



Assessment of self-efficacy to employ self-initiated pornography use-reduction strategies



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HIGHLIGHTS

- New questionnaire assesses self-efficacy to use pornography reduction strategies.
- Use-reduction self-efficacy varied by weekly frequency of pornography use.
- Associations with other constructs supported criterion and discriminant validity.
- Questionnaire has clinical applications for assessment and treatment.

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ABSTRACT

Introduction: This study evaluated several psychometric properties of a newly developed questionnaire designed to assess individuals' self-efficacy (from 0% to 100%) to employ self-initiated cognitive-behavioral strategies intended to reduce the frequency and duration of their pornography use. **Methods:** Using a web-based data collection procedure, we recruited 1298 male users of pornography to complete questionnaires assessing hypersexuality, pornography use history, and general self-efficacy. **Results:** Based on a principal component analysis and examination of inter-item correlations, we deleted 13 items from the initial pool of 21 strategies. The resulting 8-item questionnaire had excellent internal consistency reliability, and a moderate mean inter-item correlation considered indicative of unidimensionality. In support of criterion validity, self-efficacy to employ use-reduction strategies was significantly associated with the frequency with which participants used pornography, with scores on a measure of hypersexuality, and with the number of times one had attempted to cut back using pornography. In support of discriminant validity, we found that pornography use-reduction self-efficacy scores were not strongly correlated with general self-efficacy. **Conclusions:** Both researchers and clinicians could use this questionnaire to assess pornography users' confidence to employ self-initiated strategies intended to reduce the duration and frequency with which they use pornography.

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1. Introduction

Although viewing pornography is a healthy sexual outlet for many men and women (Hald & Malamuth, 2008), some people have difficulty controlling their use despite experiencing negative psychosocial consequences and/or psychological distress (Griffiths, 2012; Kor et al., 2014). Many of those who use pornography problematically do not have access to therapy, prefer self-guided change, or wish to reduce their use of pornography rather than abstain completely. This subset of users might

benefit from employing self-initiated strategies to reduce how often and for how long they view pornography.

Although self-efficacy (Bandura, 1977; Maddux, 2009) is one factor that might influence one's use of behavioral self-control strategies, we could not find any research on the assessment of pornography users' confidence to employ such strategies to moderate their use of pornography. Therefore, we developed and evaluated a self-report questionnaire intended to measure participants' confidence to employ *specific* self-control skills to reduce the quantity and frequency of their pornography use. First, we had participants rate their confidence to employ each in a pool of 21 strategies, and employed principal component analysis and inter-item correlations to nominate items for elimination from the scale. Second, we assessed the internal consistency and unidimensionality of the resulting questionnaire. Third, as indications of criterion validity, we tested whether questionnaire scores were: (a) significantly lower

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among participants who used pornography more often than participants who used it less frequently, (b) significantly lower among participants who reported more versus fewer attempts to reduce their use of pornography, and (c) significantly higher among those who scored as “hypersexual.” Lastly, as one evaluation of discriminant validity, we assessed the association of use-reduction self-efficacy with general, non-specific self-efficacy.

2. Method

2.1. Procedure and participants

Following approval of the project by our institutional review board, we posted a brief description of the study during June and July, 2013, on a variety of social media, psychology research, and health-related websites. To be eligible, men had to be at least 18-years-old and had to report having watched pornography at least once in the last six months. As an incentive, we informed potential participants that we would donate \$2.00 for every completed survey to the American Cancer Society (maximum of \$150).

Before beginning the study (but after reading the informed consent sheet), we provided participants with the following definition of pornography: “Pornography is defined as any materials designed to cause or enhance sexual arousal or sexual excitement in the viewer. Such materials show clear and explicit sexual acts such as vaginal intercourse, anal intercourse, oral sex, group sex, etc. Pornography does not include materials such as underwear catalogs (e.g., Victoria’s Secret) or materials containing men and women posing naked unless these images portray clear and explicit sexual acts.”

2.2. Measures

2.2.1. Self-initiated Pornography Use-Reduction Strategies Self-efficacy Questionnaire

We developed this questionnaire to assess pornography users’ current confidence to employ cognitive behavioral coping skills to reduce the frequency and duration of their use of pornography. To develop a pool of potential items, we modified seven items on a questionnaire designed to assess current self-efficacy to employ alcohol self-control skills (Bonar et al., 2011) and wrote 14 new items particular to reducing one’s use of pornography (see Table 2, column 1, for the exact wording of each statement in the pool of items). The instructions at the top of the questionnaire asked participants to rate their current confidence (on an 11-point scale from 0%, “Not At All Confident,” to 100%, “Completely Confident,” in increments of 10) that they could use each of the listed strategies to reduce the use of pornography. Specifically, participants were instructed: “We are not asking whether you WOULD employ these strategies if you wanted to cut back or quit using porn. Rather, we are asking how confident you are that you COULD employ these strategies if you wanted to cut back or quit using pornography.”

2.2.2. Hypersexual Behavior Inventory (HBI)

Reid, Garos, and Carpenter (2011) designed this 19-item inventory to assess hypersexuality such as engaging in sex in response to stress or dysphoric mood, repeated unsuccessful attempts to control sexual thoughts, urges, and behaviors, and sexually related impairment in important areas of functioning. Respondents rate how often they have experienced each sexual behavior (1 = “Never,” 2 = “Rarely,” 3 = “Sometimes,” 4 = “Often,” and 5 = “Very Often”). Scores on the HBI range from 19 to 95, and Reid et al. (2011) proposed that a total score of 53 or higher was indicative of a hypersexual disorder. Cronbach’s α in the present sample was .95 for the total score.

2.2.3. General Self-efficacy Scale

Schwarzer and Jerusalem (1995) developed this 10-item scale to assess respondents’ confidence that they can cope with a variety of

difficult demands in life (e.g., “I can always manage to solve difficult problems if I try hard enough”; “If I am in trouble, I can usually think of a solution”). Participants rated the truth of each item (1 = “Not At All,” 2 = “Hardly True,” 3 = “Moderately True,” and 4 = “Exactly True”). Cronbach’s α in the present sample was .88.

2.2.4. Demographic and Sexual and Pornography History Questionnaires

We developed these questionnaires to assess participants’ demographic, sexual and pornography history characteristics (see Table 1).

3. Results

3.1. Reliability Analyses of the Self-initiated Pornography Use-Reduction Strategies Self-Efficacy Questionnaire

Of the 1495 individuals who submitted survey responses, we retained for further analysis data from those 1298 participants who rated all 21 items on the draft questionnaire designed to assess self-efficacy of the listed pornography use-reduction strategies.

As one means to identify items for elimination (Floyd & Widaman, 1995), we conducted a principal component analysis (with a promax rotation). As examination of Table 2 reveals, this analysis yielded three components with eigenvalues greater than 1.0. The first component accounted for 47.3% of variance; the second component accounted for 9.1% of variance; and the third component accounted for 6.5% of variance. Examination of the pattern matrix revealed 10 items (Items 1, 2, 4, 8, 9, 10, 11, 12, 13, and 14) that loaded .50 or higher on the first component and did not load above .30 on another component. These 10 strategies reflect ways to delay, record, and reduce the duration of one’s use of pornography.

Many of the seven items on the second component (Items 15, 16, 17, 18, 19, 20, and 21) reflected restriction of access rather than self-control, and the three items that loaded on the third component (Items 5, 6, and 7) reflected oversight by others rather than self-control per se. Given the small amount of variance accounted for by the second and third components, because the remaining item (Item 3) cross-loaded on all three components, and in the interests of parsimony, we elected to retain only the first component.

Next, we calculated the bivariate inter-correlations among the 10 items that loaded on the first component. Six of the 46 coefficients were $>.70$. Dropping Item 9 (“Limit the number of days each week that you will watch porn”) and Item 11 (“Wait at least 30 min before you start using porn”) from the questionnaire eliminated five of these six relatively strong inter-correlations. The resulting 8-item questionnaire had excellent internal consistency ($\alpha = .89$), and a moderate mean inter-item correlation (mean $r = .50$) considered indicative of unidimensionality (Clark & Watson, 1995). Readability statistics indicated that the 8 items are easily readable (Flesch–Kincaid Grade Level–6.1; Flesch Reading Ease = 78.3 on a scale of 0 [most difficult] to 100 [easiest]).

3.2. Criterion and discriminant validity

In support of one element of criterion validity of the questionnaire, a one-way ANOVA revealed that mean pornography use-reduction self-efficacy scores varied as a function of typical weekly pornography use, $F(3, 1294) = 75.8, p < .001$, partial $\eta^2 = .15$. Specifically, post hoc tests (LSD) indicated that self-efficacy to employ reduction strategies among individuals who used pornography once per week or less ($M = 80.6, SD = 22.6$) was significantly higher than among those who used pornography 2-to-3 times a week ($M = 73.6, SD = 22.7$), which was significantly higher in turn than among those who used pornography 4-to-6 times a week ($M = 65.4, SD = 25.0$), which was significantly higher in turn than among those who used pornography at least daily ($M = 52.3, SD = 27.0$).

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