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Terri D. Fisher, Clive M. Davis, William L. Yarber, Sandra L. Davis

Questionnaire of Cognitive Schema Activation in Sexual Context

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Pedro J. Nobre, José Pinto-Gouveia
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3 = Somewhat Uncharacteristic of Me
4 = Somewhat Characteristic of Me
5 = Rather Characteristic of Me
6 = Very Characteristic of Me

1. When I am in the middle of sexual play and am aroused, but do not want the activity to progress any further, I am often able to change my aroused feelings so that I am able to prevent the activity from progressing.
2. I often give in to unwanted sexual activity.
3. When I feel upset while engaged in unwanted sexual activity, I try not to think about it.
4. When I am faced with unwanted sexual activity/advances, I have no difficulty leaving the situation.
5. While engaged in unwanted sexual activity, I think I’m making a mistake, but I’m at a loss to do anything about it.
6. I usually consent to unwanted sexual activity when my partner is pressuring me.
7. When I am experiencing unwanted sexual activity/advances, I prefer to not think about it and go along with the activity instead.
8. If I was in the middle of sexual play which I no longer wanted to continue, I could tell him to stop.
9. When I have become aroused from sexual play, but do not want to continue any further, I am able to resist engaging in the sexual activity by thinking about the good reasons for stopping.
10. Although I feel bad about hurting my partner’s feelings, I am able to let him know when I am uncomfortable with a sexual situation.
11. I feel good about myself when I resist unwanted sexual advances.
12. When experiencing unwanted sexual activity/advances, I often tell myself that I can do something about it.
13. When I am about to engage in unwanted sexual activity, I tell myself to stop and think before I do anything.
14. I consider my actions very carefully when deciding whether or not to participate in unwanted sexual activity.
15. I always have a back-up plan for when I am faced with unwanted sexual advances/activity that get out of control.
16. It takes a lot of effort on my part to bring unwanted sexual advances/activity to a halt.
17. When presented with unwanted sexual advances/activity, I base my decision on my arousal and how I feel in the moment, even if I know I will regret it later.
18. When engaging in unwanted sexual activity, I try to divert my thoughts from how uncomfortable I feel.
19. I plan in advance how far I want to go with any sexual activity, and am able to stop the activity before it goes too far.

This scale follows each of the scale statements.

Questionnaire of Cognitive Schema Activation in Sexual Context

PEDRO J. NOBRE, \textsuperscript{1} Universidade de Trás-os-Montes e Alto Douro, Portugal
JOSÉ PINTO-GOUVEIA, Universidade de Coimbra, Portugal

The Questionnaire of Cognitive Schema Activation in Sexual Context (QCSASC; Nobre & Pinto-Gouveia, 2009) assesses the activation of negative self-schemas to negative sexual events. The measure assesses the activation of these self-schemas (using a list proposed by Judith Beck, 1995), following the presentation of four negative sexual events associated with the most common sexual dysfunctions in men and women. The QCSASC is a measure that might be clinically useful in helping to assess the role of cognitive variables on sexual functioning, and eventually contributing to a better understanding of cognitive processes underlying sexual problems.

Description
The QCSASC is a 28-item instrument that assesses cognitive schemas presented by the participants when facing negative sexual situations. The first part consists of the presentation of four sexual situations related to the most common sexual dysfunctions: desire disorder, erectile

\textsuperscript{1}Please address correspondence to Pedro Nobre, Universidade de Trás-os-Montes e Alto Douro, Apartado 1013, 5001–801 Vila Real, Portugal; e-mail: pnobre5@gmail.com
disorder, premature ejaculation, and orgasmic difficulties in the male version and desire disorder, subjective arousal difficulties, orgasmic problems, and vaginismus in the female version. These four situations are presented in the questionnaire in the form of vignettes and were developed by a panel of sex therapists based on material from clinical cases. The QCSASC also presents a list of 10 emotions (worry, sadness, disillusion, fear, guilt, shame, anger, hurt, pleasure, and satisfaction) in order to assess the emotional response to the negative sexual events previously presented. Finally, the QCSASC uses a list of 28 self-statements reproducing the core beliefs or self-schemas proposed by Beck (1995).

The list of 28 self-schemas of the QCSASC was submitted to factor analysis (Nobre & Pinto-Gouveia, 2009). A principal component analysis with varimax rotation identified five factors accounting for 62% of the total variance: (a) Undesirability/Rejection, (b) Incompetence, (c) Self-Deprecation, (d) Difference/Loneliness, and (e) Helpless (see Table 1).

| TABLE 1 | Items, Minimums, and Maximums of the QCSASC |
| Factors | Item Numbers | Minimum | Maximum |
| Undesirability/Rejection | 15, 17, 19, 20, 24, 26, 27 | 7 | 35 |
| Incompetence | 2, 4, 8, 9, 10, 11, 13 | 7 | 35 |
| Self-Deprecation | 16, 21, 22 | 3 | 15 |
| Difference/Loneliness | 5, 23, 28 | 3 | 15 |
| Helpless/Betrayed | 1, 6 | 2 | 10 |
| Total | 22 | 110 |

Response Mode and Timing

Participants may respond to the QCSASC using paper and pencil or computer. The response scales are Likert-type. Respondents first indicate the negative event (if any) which is most similar to their sexual experience, and rate the frequency with which it usually happens (from 1 = Never Happens to 5 = Happens Often). They are also asked to identify the emotions aroused by the situation (checking all that apply from a list of 10 emotions: worry, sadness, disillusion, fear, guilt, shame, anger, hurt, pleasure, satisfaction). After being instructed to concentrate on the identified situation and emotions, they are asked to rate on a 5-point Likert-type scale the degree of concordance with 28 self-schemas. Respondents take an average of 10 minutes to complete the QCSASC.

Scoring

Specific indexes for the five domains and for the total scale can be calculated through the sum of the schema items (higher scores reflecting greater negative schema activation).

Reliability

Internal consistency: Internal consistency was assessed using Cronbach’s alpha statistics for the full scale and the different domains of the questionnaire. High inter-item correlations were observed for the subscales and the total scale. Cronbach’s alpha values ranged from .59 (Difference/Loneliness) to .91 (Undesirability/Rejection), with the full scale presenting .94. Except for the Difference/Loneliness and the Helpless domains, all other Cronbach’s alpha results were higher than .71, supporting the homogeneity of the scale and the contribution from all the factors to the overall score (Nobre & Pinto-Gouveia, 2009).

Test-retest reliability: Test-retest reliability was assessed by computing correlations for the total scale in two consecutive administrations of the questionnaire with a 4-week interval. The results ranged between r = .49 and r = .74 for the specific domains, with the full scale presenting r = .66. Although some correlations were not so strong, all reliability coefficients were statistically significant (p < .01). These results indicated a moderate stability of the scale over time (Nobre & Pinto-Gouveia, 2009).

Validity

Convergent validity: Convergent validity was assessed by correlating the QCSASC with validated measures oriented to assess cognitive structures linked to psychopathology: the Schema Questionnaire (SQ; Young, 1990) and the Sexual Self-Schema (SSS; Andersen & Cyranowski, 1994; Andersen, Cyranowski, & Espindle, 1999). The QCSASC was significantly correlated with the SQ, indicating that the measure assesses concepts that are partially related to more general cognitive schemas. Results regarding the relationship between the QCSASC and the Sexual Self-Schema Questionnaire showed moderate to high correlations, supporting our prediction that negative views about oneself as a sexual individual (particularly conservative ideas) would be related to the activation of negative self-schemas when facing unsuccessful sexual situations (Nobre & Pinto-Gouveia, 2009).

Incremental validity. Findings from the incremental validity analysis indicate that the QCSASC presents with higher clinical utility compared to already existing related measures (e.g., SQ, SSS). Partial correlations with measures of sexual functioning in men (IIEF) and women (FSFI) were higher for the QCSASC compared to the SQ and SSS, suggesting that this new measure presents a unique contribution for the explanation of sexual functioning beyond previous existing measures (Nobre & Pinto-Gouveia, 2009).

Discriminant validity. A discriminant validity analysis was conducted, using a clinical (men and women with sexual dysfunction) and a control group (matched men and women without sexual dysfunction). We hypothesized that the higher the activation of negative cognitive schemas facing unsuccessful sexual situations, the
greater the probability of developing a sexual dysfunction. Regarding women, we found statistically significant differences between clinical and control groups in three of the five domains of the QCSASC: Incompetence, Self-Deprecation, and Difference/Loneliness. Women with sexual dysfunction also scored significantly higher in the total QCSASC scale. Men with sexual dysfunction presented significantly higher scores, compared to the control group, on the Incompetence dimension, and the total scale (Nobre & Pinto-Gouveia, 2009, in press).

Other Information

For more information regarding the QCSASC and permission for its use please contact Pedro J. Nobre (pnobre5@gmail.com).

References


Exhibit

**Questionnaire of Cognitive Schema Activation in Sexual Context**

**Female Version**

Read carefully each one of the episodes presented below and indicate the extent to which they have ever happen to you by circling a number (1 Never to 5 Often).

I’m alone with my partner. He looks as if he wants to have sex, and he’s going to extraordinary lengths to try to arouse me. However, I don’t feel like it at all. So instead, I pretend to be tired and change the subject. Yet he persists. He looks disappointed, and says that I don’t love him as much as I used to.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

I’m having sex with my partner. He is really trying to arouse me, but I am experiencing no pleasure at all. Instead, I feel as if I am fulfilling an obligation. I ask myself, “Does it always have to be like this?”

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

My partner is touching me and I am very aroused. A few moments later he tries to penetrate me, but my vaginal muscles seem to clamp shut and my partner can’t penetrate. He persists with no success, and what could have been an unforgettable moment turns into a frustrating experience.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

My partner and I are engaged in foreplay, and he has tried different ways of stimulating me, which I’m enjoying. But in spite of it all I can’t reach orgasm. My partner seems to be getting tired and I start to feel frustrated. I begin to feel anxious as I realize that the likelihood of reaching orgasm is becoming more and more remote.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

Circle all emotions you felt when you imagined the episode which more often happens to you.

Worry    Sadness    Disillusionment    Fear    Guilt    Shame    Anger    Hurt    Pleasure    Satisfaction

Keeping in mind the episode which more often happens to you, read the statements presented below carefully and circle the degree to which they describe the way you think and feel about yourself (1 Completely False to 5 Completely True).
Read carefully each one of the episodes presented below and indicate the extent to which they usually happen to you by circling a number (1 Never to 5 Often).

I'm alone with my partner. She looks as if she wants to have sex, and she's going to extraordinary lengths to try to arouse me. However, I don't feel like it at all. So instead, I pretend to be tired and change the subject. Yet she persists. She looks disappointed, and says that I don't love her as much as I used to.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

I'm caressing my partner, and she is enjoying it and seems to be ready for intercourse. Upon attempting penetration, I notice that my erection isn't as firm as it normally is and full penetration seems impossible. I try to no avail, and finally quit.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

My partner is stimulating me, and I'm becoming very aroused. I'm getting very excited and I immediately try to penetrate her. I feel out of control and reach orgasm very quickly, at which point intercourse stops. She looks very disappointed, as if she expected much more from me.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

I'm completely involved in lovemaking and I start to penetrate my partner. In the beginning everything is going fine, but time passes and I can't seem to reach orgasm. She seems to be getting tired. No matter how hard I try, orgasm seems to be farther and farther out of my reach.

Never Happened 1 _____ 2 _____ 3 _____ 4 _____ 5 Happened Often

Circle all emotions you felt when you imagined the episode which more often happens to you

Worry Sadness Disillusionment Fear Guilt Shame Anger Hurt Pleasure Satisfaction

Keeping in mind the episode which more often happens to you, read the statements presented below carefully and circle the degree to which they describe the way you think and feel about yourself (1 Completely False to 5 Completely True).
Women’s Nontraditional Sexuality Questionnaire

RONALD F. LEVANT, The University of Akron
K. BRYANT SMALLEY, Georgia Southern University
THOMAS J. RANKIN, The University of Akron
ALEXANDER COLBOW, Boston College
KRISTIN DAVID, Brown University
CHRISTINE M. WILLIAMS, The University of Akron

The Women’s Nontraditional Sexuality Questionnaire (WNSQ) was created to investigate women’s nontraditional sexual behaviors and attitudes as broadly as possible by including forms of sexuality that are prohibited by the traditional norm, such as recreational sex, using sex as a means to gain an end, and participating in commercial sex by paying for, or receiving payment for, a sexual experience.

Description

The WNSQ is a 40-item self-report measure that is divided into three general sections. The first section asks six preliminary questions about the respondent’s relationship status, sexual activity, sexual orientation, and current engagement in casual sex. The second section forms the bulk of the questionnaire and assesses the frequency of 26 sexual behaviors that occur for reasons other than the expression of love within a committed sexual relationship. The third section addresses attitudes about nontraditional sexuality by asking the respondent the strength of her agreement or disagreement with eight statements assessing attitudes toward sex. Six additional demographic items—age, gender, race/ethnicity, family/household income, highest educational level completed, and socioeconomic status—assisted in the validation of the instrument but are not included here in order to maintain focus on the core sexuality-related items.

1Address correspondence to Ronald Levant, Buchtel College of Arts and Sciences, The University of Akron, Akron, OH 44325-1901; e-mail: levant@uakron.edu