Sexual Self-Schema Scale—Women’s Version

ANNA O. LEVIN AND BARBARA L. ANDERSEN,

The Ohio State University

Andersen and Cyranowski (1994) view sexual self-schema as a sexually relevant, cognitive, individual difference variable. Schemas are cognitive representations of the self. They are derived from past experience and manifest in current experiences. The sexual self-view functions to interpret and organize sexually relevant actions and experiences, provides standards for sexual behaviors, and guides decisions and inferences about future sexual circumstances. The Sexual Self-Schema Scale (SSS) is a cognitive measure of a woman’s sexual self-view.

Individuals with a positive sexual self-schema tend to view themselves as emotionally romantic or passionate and behaviorally open, while reporting low levels of embarrassment or conservatism in sexual contexts. Women with negative self-descriptions report low levels of romantic or passionate emotions and low behavioral engagement in sexual and romantic relationships.

Development and Description

A construct validity method was employed in test construction, beginning with a classic approach of using trait adjectives as markers of important personality dispositions to identify a semantic representation of a “sexual” woman. Psychometric studies of internal consistency, discriminant and convergent validity, group differences, internal structure, and others were conducted. The final scale is uncorrelated with both negative affect and social desirability. Filler items were added to yield a measure for which respondents are unaware that a sexuality construct is being assessed.

The scale (entitled “Describe Yourself”) has 50 items, with 26 scored and 24 fillers. Multiple factor analytic studies reveal two factors with a positive valence, Passionate/Romantic (Factor 1) and Directness/Openness (Factor 2), and one with a negative valence, Embarrassment or Conservatism (Factor 3). Use of the total score is recommended. High scores are interpreted as positively schematic and low scores negatively schematic.

Response Mode and Timing

Subjects rate items on a 7-point Likert-type scale, ranging from 0 = Not at all Descriptive of Me to 6 = Very Much Descriptive of Me. The scale takes 5–10 minutes to complete.

Scoring

The 26 items are summed within their factors, resulting in factor scores: Scale/Factor 1 items are 5, 11, 20, 35, 37, 39, 44, 45, 48, and 50; Scale/Factor 2 items are 2, 5, 9, 13, 16, 18, 24, 25, and 32; Scale/Factor 3 items are 3, 8, 22, 28, 31, 38, and 41. Item 45 is reverse scored. A total score is used and is calculated as follows: (scale 1 + scale 2) − scale 3. Total scores can range from −42 to 114. A normal distribution is typically found, with a slight positive skew. Means and standard deviations of total and scale scores were provided from college-aged women (N = 387) as follows: Total score: 60.47 (14.15); Scale 1: 47.44 (6.45); Scale 2: 36.26 (7.15); and Scale 3: 23.22 (5.91; Andersen & Cyranowski, 1994).

Scale scores can also be used to represent a two-dimensional model. The bivariate scoring procedure uses median-split cutoffs of the positive (sum of Factors 1 and 2) and negative (Factor 3) dimensions to delineate four types of schematic representations: positive (high on positive/low on negative schema dimensions), negative (low positive/high negative), aschematic (low on both positive and negative dimensions) and co-schematic (high on both positive and negative dimensions; Andersen & Cyranowski, 1994).

Reliability

The authors reported Cronbach’s alpha values in college women (N = 387) as follows: Total scale, .82; Scale 1, .81; Scale 2, .77; and Scale 3, .66 (Andersen & Cyranowski, 1994). Since publication, total scale internal-consistency estimates from various other samples, including older women, cancer patients/survivors, and women with sexual dysfunctions, have been in the same range (N = 17 to 190, α = .61 to .86). Retest reliabilities provided from college samples at 2-week and 9-week intervals were .89 (N = 20) and .88 (N = 172; Andersen & Cyranowski, 1994).

Validity

Convergent validity data from multiple samples from Andersen, Cyranowski and colleagues (Andersen & Cyranowski, 1994; Andersen, Woods, & Copeland, 1997; Cyranowski & Andersen, 1998, 2000) showed the SSS to predict a range of sexual cognitions, behaviors, and responses. Studies with college women (N = 220)
indicate significant correlations of total scores with measures of sexual affects, behaviors, and arousal, as well as romantic relationships ($r_s = .14$ to .36). Data from older women ($N = 21$) provide total score correlations with self-report measures of the sexual response cycle phases ($r_s = .47$ to .59). Multiple regression studies showed schema scores to account for significant increments of variance beyond any contributions of other individual difference factors such as extroversion or self-esteem.

Consistent data come from other investigators. Reissing, Laliberté, and Davis (2005; $N = 84$) found the total score to predict sexual aversion and sexual self-efficacy ($\beta = .22$ and .13). Meston, Rellini, and Heiman (2006) found the Romantic/Passionate scale to predict negative sexual affect. Donaghue (2009; $N = 91$) reported significant correlations between schema scores and various measures of subjective well-being ($\beta = -.18$ to .27). Kuffel and Heiman’s (2006) analog study investigated the role of schemas on responses to sexually explicit visual material. Analyses demonstrated significantly greater vaginal response, positive affect, and subjective sexual arousal when participants were told to adopt a positive schema in comparison to their responses following the negative schema induction.

Importantly, sexual self-schema appears relevant to sexual dysfunction and/or sexual distress. Studies of female cancer patients also find the SSS to predict a wide range of responses (e.g., Andersen et al., 1997; Donovan et al., 2007; Yurek, Farrar, & Andersen, 2000). Reissing, Binik, Khalife, Cohen, and Amsel (2003; $N = 87$) found that women with sexual pain disorders report a less positive score than women with no pain. Women with a sexual abuse history were found to have significantly lower Romantic/Passionate subscale scores than did nonabused women (Meston et al., 2006).

References


Exhibit

**Sexual Self-Schema Scale**

Describe Yourself

Directions: Below is a listing of 50 trait adjectives. For each word, consider whether or not the term describes you. Each adjective is to be rated on a 7-point scale, ranging from 0 = *not at all descriptive of me* to 6 = *very much descriptive of me*. For each item, fill in the appropriate circle on your computer answer sheet. Please be thoughtful and honest.

Question: To what extent does the term________describe me?

**Rating Scale:**

Not at all descriptive of Me | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Very Much descriptive of Me

| (1) generous | (26) disagreeable |
| (2) uninhibited | (27) serious |
| (3) cautious | (28) prudent |
| (4) helpful | (29) humorous |
Female Sexuality

(5) loving (30) sensible
(6) open-minded (31) embarrassed
(7) shallow (32) outspoken
(8) timid (33) level-headed
(9) frank (34) responsible
(10) clean-cut (35) romantic
(11) stimulating (36) polite
(12) unpleasant (37) sympathetic
(13) experienced (38) conservative
(14) short-tempered (39) passionate
(15) irresponsible (40) wise
(16) direct (41) inexperienced
(17) logical (42) stingy
(18) broad-minded (43) superficial
(19) kind (44) warm
(20) arousable (45) unromantic
(21) practical (46) good-natured
(22) self-conscious (47) rude
(23) dull (48) revealing
(24) straightforward (49) bossy
(25) causal (50) feeling

Brief Index of Sexual Functioning for Women

RAYMOND C. ROSEN,1 JENNIFER F. TAYLOR, AND SANDRA R. LEIBLUM, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School

The Brief Index of Sexual Functioning for Women (BISF-W) was developed in response to the lack of a brief, standardized self-report measure of overall sexual function in women. Previous self-report measures have been either overly restrictive or inappropriate for use in large-scale clinical trials. None of the self-report measures to date provide a comprehensive, reliable assessment of key dimensions of sexual function in women, including sexual desire, orgasm, and satisfaction. Reynolds et al. (1988) have described the Brief Sexual Function Questionnaire (BSFQ) for men, a 21-item self-report inventory of sexual interest, activity, satisfaction, and preference. The BSFQ has been found to be highly reliable, and to discriminate between depressed, sexually dysfunctional, and healthy males (Howell et al., 1987; Reynolds et al., 1988). Surprisingly, no corresponding measures to the BSFQ for self-report assessment of female sexual function were available. The present questionnaire was developed to provide a comparable, brief self-report measure of sexual function for women.

Description

The BISF-W consists of 22 items, assessing the major dimensions of sexual desire, arousal, orgasm, and satisfaction. Several items were adapted from the BSFQ, particularly those assessing frequency of sexual behavior, fantasy, masturbation, and sexual preference. Additional items were included to address specific issues believed to affect women’s sexual functioning and satisfaction, such as body image, partner satisfaction, and sexual anxiety. Several items were designed to evaluate sexual performance difficulties in women, such as diminished arousal or lubrication, pain or tightness during intercourse, and difficulties in reaching orgasm. Items assessing the impact of health problems on sexual functioning are also included. Most items are arranged in Likert-type format to rate the frequency of occurrence of sexual desire, arousal or satisfaction associated with common sexual behaviors. Based upon a principal components analysis, three major factors were identified, which were

1Address correspondence to Raymond C. Rosen, New England Research Institutes, Inc., 9 Galen Street, Watertown, MA 02472; e-mail: RRosen@neriscience.com