

Chapter 1

LITERATURE REVIEW PERFECTIONISM, SEXUAL PERFECTIONISM, AND ATTACHMENT THEORY, SEXUAL AWARENESS

OVERVIEW

Perfectionism

Neither the general subject of Perfectionism, nor the more specific subject of sexual perfectionism have garnered much research or writing until relatively recently although, according to Hill, Zrull, and Turlington, (1997), “An early effort to describe the maladaptive impact of perfectionistic thinking and behavior was formulated by Sigmund Freud who described the development of an exaggerated superego function that makes harsh demands for high achievement (citing Freud, 1926/1959) (Hill, Zrull & Turlington, 1997, p. 81) The study of perfectionism has seen a transformation, beginning with the original theories which viewed perfectionism simply in terms of ‘good’ or ‘bad,’ referred to as “normal” or “neurotic” (Hamachek, 1978) or “adaptive” vs. “maladaptive” (Slaney, Rice & Ashby, 2002) . Such “extant conceptualizations of perfectionism are unidimensional in that they focus exclusively on self-directed cognitions...with only implicit references to other dimensions” (Hewitt and Flett, 1991, p. 456). Modern investigations, primarily by Flett, Habke, Hewitt and their colleagues, have resulted in perfectionism being perceived as “multidimensional” in nature, not limited solely to perfectionism for the self.

Sexual Perfectionism

The multidimensional nature of perfectionism formed the basis of the research of William Snell and his colleagues at South East Missouri University on sexual perfectionism.

Aside from two articles (Habke, Hewitt & Flett, 1999, Eielson & Epstein, 1982) which tangentially relate perfectionism to sexuality, Snell's work on sexual perfectionism stands alone in the investigation of this subject. His 1995 work introduced the Multidimensional Sexual Perfectionism Questionnaire (MSPQ) (Snell & Rigdon, 1995) The Multidimensional Sexual Perfectionism Questionnaire-Revised (MSPQ-R) (Snell & Johnson, 2004) , the same questionnaire revised by the addition of six additional domains, forms the basis of this comparative investigation and comparative report.

Attachment theory

Snell's studies on sexual perfectionism were conducted in conjunction with the administration of questionnaires concerning sexual awareness (Sexual Awareness Questionnaire, SAQ, Snell, Fisher & Miller 1991) as well as adult attachment styles (Relationship Scales Questionnaire, RSQ, Scharfe & Bartholomew, 1994). Attachment theory, while originally developed to describe the patterns of behavior formed during infancy as a result of the relationship of child to caregiver (Ainsworth, 1989), has seen an expansion to predict, among other things, the kinds of romantic relationships which individuals form as adults (Feeney & Noller, 1990). Hazan and Shaver, (1987,) have shown that there is increasing evidence that the nature of a child's attachment style is a strong predictor of the kind of romantic attachments which that person will form in adulthood.

Sexual awareness

A third measure was administered in this comparative investigation, consistent with the initial investigation by Snell, et al. in 1996. The Sexual Awareness Questionnaire (SAQ) (Snell, Fisher & Miller, (1991) was developed to evaluate four personality tendencies associated with sexual awareness and assertiveness:

- 1) sexual consciousness (attention to internal private sexual cues);
- 2) sexual monitoring (sensitivity to others' evaluations of one's sexuality)
- 3) sexual assertiveness (self-reliance in sexual decisionmaking); and
- 4) sexiness –consciousness (awareness of one's own public sexiness)"(Snell &

Rigdon, 1995,1).

Important in light of the present investigation was the finding by Snell & Rigdon (1991) that:

Other findings indicated that men's and women's responses to the four SAQ subscales were related to their sexual attitudes, dispositions, and behaviors. More specifically, Snell et al. (1991) found that sexual-consciousness and sexual-assertiveness were associated with a more general positive orientation to human sexuality (e.g., greater sexual-esteem, erotophilia, sexual satisfaction) and a less negative approach to sexual relations (e.g., less sexual-depression). (Snell & Rigdon, 2001, 2)

Hence, the personality tendencies regarding sexual awareness and assertiveness can be seen to relate to the tendencies shown by the attachment styles, as each set of behaviors appears related to issues of personality development.

PERFECTIONISM IN GENERAL

Perfectionists have been called “people who strain compulsively and unremittingly toward impossible goals and who measure their own worth entirely in terms of productivity and accomplishment” (Parker & Adkins, 1995, 173). Perfectionists have been described as “setting extremely high standards for themselves and as evaluating themselves in an overly critical fashion” (Frost, Marten, et al. ,1990,449). Likewise, perfectionists are seen as “striving for that nonexistent perfection that keeps people in turmoil and is associated with a significant number of psychological problems” (Parker and Adkins, 1995, 173).

Perfectionism has been linked to a number of psychological disorders. For example, it has been determined that depressed patients reported greater self-oriented perfectionism (Snell, 2001b, 1). Perfectionism has also been associated with stress (Hewitt & Dyck, 1986), personality disorders (Broday, 1988), suicide, (Delisle, 1986), depression (Hewitt, Mittelstaedt & Flett, 1990), sexual dysfunction (Quadland, 1980), and health complaints (Spence & Robbins, 1992). “Perfectionism has been linked to various negative outcomes including characterological feelings of failure, guilt, indecisiveness, procrastination, shame, and low self esteem...as well as more serious form of psychopathology such as alcoholism, anorexia, depression, and personality disorders”(Hewitt & Flett, 1991, 456). Hewitt and Flett (1993) studied the links between perfectionism and depression and concluded that there was a direct relationship between the two (Hewitt & Flett, 1993).

Perfectionism is, however, not only negative; it has a natural duality. Parker and Adkins (1994) noted that when we see an athlete practicing day in, day out, seven days

per week, eight or more hours per day, for a performance lasting mere seconds, that drive, determination and perseverance is seen as positive, so long as society sees the ultimate goal as a positive one and so long as the athlete appears to have some chance at attaining that goal Parker and Adkins (1994) found, in the alternative that when drive and perseverance is either for a goal which society does not value, or if the person pursuing that goal has no possible chance at achieving it, or if the pursuit of that goal wreaks such havoc upon the person, stifling that person, that same perseverance and determinism is seen as negative. Perfectionism is not always treated negatively. To the contrary, Hewitt and Flett,(1991) pointed out that “on a more positive note, other-oriented perfectionism may be associated with desirable attributes such as leadership ability or facilitating others’ motivation” (Hewitt & Flett, 1991, 457).

Although early conceptualizations view perfectionism as uniformly maladaptive or pathological, more recent investigations suggest an adaptive or healthy dimension of perfectionism...adaptive perfectionists demonstrate positive striving but do not evidence the negative evaluation concerns that plague maladaptive perfectionists.

(Martin & Ashby, (2004), p 369)

Flett and Hewitt, (2002) have noted,

Originally, Hamachek (1978) suggested that the need for a refined approach that included the distinction between *normal* and *neurotic* perfectionism. Normal perfectionism is defined as striving for reasonable and realistic standards that leads to a sense of self-satisfaction and enhanced self-esteem: neurotic perfectionism is a tendency to strive for excessively high standards and is motivated by fears of failure and concern about disappointing other. Similarly, other authors have distinguished between *positive* and *negative* perfectionism.”(Flett & Hewitt, 2002, 11-12)

In essence, adaptive and maladaptive perfectionists share similarly high standards for their own performance, but maladaptive perfectionists are consistently and harshly self-critical in their appraisal of their performance in light of those standards (Martin & Ashby, 2004, 369)

Flett and Hewitt (1991) were among the first to introduce the fact that,

The perfectionism construct is multidimensional, comprising both personal and social components...although perfectionism for the self is an essential component of the construct, it is our contention that perfectionism also has its interpersonal aspects and that these aspects are important in adjustment difficulties. The possibility that perfectionism has both personal and social components is consistent with research on the private versus public aspects of the self. (Hewitt and Flett, 1991, p.456)

Hewitt and Flett, (1991) first described three dimensions of perfectionism:

Self-oriented perfectionism: includes behaviors such as setting excessively high standards for oneself and stringently evaluating and censuring one's own behavior. .. [A] salient motivational component...is reflected primarily by striving to attain perfection in one's own endeavors as well as striving to avoid failures.

Other-oriented perfectionism: involves beliefs and expectations about the capabilities of others. The other-oriented perfectionist is believed to have unrealistic standards for significant others, places importance on other people being perfect, and stringently evaluates others' performance...this behavior is essentially the same as self-oriented perfectionism; however, the perfectionistic behavior is directed outward. [O]ther-oriented perfectionism should lead to other-directed blame, lack of trust, and feelings of hostility toward others.

Socially-prescribed perfectionism involves the perceived need to attain standards and expectations prescribed by significant others. Socially prescribed perfectionism entails people's belief or perception that significant others have unrealistic standards for them, evaluate them stringently, and exert pressure upon them to be perfect. Because the standards imposed by significant others are perceived as being excessive and uncontrollable, failure experiences and emotional states such as anger, anxiety, and depression should be relatively common. (Hewitt & Flett, 1991, 457)

Frost, Heimberg, et al. (1993) compared Hewitt and Flett's (1991) three dimensional theory of perfectionism and the Multidimensional Perfectionism Scale (Hewitt & Flett, 1991) with Frost, Marten, Lahart & Rosenblate's (1990) theory that perfectionism is made up of five dimensions, as follows:

The major dimension in this conceptualization is *concern over making mistakes*. This has been the feature distinguishing perfectionists from those who set high standards for themselves because they are highly competent and successful.

The second dimension involves the *setting of personal standards of performance*. Most theorists in this area have described this as the central feature of perfectionism. Perfectionists set such high standards that they cannot be met satisfactorily.

The third and fourth dimensions of the Frost, et al. measure concern the perception of parents' attitudes. *The extent to which parents are perceived as having high expectations* and the extent to which *parents are perceived as being overly critical* form these dimensions.

A fifth component of perfectionism is the *tendency to doubt the quality of one's performance*.

An additional dimension which was found to be somewhat separate, but which was related to certain dimensions, is a *tendency to be orderly/organized*. (Frost, Heimberg, Holt, Mattia and Neubauer, 1993, 119)

Ultimately, Frost, Heimberg, et al, (1993) found there to be “substantial overlap” with the self-oriented and socially-prescribed dimensions of Flett & Hewitt (1991), while the correlation with the other-oriented perfectionism dimension was of ‘smaller magnitude’ (Frost, Heimberg, et al.,1993, 124).

What appears obvious from each of these studies is that perfectionism, in its various dimensions, has the ability to impact not only the perfectionist but those around the perfectionist. A variety of researchers have examined how perfectionism impacts the marital relationship, both generally and sexually. “Research has suggested that perfectionism may be related more broadly to family adjustment problems” (Hewitt, Flett & Mikail, 1995, 336), (Woody, D’Souza & Crain, 1994) In terms of dissatisfaction in the relationship, Hewitt, Flett & Mikail (1995) have suggested that the non-perfectionistic party may express greater dissatisfaction in the relationship, stating,

Although the persons with perfectionistic expectations for others might endorse some difficulties in marital or family relations, it is the individual who is the target of perfectionistic expectations who should endorse more severe difficulties and dissatisfaction with the relationship due to the lack of acceptance, levels of

disagreeableness, and criticism expressed by their perfectionistic partners. This supposition is consistent with findings that suggest other-oriented perfectionism is related to dominating, exploitive, and authoritative interpersonal styles and to other-directed “should” statements that can promote interpersonal conflict. The role of socially-prescribed perfectionism in marital or family problems is suggested by the fact that the individual who perceives that significant others are imposing unrealistic expectations should endorse dissatisfaction with those relationships. The belief in one’s inability to meet others’ demands and expectations may not only produce negative self-directed affect but may also produce general dissatisfaction or anger with the individuals who are perceived as demanding perfection (Hewitt, Flett & Mikail, 1995, 337).

Ultimately, Hewitt, Flett & Mikail’s (1995) investigation demonstrated that the target of the perfectionistic spouse’s other-oriented perfectionistic behavior was the party most likely to express marital dissatisfaction as well as the party most likely to express that the perfectionistic spouse is lacking in support (Hewitt, Flett & Mikail, 1995, 342).

Eidelson and Epstein (1982) stated, “Believing that one must be a ‘perfect’ sexual partner is also likely to produce relationship distress because it acts as an impediment to sexual arousal and performance”(Eidelson & Epstein, 1982, 716).

Although the subjects of this comparative investigation are women, Eidelson & Epstein's (1982) principles are directly relevant here. If the target of a perfectionistic spouse might suffer relationship stress, which in turn might lead to arousal and performance difficulties, one might expect to see male erectile dysfunction if the perfectionistic spouse is the female sex therapist. Quadland (1980) examined the relationship between certain cognitive behavior and male erectile dysfunction. He noted that:

sex therapists suggest...that what a person is thinking about during sex affects his/her sexual response. Sexual dysfunction theorists have recognized the importance of cognitive factors in performance anxiety, observing that a man’s thoughts about the adequacy of his sexual performance tend to remove him from enjoyment of the erotic experience in a process called ‘spectatoring,’ and thus inhibit his erectile response. Following an episode of erectile failure, for example,

it appears that the individual's cognition concerning the incident, that is, the meaning he attaches to it (personal inadequacy), his belief system (I must be perfect,) his self-statements and self-appraisal, (I am a failure,) are important determinations of subsequent sexual behavior (Quadland, 1980, 47).

Quadland (1980) reasoned that the self-evaluations, cognitions, and other observations made concerning men with erectile dysfunction were highly indicative of perfectionism.

Clinical impressions of men who develop erectile problems have been that (1) their attention tends to become self-focused in an evaluative way in sexual situations; (2) they tend to attribute responsibility for erectile failures to themselves and their own inadequacy; and (3) they tend to believe that they should always perform perfectly in every sexual situation(Quadland, 1980, 48).

The results of Quadland's (1980) work were that "Men with SED (secondary erectile dysfunction) scored significantly higher in perfectionistic thinking than did the control group" (Quadland, 1980, 52).

DiBartolo and Barlow (1996) expanded upon Quadland's (1980) findings regarding the relationship between perfectionism, marital satisfaction, and erectile dysfunction. While noting that "to date, there has been a paucity of empirical research directly addressing the relationship between perfectionism and sexual dysfunction" (DiBartolo & Barlow 1996, 582), they hypothesized that the relationship would be more direct than inferred by Quadland. Their research findings,

indicate that higher levels of perfectionism are associated with higher clinical ratings regarding the influence of psychogenic variables in contributing to dysfunctional mens' erectile difficulties. Both the results of this study as well as a growing body of evidence regarding the efficacy of cognitive interventions in the treatment of male erectile dysfunction suggest that certain cognitive or attributional styles may be important maintaining factors in this disorder (DiBartolo & Barlow, 1996, 586).

One of the conclusions drawn by DiBartolo and Barlow (1996) is that “given the observed association of perfectionism and psychogenic ratings, it might be beneficial to address perfectionistic tendencies in sex therapy” (DiBartolo & Barlow, 1996, 586).

David Burns (1983) summarized his findings as follows: “Perfectionism can destroy a marriage” (Burns, D.D. 1983, 219). Burns (1983) described five different ‘types’ of perfectionists,

career perfectionists, marital perfectionists, emotional perfectionists, moral perfectionists, and the fifth type is the sexual perfectionist. Women who are sexual perfectionists may believe that they are defective if they have difficulty achieving orgasms (or multiple orgasms.) They may feel that their worth depends primarily on their face and figure and worry endlessly about trivial blemishes or having heavy thighs. Men who are sexual perfectionists may tell themselves that it would be terrible if they failed to get an erection. This causes performance anxiety, which may lead to erection difficulties, premature ejaculation, or a self-centered, mechanical approach to lovemaking (Burns, 1983, 222).

Martin and Ashby (2004) were able to associate perfectionism with a fear of intimacy in young adults, which is directly relevant to the present study. “As noted, an impaired sense of intimacy is damaging to close interpersonal relationships”(Martin & Ashby, 2004, 371).

Habke, Hewitt & Flett (1999) examined the relationship between perfectionism and sexual satisfaction in intimate relationships. In reviewing the earlier studies (see above), Habke, Hewitt & Flett (1999) concluded that,

Taken together, these studies suggest that perfectionistic individuals make difficult mates. Not only are they likely to be emotionally distressed, but the quality of their intimate relationships are likely to be impaired. In general, unrealistic expectations for the spouse or the relationship have been associated with marital distress. Finally, it has been suggested that perfectionism may impact the quality of a couple’s sexual relationship” (Habke, Hewitt & Flett, 1999, 310).

The conclusions drawn “In the sexual arena, while self-imposed standards may affect sexual performance, the current study suggests that expectations for the spouse (other-

oriented perfectionism) or the feeling that your spouse expects a lot from you (socially prescribed perfectionism) impacts sexual satisfaction to a greater extent than the expectations held for the self” (Habke, Hewitt & Flett, 1996, 317).

Habke, Hewitt & Flett (1996) further concluded, in a manner directly relevant to the research undertaken here,

At least for women, it appears that the desire to present an image of perfection is related to sexual satisfaction. Because the desire to present as perfect typically reflects a defensive or self-protective posture, it is likely that this reflects a distorted, self-critical position taken by women regarding the sexual relationship. That is, the more a woman desires to appear as perfect (not typically corresponding to the ability to do so) the more aware she may be of ways in which she is not perfect in the sexual relationship. The strong relations with the two variables that focus on image (perfectionistic self-promotion and nondisplay of imperfections) suggest that women may be particularly conscious of their performance or of their physical bodies as sexually attractive (Habke, Hewitt & Flett, 1996, 318).

One of the final suggestions made by Habke, Hewitt & Flett (1996) regarding sexuality is that “the perfectionism referred to here is not focused on the sexual relationship-the standards are general and may not correspond to the expectations for sexual performance or behavior. Further research is needed to examine the extent to which partners hold the same expectations for sexual performance that they do for other performance arenas” (Habke, Hewitt & Flett, 1996, 318).

The foregoing suggestion appears to have been taken by William Snell and his colleagues, whose research is focused solely upon sexual perfectionism.

SEXUAL PERFECTIONISM

The seminal (no pun, ..no, really) and only research and writing to date which deals solely with the subject of sexual perfectionism has been by William Snell and his

colleagues and associates at Southeast Missouri State University. Snell's (1995) paper introducing the Multidimensional Sexual Perfectionism Questionnaire is published within Davis, Yarber, Bauserman, Schreer, Davis, (Eds.), (1998). *Handbook of sexuality related measures*. Thousand Oaks, CA: Sage Publications. In addition to the Handbook, that paper as well as two others authored by Snell and his associates are published electronically in: Snell, W. E., Jr. (Ed.) New Directions in the Psychology of Human Sexuality: Research and Theory. Cape Girardeau:MO: Snell Publications. WEB: <http://cstl-cla.semo.edu/snell/books/sexuality/sexuality/htm>.

The subjects of Snell's first study in 1995 were college men and women, recruited from the campus on which he worked. He built upon the work done by Hewitt, Flett and Habke in developing a new instrument, which he called the "Multidimensional Sexual Perfectionism Questionnaire, or "MSPQ" (Snell, 1995) Snell stated that the MSPQ was developed, "to measure 5 distinct psychological tendencies associated with people's standards of sexual conduct: (1) self-oriented sexual perfectionism; (2) perceived socially prescribed sexual perfectionism; (3) partner-directed sexual perfectionism; (4) partner's self-oriented sexual perfectionism; and (5) perceived self-directed sexual perfectionism from one's partner"(Snell, 2001, Ch.15). Snell's MSPQ is an expansion of the MPS developed by Hewitt, Flett and Habke (1996), with modifications (as suggested in the passage above by Habke, Hewitt & Flett, 1996), to concern solely perfectionism in the sexual relationship, not general perfectionism.

Snell's methodology involved the administration of his new MSPQ as well as a slightly modified version of the Relationship Scales Questionnaire (RSQ) (Scharfe & Bartholomew, 1994). Snell sought to determine whether there was any predictable

relationship between sexual perfectionism and the subjects' romantic attachment styles, as measured by the RSQ. Finally, Snell's research involved the administration of Snell's (1991) own Sexual Awareness Questionnaire, "SAQ"(Snell, Fisher & Miller 1991) to determine whether there was any relation between sexual perfectionism and sexual awareness (Snell, Fisher & Miller, 1991).

As Snell (1995) stated, in his initial work, as published in *The Handbook of Sexuality Related Measures*(Davis, et al., 1998),

Preliminary evidence (Snell & Rigdon, 1995) revealed that males reported greater self-oriented sexual perfectionism than did females and that males, relative to their female counterparts, also expected greater self-directed sexual perfectionism from their sexual partners and applied similar perfectionistic standards of sexual conduct to their partners. Other findings reported by Snell and Rigdon showed a strong pattern of similarity between people's sexual perfectionism and their tendency to be aware of the public image of their sexuality. More specifically, it was found that both males and females who were characterized by higher levels of each of the components of sexual perfectionism-especially self-oriented sexual perfectionism- reported greater sexual monitoring. That is, those with greater sexual perfectionism were more likely to be highly concerned with others' scrutiny of their sexuality. A final set of results revealed that the various types of sexual perfectionism measured by the MSPQ were related in predictable ways to the four attachment styles measured by the Relationship Scales Questionnaire (Scharfe & Bartholomew, 1994). More specifically, it was found that those males and females who possessed secure attachment style (i.e., those with a positive relational view of themselves and others) were less likely to apply perfectionistic sexual standards either to themselves or to their sexual partners, and in addition, they were less likely to expect that their partners would apply such perfectionistic sexual standards to either partner. By contrast, an almost identical inverse pattern of findings was discovered for the measure of fearful attachment. In particular, it was found that a fearful attachment style was characteristic of both males and females who applied an excessively rigid and perfectionistic set of sexual standards of conduct to themselves as well as expected them from their partners. (Davis, et al. 1998,555-556).

Since the publication of the Handbook, Snell has published a book in which the Multidimensional Sexual Perfectionism Questionnaire's reliability and validity have been further discussed at length., Snell & Rigdon (2001) began with a discussion of the various

attempts at measurement of and definition of ‘perfectionism,’ and cited Hewitt and Flett’s earlier work in distinguishing between the three dimensions of perfectionism. In addressing the goals in Snell’s initial research, Snell & Rigdon (2001) stated,

An additional goal of the present research was to examine the relationship between sexual perfectionism and people's attachment styles. Attachment theory was originally developed to explain many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment (Bowlby, 1977). Ainsworth (1989) identified three patterns of childhood attachment: (a) secure attachment, (b) anxious-resistant attachment, and (c) avoidant attachment. The securely attached child welcomes the return of the caretaker and is readily comforted. The anxious-resistant child shows ambivalent behavior and an inability to be comforted upon reunion with a caretaker. The avoidant child tends to express less distress during separation episodes with a conspicuous avoidance of proximity or interaction with the caretaker upon reunion.

In more recent years Hazan and Shaver (1987) have used attachment theory (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1982, 1973, 1980) as the basis for examining adult romantic relationships. More recently, Bartholomew has argued for 4 prototypic attachment patterns, which include secure, fearful, preoccupied, and dismissing (Scharfe & Bartholomew, in press). Secure attachment is the sense of worthiness (lovability) plus an expectation that other people are generally accepting and responsive. Fearful attachment is the sense of unworthiness (unlovability) combined with an expectation that others will be negatively disposed (rejecting and untrustworthy). By avoiding close involvement with others, this style enables people to protect themselves against anticipated rejection by others. Preoccupied attachment is the sense of unworthiness (unlovability) combined with a positive evaluation of others. People who strive for self-acceptance value acceptance by others. Dismissing attachment is the sense of love-worthiness combined with a negative disposition toward other people. This attachment style protects the self against disappointment by avoiding close relationships and maintaining a sense of independence and invulnerability. One purpose of the present research was to examine the relationship between sexual perfectionism and people's attachment tendencies (Snell & Rigdon, 2001, 5-6).

Snell and Rigdon (2001) further stated,

[R]elative to their female counterparts, males reported (a) greater self-oriented sexual perfectionism, (b) believed that their partners also applied greater sexual perfectionism toward them (i. e., the subjects), and (c) applied greater perfectionistic standards of sexual conduct to their female partners. Also, it was found that females reported that their male partners exerted greater self-pressure for sexual perfectionism. Such tendencies probably contribute to considerable

sexual dissatisfaction in male-female heterosexual sexual relations, if not a greater likelihood for sexual dysfunctions in both genders (Snell & Rigdon, 2001, 13).

Snell and Rigdon (2001) also indicated that,

[P]eople who held more highly rigid sexual standards for themselves (i.e., those with higher scores on the measure of self-oriented sexual perfectionism) were more likely to report greater sexual-monitoring (both males and females) and greater sexual-assertiveness (females only).

[A]mong males, the measure of socially-prescribed sexual perfectionism (i.e., those with a stronger belief that society in general applied highly perfectionistic sexual standards in evaluating them) was unrelated to sexual-consciousness, sexiness-consciousness, sexual-assertiveness, and sexual monitoring. By contrast, among females, those with greater socially-prescribed sexual perfectionism reported greater sexual-monitoring.

[F]emales who believed that their male partners were more likely to apply perfectionistic sexual standards to them (i.e., male partners to their own self) reported greater sexual-consciousness and sexual-monitoring. Similarly, among males, those who were more likely to believe that their female partners applied perfectionistic sexual standards to them (i.e., to the males) reported greater sexual-monitoring.

[F]emales who believed that their male partners expected excessively perfectionistic sexual standards of them were more likely to report greater sexual-monitoring. None of the relevant correlations were significant for males.

[F]emales who were more likely to apply excessively rigid and perfectionistic sexual standards to their partners reported greater sexual-monitoring. Also, among the females partner-directed sexual perfectionism was positively correlated with greater sexual-assertiveness and sexiness-conscious. By contrast, among males the only statistically significant correlation was with sexiness-consciousness. Thus, males who were very aware of others' perceptions of their own male sexiness were more likely to apply sexually perfectionistic sexual standards of conduct to their partner (Snell & Rigdon, 2001, 15-16).

ATTACHMENT THEORY

It is generally believed that the nature and quality of one's close relationships in adulthood are strongly influenced by affective events that took place during childhood, particularly within the child-caretaker relationship. Yet, only recently have social psychologists begun to integrate work on adult love relationships with developmental theory and research on the nature and functioning of parent-child relations (Collins & Read, 1990, 644).

Ainsworth (1989), one of the pioneers in the development of attachment theory, has herself endorsed the extension of attachment theory to adult relationships and beyond (Ainsworth, 1989, 712).

“Attachment theory is concerned with the bond that develops between child and caretaker and the consequences this has for the child’s emerging self-concept and developing view of the social world”(Collins and Read, 1990, 644).

Bowlby’s pioneering work on attachment, separation and loss explained how infants become emotionally attached to their primary caregivers and emotionally distressed when separated from them. The focus on infant behavior continued..linking the caregiver’s responsiveness to the infant’s signals during the first year of life with the infant’s development of one of three attachment styles (secure, avoidant, and anxious/ambivalent) (Feeney & Noller, 1990, 281),

Children classified as securely attached welcome their caretaker’s return after a separation and, if distressed, seek proximity and are readily comforted. Infants classified as anxious/resistant show ambivalent behavior toward caregivers and an inability to be comforted on reunion. Infants classified as avoidant avoid proximity or interaction with the caregiver on reunion. According to Bowlby’s theory, children over time internalize experiences with caretakers in such a way that early attachment relations come to form a prototype for later relationships outside the family (Bartholomew & Horowitz, 1991, 226).

Hazan and Shaver (1987) suggested that “romantic love is an attachment process (a process of becoming attached) experienced somewhat differently by different people because of differences in their attachment histories” (Hazan & Shaver, 1987, 511).

Hazan and Shaver’s (1987) theories on the translation of childhood attachment into an adult concept relied upon Bowlby’s theories that ‘infants and children construct inner working models of themselves and their major social-interaction

partners...according to Bowlby, working models and the behavior patterns influenced by them are central components of personality” (Hazan & Shaver, 1987, 512). Hazan & Shaver (1987) argue for a continuity of these working models in part due to the reinforcement of these same patterns and working models over time and their incorporation into the personality of the individual. They note that “the claim of cross-situational and cross-age continuity is still controversial but is supported by a growing list of longitudinal studies from infancy through the early elementary school years” (Hazan & Shaver, 1987, 512).

Hazan and Shaver’s hypotheses concerning the continuity of such attachment styles and the translation of the same into adulthood included,

We predicted that the most important love experience of a secure adult would be characterized by trust, friendship, and positive emotions. For avoidant adults, love was expected to be marked by fear of closeness and lack of trust.

Anxious/ambivalent adults were expected to experience love as a preoccupying, almost painfully exciting struggle to merge with another person. Respondents’ working models of self and relationships were also expected to differ according to attachment style. Secure types would believe in enduring love, generally find others trustworthy, and have confidence that the self is likeable. Avoidant types should be more doubtful of the existence or durability of romantic love and believe that they do not need a love partner in order to be happy.

Anxious/ambivalent types should fall in love frequently and easily but have difficulty finding true love. They should also have more self-doubts than the other two types because, unlike avoidant respondents, they do not repress or attempt to hide feelings of insecurity (Hazan & Shaver, 1987, 513).

Ultimately, the results obtained by Hazan and Shaver (1987) provided additional support for the extension of attachment theory to apply in adult relationships.

Feeney & Noller (1990) studied attachment theory as a predictor of Adult romantic relationships and found, “Reliable relationships were obtained among the subscales of these measures. Secure attachment was generally related to positive

relationship characteristics, and the two forms of insecure attachment also showed theoretically meaningful patterns of correlations, (e.g., avoidant attachment and ludus, anxious-ambivalence and mania) (Feeney & Noller, 1990, 282). They ultimately found:

The analyses of attachment history and mental models also replicate most of the findings of Hazan and Shaver. Secure subjects tended to report positive early family relationships and to express trusting attitudes toward others. Anxious-ambivalent subjects were the most likely to perceive a lack of paternal supportiveness; they also expressed dependence and desire for commitment in relationships. Subjects in the avoidant group were most likely to endorse items measuring mistrust of and distance from others... This suggests that attachment style is likely to exert a very pervasive influence on the individual's relationships with others, because it reflects general views about the rewards and dangers of interpersonal relationships. It is possible, however that this influence may be especially salient in the context of intimate relationships (Feeney & Noller 1990, 286-7).

Rice and Mirzadeh (2000) were able to conclude that “Maladaptive perfectionists reported insecure relationships whereas adaptive perfectionists reported secure attachments to parents(Rice and Mirzadeh, 2000, 244).

Habke, Hewitt and Flett's 1999 article looked at the differences between self-imposed perfectionism and either other-oriented or socially prescribed perfectionism and determined that the latter two types of perfectionism had a more profound impact upon sexual satisfaction than self-imposed perfectionism.

Collins and Read (1990) concluded that,

Subjects with a more anxious attachment style exhibit a very different pattern, consisting largely of negative beliefs about self and others. Greater anxiety in relationships was associated with a lower sense of self worth and social self-confidence and lack of assertiveness or sense of control. In addition, higher anxiety scores were associated with a view of people as less altruistic, unable to control the outcome of their lives, and complex and difficult to understand. Finally, subjects who scored higher in anxiety were much more likely to have an obsessive, dependent love style (Collins & Read, 1990, 655).

Bartholomew and Horowitz (1991) developed a four category model for adult attachment styles, modeled in part on Bowlby, Ainsworth, and the previous work on attachment theory. “Taken together, the results supported the implication of Bowlby’s theory that four different attachment styles can be identified” (Bartholomew & Horowitz, 1991, 226).

The first of four categories was called “**secure**,” which corresponds to Hazan & Shaver’s securely attached category. The second category was called “**preoccupied**,” and described a sense of personal unworthiness combined with a positive evaluation of others, leading to a striving for self-acceptance by ‘gaining the acceptance of valued others’ (Bartholomew & Horowitz, 1991, 227). The third category combined a sense of personal unworthiness with a “sense that others will be negatively disposed (untrustworthy and rejecting). By avoiding close involvement with others, this style enables people to protect themselves against anticipated rejection by others...labeled **fearful/avoidant** and which corresponded to Hazan & Shaver’s ‘avoidant’ (Bartholomew & Horowitz, 1991, 227). Finally, the fourth category “indicates a sense of love-worthiness combined with a negative disposition toward other people. Such people protect themselves against disappointment by avoiding close relationships and maintaining a sense of independence and vulnerability. This corresponds conceptually to the detached or dismissing of attachment attitude, so we labeled it dismissive-avoidant (Bartholomew and Horowitz, 1991, 227).

SEXUAL AWARENESS

The Sexual Awareness Questionnaire (SAQ; Snell, Fisher, & Miller, 1991) was designed to measure four personality tendencies associated with sexual awareness and sexual assertiveness: sexual-consciousness (attention to internal private sexual cues), sexual-monitoring (sensitivity to others' evaluations of one's sexuality), sexual-assertiveness (self-reliance in sexual decision making), and sexiness-consciousness (awareness of one's own public sexiness). Factor and reliability analyses by Snell et al. (1991) confirmed the factorial validity and reliability of the subscales on the Sexual Awareness Questionnaire. Other results provided evidence that all four SAQ subscales tended to be negatively related to measures of sex-anxiety and sex-guilt for both males and females, and sexual-consciousness was directly related to erotophilic feelings (i.e., to positive feelings about sexuality).

Other findings indicated that men's and women's responses to the four SAQ subscales were related to their sexual attitudes, dispositions, and behaviors. More

specifically, Snell et al. (1991) found that sexual-consciousness and sexual-assertiveness were associated with a more general positive orientation to human sexuality (e.g., greater sexual-esteem, erotophilia, sexual satisfaction) and a less negative approach to sexual relations (e.g., less sexual-depression). These two subscales were also associated with specific attitudes toward sex. Individuals with greater sexual-consciousness and sexual-assertiveness expressed the personal beliefs that sex should be approached from an interpersonal perspective where sexual accountability and responsibility should prevail. Not surprisingly, these same individuals indicated that they engaged in a number of communal behaviors associated with sexual relations and that they were quite satisfied with their sexual relations (Snell & Rigdon, 2001, 1).

Snell (2001) stated,

By contrast, Snell et al. (1991) found that the pattern of results for the measure of sexual-monitoring suggested that the dispositional tendency to be attentive to others' evaluation of one's own sexuality may result in a more complicated and negative view of sex. Although both males and females who were higher in sexual-monitoring did report lower sexual-anxiety, they also scored higher on measures of sexual-depression and sexual-preoccupation. In addition, they approached their sexual relations from both a communal and an exchange orientation. Moreover, although they expressed the attitudes that sex ought to be communal in nature, but safely and responsibly practiced, they were also more likely to report engaging in charm-related behaviors to actually discuss such topics as AIDS with a sexual partner. Lastly, Snell et al. (1991) found that women with greater sexual-monitoring reported less sexual-satisfaction, while men with greater sexual-monitoring reported less close relationship-satisfaction (Snell & Rigdon, 2001, 1).

Chapter 2

STATEMENT OF THE PROBLEM

While the requirements to become Certified as a Sex Therapist by the American Association of Sex Educators, Counselors, and Therapists (AASECT) has undergone periodic revision, it is clear that both the educational requirements as well as the experience requirements have generally been relatively difficult to satisfy. Current requirements for certification include: (1) an advanced degree in human services program plus two years experience as a psychotherapist; (2) licensure by the candidate's state in medicine, social work, psychology, counseling, nursing, or marriage and family therapy; (3) 90 hours of specialized human sexuality education in designated core areas; (4) 60 clock hours of specialized training in how to do sex therapy; (5) 12 hours of SAR experience; (6) 250 hours of supervised (by AASECT qualified supervisor) of clinical treatment of clients/patients who present with sexual concerns (AASECT website: www.aasect.org/certification.asp) As a result, the number of Sex Therapists who have been Certified by AASECT are relatively few, 311 in total, of which 216 are females, leaving only 95 male Certified Sex Therapists.

The first question is whether female AASECT-certified Sex Therapists show a higher or comparable degree of sexual perfectionism as compared to the results obtained by Snell, et al. (2000) in his administration of the MSPQ-R (Snell & Johnson, 2004) RSQ (Scharfe & Bartholomew, 1994,) and SAQ (Snell, Fisher & Miller, 1991) in his study of female college students.

The second question is whether there are any conclusions which may be drawn concerning either attachment styles or sexual awareness as they relate to sexual perfectionism in female AASECT-Certified Sex Therapists.

The third question is whether there are any other conclusions, which may be drawn upon the comparison of the results of the instant investigation with the results of the 2004 investigation concerning female college students.

HYPOTHESES

Society's expectations of Certified Sex Therapists as 'all-knowing' on the subject of sexuality reinforces our own expectations in ourselves and for our partners. My hypothesis was that I would see a higher overall degree of sexual perfectionism among Certified Sex Therapists and, in turn, that Certified Sex Therapists would demand similar perfection in their personal lives. I believe that it is important to look at our own sexual satisfaction if we are to be effective at helping others with their satisfaction.

ASSUMPTIONS

As earlier stated, the only criteria used in selecting the subjects for the instant investigation were membership in AASECT and Certification as a Sex Therapist by that organization.

The criteria for Certification as a Sex Therapist by AASECT have changed from time to time. In addition to the published criteria, set forth above, there have been processes designed to award Certification status to those individuals who have, by their work, experience and other education, demonstrated excellence to the Certification

Committee. Accordingly, while strict adherence to educational requirements or practical experience requirements, or supervision requirements may not have been required, it is assumed that the overall knowledge, experience, and education of the therapist who has been Certified as a Sex Therapist by AASECT is far greater than the average therapist.

A preliminary assumption underlying this investigation is that the vast amount of sexual information and education required of AASECT Certified Sex Therapists would likely have some impact upon the personal and professional lives of the sex therapists themselves.

DEFINITIONS

Attachment Styles (adult) per Hazan & Shaver (1987):

Secure Attachment style: those with a positive relational view of themselves and others; sense of worthiness (loveability) plus an expectation that other people are generally accepting and responsive (Bartholomew & Horowitz, 1991,227).

Fearful Attachment style: sense of unworthiness (unloveability) combined with an expectation that others will be negatively disposed (rejecting and untrustworthy) (Bartholomew & Horowitz, 1991,227).

Preoccupied attachment style: is the sense of unworthiness (unloveability) combined with with a positive evaluation of othese. People who strive for self-acceptance value acceptance by others (Bartholomew & Horowitz, 1991, 227).

Dismissing attachment style is the sense of love-worthiness combined with a

negative disposition toward other people. This attachment style protects the self against disappointment by avoiding close relationships and maintaining a sense of independence and invulnerability (Bartholomew & Horowitz, 1991, 227).

Attachment (child)Theory (Ainsworth, Blehar, Waters & Wall, 1978; Bowlby, 1982, 1973, 1980):

Originally conceived as three categories:

Secure Attachment welcomes return of caretaker

(Bartholomew & Horowitz, 1991,226) ;

Anxious-Resistant Attachment ambivalent behavior-inability to be comforted on reunion with caretaker (Bartholomew & Horowitz, 1991, 226);

Avoidant Attachment child expresses less distress upon separation episodes and Conspicuous avoidance of proximity or interaction upon return (Bartholomew & Horowitz, 1991, 226).

Multidimensional Sexual Perfectionism Questionnaire (MSPQ)(Snell & Rigdon, 1995)

The original version of the questionnaire (sometimes referred to as MSPQ-1) which included questions in the following five domains:

Self-oriented sexual perfectionism

Partner-directed sexual perfectionism

Perceived socially- prescribed sexual perfectionism

Partner's self-oriented sexual perfectionism

Perceived self-directed sexual perfectionism from one's partner

(Snell & Rigdon, 1995).

Multidimensional Sexual Perfectionism Questionnaire-Revised (MSPQ-R)(Snell, et al, 2001, 2002):

The revised version of the questionnaire which included each of the questions of the MSPQ-1, and in addition, questions from the following six additional domains (which are sometimes referred to as MSPQ-2):

Concern over sexual mistake

Doubts about one's own sexuality

Personal Sexual Standards

Personal Sexual Expectations

Partner's Sexual Criticism

Sexuality Organization

(Snell & Rigdon, 1995).

PERFECTIONISM: the setting of excessively high standards for personal performance accompanied by overly critical self-evaluations (Frost, Marten, Lahart, and Rosenblate (1990, 1993).

Three general types:

Self-oriented perfectionism: high self-standards and excessive motivation to attain perfection (Hewitt & Flett, 1993, 3);

Other-oriented perfectionism: unrealistic expectations imposed upon significant others (Hewitt & Flett, 1993, 3)"

Socially Prescribed perfectionism involves the belief that others are imposing perfectionistic standards and expectations on the self (Hewitt & Flett, 1993, 3).

Relationship Scales Questionnaire (RSQ) (Scharfe & Bartholomew, 1994) an instrument designed to measure 4 romantic attachment styles –secure, preoccupied, fearful and dismissing).

Sexual Awareness Questionnaire (SAQ) (Snell, Fisher, & Miller, 1991) designed to measure four personality tendencies associated with sexual awareness and sexual assertiveness; sexual-consciousness (attention to internal private sexual cues,) sexual monitoring (sensitivity to other’s evaluations of one’s sexuality), sexual-assertiveness (self-reliance in sexual decisionmaking) and sexiness-consciousness (awareness of one’s own public sexiness) (Snell, Fisher & Miller, 1991).

Sexual Monitoring- the tendency to be highly concerned with others’ scrutiny of their sexuality.

SEXUAL PERFECTIONISM: the application of excessively high, rigid, and perfectionistic sexual standards of sexual conduct to personal sexual performance. (Snell, 2001, Ch 15).

Initially, sexual perfectionism was investigated as five components of the MSPQ (the first five listed below) and later expanded to the 11 components of the MSPQ-R (the last 6 listed are those added)

Self-oriented Sexual Perfectionism: “SOSP; the application of excessively high, rigid, and perfectionistic sexual standards toward oneself”(Snell, et al., 2002, Ch.29).

Partner-directed Sexual Perfectionism: “PDSP: the application of perfectionistic sexual standards on one’s partner (Snell, et al., 2002, Ch. 29).

Perceived Socially Prescribed Sexual Perfectionism:“PSPSP: the belief that

“society” imposes perfectionistic sexual standards and expectations on oneself”
(Snell, et al., 2002, Ch. 29).

Partner’s Self Oriented Sexual Perfectionism “PSOSP: one’s perception that her partner imposes perfectionistic standards on himself” (Snell, 2002, Ch. 29).

Perceived Self Directed Sexual Perfectionism from One’s Partner: “PSDSPFP: one’s belief that her partner imposes perfectionistic standards on her” (Snell, 2002, Ch. 29).

Concern over Sexual Mistake: “COSM: defined as being overly self-critical about one’s own sexual abilities” (Snell, 2002, Ch 29).

Doubts About One’s Own Sexuality “DAOS: defined as a general dissatisfaction with or uncertainty about the quality of one’s sexual behaviors” (Snell, 2002, Ch. 29).

Personal Sexual Standards “PSS: defined as the setting of excessively high standards of sexual conduct” (Snell, 2002, Ch. 29).

Personal Sexual Expectations “PSE: defined as the tendency to have perfectionistic personal sexual expectations”(Snell, 2002, Ch. 29).

Partner’s Sexual Criticism “PSC: defined as critical evaluations and expectations about one’s sexuality from one’s spouse/partner” (Snell, 2002, Ch. 29).

Sexuality Organization “SO: defined as a person’s tendency to emphasize orderliness and precision in their sexual activities” (Snell, 2002, Ch. 29).

Chapter 3

SAMPLE, MATERIALS, METHODS

The Sample

The sample chosen was AASECT-Certified Sex Therapists. After contacting AASECT to request its list of female Certified Sex Therapists, AASECT donated its entire list which included 216 female Certified Sex Therapists.

The Method

IRB approval was sought and received for this project. It was proposed to follow precisely the administration of the measures as used by Snell et al. in his administration of the MSPQ-R, SAQ, and RSQ to the group of college women in 1996. In an effort to make sure that the wording of the SAQ and RSQ were identical to Snell's administration (since he reported using a slightly 'modified' version of each instrument,) and in an effort to assure permission, William Snell was personally contacted and provided copies of his own files containing the actual measures used in 1996. Those measures were duplicated verbatim from the files obtained from Dr. Snell.

The only deviation from the forms used by Snell were the covering correspondence and a brief questionnaire including demographic information, which asked age, years in sex therapy practice, whether the subject was in a relationship and for how long, and so on.

Using data supplied by AASECT, a separate package was sent to each Certified Sex Therapist which contained:

- a) two copies of the consent form

- b) One complete questionnaire set containing MSPQ-1, MSPQ-2, RSQ, SAQ, and demographic questions
- c) Two self-addressed, stamped envelopes, one to return the questionnaire, the second to return the consent form
- d) Covering correspondence

In accordance with procedure approved by the IRB, 216 packages were mailed to AASECT Certified Sex Therapists on January 15, 2005, with a request that responses be returned before the cut-off date of February 28, 2005. Of those mailed, 10 packages were returned as “undeliverable.” Of the remaining 206, 124 completed questionnaires were returned and data collected and reviewed.

Instrumentation

The Sexual Awareness Questionnaire (SAQ; Snell et al., 1991) was designed to assess the following psychological aspects of human sexuality: attention to internal private bodily sensations associated with sexual arousal and motivation (referred to as sexual-consciousness); external public concern with other's impressions about one's sexuality (referred to as sexual-monitoring); and individual alertness to others' perception that one is sexy (referred to as sex-appeal-consciousness). In addition, the SAQ includes a subscale designed to measure sexual-assertiveness, the dispositional tendency to act and behave in an independent, self-reliant fashion concerning one's own sexuality (Snell & Rigdon, 2001, 2).

Relationship Scales Questionnaire (RSQ). The 30-item Relationship Scales Questionnaire (Scharfe & Bartholomew, 1994) was designed to measure four

attachment styles: (1) secure attachment, defined as being comfortable with becoming intimate with someone while maintaining an internalized sense of self-worth; (2) preoccupied attachment, defined as having a need for excessive intimacy and reassurance from others because of a deep-seated sense of unworthiness; (3) fearful attachment, defined as avoidance of intimacy because of anxiety due to a fear of rejection; and (4) dismissing attachment, defined as having high independence and high self-esteem in intimate relationships coupled with a negative view of others, resulting in emotional distance in the relationship (Scharfe & Bartholomew, 1994)

Respondents were asked to read the 30 RSQ statements (slightly reworded to address sexual attachment) and to rate the items on a 5-point Likert scale, with responses scored from 0 to 4: (0) not at all like me, (2) somewhat like me, and (4) very much like me. Subjects received four scores, one for each of the four attachment styles. In order to create subscale scores, the items on each subscale were summed. Scharfe and Bartholomew (in press) report that for females the reliabilities averaged about .53 (Range = .45 to .58). Higher scores on each subscale corresponded to a greater degree of each respective attachment style (Snell & Rigdon, 2001, 2).

Multidimensional Sexual Perfectionism Questionnaire-Revised. The Multidimensional Sexual Perfectionism Questionnaire-Revised (MSPQ-R) (Snell & Johnson, 2004) was designed to measure several aspects of sexual perfectionism. Section I of the MSPQ-R consists of 30 items that comprise five subscales related to the construct of sexual perfectionism (cf. Hewitt, Flett, Turnbull-Donovan, &

Mikail, 1991):

- (1) Self-Oriented Sexual Perfectionism: (SOSP; excessively high, rigid, and perfectionistic sexual standards toward oneself),
- (2) Perceived Socially-Prescribed Sexual Perfectionism (PSPSP; the belief that "society" imposes perfectionistic sexual standards and expectations on oneself), (3) PartnerDirected Sexual Perfectionism (PDSP; the application of perfectionistic sexual standards on one's partner),
- (4) Partner's Self-Oriented Sexual Perfectionism (PSOSP; one's perception that her partner imposes perfectionistic sexual standards on himself), and
- (5) Perceived Self-Directed Sexual Perfectionism from one's partner (PSDSPFP; one's belief that her partner imposes perfectionistic sexual standards on her).(Snell & Johnson, 2004, 1)

Section II of the MSPQ-R consists of 35 items that comprise six additional subscales related to the construct of sexual perfectionism (cf. Frost, Marten, Lahart, & Rosenblate, 1990):

- (1) Concern Over Sexual Mistakes (COSM; defined as being overly self critical about one's own sexual abilities);
- (2) Doubts About One's own Sexuality (DAOS; defined as a general dissatisfaction with or uncertainty about the quality of one's sexual behaviors);
- (3) Personal Sexual Standards (PSS; defined as the setting of excessively high standards of sexual conduct);
- (4) Personal Sexual Expectations (PSE; defined as the tendency to have perfectionistic personal expectations about one's own sexual behavior);

(5) Partner's Sexual Criticism (PSC; defined as critical evaluations and expectations about one's sexuality from one's spouse/partner); and

(6) Sexuality Organization (SO; defined as a person's tendency to emphasize orderliness and precision in their sexual activities) (Snell & Johnson, 2004, 2).

In responding to the Multidimensional Sexual Perfectionism Questionnaire-Revised (MSPQ-R), the participants were asked to indicate how characteristic each statement was to them. A 5-point Likert scale was used to collect data on the subjects' responses. Their options for responses included: not at all characteristic of me (0), slightly characteristic of me (1), somewhat characteristic of me (2), moderately characteristic of me (3), and very characteristic of me (4). In order to create subscale scores, the items on each subscale were averaged (after the scoring for three reverse-worded items were changed). Higher scores thus corresponded to higher amounts of each type of sexual perfectionism (Snell & Johnson, 2004).

Procedure

A dataset was created to capture the data collected in the administered questionnaire. Demographic information was imputed as either numeric or string depending on the data type. For example, "years as a sex therapist" was entered as a number while "religious affiliation" was entered as a string variable. The letter responses for items 1 through 132 were entered as string variables, Q1 through Q132. It is important to note here that there was a flaw in the administration of the questionnaire. Item 83 was omitted in the printing of the questionnaires that were sent. This corresponds to item 18 on the Sexual Awareness Questionnaire asking, "When it comes to sex, I

usually ask for what I want”. So, no information was collected for this item and the Sexual Assertiveness domain to which it belongs was scored omitting that item.

Data for all 124 questionnaires was input directly into SPSS.

SPSS computer programs were written to transform the letter responses (A-E), into their appropriate numeric equivalents and create the domains within each survey instrument. These transformations were based upon the scoring algorithms found in the literature. SPSS computer code was then written to generate the statistics examining within domain reliability (Cronbach’s Alpha) and the associations between domains (Pearson’s correlations). Beyond the statistics originally requested for this project, mean domain scores and their 95% confidence intervals were generated and transformed. This was done to examine the tendencies that sex therapists had within the survey specific domains.

Chapter 4

RESULTS

DESCRIPTION OF THE SAMPLE (CB)

A sample of 124 questionnaires was collected from female AASECT-Certified sex therapists for this sample, which will be referred to throughout this report as the “CB” sample. For purposed of comparison, Snell’s results will be referred to as the “WS” sample data.

AGE

The age range was from 34 years old to 79 years old. The mean age was 58.003; the 95% confidence interval was from 56.41 to 59.65 The age distribution is represented in Figure 1.

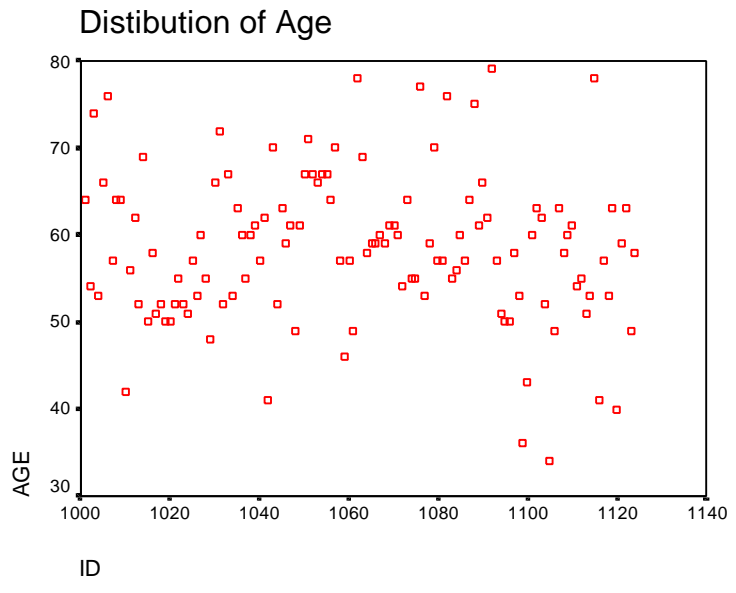


FIGURE 1: AGE DISTRIBUTION

MARITAL STATUS

Of those surveyed, 73.40% were married, 8.90% were divorced, 5.60% were 'partnered,' 4.80% were single; 4.80% were widowed, and 2.40% were separated. A full breakdown is set forth in Table B.

MARSTAT

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid married	91	73.4	73.4	73.4
partnered	7	5.6	5.6	79.0
single	6	4.8	4.8	83.9
divorced	11	8.9	8.9	92.7
widowed	6	4.8	4.8	97.6
separated	3	2.4	2.4	100.0
Total	124	100.0	100.0	

TABLE B: MARITAL STATUS

YEARS IN RELATIONSHIP

Of those respondents who reported being in a relationship, the mean length of the relationship was 23.87 years; the 95% confidence interval was 21.18 to 26.57. The distribution of years in relationship is represented in Figure 2.

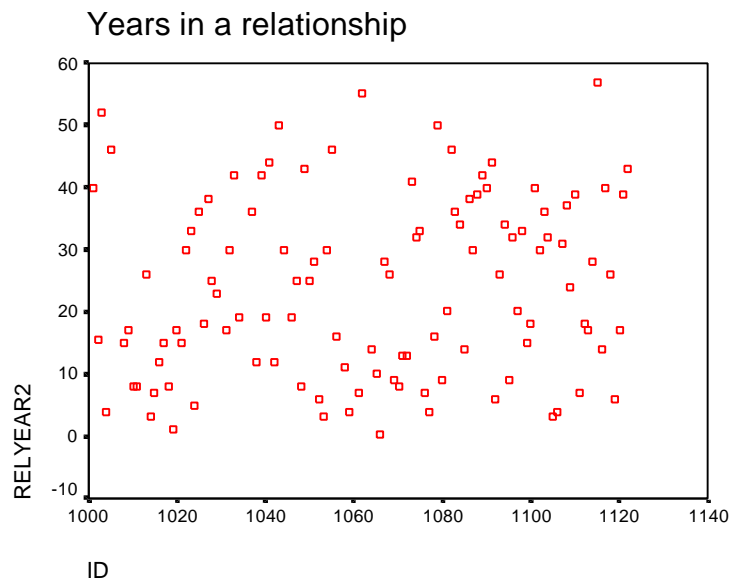


FIGURE 2: YEARS IN A RELATIONSHIP

YEARS PRACTICING AS A SEX THERAPIST

Respondents reported being a sex therapist for a mean of 19.95 years; the 95% confidence interval was 19.41 to 21.48. The distribution of years in practice is represented in Figure 3.

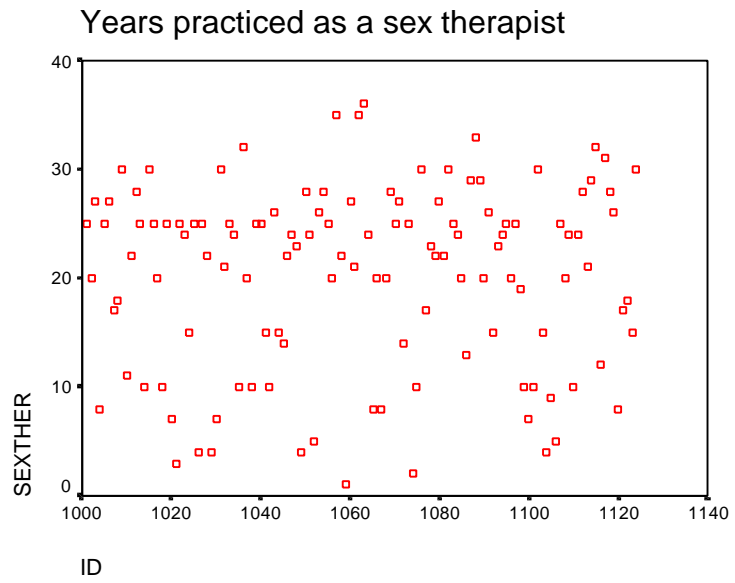


FIGURE 3: YEARS PRACTICED AS A SEX THERAPIST

ACTIVELY PRACTICING/SEEING PATIENTS

Respondents were asked whether they were actively involved in seeing patients, to which 92.70% reported actively seeing patients.

RELIGIOUS AFFILIATIONS

The two largest groups of religious affiliations were 28.7% reporting 'no religion,' and 21.00% reporting being Jewish. The full results are set forth on Table A.

RELIGION

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	9	7.3	7.3	7.3
agnostic	1	.8	.8	8.1
atheist	1	.8	.8	8.9
buddhism	1	.8	.8	9.7
buddhist	1	.8	.8	10.5
catholic	12	9.7	9.7	20.2
christia	7	5.6	5.6	25.8
Christia	1	.8	.8	26.6
ecclecti	1	.8	.8	27.4
eclectic	1	.8	.8	28.2
episcopa	5	4.0	4.0	32.3
Episcopa	1	.8	.8	33.1
humanist	1	.8	.8	33.9
jewish	29	23.4	23.4	57.3
latterda	1	.8	.8	58.1
lutheran	5	4.0	4.0	62.1
methodis	1	.8	.8	62.9
none	26	21.0	21.0	83.9
presbyte	1	.8	.8	84.7
protesta	13	10.5	10.5	95.2
quaker	1	.8	.8	96.0
science	1	.8	.8	96.8
unitaria	3	2.4	2.4	99.2
unity	1	.8	.8	100.0
Total	124	100.0	100.0	

TABLE A: RELIGION

COMPARISON WITH SNELL'S SAMPLE (WS)

Snell's sample consisted of 155 female college women from Southeastern Missouri State University, collected during the fall of 1996.

AGE

Eighty-eight percent of Snell's example was between the ages of 16 and 25, while the mean age of the CB sample was 58.03.

MARITAL STATUS

83% of Snell's sample indicated that they had never been married, which allowed for 17% of the sample who either were married or had previously been married, compared with 73.4% of the CB sample who were currently married.

YEARS IN RELATIONSHIP

No data was published by Snell for the WS sample.

EDUCATION

The WS sample consisted of undergraduate college women. While not specifically the subject of questions, it may be assumed that most of the CB sample had completed both undergraduate and graduate degree programs and had satisfied the additional educational requirements for AASECT certification. It may be concluded that the CB sample represented, at minimum, four or more extra years of education over the WS sample.

RELIABILITY

Cronbach's alpha is a measure which shows how well items that are analyzed together relate to each other. The range for Cronbach's alpha is between -1.00 to 1.00 . Values closer to 1.00 or -1.00 indicate stronger relationships, while values closer to 0.00 indicate less of a relationship. Alphas of $.800$ or higher are generally accepted as good indications of reliability. Snell used Cronbach's alpha analysis in both his 1995 and 2002 studies.

Table C contains the Cronbach's alpha values for each of the domains of the questionnaire, which includes results for Snell's 1996 study (WS) as well as this study (CB) broken down by domain. MSPQ-1 represents the first 5 domains of the MSPQ-R, while MSPQ-2 are the latter 6 domains Table C contains a final column which evaluates the strength of the results for the CB example.

Table C: Cronbach Alpha's of Questionnaire Domains

Item	Snell a	Bertrand a	Strength
MSPQ1-Self Perfectionism Toward Oneself	.9300	.0515	None
MSPQ1-Social Perfectionism Toward Oneself	.9200	.4714	Moderate
MSPQ1-Partner Perfectionism Toward Himself	.9200	-.2007	Weak
MSPQ1-Partner Perfectionism Toward Oneself	.8900	-.0817	Weak
MSPQ1-Sex Perfectionism Toward Partner	.8300	.4048	Moderate
MSPQ2-Concern Over Sexual Mistakes	.8500	.8554	Strong
MSPQ2-Personal Sexual Standards	.8100	.8027	Strong
MSPQ2-Partner Sexual Expectations	.7100	.7600	Strong
MSPQ2-Partner Sexual Criticism	.7700	.7204	Strong
MSPQ2-Doubts About Sexual Activity	.7100	.7362	Strong
MSPQ2-Sexuality Organization	.8600	.7578	Strong
SAQ-Sexual Consciousness	.8600	.7703	Strong
SAQ-Sex Monitoring Tendencies	.8200	.3505	Moderate
SAQ-Sexual Assertiveness	.8100	.7969	Strong
SAQ-Sex Appeal Consciousness	.9200	.9036	Strong
RSQ-Secure	---	.4218	Moderate
RSQ-Fearful	---	.6542	Moderate
RSQ-Preoccupied	---	.4719	Moderate
RSQ-Dismissing	---	.5828	Moderate

MSPQ-1 RELIABILITY

While WS reported strong reliability throughout each of the domains of the MSPQ-R, the SAQ and RSQ, the results for the CB sample differed significantly. As can be seen, the MSPQ-1 was not very reliable at all for this sample, with the highest values being .4714 in ‘social perfectionism toward oneself’ and .4048 for ‘sexual perfectionism toward partner.’ Even though those two domains resulted in the highest values, the values were only ‘moderate.’

MSPQ-2 RELIABILITY

The results from the second portion of the MSPQ-R are dramatically different from those of the first five domains. The results were as good as, or better than, the results obtained by Snell, which shows that this section of the MSPQ-R works well in this population.

SAQ RELIABILITY

In the Sexual Awareness Questionnaire, all domains showed strong internal consistency with the exception of ‘sexual monitoring tendencies,’ which indicates that the SAQ works well in this population but that the sexual monitoring tendencies domain might need to be modified to work better with this population.

RSQ RELIABILITY

The results obtained for Relationship Scales Questionnaire reliability were only moderate in all domains, demonstrating that this questionnaire might need to be modified to work better with this population.

OVERALL RELIABILITY

Overall reliability was not as strong as in Snell's sample, which suggests that the population was not as homogeneous as Snell's example. As a result, only the MSPQ-2 and SAQ worked very well with this population. The RSQ was marginally consistent, while the MSPQ-1 was not consistent at all.

MEASURES OF ASSOCIATION

The measure applied to the data is called a Pearson's correlation, which is a statistic measuring the relative strength of association between two compared variables. The range of values is between -1.0 to 1.0 , with a value of 0.00 indicating no association. The closer the value is to either 1.0 or -1.0 , the stronger the relationship.

Tables D (for MSPQ-1 vs. SAQ/RSQ) and E (MSPQ-2 vs. SAQ/RSQ) show the Pearson's statistics for the CB study sample alongside the data generated from Snell's 1996 data, WS. In addition, p values for the CB sample are given. Snell's (2004) data used ranges of p values instead of the actual values. Accordingly, color coding is used to represent the strength of significance, which follows Snell's (2004) own coding:

- Gray: Significance at the $p < .05$ level
- Yellow: Significance at the $p < .01$ level
- Blue: Significance at the $p < .005$ level
- Red: Significance at the $p < .001$ level

The smaller the 'p' value, the greater the significance of the association between the two compared values. Overall, the correlation coefficients (r's) were at best moderate. Usually, r values of $.7$ to 1.00 are considered strong; 0.50 to 0.70 are considered moderate; 0.30 to 0.50 are considered weak.

Snell's coding:

+ $p < .10$, a $p < .05$, b $p < .01$, c $p < .005$, d $p < .001$

** Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

(Snell, 2004,)

TABLE D: MSPQ-1 compared to RSQ and SAQ

		Self-Perfectionism Toward Oneself		Social Perfectionism Toward Oneself		Partner Perfectionism Toward Himself		Partner Perfectionism Toward Oneself		Sex Perfectionism Toward Partner	
		WS	CB	WS	CB	WS	CB	WS	CB	WS	CB
Sexual Consciousness	Pearson's r Sig, (2-tailed)	.15		.12		.12		.10	-.171 (.059)	.02	
Sexual Monitoring Tendencies	Pearson's r Sig, (2-tailed)		-.110 (.226)		-.126 (.170)		-.043 (.638)		.000 (.999)		
Sexual Assertiveness	Pearson's r Sig, (2-tailed)	.00	-.011 (.908)	-.04	-.131 (.153)	-.04	-.099 (.279)	.00	.038 (.676)	.11	-.171 (.058)
Sex Appeal Consciousness	Pearson's r Sig, (2-tailed)		-.040 (.660)			.09	-.054 (.557)		-.087 (.339)		-.091 (.316)
Secure	Pearson's r Sig, (2-tailed)	-.10	-.085 (.350)		-.079 (.390)	-.04	-.169 (.062)		-.082 (.366)		.018 (.839)
Fearful	Pearson's r Sig, (2-tailed)				.163 (.074)		.130 (.152)		.156 (.084)		.162 (.072)
Preoccupied	Pearson's r Sig, (2-tailed)				.018 (.844)		.144 (.115)	.13			.054 (.550)
Dismissing	Pearson's r Sig, (2-tailed)	.10	.072 (.429)	.08	.088 (.333)	.12	.138 (.130)		.076 (.401)	.08	.037 (.683)

As an overall effect, the color coding shows that the samples are highly different. There were virtually no patterns showing that when a finding was significant for WS it was also significant for CB. The only exceptions are the pairings which are highlighted by the

wavy lines (which show strong relationships for both results, in a direct relationship) or bold lines (which show strong relationships for both samples, albeit in inverse relationship)

TABLE E: MSPQ-2 compared to SAQ and RSQ

		Concern Over Sexual Mistakes		Personal Sexual Standards		Partner Sexual Expectations		Partner Sexual Criticism		Doubts About Sexual Activity		Sexual Organization	
		WS	CB	WS	CB	WS	CB	WS	CB	WS	CB	WS	CB
Sexual Consciousness	Pearson's r Sig, (2-tailed)	.10	.107 (.239)		-.165 (.068)	.10	.052 (.570)	.00		-.04		.13	-.0 (.9)
Sexual Monitoring Tendencies	Pearson's r Sig, (2-tailed)							.10			-.112 (.217)		-.2 (.0)
Sexual Assertiveness	Pearson's r Sig, (2-tailed)	-.10		.11	.037 (.685)	-.10	.174 (.055)					-.04	.0 (.2)
Sex Appeal Consciousness	Pearson's r Sig, (2-tailed)		-.048 (.600)		-.038 (.673)		-.005 (.957)		.065 (.473)	.01	.020 (.828)	-.03	.0 (.4)
Secure	Pearson's r Sig, (2-tailed)			.02	-.134 (.137)							-.03	-.1 (.2)
Fearful	Pearson's r Sig, (2-tailed)												.1 (.1)
Preoccupied	Pearson's r Sig, (2-tailed)					.13		.12				.06	-.0 (.8)
Dismissing	Pearson's r Sig, (2-tailed)	.07	.050 (.580)	.13	.039 (.668)	.13	.109 (.228)	.09	.156 (.086)	.11	-.024 (.789)	.09	.0 (.2)

With the MSPQ-2, the color coding immediately demonstrates that there are significant correlations between WS and CB, each of which is direct. The notable exceptions are the results surrounded by the bold lines, in which there are strong and significant relationships, albeit inverse relationships.

MEASURES OF ASSOCIATION: MSPQ-1

The following comparison examines each MSPQ1 domain within each of SAQ and RSQ domains.

Self-Directed Sexual Perfectionism

Sexual Consciousness:

With WS, there was no correlation and with CB there was a mild negative (0.182) correlation.

Sexual Monitoring Tendencies:

With WS, there was a strong positive correlation and with CB there was no correlation.

Sexual Assertiveness:

There was no correlation for either WS or CB.

Sex Appeal Consciousness:

With WS, there was a very strong positive correlation, but no correlation with CB

Secure:

With both WS and CB, there was no correlational relationship with either.

Fearful:

With WS, there was a strong positive correlation, and a moderate positive correlation with CB, **THERE IS AGREEMENT BETWEEN THE TWO STUDIES**

Preoccupied:

There were positive moderate correlations with both WS and CB.

THERE IS AGREEMENT BETWEEN THE TWO STUDIES

Dismissing:

There was no correlation for either WS or CB.

Socially-prescribed sexual perfectionismSexual consciousness:

There was no correlation with WS but a moderate negative correlation with CB.

Sexual Monitoring Tendencies:

With WS, there was a strong positive correlation but with CB there was no correlation.

Sexual Assertiveness:

There was no correlation for either WS or CB.

Sex Appeal Consciousness

There was a moderate positive correlation for WS and a moderate negative correlation for CB demonstrating **OPPOSITE/DIVERGENT RESULTS BETWEEN STUDIES**

Secure:

With WS there was a moderate negative correlation but for CB no correlation.

Fearful:

For WS, there was a strong positive correlation but for CB there was no correlation.

Preoccupied:

For WS there was a moderate positive correlation but for CB there was no correlation.

Dismissing:

For both WS and CB there were no correlations.

Partner's Own Self-Directed Sexual Perfectionism

Sexual Consciousness:

With WS, there was no correlation but with CB there was a moderate to strong negative correlation.

Sexual Monitoring Tendencies:

With WS, there was a moderate positive correlation but with CB, no correlation .

Sexual Assertiveness:

Neither WS nor CB had correlations .

Sex Appeal Consciousness

Neither WS nor CB had correlations .

Secure:

Neither WS nor CB had correlations.

Fearful:

WS had a strong positive correlation while CB had no correlation.

Preoccupied:

WS had a moderate positive correlation while CB had no correlation.

Dismissing:

Neither WS nor CB had correlations.

Partner's Prescribed Sexual PerfectionismSexual Consciousness:

Neither WS nor CB had correlations.

Sexual Monitoring Tendencies:

WS had a strong positive correlation while CB had no correlation .

Sexual Assertiveness:

Neither WS nor CB had correlations .

Sex Appeal Consciousness:

WS had a moderate positive correlation while CB had no correlation.

Secure:

WS had a strong negative correlation while CB had no correlation.

Fearful:

WS had a very strong positive correlation while CB had no correlation .

Preoccupied:

WS had no correlation while CB had a mild positive correlation.

Dismissing:

WS had a moderate positive correlation while CB had no correlation.

Partner's own Self-Prescribed Sexual PerfectionismSexual Consciousness:

WS had no correlation while CB had a moderate negative correlation.

Sexual Monitoring Tendencies:

WS had a strong positive correlation while CB had a weak negative correlation.

Opposite/divergent results between studies.Sexual Assertiveness:

Neither WS not CB had correlations.

Sex Appeal Consciousness:

WS had a strong positive correlation while CB had no correlation .

Secure:

WS had a weak negative correlation while CB had no correlation .

Fearful:

WS had a strong positive correlation while CB had no correlation.

Preoccupied:

WS had a moderate correlation while CB had no correlation.

Dismissing:

Neither WS nor CB had correlations.

Summary of MSPQ1

Out of 40 comparisons between WS and CB, 14 pairs of correlations were in agreement.

Of those 14, 12 were in agreement because neither had significant correlations. The remaining two comparisons were in agreement because both pairs had positive correlations. Those two pairs were:

- 1) Self-Directed Sexual Perfectionism/Fearful
- 2) Self-Directed Sexual Perfectionism/Preoccupied

Of the 26 remaining pairs in which one had a correlation and the other did not or in which the correlations were divergent, only two were divergent. This meant that one was significantly positively correlated the other significantly negatively correlated. Those two divergent pairings were:

- 1) Socially-Prescribed Sexual Perfectionism/Sex Appeal Consciousness
- 2) Partner's Own Self-Prescribed Sexual Perfectionism/Sexual Monitoring Tendencies

Ultimately, there was significantly more disagreement between the WS and CB results than there was agreement. The conclusion to be drawn is that the study samples are significantly different in terms of the specific domains of sexual perfectionism, sexual awareness, and relationship attachment under study here.

MEASURES OF ASSOCIATION: MSPQ-2

The following comparison examines each MSPQ2 domain within each of SAQ and RSQ domains.

Concern Over Sexual Mistakes

Sexual Consciousness:

Neither WS nor CB had correlations.

Sexual Monitoring Tendencies:

WS had a very strong positive correlation while CB had a strong negative correlation .

Opposite/divergent results between studies.

Sexual Assertiveness:

Neither WS not CB had correlations.

Sex Appeal Consciousness:

WS had a weak positive correlation while CB had no correlation .

Secure:

WS had a strong negative correlation while CB also had a strong negative correlation.

There is agreement between the two studies.

Fearful:

WS had a very strong positive correlation and in agreement CB also had a very strong correlation . **There is agreement between the two studies.**

Preoccupied:

WS had a very strong positive correlation and in agreement CB also had a very strong correlation . **There is agreement between the two studies.**

Dismissing:

Neither WS nor CB had correlations.

Personal Sexual StandardsSexual Consciousness:

WS had a strong positive correlation here while CB had no correlation.

Sexual Monitoring Tendencies:

WS had a very strong positive correlation while CB had a very strong negative correlation . **Opposite/divergent results between studies.**

Sexual Assertiveness:

Neither WS nor CB had correlations.

Sex Appeal Consciousness:

WS had a moderate positive correlation while CB had no correlation.

Secure:

Neither WS nor CB had correlations.

Fearful:

Both WS and CB had very strong positive correlations.

There is agreement between the two studies.

Preoccupied:

Both WS and CB had strong positive correlations.

There is agreement between the two studies.

Dismissing:

Neither WS nor CB had correlations.

Partner's Sexual ExpectationsSexual Consciousness:

Neither WS nor CB had correlations.

Sexual Monitoring Tendencies:

WS had a very strong positive correlation while CB had a moderate negative correlation.

Opposite/divergent results between the two studies.

Sexual Assertiveness:

Neither WS nor CB had correlations.

Sex Appeal Consciousness:

WS had a very strong correlation while CB had no correlation .

Secure:

Both WS and CB had strong negative correlations.

There is agreement between the two studies.

Fearful:

Both WS and CB had very strong positive correlations.

There is agreement between the two studies.

Preoccupied:

WS had no correlation while CB had a moderate positive correlation.

Dismissing:

Neither WS nor CB had correlations.

Partner's Sexual CriticismSexual Consciousness:

WS had no correlation while CB had a moderate positive correlation.

Sexual Monitoring Tendencies:

WS had no correlation while CB had a weak negative correlation.

Sexual Assertiveness:

WS had a moderate negative correlation while CB had a very strong positive correlation.

Opposite/divergent results between the two studies.Sex Appeal Consciousness:

WS had a weak positive correlation while CB had no correlation.

Secure:

Both WS and CB had very strong negative correlations.

There is agreement between the two studies.Fearful:

Both WS and CB had very strong positive correlations.

There is agreement between the two studies.Preoccupied:

WS had no correlation while CB had a very strong positive correlation .

Dismissing:

Neither WS nor CB had correlations.

Doubt's About One's Own Sexuality

Sexual Consciousness:

WS had no correlation and CB had a strong positive correlation.

Sexual Monitoring Tendencies:

WS had a strong positive correlation while CB had no correlation.

Sexual Assertiveness:

WS had a very strong negative correlation while CB had a weak positive correlation.

Opposite/divergent results between the two studies.

Sex Appeal Consciousness:

Neither WS nor CB had correlations.

Secure:

WS had a strong negative correlation and in agreement CB had a moderate negative correlation. **There is agreement between the two studies.**

Fearful:

WS had a very strong positive correlation and CB had a moderately strong positive correlation. **There is agreement between the two studies.**

Preoccupied:

WS had a very strong positive correlation and CB had a weak positive correlation.

There is agreement between the two studies.

Dismissing:

Neither WS nor CB had correlations.

Sexual Organization**Sexual Consciousness:**

Neither WS nor CB had correlations .

Sexual Monitoring Tendencies:

WS had a moderately positive correlation while CB had a moderately negative correlation.

Opposite/divergent results between the two studies.**Sexual Assertiveness:**

Neither WS or CB had correlations.

Sex Appeal Consciousness:

Neither WS nor CB had correlations.

Secure:

Neither WS nor CB had correlations.

Fearful:

WS had a weak positive correlation while CB had no correlation .

Preoccupied:

Neither WS nor CB had correlations .

Dismissing:

Neither WS nor CB had correlations .

Summary of MSPQ-2

Twenty-nine of the 48 comparisons between WS and CB pairs of correlations were in agreement. Of those 29 in agreement, 17 were in agreement due to neither having significant correlations, while the other 12 were in agreement because both pairs had

either positive correlations or negative correlations. So on these measures of the MSPQ2 and SAQ or RSQ, the 12 WS and CB pairs that were in agreement were:

- 1) Concern over Sexual Mistakes/Secure
- 2) Concern over Sexual Mistakes/Fearful
- 3) Concern over Sexual Mistakes/Preoccupied
- 4) Personal Sexual Standards/Fearful
- 5) Personal Sexual Standards/Preoccupied
- 6) Partner Sexual Expectations/Secure
- 7) Partner Sexual Expectations/Fearful
- 8) Partner Sexual Criticism/Secure
- 9) Partner Sexual Criticism/Fearful
- 10) Doubts About Sexual Activity/Secure
- 11) Doubts About Sexual Activity/Fearful
- 12) Doubts About Sexual Activity/Preoccupied

Of the 19 incongruent pairs (where one had a correlation and the other did not or the correlations were divergent), 6 were divergent meaning one was significantly positively correlated and the other was significantly negatively correlated. The six divergent pairs were in the comparisons for:

- 1) Concern Over Sexual Mistakes/Sexual Monitoring Tendencies
- 2) Personal Sexual Standards/Sexual Monitoring Tendencies
- 3) Partner Sexual Expectations/Sexual Monitoring Tendencies
- 4) Partner Sexual Criticism/Sexual Assertiveness
- 5) Doubts About Sexual Activity/Sexual Assertiveness

6) Sexual Organization/Sexual Monitoring Tendencies

In sum, with the MSPQ2 compared to the SAQ and RSQ, there was more agreement between WS and CB than there was disagreement indicating that the study samples in these domains are distinctly comparable when it comes to sexual perfectionism, sexual awareness, and relationship attachment in the domains reviewed.

On the whole, the additional MSPQ domains (MSPQ-R-Section II) show more agreement in the WS and CB samples, while the MSPQ-R-Section I domains show more disagreement between the WS and CB samples.

Mean Scores

Mean scores and 95% confidence intervals from the individual domains were calculated and transformed to see how the different domains were perceived by the sample respondents.

Table F: Mean Score of Domains

Item	Mean	L95%CI	U95%CI
1=Not at all characteristic; 2= Slightly ; 3=Somewhat; 4=Moderately; 5=Very characteristic			
MSPQ1-Self Perfectionism Toward Oneself	2.82	2.75	2.90
MSPQ1-Social Perfectionism Toward Oneself	3.46	3.35	3.57
MSPQ1-Partner Perfectionism Toward Himself	2.84	2.75	2.93
MSPQ1-Partner Perfectionism Toward Oneself	2.77	2.68	2.85
MSPQ1-Sex Perfectionism Toward Partner	3.14	3.04	3.24
MSPQ2-Concern Over Sexual Mistakes	1.24	1.15	1.32
MSPQ2-Personal Sexual Standards	2.13	1.99	2.26
MSPQ2-Partner Sexual Expectations	1.83	1.68	1.97
MSPQ2-Partner Sexual Criticism	1.45	1.32	1.57
MSPQ2-Doubts About Sexual Activity	1.42	1.31	1.52
MSPQ2-Sexual Organization	2.11	1.98	2.25
SAQ-Sexual Consciousness	1.62	1.50	1.73
SAQ-Sex Monitoring Tendencies	3.19	3.11	3.28
SAQ-Sexual Assertiveness	2.27	2.13	2.40
SAQ-Sex Appeal Consciousness	3.05	2.84	3.25
RSQ-Secure	4.36	4.26	4.47
RSQ-Fearful	1.63	1.49	1.78
RSQ-Preoccupied	3.01	2.87	3.15
RSQ-Dismissing	2.59	2.44	2.74

The 95% confidence interval is a statistic that says that the parameter (mean score in this case) would be between the lower and upper 95% CI range 95 times out of 100. So for example, with RSQ-Secure, the mean score was 4.36 indicating that the sample as a whole felt secure with themselves; moderately to very characteristic of them.

Within the MSPQ1, the sample indicated the domains were slightly to moderately characteristic of them; mean score range was 2.77 to 3.46. This means that the sample

- 1) slightly to somewhat felt excessively high, rigid and perfectionistic sexual standards toward themselves (2.82)
- 2) slightly to somewhat felt the belief that “society” imposes perfectionistic sexual standards and expectations on oneself (3.46)
- 3) somewhat to moderately felt the application of perfectionistic sexual standards on their partner (2.84)
- 4) slightly to somewhat felt that her partner imposes perfectionistic sexual standards on the partner (2.77)
- 5) somewhat felt their own belief that her partner imposes perfectionistic sexual standards on herself (3.14)

Within the MSPQ2, the sample indicated the domains were not at all to slightly characteristic of them. The mean score range was 1.24 to 2.13. This means that the sample

- 1) did not see themselves as being overly self critical about one’s own sexual mistakes (1.23)
- 2) slightly saw themselves setting excessively high standards of sexual conduct (2.13)
- 3) slightly tended to see themselves as having perfectionistic personal expectations about their own sexual behavior (1.83)
- 4) did not really see themselves as having critical evaluations and expectations about their own sexuality from their spouse/partner (1.45)
- 5) did not really see themselves as having a general dissatisfaction with or uncertainty about the quality of their own sexual behavior (1.42)

- 6) slightly felt a tendency to emphasize orderliness and precision in their sexual activities (2.11).

With the SAQ, the sample indicated the domains were slightly to somewhat characteristic of them. The mean score range was 1.62 to 3.19. This means that the sample

- 1) not at all to slightly felt that they had a tendency to think and reflect about the nature of their own sexuality (Sexual Consciousness=1.62)
- 2) somewhat felt that they had a tendency to be aware of the public impression that one's sexuality makes on others (Sexual Monitoring Tendencies=3.19)
- 3) slightly to somewhat felt that they had a tendency to be assertive about sexual aspects of their life (Sexual Assertiveness=2.27)
- 4) somewhat felt they had a tendency to think about sex to an excessive degree (Sex Appeal Consciousness=3.05).

Within the RSQ, the sample indicated the domains were slightly to moderately characteristic of them. The mean score range was 1.63 to 4.36. This means that the sample

- 1) felt that this domain was moderately to very characteristic of them meaning they feel secure in close relationships (Secure=4.36)
- 2) not at all to slightly felt fearful of close relationships (Fearful=1.63)
- 3) moderately felt preoccupied with close relationships (Pre-occupied=3.01)
- 4) slightly to moderately felt dismissing in close relationships (Dismissing=2.59).

Chapter 5

DISCUSSION

It is at once clear that the two groups of subjects are quite different from many perspectives. College-aged women, a small minority of which have been married, are dramatically different than a sample which has, as its largest group, married individuals whose current relationship is often longer than the lifespan of the individuals in the first group. In general, college-aged females have less sexual experience and their sexual experience is usually with males of the same age range. The sexual experiences of that group are often phallo-centric/coital-centric and limited in variety.

I hypothesized that all of the education, experience, and day-to-day involvement in human sexuality might set up sex therapists to be sexually perfectionistic. After all, society tells us, in many ways, that we are the ultimate source on matters of sex. Witness Dr. Ruth, or Dr. Judy who field telephone calls, live, on virtually any aspect of human sexuality without missing a beat.

Prior research has shown that “males and females who were characterized by higher levels of each of the components of sexual perfectionism-especially self-oriented sexual perfectionism-reported greater sexual monitoring..that is, to be highly concerned with others’ scrutiny of their sexuality (Davis, et al., 1998, 556) We also know that males and females who applied an excessively rigid and perfectionistic set of sexual standards to conduct themselves as well as expecting the same from their partners exhibited a fearful attachment style. (Davis, et al., 1998, 556) In addition, we know that women with greater sexual monitoring reported less sexual satisfaction, while men with greater sexual monitoring reported less close relationship satisfaction (Snell & Rigdon, 2001,1)

To the contrary, “secure attachment was generally related to positive relationship characteristics.” (Feeney & Noller, 1990,282)

The initial impression obtained from the data in this study, even before applying statistical measures, was that the hypothesis was incorrect and that the 'null' hypothesis may have been proven. As soon as the demographic results were reviewed, showing over 73% of the sample as married, with a mean relationship of 23.87 years, it was apparent that such relationships were simply inconsistent with the insecure attachment styles, the sexual dissatisfaction and relationship dissatisfaction associated with sexual perfectionism. What appeared from the statistical analysis was that an increase in external forces of perfectionism did not result in the kinds of reactions seen in Snell's group. Hence, instead of my hypothesis being correct, the 'null' hypothesis was proven. That is, rather than act as a catalyst for increasing sexual perfectionism, the education, training, and experience of Certified Sex Therapists appears to have actually undercut the forces of sexual perfectionism.

SIGNIFICANT FINDINGS

1. Overall differences between MSPQ-1 and MSPQ-2:

One would expect to see a modest number of side-by-side blocks of colored cells, which would show that there are significant findings for both the WS (William Snell 1996/2004) data and the CB (Christine Bertrand 2005) data.

A review of Tables D and E demonstrates graphically that there is a dramatic difference between the domains of the MSPQ-1 and MSPQ-2. The MSPQ-1, represented on Table D, appears like a checkerboard, containing virtually no side-by-side blocks in color. A review of the p and r values demonstrates that there only two pairs that are at all similar

and those are marginally so. The results simply are different with little similarities in correlation.

A review of Table E is markedly different from table D. Many of the cells, and many side-by-side pairs contain color, indicating that there are significant similarities in the correlation of data between the WS and CB data. The difference between the MSPQ-1 and MSPQ-2 results is dramatic.

2. Sexual Monitoring and the inverse relationship between correlations. An extremely interesting and presently unexplained phenomenon appears across the perfectionism domains in the row for “Sexual Monitoring.” In this study, a comparison of the results of the MSPQ-2 domains, as related to “Sexual Monitoring Tendencies” shows that for all except two domains, “Partner Sexual Criticism” and “Doubts About Sexual Activity”, Snell’s (2004) results were all significant in reporting positive correlations with “Sexual Monitoring Tendencies.” Even in the mentioned two domains, however, the correlation (which does not rise to significance), is still direct. The results demonstrated that an increase in various domains of sexual perfectionism resulted in a corresponding increase in ‘sexual monitoring’ in Snell’s (1996/2004) study.

The results from of the CB study stand in complete contrast to Snell’s (2004) results. Juxtaposed to Snell’s direct correlation are the results from the CB data, each of which is a significant correlation, but an *inverse correlation* to the data for each of the domains. As “Concern Over Sexual Mistakes” increases, Snell’s sample’s Sexual Monitoring data is directly related, while the data from this sample is directly opposite. The same is true for the “Personal Sexual Standards” domain, and “Partner Sexual Standards” domains. The “Partner Sexual Criticism” and “Doubts about Sexual Activity”

domains continue the same pattern, albeit with results which do not rise to significance level. The “Sexual Organization” domain resumes the relationship in which Snell’s (2004) data shows a direct relationship to the domain and the CB data an inverse relationship. Accordingly, in the sample under investigation, as the various domains of sexual perfectionism increase, there is a *decrease* in the Sexual Monitoring values, which in all except two domains rises to significance.

3. Self-directed sexual perfectionism.

Snell’s (2004) results included a finding that women with “greater self-oriented sexual perfectionism reported greater sexual monitoring (i.e., greater attentiveness to the public nature of their sexual image), a more fearful and preoccupied attachment with their sexual partner, and more guilt about their last encounter with their sexual partner” (Snell, 2004,1). When those data are compared with the data from this investigation, we find that, like Snell’s group, as self-oriented sexual perfection increases, so do the results for “fearful” or “preoccupied” nature of attachment, although there was no correlation seen with respect to “sexual monitoring techniques” among this group.

When the Mean Score of Domains is reviewed, the score for this domain falls between ‘slightly’ and ‘somewhat’(2.82), indicating that for this group, there is a relatively minor amount of self-directed sexual perfection perceived. Unlike the college students, the lack of any correlation with sexual monitoring may be the result of age, education, or sexual experience. College females, who are for the most part single have relatively strong direct correlations between self-directed sexual perfectionism and fearful or preoccupied attachment. One would expect such individuals to have high

correlations with concern over her public persona, since she may perceive herself to be 'back in the market' soon.

4. Socially prescribed sexual perfectionism.

Snell (2004) found that "socially-prescribed sexual perfectionism was positively correlated with sexual-monitoring and sexiness-consciousness. In addition, these individuals described their sexual relationship as being less secure, more fearful and more preoccupied" (Snell, 2004). By contrast, the only significant correlations in this sample were a modest inverse correlation with sexual consciousness and a similarly modest inverse correlation with sexiness-consciousness.

When the mean score of domains is reviewed, the score for this domain falls between 'somewhat' and 'moderately' (at 3.46) which indicates that the sample does perceive a moderate degree of socially prescribed sexual perfectionism (consistent with the hypothesis) but the lack of any correlation with sexual monitoring, the inverse correlations with sexual consciousness and sexiness consciousness suggest that, contrary to the hypotheses, the greater part of this group is unfazed by the perception that it is the target of society's perfectionistic standards. A reasonable conclusion to be drawn from this data is that while this group of Certified Sex Therapists clearly perceives society's sexual expectations as perfectionistic, their own reaction is extremely sex-positive. That is, while they perceive society's pressure, they do not react in the way that young, inexperienced, college students who lack their education and training might act, with an increase in sexual monitoring, or an increase in the non-secure forms of attachment. Rather, their reactions continue to be positive, suggesting that their age, experience, and

education provide a means to place such expectations into proper perspective and avoid the negative reactions of the more inexperienced group.

The results are consistent with the ‘null’ hypothesis. That is, the data shows that this group, with its advanced education, training, and experience, rather than being negatively impacted by those such experience by demonstrating an increase in perfectionism or actions associated with perfectionism, show little if any negative behavior, which proves the null hypothesis.

5. Sexual Assertiveness

Just as in the example of “Sexual Monitoring,” the results for the domains “Partner Sexual Criticism” and “Doubts about Sexual Activity” both saw inverse correlations with “Sexual Assertiveness” in Snell’s (2004) data, meaning that as the subjects were confronted with either Criticism or Doubts, they would become *less* sexually assertive. One could hardly imagine a Certified Sex Therapist, when confronted with sexual criticism from their partner or with Doubts About Sexual Activity becoming withdrawn. Just the opposite is likely true and is borne out by the data. Just as with the example of Sexual Monitoring, the data suggest that the experienced Sex Therapist has both the education and the maturity to understand that periodic problems in sexual performance do not call for an all-out change in sexual behavior. Accordingly, it appears that in the face of such perfectionistic influences, the Certified Sex Therapist’s behavior remains the same. While not all of the Certified Sex Therapists studied are in long-term relationships, those that are in such relationships represent the overwhelming majority. The fact that such a large majority of Certified Sex Therapists are in long-term relationships, especially in the face of external perfectionistic forces suggests that their

education and experience allows them a unique perspective in addressing perfectionistic forces from society. Such perspective permits them to respond consistently with their own past (rather than reacting negatively like the 1996 study subjects.) The long-term nature of the majority of the relationships can therefore be seen as the result of knowing what works for those relationships as well as the continuity of the therapists' reactions to the external forces which impact upon their own relationship.

6. Attachment

Both Snell's (2004) data and the data from this study are in agreement that with an increase in virtually any of the domains of perfectionism, there is a decrease in the value of 'secure' attachment. Likewise, with an increase in virtually any domain of perfectionism comes a corresponding increase in the values associated with "Fearful" or "Preoccupied."

Chapter 6

SUMMARY AND CONCLUSIONS

The data collected from 124 AASECT-Certified Sex Therapists was compared with results of calculations performed upon data obtained by Snell et al., (1996). It is important to note that Snell's actual data were unavailable at this time and therefore the comparisons made were from the published results of calculations.

Reliability calculations were performed and resulted in marginal reliability for data related to the first five domains of the MSPQ-R, (referred to as the "MSPQ-1,") and the RSQ, while data from the latter six domains of the MSPQ-R, (referred to as the "MSPQ-2,") and SAQ scored high on reliability. There was no indication as to why there was such a wide disparity in reliability. What is clear is that, for some reason, the MSPQ-1 does not work well with this population and should be revisited.

Applying Pearsons calculations to both sets of data resulted in similarly disparate correlation data. As noted earlier, results for the MSPQ-2 correlated directly with results obtained from Snell's calculations. With one notable exception, the CB results tracked Snell's data. Increases in sexual perfectionism domains were directly related to increasing values for other-than secure attachment styles as well as decreasing values for secure attachment styles.

The unexplained inverse correlation of sexual monitoring tendencies as perfectionistic behavior increases remains an enigma and may be the result of the very education and experience which was originally thought to influence perfectionistic tendencies in the subjects. That subject remains one for further study.

It was originally hypothesized that the education, training, and experience required for AASECT Sex Therapist Certification, as well as the ongoing involvement in sex therapy practice thereafter, coupled with society's expectations of sex therapists as all-knowing on the subject of human sexuality would result in sex therapists being sexually perfectionistic, especially when compared with a cohort which lacked that same education, training, and experience. The data, rather than proving that hypothesis, resulted in proof of the 'null' hypothesis, which showed that there was no such impact upon sex therapists; just the opposite was true.

FUTURE RESEARCH

- 1 An area for future research concerns what accounts for the inverse correlation relationship across domains with respect to Sexual Monitoring and Sexual Assertiveness. Does the training, education, and experience of Certified Sex Therapists somehow impact upon these two domains and if so, how and why?
- 2 Additional research might repeat this investigation to find out whether, if male sex therapists had been included in the sample, would they have had more self-oriented sexual perfectionism and more self-directed sexual perfectionism from their partners. In pursuing such questions, Snell's (1994-5) research, which used the original MSPQ (Snell & Rigdon, 2001), included male college students among the cohort and could be compared.
- 3 Another possible avenue for exploration involves what, if any modifications could be made to the MSPQ-1 to increase reliability and validity among the AASECT-Certified Sex Therapists.

SECTION ONE: MSPQRI

Multidimensional Sexual Perfectionism Questionnaire-Revised part 1 (Snell & Johnson, 2004)

INSTRUCTIONS: Listed below are several statements that concern the topic of sexual relationships. Please read each item carefully and decide to what extent it is characteristic of you. Some of the items refer to a specific sexual relationship. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be. Then, for each statement fill in the response next to the question that indicates how much it applies to you by using the following scale:

A = Not at all characteristic of me.

B = Slightly characteristic of me.

C = Somewhat characteristic of me.

D = Moderately characteristic of me.

E = Very characteristic of me.

- _____ 1. I set very high standards for myself as a sexual partner.
- _____ 2. Others would consider me a good sexual partner even if I were not perfect every time.
- _____ 3. My partner sets very high standards of excellence for her/himself as a sexual partner.
- _____ 4. My partner expects me to be a perfect sexual partner.
- _____ 5. I expect my partner to be a top-notch and competent sexual partner.
- _____ 6. I must always be successful as a sexual partner.
- _____ 7. People often expect more of me as a sexual partner than I am capable of giving.
- _____ 8. My partner is perfectionistic in that this person expects to sexually satisfy me each and every time.

- _____ 9. My partner demands nothing less than perfection of me as a sexual partner.
- _____ 10. My partner should never let me down when it comes to my sexual needs.
- _____ 11. One of my goals is to be a “perfect” sexual partner.
- _____ 12. Most people expect me to always be an excellent sexual partner.
- _____ 13. It makes my partner uneasy for him/her to be less than a perfect sexual partner.
- _____ 14. My partner always wants me to try hard to sexually please him/her.
- _____ 15. I cannot stand for my partner to be less than a satisfying sexual partner.
- _____ 16. I seldom feel the need to be a “perfect” sexual partner.
- _____ 17. Most people would regard me as okay, even if I were not a perfect sexual partner.
- _____ 18. My partner does not set very high goals for herself (himself) as a sexual partner.
- _____ 19. My partner seldom pressures me to be a perfect sexual partner.
- _____ 20. I do not expect perfectionism from my sexual partner.
- _____ 21. I do not have to be the best sexual partner in the world.
- _____ 22. In general, people would readily accept me even if I were not the greatest sex partner in the world.
- _____ 23. My partner never aims at being perfect as a sexual partner.
- _____ 24. My sexual partner does not have very high goals for me as a sexual partner.
- _____ 25. I appreciate my sexual partner even if this person is not always a perfect sexual lover.
- _____ 26. I do not have very high goals for myself as a sexual partner.
- _____ 27. Most people don’t expect me to be perfectionistic when it comes to sex.
- _____ 28. My partner does not feel that she/he has to be the best sexual partner.

- _____ 29. My partner appreciates me even if I am not a perfect sexual lover.
- _____ 30. I don't expect my sexual partner to try to be perfectionistic when it comes to sex.

SECTION 2: MSPQR2

Multidimensional Sexual Perfectionism Questionnaire-Revised – Section 2 (Snell & Johnson, 2004)

INSTRUCTIONS: Listed below are several statements that concern the topic of sexual relationships. Please read each item carefully and decide to what extent it is characteristic of you. Some of the items refer to a specific sexual relationship. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be. Then, for each statement circle the response on the answer sheet that indicates how much it applies to you by using the following scale:

- A = Not at all characteristic of me.
- B = Slightly characteristic of me.
- C = Somewhat characteristic of me.
- D = Moderately characteristic of me.
- E = Very characteristic of me.

- _____ 31. My partner sets very high sexual standards for me.
- _____ 32. Preparation for sex is very important to me.
- _____ 33. My partner has criticized me for being less than a perfect sexual partner.
- _____ 34. If I do not set the highest standards for myself, I am likely to end up a second rate sexual partner.
- _____ 35. My partner never tries to understand my sexual shortcomings/inadequacies.

- _____ 36. It is important to me that I be thoroughly competent as a sexual partner.
- _____ 37. I am a neat (i.e., not messy) sexual partner.
- _____ 38. I try to take an organized approach to sex.
- _____ 39. If I fail to sexually satisfy my sexual partner, I am a failure as a person.
- _____ 40. I would be upset if I make a “sexual mistake” with a partner.
- _____ 41. My partner wants me to be the best possible sexual lover.
- _____ 42. I set higher goals for myself as a sexual partner than do most people.
- _____ 43. If someone were a better sexual partner than I, then I would feel like a sexual failure.
- _____ 44. If I fail in part to be a totally good sexual partner, it is as bad as being a complete failure.
- _____ 45. Only an outstanding sexual performance (from me) is good enough for my partner.
- _____ 46. I am very good at focusing my efforts on sexually fulfilling/satisfying my partner.
- _____ 47. Even when I am very careful as a sexual partner, I often feel that sex is not quite right.
- _____ 48. I hate being less than the best possible sexual partner.
- _____ 49. I have extremely high (performance) goals for myself as a sexual partner.
- _____ 50. My sexual partner expects “excellence” from me.
- _____ 51. My sexual partner will probably think less of me if I make a (sexual) mistake.
- _____ 52. I never feel like I can meet my sexual partner’s expectations.
- _____ 53. If I am not as good at sex as other people, it means I am an inferior human being.
- _____ 54. Other people seem to accept lower sexual standards from themselves than I do for myself.

- _____ 55. If I do not do well at sex all the time, my partner will not respect me.
- _____ 56. My partner has always had higher expectations for our sexual relationship than I have.
- _____ 57. As a sexual partner, I try to be neat.
- _____ 58. I usually have doubts about myself as a sexual partner.
- _____ 59. During sex, neatness is very important to me.
- _____ 60. I expect more of myself as a sexual partner than most people.
- _____ 61. I take an organized approach to my sexual activities.
- _____ 62. I tend to be an inadequate sexual lover because I repeat things over and over.
- _____ 63. It takes me a long time to do sex "right."
- _____ 64. The fewer mistakes I make as a sexual partner, the more my partner will like me.
- _____ 65. I never feel like I can meet a partner's standards/expectations for sex.

SECTION 3: SAQ

Sexual Awareness Questionnaire (SAQ; Snell, Fisher & Miller, 1991)

INSTRUCTIONS: The items listed below refer to the sexual aspects of people's lives. Please read each item carefully and decide to what extent it is characteristic of you. Give each item a rating of how much it applies to you by using the following scale. Please write your responses to each question on the line immediately preceding the question. Thank you.

- | | | |
|---|---|----------------------------------|
| A | = | Not at all characteristic of me. |
| B | = | Slightly characteristic of me. |
| C | = | Somewhat characteristic of me. |
| D | = | Moderately characteristic of me. |
| E | = | Very characteristic of me. |

- _____ 66. I am very aware of my sexual feelings.
- _____ 67. I wonder whether others think I'm sexy.
- _____ 68. I'm assertive about the sexual aspects of my life.

- _____ 69. I'm very aware of my sexual motivations.
- _____ 70. I'm concerned about the sexual appearance of my body.
- _____ 71. I'm not very direct about voicing my sexual desires.
- _____ 72. I'm always trying to understand my sexual feelings.
- _____ 73. I know immediately when others consider me sexy.
- _____ 74. I am somewhat passive about expressing my sexual desires.
- _____ 75. I'm very alert to changes in my sexual desires.
- _____ 76. I am quick to sense whether others think I'm sexy.
- _____ 77. I do not hesitate to ask for what I want in a sexual relationship.
- _____ 78. I am very aware of my sexual tendencies.
- _____ 79. I usually worry about making a good sexual impression on others.
- _____ 80. I'm the type of person who insists on having my sexual needs met.
- _____ 81. I think about my sexual motivations more than most people do.
- _____ 82. I'm concerned about what other people think of my sex appeal.
- _____ 83. When it comes to sex, I usually ask for what I want.
- _____ 84. I reflect about my sexual desires a lot.
- _____ 85. I never seem to know when I'm turning others on.
- _____ 86. If I were sexually interested in someone, I'd let that person know.
- _____ 87. I'm very aware of the way my mind works when I'm sexually aroused.
- _____ 88. I rarely think about my sex appeal.
- _____ 89. If I were to have sex with someone, I'd tell my partner what I like.
- _____ 90. I know what turns me on sexually.
- _____ 91. I don't care what others think of my sexuality.

- _____ 92. I don't let others tell me how to run my sex life.
- _____ 93. I rarely think about the sexual aspects of my life.
- _____ 94. I know when others think I'm sexy.
- _____ 95. If I were to have sex with someone, I'd let my partner take the initiative.
- _____ 96. I don't think about my sexuality very much.
- _____ 97. Other people's opinions of my sexuality don't matter very much to me.
- _____ 98. I would ask about sexually-transmitted diseases before having sex with someone.
- _____ 99. I don't consider myself a very sexual person.
- _____ 100. When I'm with others, I want to look sexy.
- _____ 101. If I wanted to practice "safe sex" with someone, I would insist on doing so.

SECTION 4: RSQ

Relationship Scales Questionnaire (RSQ; Griffin, D. & Bartholomew, K. 1994)

INSTRUCTIONS: Please read each of the following statements and rate the extent to which it describes your feelings about your CURRENT sexual relationship. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be in a future sexual relationship. PLEASE NOTE THAT CHOICES ARE "A", "C" or "E" ONLY.

A = Not at all like me.

B =

C = Somewhat like me.

D =

E = Very much like me.

- _____ 102. I am going to respond to this page based on:
- (A) A current sexual relationship.
 - (B) A past sexual relationship.
 - (C) An imagined sexual relationship.

- _____ 103. I find it difficult to depend on my sexual partner.

- _____ 104. It is very important to me to feel independent of my sexual partner.
- _____ 105. I find it easy to get emotionally close to my sexual partner.
- _____ 106. I want to merge completely with my sexual partner.
- _____ 107. I worry that I will be hurt if I allow myself to become too close to my sexual partner.
- _____ 108. I am comfortable without a close emotional relationship with my sexual partner.
- _____ 109. I am not sure that I can always depend on my sexual partner to be there when I need her/him.
- _____ 110. I want to be completely emotionally intimate with my sexual partner.
- _____ 111. I worry about being alone with my sexual partner.
- _____ 112. I am comfortable depending on my sexual partner.
- _____ 113. I often worry that my sexual partner doesn't really love me.
- _____ 114. I find it difficult to trust my sexual partner completely.
- _____ 115. I worry about my sexual partner getting too close to me.
- _____ 116. I want an emotionally close relationship with my sexual partner.
- _____ 117. I am comfortable having my sexual partner depend on me.
- _____ 118. I worry that my sexual partner doesn't value me as much as I value her/him.
- _____ 119. My sexual partner is never there when I need her/him.
- _____ 120. My desire to merge completely sometimes scares my sexual partner away.
- _____ 121. It is very important to me to feel self-sufficient from my sexual partner.
- _____ 122. I am nervous when my sexual partner gets too close to me.
- _____ 123. I often worry that my sexual partner won't want to stay with me.

- _____ 124. I prefer not to have my sexual partner depend on me.
- _____ 125. I worry about being abandoned by my sexual partner.
- _____ 126. I am somewhat uncomfortable being close to my sexual partner.
- _____ 127. I find that my sexual partner is reluctant to get as close as I would like.
- _____ 128. I prefer not to depend on my sexual partner.
- _____ 129. I know that my sexual partner will be there when I need her/him.
- _____ 130. I worry about having my sexual partner not accept me.
- _____ 131. My sexual partner often wants me to be closer than I feel comfortable being.
- _____ 132. I find it relatively easy to get close to my sexual partner.

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