



Conceptualizing Sexual Self-Schemas: a Review of Different Approaches and Their Implications for Understanding Women's Sexual Function

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Abstract

Purpose of Review Over the past 30 years, there has been substantial evidence that women's sexual self-schemas—views of themselves as a sexual person—are associated with their sexual function. The aim of this review was to summarize existing methods of conceptualizing and assessing sexual self-schemas, including their advantages, disadvantages, and implications for understanding women's sexual function. We provide recommendations for the utility of each measure in research and clinical contexts, with a goal toward improving understanding of women's sexuality and enhancing research on assessment and treatment of women's sexual difficulties.

Recent Findings Most studies assessing sexual self-schemas have used a self-report measure in which participants rated how descriptive various adjectives were of themselves; the adjectives were identified as reflecting attributes of a sexual woman (e.g., passionate, open). Novel measures of women's sexual self-schemas have been developed more recently, aimed at assessing additional dimensions of sexual self-views such as schema organization or content. Furthermore, some work has conceptualized sexual self-schemas by intentionally activating sexual self-views and assessing associations with sexual responses or function.

Summary Assessing sexual self-schemas with a one-dimensional scale, used widely in past literature, has many advantages, including demonstrated validity and ease of administration and scoring. A measure of sexual self-schema organization may offer new insights for treatment outcome research, as the interconnectedness of a woman's sexual self-schema network could be amenable to change through therapy. The Meaning Extraction Method of computerized text analysis may be especially pertinent in assessment contexts and for monitoring treatment progress, enabling a rich individualized assessment of a woman's sexual self-schema. We recommend continued development and validation of emerging sexual self-schema measures, including increasing their accessibility, so that they may be more broadly applied to research and clinical practice.

Keywords Sexual self-schema · Women's sexuality · Sexual function · Sexual health

Introduction

A woman's view of herself as a sexual person—her *sexual self-schema*—develops over time and has implications for sexual function. Andersen and Cyranowski [1••] were the first

to apply knowledge of self-concepts to the sexual domain, conceptualizing sexual self-schemas as cognitive representations about the sexual aspects of oneself, with positive and negative dimensions. They theorized that a woman's sexual self-schema develops through past experiences and is activated in new sexual contexts, in turn, guiding sexual processing, responses, and behaviors. In support of these ideas, more positive sexual self-schemas in women are associated more past sexual partners, better sexual function, more sexual desire, and less sexual anxiety [1••, 2, 3]. Andersen and Cyranowski validated a measure of women's sexual self-schemas that has been used extensively over the past three decades. More recently, additional measures of sexual self-schemas have been developed. This review aims to summarize different approaches to conceptualizing and assessing

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women's sexual self-schemas and to discuss each of their strengths, limitations, and implications for understanding women's sexual function.

We review three ways of assessing sexual self-schemas: (1) the Sexual Self-Schema Scale [1••], a self-report measure; (2) the Sexual Self-Schema Density Task [4••], a computerized self-report task; and (3) the Meaning Extraction Method [5••], a type of computerized text analysis for extracting themes from open-ended responses. Each approach has merit and contributes to increasingly rich conceptualizations of women's sexual self-schemas. We also discuss paradigms aimed at activating women's sexual self-schemas, and their implications for conceptualizing sexual self-schemas and sexual function. We end this review by offering recommendations for use of each measure in research and clinical practice.

Conceptualizing and Measuring Sexual Self-Schemas

Sexual Self-Schema Scale

Description of Measurement

The most common method of assessing sexual self-schemas among women is with a self-report measure: The Sexual Self-Schema Scale (SSS) [1••]. The SSS was designed to covertly assess a woman's sense of her sexual self and consists of 26 trait adjectives, with an additional 24 filler words. Women are asked to consider the degree to which each adjective describes them [1••]¹. A sample of undergraduate women ($N = 69$) initially rated how well each of 300 trait adjectives (e.g., romantic, direct, embarrassed) could be used to describe a "sexual woman" on a scale from 0 (*not at all descriptive of a sexual woman*) to 6 (*very much descriptive of a sexual woman*). This approach was based on Galton's lexical hypothesis [7], which posits that key individual differences in human interactions are encoded as single terms in language [1••, 2]. The list of adjectives was reduced to 170 items based on the highest mean ratings (100 items) and a stratified random sample of 70 items administered to a sample of community women ($N = 14$, $M_{age} = 49$ years). A second sample of undergraduate women ($N = 65$) were instructed to rate themselves on the list of 170 adjectives on a scale from 0 (*not at all descriptive of me*) to 6 (*very much descriptive of me*). Items strongly correlated with measures of social desirability, positive or negative affect, or self-esteem were removed, along with those exhibiting > 1-point rating discrepancies between

undergraduate and community women for the "sexual woman" prompt, resulting in 50 items [1••]. A final sample of undergraduate women ($N = 221$) rated the 50 items, which were reduced to 26 items based on correlations with discriminant and criterion measures.

A factor analysis of the SSS extracted three dimensions of sexual self-views for women, including two positive domains (i.e., Factor 1: *Passionate-Romantic* and Factor 2: *Open-Direct*) and one negative domain (i.e., Factor 3: *Embarrassed-Conservative*) [1••]. Scores are calculated for each factor by summing its item ratings [1••, 2]. A total SSS score is calculated by summing the Factor 1 and Factor 2 scores and subtracting the Factor 3 score [1••]. The SSS has good psychometric properties, including test-retest reliability, internal consistency, and validity [1••].

Research Findings Related to Sexuality

Initial studies using the SSS alongside other self-report measures showed that women with higher positive sexual self-schema scores reported more past sexual partners, more openness to romantic and sexual relationships, greater arousability and sexual desire, better sexual function, and less sexual anxiety than women with more negative self-views [1••, 2]. Additionally, in a laboratory setting, women with higher scores on the Passionate–Romantic factor had greater coherence between their genital and self-reported sexual responses to sexual stimuli [8]. Further, women with vaginal penetration difficulties (i.e., vaginismus) and those with a history of sexual abuse reported lower positive sexual self-schema scores than women without these difficulties or experiences; however, contrary to expectations, they did not report higher negative self-schema scores [9–11]. These cross-sectional studies highlight that women's sexual self-schemas are associated with varied facets of their sexuality and suggest potential utility of enhancing positive sexual self-schemas among women with sexual concerns.

Sexual self-schemas may be a protective or a vulnerability factor for sexual function in women coping with cancer treatment and associated changes to sexuality. Higher ratings of negative sexual self-views on the SSS were associated with lower sexual frequency and sexual responsivity in women following gynecologic cancer treatment [12, 13] and breast cancer surgery [14], whereas more positive sexual self-schemas appeared to buffer negative effects of gynecologic cancer treatment on sexual and psychological well-being [15]. Accordingly, a diathesis-stress model proposes that women's positive sexual self-views guard against sexual morbidity following cancer treatment [16, 17•]. More research is needed to characterize the relative contributions of positive and negative sexual self-schemas for women's sexual function, including potential effects over time.

¹ The SSS was adapted with a prompt for respondents to describe themselves as a sexual person [6]; this modified measure has not been widely adopted over the original SSS, thus we focus on the original measure in this review.

Advantages and Disadvantages

A main advantage of the SSS is its well-validated self-report format, which is easy to administer and score, offering an accessible option for assessing sexual self-schemas. Given that the SSS items are predetermined and fixed, mean scores are available and can be used for comparing groups of women (e.g., with and without sexual dysfunction). The SSS provides a covert measure of sexual self-views, and trait adjectives associated with social desirability were removed during scale development [1••], which mitigates risk of biased reporting that could occur due to the personal and sensitive nature of sexuality. However, the lack of cueing to a sexual context may limit the specificity of this measure to sexuality, given that women's self-concepts have various dimensions [6].

Other disadvantages of the SSS relate to potential concerns about accuracy and generalizability. The initial item pool may have been biased by experimenter selection and the three SSS factors may fail to capture the nuances of a particular woman's sexual self-schemas [5••]. The SSS trait adjectives are strongly related to gender stereotypes [6]. Moreover, the ongoing applicability of words that described a "sexual woman" in the 1990s may be limited due to temporal changes in sexual attitudes and behaviors [18]. The SSS offers a gendered approach to assessing sexual self-schemas and may prevent the inclusion of gender-diverse individuals (e.g., gender non-binary, gender queer) in research. As well, original item selection relied mainly on responses from samples of undergraduate women, which reduces generalizability to community samples with diverse demographic characteristics (e.g., age, education, race, sexual orientation).

Clinical Utility

As a self-report measure, the SSS could be readily incorporated into initial assessments as well as monitoring of treatment progress for women with sexual dysfunction. For example, the SSS could be administered before, during, and after treatment to assess changes in women's sexual self-views. Interventions that promote positive sexual self-schemas may be helpful, given the potential buffering effect of positive sexual self-views on women's sexual and psychological well-being [15] and evidence that targeting schemas can have therapeutic benefits in other clinical populations [19, 20 for reviews].

Sexual Self-Schema Organization

Description of Measurement

Huberman and Chivers [4••] adapted the SSS [1••] to develop a task assessing the organization of women's sexual self-schemas: The Sexual Self-Schema Density Task (SSSDT). The development of this measure was in line with

conceptualizations of schemas as networks of related concepts that each make up nodes in memory, with links between concepts forming through experience [21–23]. More experience with a concept promotes greater connectivity of its schema network, allowing activation to spread more easily through the network, facilitating activation of the schema in the presence of relevant stimuli [21, 23, 24]. The SSSDT was designed to assess the organization or connectivity of women's sexual self-schema networks [4••].

The SSSDT was modeled after a task assessing schema organization in the context of depression [25, 26]. The adjectives from the SSS [1••] are presented individually at the center of a two-dimensional grid on a monitor, with the x-axis reflecting self-descriptiveness (from *not at all like me* to *very much like me*)—similar to the scale of the SSS—and the y-axis reflecting valence (from *negative* to *positive*) [4••]. Participants move each adjective, using a cursor, to a location on the grid characterizing both how descriptive it is of them and how positive or negative they believe the attribute to be. They are then presented with the next adjective and repeat the process. The same 26 adjectives from the SSS are used for scoring purposes, presented alongside the 24 filler adjectives [1••]. Following previous scoring guidelines [27], the average sum of squared distances between adjectives is computed for those adjectives endorsed as self-descriptive (i.e., positioned anywhere above zero on the x-axis), controlling for total possible distances based on the number of adjectives endorsed as self-descriptive [4••]. Huberman and Chivers [4••] computed scores separately for each SSS domain. Scores are considered an index of the relative density or diffuseness of content within a particular sexual self-schema (i.e., a proxy into the organization or interconnectedness of the sexual self-schema network). Lower scores reflect smaller average distances between adjective placements characteristic of greater sexual self-schema density, whereas higher scores reflect larger distances and more diffuseness of a sexual self-schema [4••].

Research Findings Related to Sexuality

The SSSDT has only been used in one pilot study thus far, with a sample of 193 self-identified women demonstrating preliminary validity for the measure [4••]. Greater density of Passionate–Romantic sexual self-schemas was associated with more past pleasurable sexual experiences and better sexual function. Greater density of Open–Direct sexual self-schemas was associated with more positive sexual attitudes and better sexual function. For the negative schema domain, greater density of Embarrassed–Conservative sexual self-schemas was associated with fewer past sexual partners, less past sexual experiences, and less tendency for sexual excitation. Additionally, greater density of Passionate–Romantic schemas predicted better sexual function in women above and beyond their associated SSS scores, and greater density

of Embarrassed–Conservative schemas predicted lower sexual excitation above and beyond associated SSS scores. Schema density scores, assessed with the SSSDT, may capture variance in women’s sexual outcomes that are not accounted for with the existing one-dimensional SSS.

Advantages and Disadvantages

The SSSDT captures a novel aspect of women’s sexual self-schemas—schema organization—that cannot be assessed with a one-dimensional measure. This measure is fairly simple to complete and its administration takes 5–10 min. It is scored ideographically, in that only adjectives that an individual endorses as self-descriptive are computed within their sexual self-schema; this approach reflects an advantage over previous methods, which necessarily included the same set of items for all participants. Similar to the SSS, a further advantage of the SSSDT is that it is a covert measure of sexual self-schema organization. In terms of disadvantages, the SSSDT is not currently user-friendly or accessible for researchers and clinicians to access, administer, or score, since a web-based application is needed. Further, while the task is scored ideographically, it still reflects the administration of a limited set of items drawn from the SSS; thus, the SSSDT has the same disadvantages as the SSS in that attributes of a sexual woman could vary across women and over time.

Clinical Utility

The assessment of women’s sexual self-schema organization with the SSSDT has clinical utility for conceptualizing women’s sexual function. It is possible that women with sexual difficulties—such as low sexual desire or arousal—have developed less closely interconnected positive sexual self-schemas and/or more closely interconnected negative sexual self-schemas; in this case, more activation of relevant nodes (e.g., more sexual triggers) would be required to activate a positive sexual self-schema, whereas less activation of relevant nodes would be required to activate a negative sexual self-schema (i.e., it would be easier to activate a negative sexual self-schema in the face of sexual cues) [4••]. Sexual self-schema activation guides processing and responses to sexual stimuli [1••], thus the organization of a woman’s sexual self-schemas may be an important factor in facilitating sexual responses or behaviors.

The SSSDT may have clinical utility in the assessment of sexual difficulties and in treatment outcome research. With a similar task, remittance of depressive symptoms over time was associated with increased density of positive self-schemas [25]. Moreover, in a randomized clinical trial, those receiving cognitive therapy had greater density of positive self-schemas and reduced density of negative self-schemas following treatment [27]. Assessing women’s sexual self-schema

organization with the SSSDT could capture mechanisms of change in treatment to which other self-report indices are not sensitive. Clinicians could administer the SSSDT as part of their assessment process; a graphical representation of these data may provide a helpful visual tool to facilitate discussions with clients about their sexual self-schemas. Unfortunately, the SSSDT is not yet publicly available for ease of clinical use in this way. The SSSDT is administered online, thus, if it were more accessible it would be well-suited for use in teletherapy practices, including assessment and potentially monitoring of treatment progress. To ascertain the clinical utility of the SSSDT, future research should compare sexual self-schema density in women with and without sexual difficulties. Longitudinal work could determine the stability of women’s sexual self-schema density as well as their potential change through times of transition to sexuality (e.g., becoming a new parent) and following treatment of sexual difficulties.

Meaning Extraction Method of Computerized Text Analysis

Description of Measurement

Computerized text analysis, applied by Stanton et al. [5••] to sexual schemas, is a method whereby themes of interest are extracted based upon what people write in their own words. Responses reflect information that is especially salient and accessible to an individual. The free response data are quantified following a systematic process called the Meaning Extraction Method (MEM) [28]. The MEM assumes that words with similar meanings and underlying themes can be grouped together within large groups of texts in psychologically meaningful ways. Each cluster of words is considered a core theme of the person’s self-evaluation. This technique can be applied to the sexual domain, in examining themes of a person’s views of their self as sexual. For example, people whose sexual self-schema includes the theme of “relationship” will use more relationship-oriented words (e.g., intimacy, partner, connect) when describing their sexuality.

The MEM technique can be applied to sexual self-schemas by asking individuals to write about their sexual selves for approximately 30 min. They are instructed to write about their personal thoughts and feelings about sex and sexuality in relation to past, current, and future sexual experiences as well as how they broadly view themselves as a sexual person [5••]. MEM is then applied to the essays following three steps of analysis [see 5••]. First, the text from all participants is analyzed for word prominence. Words are converted to their basic inflections (e.g., “feels”, “feeling”, and “felt” are converted to “feel”). Function (e.g., “it” and “and”) and uncommon content (i.e., used in less than 5% of the sample) words are discarded to ensure reliable estimates of the language being used [28]. Second, the observations are assigned a binary score (1 =

present, 0 = absent) for the remaining common content words. The final step is to submit these words to a principal components analysis to identify clusters of commonly co-occurring words, which are labeled as themes. Free software is available to help automate the first two steps [29]. Individual essays can be scored on each theme by calculating the percentage of words from each theme in a given essay. These scores, which represent the prominence of a particular theme for an individual, can then be used in analyses examining associations between sexual self-schema themes and outcomes of interest such as sexual function or sexual distress.

Research Findings Related to Sexuality

The first study to use the MEM to identify themes of sexual self-schemas reported seven themes: family and development, virginity, abuse, relationships, sexual activity, attraction, and existentialism [5••]. Age was negatively correlated with themes of virginity, abuse, and sexual activity and positively correlated with the theme of attraction. Greater relationship commitment was associated with less focus on the theme of virginity and greater focus on sexual activity.

Three studies using the MEM have focused on women with a history of childhood sexual abuse (CSA). In the first study [5••], women without a history CSA ($n = 101$) were more likely to report themes of virginity than women with CSA ($n = 138$), whereas women with CSA were more likely to endorse themes of abuse and attraction relative to non-abused women. These findings were replicated using natural language data extracted from a social media website, supporting the ecological validity of the observed differences [30]. In the same sample of participants with CSA [5••], women exhibited a decrease in their use of abuse, family and development, virginity, and attraction sexual self-schema themes, and an increase in the existentialism theme, when comparing their written essays before and after a treatment focused on expressive writing to process their abuse history [31].

Another study using MEM identified nine sexual self-schema themes including virginity, sexual activity, relationships, openness, erotophilia, nonconsensual sexual experiences (NSEs), romantic, warmth, and reflection [32]. Women who reported NSEs and identified these experiences with sexual violence labels (e.g., sexual assault, rape, abuse), reported poorer sexual function, less use of the warmth and openness themes, and more use of the NSE theme than women without NSEs. Among women with no NSEs and those who did not identify with sexual violence labels, greater use of the warmth theme was linked to higher sexual function. In contrast, for women with NSEs who identified with sexual violence labels, greater use of the NSE theme was linked to lower sexual function, suggesting that internalizing NSEs into their sexual schema may be detrimental to sexual response [32].

Advantages and Disadvantages

A key advantage of the MEM is that it combines the power of a large amount of quantitative data with the rich detail of qualitative data [5••]. This method may appeal to some participants because they can choose what and how much information to share, which is beneficial for sensitive topics related to sexuality [5••]. The MEM may be less biased than the SSS or SSSDT because the sexual self-schemas are generated by the participant's content rather than researchers' preconceived notions about women's sexuality and are less susceptible to response biases and cultural factors inherent to self-report questionnaires. Relative to the most commonly used self-report measure of sexual self-schemas – the SSS [1••] – the MEM approach has extracted a greater number of schema themes, suggesting that it may capture more nuanced elements of women's sexual self-schemas. These themes may be useful for future scale development.

For disadvantages, the writing task takes approximately 30 min, which may limit its usefulness in settings where researchers or clinicians need to prioritize brevity. For example, devoting 30 min to measuring one construct may not be feasible if used in the context of a larger set of questionnaires or studies designed to capture context-dependent variability in schemas (e.g., daily experience studies). Typically, MEM requires large sample sizes in order to identify smaller themes (i.e., those present in smaller percentages of the sample), which may again limit feasibility [5••]. It may be difficult to compare results across studies as the number of themes extracted are likely to differ across samples. To date, studies using this method have assessed sexual self-schemas exclusively in the context of studying nonconsensual sexual activities; the validity and generalizability of this method with more diverse populations requires further study. Finally, this approach does not capture the valence—positivity or negativity—of the sexual self-schemas [5••], which may be important for determining implications for sexual well-being.

Clinical Utility

With respect to treating women with a history of CSA or other nonconsensual sexual experiences, and particularly those experiencing problems with their sexual function, clinicians could assess sexual self-schemas using MEM as part of their assessment and monitoring of treatment progress. Specifically, they might ask clients to write expressively on topics related to their sexuality periodically before and throughout treatment, while targeting abuse-focused sexual self-schemas in therapy. A decrease in the abuse theme would signal improvements in their processing of the abuse as it becomes less prominent and internalized to their sexual self-schema [31]. Future research should examine the clinical utility of expressive writing tasks and MEM for sexual

dysfunctions commonly experienced by women (e.g., genitopelvic pain, low sexual interest/arousal).

Experimentally Activating Sexual Schemas

In addition to the aforementioned measures of sexual self-schemas, some researchers have sought to experimentally activate sexual schemas in women to influence their sexual responses. In two studies, participants listened to scripts describing a woman and were instructed to imagine themselves as this woman prior to viewing sexual stimuli [33, 34•]. They either imagined themselves as a woman who was responsive to sexual stimuli and viewed sex as important and enjoyable (i.e., positive sexual self-schema) or as a woman who viewed her body as unresponsive and sex as unenjoyable (i.e., negative sexual self-schema). “Trying on” the identity of someone with a positive sexual self-view was associated with greater positive affect, vaginal response, and self-reported sexual arousal compared to the identity of someone with a negative sexual self-view [33, 34•]. Benefits of adopting the positive sexual schema were observed whether or not women experienced depressive symptoms [33] or sexual difficulties [34•]. These findings suggest that temporarily adopting a positive schema may encourage positive sexual and affective responses to sexual stimuli, highlighting the cognitive component of sexual arousal.

A strength of activating sexual self-schemas is that this method can easily be implemented by clinicians in interventions aimed at promoting more positive sexual self-schemas. For example, clinicians could encourage clients to read positive sexual self-schema descriptions on a daily basis, and/or prior to sexual activity, for home practice. Although this method has yet to be tested in interventions for sexual dysfunction, it is possible that repeated exposure to a positive sexual self-schema mindset could shape subsequent feelings and/or behaviors toward sex, thereby constructing more positive associations with sexual stimuli over time. In one study of women with previous sexual abuse experiences, writing about the impact of the trauma on their sexual identity resulted in both a higher likelihood of recovery from sexual dysfunction and faster recovery times [35]. Activating schema-relevant information (i.e., thoughts, feelings, and beliefs about sexuality) may increase a person’s ability to think of their sexual selves more holistically and perceive their past trauma as less salient to their sexual identity [31, 35], thereby benefiting their sexual functioning.

Despite evidence for its short-term effectiveness, researchers have yet to examine whether temporary schema activation translates to changes in sexual function in a naturalistic setting or produces substantial positive changes in the long term. Another limitation of experimentally inducing sexual self-schemas with this method is that it cannot rule out some alternative contributing factors. For instance, a positive sexual

self-schema script that describes oneself as sexually responsive may be more arousing to hear than a negative script, thus potentially increasing sexual arousal. Future research is warranted to determine whether cognitive adoptions of sexual self-schemas—through temporary or repeated exposures—could have meaningful, positive impacts on women’s sexual function and well-being.

Summary and Recommendations

We have reviewed four distinct methods of conceptualizing and assessing women’s sexual self-schemas. With the SSS [1••], women’s sexual self-schemas are characterized by the level of self-descriptiveness of two positive and one negative domains, which are not mutually exclusive. By examining scores for each domain, or a composite, it is possible to gain a global view of a woman’s positive and negative views of her sexual self, which are related to past sexual experiences and current sexual function [1••]. Building on the SSS, the SSSDT [4••] conceptualizes sexual self-schemas as networks of information related to the sexual self; greater interconnectedness of a sexual self-schema would facilitate spreading of activation through the network in the face of sexual stimuli, guiding responses and behaviors [21, 23]. Theoretically, positive or rewarding sexual experiences could foster interconnectedness of positive sexual self-schemas, whereas aversive experiences (e.g., sexual abuse, negative sexual messages) might promote interconnectedness of negative sexual self-schemas [4••]. In contrast to the SSS and SSSDT, the MEM [5••] provides a rich characterization of a woman’s unique views of her sexual self. By allowing women to describe their sexuality in an open-ended manner and extracting themes, this method offers a broader and more flexible conceptualization of women’s sexual self-schemas. Lastly, experimental methods that ask women to “try on” a particular sexual self-schema [33, 34•] contribute to conceptualizations of sexual self-schemas by considering their in-the-moment activation and impact on women’s sexual responses and affect.

Each measure has distinct advantages and potential utility; here we make comparisons to guide clinicians and researchers in their choice of measure. The SSS is optimal for researchers or clinicians requiring ease of administration and scoring and interested in a fairly global assessment of a woman’s positive and negative sexual self-schemas. The SSSDT may be particularly useful in treatment outcome research for women’s sexual difficulties, or for research aimed at better understanding the process of sexual response. The MEM may be especially pertinent in assessment contexts and for monitoring treatment progress, including treatment outcome research for women with sexual difficulties or those coping with a history of non-consensual sexual experiences. Experimental schema activation may be useful for continued research on the impact of

women's sexual self-schema activation on subsequent responses or behaviors. Schema activation could also potentially be integrated in treatment of women's sexual difficulties.

Evidently, each measure provides unique insights into conceptualizing women's sexual self-schemas, underscoring the rich information regarding women's sexual function that could be gained from their further development. There is a need for research applying these tools to more diverse populations with respect to race/ethnicity, age, sexual and gender diversity, as well as additional clinical groups. Further work integrating sexual self-schema measures into assessment and treatment outcome research would enhance our understanding of women's sexual function, and may elucidate mechanisms of change in therapy. We recommend continued development of each measure, including increasing accessibility of emerging measures so that they may be more broadly applied to research and clinical practice on women's sexual function.

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