

PSYCHOMETRICS

Initial Validation of the Sexual Pleasure Scale in Clinical and Non-Clinical Samples of Partnered Heterosexual People



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ABSTRACT

Introduction: Sexual pleasure is a central aspect of human sexuality; however, no validated measurements exist that assess sexual pleasure. We present a preliminary validation study of the psychometric properties of a Sexual Pleasure Scale (SPS), based on the three items developed by Sanchez, Crocker and Boike to measure sexual pleasure. The SPS is a brief and easy-to-implement instrument that assesses the extent of sexual pleasure experienced from sexual relationships, sexual activities, and sexual intimacy.

Aim: To assess the validity of the SPS in a subgroup of patients diagnosed with sexual dysfunction ($n = 89$) and a non-clinical community sample ($n = 188$) of Portuguese men and women.

Methods: We provide an initial examination of the reliability (eg, Cronbach α), convergent validity (eg, with measurements of sexual satisfaction), and divergent validity (eg, with measurements of body satisfaction) of the SPS.

Main Outcome Measures: The survey included a sociodemographic questionnaire and a set of questionnaires to test the psychometric properties of the SPS.

Results: The reliability study showed a high Cronbach value ($\alpha = 0.94$). Convergent validity of the SPS with the measurements described showed mostly moderate to high statistically significant positive correlations, whereas the criterion-related validity showed the expected low non-significant correlation. The results also showed that the SPS shows strong sensitivity to discriminate people with from those without sexual problems.

Conclusion: Results from the clinical population indicate that the SPS has good psychometric qualities and is a reliable measurement of sexual pleasure with applicability in clinical practice and clinical research but shows little variability within the community sample.

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Key Words: Psychometric Study; Sexual Pleasure Scale; Clinical Sample; Sexual Dysfunction

INTRODUCTION

People engage in sexual activities to satisfy different needs, such as desire, love, affection, attachment, stress relief, reproduction, social control, coercion, economic benefits, and sexual pleasure.^{1,2} Sexual pleasure serves as a key sexual motivation that is linked to greater engagement in sexual activities.^{3–5} Put succinctly, sexual pleasure can be understood as the enjoyment one derives from sexual interaction.⁶ For a long time, researchers

wrongly presumed that sexual pleasure was interchangeable with orgasm by supposing that pleasure was derived solely from achieving orgasm.^{7,8} For that reason, sexual pleasure garnered less attention in the literature in past decades. Since then, researchers have determined that these constructs are distinct and researchers currently understand sexual pleasure as having emotional, cognitive, and physical components (eg, orgasm) and mind-body connections (eg, losing oneself).^{9,10} Women who were asked to describe sexual pleasure in dyadic and solitary activities connected pleasure to exploration (of the self and partners), getting outside oneself, orgasm, and sensory stimulation and regulation (eg, stress relief).¹⁰ The present study provides an initial validation of a sexual pleasure scale that allows individuals to subjectively define pleasure for themselves and assess the extent to which they experience pleasure from sexual activities, sexual intimacy, and sexual intercourse.

Qualitative researchers have shown that sexual pleasure is strongly associated with other important positive indicators of

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sexual health, such as sexual satisfaction (eg, Pascoal et al¹¹). Most research addressing sexual pleasure has been quantitative in using sexual pleasure as a correlate of other important sexual dimensions, such as sexual desire (eg, Brotto and Smith¹²) and satisfaction (eg, Renaud et al¹³). However, sexual pleasure is rarely studied as an outcome, although there are exceptions. For example, some empirical work has demonstrated sexual pleasure as an important sexual outcome¹⁴ that is positively associated with quality of life.¹⁵ However, most of the research that has focused on sexual pleasure as a sexual outcome has examined its association with condom use,¹⁶ suggesting that pleasure can play an important role in safe sex practices. Despite being a common motive for sexual activity⁴ and despite the recent focus that the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* places on sexual pleasure as an essential feature of healthy sexuality,¹⁷ sexual pleasure is absent from most comprehensive models of sexual response or functioning (ie, pleasure has been scarcely defined, studied, and/or measured).

A review of the existing quantitative research shows there is no specific validated instrument designed to measure sexual pleasure. This is surprising because the lack of sexual pleasure is referred to as the most common cause for sexual problems.¹⁸ Thus, the present research sought to fill this gap in the scientific literature because researchers and clinicians need to better understand what individual, interpersonal, and other contextual factors are associated with sexual pleasure to better understand and promote sexual health. Also, a measurement of sexual pleasure would be important to assess the efficacy and efficiency of treatment plans aimed at improving sexual health and to determine the possible impact of medication and treatment for people who are ill or undergoing treatment for a health condition. For that purpose, researchers and clinicians need valid and practical measurements of sexual pleasure for use in clinical practice.

A set of three items developed and used by Sanchez et al¹⁹ were tested as a unidimensional scale to measure sexual pleasure, hereafter referred to as the Sexual Pleasure Scale (SPS). These three items assess the extent of sexual pleasure obtained through sexual relationships, sexual activities, and sexual intimacy, respectively. In the original study, participants were instructed to rate each activity from 1 (not pleasurable at all) to 7 (very pleasurable). The SPS showed good reliability in the original study¹⁹ ($\alpha = 0.84$) and subsequent studies²⁰ ($\alpha = 0.82$ for men and $\alpha = 0.92$ for women). An inherent advantage of this measurement is that it is brief and therefore easy to implement in different research and clinical settings. However, optimal scale length is debatable because researchers generally presume that short and simple questionnaires have a positive effect on the response rate, and questionnaire length is one of the most frequent reasons for participants' refusal to participate.²¹ Furthermore, the SPS items have high face validity because they are straightforward questions are easily understood. The SPS can be used in men and women, in most intimate relationships, and in different relational structures. These factors contribute to

the SPS being a good option to measure sexual pleasure for research purposes; however, the SPS has never been validated.

Because the SPS seems easy to understand, takes less than 1 minute to answer, and seemed to have promising psychometric properties in previous work, we examined the SPS to provide a preliminary test of whether the three items were a reliable measurement of dyadic sexual pleasure with applicability in clinical practice and research. Thus, the goal of the present study was to provide an initial test of the psychometric properties of the SPS in clinical and non-clinical samples of Portuguese men and women in heterosexual relationships.

AIMS

The purposes of the present work were to examine (i) the construct validity (factorial, convergent, and divergent) of the SPS in a Portuguese sample; (ii) SPS reliability (internal consistency and average inter-item correlation [AIIC]); and (iii) SPS discriminative ability in a clinical sample (those with sexual problems) and a non-clinical sample (those with no perception of sexual problems or any reported distress with any sexual activity).

METHODS

Participants

The study was comprised of 279 participants from a community sample ($n = 188$) and a clinical sample ($n = 89$). The samples were equivalent in important sociodemographic variables, such as age ($t_{277} = 0.528$, $P = .59$), sex ($\chi^2_{1,279} = 0.66$, $P = .42$), and education ($\chi^2_{4,279} = 4.216$, $P = .38$). The sample (46% men; mean age = 32.0 years, SD = 10.6, range = 18–88) consisted entirely of highly educated individuals (with 76% having at least an undergraduate degree) involved in committed exclusive romantic relationships from a largely urban demographic ($n = 255$, 91.4%). Committed relationship types varied, although most were unmarried in long-term relationships ($n = 164$, 58.8%) and the remaining participants were living in common-law relationships ($n = 60$, 21.5%) or were married ($n = 55$, 19.7%). All participants had been sexually active in the past 4 weeks.

Measurements

General Sociodemographic Questionnaire

Various sociodemographic data were collected, including sex, age, educational background, area of residence, and relational situation.

Global Measure of Sexual Satisfaction

The Global Measure of Sexual Satisfaction (GMSEX)²² assesses overall sexual satisfaction in the current relationship. Participants rated their current sexual satisfaction on a seven-point Likert scale (eg, very bad to very good). The total scale ranges from 5 to 35, with higher scores indicating greater satisfaction. Although the scale's total scores had limited variability, this measurement was recently referred to as the most

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