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Attitudes Related to Sexual Concerns Scale

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The Attitudes Related to Sexual Concerns Scale (ASCS) was developed to measure those attitudes that have been conceptually, empirically, or clinically associated with specific sexual concerns/dysfunctions of men and women. Although a number of scales have previously been developed to measure overall sexual attitudes or some particular attitudes, none targeted those attitudes that were specifically associated with sexual concerns/dysfunctions. The ASCS can be used as a research tool in examining the attitudes of various subsamples of differing gender, sexual orientation, age, relationship status, ethnicity, and so forth (Cowden & Koch, 1995). It could also serve as a clinical tool for counselors and therapists in assessing the attitudes related to the sexual concerns/dysfunctions their clients are experiencing.

Description

The ASCS consists of 30 items with responses on a 5-point Likert format ranging from 1 (Strongly Agree) to 5 (Strongly Disagree). Each statement is written in a personalized manner to measure the most proximal attitude, rather than a generalized one, because proximal attitudes are more closely related to one’s own personal behavior (Ajzen & Fishbein, 1980). Through pilot testing with approximately 400 college students, principal components factor analysis with promax rotation extracted eight factors that were identified as attitudes toward (a) sexual self-understanding (14% explained variance), (b) body image (8%), (c) gender roles (4%), (d) commitment (6%), (e) communication with a sexual partner (10%), (f) masturbation (42%), (g) sexual guilt (11%), and (h) sexual performance (5%; Cowden & Koch, 1995; Koch, 1983).

Response Mode and Timing

The respondent is instructed to indicate the choice (Strongly Agree = 1, Agree = 2, Uncertain = 3, Disagree = 4, Strongly Disagree = 5) that best represents his or her attitudes toward each statement. The statements represent attitudes that might be expressed in a variety of situations. The respondents are instructed that, if they have never personally been in such a situation, they are to imagine themselves in it and think of how they might react. The term partner refers to whomever the respondent might share his or her sexuality with. The scale takes approximately 15 minutes to complete.

Scoring

Scores on the ASCS range from 30, indicating the least negative attitudes, to 150, indicating the most negative attitudes. Thus, the higher a person’s score, the more he or she exhibits attitudes associated with experiencing high levels of various relationship and sexual functioning concerns. The subscales consist of the following items (those with an asterisk must be reversed scored): Body Image (1, 9, *17); Sexual Self-Understanding (*2, 10, *18, 25), Gender Roles (*3, *11, 19), Communication (*4, 12, *20, *26), Guilt (*5, *13, 21, 27), Commitment (6, *14, *22, *28), Masturbation (7, 15, *23), and Sexual Performance (*8, *16, *24, *29 [for females only]/*30 [for males only]). In administering the scale to homosexually-oriented respondents, the

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Gender Roles subscale is deleted because some items refer to other-gender pairings.

Reliability

Internal reliability has been examined with two very different samples: one from a major, predominately White northeastern university (Cowden & Koch, 1995) and another from a racially/ethnically diverse sample from smaller colleges in Washington, D.C. and North Carolina (Cowden & Bradshaw, 2007). Cronbach alpha reliability coefficients for the entire scale, as well as the subscales, were as follows for these two different samples, respectively: Overall Scale, .70, .80; Body Image, .74, .80; Sexual Self-Understanding, .84, .67; Gender Roles, .64, .63; Communications, .73, .66; Guilt, .75, .67; Commitment, .80, .66; Masturbation, .91, .90; and Sexual Performance, .66, .60.

Validity

Content validity was ensured by performing a content analysis of over 40 major sexuality education, counseling, and therapy textbooks and over 250 scientific articles written about sexual concerns/dysfunctions. Repeated pilot testing was used to determine the most reliable and valid subscales and items. Construct validity was established through factor analysis (described above). Concurrent validity for the ASCS was determined through its significant positive correlation with other established questionnaires measuring sexual concerns/dysfunctions. Derogatis, L. R., & Melisaratos, N. (1979). The DSFI: A multidimensional measure of sexual functioning. Journal of Sex and Marital Therapy, 5, 244–281.

The ASCS has also been shown to discriminate persons experiencing high levels of relationship concerns from those with low levels of such concerns, $t(402.87) = 6.58, p < .001$, and persons experiencing high levels of sexual functioning concerns/dysfunctions from those with little concern with their sexual functioning, $t(400.98) = 3.50, p < .001$ (Koch, 1988; Koch & Cowden, 1990). It also has discriminated those who are religiously affiliated from those who are not (Cowden & Bradshaw, 2007).

References


Exhibit

Attitudes Related to Sexual Concerns Scale

Respond to the following statements by circling the choice which best represents your attitudes. These statements represent feelings that might be experienced in a variety of situations. If you have not been in such a situation, imagine yourself in it and think of how you might feel. The term “partner” refers to whomever you might choose to share your sexuality with.

1 = Strongly Agree
2 = Agree
3 = Uncertain
4 = Disagree
5 = Strongly Disagree

1. Overall, I feel that my body is sexually attractive.
2. It is difficult for me to explain my sexual thoughts, attitudes, and feelings to someone else because I really don’t understand them myself.
3. When a male and female are having a sexual relationship, I feel it is the female’s responsibility to set the sexual limits since the male will try to get as much as possible.
4. I would feel very uncomfortable expressing my negative feelings about our sexual relations to a partner.
5. I feel guilty if I did not follow religious pronouncements about sexual behavior.
6. I would not be afraid of becoming involved in a committed relationship at this point in time.
7. I would not feel ashamed to use masturbation as a sexual release.
8. I would worry that my partner would leave me if I did not do what she or he wanted me to do in bed.
9. I feel a partner would be sexually attracted to my nude body.
10. I am not confused about my sexual feelings.
11. It is more acceptable to me for a male to have a one-night stand than for a female to have a one-night stand.
12. It would not be difficult for me to make suggestions to a partner on ways to improve his or her sexual techniques.
13. I would feel guilty if I did not follow my family’s teachings about sexual behavior.
14. I would feel trapped if I was in a committed relationship at this time.
15. I would feel good about exploring and learning about my own body through masturbation.
16. If my partner did not reach orgasm, I would feel like a failure.
17. Because of the way my body looks, I would feel uncomfortable in the nude with a sexual partner.
18. It bothers me that I really do not understand why I behave sexually as I do.
19. I do not believe that males usually use love to get sex and females usually use sex to get love.
20. I would feel hurt if a sexual partner told me that something I do during lovemaking turns her or him off.
21. I would not feel guilty if I had genital sexual relations (such as intercourse) with a partner.
22. I am afraid to trust anyone in a sexual relationship at this time in my life.
23. I would feel guilty about masturbating.
24. I would worry that if I did not perform well sexually my partner would look for someone else.
25. It is not difficult for me to sort out my sexual feelings, values, and behaviors.
26. There probably would be some aspects of our sexual relationship that I just could not talk about with my partner.
27. I would not feel guilty fantasizing about sexual experiences.
28. I would feel like a failure if I found out that my sexual partner also engaged in solitary masturbation.

**Females Only**
29. I would feel inadequate if I could not reach orgasm during vaginal penetration (such as vaginal intercourse) and needed other kinds of stimulation in order to reach an orgasm.

**Males Only**
30. I would feel humiliated if I was unable to get an erection during a sexual encounter.

*A scale from 1 to 5 follows each item.

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**Sexual Problems Self-Assessment Questionnaire**

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The Sexual Problems Self-Assessment Questionnaire (SPSAQ) was designed to assess sexual and relationship satisfaction levels in couples presenting for sex therapy; it is a clinical evaluation tool that offers a brief, comprehensive assessment of adult clients’ levels of satisfaction in their sexual relationships.

Scoring forms provide client profiles. When used with a couple, a couple’s form lists each partner’s scores so that they can be compared. The instrument was not designed as a research tool and has not been tested for validity or reliability beyond the clinical applications it was designed to assess. Clients presenting with sexual difficulties often focus so narrowly on presenting issues that other, relevant and germane issues are not discovered until later in therapy. Even without numerical scores, a paper-and-pencil-marked questionnaire is useful in quickly providing a comprehensive assessment of problem domains.

**Description**

The SPSAQ was developed from the classification system presented in A New View of Women’s Sexual Problems (Kaschak & Tiefer, 2001). In developing the item content, we sought advice from a variety of colleagues. Leonore Tiefer

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