

## Sexual Self-Efficacy Scale—Erectile Functioning

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The Sexual Self-Efficacy Scale—Erectile Functioning (SSES-E) is a measure of the cognitive aspect of erectile functioning in men. Specifically, it evaluates the man's beliefs concerning his sexual and erectile competence when faced with a variety of sexual situations. Whereas most existing measures of sexual functioning evaluate aspects of sexual *behavior*, this instrument is designed to assess a cognitive dimension, the level of sexual confidence.

The scale may be completed by the man to obtain self-ratings or by his partner in order to obtain partner evaluations of his sexual self-efficacy. The SSES-E can be used in research or in the context of sex therapy to assess cognitive changes produced by treatment. The scale may be administered at various points during therapy in order to evaluate changes in self-efficacy beliefs, assess the mediational link between cognitive and behavioral events, and provide an additional basis for judging when therapy might be appropriately terminated. It can also be used both as a cognitive measure of sex therapy outcome and as a prognostic variable in the study of the efficacy of sex therapy.

### Description

This is a 25-item measure designed in accordance with Bandura, Adams, and Beyer's (1977) format. Subjects indicate, for a range of sexual activities, those they feel they can do and subsequently rate their confidence on 10-point interval scales ranging from 10 to 100. The measure yields a magnitude and a strength score.

Magnitude scores reflect the mean number of sexual activities respondents indicate the man is able to perform. Strength scores reflect confidence in being able to perform the various sexual activities. The content of items is based on the "Goals for Sex Therapy" (Lobitz & Baker, 1979) and the "Erection Difficulty Questionnaire" (Reynolds, 1978). Instructions on the scale allow partners to rate sexual functioning according to the same format. This provides additional corroborative information as well as an indication of the partner's beliefs concerning the man's sexual self-confidence.

### Response Mode and Timing

The respondent places a check mark in the *can do* column next to each sexual activity which he/she ex-

pects the man could do if he tried to do it today. For each activity checked *can do*, the respondent selects a number from 10 to 100 to indicate confidence in the man's ability to perform the activity. A 10-point scale labeled *quite uncertain* at 10, *moderately certain* at 50, and *certain* at 100 is provided for reference. The selected number is written in the column labeled *confidence*; it indicates the level of confidence in the man's ability to perform the particular sexual activity. The scale requires an average of 10 minutes for completion.

### Scoring

The magnitude score is derived by (a) summing the check marks in the *can do* column of all items for which the respondent has indicated a confidence level (*confidence* column) of 20 or higher and (b) dividing by 25. The strength score is derived by (a) summing the values in the *confidence* column (including values below 20 and a score of 0 for those activities not checked in the *can do* column) and (b) dividing by 25. Higher scores indicate greater confidence in the man's sexual competence.

The SSES-E strength and magnitude scores are highly correlated (Libman, Rothenberg, Fichten, & Amseil, 1984, 1985). Therefore, the strength score alone may be used as a single self-efficacy score; this has the advantage that it is based on continuous rather than dichotomous data.

### Reliability

The SSES-E has been evaluated in a sample of 17 men who presented with a sexual disorder at the sex therapy service of a large metropolitan hospital (Libman et al., 1985). The sexual problems were classified as erectile disorder ( $n = 13$ ), lack of sexual interest ( $n = 2$ ), and premature ejaculation ( $n = 2$ ). The sample included nine married couples and eight men who did not have regular partners. Fifteen married couples with nonproblematic sexual functioning, equated on demographic and educational variables, formed a comparison group (the entire sample was composed of middle-class Caucasians with a mean age of 34).

In the comparison group, test-retest reliability over a 1-month period was found to be .98 for men and .97 for women. Split-half reliability coefficients indicate reasonably high internal consistency ( $r = .88$  for dysfunctional men; .94 for the female partners of dysfunctional men; .62 for nondysfunctional men; .75 for the female partners of nondysfunctional men).

Item analysis indicated that most of the items in this scale contributed to the total score (for dysfunctional

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men, 80% of items were significantly correlated; for their female partners, 68% were significantly related; for nondysfunctional men and their partners the corresponding values were 68% and 48%.

### Validity

Concurrent validity estimates were obtained by correlating sexually dysfunctional men's SSES-E scores with their scores on six selected items of the General Information Form (Heiman & LoPiccolo, 1983; Nowinski & LoPiccolo, 1979), a measure of sexual functioning. Correlation coefficients ranged from .68 to .47 for items dealing with quality of erection and feelings of sexual arousal.

Dysfunctional men's SSES-E strength scores ( $M = 53.60$ ,  $SD = 21.12$ ) were significantly lower than those of nondysfunctional ( $M = 88.03$ ,  $SD = 9.96$ ) men,  $t(29) = 5.74$ ,  $p < .001$ ; the corresponding female partners' scores ( $M = 47.15$ ,  $SD = 26.65$ ;  $M = 89.45$ ,  $SD = 10.36$ ) were also significantly different,  $t(21) = 5.50$   $p < .001$ .

A stepwise discriminant analysis was carried out in which Locke-Wallace Marital Adjustment Scale scores (Kimmel & Van der Veen, 1974), General Information Form scores, and SSES-E strength and magnitude scores were entered. This indicated that SSES-E scores alone were able to discriminate dysfunctional from nondysfunctional men with 88% accuracy.

More recently, an investigation of anxiety-related cognitions in men who obtained high and low scores on the SSES-E was conducted (MacPhee, 1985; MacPhee, Sullivan, & Brender, 1986). Fifty single male undergraduates aged 18 to 27 were exposed to an erotic narrative which served as a sexual stimulus; this included an erectile failure incident. Subjects were instructed to imagine themselves in the described situation and to rate a series of statements according to their thoughts about this imagined experience. The results indicated that men with low SSES-E scores responded with significantly more negative cognitions, negative partner descriptions and external failure attributions than did men with high SSES-E scores.

Work currently in progress in our laboratory on sexual functioning in elderly males also provides support for the validity of the SSES-E. Preliminary data from 78 men with a mean age of 65 indicate that the mean SSES-E strength score is 61.5 ( $SD = 20.5$ ; median = 63.2). This value falls somewhere between the "normal" and "dysfunctional" samples in the Libman et al. (1985) study. In addition, the SSES-E strength score

correlates significantly with a composite measure of erectile functioning derived from items in the General Information Form ( $r = .481$ ). These preliminary results suggest that the SSES-E also has applications in an elderly sample.

The SSES-E is a relatively new measure; the data available to date suggest reasonable reliability and validity for the scale for a wide range of men. In addition, the strong evidence of the scale's ability to discriminate between nondysfunctional and dysfunctional populations and to predict both behavioral and cognitive events highlights its value both for clinical practice and research.

### References

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## Exhibit Sexual Self-Efficacy Scale-Form E

The attached form lists sexual activities that men engage in.

### FOR MALES

If you are a male, under the column *Can Do*, check (x) the activities you expect you could do if you were asked to do them today.

For *only* those activities you checked *Can Do*, rate your degree of confidence that you could do them by selecting a number from 10 to 100 using the scale given below.

Write the numbers in the column *Confidence*. Remember, check (x) what you expect you *Can Do*. Then rate your *Confidence* in being able to do each activity if you tried to do it today. Each activity is independent of the others.

**FOR PARTNERS**

If you are a partner, under the column *Can Do*, check (x) the activities you expect your partner could do if he were asked to do them today.

For only those activities you checked *Can Do*, rate your degree of confidence that your male partner could do them by selecting a number from 10 to 100 using the scale given above.

Write the numbers in the column *Confidence*. Remember, check (x) what you expect your male partner *Can Do*. Then rate your *Confidence* in your partner's ability to do each activity if he tried to do it today. Each activity is independent of the others.

*Confidence Scale*

10      20      30      40      50      60      70      80      90      100  
 quite                  moderately                  certain  
 uncertain                                  certain

Put a (x)                  Rate your  
 if you                  (your  
 (your                  partner's)  
 partner)                  *Confidence*  
*Can Do*                  *Confidence*

- |  |       |       |
|--|-------|-------|
| 1. Anticipate (think about) having intercourse without fear or anxiety.                  | _____ | _____ |
| 2. Get an erection by masturbating when alone.   | _____ | _____ |
| 3. Get an erection during foreplay when both partners are clothed.                       | _____ | _____ |
| 4. Get an erection during foreplay while both partners are nude.                         | _____ | _____ |
| 5. Regain an erection if it is lost during foreplay.                                     | _____ | _____ |
| 6. Get an erection sufficient to begin intercourse.                                      | _____ | _____ |
| 7. Keep an erection during intercourse until orgasm is reached.                          | _____ | _____ |
| 8. Regain an erection if it is lost during intercourse.                                  | _____ | _____ |
| 9. Get an erection sufficient for intercourse within a reasonable period of time.        | _____ | _____ |
| 10. Engage in intercourse for as long as desired without ejaculating.                    | _____ | _____ |
| 11. Stimulate the partner to orgasm by means other than intercourse.                     | _____ | _____ |
| 12. Feel sexually desirable to the partner.  | _____ | _____ |
| 13. Feel comfortable about one's sexuality.  | _____ | _____ |
| 14. Enjoy a sexual encounter with the partner without having intercourse.                | _____ | _____ |
| 15. Anticipate a sexual encounter without feeling obliged to have intercourse.           | _____ | _____ |
| 16. Be interested in sex.  | _____ | _____ |
| 17. Initiate sexual activities.  | _____ | _____ |
| 18. Refuse a sexual advance by the partner.  | _____ | _____ |
| 19. Ask the partner to provide the type and amount of sexual stimulation needed.         | _____ | _____ |
| 20. Get at least a partial erection when with the partner.                               | _____ | _____ |
| 21. Get a firm erection when with the partner.   | _____ | _____ |
| 22. Have an orgasm while the partner is stimulating the penis with the hand or mouth.    | _____ | _____ |
| 23. Have an orgasm during intercourse (whether there is a firm erection or not).         | _____ | _____ |
| 24. Have an orgasm by masturbation when alone (whether there is a firm erection or not). | _____ | _____ |
| 25. Get a morning erection.  | _____ | _____ |