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Multidimensional Sexual Perfectionism Questionnaire

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Previous researchers have indicated that people sometimes apply highly rigid and perfectionistic standards of personal conduct to themselves. Snell and Rigdon (1995) developed a new multidimensional self-report instrument, the Multidimensional Sexual Perfectionism Questionnaire (MSPQ), to measure five distinct psychological tendencies associated with people’s standards of sexual conduct: (a) self-oriented sexual perfectionism, (b) perceived socially prescribed sexual perfectionism, (c) partner-directed sexual perfectionism, (d) partner’s self-oriented sexual perfectionism, and (e) perceived self-directed sexual perfectionism from one’s partner. The MSPQ can be used in a variety of ways: as a research instrument in correlational or experimental research designs; as a pretest and posttest instrument for therapy effectiveness and recovery studies; and as a predictive correlate of sexual affect, attitudes, and behaviors.

Description

The MSPQ contains five subscales: (a) Self-oriented Sexual Perfectionism, designed to measure excessively high, rigid, and perfectionistic sexual standards that are applied to oneself; (b) Socially Prescribed Sexual Perfection, which involves the belief that society and “generalized” others are imposing perfectionistic sexual standards and expectations for oneself; (c) Partner-directed Sexual Perfectionism, which involves the application of perfectionistic sexual standards to one’s partner; (d) Partner’s Self-oriented Sexual Perfectionism, designed to measure people’s perception that their partners impose rigid and perfectionistic sexual standards to themselves (i.e., to the partners themselves); and (e) Self-directed Sexual Perfectionism from one’s partner, which involves people’s belief that their partners are applying excessively rigid and perfectionistic sexual standards to themselves (i.e., to the respondents themselves).

Response Mode and Timing

In responding to the MSPQ, individuals are asked to indicate how characteristic each statement is of them. A 5-point Likert-type scale is used for their responses, with each item being 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). Although the MSPQ can be formatted so that respondents can circle a response between A and E (0 to 4), corresponding to how characteristic the statement is of them, the more common scoring technique is to mark the answers on a machine-scoreable answer sheet. The MSPQ requires approximately 15 minutes to complete.

Scoring

The MSPQ consists of 31 statements that are assigned to five subscales. To create subscale scores for the five subscales, several statements (16 through 30) are first recoded so that A = E, B = D, C = C, D = B, and E = A. Then the items are scored so that A = 0; B = 1; C = 2; D = 3; and E = 4. Next, they are averaged for each subscale so that higher scores correspond to greater amounts of the relevant tendency: (a) Self-oriented Sexual Perfectionism (2, 7, 12, 17R, 22R, 27R); (b) Socially Prescribed Sexual Perfectionism (3, 8, 13, 18R, 23R, 28R); (c) Partner-directed Sexual Perfectionism (4, 9, 14, 19R, 23R, 29R); (d) Partner’s Self-oriented Sexual Perfectionism (5, 10, 15, 20R, 25R, 30R); and (e) Self-directed Sexual Perfectionism from one’s partner (6, 11, 16, 21R). Statement 1 on the MSPQ is used for informational purposes only; it is not assigned to any MSPQ subscale. Statements 30 and 31 are response-consistency filler items; they too are not assigned to any MSPQ subscale.

Reliability

In order to provide preliminary evidence for the reliability (i.e., internal consistency) of the MSPQ, Cronbach alphas were computed for each of the MSPQ subscales (Snell & Rigdon, 1995). These results revealed the following alphas for each MSPQ subscale: (a) Self-oriented Sexual Perfectionism (alpha = .71); (b) Socially Prescribed Sexual Perfectionism (alpha = .37); (c) Partner-directed Sexual Perfectionism (alpha = .67); (d) Partner’s Self-oriented Sexual Perfectionism (alpha = .67); and (e) Self-directed Sexual Perfectionism from one’s partner (alpha = .75).

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Validity

Preliminary evidence (Snell & Rigdon, 1995) revealed that males reported greater self-oriented sexual perfectionism than did females, and that males, relative to their female counterparts, also expected greater self-directed sexual perfectionism from their sexual partners and applied similar perfectionistic standards of sexual conduct to their partners. Other findings reported by Snell and Rigdon showed a strong pattern of similarity between people’s sexual perfectionism and their tendency to be aware of the public image of their sexuality. More specifically, it was found that both males and females who were characterized by higher levels of each of the components of sexual perfectionism—especially Self-oriented Sexual Perfectionism—reported greater sexual monitoring. That is, those with greater sexual perfectionism were more likely to be highly concerned with others’ scrutiny of their sexuality. A final set of results revealed that the various types of sexual perfectionism measured by the MSPQ were related in predictable ways to the four attachment styles measured by the Relationship Scales Questionnaire (Scharfe & Bartholomew, 1994). More specifically, it was found that those males and females who possessed a secure attachment style (i.e., those with a positive relational view of themselves and others) were less likely to apply perfectionistic sexual standards either to themselves or to their sexual partners, and in addition they were less likely to expect that their partners would apply such perfectionistic sexual standards to either partner. By contrast, an almost identical inverse pattern of findings was discovered for the measure of fearful attachment. In particular, it was found that a fearful attachment style was characteristic of both males and females who applied an excessively rigid and perfectionistic set of sexual standards of conduct to themselves as well as expected such standards from their partners.

References


Exhibit

Multidimensional Sexual Perfectionism Questionnaire

Instructions: Listed below are several statements that concern the topic of sexual relationships. Please read each item carefully and decide to what extent it is characteristic of you. Some of the items refer to a specific sexual relationship. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be. Then, for each statement fill in the response on the answer sheet that indicates 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.

1. I will respond to the following items based on:
   (A) A current sexual relationship.
   (B) A past sexual relationship.
   (C) An imagined sexual relationship.
2. I set very high standards for myself as a sexual partner.
3. Others would consider me a good sexual partner even if I’m not responsive every time.
4. My partner sets very high standards of excellence for her/himself as a sexual partner.
5. My partner expects me to be a perfect sexual partner.
6. I expect my partner to be a top-notch and competent sexual partner.
7. I must always be successful as a sexual partner.
8. People often expect more of me as a sexual partner than I am capable of giving.
9. My partner is perfectionistic in that this person expects to sexually satisfy me each and every time.
10. My partner demands nothing less than perfection of me as a sexual partner.
11. My partner should never let me down when it comes to my sexual needs.
12. One of my goals is to be a “perfect” sexual partner.
13. Most people expect me to always be an excellent sexual partner.
14. It makes my partner uneasy for him/her to be less than a perfect sexual partner.
15. My partner always wants me to try hard to sexually please him/her.
16. I cannot stand for my partner to be less than a satisfying sexual partner.
17. I seldom feel the need to be a “perfect” sexual partner.
18. Most people would regard me as okay, even if I did not perform well sexually.
19. My partner does not set very high goals for herself (himself) as a sexual partner.
20. My partner seldom pressures me to be a perfect sexual partner.
21. I do not expect perfectionism from my sexual partner.
22. I do not have to be the best sexual partner in the world.
23. In general, people would readily accept me even if I were not the greatest sex partner in the world.
24. My partner never aims at being perfect as a sexual partner.
25. My sexual partner does not have very high goals for me as a sexual partner.
26. In general, people would readily accept me even if I were not a great sex partner.
27. I do not have very high goals for myself as a sexual partner.
28. Most people don’t expect me to be perfectionistic when it comes to sex.
29. My partner does not feel that she/he has to be the best sexual partner.
30. My partner appreciates me even if I am not a perfect sexual lover. (response consistency filler item)
31. Most people don’t expect me to be perfectionistic when it comes to sex. (response consistency filler item)

Sexual Risk Behavior Beliefs and Self-Efficacy Scales

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The Sexual Risk Behavior Beliefs and Self-Efficacy (SRBBS) scales were developed to measure important psychosocial variables affecting sexual risk-taking and protective behavior. It was originally a component of a larger questionnaire used in evaluating the effectiveness of a multicomponent, school-based program to prevent Human Immunodeficiency Virus (HIV), sexually transmitted disease (STD), and pregnancy among high school students (Coyle et al., 1996). The variables measured by the SRBBS scales are attitudes, norms, self-efficacy, and barriers to condom use. These variables were derived from the Theory of Reasoned Action (Fishbein & Ajzen, 1975), Bandura’s Social Learning Theory (1986), and the Health Belief Model (Rosenstock, 1974).

Description

The instrument development process for the SRBBS scales involved four stages: (a) identifying the psychosocial constructs relevant to risk behavior for HIV, STD, and pregnancy; (b) generating questionnaire items by a team of investigators, based on the theories and models described above, empirical research, and other instruments that measured these constructs; (c) pretesting the draft instrument with focus groups of high school students; and (d) revising the instrument and testing it with additional focus groups.

The scales consist of 22 items with a 3- or 4-point Likert-type response format. Three of the scales address sexual risk-taking behavior: attitudes about sexual intercourse (ASI), norms about sexual intercourse (NSI), and self-efficacy in refusing sex (SER). Five scales address protective behavior: attitudes about condom use (ACU), norms about condom use (NCU), self-efficacy in communication about condoms (SECM), self-efficacy in using and buying condoms (SECU), and barriers to condom use (BCU). These scales have been used with students of various ethnic groups and have been translated into Spanish. In our

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