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

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Cheryl A. Renaud, E. Sandra Byers
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### Sexual Cognitions Checklist

**Cheryl A. Renaud, Federal Medical Center Devens**  
**E. Sandra Byers, University of New Brunswick**

The Sexual Cognitions Checklist (SCC) was developed to assess sexual cognitions that are experienced as positive as well as those that are experienced as negative (Renaud, 1999). Most conceptual definitions and measures of sexual cognitions (often referred to as fantasies) assume that they are pleasant, enjoyable, and deliberate (Leitenberg & Henning, 1995). However, many individuals report having negative sexual thoughts that are experienced as ego-dystonic, unwanted, and personally unacceptable (Byers, Purdon, & Clark, 1998). To fully understand sexual cognitions, it is important to distinguish between those that are experienced as positive and those that are experienced as negative.

**Description**

The SCC consists of a checklist of 56 sexual cognitions. Forty of the items were taken from the Wilson Sex Fantasy Questionnaire (WSFQ; Wilson, 1988). The WSFQ has been used extensively in sexual fantasy research and has been found to have strong internal consistency ($\alpha = .98$).

<table>
<thead>
<tr>
<th>Item</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. This way of having sex is immoral</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. These movements and positions are fabulous</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9. I’m getting fat/ugly</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10. If I let myself go he is going to think I’m promiscuous</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11. Making love is wonderful</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12. He is not being as affectionate as he used to be</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13. I’m not satisfying my partner</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14. I must not show that I’m interested</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>15. This is disgusting</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>16. I’m not as physically attractive as I used to be</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>17. I should not take the lead in sexual activity</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>18. He only cares about me when he wants sex</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>19. I’m not getting turned on</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>20. I’m not feeling physically attractive</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>21. These activities shouldn’t be planned ahead of time</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>22. I can’t feel anything</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>23. I don’t want to get hurt emotionally</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>24. Why doesn’t he kiss me?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>25. My body turns him on</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>26. When will this be over?</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>27. If only he’d whisper something romantic in my ear</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>28. He only loves me if I’m good in bed</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>29. I should wait for him to make the first move</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>30. I am only doing this because he asked me to</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>31. I’m the happiest woman on earth</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>32. I have other more important matters to deal with</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>33. If I refuse to have sex, he will cheat on me</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1Address correspondence to Sandra Byers, University of New Brunswick, Psychology Department, Fredericton, New Brunswick, Canada E3B 6E4; e-mail: byers@unba.ca
Beliefs and Cognitions

The remaining 16 items were taken from the Revised Obsessional Intrusions Inventory—Sex Version (ROII—v2), which also has demonstrated high internal consistency (α = .92; Byers et al., 1998). For the SCC, the wording of some of the items was changed so that they could be experienced as either positive or negative. The SCC is appropriate for men and women of any age and sexual orientation.

Response Mode and Timing

The SCC can be administered individually, or in a group format, and takes approximately 30 minutes to complete. Respondents are first provided with definitions of positive and negative sexual cognitions. Positive sexual cognitions are defined as purposeful or nonpurposeful cognitions that are experienced as acceptable and pleasant, and are the types of thoughts one would expect to have, and might or might not result in sexual arousal. Negative sexual cognitions are defined as purposeful or nonpurposeful cognitions that are experienced as highly unacceptable, upsetting, unpleasant, and repugnant, and might or might not result in sexual arousal. Participants then indicate how often they have had each of the listed sexual thoughts when it was a positive thought as well as when it was a negative thought on a scale ranging from I have never had this thought (0) to I have this thought frequently during the day (6).

The SCC also contains two nonoverlapping subscales, one reflecting themes of sexual dominance and one reflecting themes of sexual submission. To develop these subscales, six doctoral students in human sexuality independently rated each of the 56 sexual cognitions on the SCC as reflecting sexual submission, sexual dominance, both sexual submission and sexual dominance, or neither sexual submission nor sexual dominance. Six items were judged to have dominance but not submission themes and make up the dominance cognitions subscale. Ten items were judged to reflect submission but not dominance themes and make up the sexual submission subscale.

Scoring

The total frequency scores for positive sexual cognitions (POSCOG) and negative sexual cognitions (NEGCOG) are calculated by summing the item ratings for the 56 items. Thus, scores range from 0 to 336, with higher scores indicating more frequent positive or negative cognitions. Scores on the positive sexual dominance (POSDOM) and negative sexual dominance subscales (NEGDOM) are determined by summing frequency ratings on the six dominance items such that scores range from 0 to 36. A similar procedure is used to calculate scores on the 10 positive sexual submission (POSSUB) and negative sexual submission (NEGSUB) subscales, with scores ranging from 0 to 60.

Reliability

In a study of 148 female and 144 male undergraduate students, Renaud and Byers (1999) found high internal consistencies for the POSCOG and NEGCOG subscales for both men (α = .95 and .96, respectively) and women (α = .95 and .95, respectively). Acceptable internal consistencies have also been found for men and women for POSDOM (α = .76 and .71, respectively), NEGDOM (α = .84 and .66, respectively), POSSUB (α = .81 and .80, respectively), and NEGSUB (α = .85 and .82, respectively; Renaud & Byers, 2005, 2006).

Validity

Renaud and Byers (1999) found that the sexual cognitions most commonly experienced as positive by individuals differed from those most commonly experienced as negative. The most commonly reported POSCOG revolved around themes of romance and intimacy, whereas the most commonly reported NEGCOG reflected themes of anonymous sex and sexual embarrassment. In addition, Renaud and Byers (2001) found that, compared to negative cognitions, positive cognitions were associated with more positive affect, less negative affect, more frequent subjective general physiological and sexual arousal, and less frequent upset stomach. They also found that positive sexual cognitions are more deliberate than are negative sexual cognitions and result in fewer attempts to control them. Further, in line with previous sexual fantasy research findings (Alfonso, Allison, & Dunn, 1992), a greater frequency of positive sexual cognitions is associated with better sexual adjustment, including more masturbation experience, a greater number of sexual partners, and greater sexual satisfaction (Renaud & Byers, 2001). In contrast, when the frequency of positive cognitions was controlled, the frequency of negative sexual cognitions was not associated with sexual adjustment.

Renaud and Byers (2005, 2006) provided evidence for the validity of the dominance and submission subscales. Consistent with previous research (e.g., Gold & Clegg, 1990), self-reported use of sexual coercion was uniquely associated with the frequency of sexual dominance cognitions experienced as positive but not sexual dominance cognitions experienced as negative (Renaud & Byers, 2005). Consistent with prior research that had found that individuals who reported having been sexually abused as children reported fantasizing about being forced to have intercourse more often than did individuals without a history of child sexual abuse (Briere, Smiljanich, & Henschel, 1994), a greater frequency of positive sexual submission cognitions was uniquely associated with a history of child sexual abuse (Renaud & Byers, 2006).

References


Negative Sexual Thoughts. Sometimes, we have sexual thoughts that we experience as negative. Negative sexual thoughts are thoughts that we dislike having. They are the types of thoughts that we would not expect to have because they are uncharacteristic of our usual thoughts and habits. That is, negative sexual thoughts are thoughts of things we would never want to do or say. Therefore, negative sexual thoughts are highly unacceptable, upsetting, and unpleasant. We tend to find these thoughts disgusting and we wonder why we are having such repugnant thoughts. However, because they are sexual in content, we may experience sexual arousal to these thoughts even though we find them unacceptable, unpleasant, and upsetting. Like positive sexual thoughts, we can have negative sexual thoughts while we are engaging in masturbation, while we are engaged in sexual activity with a partner, and while we are involved in non-sexual activities.

Sometimes Positive and Sometimes Negative Sexual Thoughts. Although some thoughts are clearly positive or clearly negative for us, there are some sexual thoughts that we experience as positive at times and as negative at other times. For example, you may have had a thought about seeing your neighbor undress. If that thought was about the good-looking neighbor in apartment "B," the thought might be positive. That is, it might be the type of thought you would expect to have and it is acceptable and pleasant. On the other hand, if you thought about the neighbor in apartment "A," who you find disgusting, the thought might be negative. In this case, the thought is unacceptable, unpleasant, and not the type of thought you would expect to have. So, in this case, the same thought, "Seeing your neighbor undress," is sometimes positive and sometimes negative. Other factors, such as your mood or what you are doing when you have a sexual thought, may also make a certain thought sometimes positive and sometimes negative.

INSTRUCTIONS: The questionnaire on the following few pages deals with a variety of very common sexual thoughts. On this questionnaire, we would like you to indicate how often you have had each of the listed sexual thoughts when it was a positive sexual thought, and when it was a negative sexual thought using the following scale:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
</table>
| 0     | I have never had this thought |:
| 1     | I have had this thought only once or twice ever |
| 2     | I have had this thought a few times a year |
| 3     | I have had this thought once or twice a month |
| 4     | I have had this thought once or twice a week |
| 5     | I have had this thought daily |
| 6     | I have had this thought frequently during the day |

Example:
Watching my neighbor undress.
How often have you had this thought when it was positive? 0 1 2 3 4 5 6
How often have you had this thought when it was negative? 0 1 2 3 4 5 6
This example shows that I have had this thought a few times a year (I circled “2”) when it was positive (pleasant and acceptable) and that I have had this thought once or twice a week (I circled “4”) when it was negative.

Please indicate how often you have had each of the following sexual thoughts.

0 I have never had this thought
1 I have had this thought only once or twice ever
2 I have had this thought a few times a year
3 I have had this thought once or twice a month
4 I have had this thought once or twice a week
5 I have had this thought daily
6 I have had this thought frequently during the day

In the past year, I have had sexual thoughts of:

1. Making love out of doors in a romantic setting (e.g. field of flowers; beach at night).
   How often have you had this thought when it was positive? 0 1 2 3 4 5 6
   How often have you had this thought when it was negative? 0 1 2 3 4 5 6
2. Having intercourse with a loved partner.
3. Having intercourse with someone I know but have not had sex with.
4. Having sex with an anonymous stranger.
5. Engaging in a sexual act with someone who has authority over me.
6. Being pressured into engaging in sex.
7. Engaging in a sexual act with someone who is “taboo” (family member, religious figure).
8. Having sex with two other people at the same time.
11. Forcing someone to do something sexually.
12. Engaging in sexual activity contrary to my sexual orientation (e.g. homosexual or heterosexual).
13. Throwing my arms around and kissing an authority figure.
14. Lifting my skirt or dropping my pants, thereby indecently exposing myself in public.
15. Receiving oral sex.
17. Watching others have sex.
18. Having sex with an animal or non-human object.
21. Receiving or giving genital stimulation.
22. Whipping or spanking someone.
23. Being whipped or spanked.
24. Taking someone’s clothes off.
25. Having my clothes taken off.
26. Engaging in a sexual act which I would not want to do because it violates my religious principles.
27. Forcing another adult to engage in a sexual act with me.
28. Making love elsewhere than the bedroom (e.g. kitchen or bathroom).
29. Being excited by material or clothing (e.g. rubber, leather, underwear).
30. Hurting a partner.
31. Being hurt by a partner.
32. Partner-swapping.
33. Being aroused by watching someone urinate.
34. Being tied up.
35. Masturbating in a public place.
36. Authority figures (minister, boss) being naked.
37. People I come in contact with being naked.
38. Having sex in a public place.
39. Tyring someone up.
40. Having incestuous sexual relations (sexual relations with a family member).
41. Exposing myself provocatively.
42. Wearing clothes of the opposite sex.
Attitudes Toward Women’s Genitals Scale

DEBRA HERBENICK, Indiana University

Women’s sexual and sexual health behaviors may be influenced by a range of factors including their perceptions of female genitals, such as whether vaginas are clean or dirty, attractive or unattractive, or whether they smell or taste pleasant. As an example, women who believe that vaginas generally smell bad or are “dirty” may avoid receiving cunnilingus or may avoid annual pelvic exams. The Attitudes Toward Women’s Genitals Scale (ATWGS) was designed with the intent to measure individuals’ perceptions of women’s genitals (Herbenick, 2006) rather than genital self-image, a concept that relates to how one perceives one’s own genitals, which is measured by other scales.

Description

The ATWGS is a 10-item measure composed of statements with which respondents are asked to indicate their agreement or disagreement. The scale was developed in multiple stages. In Phase One, nine brief pilot surveys were completed by 370 women and men in order to elicit perceptions of women’s genitals using open-ended and closed-ended items. These data, in combination with a review of literature related to women’s genitals, were examined for common themes. A total of 14 themes were found: genital appearance, vaginal birth, size in relation to function, menstruation, hygiene, pubic hair, smell, taste, communication, femininity, “looking” (e.g., either looking at oneself or allowing another to look), wetness, touching, and oral sex. Based on these themes, 101 items were written by the author and informed by feedback from a team of experts in the areas of gender studies, medicine, public health, psychology, and women’s sexuality. The items were then administered as part of a larger survey to 604 undergraduate and graduate students (362 women, 242 men; mean age = 20.0) and, through an iterative process involving the use of reliability analysis, the scale was reduced to 10 items.

Further research is recommended in order to understand the scale properties among other adult populations and clinical samples. The ATWGS may be particularly well suited for use in research that purports to understand how educational curricula or interventions can help to change attitudes toward women’s genitals over time. It may also be a useful measure among clinical samples of women who have experienced a change in their genital appearance or function, such as in samples of women with vulvar cancer or lichen sclerosus.

Address correspondence to Debra Herbenick, HPER 116, Indiana University, Bloomington, IN 47405; e-mail: debby@indiana.edu