05. Post hoc tests revealed that, compared with sexually functional participants, sexually dysfunctional participants scored higher on Sexual Embarrassment, F(1, 235) = 10.98, p = .001, and on Sexual Self-Focus, F(1, 235) = 8.97, p < .005.

Compared to men, women scored higher on Sexual Embarrassment, F(1, 235) = 12.07, p = .001, whereas women’s and men’s Sexual Self-Focus scores did not differ. Participants without a partner scored higher on Sexual Embarrassment, F(1, 235) = 8.26, p < .005, whereas participants with and without partners did not differ significantly on Sexual Self-Focus. In repeated MANCOVA in the subsample of participants with a partner (N = 189), with duration of the relationship added as a covariate, the main effects of Group and Sex were retained. Convergent and divergent construct validity were investigated by inspecting the Pearson product-moment correlation matrix of the SSCS subscales and the putative similar construct of general self-consciousness, on the one hand, and the putative dissimilar construct of psychological distress on the other hand.

For the purpose of interpretation, following Cohen (1988), we considered r < |.15| as small, |.15| < r < |.35| as medium, and r ≥ |.35| as large. As expected, the SSCS Sexual Embarrassment and Sexual Self-Focus subscales were both found to show medium- to large-size correlations with the subscales of the general Self-Consciousness Scale (Fenigstein et al., 1975). As expected, nonsignificant or medium-size correlation coefficients (.20 > r > .24, p < .05) were found on the SSCS Sexual Self-Focus and the Psychological Distress subscales of the SCL-90. However, large-size correlations were found between SSCS Sexual Embarrassment and the psychological distress subscales of the SCL-90, varying by r = .36 (SCL-90 Somatic Complaints) and r = .49 (SCL-90 Depression).

References
Exhibit

Sexual Self-Consciousness Scale

*Instructions:* Every question has 5 possible answers: *Strongly Disagree* (0), *Disagree a Little* (1), *Neither Agree nor Disagree* (2), *Agree a Little* (3), and *Strongly Agree* (4). Please encircle the number that you feel best represents your opinion.

You don’t need to take much time to consider each item. However, it is important that you give the answer that best represents your opinion, not what you think your opinion should be.

Please respond to each item.

1. I feel uncomfortable in sexual situations. 0 1 2 3 4
2. I often imagine how I behave during sex. 0 1 2 3 4
3. I pay much attention to my sexual thoughts and feelings. 0 1 2 3 4
4. I quickly feel embarrassed in sexual situations. 0 1 2 3 4
5. I often wonder during sex what the other person thinks of me. 0 1 2 3 4
6. I am preoccupied by the way I behave sexually. 0 1 2 3 4
7. I am aware during sex of the impression I make on the other person. 0 1 2 3 4
8. During sex, I pay much attention to what happens inside my body. 0 1 2 3 4
9. I find it difficult to sexually let myself go in front of the other person. 0 1 2 3 4
10. When I see myself during sex, I am irritatingly aware of myself. 0 1 2 3 4
11. It takes quite some time for me to overcome my shyness in sexual situations. 0 1 2 3 4
12. I continuously feel being observed by the other person during sex. 0 1 2 3 4

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Sexual History Questionnaire

CAROLINE CUPITT, OXLEAS NHS FOUNDATION TRUST, LONDON

The Sexual History Questionnaire (SHQ) was devised to assess the degree to which an individual’s sexual behavior is putting him or her at risk of infection by HIV, the virus that leads to AIDS. Respondents are asked to self-report such behavior and, in addition, are questioned regarding their beliefs about their risk of contracting HIV.

Description

The SHQ was originally designed for use with college students and has since been used to study the sexual behavior of this population across several cultures, including the UK (Cupitt & de Silva, 1994), Turkey (Askun & Ataca, 2007), South Africa (Aitken, 2005), and North America (Ehrhardt, Krumboltz, & Koopman, 2006; Lam & Barnhart, 2006; Peterson, 2006).

The questionnaire first asks for information concerning basic demographic characteristics and is then divided into four sections. Section A begins by asking whether respondents have sex with men or women (see Exhibit instructions for the definitions used for “have sex”). This makes the important distinction between sexual identity and sexual behavior, which may be very different (Bancroft, 1989). Two questions follow, asking whether the respondent has ever had protected or unprotected penetrative sex.

Section B asks for details of all sexual encounters over the past month. Because retrospective self-report of sexual behavior has been criticized for its unreliability, Section C then asks about the last occasion the respondent had sex. This allows for more detailed questioning about interpersonal and situational variables involved in the last sexual encounter.

Finally, Section D includes a brief set of questions relating to contact with HIV counseling, sufferers, and risk

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