Sexual Self-Schema Scale for Women—Validation and Psychometric Properties of the Polish Version

Krzysztof Nowosielski, MD,[1] Konrad S. Jankowski, PhD,[2] Robert Kowalczyk, PhD,[3] Jacek Kurpisz, PhD,[4] Małgorzata Normantowicz-Zakrzewska, MD,[5] and Aleksandra Krasowska, MD, PhD[6]

ABSTRACT

Introduction: The sexual self-schema is a part of a broader concept of the self that is believed to be crucial for intrapersonal and interpersonal sexual relationships.

Aim: To develop and perform psychometric validation of the Polish version of the Sexual Self-Schema Scale for Women (SSSS-W-PL).

Methods: 561 women 18 to 55 years old were included in the final analysis. Linguistic validation was performed in 4 steps in line with the MAPI Institute guidelines. Convergent validity was calculated using the Pearson r product-moment coefficient between different measures of sexuality (attitudes and experience, behavior, arousal, romantic relationship) and SSSS-W-PL total and factor scores. To test discriminant validity, we applied hierarchical regression analyses predicting the number of lifetime sexual partners, self-rating as a sexual person (1 item, "I feel sexually attractive"; on a 5-point Likert scale), and arousability, with independent variables being extraversion (Ten-Item Personality Inventory), self-esteem (Rosenberg Self-Esteem Scale), and the SSSS-W-PL (total and factor scores).

Main Outcomes Measures: Sexual self-schema was measured by the SSSS-W-PL, whereas arousability was measured by the arousal/excitement scale of the Changes in Sexual Functioning Questionnaire.

Results: The mean age of the study population was 29.0 ± 7.6 years. The final scale consisted of 24 adjectives grouped within 4 factors: romantic, passionate, direct, and embarrassed. The 4-factor model accounted for 39% of the variance. The Cronbach α was 0.74 for the SSSS-W-PL total score and 0.61 to 0.84 for individual factors. Test-retest reliability of the scale after 2- to 8-week intervals was 0.87 (95% CI = 0.82−0.86, $P < .001$). The increment variances were statistically significant and ranged from 3.8% to 11.6%.

Conclusion: The analysis showed good psychometric properties and internal validity of the SSSS-W-PL. The SSSS-W-PL might be helpful in consulting and/or providing sexual therapy to gynecologic cancer survivors or women with a history of childhood sexual abuse. **Nowosielski K, Jankowski KS, Kowalczyk R, et al. Sexual Self-Schema Scale for Women—Validation and Psychometric Properties of the Polish Version. Sex Med 2018;X:XXX−XXX.**

Key Words: Self-Schema; Sexuality; Women; Psychometrics; Psychosexual Orientation

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[1]Department of Sexology and Family Planning, Medical Collage in Sosnowiec, Sosnowiec, Poland;

[2]Department of Psychometrics and Psychological Diagnosis, Faculty of Psychology, University of Warsaw, Warsaw, Poland;

[3]Department of Sexology, Andrzej Frycz Modrzewski Kraków University, Cracow, Poland;

[4]Department and Clinic of Psychiatry, Pomeranian Medical University, Szczecin, Poland;

[5]Forensic Psychiatric Ward, House of Detention, Poznan, Poland;

[6]Department of Psychiatry, Medical University of Warsaw, Warsaw, Poland

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INTRODUCTION

The sexual self-schema is a part of a broader concept of the self that is believed to be crucial for intrapersonal and interpersonal sexual relationships.[1] Because sexuality is a complex construct, its cognitive representations include attitudes, behaviors, responses to sexual cues, and sexual self-schema (as a cognitive representation of the sexual self).

Previous studies by Andersen and Cyranowski[1] and then by Hill[2] described 2 ways of understanding the sexual self-schema. The 1st was based on the idea of 2 distinct schemas—positive and negative—with different valences. The 2nd approach extended the analysis and considered 2 associated continuums, thus distinguishing 4 self-schema types: positive schematic (high positive and low negative schema scores), negative schematic (high negative and low positive schema scores), co-schematic (high positive and negative scores), and a-schematic (low positive and negative scores). The positive continuum score is the total of the 2 positive factor scores (passionate-romantic and open-direct), whereas the negative continuum score is the single negative factor score (embarrassed-conservative) of the Sexual Self-Schema Scale (SSSS).[1,2] Women with schematic representations base their sexuality on experience and modify it according to new sexual cues. Those with positive schemas are more willing to engage in new sexual relationships, have more positive emotions toward sex, and are open to new sexual experiences, whereas those with negative schemas are more conservative, sexually withdrawn, and less experienced, skilled, or comfortable in sexual relationships.

To date, a few studies on these sexual self-schemas have reported interesting findings. Reissing et al[3] found that positive schematic women reported higher levels of sexual self-efficacy and lower sexual aversion. Manthos et al[4] found that sexual schema (positive and negative) might be a predictor of hooking up among young women. Carpenter et al[5] found that cancer survivors with positive sexual schemas were less vulnerable to affective disorders, especially when their sexual satisfaction was low, whereas few other studies found that negative sexual schemas might negatively affect sexual function in gynecologic and colorectal cancer survivors.[6] Furthermore, there was a correlation between sexual self-schema and body dissatisfaction; women with negative sexual schemas were more prone to having negative views about their body size,[7] although previous studies did not report such correlations, describing only a correlation between self-schema and self-rated facial attractiveness—women who viewed themselves as more sexually attractive had a more positive sexual self-schema.[8] Some studies also examined the influence of sexual self-schema on female consumer reactions to mild and explicit sexual stimuli in advertising and provided conflicting results, with some reporting a strong influence (especially in positive schematic women), through no effect, to an inhibitory influence (in positive schematic and negative schematic women).[9,10]

To the best of our knowledge, this is the first study using the SSSS for women in Poland. We believe that the validated Polish version of the scale might be useful not only in consulting and providing sexual therapy to gynecologic cancer survivors or women with a history of childhood sexual abuse but also in broader clinical practice.

The aim of the study was to develop and perform a psychometric validation of the Polish version of the SSSS for Women (SSSS-W-PL).

For clarity, we refer to the 4 types of the sexual schema (positive schematic, negative schematic, a-schematic, and co-schematic). However, other studies on sexual schemas include the 2 approaches (2-element and 4-element divisions).

METHODS

Participants

Participants were recruited from June 2016 through June 2017 in outpatient gynecologic clinics in Katowice, Sosnowiec, and Tychy; the Medical College in Sosnowiec, the University of Warsaw, the Medical University of Warsaw, and the Pomeranian Medical University in Szczecin; and through social media (Facebook). The inclusion criteria were agreement to participate in the study and age 18 to 55 years. The exclusion criteria were diagnosed neoplasia, depression, or other psychiatric disorders (past or current), stress urinary incontinence, overactive bladder, pelvic organ prolapse stage higher than II, previous cardiologic surgeries, myocardial infarction less than 6 months before the study, severe cardiovascular disorders (New York Heart Association classes 3 and 4), unstable coronary angina, pregnancy, postpartum stage, and breastfeeding. All eligible participants were given (personally or through Facebook) an invitation with a short description of the study and a link to the internet-based questionnaire. They were asked to complete the online questionnaire on day 0 and at 2 to 8 weeks. To identify subjects in the retest procedure, all respondents were asked to enter an anonymous and unique identification code when completing the questionnaire the 1st time and after 2 to 8 weeks.

1,176 women were recruited for this prospective study. 12 did not agree to participate and another 285 dropped out after the first question, with an additional 280 returning incomplete forms. 611 fully completed questionnaires were collected (response rate = 51.9%). Because depressive and mood disorders constituted an exclusion criterion, another 50 individuals with high scores on the depression subscale of the Hospital Anxiety and Depression Scale (HADS) were excluded from further analyses. Therefore, 561 women were included in the study group. Of that sample, only 133 individuals took part in the retest study and completed the questionnaire for the 2nd time.

The study was approved by the ethical committee of the Silesian Medical Chamber in Katowice, Poland (ŚIL/KB/756p/15 Katowice, 25.05.2015).

Tools

All measurement tools were chosen according to 2 principles: (i) comparability to the original methodology and theoretical