Function of media usage on body image, sexual assertiveness, and sexual satisfaction

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Pacific University
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Media is largely consumed and previous research has indicated it can be influential. Research has illustrated that media is inundated with images of the cultural standard of beauty to be thin and scenes of sexuality. Poor body image has been connected to media exposure and low sexual satisfaction. Sexual satisfaction was related to sexual self-disclosure and communication. This study was an exploratory examination to look at the relationship between media utilization, body image, sexual satisfaction, and sexual assertiveness. Participants were volunteers and included 84 women, ages 21-66, who took an online survey. The results of the present study found relationships between body image, sexual satisfaction, and sexual assertiveness. Media related results included consumption of reality television, TV talk shows, fashion magazines, and sports magazines. Results corresponded with previous findings in the field.

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FUNCTION OF MEDIA USAGE ON BODY IMAGE, SEXUAL ASSERTIVENESS, AND SEXUAL SATISFACTION

A THESIS
SUBMITTED TO THE FACULTY
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Media is largely consumed and previous research has indicated it can be influential. Research has illustrated that media is inundated with images of the cultural standard of beauty to be thin and scenes of sexuality. Poor body image has been connected to media exposure and low sexual satisfaction. Sexual satisfaction was related to sexual self-disclosure and communication. This study was an exploratory examination to look at the relationship between media utilization, body image, sexual satisfaction, and sexual assertiveness. Participants were volunteers and included 84 women, ages 21-66, who took an online survey. The results of the present study found relationships between body image, sexual satisfaction, and sexual assertiveness. Media related results included consumption of reality television, TV talk shows, fashion magazines, and sports magazines. Results corresponded with previous findings in the field.

Key words: media, body image, sexual satisfaction, sexual assertiveness
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Introduction

Statement of the Problem

Recent statistics from the U.S. Census Bureau (2012) indicate the average person spends about 9.7 hours per day utilizing various forms of media. About 42% of the time in a one year period is spent consuming media; several researchers have examined the effects media may have on an individual. The media is laden with ideal body images and sexual content (Frith & Kitzinger, 2001; Frith, Shaw, & Cheng, 2005; Kunke, Eyal, Finnerty, Biely, & Donnerstein, 2005; Lin & Kulik, 2002; Simon & Gagnon, 1984). There are theories that link media to body image and sexuality, like objectification theory (Fredrickson & Roberts, 1997), social comparison theory (Festinger, 1954), cultivation theory (Gerbner, Gross, Morgan, & Signorielli, 1994), social learning theory (Bandura, 1977), and sexual scripts theory (Simon & Gagnon, 1984). A number of research studies have linked poor body image with media consumption (Agliata, Tantleff-Dunn, 2004; Frith et al., 2005; Lin & Kulik, 2002; Tiggemann & Lynch, 2001). Sanchez and Kiefer (2007) found a correlation between negative body concerns, lack of sexual pleasure, and increased sexual problems. While the field of research for media, body image, and sexuality is growing, there still needs to be more research to further understand how these concepts are related.

The present study is an exploratory examination of the relationship between media usage and its function in influences on body image, sexual satisfaction, and sexual assertiveness. The question we ask: is one’s media consumption and use related to differential outcomes in body image, sexual satisfaction, and sexual assertiveness?
Theories

Several theories have been formulated to help explain body image, sexual satisfaction, sexual assertiveness, media, and how we learn. The theories discussed here include: objectification theory (Fredrickson & Roberts, 1997), social comparison theory (Festinger, 1954), cultivation theory (Gerbner et al., 1994), social learning theory (Bandura, 1977), and sexual scripts theory (Simon & Gagnon, 1984).

Objectification theory. Objectification theory, posited by Fredrickson and Roberts (1997), states that women are defined by their bodies and appearance. Through experience and socialization, females internalize cultural beauty ideals, often depicted in the media, as the standard for appearance. Objectifying media of women sends the message that their worth is based off of appearance (Zurbriggen, Ramsey, & Jaworski, 2011) and it reinforces the cultural norm of beauty. This leads to self-objectification by adopting an observer perspective to view one’s own body. When utilizing an objectifying perspective, a person’s body is seen as a throng of parts and body pieces versus a whole person. The function of a person’s body is disregarded and the focus is on appearance. According to Bartky (1990), sexual objectification happens when a female’s body, sexual functions, or body parts are disconnected from her as a person and are instead viewed as instruments or bodies for the pleasure or use of others.

When a person self-objectifies and views ones’ body by parts instead of as a whole, it could lead to constant body monitoring, body shame, appearance anxiety, eating disorder symptoms, sexual dysfunction, and depressive symptoms (Moradi, 2010). Hebl, King, and Lin (2004) found that Caucasian and ethnic minority women experiencing self-objectification were subject to behavioral and psychological consequences; relationships were found between self-objectification, negative body shame, low self-esteem, poor eating behaviors, and decreased
ability to perform math tasks. Since then, other researchers have continued to find a relationship between the cultural standard of thinness and negative body image (Buchanan, Fischer, Tokar, & Yoder, 2008; Kozee & Tylka, 2006; Moradi & Rتنenstein, 2007).

In addition to experiencing poor body image when sexually objectified, women are treated as an object, a body, or a collection of body parts and they are valued for their usefulness to others (Woertman & van de Brink, 2012). To control or anticipate how they will be treated, women may become preoccupied with their appearance. Through this obsession with their appearance, they might experience worry and anxiety, which they might try to reduce by investing time, energy, and money into their appearance. The preoccupation with appearance can also manifest as thoughts that can be distracting and lead to other problems. Fredrickson and Roberts (1997) stated long-term attention and preoccupation with one’s own body might lead to interference with sexual functioning and activity. Self-objectification has potential negative consequences and could interfere with different aspects of someone’s life.

Objectification theory postulates an internalization of the cultural standard body ideal that people evaluate themselves against and strive to attain (Fredrickson & Roberts, 1997). If a person does not match the cultural ideal they have internalized, poor body image and problems with sexuality could be a result.

**Social comparison theory.** The social comparison theory describes a person’s urge to evaluate oneself through a comparison to others, including media portrayals (Festinger, 1954). When engaging in social comparison, a person may begin to feel social pressure, which can be the basis of a person’s desire to conform to cultural body ideals (Fallon, 1990; Stormer & Thompson, 1996). The attitudes people have about their body are due to cultural and social influences often conveyed through the mass media (Thompson, Heinberg, Altabe, & Tantleff-
Researchers found it can be discouraging to compare the self to someone who is superior, and if females have greater exposure to idealized images of bodies versus average images, this may result in chronic body dissatisfaction (Buote, Wilson, Strahan, Gazzola, & Papps, 2011). Social comparison can lead to an urge to achieve cultural beauty ideals, which could have detrimental affects on one’s body image.

**Cultivation theory.** Cultivation theory hypothesizes repeated contact to content in the media will lead a person to adopt that portrayal as reality or believe it is more congruent with reality (Gerbner et al., 1994; Morgan & Shanahan, 2010; Riddle, 2010). The theory applies to anything that may be illustrated in the media, including body shape, behavior, and sexuality. The adopted reality from media leaves people with a misrepresentation of the world. The cultivation effect is stated to only occur after habitual, frequent exposure to media.

The heuristic processing model of cultivation effects (Shrum, 1996) has been used to describe television’s impact on social beliefs. This model argues frequent viewing of television influences people’s views on social behavior due to the availability heuristic (Tversky & Kahneman, 1973). The availability heuristic is something people employ when accessing recent and salient information from their memory to judge event frequency. For instance, if a person frequently watches television featuring sexual intercourse and is asked about how often people have sex and what types of behaviors are associated with sexual intercourse that person is likely to answer by referencing what he or she has seen on television. An unrealistic answer may be provided, which is obscured from the reality, due to the readily accessible information from his or her television shows. Someone who frequently consumes media may begin to cultivate ideas and adopt media portrayals as reality, like how a person should look, act, or behave.
Social learning theory. Bandura (1977) describes a process of learning through modeling and observation of others. In the social learning theory, the acquisition of the thin ideal and guidelines for how to obtain it are gathered from observing the media and modeling the observed behaviors. This is also related to sexual content in the media because of the behaviors and guidelines for sexual interactions a person can observe and model. Prevalence is a key feature of the social learning theory in that the greater the exposure is to an ideal the greater the chance will be of modeling that ideal. Another main feature involves incentives, which act as a reward or punishment for performing modeled behaviors. If a television character is rewarded for her thin physique or behavior during sexual intercourse, the viewer will be encouraged to model the behavior and obtain the reward, which might be acceptance by friends or attention from a potential mate. The social learning theory elucidates how someone could learn from repeated exposure of behavior in the media and model it to obtain different incentives.

Sexual scripts theory. Sexual script theory states that guidelines for sex, sex talk, and sexual behaviors are obtained through media, culture, and interactions with others (Frith & Kitzinger, 2001; Simon & Gagnon, 1984; Wiederman, 2005). Sexual scripts include sexual norms of the culture and gender roles. The female role has typically included passive behavior, attractive appearance, and has been considered a seductive stimulus that is a gatekeeper of the sexual act (Byers, 1996; Greene & Faulkner, 2005; LaPlante, McCormick, & Brannigan, 1980; Wiederman, 2005). Women are expected to be agreeable, responsive, and please with sexual initiation (Gagnon, 1990). People tend to defer to these scripts, which include cultural behaviors and expectations about the where, how, when, why, and by whom for various situations and events (Greene & Faulkner, 2005; Simon & Gagnon, 1987).
The above theories illuminate various reasons for learned behaviors from the media like: internalizing the cultural standard of beauty, investing in one’s appearance to obtain the cultural standard, comparing oneself to observed behaviors and appearances, frequent exposure to specific ideals and behaviors, observation of rewards for exemplifying specific behaviors or appearances, and viewing guidelines for specific roles and the behavior related to those roles. Consequences might affect thoughts, feelings, and behaviors related to body image and sexuality.

**Body Image**

Body image is considered to be an elaborate construct involving attitudes, feelings, beliefs, behaviors, and self-perceptions about one’s body (Cash & Pruzinsky, 2002; Grogan, 2006). Body image as a construct, according to researchers, includes a relationship between the social environment, the person, and his/her body opposed to thinking of it as a fixed notion (Cash, 2004; Grogan 2006).

Some researchers have classified body image into four categories: subjective dissatisfaction or disturbance, affective distress, cognitive aspects, and behavioral avoidance (Thompson & Van Den Berg, 2002). Subjective disturbance or dissatisfaction reflects a person’s overall dissatisfaction with appearance. Affective distress is related to emotions one has about his or her appearance, which can include discomfort, anxiety, and dysphoria. Cognitive aspects of body image refer to the thoughts or beliefs about one’s body, which are often inaccurate, in addition to the investment put into one’s appearance. Behavioral avoidance is related to appearance dissatisfaction and avoidance of situations or objects that may provoke concerns about body image.
Body image has also been conceptualized as having the following three aspects: evaluation, affect, and investment (Cash, 2002). Body image evaluation includes feeling dissatisfied or satisfied with one’s appearance and different aspects of one’s appearance, which is similar to subjective dissatisfaction. Body image affect is comprised of emotional experiences that lead to body evaluations, which is similar to affective distress. And lastly, body image investment encompasses the significance placed on physical appearance and includes the effort someone expels to achieve the idea physical appearance. Conceptualizations of body image are multi-faceted and complex; they can include dissatisfaction with one’s body, emotions and thoughts related to appearance, behavioral avoidance, and investment in appearance.

There is growing evidence of body dissatisfaction; about half of females report feeling displeased with their bodies (Bearman, Presnell, & Martinez, 2006; Monteath & McCabe, 1997). Normative discontent has been used to explain the dissatisfaction many women have with their bodies (Tiggemann & Lynch, 2001). In addition to feeling displeased with their bodies, women think they are heavier than they really are and report a desire to be thinner (Mintz & Kashubeck, 1999; Vartanian & Giant, 2001). Negative body image has started in children as young as 7 years old and it is consistent across race and body size (Dohnt & Tiggemann, 2006; Grabe & Hyde, 2006). Tiggemann and Lynch (2001) found body dissatisfaction to be stable throughout a woman’s lifespan.

The emphasis on importance of physical appearance is a defining feature of a woman’s value (Haboush, Warren, & Benuto, 2012; Katz, 1985; Thomson et al., 1999). Western cultures emphasize a thin ideal for females that may have originated from thinness as a representation of wealth, leisure, youth, happiness, success, intimacy, and health (Heinberg, 1996; Jackson, 2002; Tiggemann, 2002). This thin ideal often includes long legs, large breasts (Byrd-Bredbenner &
youthfulness, light eyes, and clear skin (Davalos et al., 2007; Haboush, Warren, & Benuto, 2012; Halliwell & Dittmar 2003). This translates into a cultural schema of thinness and attractiveness as a requirement for happiness and success (Tiggemann, 2002). “There is no doubt that current societal standards for female beauty inordinately emphasize the desirability of thinness – and thinness at a level that is impossible for most women to achieve by healthy means” (Tiggemann, 2002, p. 91). This unattainable ideal is what women are evaluating themselves against (Poran, 2002; Thompson et al., 1999) and it could be the aspect they use to measure their worth.

Some argue the cultural ideal is unattainable and not representative of the female population. Researchers surveyed 19,593 citizens from the United States between 2003 and 2006 to obtain anthropometric measurements, which included: weight, circumferences, height, limb lengths, skinfold thickness, and recumbent length (McDowell, Fryar, Ogden, & Flegal, 2008). Between 2003 and 2006, the average adult female height was 63.8 in. and weight was 164.7 lb with a 37 in. waist circumference. Researchers found the average United States female model had a height of 71 in. and a weight of 117 lb. That means the average United States adult female model was 7.2 in. taller and 47.7 lb less than the average United States adult female citizen. Within the world of modeling, the average female has not been well represented.

“Not only do media influence behavior indirectly, they also offer explicit instruction on how to attain the beauty ideal” (Tiggemann, 2002, p. 93), which is unrealistic. Several magazines include articles and advertisements on dieting and exercise that perpetuate the idea of being able to control body weight and shape. There are negative consequences of this thin ideal and trying to obtain it including: low self-esteem, negative body image, psychological disorders, and physical disorders that can be life-threatening (Bissell & Zhou, 2004; Morrison, Morrison, &
Societal standards for the ideal body have an increased emphasis on thinness (Tiggemann & Lynch, 2001, Wiseman, Gray, Mosimann, & Arens, 1992), while women have become heavier (Spitzer, Henderson, & Zivian, 1999). Groesz, Levine, and Murnen (2002) completed a meta-analysis of 25 studies and they found that females experienced more negative body image effects after viewing thin models. “Repeated exposure to such images may lead women to internalize the thin ideal such that it becomes accepted by them as the reference point against which to judge themselves” (Tiggemann, 2002, p. 92).

Women who internalize the cultural ideal as an achievable standard can feel body dissatisfaction as the ideal is largely unattainable (Buote, Wilson, Strahan, Gazzola, & Papps, 2011). Women expend a lot of money, time, and energy with the aim of improving their appearance (Sanchez & Kiefer, 2007). Body shame, appearance anxiety, and monitoring or adjustment of appearance are possible consequences when a woman’s body does not match the society’s thin ideal (Steer & Tiggemann, 2008).

**Sexual Satisfaction**

In order to feel sexual satisfaction, one sexual script in Western culture describes sex as spontaneous without communication and as a result of a bodily impulse (Dune & Shuttleworth, 2009). When a person’s experience deviates from internalized social and sexual scripts, sexual difficulties, lower well-being, and displeasure may occur (Dune & Shuttleworth, 2009).

Even though one Western sexual script involves no communication, researchers have found links between satisfaction with sexual activities and sexual disclosure (Haavio-Mannila & Kontula, 1997; Menard & Offman, 2009). A key component for sexual satisfaction in
relationships was communication of sexual likes and dislikes (MacNeil & Byers, 2005, 2009), but in order to do that, “one must be willing to tolerate the feeling of being at risk and exposed to potential rejection, embarrassment, or humiliation when self-disclosing private and intimate person information in this area” (Montesi, Gauber, Gordon, & Heimberg, 2010, p. 592). The risks of communication might be worth it because sexual disclosure has been correlated with increased sexual satisfaction (Byers & Demmons, 1999), better sexual well-being, and sexual satisfaction (Cupach & Comstock, 1990; MacNeil & Byers, 1997, 2005, 2009; Taleporos & McCabe, 2002). Sexual satisfaction has also been linked to relationship satisfaction (Byers, Demmons, & Lawrance, 1998; Cupach & Comstock, 1990; MacNeil & Byers, 2005). Sexual satisfaction has been correlated with high education, early start of sexual life, nonreligious background, considering sexuality important, reciprocal feelings of love, frequent intercourse, use of sex material, variety of sexual techniques, and frequent orgasms (Haavio-Mannila & Kontula, 1997). An overall lower psychological well-being has been associated with women who are sexually dissatisfied (Davison, Bell, LaChina, Holden, & Davis, 2009). Despite the sexual script describing sex as spontaneous and without communication, researchers have found evidence of sexual communication leading to greater sexual satisfaction, which can increased relationship satisfaction and better well-being.

**Sexual Assertiveness**

Sexual communication and self-disclosure has been linked to feeling sexually satisfied (Byers & Demmons, 1999; Byers, Demmons, & Lawrance, 1998; Cupach & Comstock, 1990; MacNeil & Byers, 2005, 2009). Many researchers have described sexual communication as sexual self-disclosure (Byers & Demmons, 1999; Larson, Anderson, Holman, & Niemann, 1998; MacNeil & Byers, 1997, 2005). Sexual self-disclosure has been defined as the degree to which a
person discloses his or her sexual preferences regarding techniques like kissing, oral sex, and intercourse to his or her partner. There is a difference between disclosing sexual likes and having those preferences enacted. Communication might not be enough for sexual satisfaction, which is why sexual assertiveness is essential. It includes disclosing sexual preferences to a partner, making requests to fulfill those sexual likes and wants, and initiating sexual behaviors (Menard & Offman, 2009). Sexual assertiveness also includes the ability to refuse sexual activity and ask for safer-sex behaviors and contraceptive use (Morokoff et al., 1997).

The literature indicates communication has an important relationship with sexual communication, but Miller and Byers (2004) found people were not conveying how long they wanted foreplay and intercourse to last. They also discovered couples were relying on sexual stereotypes (often portrayed in the media) of what they thought their partner liked and disliked. Participants were more comfortable not disclosing their likes and dislikes, which has the risk of affecting one’s sexual satisfaction.

Researchers have found individuals often avoid certain topics to protect oneself, avoid embarrassment or vulnerability, and to prevent conflict (Greene, Derlega, Yep, & Petronio, 2003; Ijams & Miller, 2000; Zhang & Siminoff, 2003). The norm in most romantic relationships is to avoid discussing sex (Widman, Welsh, McNulty, & Little, 2006). Sexual conversations are imperative and many people are uncomfortable with or do not know how to have these conversations with their partners (Allen, Emmers-Sommer, & Crowell, 2001). Many sex therapists aim to increase both nonsexual and sexual communication in a romantic relationship in order to promote sexual satisfaction (Russell, 1990).

Self-disclosure of sexual techniques a person finds desirable or undesirable leads to increased sexual satisfaction and a decrease in the number of sexual problems experienced by
Sexuality and body image. “Gaining interpersonal sexual experience requires both attracting a partner and being comfortable enough with one’s body to bare it… to a partner. So … both physical attractiveness as well as comfort with one’s body may influence sexual experience” (Wiederman, 2002, p. 288). Thoughts, physical activities, behaviors, and feelings are all a part of sexual functioning. Since body image involves cognitive and affective processes related to the physical body, it could influence sexual functioning and be affected by various sexual experiences. “How one views one’s physical attractiveness may contribute to sexual assertiveness, pursuit of sexual experience, and comfort within interpersonal situations that may develop sexually” (Wiederman, 2002, p. 290).

Body image could affect one’s ability to be present in the situation and feel sexual satisfaction or interfere with one’s ability to communicate preferences. Female’s sexual functioning is not entirely physical; it involves and is affected by relational, psychological, and sociocultural contexts (Althof, Rosen, Derogatis, Corty, Quirk, & Symonds, 2005). When a woman is cognitively distracted, she may find it harder to concentrate on the sexual activity, which will make it harder to feel sexually satisfaction (Steer & Tiggemann, 2008).

Negative body image was linked to increased avoidance of sexual activity (La rocque & Cio, 2010; Reissing, Laliberte, & Davis, 2005). Experiencing negative thoughts and self-consciousness during physical intimacy has been shown to negatively affect sexual functioning.
Sexual dysfunction was one consequence of internalized objectification (Dove & Wiederman, 2000). One third of women in college reported being self-conscious of their body during physical intimacy (Wiederman, 2000). An enjoyable sex life was associated with a positive body image (Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012) and women experiencing dissatisfying sex lives were more dissatisfied with their bodies than those with satisfying sex lives (Hoyt & Kogan, 2001). When someone was cognitively removed from one’s own experience during sexual intercourse, he or she was vulnerable to sexual dysfunction (Walen, 1980).

“Spectatoring” is a term used to describe self-consciousness and focus on the self and appearance during sexual activities (Masters & Johnson, 1970). When people engage in spectatoring, it was theorized to result in poor sexual desire and decreased physiological arousal (Barlow, 1986; Masters & Johnson, 1970). If a person is concerned about appearance, it is hard to relax and concentrate on one’s own pleasure (Adams, Haynes, & brayer, 1985; Dove & Wiederman, 2000; Meana & Nunnink, 2006). Meana and Nunnink (2006) studied types of cognitive distractions during intercourse and found women experienced higher rates of appearance distractions than men. This indicates women are at a higher risk of engaging in spectatoring during sexual intimacy.

Woertman and van de Brink (2012) conducted a meta-analysis of 57 studies looking at body image, sexual functioning, and behavior in females. There was no evidence for a causal relationship between body image and sexual satisfaction, but findings indicate poor body image may be harmful to one’s sexual satisfaction (Woertman & van de Brink, 2012). They concluded sexual functioning is affected in several domains by body image. Specifically, body image was correlated with sexual functioning, sexual esteem, and sexual behavior. Women with good body
images were more likely to have higher sexual esteem, increased sexual satisfaction, and fewer sexual problems than women with poor body image. Weaver and Byers (2006) found similar results indicating women with positive body image were found to have better sexual functioning and body satisfaction was related to increased sexual esteem, decreased sexual anxiety, and decreased amount of sexual problems.

Researchers have found low levels of sexual assertiveness to be related to self-objectification and poor body image (Impett, Schooler, & Tolman, 2006; Weaver & Byers, 2006). Steer and Tiggemann (2008) found a significant relationship between self-objectification and self-consciousness during sexual activity; women who worried about how others perceived their appearance also experienced this concern during physical intimacy. Their results revealed links between self-objectification, self-surveillance, appearance anxiety, and body shame, which led to more self-consciousness during physical intimacy and decreased sexual functioning. Sanchez and Kiefer (2007) found increased appearance concerns related to increased sexual problems. They reported self-consciousness was a mediator between sexual pleasure and body shame.

Researchers found body appreciation was linked to aspects of sexual function and satisfaction (Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012). Women with a positive body image were also more sexually confident (Weaver & Byers, 2006). Researchers have discovered sexual satisfaction was positively linked to appearance evaluation and overall body image (Holt & Lyness, 2007; Meana & Nunnink, 2006). A positive body image has been linked to more sexual knowledge, increased sex drives, more relaxed views about sex, and increased frequency of sexual fantasies (Tang, Lai, & Chung, 1997). Women who have greater body satisfaction would initiate sex more and were more willing to try new sexual behaviors, which include
activities like hugging, kissing, masturbation, vaginal intercourse, anal intercourse, and oral sex (Ackard, Kearney-Cookie, & Peterson, 2000; Trapnell, Meston, & Gorzalka, 1997; Woertman & van de Brink, 2012).

Negative body image has been linked to decreased sexual satisfaction and low sexual assertiveness among other negative consequences like low self-esteem, poor sexual esteem, increased appearance anxiety, and more sexual problems. The theories discussed earlier propose how different behaviors and thoughts, related to sexual activities and body ideal standards, are learned through repeated exposure and internalization of media.

Media

“Most adults believe that they personally are not affected much by the mass media” (Strasburger, Wilson, & Jordan, 2008, p. 10). According to the U.S. Census Bureau (2012), the average person spends 3,543 hours per year consuming media, which includes: television, the Internet, movies, radio, music, newspapers, magazines, books, and video games. The amount of time utilizing media per day is about 9.7 hours per person, which works out to be about 42% of one year. “Over a year, children and adolescents spend more time watching television than in any activity other than sleeping” (Tiggemann, 2002, p. 91). Television has become a main source to obtain everyday and socialization information (Gerbner, Gross, Morgan, & Signorielli, 1994). “In general, television’s influence on social beliefs, attitudes, and behaviors tends to occur by a gradual, cumulative process that is most likely to develop with repeated exposure … of portrayals (Kunkel, Eyal, Finnerty, Biel, & Donnerstein, 2005, p. 8).

Body image in the media. Cultural standards for body appearance for which people in Western cultures are to aspire towards are largely represented in the media (Tylka & Calogero, 2011). People will restrict their relationships, behavior, and perceptions of others and themselves
to mirror the cultural ideals of how a woman should look even though the standard ideal is widely unattainable (Harrison, 2003). Women are inundated with pressure to be thin through images and media (Stice & Shaw, 1994), which have assisted in an increase in the normative discontent they feel with their bodies (Silberstein, Striegel-Moore, & Rodin, 1987). Media displays the acceptable, female bodily expectations of shape, attributes, and size, which could lead a woman to believe her natural body is inadequate (Calogero & Tylka, 2010).

Brief exposure to objectified images of women are unlikely to lead to poor body image and reduced self-esteem unless the body shown in the media is idealized (APA Taskforce 2010; Grabe, Ward, & Hyde 2008). After repeated exposure to media content and the cultural thin ideal, however, women begin to accept the ideal as normative and the defining feature of attractiveness (Grabe, Ward, & Hyde, 2008). Media may influence changes in body perception and evaluation depending on the importance the spectator places on media (Groetz et al 2002). Myers and Biocca (1992) found a woman’s perception could be influenced by watching 30 minutes of advertising or programming on television; they concluded body image is impressionable and affected by viewing society’s ideal body shape.

Research “findings support the notion that exposure to media images depicting the thin-ideal body is related to body image concerns for women” (Grabe, Ward, & Hyde, 2008, p. 460). Swami et al. (2010) found body weight ideals were predicted by participant’s body mass index (BMI) and exposure to Western media. High socioeconomic status was correlated with higher body dissatisfaction and a desire to be thin. Exposure to Western media was found to be a predictor of body dissatisfaction.

“A buxom Marilyn Monroe was the beauty ideal in the United States in the 1950s, soon to be replaced by the emaciated Twiggy of the 1960s” (Frith, Shaw, & Cheng, 2005). Frith,
Shaw, and Cheng conducted a content analysis of women’s beauty and fashion magazines; their findings suggest beauty in the U.S. is more widely emphasized by a person’s body versus the emphasis Singapore and Taiwan place on one’s face to determine beauty. There has been a well-documented shift of preference for thin women (Davis & Oswalt, 1992; Garner, Garfinkel, Schwartz, & Thompson, 1980; Silverstein, Peterson, & Perdue, 1986; Wiseman, Gray, Mosimann, & Ahrens, 1992). Analysis of a 30-year period has revealed reduction in bust and hip measurements of women in magazines (Garner, Garfinkel, Schwartz, & Thompson, 1980; Wiseman, Gray, Mosiman, & Ahrens, 1992). The main body type of Playboy centerfolds, fashion models, and pageant winners has changed from a full figure to a thin one (Garner et al., 1980; Wiseman et al., 1992).

Downs and Smith (2010) found 41% of women in media were wearing revealing clothing, totally or partially nude, and many had unattainable bodies. The media often displays ideal images of women as evidenced by thin figures and underweight actresses and models (Frith, Shaw, & Cheng, 2005; Lin & Kulik, 2002; Spitzer, Henderson, & Zivian, 1999; Tiggemann & Lynch, 2001). These models and actresses are recruited due to their characteristics, but their pictures are further subjected to photo-editing to make them better match the cultural ideal, which means these ideals are not physically attainable (Kilbourne & Jhally, 2010). Buote, Wilson, Strahan, Gazzola, and Papps (2011) found more messages in the media were directed at women than men conveying the attainability of the ideal body.

Thin characters on television are overrepresented (Fouts & Burggraf, 1999, 2000; Greenberg, Eastin, Hofschire, Lachlan, & Brownell, 2003). The characters in the media are thinner than the female population (Fouts & Burggraf, 1999, 2000). In 1999, Fouts and Burggraf found a 33% overrepresentation of central female characters in television comedies with below
average weight. Fouts and Burggraf (2000) discovered more harmful comments were made about heavier females, which audience laughter reinforced. They suggested the negative comments and laughter could contribute to internalized weight and gender stereotypes.

Authors of one meta-analysis found magazine and television exposure positively related to body dissatisfaction (Grabe, Ward, & Hyde, 2008). Harrison and Cantor (1997) found media consumption predicted body dissatisfaction and drive for thinness. They found magazines were a better predictor than television for drive for thinness, but television was a better predictor for body dissatisfaction. Researchers in experimental and lab settings have discovered exposure to a thin ideal led to greater body dissatisfaction (Birkeland, Thompson, & Herbozo, 2005; Halliwell & Dittmar, 2004; Hargreaves & Tiggemann, 2004; Tiggemann & Slater, 2003). Correlational researchers have discovered frequent exposure to television and magazines was related to increased body dissatisfaction (Anderson, Huston, Schmitt, Linebarger, & Wright, 2001; Bissell & Zhou, 2004; Jones, Vigfusdottir, & Lee, 2004; Morry & Staska, 2001). Some researchers have found people experience better body image after viewing images of average and overweight people (Dittmar, Halliwell, & Stirling, 2009; Dittmar & Howard, 2004; Halliwell & Dittmar, 2004; Ogden & Mundray, 1996).

Grabe, Ward, and Hyde (2008) conducted a meta-analysis of 90 studies looking at body dissatisfaction. They found a relationship between media exposure and increased levels of body dissatisfaction for women and a stronger internalized representation of the thin ideal. Media exposure was also associated with more time spent investing in appearance. The thin ideal was encouraged and rewarded for women across different types of media (Fouts & Burggraf, 1999).

The media over represents the thin ideal and conveys that it is attainable to viewers, even though it is largely unattainable for many people (Harrison, 2003; Tylka & Calogero, 2011).
Exposure to this ideal has been linked to negative body image (Anderson, Huston, Schmitt, Linebarger, & Wright, 2001; Birkeland, Thompson, & Herbozo, 2005; Bissell & Zhou, 2004; Grabe, Ward, & Hyde, 2008; Halliwell & Dittmar, 2004; Harrison & Cantor, 1997).

**Sexual satisfaction and sexual assertiveness in the media.** Media is heavily laden with sexuality. Content analyses are done to explain what is being shown in the media, they do not tell us what people learn from them (Strasburger, Wilson, & Jordan, 2008). The following included a large amount of content related to the discussion of sex or sexual behaviors: television (70%), movies (92%), and news magazines (70%), but only 14% of sexual content includes mention of responsibilities or risk (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005; Roberts, Henriksen, & Foehr, 2009). In addition, television shows in 1998 only had 56% of sexual content, which means sexual content has been on the rise.

Sexual talk was found to be in 68% of television shows with approximately four scenes per hour. Sexual behavior (such as kissing, touching, or sexual intercourse) was found to be in 35% of television shows with a rate of two scenes per hour. Eighty three percent of shows with sexual messages had at least two or more scenes with themes or topics regarding sex (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005). These findings indicate “that while the emphasis on sex within scenes has remained stable, significant increases in the frequency and amount of talk about sex makes clear that sexual messages on television are far more pervasive today than in previous years” (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005, p. 25). In 2005, researchers found sexual assertiveness was only 2% of sex portrayed on television, which was defined as initiating sexual activities (Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005). Byers et al. (2003a, 2003b) found little to no discussion with youth regarding safe sex, sexual pleasure, and sexual decision-making.
“In the absence of widespread, effective sex education at home or in schools, television and other media have arguably become the leading sources of sex education in the United States today” (Strasburger, 2005, p. 212). In one study by Kaiser Family Foundation (1996), media was ranked in the top sources of where adolescents learn sexual information. “Televised portrayals of intercourse play a role in socializing young viewers to the patterns of behavior that are normative in our culture. Questions such as the age at which one should have intercourse, or the strength of the relationship that typically exists between intercourse partners are important concerns” (Kunke, Eyal, Finnerty, Biely, & Donnerstein, 2005, p. 43). The way television conveys sexuality can be unrealistic, unhealthy, and stereotypical (Malamuth & Impett, 2001; Strasburger, 2005) and has been shown to influence attitudes about sex (Ward & Friedman, 2006). Strasburger, Wilson, and Jordan (2005) wondered if it was “possible to measure up to the media’s apparent sexual standard, where everyone is having great (harmless) sex all the time” (p. 243).

“Media are clearly major sources of information about sex, information that we use to construct our reality of what sexuality and sexual behavior and values are all about” (Harris, 1994, p. 250). “In Western cultures… a woman’s appeal as a sexual partner appears to be heavily dependent on her role as a visual stimulus for her male partner” (Wiederman, 2002, p. 288). Oftentimes when women are portrayed in the media, it is in a subordinate or sexualized role (Collins, 2011). Messages also include how to get a better sex life. Magazine covers convey a better sex life can be achieved through weight loss by placing weight loss advertisements next to articles about one’s sex life (Malkin, Wornian, & Chrisler, 1999).
The media conveys sexual images and tips about how to enhance sexual experiences, sexual relationships, and sexual pleasure for both ourselves and our partners (Byers, 2011), even though they are often stereotypical or unrealistic. The mass media illustrates what people should do as normal and appropriate, but does not address variation or differences (Dune & Shuttleworth, 2009; Steele, 1999). There is a lack of information about sexual assertiveness, sexual communication between partners, and sexual initiation by both parties. Media mediates how people should express and experience their sexuality (Brown, 2002; Schooler & Ward, 2006). Taylor (2005) discovered people who found sexual content displayed in media as realistic had significant effects from it on what they deemed to be normal sexual behavior. There is a growing body of evidence supporting the relationship between watching sexual television content and the affect it has on beliefs, behaviors, and attitudes (Collins, 2011; Huston, Wartella, & Donnerstein, 1998; Ward, 2003).

**Summary**

Several researchers have linked media exposure to poor body image (Anderson, Huston, Schmitt, Linebarger, & Wright, 2001; Birkeland, Thompson, & Herbozo, 2005; Bissell & Zhou, 2004; Grabe, Ward, & Hyde, 2008; Halliwell & Dittmar, 2004; Harrison & Cantor, 1997) and increased stereotypical beliefs about sex, which can influence sexual behaviors (Collins, 2011; Malamuth & Impett, 2001; Strasburger, 2005; Ward, 2003). Poor body image was related to decreased sexual satisfaction (Holt & Lyness, 2007; Meana & Nunnink, 2006; Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012). And low sexual assertiveness was correlated with decreased sexual satisfaction (Byers & Demmons, 1999; Byers, Demmons, & Lawrance, 1998; Cupach & Comstock, 1990; MacNeil & Byers, 2005, 2009).
Present Study

The present study is an exploratory examination of the relationship between media consumption, body image, sexual assertiveness, and sexual satisfaction. There have been studies looking at media and body image, sexuality and body image, but not media and sexuality. This study was proposed as a way to further the knowledge about the topics and how they may be related. Since this is an exploratory study, no specific hypotheses were put forth. We wonder if one’s media utilization is related to differential outcomes in sexual assertiveness, sexual satisfaction, and body image?

Method

Participants

Participants included 84 women (M_age = 30.5 years, age range: 21-66 years) who volunteered to take an online survey. Racial identity was constricted in the study: 75 White, 4 Biracial, and 5 other. Only nine participants indicated having a Hispanic or Latino ethnicity. Education varied among the participants: some high school (1.19%), completed high school (4.76%), some college or technical school (23.81%), two- or four-year degree (28.57%), some graduate school (21.43%), and masters or doctoral degree (20.24%). The majority of the sample was married or partnered (47.62%), followed by participants in a relationship (29.76%), and participants who identified as single (22.62%).

Materials

The materials presented to participants included five questionnaires. First, they were given a brief demographics questionnaire (Appendix A), followed by the Media Exposure Questionnaire (MEQ; Appendix B; Davis & Echanove, 2012), the Hurlbert Index of Sexual Assertiveness (HISA; Appendix C; Hurlbert, 1991), the New Sexual Satisfaction Scale (NSSS;
Appendix D; Štulhofer, Buško, & Brouillard, 2010), the Multidimensional Body-Self Relations Questionnaire – Appearance Scales (MBSRQ-AS; Appendix E; Cash, 2000), and finally, participants were presented with a single open-ended question (Appendix F) to ask for any other thoughts or concerns regarding the issues of media, body image, sexual satisfaction, and sexual assertiveness.

**Media Exposure Questionnaire.** The MEQ (Davis & Echanove, 2012) was constructed to assess the frequency and qualitative nature of exposure to various forms of media. The types of media consumption examined include: television, Internet, magazines and books, newspapers, radio, and cell phones. Within those domains, the following areas were assessed: comedy, news, sports, fashion, shopping, and business.

**Multidimensional Body-Self Relations Questionnaire – Appearance Scales.** The MBSRQ-AS (Cash, 2000) is a 34-item scale that assesses one’s body image or outlook towards one’s physical self (Cash & Pruzinsky, 2002). The Cronbach’s alpha ranges from .73 to .89 and the internal consistency ranges from .74 to .91 (Cash, 2000). There are five scales on the MBSRQ-AS, which include: Appearance Evaluation subscale, Appearance Orientation subscale, Body Areas Satisfaction Scale, Overweight Preoccupation subscale, and Self-Classified Weight subscale.

- The Multidimensional Body-Self Relations Questionnaire Appearance Evaluation (MBSRQ-AE) subscale measures how satisfied or dissatisfied one feels about his or her appearance and attractiveness. A higher score on this scale indicates positive and satisfied feelings towards one’s appearance. Lower scores are indicative of dissatisfaction and unhappiness about one’s appearance.
• The Multidimensional Body-Self Relations Questionnaire Appearance Orientation (MBSRQ-AO) subscale measures the magnitude of investment spent on one’s appearance. Higher scores reflect an opinion of appearance being important and indicate the person pays attention to appearance and engages in extensive activities for improve appearance.

• The Multidimensional Body-Self Relations Questionnaire Body Areas Satisfaction Scale (MBSRQ-BAS) is comparable to the Appearance Evaluation subscale, but focuses on separate characteristics and features of appearance. High scores imply content with several body areas, and lower scores signify dissatisfaction with many body areas, size, or appearance.

• The Multidimensional Body-Self Relations Questionnaire Overweight Preoccupation (MBSRQ-OP) subscale evaluates a concept related to “fat anxiety, weight vigilance, dieting, and eating restraint” (Cash, 2000, p. 3).

• The Multidimensional Body-Self Relations Questionnaire Self-Classified Weight (MBSRQ-SCW) subscale reveals the perception one has about one’s weight and how he or she labels it from very overweight to very underweight.

**Hurlbert Index of Sexual Assertiveness (HISA).** The HISA (Hurlbert, 1991) is a 25-item scale that assesses an individual’s behavioral, emotional, and cognitive ease in sexual communication, which is also referred to as sexual assertiveness (Pierce & Hurlbert, 1999). The reliability was found to be .85 (Pierce & Hurlbert, 1999).

**New Sexual Satisfaction Scale.** The NSSS (Štulhofer, Buško, & Brouillard, 2010) is a 20-item scale that measures sexual sensations, emotional closeness, sexual activity, sexual exchange, and sexual awareness and focus. There are two subscale scores and a full scale score
for each participant: Subscale A items assess an individual’s self-focused sexual sensations and sexual awareness. Subscale B items assess a person’s interpersonal activities with a partner related to the sexual exchange, emotional connection, and the sexual activity. The full scale is the sum of both subscales and a higher score is indicative of greater sexual satisfaction.

**Procedure**

Participants were recruited through social networking sites owned and operated by study investigators and through national research recruitment websites. The recruitment message included a link to an Internet-based survey on SurveyGizmo.com. All data collected was strictly anonymous. Upon entering the study site, participants were presented with an informed consent document and were asked to provide consent by agreeing to the terms of the study.

After providing informed consent, participants were presented with and asked to complete a brief demographics questionnaire, the Media Exposure Questionnaire (MEQ) the Multidimensional Body-Self Relations Questionnaire – Appearance Scales (MBSRQ-AS), the Hurlbert Index of Sexual Assertiveness (HISA), and the New Sexual Satisfaction Scale (NSSS). Participants’ average time to complete the study was 20 minutes. Upon completion of these measures, each individual was told their participation was complete and thanked for their time.

**Results**

First, average scores were obtained for the following measures: HISA, MBSRQ-AS, and NSSS. Hurlbert (1991) determined a score under 73 was nonassertive. The HISA scores of participants in this study ranged from 21 to 93 \((M = 67.14, SD = 16.95)\). Scores on the MBSRQ-AS were as follows: Appearance Evaluation \((M = 3.10, SD = .98)\), Appearance Orientation \((M = 3.41, SD = .64)\), Body Areas Satisfaction \((M = 3.09, SD = .73)\), Overweight Preoccupation \((M = 3.03, SD = .96)\), and Self-Classified Weight \((M = .61, SD = .77)\). On the NSSS, participants
scored as follows: NSSS Subscale A \((M = 33.25, SD = 9.37)\), NSSS Subscale B \((M = 33.09, SD = 9.68)\), and NSSS Full Scale \((M = 66.33, SD = 18.13)\).

**Measure Correlations**

Next, we were interested in determining if significant relationships existed between the following measures provided to participants: the MBSRQ-AS subscales, the HISA, the NSSS subscale A, the NSSS subscale B, and the NSSS full scale scores. To do this, Pearson product-moment correlations were computed between the measures. A \(p \) value of less than .05 was required for significance. The correlational analyses results reflect that 29 of the 36 correlations were statistically significant (see Table 1 for more detail).

**The MBSRQ-AS Appearance Evaluation Subscale.** There were significant negative relationships between the MBSRQ Appearance Evaluation subscale and the following measures: MBSRQ Appearance Orientation subscale, MBSRQ Overweight Preoccupation subscale, and MBSRQ Self-Classified Weight subscale. This indicates higher levels of appearance evaluation (body satisfaction) were related to lower amounts of appearance orientation (investment in appearance), lower amounts of weight preoccupation and fat anxiety, and lower perception of labeling one’s weight. There were significant positive relationships between the MBSRQ Appearance Evaluation subscale and the following measures: MBSRQ Body Areas Satisfaction Scale, HISA, NSSS Subscale A, NSSS Subscale B, and NSSS Full Scale. This reflects a relationship between higher levels of appearance evaluation and increased contentment with one’s body areas, greater sexual assertiveness, more individual sexual satisfaction, higher interpersonal sexual satisfaction, and increased overall sexual satisfaction.

**The MBSRQ-AS Appearance Orientation Subscale.** There was a significant negative relationship between the MBSRQ Appearance Orientation subscale and the MBSRQ Body Areas
Satisfaction scale indicating greater investment in appearance was related to lower scores of body contentment and unhappiness with body areas. There was a significant positive relationship between the MBSRQ Appearance Orientation subscale and the MBSRQ Overweight Preoccupation subscale reflecting greater appearance investment was related to more weight anxiety and restrained eating behaviors.

**The MBSRQ-AS Body Areas Satisfaction Scale.** There were significant negative correlations between the MBSRQ Body Areas Satisfaction Scale and the following measures: MBSRQ Overweight Preoccupation and MBSRQ Self-Classified Weight scale. This indicates greater contentment with one’s body areas was related to decreased weight anxiety, less restrained eating behaviors, and better perception and labels of one’s weight. There were significant positive relationships between the MBSRQ Body Areas Satisfaction Scale and the following: HISA, NSSS Subscale A, NSSS Subscale B, and NSSS Full Scale. This reflects a relationship between greater body area contentment and increased sexual assertiveness, more sexual satisfaction related to the individual, greater interpersonal sexual satisfaction, and higher overall sexual satisfaction.

**MBSRQ-AS Overweight Preoccupation Subscale.** There were significant negative correlations between the MBSRQ Overweight Preoccupation subscale and the following measures: HISA, NSSS Subscale A, NSSS Subscale B, and NSSS Full Scale. This was indicative of relationships between higher weight preoccupation and restrained eating behaviors and lower sexual assertiveness, decreased individual sexual satisfaction, decreased interpersonal sexual satisfaction, and lower overall sexual satisfaction. There was a significant positive relationship between MBSRQ Overweight Preoccupation subscale and the MBSRQ Self-Classified Weight
subscale indicating more weight anxiety and restrained eating was related to increased labeling and poor perception of one’s weight.

**MBSRQ-AS Self-Classified Weight Subscale.** There were significant negative correlations between the MBSRQ Self-Classified Weight subscale and the following: NSSA Subscale A and NSSS Full scale. This reflects a relationship between increased labeling and poor perception of one’s weight and lower individual sexual satisfaction and decreased overall sexual satisfaction.

**HISA.** There were significant positive relationships between HISA scores and the following: NSSS Subscale A, NSSS Subscale B, and NSSS Full Scale. This indicates a relationship between greater sexual assertiveness and more individual sexual satisfaction, higher interpersonal sexual satisfaction, and better overall sexual satisfaction.

**NSSS Subscale A.** There were significant positive correlations between NSSS Subscale A and the following: NSSS Subscale B and NSSS Full Scale. This reflects higher individual sexual satisfaction was related to better interpersonal sexual satisfaction and increased overall sexual satisfaction.

**NSSS Subscale B.** There was a significant positive relationship between the NSSS Subscale B and the NSSS Full Scale indication greater interpersonal sexual satisfaction was related to higher overall sexual satisfaction.
### Table 1

**Summary of Correlations Between Body Self-Relations, Sexual Satisfaction, and Sexual Assertiveness (N = 84)**

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. MBSRQ-AE</td>
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<td>2. MBSRQ-AO</td>
<td>-.385**</td>
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<td>3. MBSRQ-BAS</td>
<td>.895**</td>
<td>-.396**</td>
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<td>4. MBSRQ-OP</td>
<td>-.596**</td>
<td>.669**</td>
<td>-.605**</td>
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<tr>
<td>5. MBSRQ-SCW</td>
<td>-.651**</td>
<td>.193</td>
<td>-.694**</td>
<td>.523**</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. HISA</td>
<td>.285*</td>
<td>-.131</td>
<td>.345**</td>
<td>-.255*</td>
<td>-.175</td>
<td>--</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7. NSSS A</td>
<td>.361**</td>
<td>-.184</td>
<td>.474**</td>
<td>-.313**</td>
<td>-.245*</td>
<td>.725**</td>
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<td></td>
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</tr>
<tr>
<td>8. NSSS B</td>
<td>.292**</td>
<td>-.108</td>
<td>.392**</td>
<td>-.260*</td>
<td>-.214</td>
<td>.639**</td>
<td>.811**</td>
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<td></td>
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<tr>
<td>9. NSSS Full</td>
<td>.342**</td>
<td>-.153</td>
<td>.454**</td>
<td>-.300**</td>
<td>-.241*</td>
<td>.716**</td>
<td>.950**</td>
<td>.953**</td>
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</tbody>
</table>

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

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

Finally, we were interested in the relationships between items on the Media Exposure Questionnaire (MEQ) and the other measures (HISA, NSSS, and MBSRQ-AS). One-way analyses of variance (ANOVA) were conducted to evaluate the relationships between types of media exposure and the measures of body image, sexual satisfaction, and sexual assertiveness. Prior to interpreting the ANOVA results, the data were tested to determine if the homogeneity of variance assumption was violated. The following Levene’s test for equality of variance were not significant so equal variances were assumed: MBSRQ-AS Appearance Evaluation ($F = 4.08, p = .05$), MBSRQ-AS Appearance Orientation ($F = .02, p = .88$), MBSRQ-AS Body Areas Satisfaction ($F = .80, p = .37$), MBSRQ-AS Overweight Preoccupation ($F = 2.16, p = .15$), MBSRQ-AS Self-Classified Weight ($F = .12, p = .73$), HISA ($F = .03, p = .87$), NSSS Subscale A ($F = 1.64, p = .20$), NSSS Subscale B ($F = .05, p = .83$), and NSSS Full Scale ($F = 1.34, p = .25$).

Media: Reality Television. A one-way ANOVA was conducted to evaluate the relationship between reality television and participant responses on the various measures (HISA, NSSS, and MBSRQ-AS). The independent variable included how often participants were exposed to reality television (rarely, sometimes, often, or never). The dependent variables were the following measures: HISA, NSSS Subscale A, NSSS Subscale B, NSSS Full Scale, and the subscales of the MBSRQ-AS.

The one-way ANOVA was significant between reality television and HISA, $F(3, 65) = 3.17, p = .03$, indicating there were significant differences in average HISA scores across the different amounts of exposure to reality TV. Post hoc analysis revealed a significant difference in the average HISA scores between groups who rarely watched reality TV ($M = 75.30, SD = $
14.34) and groups who never watched reality TV ($M = 59.11, SD = 19.37$). The 95% confidence interval around the mean difference ranged from 1.57 to 30.69.

The one-way ANOVA was significant between reality television and NSSS Full Scale, $F(3, 65) = 2.75, p = .05$, indicating there were significant differences in average NSSS Full Scale scores across the different amounts of exposure to reality TV. While the overall ANOVA was significant, subsequent post hoc analyses showed no individual comparisons were significant.

**Media: Television Talk Shows.** A one-way ANOVA was conducted to evaluate the relationship between television talk shows and participant responses on the various measures (HISA, NSSS, and MBSRQ-AS). The independent variable included how often participants were exposed to television talk shows (rarely, sometimes, often, or never). The dependent variables were the following measures: HISA, NSSS Subscale A, NSSS Subscale B, NSSS Full Scale, and the subscales of the MBSRQ-AS.

The one-way ANOVA was significant between television talk shows and MBSRQ-AS Overweight Preoccupation, $F(2, 65) = 4.12, p = .021$, indicating there were significant differences in average Overweight Preoccupation scores across the different amounts of exposure to television talk shows. Post hoc analysis revealed a significant difference in the average Overweight Preoccupation scores between groups who sometimes watched TV talk shows ($M = 3.45, SD = .99$) and groups who rarely watched TV talk shows ($M = 2.39, SD = 1.18$). The 95% confidence interval around the mean difference ranged from .14 to 1.99.

The one-way ANOVA was significant between television talk shows and MBSRQ-AS Self-Classified Weight, $F(2, 65) = 3.61, p = .033$, indicating there were significant differences in average Self-Classified Weight scores across the different amounts of exposure to television talk shows. Post hoc analysis revealed a significant difference in the average Self-Classified Weight
scores between groups who sometimes watched TV talk shows \((M = 1.18, SD = .51)\) and groups who rarely watched TV talk shows \((M = .46, SD = .72)\). The 95% confidence interval around the mean difference ranged from .06 to 1.38.

The one-way ANOVA was significant between television talk shows and NSSS Subscale B, \(F(2, 66) = 4.71, p = .012\), indicating there were significant differences in average NSSS Subscale B scores across the different amounts of exposure to television talk shows. Post hoc analysis revealed a significant difference in the average NSSS Subscale B scores between groups who sometimes watched TV talk shows \((M = 24.91, SD = 11.02)\) and groups who rarely watched TV talk shows \((M = 34.31, SD = 6.46)\). The 95% confidence interval around the mean difference ranged from 1.26 to 17.55. There was also a significant difference in the average NSSS Subscale B scores between groups who sometimes watched TV talk shows \((M = 24.91, SD = 11.02)\) and groups who never watched TV talk shows \((M = 34.41, SD = 11.02)\). The 95% confidence interval around the mean difference ranged from 1.36 to 17.65.

The one-way ANOVA was significant between television talk shows and NSSS Full Scale, \(F(2, 66) = 4.21, p = .019\), indicating there were significant differences in average NSSS Full Scale scores across the different amounts of exposure to television talk shows. Post hoc analysis revealed a significant difference in the average NSSS Full Scale scores between groups who sometimes watched TV talk shows \((M = 52.18, SD = 20.13)\) and groups who rarely watched TV talk shows \((M = 68.66, SD = 12.79)\). The 95% confidence interval around the mean difference ranged from .03 to 31.62. There was also a significant difference in the average NSSS Full Scale scores between groups who sometimes watched TV talk shows \((M = 52.18, SD = 20.13)\) and groups who never watched TV talk shows \((M = 68.93, SD = 20.16)\). The 95% confidence interval around the mean difference ranged from .03 to 31.90.
**Media: Fashion Magazines.** A one-way ANOVA was conducted to evaluate the relationship between fashion magazines and participant responses on the various measures (HISA, NSSS, and MBSRQ-AS). The independent variable included how often participants read fashion magazines (rarely, sometimes, often, or never). The dependent variables were the following measures: HISA, NSSS Subscale A, NSSS Subscale B, NSSS Full Scale, and the subscales of the MBSRQ-AS.

The one-way ANOVA was significant between fashion magazines and MBSRQ-AS Appearance Orientation, $F(3, 67) = 3.46, p = .021$, indicating there were significant differences in average Appearance Orientation scores across the different amounts of exposure to fashion magazines. Post hoc analysis revealed a significant difference in the average Appearance Orientation scores between groups who often read fashion magazines ($M = 3.90$, $SD = .75$) and groups who never read fashion magazines ($M = 3.14$, $SD = .55$). The 95% confidence interval around the mean difference ranged from -1.16 to .10.

**Media: Sports Magazines.** A one-way ANOVA was conducted to evaluate the relationship between sports magazines and participant responses on the various measures (HISA, NSSS, and MBSRQ-AS). The independent variable included how often participants read sports magazines (rarely, sometimes, often, or never). The dependent variables were the following measures: HISA, NSSS Subscale A, NSSS Subscale B, NSSS Full Scale, and the subscales of the MBSRQ-AS.

The one-way ANOVA was significant between sports magazines and HISA, $F(2, 67) = 4.92, p = .01$, indicating there were significant differences in average HISA scores across the different amounts of exposure to sports magazines. Post hoc analysis revealed a significant difference in the average HISA scores between groups who never read sports magazines ($M =$
70.12, $SD = 14.13$) and groups who sometimes read sports magazines ($M = 36.50, SD = 6.36$). The 95% confidence interval around the mean difference ranged from 7.04 to 60.19. There was also a significant difference in the average HISA scores between groups who rarely read sports magazines ($M = 66.63, SD = 21.94$) and groups who sometimes read sports magazines ($M = 36.50, SD = 6.36$). The 95% confidence interval around the mean difference ranged from .90 to 59.35.

**Additional Media Results**

Additional one-way ANOVAs were conducted to examine participant responses across other types of media, but results were not significant. The following independent variables were explored in the one-way ANOVAs: comedy TV, movies on TV, sports TV, adult content TV, movies and TV on the Internet, fashion on the Internet, shopping on the Internet, Internet dating, Internet games, Internet adult content, online social networking, music on the radio, opinion of TV, opinion of Internet, opinion of books and magazines, and self-improvement books and magazines. The dependent variables continued to be the following measures: MBSRQ-AS Subscales, HISA, NSSS Subscale A, NSSS Subscale B, and NSSS Full Scale.

**Discussion**

Previous researchers have found relationships between media use and body dissatisfaction (Grabe, Ward, & Hyde, 2008; Myers & Biocca, 1992), poor body image and lower sexual satisfaction (Adams, Haynes, & brayer, 1985; Dove & Wiederman, 2000; Meana & Nunnink, 2006; Woertman & van de Brink, 2012), decreased body image and lower sexual assertiveness (Impett et al., 2006; Weaver & Byers, 2006), low sexual satisfaction and poor sexual assertiveness (Bridges et al., 2004; Ferroni & Taffe, 1997; Hurlbert, 1991; Hurlbert, Apt, & Rabehl, 1993; Menard & Offman, 2009), and some evidence supporting a relationship
between media and sexual behavior (Collins, 2011; Ward, 2003). The purpose of the present study was to explore if one’s media consumption and use related to differential outcomes in body image, sexual satisfaction, and sexual assertiveness. We discovered significant results related to reality television, TV talk shows, fashion magazines, and sports magazines. We also examined the relationships between body image, sexual satisfaction, and sexual assertiveness.

First, we explored relationships with reality television, and found significant results with sexual assertiveness and sexual satisfaction. We discovered participants who rarely watched reality television were more likely to have greater sexual assertiveness than participants who never watched reality television and were more likely to have lower sexual assertiveness.

Second, relationships with television talk shows were assessed. Significant relationships were discovered with weight preoccupation, weight classification, and sexual satisfaction. Women with greater weight preoccupation and anxiety were more likely to sometimes watch TV talk shows. Participants who scored lower on weight preoccupation and anxiety rarely viewed TV talk shows. Females with low concern about weight labels and classification rarely watched TV talk shows. We found women who sometimes watched TV talk shows were more likely to have lower interpersonal sexual satisfaction and decreased overall sexual satisfaction compared to women who rarely or never watched TV talk shows.

Third, fashion magazine relationships were examined, and significant results were found with appearance orientation and investment. Women who never read fashion magazines were found to have less investment in their appearance than woman who read fashion magazines more often.

Fourth, sports magazines relationships were assessed, and significant results were discovered with sexual assertiveness. Women who rarely or never read sports magazines were
more likely to have greater sexual assertiveness than woman who sometimes read fashion magazines.

The correlations among sexual assertiveness, sexual satisfaction, and body image (appearance satisfaction, investment in appearance, body area contentment, weight and eating anxiety and occupation, and perception and labeling of weight) were examined next.

We found greater appearance dissatisfaction was related to low sexual assertiveness and decreased sexual satisfaction. This result corresponds with previous research findings indicating a link between poor body image and low sexual satisfaction (Hoyt & Kogan, 2001; Satinsky, Reece, Dennis, Sanders, & Bardzell, 2012). Our findings are also in line with findings that are indicative of poor body image and low sexual assertiveness (Impett, Schooler, & Tolman, 2006; Weaver & Byers, 2006). We also found relationships between appearance dissatisfaction, greater investment in appearance and higher importance placed on appearance, more anxiety about weight and restrained eating behaviors, poor perception of weight and labeling, and dissatisfaction with size and body areas, which resembles previous findings in the field (Cash, 2000; Cash 2004).

Our findings indicated high sexual assertiveness was related to high sexual satisfaction. This finding corresponds with finds linking sexual self-disclosure and sexual satisfaction (Byers & Demmons, 1999; Byers, Demmons, & Lawrance, 1998; Cupach & Comstock, 1990; MacNeil & Byers, 2005, 2009).

**Limitations**

First, it is important to note the results of this study were correlational, which means the results are not supportive of causal linkages. Causation is hard to prove due to experimental conditions and requirements. Some researchers have conducted experiments with media and
body image (see the following for more information: Birkeland, Thompson, & Herbozo, 2005; Halliwell & Dittmar, 2004; Hargreaves & Tiggemann, 2004; Tiggemann & Slater, 2003). Due to the nature of the constructs in this study, they are hard to study in an experimental design.

Another limitation of this study was the majority of the participants were White. Therefore, the results of this study cannot be generalized or applied to other racial identities. Further research evaluating the relationships between media, body image, sexual assertiveness, and sexual satisfaction should be conducted with other races. Content analyses examining media content of different races should be considered as well; the cultural standard of beauty may vary depending upon race and ethnicity.

This study was conducted through an online survey and the participants were recruited through social networking sites. All participants were volunteers with access to the Internet. So results may not be representative of women who do not use social networking sites or have access to the Internet.

Sexual orientation is another limitation of the present study. Content analyses should be considered to examine sexual orientations portrayed in media and the possible messages conveyed relating to body image and sexual assertiveness.

Finally, only female participant responses were examined. There is growing evidence of male objectification in the media and poor body image (Hebl, King, & Lin, 2004; Schooler & Ward, 2006). There is greater pressure from the media for males to achieve the standard ideal portrayed, which includes a narrow waist, broad shoulders, and large muscles (Agliata & Tantleff-Dunn, 2004; Sanchez & Kiefer, 2007; Spitzer, Henderson, Zivian, 1999).
Conclusions and Future Directions

The mass media is flooded with messages about how one should look, think, and behave, which has been shown to be related to consequences with sexual behaviors, eating behaviors, thoughts, feelings, and perceptions (Bissell & Zhou, 2004; Morrison, Morrison, & Hopkins, 2003; Poran, 2002; Thompson et al., 1999; Thompson & Stice, 2001; Tiggemann, 2002). The authors of the present study found a relationship between negative body image, low sexual assertiveness, and low sexual satisfaction. The forms of media that were found to have relationships with body image, sexual satisfaction, and/or sexual assertiveness included: reality television, television talk shows, fashion magazines, and sports magazines. While this study was correlational and did not provide evidence of causal relationships, the findings are an addition to the growing field of evidence for negative consequences from media consumption.

Some researchers have suggested it would be beneficial to use realistic body portrayals in the media, have increased education about unrealistic beauty standards, and develop psychoeducational interventions targeted at reducing body ideal internalization, increasing self-esteem, and combatting body comparisons (Grogan, 2010; Tylka & Calogero, 2010). More research needs to be done to see if changing media content to represent more realistic bodies and sexual intercourse could lead to increased body satisfaction, greater sexual assertiveness, and sexual satisfaction. Research related to body image, sexual satisfaction, and sexual assertiveness should also be conducted across gender, race, and sexual orientation.
References


doi:10.1037/0022-006X.54.2.140


doi:10.1007/s10964-005-9010-9


Byers, E. S. (2011). Beyond the birds and the bees and was it good for you?: Thirty years of research on sexual communication. *Canadian Psychology, 52*(1), 20-28. doi:10.1037/a0022048


Collins, R. (2011). Content analysis of gender roles in media: Where are we now and where should we go?. *Sex Roles, 64*, 290-298. doi:10.1080/00224499909552005


doi:10.1080/00224999909552005


doi:10.1521/jscp.2008.27.3.205

Stice, E., & Shaw, H. E. (1994). Adverse effects of the media portrayed thin-ideal on women and


Taylor, L. D. (2005). Effects of visual and verbal sexual television content and perceived realism...
on attitudes and beliefs. *The Journal of Sex Research, 42*(2), 130-137. doi:10.1080/00224490509552266


Appendix A
Demographics Questionnaire

What is your age? ____

What is your gender?
- Female
- Male
- _________

What is your racial identity? (Check all that apply)
- American Indian / Alaska Native
- Asian
- Black or African American
- Hawaiian Native / Pacific Islander
- White
- Other

What is your ethnicity?
- Hispanic or Latino
- Not Hispanic or Latino

What country do you live in? (Drop box of all countries)

What state do you live in? (Drop box list of all US states)

What is your level of education?
- Some high school
- Completed high school
- Some college or technical school?
- 2 year degree
- 4 year degree
- Some graduate school
- Masters degree
- Doctoral degree

I am currently:
- Not in school
- An undergraduate student
- A graduate student
- Other _________

I am:
- Married or Partnered
- In a relationship
- Single
Appendix B
Media Exposure Questionnaire – Individual Adult (MEQ-IA)

Television
Do you watch television? Yes _______ No _______

How many hours in a normal day do you spend watching television? _______

Indicate how often you watch the following types of television broadcast:

<table>
<thead>
<tr>
<th>Category</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiction / Drama</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comedy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifestyle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children and Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Music</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multicultural / International</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>News</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reality Television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Broadcasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentaries / Non-Fiction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talk Shows</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ______________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many televisions do you regularly use in your household? _______

Indicate which room(s) of your house has a television:

Living / Family Room _______
Den/Study _______
Bedroom _______
Kitchen _______
Other ___________________ _______

Do you have the television turned on even when you are not actively watching?

Yes _______ No _______

If you suddenly didn’t have television, how would it affect you emotionally?
### Internet

Do you ever access the Internet?  **Yes** ______  **No** ______

How many hours in a normal day do you spend on the Internet?  ______

Indicate how often you visit the following types of websites:

<table>
<thead>
<tr>
<th>Category</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>News / Politics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business / Finance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Movies / Television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fashion / Lifestyle</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education / Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobs / Employment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dating</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious and Inspirational</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Games</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Content</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weather</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other ________________________</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

How often do you engage in the following on the Internet?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listening to Podcasts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Networking (e.g., Facebook, Twitter, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movies / Television</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing Games Online</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online Shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create / Manage Your Own Website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Advice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Look up Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan / Arrange Travel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ________________________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you suddenly didn’t have access to the Internet, how would it affect you emotionally?

<table>
<thead>
<tr>
<th>Very Negative Affect</th>
<th>Slightly Negative Affect</th>
<th>Neutral / No Affect</th>
<th>Slightly Positive Affect</th>
<th>Very Positive Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Magazines / Books (Electronic or Print)**

Do you read magazines and/or books?  Yes _______ No _______

How many hours in a normal week do you spend reading magazines and/or books?  _______

Indicate how often you read the following types of magazines and/or books:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fashion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>News / Politics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School / Textbooks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Fiction (e.g., Biographies)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiction and Literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Inspiration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Self-Improvement</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

If you suddenly didn’t have access to magazines or books, how would it affect you emotionally?

<table>
<thead>
<tr>
<th>Very Negative Affect</th>
<th>Slightly Negative Affect</th>
<th>Neutral / No Affect</th>
<th>Slightly Positive Affect</th>
<th>Very Positive Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Newspapers (Electronic or Print)**

Do you read newspapers?  Yes _______ No _______

How many hours in a normal week do you spend reading newspapers?  _______

Indicate how often you read the following sections within the newspaper:

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local News</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>National News</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International News</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you suddenly didn’t have access to the newspaper, how would it affect you emotionally?

<table>
<thead>
<tr>
<th>Very Negative Affect</th>
<th>Slightly Negative Affect</th>
<th>Neutral / No Affect</th>
<th>Slightly Positive Affect</th>
<th>Very Positive Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Radio**

Do you listen to the radio? Yes _______ No _______

How many hours in a normal day do you spend listening to the radio? _______

Indicate how often you listen to the following types of radio broadcasts:

<table>
<thead>
<tr>
<th>Sports</th>
<th>News / Politics / Talk</th>
<th>Public Radio</th>
<th>Religious Broadcasting</th>
<th>Music</th>
<th>Other ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>Sometimes</td>
<td>Often</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you suddenly didn’t have access to the radio, how would it affect you emotionally?

<table>
<thead>
<tr>
<th>Very Negative Affect</th>
<th>Slightly Negative Affect</th>
<th>Neutral / No Affect</th>
<th>Slightly Positive Affect</th>
<th>Very Positive Affect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Cell Phone**

Do you have access to a cell phone? Yes _______ No _______

How many hours in a normal day do you spend on a cell phone? _______

How often do you engage in the following on a cell phone?

<table>
<thead>
<tr>
<th>Talking on the Phone</th>
<th>Texting / Instant Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Never</td>
</tr>
<tr>
<td>Rarely</td>
<td>Rarely</td>
</tr>
<tr>
<td>Sometimes</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Often</td>
<td>Often</td>
</tr>
<tr>
<td>Listening to Music</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
</tr>
<tr>
<td>Social Networking (e.g., Facebook, Twitter, etc.)</td>
<td></td>
</tr>
<tr>
<td>Movies / Television</td>
<td></td>
</tr>
<tr>
<td>Playing Games</td>
<td></td>
</tr>
<tr>
<td>General Internet Use</td>
<td></td>
</tr>
<tr>
<td>Taking / Looking at Pictures</td>
<td></td>
</tr>
<tr>
<td>Taking / Looking at Video</td>
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<tr>
<td>Other ______________________</td>
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<tr>
<td>Other ______________________</td>
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</tbody>
</table>

If you suddenly didn’t have access to a cell phone, how would it affect you emotionally?

<table>
<thead>
<tr>
<th>Very Negative Affect</th>
<th>Slightly Negative Affect</th>
<th>Neutral / No Affect</th>
<th>Slightly Positive Affect</th>
<th>Very Positive Affect</th>
</tr>
</thead>
</table>

What is your overall opinion of each of the following types of media?

<table>
<thead>
<tr>
<th></th>
<th>Very Negative</th>
<th>Slightly Negative</th>
<th>Neutral</th>
<th>Slightly Positive</th>
<th>Very Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
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<tr>
<td>Internet</td>
<td></td>
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<tr>
<td>Magazines / Books</td>
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<tr>
<td>Newspapers</td>
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<tr>
<td>Radio</td>
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<tr>
<td>Cell Phone</td>
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<td></td>
</tr>
</tbody>
</table>

Please indicate your reason for using each of the following forms of media:

<table>
<thead>
<tr>
<th></th>
<th>Don’t use this form of media</th>
<th>Only because I have to (e.g., work)</th>
<th>Only because I want to</th>
<th>Because I both need and want to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Television</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
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<tr>
<td>Magazines / Books</td>
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<tr>
<td>Newspapers</td>
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<td>Radio</td>
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<tr>
<td>Cell Phone</td>
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</tbody>
</table>
Please provide any additional information regarding your individual media exposure not addressed in the previous questions:
Appendix C
Hurlbert Index of Sexual Assertiveness

This inventory is designed to measure the degree of sexual assertiveness you have in the sexual relationship with your partner. This is not a test, so there are no right or wrong answers. Please answer each item as accurately as you can by indicating your choice using the following scale:

0 = All of the time  
1 = Most of the time  
2 = Some of the time  
3 = Rarely  
4 = Never  

1. I feel uncomfortable talking during sex.  
2. I feel that I am shy when it comes to sex.  
3. I approach my partner for sex when I desire it.  
4. I think I am open with my partner about my sexual needs.  
5. I enjoy sharing my sexual fantasies with my partner.  
6. I feel uncomfortable talking to my friends about sex.  
7. I communicate my sexual desires to my partner.  
8. It is difficult for me to touch myself during sex.  
9. It is hard for me to say no even when I do not want sex.  
10. I am reluctant to describe myself as a sexual person.  
11. I feel uncomfortable telling my partner what feels good.  
12. I speak up for my sexual feelings.  
13. I am reluctant to insist that my partner satisfy me.  
14. I find myself having sex when I do not really want it.  
15. When a technique does not feel good, I tell my partner.  
16. I feel comfortable giving sexual praise to my partner.  
17. It is easy for me to discuss sex with my partner.  
18. I feel comfortable in initiating sex with my partner.  
19. I find myself doing sexual things that I do not like.  
20. Pleasing my partner is more important than my pleasure.  
21. I feel comfortable telling my partner how to touch me.  
22. I enjoy masturbating myself to orgasm.  
23. If something feels good, I insist on doing it again.  
24. It is hard for me to be honest about my sexual feelings.  
25. I try to avoid discussing the subject of sex.
Appendix D
The New Sexual Satisfaction Scale

Thinking About Your Sex Life During the Last Six Months,
Please Rate Your Satisfaction With the Following Aspects:

Responses range from:
1 = not at all satisfied
2 = a little satisfied
3 = moderately satisfied
4 = very satisfied
5 = extremely satisfied

(1) The intensity of my sexual arousal
(2) The quality of my orgasms
(3) My ‘‘letting go’’ and surrender to sexual pleasure during sex
(4) My focus=concentration during sexual activity
(5) The way I sexually react to my partner
(6) My body’s sexual functioning
(7) My emotional opening up in sex
(8) My mood after sexual activity
(9) The frequency of my orgasms
(10) The pleasure I provide to my partner
(11) The balance between what I give and receive in sex
(12) My partner’s emotional opening up during sex
(13) My partner’s initiation of sexual activity
(14) My partner’s ability to orgasm
(15) My partner’s surrender to sexual pleasure (‘‘letting go’’)
(16) The way my partner takes care of my sexual needs
(17) My partner’s sexual creativity
(18) My partner’s sexual availability
(19) The variety of my sexual activities
(20) The frequency of my sexual activity
Appendix E
Multidimensional Body-Self Relations Questionnaire – Appearance Scales
(Cash, 2000)

THE MBSRQ-AS
INSTRUCTIONS--PLEASE READ CAREFULLY

The following pages contain a series of statements about how people might think, feel, or behave. You are asked to indicate the extent to which each statement pertains to you personally.

Your answers to the items in the questionnaire are anonymous, so please do not write your name on any of the materials. In order to complete the questionnaire, read each statement carefully and decide how much it pertains to you personally. Using a scale like the one below, indicate your agreement with each statement.

EXAMPLE:

_____ I am usually in a good mood.

In the blank space, enter a 1 if you definitely disagree with the statement; enter a 2 if you mostly disagree; enter a 3 if you neither agree nor disagree; enter a 4 if you mostly agree; or enter a 5 if you definitely agree with the statement

There are no right or wrong answers. Just give the answer that is most accurate for you. Remember, your responses are confidential, so please be completely honest and answer all items.

(Duplication and use of the MBSRQ-AS only by permission of Thomas F. Cash, Ph.D., Department of Psychology, Old Dominion University, Norfolk, VA 23529)
<table>
<thead>
<tr>
<th></th>
<th>Definitely Disagree</th>
<th>Mostly Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Mostly Agree</th>
<th>Definitely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Before going out in public, I always notice how I look.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>I am careful to buy clothes that will make me look my best.</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>My body is sexually appealing.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I constantly worry about being or becoming fat.</td>
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<td></td>
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<tr>
<td>5</td>
<td>I like my looks just the way they are.</td>
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<tr>
<td>6</td>
<td>I check my appearance in a mirror whenever I can.</td>
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<td></td>
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<tr>
<td>7</td>
<td>Before going out, I usually spend a lot of time getting ready.</td>
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<tr>
<td>8</td>
<td>I am very conscious of even small changes in my weight.</td>
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<tr>
<td>9</td>
<td>Most people would consider me good-looking.</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>It is important that I always look good.</td>
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<tr>
<td>11</td>
<td>I use very few grooming products.</td>
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<tr>
<td>12</td>
<td>I like the way I look without my clothes on.</td>
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<tr>
<td>13</td>
<td>I am self-conscious if my grooming isn't right.</td>
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<tr>
<td>14</td>
<td>I usually wear whatever is handy without caring how it looks.</td>
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<tr>
<td>15</td>
<td>I like the way my clothes fit me.</td>
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<td></td>
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</tr>
<tr>
<td>16</td>
<td>I don't care what people think about my appearance.</td>
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<td></td>
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<tr>
<td>17</td>
<td>I take special care with my hair grooming.</td>
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<tr>
<td>18</td>
<td>I dislike my physique.</td>
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<tr>
<td>19</td>
<td>I am physically unattractive.</td>
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<tr>
<td>20</td>
<td>I never think about my appearance.</td>
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<tr>
<td>21</td>
<td>I am always trying to improve my physical appearance.</td>
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<tr>
<td>22</td>
<td>I am on a weight-loss diet.</td>
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</tbody>
</table>

For the remainder of the items use the response scale given with the item, and select your appropriate response.

23. I have tried to lose weight by fasting or going on crash diets.

1. Never
2. Rarely
3. Sometimes
4. Often
5. Very Often

24. I think I am:
1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

25. From looking at me, most other people would think I am:
1. Very Underweight
2. Somewhat Underweight
3. Normal Weight
4. Somewhat Overweight
5. Very Overweight

26–34. Use this 1 to 5 scale to indicate how dissatisfied or satisfied you are with each of the following areas or aspects of your body:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Dissatisfied</td>
<td>Mostly Dissatisfied</td>
<td>Neither Satisfied Nor Dissatisfied</td>
<td>Mostly Satisfied</td>
<td>Very Satisfied</td>
</tr>
</tbody>
</table>

26. Face (facial features, complexion)
27. Hair (color, thickness, texture)
28. Lower torso (buttocks, hips, thighs, legs)
29. Mid torso (waist, stomach)
30. Upper torso (chest or breasts, shoulders, arms)
31. Muscle tone
32. Weight
33. Height
34. Overall appearance

MBSRQ-AS © Thomas F. Cash, Ph.D.
Appendix F
Open-Ended Question

Please provide any additional information regarding your media consumption, body image, and sexuality not addressed in the previous questions: