

Development and Initial Validation of the Beliefs About Sexual Functioning Scale: A Gender Invariant Measure

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ABSTRACT

Background: Past research on cognitive models of sexual functioning has focused on sexual beliefs as an important vulnerability factor for sexual dysfunction. However, the existing measurements of sexual beliefs are lengthy and entangle beliefs about sexual functioning with moral beliefs and ideas about sexuality. Furthermore, they have female and male versions, which does not allow for sex comparisons or dyadic research with heterosexual couples.

Aim: To describe the development and validation of the Beliefs About Sexual Functioning Scale (BASEF), which assesses beliefs about sexual functioning in men and women.

Methods: This study included two cross-sectional online studies with adults in heterosexual dyadic committed and exclusive relationships. In study 1 (sample A, $n = 274$, mean age = 32.27 years; sample B, $n = 114$, mean age = 30.6 years), the factorial validity of the BASEF was analyzed through an exploratory factor analysis with an initial pool of 51 items, followed by a test of its structure in a confirmatory factor analysis. In study 2 ($n = 426$, mean age = 31.5 years), the factorial equivalence of the BASEF was tested across sexes and its association with total scores of sexual functioning was analyzed.

Outcome: The main outcome was a new instrument for measurement of beliefs about sexual functioning.

Results: In study 1, 15 items indicating 5 factors were retained. The structure was confirmed by confirmatory factor analysis, establishing its factorial validity with the five factors aggregated in a second-order latent variable. In study 2, the equivalence of the BASEF was demonstrated across sexes and its association with theoretically related measurements, the International Index of Erectile Function and the Female Sexual Function Index, was supported.

Clinical Implications: This new measurement could be useful to evaluate clients and design interventions that take into account similarity and discrepancy in sexual beliefs in couples, such as those interventions framed in cognitive and systemic clinical models.

Strengths and Limitations: This study presents a new measurement of beliefs about sexual functioning suited to address an equivalent set of beliefs for men and women. In future studies, the scale will be useful to compare the unique role of these same beliefs in the sexual outcomes of men and women. One major limitation is the lack of examination of the BASEF criterion validity with a clinical sample.

Conclusions: Results are indicative of a brief, valid, and reliable sex-invariant measurement of beliefs about sexual functioning that enables testing of cognitive models of sexual functioning in men and women in clinical and research settings. **Pascoal PM, Alvarez M-J, Pereira CR, Nobre P. Development and Initial Validation of the Beliefs About Sexual Functioning Scale: A Gender Invariant Measure. J Sex Med 2017;XX:XXX–XXX.**

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Key Words: Sexual Functioning; Gender Invariance; Cognitive Models; Sexual Beliefs

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INTRODUCTION

The role played by beliefs in psychopathology has received special attention since the development of Beck's¹ cognitive model of depression. According to Beck,² beliefs are conceptualized as stable underlying assumptions about the self, the environment, and the future that guide the meaning individuals assign to events, determining automatic thoughts and emotions. Beck proposed that each psychological problem has a set of specific dysfunctional beliefs, whose content is unique to that disorder. These beliefs take the form of unrealistic, dogmatic, or

inflexible assumptions (eg, I need to be loved by another person or I will not be worthwhile) and work as vulnerability factors for the development and maintenance of a specific disorder.² Beck's cognitive model of vulnerability, development, and maintenance of psychopathology has been applied to diverse clinical disorders including sexual dysfunctions.^{3–5}

Based on Beck's model, Nobre et al⁶ developed a series of studies to investigate the role of beliefs in sexual disorders.^{3–8} Nobre et al⁶ developed two distinct measurements to assess beliefs that supposedly work as vulnerability factors for the development of sexual dysfunctions: the male and female versions of the Sexual Dysfunctional Beliefs Questionnaire (SDBQ). Research using the SDBQ has found that individuals with sexual dysfunction tend to report more unrealistic and inflexible sexual beliefs compared with controls. In men, Nobre et al found beliefs about performance demands, namely macho beliefs (eg, a real man is always ready for sex) and women's sexual satisfaction (eg, a woman can have doubts about a man's virility if he fails to have an erection), to be related to lower levels of sexual functioning. Research using the SDBQ female version has found that beliefs about the role of age (eg, after menopause, women lose their sexual desire), body image (eg, women who are not physically attractive cannot be sexually satisfied), and sexually conservative beliefs (eg, the best gift a woman could bring to marriage is her virginity) are related to lower levels of sexual functioning.^{7,8}

Moreover, studies conducted in samples of men and women with specific sexual dysfunctions have shown that women with low sexual desire, arousal difficulties, and vaginismus report having significantly more conservative sexual beliefs,^{9–12} whereas "macho" beliefs in men predict lower levels of erectile function through negative schemas and erection concerns during sexual activity.⁵

The Need for a New Scale

Based on the premise that human development and outcomes occur in interpersonal contexts and are influenced by the human context in which they occur, different investigators have highlighted the need for taking a dyadic approach, whenever applicable, that considers the two members of a couple in health-related research.¹³ This assumption and this premise have special interest in sex research, where most studies are developed with people involved in an ongoing dyadic relationship (exclusive or not). Recently, Mustanski et al¹⁴ emphasized the need to take a dyadic approach to sex research by drawing attention to the theoretical influence of interpersonal relationships in individual outcomes and the fact that researchers cannot assume the empirical independence of measurements that are not independent, because most research is developed with people who are in a relationship. However, research developed using the male and female versions of the SDBQ has been conducted without taking a perspective that acknowledges the possible interdependence of data, limiting existing research to analysis of data from a single

informant. Furthermore, only a few items in the SDBQ refer to sexual functioning. Moreover, current scales such as the SDBQ are rather lengthy (40 items), which can contribute to lower response rates and higher response dropouts especially in web research.^{15,16}

Aims of the Study

Despite the existence of the SDBQ,⁶ its focus on general beliefs about sexuality, not delimitating beliefs about sexual functioning, with a male version and a female version, presents limitations previously mentioned.

The present study was developed in two Portuguese samples and aimed at elaborating and analyzing the reliability and validity parameters of a new measurement on beliefs about sexual functioning that can underpin individuals' vulnerability for or maintenance of sexual problems. The Beliefs About Sexual Functioning Scale (BASEF) was built on existing measurements to enable the assessment of dysfunctional (ie, inflexible, dogmatic) beliefs specifically related to sexual functioning in men and women, which allows for multivariate analysis of this construct across sexes, expanding the cognitive emotional model of sexual functioning and allowing dyadic studies within cognitive models.

Therefore, the new scale was based on theoretical domains derived from current sexual response models, namely global sexual functioning, satisfaction and pleasure, desire and interest, subjective arousal and lubrication, erection, orgasm, ejaculation, and pain.^{17–20}

The present study set out to (i) create a measurement to assess beliefs about sexual functioning that is suitable for men and women; (ii) evaluate the factor structure of the scale; (iii) confirm its factor structure; (iv) test its factorial invariance across sexes; and (v) assess its criterion concurrent validity. Two studies were developed; study 1 concerned goals i to iii and study 2 concerned goals iv and v.

METHODS

Procedure

For study 1, after approval by the ethical committees of the institutions involved, three distinct strategies from three different sources were followed to create the initial pool of items for the BASEF: (i) a selection of items from the SDBQ⁶; (ii) a focus group developed with five experienced colleagues in clinical sexology and sexual medicine aimed at generating examples of beliefs about sexual functioning considered to play a role as vulnerability factors in sexual dysfunction; and (iii) in line with recent research methods for content elicitation,²¹ an open-ended web-based question designed to elicit examples of beliefs about sexual functioning was sent by the five experienced colleagues to lay people from their social network. A total of 221 statements were generated using all these sources. The first author and two

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