CONSUMPTION OF SEXUALLY EXPLICIT INTERNET MATERIAL AND WELLBEING: A SELF-DISCREPANCY APPROACH

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A Thesis
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
General Experimental Psychology

by
Hio Tong Kuan
September 2016
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ABSTRACT

Potential influences from using sexually explicit Internet material (SEIM) are controversial, however, the underlying psychological mechanism(s), which potentially can explain these found associations with SEIM consumption, have not been well studied. In the present research, I examine the relationship between SEIM consumption and subjective wellbeing (i.e., sexual and general wellbeing). In particular, I address the circumstances under which the consumption of SEIM is negative for wellbeing by assessing an ideal-actual sexual discrepancy in the context of intimate relationships. I drew on perspectives from self-discrepancy theory to explore whether SEIM consumption generates disparities between ideal and actual sexual experiences, which then may influence consumers’ sexual and general wellbeing. I expected this hypothesized ideal-actual sexual discrepancy to function as one of many underlying psychological mechanisms to explain SEIM’s negative impacts on various types of subjective sexual wellbeing (SSW). I also expected that via SSW, the discrepancy would also explain the ambiguous relationships between SEIM consumption and subjective general wellbeing (SGW) found in the past. That is, I predicted a serial mediation model with sexual self-discrepancy mediating the relationship between SEIM consumption and SSW, and SSW mediating the relationship between sexual self-discrepancy and SGW. Two studies together demonstrated the general progress from consuming SEIM to the evaluation of self-perceived wellbeing under the condition of evaluating sexual
experiences with intimate partner(s). In Study 1, the data-driven gender specific sexual preference highlighted the need of model testing separately for men and women because of the potential difference in experiencing the negative impacts from consuming SEIM through the different progress of formation of ideal sex scripts influence by pornographic sex, and generation of an I-A sexual discrepancy in men and women. Results of Study 2 from male SEIM consumers further supported the hypothesized mediation role of I-A sexual discrepancy and SSW (i.e., sexual esteem and sexual satisfaction) in understanding the relationships between SEIM consumption and wellbeing. Overall, the present research illustrated the consumption of SEIM can shape one’s sexual preferences of pornographic sex and generate unrealistic expectations of pornographic sexual experiences with intimate partner(s). Hence, the experience of I-A sexual discrepancy from unachievable ideal sex is a key factor in identifying SEIM’s negative impacts on wellbeing. Moreover, parsimonious serial mediation paths through I-A sexual discrepancy and SSW also demonstrated the relationship between SEIM consumption, SSW, and SGW in one model. This finding indicates SSW works as an important indicator of ones’ SGW. The present research provides a theoretical explanation to understand the impact of consuming SEIM on wellbeing and implicates the importance exploring different types of sexual discrepancy associated with SEIM consumption and ways to mitigate the experienced I-A sexual discrepancy in intimate relationships.
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Chapter One
Introduction

How do people learn about sex and know whether their sexual relationships are good? People typically assess the quality of their experiences by making social comparisons to similar others (Festinger, 1954); however, this information is not readily available when it comes to sexual relationships. People seldom bring up their sexuality or sexual experiences in open conversation because it is widely regarded as a private and sensitive topic (Evans, Avery, & Pederson, 1999; Fenton, Johnson, McManus, & Erens, 2001). The topic is also not always openly discussed in schools. Although school-based sex education has been advocated for since early last century, it is still in the developing stage because of political and religious controversy and opposition (the Future of Sex Education, 2011). One way people learn about sex and make evaluations about their sex life is through sexually explicit material or pornography, which is readily available on the Internet (Cooper, Scherer, Boies, & Gordon, 1999; Freeman-Longo, 2000). The availability and usage of sexually explicit Internet material (SEIM) has prompted empirical inquiry into the effects of SEIM consumption, including its negative impacts on sexual and subjective wellbeing. One possible explanation for the negative impact on wellbeing associated with SEIM consumption is that SEIM can lead to sexual ideals that are discrepant with consumers’ actual sexual experiences. In this project, I discuss the definition and
prevalence of SEIM, its negative effects on wellbeing, and the possibility that SEIM consumption contributes to an ideal-actual sexual discrepancy, which is expected to help explain the SEIM-wellbeing relationship.

Defining Sexually Explicit Internet Material

The definitions and labels applied to sexually explicit material (SEM) vary across fields, and have varied across time (e.g., Sunstein, 1986; Gunther, 1995; Zillmann & Bryant, 1982). In this project, I use the relatively neutral and inclusive term “sexual explicit material” (SEM) instead of pornography, which has been historically seen as pejoration (Brown & L’Engle, 2009; Flood, 2007; Steinem, 1980). My definition of SEM draws on two main perspectives.

The two main perspectives regarding the definition of SEM vary based on its sexual purpose or its content. Proponents of the purpose of SEM (e.g., Zillmann & Bryant, 1982) regard material as SEM when it portrays sexual engagement as automatic in initiation and never failing. Sexual stimulations or behaviors are free from censure and generally end with pleasure and no hassles. SEM also portrays a stress-free environment because there is always no rejection and negotiation on sexual encounter is not needed (McKee, 2012). Thus, SEM is a type of media that serves as sexually explicit entertainment, providing opportunities for experiencing sexual arousal and sexual enjoyment.

A competing definition of SEM is one that focuses on the content of SEM. In this case, the criterion to define SEM depends on the message conveyed
about women. Proponents of this perspective regard material as SEM when it contains negative depictions of women such as in a subordination sexual role or as a sexual object (e.g., Sunsteain, 1986). Therefore, SEM consumption is seen as a practice of sexually exploiting women because the objectification of women in pornographic material has dominated the consumer market (Cole, 1992).

Insofar, as various definitions of SEM in previous studies have once categorized SEM as erotica with pleasure, as degradation on women, or as violent sexual material (e.g., Malamuth & Check, 1983; Zillmann & Bryant, 1982), the reliability and validity of a definition for SEM has not been addressed (Fisher & Barak, 2001).

In sum, the definition of SEM has varied from purpose (e.g., sexual arousal) to content-based (e.g., erotica vs. degrading) (Boyle, 2000; Cooper, et al., 1999; Fisher & Barak, 2001). In a recent content analysis, Short et al. (2012) highlighted this variation and pointed out the inconsistent and ambiguous definitions in SEM research in the past ten years. Unfortunately, this inconsistency in definition has contributed to difficulties in conducting cross-study analyses and produced inconsistent results in studying the effects of SEM consumption. Short and colleagues (2012) strongly recommend a definition of SEM that includes both the content of material and the purpose of use.

Paralleling Short and colleagues’ (2012) recommendation, I have integrated several SEM definitions. SEM (or pornography) must include (a) scenarios and/or descriptions of clear and explicit sexual acts; (b) actor(s) who
are nude, semi-nude, or expose their genitals to promote the sexual stimulation to customers; (c) depictions of one or more actors who enjoys the sexual encounter (which can vary from vanilla sex to sadomasochism); and (d) material that aims to produce and enhance sexual feelings and thoughts in consumers (Flood, 2007; Hald & Malamuth, 2008; Malamuth, 2001; Sunstein, 1986; Træen, Spitznogle, & Beverfjord, 2004). I believe this intergraded definition can capture a broader range of SEM because of its non-evaluative view of SEM. For example, this definition is not exclusively for SEM directed at objectification of women. Therefore, both male and female SEIM consumers can be studied in the present research. In addition, identifying the purpose of SEM consumption in this intergraded definition offers participants a criterion beyond the content-based barrier. I believe this definition, which focuses on sexual purpose and content, can be applied to multiple formats of SEM, including novels, photographs, audio recordings, movies, or internet live videos and downloads (Zillmann & Bryant, 1982). Because of the Internet’s popularity, the effect of internet-based SEM consumption has been found to be the most consequential for wellbeing (Flood, 2007; Lo & Wei, 2005; Peter & Valkenburg, 2006a). Therefore, I focused exclusively on sexually explicit Internet material (SEIM) in the present research and modified the SEM definition to include internet content-based material, either streamed or downloaded from the Internet.
Prevalence of Sexually Explicit Internet Material Consumption

There were approximately 75 million SEM rentals during the 1980s (Stack, Wasserman, & Kern, 2004). The technological context has flourished since then (Attwood, 2002; Carroll et al., 2008) and provided one of the most popular mediums of SEM to date: the Internet (Buzzell, 2005). Internet-based SEM is preferable to most consumers because it is accessible, affordable and anonymous, which Cooper (1998) has labeled the “Triple-A Engine”. Consequently, SEIM have become the dominant source of SEM consumption starting from the late twenty century (Cooper, Putnam, Planchon, & Boies, 1999). Because of its uniqueness and powerful impact on its consumers (Delmonico, Griffin, & Moriarty, 2001), a vast body of literature has focused on SEIM consumption. For instance, sex-related terms hold the record for being the most searched for terms on internet browsing engines (Freeman-Longo & Blanchard, 1998), the frequency of SEIM website visits have grown excessively (e.g., an increase of 40 million from 1997 to 1999), and there is approximately 68 million pornographic searches per day (Carroll et al., 2008; Goodson, McCormic, & Evans, 2001). News and economic media also revealed that in one year, more than 17 million users consumed SEIM (C|Net, 2001) and 13 percent of web visiting was sex related (The Economist, 2007). The number of people searching pornography online has tremendously grown within the past three years, with more than a double increase in usage: from 68 million to 151 million between 2012 and 2014. “Porno” and “Porn” became the top 13th and 16th searched term
on Google in 2014, respectively (Brandon, 2015). One study shows that 40 million people were regular SEIM consumers in the United State (Carroll et al., 2008). Cross-national studies show similar prevalence rates. For example, a study that surveyed around 1100 Canadian college students found that more than 50 percent of them reported SEIM consumption (Boies, 2002). One important distinction to the studies reported thus far is that these figures are collapsed across gender or include only men.

The prevalence rates for SEIM consumption vary by gender. In a national survey of 15,246 American respondents, 75 percent of men and 41 percent of women reported having intentionally consumed SEIM (Albright, 2008). Goodson, McCormick, and Evans (2001) also found different SEIM consumption rates between male and female respondents (56% and 35% respectively). A trend of higher SEM consumption rate was found in recent study of American college students (92% for men and 50% for women) (Morgan, 2011) and young heterosexual Danish adults (98% for men and 80% for women) (Hald, 2006). Together these studies indicate that although men tend to consume SEIM more so than women do, consumption is generally prevalent for both gender groups.

Sexually Explicit Internal Material Consumption and Subjective Sexual Wellbeing

Its prevalence, along with its uniqueness and potential powerful impact on consumers (Delmonico, Griffin, & Moriarty, 2001) has led to a vast body of literature about potential consequences of using SEIM. There are several extant
literatures across disciplines that have set the groundwork to understand the potential correlates of SEIM consumption. To date, these literatures do not provide a clear understanding of the relationship between SEIM and subjective wellbeing. Rather, across studies there are inconsistent findings and conclusions about the effect of SEIM consumption to its consumers.

Positive Associations

Albright’s (2008) national study found a positive correlation between the frequency of accessing erotic images and film online and several desirable outcomes. A significant proportion of both men and women SEIM consumers reported that SEIM consumption led them to experience openness towards sexual variety, openness in sex conversation, and increased sexual arousal. In another study of the self-perceived effects of pornography consumption, Hald and Malamuth (2008) observed that SEM consumers reported a substantial positive effect from SEM consumption and only perceived little negative influence. In a recent review of the relevant literature, Lim, Carrotte, & Hellard (2016) noted that currently the benefits of SEM consumption have gotten more attention than have the negative outcomes. The authors emphasized that researchers should acknowledge the conflicted findings and reconcile the positive one with the negative outcomes that were established in past SEM literature. Further, researchers should consider potential individual differences that explain when SEM consumption will be positive versus negative (Lim, Carrotte, & Hellard, 2016). For example, the effect of SEM consumption showed
A gender difference among men and women in a committed relationship (Poulsen, Busby, & Galovan, 2013). Women’s SEM consumption was positively associated with their perceived quality of sex but the effect was opposite for male SEM consumers with SEM consumptions actually related to a decrease in perceived quality of sex.

Negative Associations

Within the SEM literature, several negative consequences have been associated with SEM consumption. These consequences include sexual-objectification of partners (Tylka & Van Diest, 2015), increased criticism between partners (Albright, 2008), reduced body and genital esteem (Morrison et al., 2006), and reduce wellbeing (Levin, Lillis, & Hayes, 2012). In this project, I limited my investigation to the negative effects of SEIM consumption on subjective sexual wellbeing (SSW) and subjective general wellbeing (SGW), which I believe capture the essence of other constructs used in the literature. Relationship strife, poor body esteem, and criticism are all factors that have been shown to be related to wellbeing (Albright, 2008; Taleporos & McCabe, 2002). Subjective sexual wellbeing (SSW) has been defined as “…the perceived quality of one’s sexuality, sexual life, and sexual relationship…” (Laumann et al., 2006, pp. 146). Drawing on this definition, I conceptualized this construct as including sexual esteem, sexual satisfaction, and sexual efficacy.

**Sexual Esteem.** Sexual esteem (SSE) has been defined as “…one’s capacity to sexually relate to another person…” (Snell & Papini, 1989). Morrison
and colleagues (2006) assessed men’s self-perception of sexual, genital and body esteem after pornography exposure, and all three types of esteems were found negatively related to pornography exposure. Sexual-esteeom, however, was only associated with SEIM but not with other mediums of SEM (Morrison et al., 2006). Similarly, Noor, Rosser, and Erickson (2014) demonstrated that the high (i.e., problematic) SEM consumption was associated with lower sexual-esteeom among men who have sex with men.

**Sexual Satisfaction.** Sexual satisfaction (SSA) is regarded as the degree of self-perceived concordance and satisfaction in one’s sexual relationships (Ménard & Offman, 2009). The relationship between sexual satisfaction and pornography consumption was highlighted in an experimental study (Zillman & Bryant, 1988). Relative to a no exposure control group, participants in a pornography exposure condition (i.e., they viewed SEM for one-hour per week over six consecutive weeks) reported lower sexual satisfaction and were less satisfied with their sex partner’s physical appearance. Other research has replicated this result showing that among SEM consumers, sexual satisfaction is reduced as a function of increased SEM usage (Morgan, 2011; Peter & Valkenburg, 2009; Szymanski & Stewart-Richardson, 2014). Among married couples, Brown (2014) observed a negative association between SEM consumption and both husbands’ and wives’ sexual satisfaction. Higher SEM consumption was negatively associated with male SEM consumers’ enjoyment in sexual intimacy with partner(s) (Sun, Bridges, Johnason, and Ezzell, 2014). In
addition, Štulhofer et al., (2007) and Štulhofer, Buško, and Landripet (2010) demonstrated that SEIM consumption influenced consumers’ sexual satisfaction indirectly through their relational intimacy, and this evaluation of relational intimacy was negatively associated with SEIM consumption (Bergner & Bridges, 2002). This finding emphasizes that SEIM might be negatively associated with consumers’ wellbeing in the context of perceiving oneself as an intimate being (i.e., intimate relationships).

Sexual Efficacy. Self-efficacy refers to the subjective perception of capability in performing certain behavior(s) in a given situation (Rosenthal, Moore, & Flynn, 1991). According to Kheswa and Notole (2014), sexual efficacy (SEF) refers to people’s attitude about their own sexual ability, knowledge, and skill in terms of their belief and actual performance. Sexual efficacy could also encompass sexual assertiveness, which according to Menard and Offman (2009) is an integrated concept of disclosure and active pursuit of sexual preferences in intimate relationships. In line with the notion that sexual assertiveness is similar to other definitions of sexual efficacy, Morokoff and colleagues (1997) developed a scale for measuring sexual assertiveness that addresses the initiation of wanted sexual behaviors in addition to refusal of unwanted sex. Therefore, it is plausible that sexual initiation is a component of sexual efficacy. To date, the existing empirical literature about sexual efficacy focuses on an individual’s self-perceived ability to prevent risky sexual behavior and promote sexual health (Kheswa & Notole, 2014; Rosenthal, Moore, & Flynn, 1991; Rostosky, Dekhtyar,
Cupp, & Anderman, 2008). For example, a recent study of sexual efficacy conducted by Kvalem and colleagues (2015) focused on participants’ condom-use control, which was negatively associated with SEIM consumption. Although there does not appear to be published literature that examines SEIM consumption and sexual efficacy outside of sexual safety behaviors, sexual efficacy conceptualized in broader terms (perceived ability and actual capacity to carry out sexual behaviors in general) should also be negatively associated with SEIM consumption. Indeed, there is empirical evidence supporting the link between SEM consumption and sexual initiation.

In an experiment, Zillman and Bryant (1988) found that participants exposed to SEM rather than non-sexually explicit material exhibited decreased sexual curiosity and desire, which is indicative of diminished sexual initiation. Albright (2008) found that SEIM consumption was associated with less sex and lower interest in actual sexual encounters. After finding that SEM consumption in an experimental setting led to fewer sexual activities, Mann et al. (1974) postulated that SEM consumption could initiate a sexual satiation effect. Despite the many findings concerning the effects of SEM on risky behaviors and sexual initiation, there is little known about SEM (or SEIM) consumption and sexual efficacy in the context of consumers’ sex life with intimate partners. In the present research, sexual efficacy was studied and defined as individuals’ belief in their capability of carrying out specific sexual acts with their intimate partner(s) (Menard & Offman, 2009). Scales used in Horne and Zimmer-Gembeck (2005)
and Morokoff et al. (1997) served as a reference for the measured concept of sexual self-efficacy for men and women in this present project. Although the concept of self-efficacy and self-confidence seem similar, they are theoretically different (Bandura, 1997). Self-efficacy involves affirmation of both capability and belief about achievement in a particular domain, such as in sex encounters, whereas self-confidence refers to the intensity of belief without a specified capability for attainment. Nevertheless, the major component of personal belief regarding sexual performance is commonly captured by both sexual efficacy and sexual confidence. Individuals who reported experiencing low sexual confidence might be likely to report similar or worse experiences instead of experiencing higher sexual efficacy. Plausibly, both personal belief and actual performance in sex are necessary for one to experience a positive sexual efficacy, whereas actual performance in sex does not necessarily contribute to sexual confidence. Therefore, experiences in these two subjective sexual wellbeing may vary depended on the role of actual sexual performance and subjective sexual belief played in the evaluation of sex life. This clarification is particularly important to the present study, which focuses on the potential impact of SEIM in the context of intimate relationships. Participants are expected to be SEIM consumers in sexually active relationships, Thus, participants are likely to draw on their sexual experiences with intimate partners, not only their beliefs, when evaluating their sexual efficacy.
Inconsistency in Associations

In addition to individual difference, Short et al. (2012) proposed that the inconsistent results across studies, including between recent and past research, could be the result of inconsistent methodology and definition in the SEM literature. Hald and Malamuth’s (2008) study could be used as an example. The PCQ-PED, which was created and used in measuring self-perceived SEIM effects, focuses on the context of sexual broadening within the self. For example, SEM consumers reported that their consumption led to increases in sexual knowledge (e.g., learning new sexual techniques), openness (tolerance of sex), and acceptance of self-sexuality (attitudes toward masturbation). These outcomes are not surprising considering that SEM serves as a source of sex education. However, the influence from SEM consumption may not be perceived as positive when expanding the context from self-focused sexuality to a sex life involving intimate partners. In addition, the nature of the questionnaire in Hald and Malamuth’s (2008) study leads to some potential reporting biases. Participants assessed the effects of their SEM consumption on their outcomes (e.g., how consumption of pornography taught them new sexual techniques) rather than being asked about their consumption and their sexual knowledge/experiences in separate questions. The positive effects might be less evident and negative effects more evident when participants report their SEM consumption and their wellbeing in separate measures. Possibly, SEM consumption will not show positive effects when consumption is associated with
consumers’ ability to apply SEM-generated sexual knowledge or experience
sexual satisfaction in their real sex life. Rather, the effects of SEM consumption
to consumers’ sexual efficacy and satisfaction might be negative. Indeed,
research assessing consumption and wellbeing separately, show negative
outcomes from SEIM consumption, including having sex less often with intimate
partner(s), being critical about partner’s body, being criticized by partners, and
feeling pressure to perform sex acts depicted in SEIM (Albright, 2008).

Sexually Explicit Internet Material Consumption and Subjective General
Wellbeing

Beyond reproductive purposes, sex provides a context for people to touch,
feel psychological attachment, and experience intimacy with others (Bogaert &
Sadava, 2002; Butzer & Campbell, 2008; Davis, Shaver, & Vernon, 2004;
Diamond, Blatt, & Lichtenberg, 2011; Little, McNulty, & Russell, 2010). Because
these experiences are associated with enhanced subjective general wellbeing
(Butner, Diamond, & Hicks, 2007; Diamond, Blatt, & Lichtenberg, 2011; Leak &
Cooney, 2001), it is feasible that both SEIM consumption and subjective sexual
wellbeing are related to subjective general wellbeing in humans. In this project, I
defined subjective general wellbeing (SGW) as the perceived quality of one’s
general life and overall affect (Dush & Amato, 2005), which includes variables
such as self-esteem, negative emotion/affect (e.g., depression), and life-
satisfaction. Below I discussed findings with these or similar variables concerning the relationship between general wellbeing and both SEIM and sexual wellbeing.

**General Self Esteem**

**Sexually Explicit Internet Material Consumption and General Self Esteem.** There is some evidence suggesting that SEIM consumption and general self-esteem (GSE) are negatively associated. In the development of their problematic SEM use scale, Kor and colleagues (2014) found that higher scores were associated with lower general self-esteem. Less direct evidence comes from research by Stewart & Szymanski (2012). These researchers found that participants’ perception of their partner’s SEIM consumption negatively influenced their general self-esteem, which then influenced their sexual satisfaction. Although self-esteem was related to partners’ SEIM consumption, this finding indicates that perceptions of SEM content can be detrimental to self-esteem.

**Subjective Sexual Wellbeing and General Self Esteem.** Past research shows that although sexual and general self-esteem are distinct constructs (Ethier et al., 2006; Oattes & Offman, 2007), they are highly correlated (see Goodman, 2008). Individuals with lower romantic competence including sexual competence were found to be at risk of having reduced self-esteem (Bouchey, 2007). Taleporos and McCabe (2002) found that sexual esteem and sexual satisfaction were strong predictors of general self-esteem among people with physical disability, particularly disabled men. Horne and Zimmer-Gembeck
(2005) observed a positive correlation between sexual body-esteem and general self-esteem.

**General Life Satisfaction**

**Sexually Explicit Internet Material Consumption and General Life Satisfaction.** In addition to decreasing sexual satisfaction, there is evidence that SEIM can lead to reduced life satisfaction in general (GLS). Janghorbani and Lam (2003) have found that higher SEM consumption rates among young adults are associated with lower life satisfaction. Among adolescents, Peter and Valkenburg (2006a; 2008) demonstrated a negative correlation between SEIM exposure and general life satisfaction. Although in their study of consumers’ self-perceived effects of SEIM Hald and Malamuth (2008) found several positive effects, they also found negative consequences for the quality of consumers’ sex life and their life in general, especially for male SEIM consumers.

**Subjective Sexual Wellbeing and General Life Satisfaction.** Sexual experiences and intimacy are central aspects of human life; thus, it is feasible to conjecture that sexual wellbeing would relate to general life satisfaction. A recent study by Dogan, Tugut, and Golbasi (2013) supports this proposition. These researchers found in a sample of Turkish women that high levels of sexual quality of life were associated with higher levels of life satisfaction in general. Based on this finding, the researchers suggested that sexual quality of life is one of the important predictors of general life quality. Similarly, a global study found a significant and positive correlation between overall sexual wellbeing and general
life satisfaction (Laumann et al., 2006). This finding was supported by recent research, which also showed a strong correlation between sexual wellbeing and general life satisfaction (Stephenson & Meston, 2015).

**Negative Affect**

**Sexually Explicit Internet Material Consumption and Emotion/Affect.**

Besides being associated with general self-esteem and life satisfaction, SEIM consumption is also related to affective indicators of wellbeing. Wright (2012) found that SEIM consumption was positively related to individuals’ negative affect (NA) (i.e., unhappiness) in a longitudinal study. In a qualitative interview study, Philaretou, Mahfouz, and Allen (2005) identified a pattern of responses that suggests male SEIM consumers might experience depression, anxiety, and disconnection with their sex partner in real life. In a national survey study, Ybarra and Mitchell (2005) found a linkage between depression and online pornography seekers. Compared to offline pornography seekers, twice as many online seekers reported features of major depression. In a recent study, a positive association was observed between the frequency of viewing pornography and a range of psychosocial problems such as depression, anxiety, and stress (Jung, Lennon, & Rudd, 2001; Levin, Lillis, & Hayes, 2012). Tylka (2015) also found a significant correlation between SEM consumption and positive/negative affect: higher SEM consumption was associated with lower levels of positive affect and higher levels of negative affect.
Subjective Sexual Wellbeing and Emotion/Affect. Research examining the relationship between sexual and general wellbeing shows that sexual esteem and sexual satisfaction are both related to emotion/affect. Individuals with lower levels of both sexual esteem and sexual satisfaction are more likely to have higher levels of depression (Taleporos & McCabe, 2002). Horne and Zimmer-Gembeck (2005) found that sexual body-esteem (a component of general sexual esteem) was significantly related to self-esteem and happiness: increases in one were associated with increases in the others. In other research, women experiencing sexual dissatisfaction showed lower psychological general wellbeing (Davison et al., 2009). Finally, Laumann et al. (2006) also observed a positive correlation between overall sexual wellbeing and general life happiness.

The above literature review suggests the possibility that one’s subjective sexual wellbeing may be able to predict subjective general wellbeing and that SEIM consumption is negatively related to these two types of wellbeing. Therefore, I postulate that SEIM consumption has a certain degree of negative association with consumers’ subjective general wellbeing, and subjective sexual wellbeing plays an important role in understanding how SEIM consumption relates to its consumers’ subjective general wellbeing.

Underlying Psychological Mechanisms

Despite the evidence that satisfaction in sexual life can decrease with increased usage of SEIM, and is associated with SGW (Jung, Lennon, & Rudd,
there is also research showing no or positive effects of SEIM usage. Inconsistent findings concerning SEIM consumption with its consumers’ SSW and SGW suggest that SEIM consumption influences individuals differently. Although I agree that individual differences likely play a role in whether the impact of SEIM is positive or negative, research indicates that it is not always an either/or proposition. People can simultaneously experience both positive and negative outcomes from SEIM consumption (Albright, 2008), and both these effects likely occur through different mechanisms. That is, the quantity of SEIM consumption and potential SSW and SGW issues are not directly related (Twohig, Crosby, & Cox, 2009). In the current project, my interest lies primarily in demonstrating the potential negative impacts from consuming SEIM and possible mediator(s) of these impacts, within the context of intimate sexual relationships. Perhaps, as proposed by Sun et al. (2014; see also Štulhofer et al., 2007), SEIM consumption might contribute to unrealistic sexual scripts, or perceptions of what ideal sex entails. I postulate that differences between these sexual scripts and actual sexual experiences can then lead to sexual dissatisfaction, and overall reduced SSW. This argument is consistent with research findings concerning media portrayals of women and negative self-directed outcomes (Bessenhoff, 2006; Harrison, 2001).

Bessenoff (2006) found that women exposed to media portrayals of thin (rather than normal size) women were more likely to experience negative self-
directed outcomes (e.g., negative mood and depressive thoughts) if the difference between their own body image and the ideal female (thin) body was high (rather than low). Although the researcher assessed the ideal-actual body image discrepancy as a moderator, she acknowledged that this discrepancy was a function of exposure to thin women in the media, which is consistent with research by Harrison (2001). Harrison (2001) found that exposure to thin-ideal media led to a discrepancy in men and women’s perceptions of their body image relative to their notion of an ideal body, which then led to disordered eating (Study 1). In her second study, Harrison showed that chronic exposure could activate an ideal-actual discrepancy in body image, which is in turn was associated with increased negative affect and disordered eating. Following from research on both sexual scripts (Štulhofer et al., 2007; Sun et al., 2014) and body image discrepancies (Bessenhoff, 2006; Harrison, 2001), I propose that a discrepancy between ideal sex and actual sex is an important mechanism in the relationship between SEIM consumption and subjective sexual wellbeing. Specifically, I conjecture that the effect of this discrepancy will be salient when the occurrence is due to desirable sex activities and attitudes (e.g., pornographic sex) that cannot be achieved in actual sex. As with Bessenhoff (2006) and Harrison (2001), I draw on self-discrepancy theory (Higgins, 1987) as my theoretical framework.
Self-Discrepancy Theory

To understand the influence of discrepancy in ideal and actual sexual experience, I postulate that self-discrepancy theory offers insight into the potential link between length of SEIM consumption and its negative associations with SSW and SGW. Self-discrepancy theory was first proposed by Higgins (1987) and soon became one of the most widely used theory regarding the presence and consequences of a discrepancy in different representations of self. According to self-discrepancy theory, there are three domains of self: the actual, ideal, and ought self, and these domains vary in terms of whether they are from the person’s or another’s perspective. In this project, I focused on the person’s own self-representation. From this “own” focus, the actual self-state refers to individuals’ representation of the attributes (belief, ability, and behavioral pattern) they believe they actually possess. The ideal self-state is a representation of the attributes that an individual regards as constituting an ideal self s/he wishes to achieve. The third self-representation is the “ought” self-state, which refers to people’s feelings of obligation to possess certain attributes. Higgins (1987) labeled the distance or discrepancy between ideal and actual self as “personal wishes”. When individuals do not possess their ideal characteristics, they experience an ideal-actual discrepancy, which produces a state of imbalance. By integrating the concept of upward comparison from social comparison theory (Festinger, 1954), self-discrepancy theory predicts that an imbalance between ideal and actual self-representations will generate experiences of dissonance, or
negative affect. Since Higgins original formulation of the theory, the discrepancy between ideal and actual self-representation has been well documented. As the discrepancy increases, so does various negative emotions including chronic emotional distress, depression, lower self-esteem, dissatisfaction, disappointment, and frustration (Bessenoff, 2006; Campbell, Sedikides, & Bosson, 1994; Higgins, 1989; Waters, Keefe, & Strauman, 2004). An actual-ought discrepancy differs from an actual-ideal discrepancy in that it relates to people’s sense of duty rather than their wishes, and is associated with increased agitation-based emotions (e.g., fear and threat) rather than dejection-based emotions (e.g., depression and self-esteem).

In this project, I focused on the ideal and actual sexual selves because I suspected that SEIM consumption produces unrealistic perception of ideal sex. I defined the ideal sexual self as a representation of what ideal sex entails in terms of the presence of specific sexual activities, performance and behavioral outcomes, and attributes. The actual sexual self is a representation of people’s beliefs that their sex life embodies certain activities, performance and behavioral outcomes, and attributes. Noteworthy, this ideal self-representation is highly influenced by external resources, which is consistent with research concerning Bandura’s (1963) social learning theory.

According to the classic observational learning study conducted by Bandura and his collaborators (see Bandura, 1963; Bandura, Ross, & Ross, 1963a, 1963b; Bandura, Grusec, & Menlove, 1966), people’s cognition and
behavior can be influenced vicariously by externally consumed material (e.g.,
aggressive films). This exposure can lead people to perceive observed behaviors
as appropriate and imitate those behaviors. For example, Bandura (2001)
examined the observational learning that happens from media exposure and the
potential consequence related to the specific media content. Bandura suggested
unique features, such as the portrait of human relations and norms in mass
media, would more likely lead to observational learning and influence attitudes,
values, and imitative behaviors.

**Mass Media, Self-Discrepancy, and Consequences on Wellbeing**

Mass media’s effect on consumers’ self-perceived body image is one of
the popular research areas that have drawn on self-discrepancy to study the
effect of media on self-ideals (e.g., Bessenoff, 2006; Dittmar, 2009; Dittmer,
Halliwell, & Stirling, 2009; Franzoi, et al., 2012). According to Dittmer (2009),
mass media has unique potent and pervasive influences on consumers’ body
image. Nevertheless, the psychological processes underlying the relationship
between media consumption and body image are complicated. Dittmer proposed
that the causal link underlying media’s negative effects on body image is a self-
perceived discrepancy between one’s ideal and actual body image. In the recent
decades, the media depicts ideal body image as “ultra thin”, an ideal that is hard
to attain through a healthy diet (Dittmer, 2009; Anton, Perri, & Riley, 2000).
Exposure to this image leads people to internalize an unrealistic body ideal.
Failure to attain this ideal will activate a discrepancy between people’s
internalized body ideal and their evaluation of their own body size, which leads to negative behavioral (e.g., Anton et al., 2000) and affective responses (Dittmer, Halliwell, & Stirling, 2009).

The perception that one falls short from the internalized ideal body image has been found to be detrimental on general wellbeing and behavioral patterns. Bessenoff (2006) argues that the internalization of thin ideal has served to harm media consumers’ mood, self-esteem, and emotions. Furthermore, this body self-discrepancy has been shown to impact consumers’ eating and exercise patterns, leading people to consume less fruit and vegetables and engage in less physical activity (Anton et al., 2000). In addition, body self-discrepancy also negatively influences perceived body satisfaction.

Fletcher, Simpson, Thomas, and Giles (1999) have also demonstrated the role of media in generating ideals about romantic relationships and partners. These researchers found that chronically accessible ideals can serve as a standard for people to evaluate and regulate their current romantic relationships. This comparison results in a discrepancy between the ideal and perceptions of one’s real relationships and partner. The higher the inconsistency between the romantic ideal and current romantic relationships, the more negative people evaluate their relationships and/or intimate partner(s). This result supports the application of self-discrepancy theory to the understanding of media’s influence on interpersonal relationships.
Sexually Explicit Internet Material Consumption and Unrealistic Sexual Experience

There is evidence that mass media not only contributes to ideals in one’s own body image and romantic relationships, but also to the context of others’ sexuality. Behm-Morawitz and Mastro (2009) examined the sexualization of female character in video games. They found that sexualized female characters in video games influenced people’s beliefs that the ideal women’s body is evaluated based on large breasts and small waist. In a content analysis study by Stermer and Burkley (2012), female characters are generally depicted with highly sexualized physical appearances (e.g., curvaceously thin with large breasts and provocative clothing) behaviors (e.g., a sexually suggestive posture), and as subordinate to men and the object of sexual desire. The sexualized content of video games may function similarly to the sexually explicit content in SEIM, such that the negative impacts of playing sexualized video game may be somewhat similar to the consumption of SEIM. Stermer and Burkley (2012) suggested that with longer exposure, video game players might immerse themselves into the media content. This immersion is likely to influence video game players to adopt the conveyed sexual attitudes from the consumed media, which could then impair their relationships with women. Indeed, Stermer and Burkley (2015) found that men who frequently played video games with higher sexualized content were more likely to report benevolent sexism. These benevolent beliefs are
problematic because they are associated with relationship acrimony when women do not conform to benevolent expectations (Glick & Fiske, 2011).

In addition to shaping perceptions of women, exposure to a sexualized video game was found to decrease the self-esteem of men and women (e.g., body esteem) (Behm-Morawitz and Mastro, 2009; Barlett & Harris, 2008). In sum, vividness, distinctiveness, and repetition of exposure in video games are likely to be important factors in shaping perceptions of the ideal women, and harming relationships between men and women. These findings are particularly important to the current study because SEIM consumption can also involve these three factors, and convey unrealistic ideals regarding women.

Sexual dynamics in SEIM can be unrealistic to achieve because of its overly dramatic depictions (e.g., Brown & L'Engle, 2009; Hald & Malamuth, 2008; Lamb, 2010; Manning, 2006; Olmstead, Negash, Pasley, & Fincham, 2013; White, 2012). For example, common themes in general SEIM include superior masculinity, women in sexual submission, coercion-initiated sexual arousal, female-initiated sexual encounters, frequent orgasms, desire to perform oral sex, and visible male ejaculation (see Bridges et al., 2010; Brosius, Weaver III & Staab, 1993; Cowan & Dunn, 1994; Mosher & Maclan, 1994). SEIM commonly depicts female characters in various levels of undress and having large breasts and exaggerated hip-to-waist ratio (Mosher & Maclan, 1994; Salmon, 2012). In addition, female actors are not asked for consent (Vadas, 2005), engage in sexual activity instantly under any circumstances, and do not require emotion or
intimacy (Manning, 2006; Zillmann, 2000). These female characters often also convey a sense of naïveté; they are easily influenced, are willing to be manipulated, encourage sexual coercive activities, and accept any form of sexual approaches (Poppen & Segal, 1988). Although one of the general purposes of SEM consumption is to enhance and generate recipients’ intense sexual arousal and desire, these descriptions and/or scenarios in SEIM may unfortunately distort and overshadow consumers’ interpretation of perceived sexual experiences (Malamuth, Hald, & Koss, 2011; Smith & Over, 1987).

Ideal-Actual Sexual Discrepancy

Ziegenfuss (2010) proposed that the self-discrepancy research on physical appearance and romantic relationships can provide a model for future research studies concerning the impact of other forms of media on human experience. As a popular form of media, SEIM falls into Ziegenfuss’s recommendation; however, from my search of the literature it appears that the application of self-discrepancy theory in SEIM has not been explored. Yet, SEIM provides an understanding of what constitutes ideal sexual experience.

SEIM depicts an “impossible distance” of actual sexual experiences because the portrayals in SEIM are unlikely experienced in daily life encounters (Brosius, Weaver III, & Staab, 1993; Lamb, 2010; Linz & Malamuth, 1993). The correlation between unrealistic sexual expectations (unachievable preferences in sexual behaviors and/or attitudes in the sex life with intimate partners) and lost
sexual interest has been found in several studies on SEM consumption (e.g., Albright, 2008; Brown & L’Engle, 2009; Mann et al., 1974; Lamb, 2010; Poulsen, Busby, & Galovan, 2013; Schneider, 2000; Stack, Wasserman, & Kern, 2004). One possible explanation for the findings is that SEIM conveys highly concentrated amounts of vivid and sexually arousing imaginary, which modify viewers’ sexual fantasies and expectations in actual sexual encounters. SEIM possibly serves as a role model of ideal sex life or experiences because its primary goal is to deliver a pleasurable erotic scenario to its consumer that does not entail a sense of obligation in sex, which is an important element in real sex lives (Brosius, Weaver III, & Staab, 1993; Morrison et al., 2007; Peter & Valkenburg, 2010). Therefore, consumers who internalize this relatively unrealistic “sexual script” may have a significant sense of falling short in their real-life sexual experiences (Morrison et al., 2006).

The repetition of SEIM consumption could lead to a level of immersion in which consumers feel they are actual participants in consumed material, as has been demonstrated in the past with video game players (Behm-Morawitz & Mastro, 2009; Stermer & Burkley, 2015). This immersion could influence people’s perceptions of the world. Indeed, Morgan (2011) found that higher pornography consumption was associated with higher preference for sexual practices that commonly appeared in the content of the pornography viewed. This finding suggests that immersion in SEIM initiates a transfer of the information people consume into their sexual scripts, or ideals. Once these scripts are formed,
people might try to incorporate them into their actual experience. Sun et al. (2014) found that higher SEM consumption was associated with a higher likelihood that male consumers engaged in pornographic sex acts and requested partners to perform pornographic sex. The resulting discrepancy from what people want to do sexually and what they actually achieve, can lead to negative outcomes. This possibility is supported by Dittmar and Halliwell’s (2008) findings that both chronically and temporal accessibility of media can activate an underlying self-discrepancy mechanism that leads to negative psychological impacts. In sum, SEIM might be one of the most convenient and powerful resources for sexual script development or modification, and exposure to SEIM could provide a heuristic model people draw on when they engage in sex and evaluate their sex lives (Sun et al., 2014). A study by Štulhofer et al. (2007) provides some evidence that SEIM consumption can generate a sexual script, which contributes to the negative effects of SEIM consumption. These researchers found that as SEIM consumption increased, participants’ script of good sex was more likely to match portrayals in the medium. This script in turn contributed to sexual dissatisfaction. In the current project, I drew on this research but my focus was on both ideal and actual sex whereas Štulhofer and colleagues only included ideal sex in their model. I expected the discrepancy between ideal and actual sex – ideal-actual sexual discrepancy (I-A sexual discrepancy) would be more central to wellbeing than just ideal sex. If a person’s
actual sex matched his or her ideal, then there might be no consequences, or even positive outcomes, for the person’s wellbeing.

Most research that applies self-discrepancy theory to media effects focus on how the portrayals of a specific ideal (e.g., thinness) can be harmful to consumers. I argued that SEIM might be particularly harmful because it provides an ideal that goes beyond personal appearance to include the partner’s appearance, dynamic of sexual relationships, sexual behavior patterns, attitudes towards sex, and sexual beliefs. As people’s consumption increases, they will more likely adopt the stimuli into their sexual ideal/script. Because an ideal based on SEIM is unrealistic, it will not correspond with most people’s actual experience. The resulting I-A sexual discrepancy will likely have negative impact on consumer’s SSW and SGW. In other words, negative impacts of SEIM consumption on wellbeing may likely to occur through an I-A sexual discrepancy between people’s sexual ideals and actual sex experiences in their current or recent intimate relationships. I expected this mediation model to hold for both men and women but with the assumption of gender difference in men’s and women’s degree of SEIM consumption.

Gender Difference in Ideal-Actual Sexual Discrepancy

As noted earlier, gender differences have been demonstrated in the prevalence of SEIM consumption. Several studies indicated that more male participants self-identify as SEIM consumers (Albright, 2008; Carroll et al., 2008; Goodson et al., 2001; Hald, 2006; Lo & Wei, 2005; Peter & Valkenburg, 2006a;
Peter & Valkenburg, 2006b; Štulhofer, Buško, & Schmidt, 2010), and men consume SEIM more frequently compared to women (a 6:1 ratio) (Stack et al., 2004; Peter & Valkenburg, 2006a). In one study, nine out of ten male participants reported SEM consumption compared to only one third of female participants (Carroll et al., 2008). Because of this historical gender difference, some studies focus solely on male consumers regarding consumption (e.g., Levin et al., 2012; Morrison et al., 2006). Nevertheless, a considerable proportion of female SEIM consumers still exist. For example, more than half (59%) of female participants have reported SEIM consumption (Cooper, 2004).

SEM consumption also has a different impact on men’s and women’s sexual preferences. Morgan (2011) showed that men but not women SEM consumers were more likely to prefer certain sexual appearance (e.g., clean and shaven). In addition, a gender difference was found in preferences for pornographic themes (Hald, 2008). Hardcore pornographic themes (e.g., anal sex or oral sex) were more preferable to men SEM consumers, whereas women SEM consumers preferred softcore SEM. Štulhofe et al. (2007) attributed gender differences in the effects of SEM consumption on sexual satisfaction to the stronger association between SEM consumption and sexual scripting for men relative to women. Overall, these findings regarding gender differences indicate that men and women are likely to develop different desired sexual ideals consistent with pornographic sex, which may lead to gender differences in the generation of an I-A sexual discrepancy.
A gender difference exists not only in SEM consumption and sexual preference but also in the potential influence it has on consumers. Albright (2008) conducted a comprehensive national study on gender differences in SEM consumption and observed various gender differences. For example, seven times more female SEIM consumers reported their partners’ consumption led to the feeling of pressure in performing various sexual acts and were four times more likely to say that their intimate partner criticized them. Some studies showed gender difference in SEIM consumption on sexual satisfaction. Muusses, Kerkhof, & Finkenauer, (2015) found a negative relationship between prolonged SEIM consumption and sexual satisfaction among newlywed husbands. Further, Bridges and Morokoff (2011) found a negative correlation between pornography consumption and sexual satisfaction among men in heterosexual couples. Poulsen et al. (2013) found that relative to non-users, male SEIM consumers reported lower satisfaction with their partner as well as themselves in sex. Szymanski and Stewart-Richardson (2014) noted that the negative correlation between pornography consumption and sexual satisfaction was male-specific. According to these previous studies, the impacts from consuming SEIM on men seemed to be relatively salient but this is not surprising because the mainstream pornographic industry targets men (Stewart & Szymanski, 2012).

Despite of potential differences in consumption rate, sexual preference, and experienced impact on subjective wellbeing, I expect that SEIM consumption contributes to an ideal-actual sexual discrepancy in both gender groups. As a
result, one of my goals in the current research was to examine how SEIM consumption may contribute to sexual ideals resembling pornographic sex, which may influence perceptions of actual sexual experience for both men and women that are detrimental to their sexual and general wellbeing. Because of possible gender differences in SEIM consumption and the effects of consumption on preferences and wellbeing, I do not exclude the possibility that men and women may need to be examined separately rather than together. However, it will be unknown whether or not male- and female-only models will need to be tested until the data are collected and analyzed.
CHAPTER TWO

STUDY ONE (PILOT STUDY)

The first study was conducted to 1) investigate whether SEIM consumption contributes to an ideal-actual sexual discrepancy, 2) test a measure of the ideal-actual sexual discrepancy, 3) develop or improve the measurement of SSW and SGW, and 4) test the function of ideal-actual sexual discrepancy as a mediator for SEIM consumption, SSW, and SGW. Moreover, one of the

Figure 1. The Hypothesized Model.

Indirect effects:

1. SEIM consumption $\rightarrow$ I-A sexual discrepancy $\rightarrow$ SSW
2. SEIM consumption $\rightarrow$ I-A sexual discrepancy $\rightarrow$ SSW $\rightarrow$ SGW
purposes in Study 1 was to conduct EFAs to confirm whether selected indicators represent the latent variable of interest (i.e., SSW and SGW). Most importantly, Study 1 provided preliminary results about the hypothesized model (see Figure 1); thus, it allowed me to assess the predicted relationships among study variables and make necessary measurement and model modifications if needed.

Study Hypotheses

In the hypothesized model, I expected to find both direct and direct effects. For direct effects, I expected that SEIM consumption would contribute to an ideal-actual sexual discrepancy (I-A sexual discrepancy) and have negative relationships with both SSW and SGW.

H1: Increases in SEIM consumption rate will predict increases in I-A sexual discrepancy.

H2(a): Increases in SEIM consumption will predict reductions in overall SSW.

H2(b): Increases in SEIM consumption will predict reductions in overall SGW.

For indirect effects, I hypothesized two mediators: I-A sexual discrepancy and SSW, which together will support a serial mediation model.

H3(a): The I-A sexual discrepancy will mediate the effect of SEIM consumption on consumers’ SSW and SGW.
H3(b): The SSW will mediate the effect of I-A sexual discrepancy on consumers’ SGW.

Method

Participants and Procedure

Five hundred and eighty three, undergraduate college students at California State University, San Bernardino signed up for this pilot study through the SONA system research participant management online software at the Department of Psychology (see Appendix A for IRB approval). Participants who gave consent (see Appendix B) and successfully submitted the survey were compensated with two extra course credits. After data screening, more than half of the participants ($N = 339$) were dropped out from the analyses because they failed one of the five careless response detection items ($N = 182$), did not complete the full survey ($N = 85$), or were not involved in a heterosexual and sexually active relationships in the last month ($N = 72$). The final sample consisted of 244 adults (30 men) with age ranging from 18 to 65 years ($M = 24$ years). The majority of participants self-identified as Hispanic/Latino (63.4%) or European-American/White (19.4%), and less than ten percent identified as African-American/Black (6%), Asian (~5%), Middle Eastern (1.5%), or other (4.5%).
Measures

There were five sections in the survey, including SEIM consumption, ideal-actual sexual discrepancy, subjective sexual wellbeing, subjective general wellbeing, and demographic information (see Appendix C for full questionnaire).

Sexually Explicit Internet Material Consumption. In order to capture the monthly SEIM consumption in terms of minutes, I included two items. The first item asked participants “On average, how many days have you intentionally visited sexual explicit material (SEM) or pornography via Internet in the last month?” The second item asked “On average, how much time do you normally spend each day on Internet SEM or pornography websites?” Responses to these two questions were multiplied together to create a composite measure of monthly SEIM consumption in minutes.

Ideal-Actual Sexual Discrepancy. To capture participants’ ideal and actual sexual experience, I adopted and modified the Sexual Script Overlap Scale (SSOS; Štulhofer et al., 2010). I used 36 of the 42 items in the original SSOS (e.g., “sex is possible in any situation” and “use of sex toys”). The six items I dropped (i.e., “sexual variety”, “unselfishness”, “feeling safe and well-cared for”, “spontaneity”, “imagination”, and “pumping”) were related to other constructs I measures in the same survey, were similar in content, or were unrelated to sexual ideals (e.g., “unselfishness”). For example, “Sex that includes a variety of sexual acts” was measuring the similar concept of “sexual variety”, which was also in the same scale.
Participants responded to the modified SSOS twice. First, the participants completed the “ideal sex” version of the measure. For this measure, participants indicated their agreement that each descriptor was “characteristic of great sex.” ($\alpha = .87$). The instructions participants received prior to the statements were “To what extent do you agree that the following items are important characteristic of great sex?” Next, participants completed the “actual sex” version of the measure. For this measure, they indicated the extent they agreed that each of the descriptors was characteristic of their own sexual life. The instructions before the items read “To what extent do you agree that the following items are important characteristic of YOUR sexual life?” Responses were recorded using a seven-point Likert scale, ranging from (1) “Strongly Disagree” to (7) “Strongly Agree,” with higher score representing higher level of agreement on the characteristics. As in Štulhofer, Buško and Landripe (2010), participants’ ideal-actual (I-A) discrepancy score was calculated by subtracting each actual score from the corresponding ideal score then summing the absolute value of the difference. Higher scores indicated a higher overall ideal-actual sexual discrepancy (I-A sexual discrepancy).

**Sexual Efficacy.** I created the sexual efficacy measure by drawing on the Sexual Self-Efficacy scale (SEE; Rosenthal et al., 1991) as a reference. Items in the original SEE focus on adolescents’ sexual self-efficacy in condom-use; thus, the original SEE does not capture general sexual self-efficacy. Overall, I created ten items that were designed to assess participants’ general perception of their
sexual efficacy (Rosenthal, Moore, & Flynn, 1991). Sample items include “I am able to ask my partner to provide what I need sexually,” “I hesitate to ask for what I need in sex” (reverse coded), and “I do not feel comfortable introducing new sexual activities” (reverse coded). For these ten items, participants were instructed to indicate their feelings about their sexual self and the scale yielded strong internal consistency in the pilot study (α = .87).

Sexual Esteem. Participants completed the sexual-esteem subscale from the Sexuality Scale (SS; Snell & Papini, 1989), which is a measure of self-esteem in the sexual domain. Sample items are “I am a good sexual partner” and “I would rate myself low as a sexual partner” (reverse coded). The instructions for this scale were “To what extend do you agree the following statements are your feelings about your sexual self?” and these ten items produced a reliable measure (α = .92).

Sexual Satisfaction. Participants provided information about their sexual satisfaction in their intimate relationships by completing the Satisfaction With Sex Life Scale (SWSLS; Neto, 2012) and four items from the Relational Assessment Scale (RAS; Hedrick, Dicke, & Hendrick, 1998). Sample items from the SWSLS include “In most ways my sex life is close to my ideal” and “So far, I have gotten the important things I want in sex life”. Sample items from the RAS include “My partner meets my sexual needs” and “I wish I had not gotten into my current sexual relationship” (reverse coded). Items on the RAS that on face value appeared to be ambiguous or out of scope were dropped (e.g., “How good is
your relationship compared to most?” and “How much do you love your partner?”). The final sexual satisfaction scale in the pilot study consisted of nine items. Participants were prompted to answer the items with the instructions “To what extend do you agree the following statements are your feelings about YOUR sexual relationship?” The resulting composite of sexual satisfaction (SS) showed strong internal consistency ($\alpha = .92$).

**Subjective Sexual Wellbeing.** Measures of sexual self-efficacy, sexual esteem, and sexual satisfaction were used as indicators for the latent variable subjective sexual wellbeing. All measures used seven-point likert scales, which ranged from (1) “Strongly Disagree” to (7) “Strongly Agree”. For each scale, negatively-keyed items were reverse-scored then items were averaged together to form a composite measure with high scores indicating positive wellbeing.

**General Self-Esteem.** Participants’ general self-esteem was measured by the widely used Rosenberg’s Self-Esteem Scale (RSES; Rosenberg, 1965). Participants responded to the ten statements including “I feel that I have a number of good qualities” and “All in all, I am inclined to think that I am a failure” (reverse coded). Together the items yielded a strong internally consistent scale ($\alpha = .91$).

**General Life Satisfaction.** The general life satisfaction was measured by the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin,
The scale consisted of five statements (e.g., In most ways my life is close to my ideal). The resulting measure showed strong internal consistency ($\alpha = .88$).

**Depression.** The Center for Epidemiologic Studies Depression Scale (CES-D Scale; Radloff, 1977) was used to measure participants’ nonclinical depressive emotion. This 20-item scale included statements such as “I felt that people dislike me” and “I was bothered by things that usually don’t bother me”. Together the items produced an internally consistent scale ($\alpha = .84$).

**Subjective General Wellbeing.** Measures of general self-esteem, general life satisfaction, and depressive symptoms were used as indicators for the latent variable subjective general wellbeing. For these scales, participants received the instructions: “Below is a list of the ways you might have felt or behaved. To what extend do you agree the following statements are about your general feelings during the past week”. Responses were recorded on a seven-point likert scale ranging from (1) “Strongly Disagree” to (7) “Strongly Agree”. For each scale, negatively-keyed items were reverse-scored then items were averaged together to form a composite measure with high scores indicating positive wellbeing.

**Demographics.** At the end of the survey, participants were asked to indicate their sex, ethnicity, intimate relationship status, sexual orientation, academic level, and age.
Results

Data Screening

There were several cases with univariate or multivariate outliers (i.e., they had a z-score greater than 3.3), which were excluded from data analysis. In terms of univariate outliers, there were five on the SEIM consumption and three on the I-A sexual discrepancy. In terms of multivariate outliers, there were two on the composite of SSW. The final complete dataset consisted of 234 cases.

An examination of skewedness and kurtosis statistics showed that SEIM consumption and I-A sexual discrepancy were highly positively skewed whereas sexual self-efficacy, sexual-esteem, sexual satisfaction, general self-esteem, and general life satisfaction were all moderately to highly negatively skewed. Nevertheless, data transformations were not performed to address abnormal distributions in order to maintain easy interpretation. I acknowledged the potential limitation in my data analysis but no data transformations were conducted on skewed variables.

Test of linearity, multicollinearity, and homoscedasticity were applied and severe violations were not found within this data set, except the skewed distributions of SEIM consumption and I-A sexual discrepancy did not obtain linearity with all the variables of interest, as expected.

Exploratory Factor Analyses

I created or modified measurements for the purpose of Study1; thus, I conducted exploratory factor analyses (EFAs) to explore the factor loadings of the indicators and determine latent factor(s) among the scales (Brown & Moore,
I used principle axis factoring as factor extraction in order to obtain the unique variance of the measures and the potential latent constructs. I used direct oblimin rotation with the assumption of extracted factors were correlated (Gorsuch, 1983). The EFAs results for all measures are listed below.

**Ideal-Actual Sexual Discrepancy.** The EFAs for the 36 sexual ideal items and the 36 actual sex items revealed problems with the measures. According to the eigenvalue scree plot and factor interpretability for the ideal measure, ten factors were extracted and seven factors had rotated eigenvalues larger than 3. The EFA for the actual items was even more problematic because this analysis could not produce a rotated solution (i.e., rotation could not converge in 25 iterations). I experienced the same problem when I submitted the discrepancy scores to an EFA. I address the problems with the ideal, actual, and I-A sexual discrepancy measures in the section on exploratory analyses.

**Sexual Efficacy.** I created this 10-item scale to capture sexual efficacy in sexual relations with one’s romantic partner(s). Based on the result of the eigenvalue scree plot and pattern matrix, there were three factors extracted that account for 59.76 percent of variance in total. However, one of the factors obtained an eigenvalue that was less than 3 after direct oblimin rotation. Therefore, I reran the EFA with a fixed factor extraction of 2. The first factor, had an eigenvalue of 4.803, which accounted for 43.45 percent of the variance and items loadings were at .459 or above. The second factor had an eigenvalue of 1.328 and only accounted for 8.295 percent of the variance, with items loading at
.372 or above. There were two items that crossloaded, but the loadings were not problematic because they were less than .40. Based on the factor analysis, eigenvalues, and pattern matrix, the sexual self-efficacy scale was not a two-dimensional scale because these two resulting factors were positive/negative in nature. Therefore, I determined that a single factor solution fit the data and the factor interpretation. The KMO was .861, which was above the recommended lower value of .60, and Bartlett’s test of sphericity was significant ($p < .001$).

**Sexual Satisfaction.** Based on the results of the eigenvalue scree plot and factor analyses, a single factor was extracted and provided a solution with an eigenvalues of 5.435, which accounted for 56.49 percent of the variance, and had item loadings at .506 or above. The KMO was .919, which was above the recommended lower value of .60, and Bartlett’s test of sphericity was significant ($p < .001$).

**Depression.** The 20-item CED-S (Radloff, 1977) scale was tested for dimension reduction. Based on the results of the eigenvalue scree plot and factor analyses, four factors were extracted that accounted for 57.27 percent of the variance in total, though the first extracted factor accounted for the majority of the variance (46.37%). Three extracted factors obtained an eigenvalue that was larger than three after oblimin rotation. Factor interpretability was difficult because of a lack of a clear pattern across the factors. Four items crossloaded, one item failed to load on any extracted factor, ten items loaded on the first factor, six items loaded on the second factor, and a mixture of seven positive and
negative items loaded on the fourth factor. The KMO was .914, which was above
the recommended value of .60, and Bartlett’s test of sphericity was significant ($p$
< .001). Because the factor structure of this scale did not follow an interpretable
pattern, it threatened to introduce error if included to represent the underlying
latent construct of general psychological wellbeing. Hence, I excluded this scale
from the following data analyses and model testing.

**Latent Variables.** Three composed indicators (i.e., sexual self-efficacy,
sexual-esteem, and sexual satisfaction) were used to represent the latent
variable of SSW. Two indicators (i.e., general self-esteem and general life
satisfaction) were used to represent the latent variable of SGW, after the
exclusion of depressive symptoms measure.

**Subjective Sexual Wellbeing.** According to the eigenvalue scree
plot and pattern matrix, there were five factors extracted that accounted for 63.31
percent of the variance and all had rotated eigenvalues larger than 3. Based on
the pattern matrix, all the sexual-esteem loaded on the first extracted factor
although there were three items that had crossloadings with sexual self-efficacy,
they were less likely to be problematic ($< .40$). The factor had an eigenvalue of
12.028, which accounted for 40.30 percent of the variance and items loadings
were at .535 or above. The second factor was extracted by all items from the
sexual satisfaction measure. It had an eigenvalue of 7.208 and accounted for
9.27 percent of the variance. There were two items having problematic
crossloadings with sexual self-efficacy (-.606 and -.576 respectively). I attributed
the crossloadings to the wording of questions that both asked about sexual needs, a term that also appeared in the measure of sexual self-efficacy. However, the two constructs differed; sexual self-efficacy targeted the ability to request and provide sexual experiences whereas sexual satisfaction measured the fulfillment of sexual needs. Despite these three crossloaded items, I retained the measures as originally defined because of differences in conceptualization of the constructs and limitations with the sample size and gender distribution. Items from the new measure for sexual efficacy loaded on three extracted factors, which captured sexual ability (3 items), the capability to request sex from partner (3 items), and autonomy in sex (5 items). Although I acknowledge that a better approach might be to treat this scale as having three factors, the low number of items in two of the factors as well as low power in terms of the number of items to participant ratio led me to treat the measure as a single factor scale in the pilot sample. The KMO was .924, which was above the recommended lower value of .60, and Bartlett’s test of sphericity was significant (p < .001).

Subjective General Wellbeing. According to the eigenvalue scree plot and factor analyses, there were three factors extracted that accounted for 62.91 percent of the variance and all had rotated eigenvalues larger than 3. Based on the pattern matrix and factor interpretability, all items from the indicator of general life satisfaction loaded on the same factor with eigenvalue of 1.412, which accounted for 6.85 percent of the variance and item loadings were .752 or above. Items in general self-esteem scale primarily loaded on two extracted
factors, however, based on the factor analysis, eigenvalues, and pattern matrix, this was not a two-dimensional scale because the two resulting factors were positive/negative in nature. Two item crossloaded with item loadings below .40, so they were acceptable. One item loaded on the sexual satisfaction factor, which was not surprising because of the wording of that item (…satisfied with myself…). However, that item was kept in the general self-esteem scale because the original scale is widely used and validated. In addition, I was concerned about the same power issues as described above. The KMO was .936, which was above the recommended lower value of .60, and Bartlett’s test of sphericity was significant ($p < .001$).

**Zero-Order Correlations**

I reported the correlations among variables of interest. Refer to Table 1 for a listing of bivariate correlations among variables included in the model testing. Tables 2 and 3 show the correlations among variables for men and women separately.
<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I-A sexual discrepancy</td>
<td>-.04</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual self-efficacy</td>
<td>-.24**</td>
<td>-.23**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sexual-esteem</td>
<td>-.16*</td>
<td>-.17**</td>
<td>.59**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual satisfaction</td>
<td>-.12</td>
<td>-.18**</td>
<td>.56**</td>
<td>.50**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>6. General self-esteem</td>
<td>-.19**</td>
<td>-.06</td>
<td>.38**</td>
<td>.49**</td>
<td>.44**</td>
<td>1.00</td>
</tr>
<tr>
<td>7. General life satisfaction</td>
<td>-.11</td>
<td>-.07</td>
<td>.32**</td>
<td>.35**</td>
<td>.50**</td>
<td>.72**</td>
</tr>
</tbody>
</table>

Note. N = 234. **Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I-A sexual discrepancy</td>
<td>-.05</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual self-efficacy</td>
<td>-.34</td>
<td>-.04</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sexual-esteem</td>
<td>-.48**</td>
<td>-.19</td>
<td>.64**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual satisfaction</td>
<td>-.07</td>
<td>-.11</td>
<td>.36</td>
<td>.19</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>6. General self-esteem</td>
<td>-.40**</td>
<td>.17</td>
<td>.58**</td>
<td>.70**</td>
<td>.26</td>
<td>1.00</td>
</tr>
<tr>
<td>7. General life satisfaction</td>
<td>-.34</td>
<td>-.01</td>
<td>.70**</td>
<td>.58**</td>
<td>.71**</td>
<td>.61**</td>
</tr>
</tbody>
</table>

Note. N = 30. **Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.
Table 3. Correlations among Variables in Study 1 for Women (Sexually Explicit Internet Material, Ideal-Actual Sexual Discrepancy, Subjective Sexual Wellbeing, and Subjective Genera Wellbeing)

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I-A sexual discrepancy</td>
<td>-.04</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual self-efficacy</td>
<td>-.22**</td>
<td>-.25**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sexual-esteem</td>
<td>-.10</td>
<td>-.20**</td>
<td>.59**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual satisfaction</td>
<td>-.11</td>
<td>-.17**</td>
<td>.56**</td>
<td>.53**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>6. General self-esteem</td>
<td>-.14*</td>
<td>-.08</td>
<td>.38**</td>
<td>.46**</td>
<td>.45**</td>
<td>1.00</td>
</tr>
<tr>
<td>7. General life satisfaction</td>
<td>-.08</td>
<td>-.08</td>
<td>.28**</td>
<td>.34**</td>
<td>.49**</td>
<td>.74**</td>
</tr>
</tbody>
</table>

Note. N = 204. **Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

Analysis Strategy: Ideal Model Fit Criteria

I used structural equation modeling (SEM) to test all serial mediation models in the present study. A strong model fit is demonstrated when it obtains a Satorra-Bentler chi-square and degree of freedom in a ratio of 2 to 1, however, a liberal definition of ratio of 3 to 1 is also acceptable. TLI and CFI values close to 1, and RMSEA and SRMR values less than .08. Last but not least, the lower value of confidence interval for RMSEA no greater than 0.05 and upper value is less than .08 (Browne and Sugawara, 1996; Hu & Bentler, 1999; Kenny, 2014; Marsh & Hocevar, 1985).

Hypothesized Model

The full-hypothesized model is presented in Figure 1. Circles represent latent variables and rectangles represent measured variables. The hypothesized model was used to examine the effects of SEIM consumption on consumers’
subjective sexual and general wellbeing and whether variable I-A sexual discrepancy and SSW mediated these relationships. As noted earlier, the construct of SSW had three indicators (sexual self-efficacy, sexual-esteem, and sexual satisfaction) and the construct of SGW had two indicators (general self-esteem and general life satisfaction). Mediators were a measured variable of I-A sexual discrepancy, which was represented by the absolute subtracted value between the composite of ideal sexual experiences and actual sexual experience, and construct SSW. I used structural equation modeling (SEM) to test direct effects in this hypothesized model and the potential indirect (i.e., mediation) effects of I-A sexual discrepancy and SSW through Delta test.
Model Estimation. The hypothesized model was tested with MLM estimation (see Figure 2). Based on goodness of model fit indices, the model did not obtain a strong model fit, Satorra-Bentler $\chi^2(10, N = 234) = 32.56$, TLI = .90, CFI = .95, RMSEA = 0.10, CI$_{90\%}$ [.06 .14], SRMR = .04. The model had an
approximately 3:1 chi-square to degrees of freedom. Despite of the obtained strong CFI and TLI value, RMSEA is higher than suggested .80. In addition, upper value of confidence interval is off from the suggested value. Even through several model fit indices are off but it was still adequate to allow for model interpretations. Thus, this dataset fit adequately with this initial hypothesized model. The result of STDYX standardization was interpreted for standardized continuous variables are non-normally distributed. The measured variables of sexual self-efficacy ($\beta = .74, p < .001$), sexual-esteem ($\beta = .74, p < .001$), and sexual satisfaction ($\beta = .71, p < .001$) all loaded onto the latent construct of SSW. The measured variables of general self-esteem ($\beta = .92, p < .001$) and general life satisfaction ($\beta = .78, p < .001$) all loaded onto the latent construct of SGW.

**Direct and Indirect Effects.** The direct negative effects of SEIM consumption on I-A sexual discrepancy, subjective sexual wellbeing, and subjective general wellbeing were hypothesized in the model; however, the pilot data did not support these relationships except for latent dimension of subjective sexual wellbeing ($\beta = -.27, p < .001$). There was a statistically significant direct effect of I-A sexual discrepancy on both subjective sexual wellbeing ($\beta = -.22, p = .004$) and subjective general wellbeing ($\beta = .11, p = .04$), but the standardized coefficient between I-A sexual discrepancy and SGB was positive, which was opposite of what I expected. Nevertheless, there was a direct effect of SSW on SGW ($\beta = .68$). This pilot testing did not support the hypothesized mediation effect of I-A sexual discrepancy from SEIM consumption to both SSW and SGB.
However, there was a significant indirect effect of I-A sexual discrepancy on SGB through SSW ($\beta = -.15$), this confirmed to my hypothesis of the mediation effect of SSW. There was an unexpected mediation effect of SEIM consumption on SGW through SSW ($\beta = -.18$) (see Figure 2).

Overall, higher SEIM consumption was associated with poorer SSW; the higher the magnitude of I-A sexual discrepancy, the poorer the SSW; the higher magnitude of I-A sexual discrepancy leaded to poorer SGW through SSW; the higher SEIM consumption leaded to poorer SGW through SSW, all these findings have partially supported my hypothesized model. However, the result did not support the general assumption that I-A sexual discrepancy would mediate the effects of SEIM consumption on SSW and SGW.

**Exploratory Analyses**

The missing linking between SEIM consumption and I-A sexual discrepancy was my biggest concern. To understand the absence of this finding given empirical evidence and theoretical support for the link between SEIM and an I-A discrepancy, I conducted exploratory analyses by applying several adjustments in the dataset and tested the initial hypothesized model.

**Outliers in Sexually Explicit Internet Material Consumption.** I truncated instead of transformed the variable SEIM consumption to reduces the positive skewedness. Participants with 0 to 125 minutes SEIM consumption remained in the data analysis based on the frequency distribution (which ranged from 0 to 1950 minutes) and outlier detection. This left me with 104 participants. Even
though my interest is in actual consumption, excluding cases with 0 minutes of SEIM would reduce the power (there would only be 68 participants) and prohibit model testing. Thus, I left zero-consumption participants in the sample for Study 1.

Sexual Ideal and Ideal-Actual Sexual Discrepancy among Women. In the initial model testing, I used absolute values of the difference scores between the ideal and actual sex measures. One problem with this approach is that items showing a positive difference might not mean the same as items revealing a negative difference. This possibility led me to examine the items that produced positive, small, or null difference. Many of these items appeared to be unrelated to SEIM-related sexual ideals. Rather, these items related more to experiences are unlikely present in SEIM, such as the use of protection and emotional intimacy (e.g., romance, commitment, and cuddling). Indeed, past research indicates that notions of intimacy negatively correlates with SEM consumption (Lambert et al., 2012; Štulhofer et al., 2010) and in the current study, the relevant items did not correlate with SEIM consumption (rs ranged from .045 to .10).

One possible limitation with the I-A sexual discrepancy measure is that it was not gender-neutral because some of the items on the scale might have appealed more to men (e.g., “Ejaculation on partner’s face”) whereas others appealed more to women (e.g., “Long foreplay”). It is plausible that SEIM consumption contributed. To address this potential concern, I identified ideal sex items that were positively related to SEIM among men and women (similar to the
approach used by Morgan, 2011). Table 4 lists the items that had positive relationships with SEIM and accounted for at least 1 percent of

Table 4. Positive Correlations between Sexually Explicit Internet Material and Ideal Sexual Experiences Items in Study 1

<table>
<thead>
<tr>
<th></th>
<th>Men items</th>
<th>Women items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being always ready for sex</td>
<td>.12</td>
<td>.10</td>
</tr>
<tr>
<td>A partner who is always ready to have sex</td>
<td>.15</td>
<td>.13</td>
</tr>
<tr>
<td>Enacting sexual fantasies</td>
<td>.24</td>
<td>.15</td>
</tr>
<tr>
<td>Oral sex</td>
<td>.25</td>
<td></td>
</tr>
<tr>
<td>Anal sex</td>
<td>.29</td>
<td></td>
</tr>
<tr>
<td>Partner’s sexual pleasure</td>
<td>.18</td>
<td></td>
</tr>
<tr>
<td>Partner has a great body</td>
<td>.24</td>
<td></td>
</tr>
<tr>
<td>Partner is beautiful</td>
<td>.20</td>
<td>.11</td>
</tr>
<tr>
<td>Partner is well-endowed</td>
<td>.20</td>
<td></td>
</tr>
<tr>
<td>Shaven genital area</td>
<td>.12</td>
<td></td>
</tr>
<tr>
<td>Sex that occasionally includes coercion</td>
<td>.50</td>
<td></td>
</tr>
<tr>
<td>Ejaculation on partner’s face</td>
<td>.19</td>
<td></td>
</tr>
<tr>
<td>Sexual role playing</td>
<td>.11</td>
<td></td>
</tr>
<tr>
<td>Being constantly horny</td>
<td>.29</td>
<td></td>
</tr>
<tr>
<td>Partner is constantly horny</td>
<td>.33</td>
<td></td>
</tr>
</tbody>
</table>

Use of sex toys   0.21
shared variance to reduce the possibility that any overlap between variables was random. The different patterns in the correlations for men and women suggest that I-A discrepancy should be measured separately for men and women. The number of men in the study (N=30), however, prohibited me from developing a male-only discrepancy measure and testing a male-only model. Thus, I tested a women-only model to facilitate my understanding of the collected data. Using a data-driven approach, I included only the ideal and actual sexual items from Table 4 (those in which the ideal items were positively related to SEIM consumption). As before, I subtracted responses on the actual sex items from the corresponding ideal sex items then averaged the totals. The scales were coded such that higher scores indicated a higher general I-A sexual discrepancy. I acknowledge the formation of female I-A sexual discrepancies could be limited to the collected dataset. Therefore, a more gender-neutral I-A sexual discrepancy measurement with emphasis of pornographic sex activities and attitudes was introduced in Study 2.

Insofar, the purpose of conducting this exploratory analysis was to identify and adjust for potential limitations with my measurements of SEIM consumption and the I-A sexual discrepancy by testing sexual ideals specific to women in order to examine their contribution to an I-A discrepancy. Table 5a and 5b show correlations between study variables for men and women.
Table 5a. Correlations between Sexually Explicit Internet Material and *(Female and Male)* Ideal-Actual Sexual Discrepancy in Range from Zero Minutes to 125 Minutes Sexually Explicit Internet Material Consumption for Men in Study 1

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <em>Male</em> I-A sexual discrepancy</td>
<td>.22</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <em>Female</em> I-A sexual discrepancy</td>
<td>.29</td>
<td>.77**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Subjective sexual wellbeing</td>
<td>-.18</td>
<td>.28</td>
<td>-.035</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>5. Subjective general wellbeing</td>
<td>.06</td>
<td>.21</td>
<td>.002</td>
<td>.82**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note. N = 26. **Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

Table 5b. Correlations between Sexually Explicit Internet Material and *(Female and Male)* Ideal-Actual Sexual Discrepancy in Range from Zero Minutes to 125 Minutes Sexually Explicit Internet Material Consumption for Women in Study 1

<table>
<thead>
<tr>
<th>Variables</th>
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<th>2</th>
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<th>5</th>
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<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. <em>Male</em> I-A sexual discrepancy</td>
<td>.18*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. <em>Female</em> I-A sexual discrepancy</td>
<td>.22**</td>
<td>.83**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Subjective sexual wellbeing</td>
<td>.01</td>
<td>-.22**</td>
<td>-.30**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>5. Subjective general wellbeing</td>
<td>.01</td>
<td>-.16**</td>
<td>-.13†</td>
<td>.50**</td>
<td>1.00</td>
</tr>
</tbody>
</table>

Note. N = 188. **Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

**Exploratory Model Testing.** This model was the same as initially tested except it included only women and used the modified measure of SEIM consumption and the female-specific measure of I-A sexual discrepancy. The model was tested using Robust maximum likelihood (MLR) estimation instead of MLM estimation because it is a better approach when data are skewed because of its correction of chi-square and fit indices by adjusting the SD estimation.
There was modest support for model fit, Satorra-Bentler $\chi^2(10, N = 188) = 29.01$, TLI = .87, CFI = .94, RMSEA = 0.10, CI$_{90\%}$ = [.06 .14], SRMR = .04. The value of RESEA was .10 and with a confidence interval that was wider than the suggested range. TLI value was also off from the suggested criteria. Nevertheless, the model had an approximately 3:1 chi-square to degrees of freedom ratio, CFI value above .90, and SRMR value less than .08. The failure to meet recommended fit indices might be due to the positive skewed variable of SEIM consumption, which was not completely corrected for with MLR. The model fit was not strong, however, it was adequate to allow for a model interpretation. The result of STDYX standardization was interpreted. The measured variables of sexual self-efficacy ($\beta = .73, p < .001$), sexual-esteem ($\beta = .73, p < .001$), and sexual satisfaction ($\beta = .80, p < .001$) all loaded onto the latent construct of SSW. The measured variables of general self-esteem ($\beta = .89, p < .001$) and general life satisfaction ($\beta = .85, p < .001$) both loaded onto the latent construct of SGW.
Figure 3. Initial Hypothesized Model with Exploratory Analysis.

Note: Significant at the $p < .01$ level; * denotes correlations significant at the $p < .05$ level.

Satorra-Bentler $\chi^2 (10, N = 188) = 29.01$

CFI = 0.94
RMSEA = 0.10

Indirect effect
SEIM $\rightarrow$ FI-A $\rightarrow$ SSW = -0.08*
FI-A $\rightarrow$ SSW $\rightarrow$ SGW = -22**
SEIM $\rightarrow$ FI-A $\rightarrow$ SSW $\rightarrow$ SGW = -0.05*

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Direct and Indirect Effects. As seen in Figure 3, the higher SEIM consumption significantly predicted a larger magnitude of female I-A sexual discrepancy ($\beta = .22, p = .001$), as hypothesized. However, there was no direct effect of SEIM consumption on either the SSW or SGW latent construct.

Increases in the female I-A sexual discrepancy significantly predicted reductions in SSW ($\beta = -.36; p < .001$) as hypothesized. Female I-A sexual discrepancy did not predict SGW ($\beta = .06; p > .05$), which was contrary to hypotheses. In addition, SSW significantly predicted the level of SGW in a positive direction ($\beta = .59, p < .001$), as hypothesized. There was a statistically significant indirect effect of SEIM consumption on SSW through female I-A sexual discrepancy ($\beta = .05, p = .03$) but the same indirect effect on SGW was not supported. ($\beta = .06; p > .05$).

However, there was a significant indirect effect of female I-A sexual discrepancy on SGW through the SSW dimension ($\beta = -.22, p = .001$), which supports my hypothesis of the mediation role of SSW. Finally, the serial mediation model was supported: SEIM predicted increases in the female I-A discrepancy, the discrepancy predicted SSW, which in turn predicted SGW ($p = .03$).

Discussion

Study 1 examined the potential impacts of SEIM consumption associated with consumers’ SSW and SGW. Further, Study 1 introduced the concept of I-A sexual discrepancy as a potential mechanism to address the linkage between SEIM consumption and the negative experiences in SSW. In
addition, I hypothesized SSW would serve as a mediator and supplement I-A sexual discrepancy in addressing the relationship between SEIM consumption and SGW in a serial mediation fashion (see Figure 3). Even through initial model testing for men and women together did not yield an adequate model fit, model results indicated that an increased SEIM consumption negatively predicted a lower level of experienced subjective wellbeing. Moreover, the increases in the magnitude of I-A sexual discrepancy predicted a lower level of SSW. As predicted, I-A sexual discrepancy mediated both the relationship between SEIM consumption on SSW, and SSW mediated the relationship between I-A sexual discrepancy and SGW. Nevertheless, the failure in demonstrating the relationship between SEIM consumption and I-A sexual discrepancy and this path is necessary in addressing the hypothesized mediation role of I-A sexual discrepancy between SEIM consumption and subjective wellbeing. Therefore, I attempted to explore the hypothesized relationships by applying specific conditions and modifications, and tailoring the I-A sexual discrepancy to be specific to female participants who had no more than 125 minutes SEIM consumption. The major improvement in terms of supporting the hypothesis was that SEIM consumption significantly predicted the female I-A sexual discrepancy in this modified model. In addition, this exploratory model testing strengthened the support of the mediation role of I-A sexual discrepancy and SSW, which provided preliminary support for the hypothesized serial mediation.
There were few limitations in the exploratory pilot study that will be addressed in Study 2. First, the failure of SEIM to predict SSW or SGW was inconsistent with my initial predictions and the findings in the literature. Despite the various methodological approaches and definitions of SEIM consumption (Short et al., 2012), there is a wealth of findings supporting the potential effect of SEIM consumption on wellbeing whether it is positive or negative (e.g., Albright, 2008; Hald & Malamuth, 2008; Morgan, 2011; Peter & Valkenburg, 2009). The difficulty in detecting the predicted relationships may be because of the insufficient sample size and the introduction of mediators. There were 1:7 ratios among men and women participants and most of them did not report recent SEIM consumption in the Study 1. I will address the concerns of an imbalanced sex ratio and lack of recent SEIM consumption in the second study by increasing the sample size particularly for male participants and limiting data collection to participants with regular SEIM consumption. Replication would further support the mediation role of I-A sexual discrepancy and SSW among both men and women. With the larger sample, I can also reexamine the direct predictions from SEIM consumption to SSW and SGW. Another problem in Study 1 was the female I-A sexual discrepancy measure was data-driven rather than theoretically or empirically based. In Study 2, I attempt to address this limitation by drawing on the Sexual Preference Scale used by Morgan (2011) to examine preferences for pornographic sex activities and attitudes. This scale focuses more on pornographic sex generally experienced by men and women instead of specific
pornographic sex acts tending to differ by gender. It was modified for Study 2 to be less gender-specific. In addition, measurement of negative affect was added to represent SGW. Moreover, the improvement in the female-only model raises concerns about combining data from men and women to test the hypothesized model. Therefore, the initial hypothesized model will be reexamine in Study 2 for both men and women. In addition to testing a model with combined men and women, same study hypotheses will be tested separately for men and women.
CHAPTER THREE
STUDY TWO

In Study 2, I sought to re-examine the hypothesized serial mediations among study variables. Exploratory results of Study 1 provided preliminary support for the hypothesized predictions and, importantly, mediations among women. A higher rate of consuming SEIM by women positively seemed to predict the discrepancy of their ideal and actual sexual experiences in intimate relationships. As hypothesized, a larger magnitude of female I-A sexual discrepancy was found negatively related to women’s self-evaluated SSW, which was represented by sexual efficacy, sexual esteem, and sexual satisfaction. The mediation effect between SEIM consumption and SSW, as well as SGW found in the exploratory model testing highlighted the likelihood of I-A sexual discrepancy and SSW functioned as mediators for the negative associations between women’s SEIM consumption and their wellbeing. Nevertheless, due to the nature of data-driven modification to the measurement scale and the large percentage of female participants who reported zero consumption of SEIM, the obtained results in Study 1 are equivocal. The need to create a woman-specific I-A discrepancy and drop men from Study 1 along with the insufficient sample size of men left uncertainty whether the model applied to both men and women as expected. By acknowledging these insufficiencies, I designed Study 2 to provide
a better understanding of the impact of SEIM consumption for both male and female SEIM consumers.

In Study 2, a number of modifications have been applied to the research design, including participant requirements and measurement selections. However, the structure of hypothesized model was maintained. In order to better address potential gender differences, I recruited participants through Amazon’s Mechanical Turk (Mturk) instead of using a convenience sample of college psychology students, which are disproportionately female. I believe this adjustment served to overcome the imbalanced gender ratio typical of sampling students enrolled in psychology because the Mturk community has a more balanced sex ratio. The resulting sample enabled me to test the model for men and women separately. Mturk also provided the opportunity to collect a more representative community sample compared to the WEIRD (Western, Educated, Industrialized, Rich, and Democratic) sample normally obtained from college students (Henrich, Heine, & Norenzayan, 2010). Moreover, to improve the validity and sensitivity of the SEIM measure, I drew upon the literature with specific attention to the recommendation by Short et al. (2012) that the standard definition of SEIM consumption should include content of material, and the purpose of use. As such, I modified the definition of SEIM by including these two suggested criterions for a more comprehensive and standardized definition of SEIM for Study 2.
In terms of measurement-level adjustment, several of the measurement scales were modified in Study 1, beginning with SEIM consumption. In Study 1, I asked participants to report their total SIEM consumption in minutes within a month to capture participants' SEIM consumption however, this might increase recall error and reduce the accuracy of capturing an individuals' SEIM consumption pattern. Thus, in Study 2, participants' weekly SEIM consumption was examined instead of the accumulated SEIM consumption over one month.

Study 1 revealed that the relationship between SEIM consumption and I-A sexual discrepancy increased in magnitude when that measure was based exclusively on ideal sexual items, which were positively related to SEIM consumption (for the women only model). Although there are limitations with that data-driven approach, eliminating items that are known to be negatively associated or are unlikely associated with SEIM (e.g., intimacy or trust) has the benefit of improving the construct validity of the scale. Remember, the goal of the scale was to measure sex ideals communicated through SEIM. Thus, a suitable measurement for illustrating I-A sexual discrepancy was a scale that is able to capture sexual ideals communicated through SEIM and then compare them to people's actual sexual experiences related to those ideals. In line with this goal, I introduced the Sexual Preference Scale (Morgan, 2011), which was designed to examine the preference of mainstream pornographic sexual activities, attitudes, and physical appearance that are commonly depicted in mainstream (heterosexual) pornography. Because this scale includes items that are less
gender-specific than the scale used in Study 1, it allows for measurement of a more gender-neutral I-A sexual discrepancy. These same items were used to assess participants’ ideal and actual sexual experience. The difference in item responses (by subtracting actual sex experiences from ideal sex experiences) was used to compute the I-A sexual discrepancy measure. Absolute scores of I-A discrepancy among items were not used in Study 2 because the convoluted relationship between desirable and actual experienced sex life might portray a different psychological nature among SEIM consumers with their sex partner(s).

As mentioned in Study 1, I-A sexual discrepancy works as a underlying linkage to explain negative associations between SEIM consumption and one’s wellbeing when the perceived ideal sex life is not achievable through actual sex life, which draws on the theoretical explanation from Self-Discrepancy Theory. SEIM consumers with a negative value in their general I-A sexual discrepancy were not included in Study 2 model assessment, in order to better address the purpose of this theoretical hypothesized model – understanding the potential detrimental impacts of generating an unachievable ideal sex preference that is influenced by SEIM consumption on consumers’ SSW and SGW.

Measurement of negative affect was added to supplement the representation of SGW. In Study 1, only two indictors were used to represent SGW, which is less than the commonly suggested number of indicators (i.e., three or more) to represent an underlying latent construct (Hayduk & Littvay, 2012). Even though I used a well-established scale to measure participants’
depressive symptoms (CES-D; Redloff, 1977), an interpretable factor solution was not found in an EFA that included the CES-D. Moreover, research suggests that SEIM consumption is less clearly associated with depression than it is with less clinical forms of negative affect (e.g., Levin et al., 2012). Therefore, a more inclusive factor - negative affect - was included to represent SGW. This measure focused on dejected mood states, which have been theorized (Higgins, 1987) and empirically shown to be related to discrepancies between ideal and actual representations of self (Katz & Farrow, 2000).

In sum, Study 1 provided some support for the hypothesized serial mediation model for women only and highlighted potential problems in measurement. Thus, I changed the method of participant recruitment, adjusted the definition of SEIM, replaced the SSOS scale by adopting the modified version of Sexual Preference Scale for measuring I-A sexual discrepancy, and added the modified PANAS as a third indicator (i.e., negative affect) for SGW. Based on the overall findings, I tested the same hypothesized model that I tested in the Study 1.

Model Hypotheses

The primary goal in Study 2 was to address the limitations in Study 1 and further investigate the existence and impact of the hypothesized I-A sexual discrepancy for both male and female SEIM consumers. I hypothesized SEIM consumption would predict a discrepancy between ideal and actual sex
experience with intimate partner(s) that would subsequently predict a reduction in subjective sexual wellbeing, which in turn would predict reduced subjective general wellbeing (see Figure 4).
Method

Participants

The sample size was based on a minimum of five participants per parameter to reach a medium effect size (Wuensch, 2014) and the targeted sample size was also inflated by 25 percent to account for careless responses (Hulley et al., 2001). Two hundred and eleven (men = 105) authorized workers completed the study survey through the Amazon Mechanical Turk (MTurk) system. Participants were recent SEIM consumers who were involved in at least one sexually active heterosexual intimate relationship during the previous 30 day, and have regularly used SEIM (i.e., weekly consumption) Participants’ age ranged from 18 to 56 years-old (M = 32.35). The majority of participants self-identified as European-American/White (~75%) and all other ethnicities made up less then ten percent [i.e., Hispanic/Latino (~9%), Asian American/Asian (~9%), African-American/Black (~6%), and Native American/Indigenous (~0.5%)].

Procedure

To ensure participants met the criteria for inclusion, they were asked to first complete a qualification survey (see Appendix D). This survey asked participants to indicate their gender, and whether or not during the past 30 days they were in at least one heterosexual relationship, sexually active in one of those relationships, and consumed SEIM Participants who answered yes to the latter three questions were allowed to take the full study. To achieve a relatively balanced sex ratio, I applied a specific quota in order to cease the data collection
when the sample size was reached approximately 200 with balance number between male and female participants.

After passing the prescreening, qualified participants were directed to view the informed consent form (see Appendix E). Once giving consent, participants continued to complete the study survey. Participants who passed the prescreening and completed the survey following instructions were assigned a random completion code (i.e., secret key), which was used to validate their survey completion and redeemed the compensation of $2.00. All responses were anonymous and participants took approximately 20 minutes ($M = 20.30$ minutes) to complete the study survey (see Appendix F).

Measures

Corresponding with my goal to retest the original hypothesized model, the majority of the measurement scales used in Study 1 were kept in Study 2. There were five sections including SEIM consumption, ideal-actual sexual discrepancy, subjective sexual wellbeing, subjective general wellbeing, and demographics. With the exception of the SEIM consumption measure, all measures used slider scales rather than the likert-type scales in Study 1. Participants recorded their response by moving a slider along a line that ranged from $1 = \text{Strongly Disagree}^\prime$ (left end) and $7 = \text{Strongly Agree}^\prime$ (right end). No information regarding other values on the scale were shown to participants, and participants could leave the slider at any position on the line. Because unlike likert scales, the slider scale does not limit responses to whole numbers, it allows for greater variability in
responses. For each scale, negatively-keyed items were reverse-scored then items were averaged together to form a composite measure. Higher scores indicated greater positive wellbeing, except for the negative affect scale in which higher scores indicated greater negative emotions.

All measures used in Study 2 are detailed in the following section.

**Sexually Explicit Internet Material Consumption.** Participants were presented with the same definition of SEIM used in Study 1 and asked to click “I have read and understand the definition” in order to enter the next section in the survey. To capture the weekly SEIM consumption in terms of minutes, which is commonly used to assess SEIM consumption (e.g., Kraus & Rosenberg, 2014; Peter & Valkenburg, 2010), I included two items. The first item was, “how many days do you typically view sexually explicit internet material (SEIM) or internet pornography weekly (days per week, either streamed or downloaded)?” Responses for this item were recorded in number of days per week. The second item was, “On a day when viewing the downloaded or streamed SEIM (or internet pornography), how much time do you normally spend on it?” Responses were recorded in hours and minutes. These two questions were then multiplied to create a composite indicating participants’ weekly SEIM consumption in minutes.

**Ideal-Actual Sexual Discrepancy.** Differently from Study 1, I adopted and modified the Sexual Preference Scale from Morgan (2011) because of its emphasis in measuring individuals’ sexual preference in commonly depicted sexual scenarios in SEM. I supplemented it with items from Sexual Script Overlap
Scale (SSOS; Štulhofer et al., 2010) that are empirically or conceptually related to SEIM based on the results in Study 1. There were three sub-scales originally defined in the Sexual Preference Scale – hot sex, kinky sex, and sexual appearance. I modified the dimension of the seven-item hot sex subscale by adding one item “hot sex”. For the five-item kinky sex subscale, there were four added items (i.e., “enacting sexual fantasy”, “anal sex”, “performing oral sex”, “receiving oral sex”). I also supplemented the dimension of the four-item sexual appearance subscale with two items (i.e., “partner has great body” and “partner is well-endowed”) while dropping two items from the original scale that were gender-specific (dress in sexy lingerie/underwear” might apply to women more than men). The final modified scale consisted of 21 items. For ideal sexual experiences, participants were presented with the instructions “the following section is about what you regard as ideal sex in sexual relationships. Please indicate how much you agree the sexual characteristic(s) listed below are describing the IDEAL sexual experience(s) YOU WANT in your intimate relationships”. The same scale was used again to measure participants’ actual sexual experiences with the instructions, “In the following section is about the sex in your actual relationships. Please indicate how much the sexual characteristic(s) listed below you have ACTUALLY experienced in your intimate relationships during the last 30 days”. Actual sex experiences were subtracted from ideal sex experiences and the resulting difference scores were averaged to compute the overall I-A sexual discrepancy score ($\alpha = .84$),
which could range from -7 to +7. The actual range in the scale, however, was -1 to 3.67.

**Sexual Efficacy, Sexual Esteem, and Sexual Satisfaction.** Measurement scales for these three constructs were kept in Study 2 with the exception that response options were in the format of a 7-point slider rather than Likert scale. For SEF, participants were instructed to indicate their feelings about their sexual self and the scale yielded strong internal consistency ($\alpha = .89$). SSE also resulted in a reliable measure ($\alpha = .95$). Finally, SSA had strong internal consistency ($\alpha = .93$).

**General Self-Esteem, General Life Satisfaction, and Negative Affect.** For all these three measures, participants were instructed to “Please indicate how much you agree the following statement(s) match your general feelings during the past week” (Watson & Clark, 1999). GSE and GLS were measured with same scales used in Study 1. Together the items yielded a strong internally consistent scale in the current study ($\alpha = .95$ for GSE and .94 for GLS). In terms of measuring NA, I generated a scale for assessing negative and dejected affect corresponding with Higgins’ (1987) proposal that a discrepancy between ideal and actual self produces dejection mood states (see also Katz & Farrow, 2000). Thus, the scale contained items of dejected emotion, which were empirically found to be associated with ideal-actual self-discrepancies (e.g., Higgins, Bond, Klein, & Strauman, 1986; Keller & Dauenheimer, 2003). I also included negative emotion items from the brief Positive and Negative Affect Schedule (PANAS-X;
There were four items of negative emotion (i.e., lonely) and four items of dejected emotion (i.e., discouraged) in this measurement scale. In addition, eight positive affect items (e.g., joyful) were included as filler items to avoid generating negative affect as a result of having too many negative items in a row. The final Negative Affect scale showed strong internal consistency in the current study ($\alpha = .94$).

The measures of sexual efficacy, sexual esteem, and sexual satisfaction served as indicators of the subjective sexual wellbeing (SSW) latent variable. The measures of general self-esteem, general life satisfaction, and negative affect were used as indicators of the subjective general wellbeing (SGW) latent variable.

**Attention Checks.** In addition to the primary measures, I dispersed three attention check questions (e.g., “slide to strongly agree for this survey item”) throughout the survey to detect careless responses.

**Results**

**Data Screening**

Initially, 211 participants successfully accessed and completed the study survey online. I excluded the data from participants with missing data ($N = 3$) or who failed more than one attention check item ($N = 5$). I used $z$-scores greater than 3.3 or less than -3.3 to detect outliers. Eleven univariate outliers were found, with nine from SEIM consumption, one from SEF, and one from the I-A
sexual discrepancy. There were seven multivariate outliers, with three on SSW and four on SGW. All 18 outliers were excluded from data analyses. The final complete dataset consisted of 185 cases.

An examination of skewedness and kurtosis showed that measurement of SEIM consumption and NA were highly skewed, with values larger than one (i.e., 1.69 and 1.16, respectively). The constructs of SEF, SSE, SSA, GSE, as well as the SSW latent variable were all moderately skewed, with values of skewedness within the range of -1.5 to 1.5 (Doane & Seward, 2011). The only level of kurtosis that was concerning was for SEIM consumption, with a value of 2.47. Nevertheless, data transformations to address skewedness and kurtosis were not conducted because it would increase the difficulty in data interpretation. For example, a response bias towards reporting positive wellbeing was expected (Radloff, 1977), and outliers had already been removed from the data analysis. As per Study 1, I expected SEIM consumption to be positively skewed, with data clustered on the lower end and more widely distributed throughout the higher end of the distribution. Again, univariate outliers on this variable were already removed. I acknowledge the potential limitation in my data analysis of not conducting data transformations on skewed variables, but emphasize it was the better option for interpretability.

The scatterplot matrix revealed linearity among all three indicators of SSW (SEF, SSE, and SSA) as well as the three indicators of SGW (GSE, GLS, and NA). As expected, the skewed distributions of SEIM consumption and I-A sexual
discrepancy did not obtain linearity with all the variables of interest. There were no multicollinearity or homoscedasticity violations detected within the data.

**Exploratory Factor Analyses**

Regarding to results and data interpretations in Study 1, I selected a different scale to investigate the I-A sexual discrepancy, and replaced the measurement of depression with a scale for measuring negative affect in general. Scales were created and modified in order to capture the study phenomena; thus, I conducted exploratory factor analyses (EFAs) to assess the pattern formation of factor loadings (Brown & Moore, 2012). As in Study 1, I used principle axis factoring as factor extraction and direction oblimin rotation in order to obtain the unique variance of the measures and the potential correlated latent constructs (Gorsuch, 1983). The EFAs results for all measures are listed below.

**Negative Affect.** This 8-item scale was created for measuring general negative affect. Based on the results of the eigenvalue scree plot and factor analyses, this is a single dimension scale with factor extraction accounting for 67.87 percent of the variance in total. The KMO was .913, which was above the recommended lower value of .60, and Bartlett’s test of sphericity was significant ($p < .001$).

**Confirmatory Factor Analyses**

I conducted CFAs in order to examine the conceptualization of the hypothesized factor structure (Brown, 2015). All CFAs were tested using Mplus 7.0 (Muthén & Muthén, 1998 – 2011). A strong model fit is demonstrated when it
obtains a Satorra-Bentler chi-square and degree of freedom in a ratio of 2 to 1, however, a liberal definition of ratio of 3 to 1 is also acceptable. TLI and CFI values close to 1, and RMSEA and SRMR values less than .08. Last but not least, the lower vale of confidence interval for RMSEA no greater than 0.05 and upper value is less than .08 (Browne and Sugawara, 1996; Hu & Bentler, 1999; Kenny, 2014; Marsh & Hocevar, 1985). CFI was regarded as the main indicator of model fit because it less sensitive by sample size (Fletcher et al., 1999).

Subjective Sexual Wellbeing. Three indicators SEF, SSE, and SSA, were extracted in the EFAs and used to conceptualize the latent variable SSW in Study 1. Thus, CFA tested these three indicators with the assumption that the tendency of participants rating these three categories was in a different fashion: with ten measured items loading on the construct SEF; ten measured items loading on the construct SSE; and nine measured items loading on the construct SSA (see Figure 5). According to the goodness of fit indices ($\chi^2$/df = 3.48, CFI = .80, TLI = .79, RMSEA = .116), the analysis revealed poor fit. Based on the model modification indices provided in CFA and the validity of measurement, I improved model fit by removing items with crossloadings or conceptual overlap across measurement scales. I removed four items from the SEF scale because of crossloading (i.e., “I am able to fulfill my partner’s sexual needs”, “I am able to get what I need from sex”, “I am able to ensure that sex is enjoyable for me”, and “I am able to make sex enjoyable for my partner”). I removed two items from the SSE scale because they conceptually overlapped with the SEF construct (i.e., “I
am not very confident about my sexual skill” and “I sometimes doubt my sexual competence”). I removed two items from the SSA scale in order to avoid ambiguity in measurement validity (i.e., “My partner meets my sexual needs” and “I meet my partner’s sexual needs”). After item removals, there were 21 items to represent the three-factor structure. According to the goodness of fit indices ($\chi^2$/df = 2.87, CFI = .90, TLI = .89, RMSEA = .102), the modifications revealed an improvement in the model fit. Importantly, this modified three-factor structure did not illustrate any further major or problematic model modifications.

Although the model fit did not meet the criteria for strong, it was adequate to test my model. Because SSW, the conceptual second-order latent factor would be used in the
Figure 5. Confirmatory Factor Analysis of the Subjective Sexual Wellbeing, with First-Order and Second-Order Latent Factors. All Loadings are in Standardized form and are Significant at $p < .05$. $N = 185$. $V =$
theoretical model, I conducted a second CFA with first-order and second-order factors. The analysis indicated that the model fit was slightly reduced after including the second-order factor ($\chi^2/df = 2.87$, CFI = .89, TLI = .88, RMSEA = .100). Although model indices again did not reveal a strong model fit, the three modified subscales were used to represent SSW in the theoretical model.

Subjective General Wellbeing. GSE, GLS, and NA were used to conceptualize the latent variable SGW. Ten items were arranged to load on the construct GSE; five items were arranged to represent the construct GLS; and eight items were loaded on the construct NA (see Figure 6). According to the goodness of fit indices ($\chi^2/df = 2.83$, CFI = .91, TLI = .90, RMSEA = .10), the analysis did not reveal a strong fit but adequate for interpretation. Based on modification recommendations, I modified these observed variables to maintain a three-factor structure. In this newly modified factor structure, I kept 22 items instead of 31. I removed one item from the GSE scale because it overlapped with the construct of GLS (i.e., “On the whole, I am satisfied with myself”). After the deletion, I obtained a slight improvement in model fit ($\chi^2/df = 2.63$, CFI = .93, TLI = .92, RMSEA = .094). Because the second-order latent variable SGW would be used in the test of the theoretical model, I conducted another CFA of SGW with first-order and second-order factors (See Figure 6). Similar to SSW, the model fit was slightly reduced after including the second-order factor ($\chi^2/df = 2.77$, CFI = .92, TLI = .91, RMSEA = .098). Based on the adequate CFI and moderate
RMSEA indices I believed these three subscales were appropriate to represent SGW.
Figure 6. Confirmatory Factor Analysis of the Subjective General Wellbeing, with First-Order and Second-Order Latent Factors. All Loadings are in Standardized form and are Significant at $p < .05$. $N = 185$. $V =$ variable
Zero-Order Correlations

Bivariate correlations were used to explore relationships among study variables before conducting the full model test (see Table 6). The correlations between study variables are also listed for men (Table 7) and women (Table 8) separately for reference. The reported ideal sex experience and actual sex experience were included in the correlations to understand male and female SEIM consumers’ formation of ideal-actual sexual discrepancy. Although the pattern of correlations varied in several ways across women and men, the ones most relevant to the current study were those between SEIM consumption and both I-A discrepancy and actual sexual experience. For men, SEIM consumption was positively related to I-A discrepancy and unrelated to actual sexual experience. For women, SEIM consumption was negatively but not statistically related to I-A discrepancy, and SEIM consumption was positively related to actual sexual experience. These gender differences in correlations between study variables can be useful later to understand the any potential differences in ability to test the male and female models.
Table 6. Correlations among Variables in Study 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I-A sexual discrepancy</td>
<td>.15*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sexual confidence/efficacy</td>
<td>.03</td>
<td>-.36**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Sexual-esteem</td>
<td>.07</td>
<td>-.24**</td>
<td>.66**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. Sexual satisfaction</td>
<td>.02</td>
<td>-.53**</td>
<td>.72**</td>
<td>.64**</td>
<td>1.00</td>
<td></td>
<td></td>
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<tr>
<td>6. General self-esteem</td>
<td>-.14</td>
<td>-.09</td>
<td>.45**</td>
<td>.60**</td>
<td>.46**</td>
<td>1.00</td>
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<td></td>
<td></td>
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<td>7. General life satisfaction</td>
<td>-.18*</td>
<td>-.22**</td>
<td>.37**</td>
<td>.46**</td>
<td>.53**</td>
<td>.73**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Negative Affects</td>
<td>.14</td>
<td>.20**</td>
<td>-.38**</td>
<td>-.49**</td>
<td>-.53**</td>
<td>-.84**</td>
<td>-.78**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>9. Subjective Sexual wellbeing</td>
<td>.05</td>
<td>-.40**</td>
<td>.86**</td>
<td>.90**</td>
<td>.86**</td>
<td>.59**</td>
<td>.53**</td>
<td>-.55**</td>
<td>1.00</td>
</tr>
<tr>
<td>10. Subjective General wellbeing</td>
<td>-.17**</td>
<td>-.16**</td>
<td>.41**</td>
<td>.55**</td>
<td>.52**</td>
<td>.94**</td>
<td>.85**</td>
<td>-.94**</td>
<td>.58**</td>
</tr>
</tbody>
</table>

Note. N = 185.

**Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

Table 7. Correlations among Variables for Men in Study 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. I-A discrepancy</td>
<td>.27**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Ideal sex experience</td>
<td>.41**</td>
<td>.32**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Actual sex experience</td>
<td>.12</td>
<td>-.58**</td>
<td>.59**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual efficacy</td>
<td>-.05</td>
<td>-.39**</td>
<td>.20</td>
<td>.50**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sexual esteem</td>
<td>.01</td>
<td>-.31**</td>
<td>.24*</td>
<td>.47**</td>
<td>.76**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Sexual satisfaction</td>
<td>.00</td>
<td>-.51**</td>
<td>.14</td>
<td>.55**</td>
<td>.67**</td>
<td>.68**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Self-esteem</td>
<td>-.04</td>
<td>-.23*</td>
<td>.13</td>
<td>.31**</td>
<td>.60**</td>
<td>.66**</td>
<td>.63**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Life satisfaction</td>
<td>-.16</td>
<td>-.28**</td>
<td>.03</td>
<td>.26**</td>
<td>.40**</td>
<td>.55**</td>
<td>.61**</td>
<td>.77**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Negative affect</td>
<td>.05</td>
<td>.30**</td>
<td>-.13</td>
<td>-.37**</td>
<td>-.47**</td>
<td>-.53**</td>
<td>-.65**</td>
<td>-.84**</td>
<td>-.81**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>11. Sexual wellbeing</td>
<td>-.02</td>
<td>-.45**</td>
<td>.20</td>
<td>.55**</td>
<td>.87**</td>
<td>.93**</td>
<td>.87**</td>
<td>.71**</td>
<td>.61**</td>
<td>-.63**</td>
<td>1.00</td>
</tr>
<tr>
<td>12. General wellbeing</td>
<td>-.08</td>
<td>-.27**</td>
<td>.13</td>
<td>.35**</td>
<td>.54**</td>
<td>.63**</td>
<td>.66**</td>
<td>.94**</td>
<td>.87**</td>
<td>-.94**</td>
<td>.70**</td>
</tr>
</tbody>
</table>

Note. N = 96.

**Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.
Table 8. Correlations among Variables for Women in Study 2

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEIM consumption</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I-A discrepancy</td>
<td>-1.18</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ideal sex experience</td>
<td>0.25*</td>
<td>-0.27*</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Actual sex experience</td>
<td>0.36**</td>
<td>-0.52**</td>
<td>0.68**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sexual efficacy</td>
<td>0.17</td>
<td>-0.35**</td>
<td>0.33**</td>
<td>0.56**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sexual satisfaction</td>
<td>0.14</td>
<td>-0.19</td>
<td>0.29**</td>
<td>0.40**</td>
<td>0.58**</td>
<td>1.00</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>7. Sex-estime</td>
<td>0.08</td>
<td>-0.55**</td>
<td>0.21</td>
<td>0.60**</td>
<td>0.76**</td>
<td>0.61**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Self-esteem</td>
<td>-0.22*</td>
<td>0.10</td>
<td>0.08</td>
<td>-0.001</td>
<td>0.32**</td>
<td>0.66**</td>
<td>0.29**</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Life satisfaction</td>
<td>-0.15</td>
<td>-0.13</td>
<td>0.06</td>
<td>0.16</td>
<td>0.34**</td>
<td>0.55**</td>
<td>0.44**</td>
<td>0.66**</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Negative affect</td>
<td>0.28**</td>
<td>0.08</td>
<td>-0.04</td>
<td>-0.10</td>
<td>-0.30**</td>
<td>-0.53**</td>
<td>-0.41**</td>
<td>-0.84**</td>
<td>-0.74**</td>
<td>1.00</td>
<td></td>
</tr>
<tr>
<td>11 Sexual wellbeing</td>
<td>0.15</td>
<td>-0.38**</td>
<td>0.31**</td>
<td>0.57**</td>
<td>0.85**</td>
<td>0.93**</td>
<td>0.86**</td>
<td>0.49**</td>
<td>0.45**</td>
<td>-0.48**</td>
<td>1.00</td>
</tr>
<tr>
<td>12. General wellbeing</td>
<td>-0.27**</td>
<td>0.002</td>
<td>0.02</td>
<td>0.02</td>
<td>0.30**</td>
<td>0.51**</td>
<td>0.36**</td>
<td>0.94**</td>
<td>0.81**</td>
<td>-0.93**</td>
<td>0.48**</td>
</tr>
</tbody>
</table>

Note. N = 89.

**Denotes correlations significant at the p < .01 level; * denotes correlations significant at the p < .05 level.

Hypothesized Model

The structure of this hypothesized model was the same as in Study 1 except for the additional indicator of NA in representing SGW (see Figure 4). In addition, participants who obtained a negative value of ideal-actual sexual discrepancy (the value of actual experience in pornographic sex is higher than the desire experience in pornographic sex) were excluded from the model testing because of a lack of understanding about what this type discrepancy might mean psychologically. This exclusion left a data set contained 162 participants and 87 of them are male SEIM consumers.

Model Estimation. The hypothesized model was tested through Mplus with maximum likelihood estimation with robust standard errors (MLR) to adjust the chi-square and fit indices for multivariate non-normality and non-symmetric confidence intervals for multivariate non-normality sampling distribution. This approach is particularly beneficial for detecting indirect effects (MacKennon
Lockwood, & Williams, 2004). A strong model fit is demonstrated when it obtains a Satorra-Bentler chi-square and degree of freedom in a ratio of 2 to 1, however, a liberal definition of ratio of 3 to 1 is also acceptable. TLI and CFI values close to 1, and RMSEA and SRMR values less than .08. Last but not least, the lower vale of confidence interval for RMSEA no greater than 0.05 and upper value is less than .08 (Browne and Sugawara, 1996; Hu & Bentler, 1999; Kenny, 2014; Marsh & Hocevar, 1985). The initial estimated model was tested for combined male and female SEIM consumers. However, it obtained a poor model fit across indices, Satorra-Bentler $\chi^2(16, N = 162) = 85.96$, TLI = .69, CFI = .83, RMSEA = 0.16, CI$_{90\%}$ [.13 .20], SRMR = .10. Based on the criteria of strong model fit, the obtained model fit was inadequate and model interpretation was not conducted. Results of inadequate mode fit using combined male and female SEIM consumers in Study 2 was similar to the model results in Study 1. Perhaps, the application of the hypothesized model on men and women is likely to be different in terms of, for example, the magnitude of the prediction paths between study variables. This likelihood along with model results from Studies 1 and 2 indicated the possibility that the hypothesized model should be tested separately for men and women.
Male Model Testing. The men-only model testing obtained modest support for the model fit across indices, Satorra-Bentler $\chi^2(16, \ N = 87) = 35.81$, TLI = .88, CFI = .93, RMSEA = 0.12, CI$_{90\%}$ [.07 .17], SRMR = .04. The model had an approximately 2:1 chi-square to degrees of freedom ratio (CMIN/DF = 2.22) and some researchers suggested the ratio of chi-square to degree of freedom

![Diagram](image)

Figure 7. The Initial Model Testing for Men.
Note: Significant at the $p < .01$ level; * denotes correlations significant at the $p < .05$ level.
low as 2 or high as 5 are still within the acceptable range and referred the tested model as adequate (Marsh & Hocevar, 1985). Standardized SRMR indicated a good model fit with value lower than .08. CFI value suggested that the data adequately fit the hypothesized model. However, the above-suggested value in RMSEA and the range of confidence interval was over the suggested range, both indices were problematic. Thus, I could not conclude confidently that the collected data support the hypothesized model (see Figure 7).

**Female Model Testing.** This initial estimated model was terminated because of a greater than 1 residual covariance and correlation coefficient were obtained between latent variable SSW and SGW. Thus, the collected data did not support or fit the hypothesized model in women.

**Model Modifications**

Even though the model testing was not supported for either men and women combined or separate, significant correlations between study variables for men (Table 7) and women (Table 8) permitted an investigation into a modified model structure. According to the model results, the women-only model was undefined because the covariance between latent constructs SSW and SGW was larger than one. In addition, the correlation between SSW and SGW for male SEIM consumers was unusually high. It was plausible to conjecture that the use of the hypothesized latent constructs might hamper the model fit.

Indeed, Instead of being nested under a latent construct to generalize a composited idea of sexual or general wellbeing in the hypothesized model
structure, indicators used to represent SSW and SGW are commonly examined individually and separately. For example, SEIM consumption has been tested associated with (a) sexual satisfaction (e.g., Morgan, 2011; Peter & Valkenburg, 2009; Štulhofer et al., 2010; Szymanski & Stewart-Richardson, 2014), (b) sexual esteem (Morrison et al., 2006), (c) general self-esteem (Kor and colleagues, 2014), (d) general life satisfaction (Janghorbani and Lam, 2003), or (e) negative affect such anxiety (e.g., Tylka, 2015). Nevertheless, Ménard and Offman (2009)’s study about the interrelationship between sexual assertiveness, sexual self-esteem, and sexual satisfaction provided support that these factors functions differently but could be understood within a macro perspective about one’s sexual wellbeing. However, unexplained variations among these wellbeing indicators might function differently to influence, for example, one’s subjective general wellbeing (also see Taleporos & McCabe, 2002; Horne & Zimmer-Gemback, 2005).

Considering the problems identified in Study 2 and theoretical concerns about the prediction between latent construct SSW and SGW, I dropped the latent variables and investigated all composited wellbeing indicators separately by adding prediction paths from all three indicators of SSW to all three indicators of SGW. Even though this modified model structure was different from the original hypothesized model, the nature of predictions between SEIM consumption, I-A sexual discrepancy, indicators of SSW, and indicators of SGW remained the same. Error terms were correlated for variance unexplained by
SEIM consumption and I-A sexual discrepancy, which are indicators of SSW and SGW. This approach addresses the explained variance for indicators of SGW as predicted by SSW and the explained variance of the SSW indicators predicted by SEIM consumption and I-A sexual discrepancy. I also dropped the direct prediction paths between SEIM consumption and all composed measurement variables because the lack of significant correlations between most of the SSW and SGW indicators (see Table 6, 7, and 8). Moreover, I dropped the direct predictions between I-A sexual discrepancy and three indicators of SGW. These modifications may enhance the ability to explore any potential mediation effects of I-A sexual discrepancy and SSW indicators (SEF, SSE, and SSA) in this modified serial mediation path model. Two major limitations, of course, are the sample size is inadequate for the number of parameters included in the model and the likelihood of Type 1 error is high given the number of paths tested in the model. However, for exploratory purposes and to inform my future research, I proceeded with the model test.

Modified Male Model Testing. After dropping the application of latent variables of SSW and SGW from the model, I conducted path model testing with eight composite variables: SEIM consumption, I-A sexual discrepancy, sexual efficacy (SEF), sexual esteem (SSE), sexual satisfaction (SSA), general self-esteem (GSE), general life satisfaction (GSA), and negative affects (NA). This modification improved the model fit indices remarkably (Satorra-Bentler \( \chi^2 \) [9, \( N = 87 \) = 14.38, \( p = .10 \), (CMIN/DF = 1.60), TLI = .94, CFI = .98, RMSEA = 0.08,
CI_{90\%} [0.00 \ 0.16], SRMR = .04). The upper confidence interval was high (above .08), however, all other fit indices indicated data fit adequately to this modified model. Because of the high upper CI, model interpretation requires caution.

The tested model is displayed in Figure 8, with significant paths designated by black lines and non-significant paths designated by dashed lines. The frequency of SEIM consumption significantly predicted the magnitude of I-A sexual discrepancy (β = .35, p < .001). All three sexual wellbeing measures were negatively associated with I-A sexual discrepancy, (SEF: β = .34, p < .001; SSE: β = .31, p = .001; SSA: β = .54, p < .001, respectively). Several significant direct relationships between indicators of SSW and SGW were found. SEE and SSA significantly predicted the level of GSE (β = .36 and .30, respectively) SEE and SSA significantly predicted GSA (β = .32 and .45, respectively). SSA was significantly associated with NA (β = -.34; p = .003). All structural error terms were correlated among three SSW indicators and three SGW indicators (see Figure 8).
Satorra-Bentler $\chi^2 (9, N = 87) = 14.38$
CFI = 0.98
RMSEA = 0.08
SRMR = .04

Indirect Effect
SEIM $\rightarrow$ I-A $\rightarrow$ SEF = -.12*
SEIM $\rightarrow$ I-A $\rightarrow$ SSE = -.11*
SEIM $\rightarrow$ I-A $\rightarrow$ SSA = -.19*
SEIM $\rightarrow$ I-A $\rightarrow$ SSA $\rightarrow$ GLS = -.08*
SEIM $\rightarrow$ I-A $\rightarrow$ SSA $\rightarrow$ NA = .09*

Note: Significant at the $p < .01$ level; * denotes correlations significant at the $p < .05$

Figure 8. Modified Model Testing for Men using Path Analysis.
Indirect effects of SEIM consumption on all six measured outcome variables were also tested. SEIM consumption significantly predicted SEF, SSE, and SSA all through I-A sexual discrepancy ($\beta = -.12, p = .02; \beta = -.12, p = .02; \beta = -.19, p = .006$, respectively) in the hypothesized direction. In addition, there were two significant serial mediations between SEIM consumption and indicators of SGW. SEIM consumption predicted GLS and NA via I-A sexual discrepancy and SSA ($\beta = -.08, p = .04$ and $\beta = .08, p = .05$, respectively).

**Modified Female Model Testing.** The same modifications were applied to the female model testing; however, questionable model fit was indicated across indices, with Satorra-Bentler $\chi^2(9, N = 75) = 18.91, p = .03$, TLI = .90, CFI = .97, RMSEA = 0.12, CI$_{90\%}$ [.04 .20], SRMR = .07. Even though the model was defined, model fit was inadequate and those suggested modifications from this model testing indicated reversed paths should be added (e.g., paths of NA predicting SSA and SEF). This modification might be informative in considering a different psychological mechanism between SEIM consumption and wellbeing, but it was out of the scope of the current study. Therefore, female SEIM consumers’ data did not adequately support either the original or modified model.
In the current research, I aimed to demonstrate an underlying psychological mechanism to help understand the negative contribution of SEIM consumption on subjective wellbeing that has been established in previous literature (e.g., Kor et al., 2014; Morrison et al., 2006; Sun et al., 2014). Although there is evidence of negative impacts, few studies show the mechanisms that explain why SEIM consumption can be harmful for wellbeing (Lim, Carrotte, & Hellard, 2016). Therefore, one of the goals in the present research is to supplement past findings by examining one potential mediator of the adverse link between SEIM consumption and subjective sexual wellbeing: an I-A sexual discrepancy in intimate relationships. Because the relationship between SEIM and both SSW and SGW have not been explored simultaneously in the past, one additional goal of this research is to address the impact of SEIM consumption on SSW and SGW in the same model. To be specific, I proposed that the negative effect of SEIM consumption on SSW would be mediated by an increase in magnitude of an I-A sexual discrepancy, and the negative effects of SEIM consumption to SGW would be serially mediated by an increase in I-A discrepancy and a decrease in SSW.

Study 1 provided preliminary support that an increased I-A sexual discrepancy predicted a decrease in SSW. However, the expected positive
association between SEIM consumption and I-A sexual discrepancy was not demonstrated in that first model test. Because of the absence of this relationship, a modified women-specific I-A sexual discrepancy was used to explore study hypotheses. These exploratory results indicated that SEIM consumption positively predicted an I-A sexual discrepancy for female participants. Moreover, a larger magnitude of I-A sexual discrepancy corresponded with lower SSW, and lower SSW predicted lower GSW. Moreover, this exploratory testing also revealed that I-A sexual discrepancy mediated the effect of SEIM consumption on SSW, and SSW mediated the effect of I-A sexual discrepancy on female consumers’ SGW, which are consistent with the original hypothesized serial mediations. However, the use of a data-driven modified I-A (female) sexual discrepancy (i.e., I selected items from the sexual experience scale that were positively associated with SEIM consumption) makes conclusions based on these findings equivocal. Further, because male participants were excluded from the model testing, it is unclear whether the hypothesized model would fit if it also included male SEIM consumers. Thus, in Study 2, I further examined the hypothesized serial mediation model collapsing across men and women. Based on the limitations highlighted in Study 1, I adopted a less gender-specific I-A sexual discrepancy measure (see Morgan, 2011), drew on a community sample of SEIM consumers instead of college students, and added a measure of negative affect to represent SGW (see Tylka, 2015) with the other two general wellbeing measures. The primary goal of Study 2 was to further investigate the
hypothesized I-A sexual discrepancy and serial mediation model for men and women.

Overall, Study 2 provided limited support for my hypotheses, but only for male SEIM consumers. Because of the poor fit in the model that included men and women SEIM consumers, I conducted separate model testing for men and women. However, the gender-specific model test was either undefined (women) or did not produce a strong model fit (men; see Figure 7). Because the latent variables SSW and SGW contributed to poor fit, I tested a path model with serial mediations involving the measured variables of SSW and SGW. Fit for the combined men and women model was inadequate so I again conducted the model tests separately for men and women. In the exploratory model test for male SEIM consumers (see Figure 8), SEIM consumption was positively associated with an I-A sexual discrepancy, which suggests that male SEIM consumers had higher desire for sexual behaviors, attitudes, and appearances commonly depicted in SEIM that they were unable to achieve with their intimate sexual partner(s). This discrepancy between ideal and actual sexual experience in turn predicted reductions in all three SSW variables: sexual self-efficacy, self-esteem, and satisfaction. In turn, sexual satisfaction mediated the negative relationship between SEIM consumption and two of the measured SGW variables. Through the experienced I-A sexual discrepancy, SEIM consumption predicted a lower level of experienced sexual satisfaction, and decreases in sexual satisfaction predicted both decreases in general life satisfaction and
increases in negative affect. The findings concerning the effects of an I-A sexual discrepancy on wellbeing and its potential mediational role in Studies 1 and 2 provide some indication that the negative associations between SEIM consumption and subjective wellbeing documented in the past literature might not be directly correlated. In addition to introducing one potential psychological mechanism that could explain the negative impacts from consuming SEIM on SSW, my findings concerning the I-A discrepancy offer some support for previous findings that SEIM is an influential factor in one’s sex life (for example, see Morgan, 2011 and Sun et al., 2014). The results for the serial mediation model including both SSW and SGW also illustrates the importance of men’s esteem and satisfaction in sex to their experience of SGW and suggests the potential negative consequences associated with SEIM consumption can spread beyond men’s experience of sexuality to their general wellbeing (see Jung, et al., 2001; Levin et al., 2012).

My exploratory findings indicate that further research is warranted to investigate the potential contribution of SEIM consumption to an I-A discrepancy as well as the possible mediational roles of an I-A discrepancy on SSW and of SSW on GSW. My research specifically suggests that future research should focus on the possibility that the experienced level of SEF, SSE, and SSA are all negatively influenced by an I-A sexual discrepancy, and it is through this discrepancy that sexual wellbeing decreases along with increased consumption of SEIM. My exploratory findings provide some suggestion that this negative
relationship between SEIM consumption and SEF, particularly within male SEIM consumers, will in turn predict a negative experience in SGW with reductions in general life satisfaction but increases in negative affect. This proposed research could provide an explanation for the negative correlation found in previous research (Hald & Malamuth, 2008; Janghorbani & Lam, 2003; Kor et al., 2014; Peter & Valkenburg, 2006a; 2008) between SEIM consumption and general life satisfaction, and the experience of general negative affect from consuming SEIM (Jung, Lennon, & Rudd, 2001; Levin et al., 2012; Philaretou et al., 2005; Wright, 2012).

Implications

By finding support for an I-A discrepancy and its potential effects on male SEIM consumers, the current research offers a possible explanation for past evidence that SEIM consumption may undermine sexual satisfaction (Hald & Malamuth, 2008; Peter & Valkenburg, 2009; 2010; Štulhofer et al., 2010). The formation of an I-A sexual discrepancy experienced by male SEIM consumer might implicate the power of stereotyped dominance role of men commonly conveyed in SEIM. In a multinational research study concerning the importance of sex life, erection hardness, a factor determined by men, was heavily relied on for evaluating sexual satisfaction by both men and women. This finding indicates men’s sexual performance has been perceived as an important indicator for quality in sex life. Thus, it is not difficult to imagine that both partners in
heterosexual intimate relationships expect men to bear the responsibility of providing good sexual experience (Mulhall, King, Glina, & Hvidsten, 2008). In addition, men (90%) and women (91%) agreed that sexual confidence in men (but not in women) is a critical indicator for having a satisfied sex relationship. Because SEIM tends to emphasize male sexual dominance stereotypes and the centrality of sexual confidence in men (Brod, 1988; Brosius, 1993; Glascock, 2005), the effect of experienced I-A sexual discrepancy may be more salient to men in evaluating their sexuality and likely to influence their SGW.

The role of an ideal-actual sexual discrepancy in the serial mediation model offers some insight into when and why SEIM consumption can be negative. Specifically, SEIM might become negative when the integrated pornographic components in individuals’ sexual expectations do not correspond with their sexual experiences with their intimate partner(s). Reversely, the expectation of pornographic sex can be neutral or even positive when it matches individuals’ actual sexual experiences in intimate relationships. This possibly suggests the negative impacts of SEIM consumption can be mitigated through the minimization of an I-A sexual discrepancy.

This implication highlights the importance of communication about sex between partners. Negotiations and adjustments in ideal sex experience are likely to be beneficial for reducing discrepancy between couple’s ideal sex scripts, especially when one is holding a pornographic sex preference that is unachievable with intimate partner(s). Based on assessing the dynamic of his/her
actual sex experiences with intimate partners, one may minimize his/her I-A sexual discrepancy through solely adjusting his/her desirable sexual expectations to an achievable range. In addition, it is also possible to mitigate the experienced I-A sexual discrepancy through negotiation with intimate partners. Perhaps, the level of pornographic depiction in one's ideal sex preferences becomes less determinant because correspondence in sexual expectations and experiences will lead to a decreased discrepancy no matter how much pornographic sex behaviors and attitudes constitute individuals' sexual preferences. With a decrease in I-A sexual discrepancy, either through intrapersonal or interpersonal adjustment, individuals could experience less negative impacts from consuming SEIM.

Overall, this research project extends the application of self-discrepancy theory into the domain of human sexuality and contributes some theoretical understanding about the function of self-discrepancy in sex experiences with intimate partners. Despite the exploratory nature of the key findings, my research suggests that efforts to further understand the role of an I-A sexual discrepancy can further extant knowledge about the impacts of consuming sexual material. Previous research regarding media-induced I-A discrepancies has focused on appearance ideals and body image comparisons. Thus, the current research supplements past research by including the sexual domain in the understanding of how media (i.e., SEIM) generates ideals (i.e., pornographic sex preference).
that are inconsistent with people’s experiences (i.e., actual sex experiences with intimate partners), which can be harmful to consumers’ wellbeing.

Limitations and Future Studies

Inconsistence Results in Study 1 and 2

Caution is needed with drawing any conclusions about the hypothesized model because of inconsistencies in the model tests across the two studies. The model was supported for women in Study 1, but was only supported for men (and not women) in Study 2. Because more than half of the female participants in Study 1 reported no recent SEIM consumption and the pornographic sexual preference scale was data driven, there is little evidence that the hypothesized model works for female SEIM consumers. I propose instead the possibility that the negative impacts on female SEIM consumers occur through a different psychological mechanism, which needs to be identified in future research.

In both studies, the bivariate correlations within female SEIM consumers in SEIM consumption was negatively related to their general self-esteem (See Tables 3 and 8), which is similar to findings in Stewart and Szymanski (2012). Moreover, several interesting relationships illustrated in Study 2 align with the assumption of different psychological mechanism(s) experienced by female SEIM consumers. Although the SEIM consumption was not significantly related to their I-A sexual discrepancy, it is interesting that the direction of the relationship was opposite than it was for men. Remember, a positive value of I-A
sexual discrepancy in the present study means the desire level of pornographic sex is unachievable from the actual sexual experience. Therefore, the negative (but not significant) correlation between SEIM consumption and I-A sexual discrepancy in female SEIM consumers indicates the increased SEIM consumption could be associated with a lower discrepancy of experiencing ideal pornographic sex from actual sex life. Although like men, the significant positive correlation between SEIM consumption and ideal sexual experience suggests female SEIM consumers have higher desire for pornographic sex along with increases in SEIM consumption, this association might have different implications for women. The correlation of SEIM consumption and women’s actual sexual experience in pornographic sex appears slightly higher than their ideal sexual experience in pornographic sex ($r = .36$ and $.25$, respectively) and differing from male consumers, this correlation was significant. The positive relationship between SEIM consumption and I-A sexual discrepancy, perhaps, is a product of overachieved pornographic sex in intimate relationships. Alternately, it is plausible that female SEIM consumers tend to assess ideal sex based on either SEIM portrayals of typical sex or their beliefs about their male partner’s ideals. This proposition raises the possibility that an interpersonal ideal sexual discrepancy (discrepancy in ideal sex preferences between partners) could be more of an issue for women’s wellbeing than their intrapersonal I-A sexual discrepancy. Although my research does not speak to what information women draw on when they express their sexual ideals, the different pattern of
correlations allude that the formation of I-A sexual discrepancy and the impact of I-A sexual discrepancy on female SEIM consumers are likely to be different then male SEIM consumers. Future research is needed, however, to explore this possibility.

Another interpretation of the exploratory model applying to men but not women is that the SEIM consumption may be more appealing to men than to women so that the impacts are more pronounced. Historically, pornography has been regarded as a source of women degradation, and sexual behaviors and attitudes conveyed in pornography are typically patriarchal (Sun et al., 2014). To date, the mainstream pornography industry keeps depictions with certain degree of sexual hierarchy such as portraying women as being sexually exploitable, consistently wanting sex, and easily persuaded into having sex. These features are meant to target men consumers and obviously are more favorable to men than to women (Stewart & Szymanski, 2012). In previous literature, men report higher rates of consumption in pornography as well as the experience enhancement of sexual arousal and masculinity authentication via pornography consumption (e.g., Albright, 2008; Hald, 2006; Morgan, 2011; Tylka, 2015). Indeed, psychological phenomena related to SEM/SEIM consumption have been commonly studied in men, such as preference for sexual media (Bogaert, 2001), problematic SEIM consumption behavior (Levin et al., 2012), and sexual esteem (Morrison et al., 2006). Being treated as the preferable sample pool, these studies indirectly pointed out the influential role of SEIM consumption on men.
Men’s preference for pornographic sexual experiences might be associated with their regular consumption of SEIM and might explain why in the current study the hypotheses were supported for men but not women. To the extent that SEIM is more meaningful to men in terms of sexual pleasure and masculinity reinforcement, they might be more likely to internalize SEIM sexual scripts into their concept of ideal sexual experience. Indeed, a recent empirical research conducted by Tylka (2014) found men’s consumption of pornographic is likely them internalized the conveyed masculine gender role and experienced the centerfold syndrome (see Brooks, 1995). As a result, this internalized masculinity contributes to dissatisfaction in physical appearance, experience of negative affect, and romantic attachment anxiety and attachment. Thus, though the tendency in Study 2 for the model to apply to men only was unexpected, it is a reasonable finding. However, because of the exploratory nature of the findings and limitations with sample size and number of parameters tested, more research is needed to assess how SEIM consumption might affect women and men differently and through different mechanisms.

Failure of Sexual Efficacy as Mediator

Even though male SEIM consumers in Study 2 illustrated a stronger model fit compared to other model tests, the exploratory path model testing did not support the mediation role of sexual efficacy between SEIM consumption and SGWs. Rather, sexual efficacy was irrelevant in predicting general self-esteem, general life satisfaction, and negative affect. However, because the measure for
capturing sexual efficacy was newly developed for the current research, potential measurement error could be the reason for the missing links. In this case, future research is needed to focus on scale development in order to enhance the accuracy capturing sexual efficacy. A scale for measuring sexual assertiveness may be comparable in capturing sexual efficacy because of similarity between the concepts. Sexual assertiveness is defined as the ability to express one’s sexual preference to intimate partners and ability to take an active role to promote and initiate these expressed desired sexual preferences (Menard and Offman, 2009). Thus, the sexual assertiveness subscale from the Multidimensional Sexuality Questionnaire (MSQ; Snell, Fisher & Walter, 1993) or the Sexual Assertiveness Scale by Shafer (1977) could serve as future references for replacing this self-generated sexual efficacy scale.

**Correlational Data-Driven Exploratory Path Model Testing**

As with correlational research in general, one limitation with my research is that it does not allow for causal statements concerning the nature of the relationships. This is an inherit limitation in model testing because correlational data is accompanied by the potential for extraneous variables and reversed direction of predictions. It is possible, for example that in the exploratory model, the measures of general wellbeing mediated the relationship between I-A discrepancy and the sexual wellbeing measures rather than in the reverse, as tested. Based on goodness of fit, however, this alternative model structure obtained poor model fit, Satorra-Bentler $\chi^2[9, N = 87] = 36.45, p < .001,$
This poor fit relative to the exploratory model tested in Study 2 suggests that the model with the SSW measures as mediators and GSW measures as outcomes was the better model.

Other different models are also possible, including a full reverse model with GSW leading to SSW, SSW leading to I-A discrepancy, and I-A discrepancy leading to SEIM consumption. That is, the experience of poor subjective general wellbeing may shadow the experienced in sex and in turn contributes to a lower level of subjective sexual wellbeing. This feeling of inferior sexual experience with intimate partners may lead people’s actual sexual experience to be lower than their ideal. This I-A discrepancy might cause an increase in one’s dependence on SEIM consumption to achieve ideal sexual enjoyment. This potential model structure is out of the scope of current research; but, it could be beneficial to identify the possibility that poor general wellbeing leads to increased SEIM consumption via reductions in sexual wellbeing and an increased I-A sexual discrepancy.

**Future Directions**

Future research should aim to address the discussed limitations by identifying a parsimonious model structure that can expand on the preliminary serial mediations found in the exploratory path model testing. Results from exploratory path analyses pointed out the importance of simplifying the structure of serial mediation model. To replicate the results of the I-A sexual discrepancy,
for example, future study can focus on the mediation role of sexual satisfaction in the serial mediation for the relationship of SEIM consumption and SGW. It is because sexual satisfaction is stronger than the other two in explaining the indirect influence of SEIM to SGW in the exploratory path model.

The suggested parsimonious model and exploration of underlying psychological mechanisms can be better achieved by using dyadic couple data instead of individual SEIM consumers’ data. This approach would provide a more appropriate means of studying the impact of SEIM in intimate relationships. First, the use of dyadic data can identify various sexual discrepancies, which may further support the contribution of SEIM consumption to a sexual discrepancy. In addition to the intrapersonal I-A sexual discrepancy studied in the present study, an interpersonal sexual expectation discrepancy (e.g., discrepancy in ideal sex preferences between partners) might be identified from dyadic couple data. Thus, this dyadic approach could extend the understanding of an I-A sexual discrepancy in both intra- and inter- personal dimensions through examining sexual discrepancy in a three-dimensional context of intimate relationships.

The dyadic approach can improve the understanding of sexually related material’s impact on women’s sex lives with intimate partners. Through comparing the reported ideal and actual sexual experience from both parties, this future study with dyadic data can identify the likelihood that female SEIM consumers engage in autonomous or unwanted pornographic sexual activities. In addition, question about one’s perception of partner’s ideal sexual experience in
pornographic sex may enhance the understanding of the potential impact of SEIM on the likelihood of compliance in sex. In short, this future direction may allow for interpreting the underlying psychological mechanism for female SEIM consumers. Given the evidence in past research (Albright, 2008) and the current studies (see Tables 3 & 8) that SEIM consumption is associated with negative outcomes for women, more research is needed to explore the underlying psychological mechanism that explains the negative effects of SEIM consumption on women’s wellbeing.

Conclusion

Despite evidence that SEIM consumption can be harmful for consumers’ wellbeing, the reasons for this harm has garnered minimal research so has remained ambiguous (e.g., Kor et al., 2014; Peter & Valkenburg, 2006; 2008; Tylka, 2015). To resolve this ambiguity, it is necessary to identify the psychological mechanisms that underlie the impact of SEIM consumption. In the present research, the introduction of an I-A sexual discrepancy demonstrated that SEIM might play a role in shaping consumers’ sexual preference. Replicating results from Sun and colleagues (2014), the present research, the exploratory model for male SEIM consumers suggests the possibility that increased SEIM consumption predicts a higher desire to experience pornographic sexual behaviors, attitudes, and physical appearance with intimate partner(s). Unfortunately, the unrealistic depictions of sexual interactions in SEIM contribute
to desired pornographic sex that is unlikely to be achieved in people’s real sex lives with their intimate partner(s) (e.g., Brown & L’Engle, 2009; Hald & Malamuth, 2008). As implied by the significance of the first hypothesized mediation in the exploratory model (Study 2), SEIM consumption might contribute negatively to men’s SSW (i.e., sexual efficacy, sexual esteem, and sexual satisfaction) because of the unviability of SEIM-modified sexual preferences in intimate sexual relationships. This proposition aligns with Fletcher, Simpson, Thomas, and Giles (1999), who suggested the detrimental effect of mass media on romantic relationship and partners is through shaping one’s expectation to a hard-to-achieve ideal.

The function of I-A sexual discrepancy demonstrated in the present opens the possibility that the application of self-discrepancy theory can extend to the context of intimate sexual relationships. Specifically, the decrease in sexual efficacy and sexual esteem in Study 2 (through experiencing the I-A sexual discrepancy is similar to the findings from Dittmer et al. (2006) and Bessenoff (2006) about the dissatisfaction of body appearance and esteem through internalization of unrealistic ideal body size conveyed by media. Although exploratory in nature, the prediction of I-A sexual discrepancy to sexual dissatisfaction in the present research also aligns with the function of relational discrepancy (Fletcher and colleagues, 1991). The larger the inconsistency in evaluation based on the internalized media-shaped ideal standard, the more the negativity one may feel about his/her romantic relationship and intimate
partner(s). Drawing on body and relational discrepancy, the present study presents the possibility that male SEIM consumers may experience failure in expressing and initiating their desirable pornographic sex preferences with intimate partner(s). As a result, the unsatisfied sex experiences with intimate partner(s) can undermine their perceived sexual efficacy, sexual esteem, and satisfaction and in sex.

The significance of the second mediation in the exploratory model testing shows that SEIM consumption predicts reductions in sexual efficacy, sexual esteem, and sexual satisfaction because of the formulation of an I-A sexual discrepancy, and this discrepancy predicts lower GLS and NA because of the reductions in sexual satisfaction. This serial mediation model suggests that the relationship between SEIM consumption and general wellbeing (e.g., Janghorbani and Lam, 2003; Tylka, 2015) might occur because SEIM consumption contributes to men developing sexual ideals that are unrealized in their intimate sexual relationships, which is detrimental for their sexual wellbeing and in turn their general wellbeing.

By examining the six wellbeing measures simultaneously in the exploratory male-only path model analyses, the present research provides insights into the negative relationship between SEIM consumption and SGW. The findings suggest the proposition that sexual satisfaction might be especially important to understanding the impact of SEIM consumption on SGW. Together, I-A sexual discrepancy and sexual satisfaction might particularly explain the
indirect negative impact of SEIM consumption on one’s general self-esteem, general life satisfaction, and negative affects through a serial mediation process.

The present research offers opportunities for future research to supplement the understanding of the negative impact of SEIM on consumers’ subjective wellbeing by addressing the I-A sexual discrepancy experienced in intimate relationships. The potential role of this discrepancy emphasizes the media effect of SEIM in shaping ideals in sex beyond physical appearance to those including sexual beliefs, attitudes, and behaviors. With the illustrated negative experience in self-perceived subjective sexual wellbeing, the present study provides a potential serial explanation of the negative contribution to perceived general wellbeing associated with SEIM. In sum, this project provides guidance on the interpretation of SEIM as sexual entertainment and its potential detrimental role in consumers’ sex life, and provides the basis for future research.
APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER
Human Subjects Review Board
Department of Psychology
California State University,
San Bernardino

PI: Kuan, Hio Tong; Garcia, Donna
From: John P. Clapper
Project Title: Pornography and happiness: The relationship between pornography consumption and subjective wellbeing
Project ID: H-15WI-19
Date: 3/6/15

Disposition: Expedited Review

Your IRB proposal is approved. This approval is valid until 3/6/2016.

Good luck with your research!

John P. Clapper, Co-Chair
Psychology IRB Sub-Committee

Jason Reimer, Co-Chair
Psychology IRB Sub-Committee
APPENDIX B

INFORMED CONSENT (SONA)
Informed Consent

Pornography and Sexual Relations Study

PURPOSE: The study in which you are participating is designed to explore the underlying relationships between pornography consumption and individuals’ sexual and overall wellbeing. This study is being conducted by Hio Tong Kuan, a graduate student at California State University, San Bernardino (CSUSB), under the guidance of Donna Garcia, Associate Professor of Psychology at CSUSB. The Department of Psychology Institutional Review Board Subcommittee of the California State University, San Bernardino, has approved this study and this consent form should bear the official Psychology IRB stamp of approval. The University requires that you give your consent before participating in this study.

DESCRIPTION: If you choose to participate in the study, you will be asked to complete a survey concerning your sexual behaviors and attitudes, use of pornography, relationship status, and other personal information. The project will take around 50 minutes to complete. You will be compensated with 2 extra credit points after completion.

PARTICIPATION: This study requires participants who are currently involved in a heterosexual relationship. Participation in this study is voluntary. You may choose to participate or not. You may withdraw from the study at any time or refuse to answer any question with no penalty or loss of benefits to which you are otherwise entitled.

CONFIDENTIALITY: Details about your performance on the tasks and your responses on the survey will be used solely by the researchers and stored on a secure computer with no identifying information about you attached. Although we will ask for your SONA ID to assign you credit, we will remove this identification information once you have completed the study. Thus, when we begin to look at people’s responses on the survey, it will be impossible to connect your answers to you in any way. By signing this form, you give permission for the use of your data to be published in aggregate form by the researcher. No information that would identify you as a participant will be included in any publications. Data will be destroyed 7 years after publication.
RISKS: There are some potential risks for participants in this study. Because the survey includes questions about sensitive information (pornography and sexual relations) and overall wellbeing, you might experience some discomfort beyond that routinely encountered in daily life. The nature of the questions could also negatively influence your self-feelings. If you are experiencing discomfort, feel free to contact the Counseling and Psychological Service (CAPS).

Counseling and Psychological Service (CAPS)
Location: Health Center Building
Office hours: Mon-Thurs 8a.m.- 6:30p.m.; Fri 9:30a.m.- 5p.m.
Phone: 909-537-5040

BENEFITS: Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of how individuals’ sexual life relate to their subjective wellbeing.

QUESTIONS: If you have concerns or concerns about the research or wish to learn about the results of this study, please contact Dr. Donna Garcia dmgarcia@csusb.edu. Results will be available in January 2016. If you have any concerns about the research, please contact the Psychology Department IRB committee at psych.irb@csusb.edu.

“I acknowledge that I have been informed of, and understand the true nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.”

By clicking on “I agree,” you are consenting to participate and start the survey.

If you do not consent, you may click “I do not agree” and you will exit the survey.

If you choose, you may print a copy of the Informed Consent for your records.

I AGREE

California State University
Psychology Institutional Review Board Sub-Committee
Approved 3/6/15 Void After 3/6/16
IBB # H-15WI-19 Chair
APPENDIX C

PILOT SCALE
Scale 1. SEIM Consumption (Self-Developed)

1. On average, how many days have you intentionally visited sexual explicit material (SEM) or pornography via Internet in the last month?
   [Open-ended; days]

2. On average, how much time do you normally spend each day on Internet SEM or pornography websites?
   [Open-ended; hours and minutes]

Scale 2. Ideal-Actual Sexual Experience (SSOS; Štulhofer et al., 2010)

(a) To what extent do you agree that the following items are important characteristic of great sex? (Heading for Ideal sexual experience scale)

(b) To what extent do you agree that the following items are important characteristic of YOUR sexual life? (Heading for Actual sexual experience scale)

1. Being always ready for sex
2. A partner who is always ready to have sex
3. Sex that includes a variety of sexual acts
4. Free experimenting
5. No forbidden activities, no taboos
6. It is easy to initiate sex
7. Sex is possible in any situation
8. Long foreplay
9. Threesome (ménage trois)
10. Enacting sexual fantasies
11. Long lasting sex
12. Oral sex
13. Anal sex
14. Use of protection
15. Partner's sexual pleasure
16. Romance
17. Emotions (e.g., love)
18. Intimate communication
19. After-sex cuddling and tenderness
20. Sex presumes relationship
21. Tender sex
22. Partner has a great body
23. Partner is beautiful
24. Partner is well endowed
25. Shaven genital area
26. Sex that occasionally involves humiliation
27. Sex that occasionally includes coercion
28. Ejaculation on partner's face or body
29. Penetration
30. Use of sex toys
31. Sexual role playing
32. Being constantly horny
33. Partner is constantly horny
34. Trust in partner
35. Commitment
36. Intense passion

Scale 3. Sexual Self-Efficacy (Self-Developed)
1. I am able to fulfill my partner’s sexual needs
2. I am able to initiate sex when I am interested
3. I able to ask my partner to provide what I need sexually
4. I am able to get what I need from sex
5. I hesitate to ask for what I need in sex
6. I am able to ensure that sex is enjoyable for me
7. I am able to make sex enjoyable for my partner
8. I feel comfortable suggesting new sexual positions
9. I do not feel comfortable introducing new sexual activities
10. I rely on my partner to “spice up” our sex

Scale 4. Sexual-Esteem (SS; Snell & Papini, 1989)
1. I am a good sexual partner
2. I would rate my sexual skill quite highly
3. I am better at sex than most other people
4. I sometimes have doubts about my sexual competence
5. I am not very confident in sexual encounters
6. I think of myself as a very good sexual partner
7. I would rate myself low as a sexual partner
8. I am confident about myself as a sexual partner
9. I am not very confident about my sexual skill
10. I sometimes doubt my sexual competence

**Scale 5. Sexual Satisfaction (SWSLS; Neto, 2012)**

1. My partner meets my sexual needs
2. I meet my partner’s sexual needs
3. I wish I had not gotten into my current sexual relationship
4. My sexual relationship meets my original expectation
5. In most ways, my sex life is close to my ideal
6. The conditions of my sex life are excellent
7. I am satisfied with my sex life
8. So far, I have gotten the important things I want in sex life
9. If I could live my sex life over, I would change nothing
Scale 6. General Self-Esteem (RSES; Rosenberg, 1965)

1. On the whole, I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel that I'm a person of worth
8. I wish I could have more respect for myself
9. All in all, I am inclined to think that I am a failure
10. I take a positive attitude toward myself

Scale 7. General Life Satisfaction (SWLS; Diener et al., 1985)

1. In most ways my life is close to my ideal
2. The conditions of my life are excellent
3. I am satisfied with my life
4. So far, I have gotten the important things I want in life
5. If I could live my life over, I would change nothing

Scale 8. Depression (CES-D; Redloff, 1977)

1. I was bothered by things that usually don't bother me
2. I did not feel like eating; my appetite was poor
3. I felt that I could not shake off the blues even with help from my family or friends
4. I felt that I was just as good as other people
5. I had trouble keeping my mind on what I was doing
6. I felt depressed
7. I felt that everything I did was an effort
8. I felt hopeful about the future
9. I thought my life had been a failure
10. I felt fearful
11. My sleep was restless
12. I was happy
13. I talked less than usual
14. I felt lonely
15. People were unfriendly
16. I enjoyed life
17. I had crying spells
18. I felt sad
19. I felt that people dislike me
20. I could not get “going”

Scale 9. Demographic (Self-Developed)
1. Biological Sex

Male

Female

Both

Neither

2. What is your age?

3. Which ethnic heritage is most central to your self-definition?

European /White

African /Black

Asian

Hispanic/Latino

Middle Eastern

Native/Indigenous

Pacific Islander

Other

4. Are you currently in a heterosexual relationship involving sexual intimacy?

_____Yes _____ No [Participants who say no will be sent to end of survey and thanked.]
5. What is your current relationship status?

Single (Not in a relationship) (1)
Married (2)
Not married, but in a relationship (3)

4. Which description most fits your current relationship?

Open and committed
Open, but not committed
New and undefined
Monogamous and committed
Monogamous, but not committed

5. What is your sexual orientation?

Lesbian
Gay
Bisexual
Asexual
Transsexual
Questioning
Pansexual
Other __________
6. What is your level of education?

High school graduate or equivalent

Vocational/technical school

Some college

Associate’s degree

Bachelor's degree

Master's degree

Doctoral degree

Other professional degree (e.g., CPA)

Other
APPENDIX D

PRESCREENING (SELF-DEVELOPED)
1. What is your biological sex?

Male (1)
Female (2)

2. Are you currently involved or have been involved in any heterosexual intimate relationship(s) in the past 30 days?

Yes (4)
No (5)

3. Approximately, how many sexual encounters of any form (e.g., sexual caress, oral sex, vaginal intercourse, etc) did you have with your partner(s) in the past 30 days?

4. Have you ever viewed internet pornography (including movies, video clips, photographs, novels, etc)?

Yes
No
APPENDIX E

INFORMED CONSENT (MTURK)
Informed Consent

Pornography and Sexual Relations Study

PURPOSE: The study in which you are participating is designed to explore the underlying relationships between internet pornography consumption and individuals’ sexual and overall wellbeing. This study is being conducted by Hio Tong Kuan, a graduate student at California State University, San Bernardino (CSUSB), under the guidance of Donna M. Garcia, Associate Professor of Psychology at CSUSB. The Department of Psychology Institutional Review Board Subcommittee of the California State University, San Bernardino, has approved this study and this consent form should bear the official Psychology IRB stamp of approval. The University requires that you give your consent before participating in this study.

DESCRIPTION: If you choose to participate in the study, you will be asked to complete a survey concerning your sexual behaviors and attitudes, use of pornography, relationship status, and other personal information. The project will take around 20 minutes to complete. You will be compensated with $2.00 after completion. However, if you fail the quality detectors that assess whether you are taking this study seriously, you will be eliminated from the research and not provided with compensation.
PARTICIPATION: Participation in this study is voluntary. You may choose to participate or not. You may withdraw from the study at any time or refuse to answer any question with no penalty or loss of benefits to which you are otherwise entitled. You are not waiving any legal claims, rights, or remedies because of your participation in this research study.

CONFIDENTIALITY: Details about your performance on the tasks and your responses on the survey will be used solely by the researchers and stored on a secure computer with no identifying information about you attached. Thus, when we begin to look at people’s responses on the survey, it will be impossible to connect your answers to you in any way. By signing this form, you give permission for the use of your data to be published in aggregate form by the researcher. No information that would identify you as a participant will be included in any publications. Data will be destroyed 7 years after publication.

RISKS: We acknowledged this study contains questions about your sexual life, which may induce potential discomfort beyond those routinely encountered in daily life. If you are experiencing discomfort, you should contact the community counseling services or talk line in your geographical region or contact Hio Tong Kuan (kuanh300@coyote.csusb.edu) for advice on how to locate appropriate resources.
BENEFITS: Although participation may not benefit you directly, we believe that the information obtained from this study will help us gain a better understanding of how individuals’ sexual life relate to their subjective wellbeing.

QUESTIONS: If you have concerns about the research or wish to learn about the results of this study, please contact Hio Tong Kuan (kuanh300@coyote.csusb.edu). Results will be available in June 2016. If you have any concerns about the research, please contact the Psychology Department IRB committee at psych.irb@csusb.edu.

“I acknowledge that I have been informed of, and understand the true nature and purpose of this study, and I freely consent to participate. I acknowledge that I am at least 18 years of age.”

By clicking on “I agree,” you are consenting to participate and start the survey. If you do not consent, you may click “I do not agree” and you will exit the survey. By clicking on “I agree” you are consenting to participate and starting the survey.
APPENDIX F

SCALE FOR STUDY TWO
Scale 1. Modified Definition for SEIM (Hald, 2008)

You will encounter words such as "Pornography" or "sexually explicit Internet material (SEIM)" in the following sections. Please keep in mind both pornography and SEIM are defined as "any kind of internet material aiming at...":

(1) Creating or enhancing sexual feelings or thoughts in the recipient.
(2) Containing explicit exposure and/or descriptions of the genitals, and clear and explicit sexual acts, such as vaginal intercourse, anal intercourse, oral sex, masturbation, bondage, sadomasochism, rape, urine sex, animal sex, etc.

Noteworthy, internet material which contain men and women posing naked, such as seen in Playboy/Playgirl, do not contain clear and explicit sexual acts and are to be disregarded as pornography when completing the following questionnaire.

Lastly, pornography or SEIM mentioned in this study refers to pornographic material either streamed or downloaded from the internet.

Scale 2. SEIM Consumption (Self-Developed)

1. How many days do you typically view sexually explicit internet material (SEIM) or internet pornography weekly (days per week, either streamed or downloaded)? Please enter the number of days per week below.
2. On a day when viewing the downloaded or streamed SEIM (or internet pornography), how much time do you normally spend on it? Please enter the number of hours and minutes below.

3. In last 30 days, which of the following pornographic genres did you use most often?
   A = (Vaginal intercourse);
   B = (Anal intercourse);
   C = (Oral sex);
   D = (Lesbian) (two women);
   E = (Amateur) (non-professional actor/actresses producing pornographic material);
   F = (Softcore pornography) (R-rated erotica);
   G = (Group sex, one women, more men);
   H = (S&M and B&D) (Bondage, Domination, Sadism and Masochism);
   I = (fetishism) (e.g., “the money shot”)
   J = (bestiality) (Sexual intercourse involving animal);
   K = (violent/coercive sexual activities)

4. At what age did you start to view SEIM, either streamed or downloaded through the Internet? Please enter the age (in year) below.
5. Overall, what is your primary / main reason of viewing SEIM or Internet pornography?

Private/solo sexual stimulation
Relaxation or stress reduction
Boredom
As part of my lovemaking with my sex partner(s)
Relationship problems with my sex partner(s)
Others

Scale 3. Ideal-Actual Sexual Discrepancy (Sexual Preference Scale; Morgan, 2011)

(a) The following section is about what you regard as ideal sex in sexual relationships. Please indicate how much you agree the sexual characteristic(s) listed below are describing the IDEAL sexual experience(s) YOU WANT in your intimate relationship.

(b) The following section is about the sex in your actual relationship. Please indicate the degree to which the sexual characteristic(s) listed below you have ACTUALLY experienced in your intimate relationship(s) during the last 30 days.

1. Frequent sex
2. Intense sexual arousal
3. Variety of sexual activity
4. Different sex positions
5. Pleasure noises
6. Talk dirty
7. Orgasm every time
8. Hot sex
9. Enacting sexual fantasy
10. Watching pornography together
11. Using sex toys or props
12. Participate in threesomes
13. Playful domination
14. Anal sex
15. Role playing
16. Performing oral sex
17. Receiving oral sex
18. Partner has a great body
19. Partner is well-endowed (i.e., large breasts in women or large penis in men)
20. Frequently do not wear underwear
21. Be clean and shaven

**Scale 4. Sexual Efficacy (Self-Developed)**

Please indicate how much you agree with the following descriptions about your sexual self?
1. I am able to fulfill my partner’s sexual needs
2. I am able to initiate sex when I am interested
3. I am able to ask my partner to provide what I need sexually
4. I am able to get what I need from sex
5. I hesitate to ask for what I need in sex
6. I am able to ensure that sex is enjoyable for me
7. I am able to make sex enjoyable for my partner
8. I feel comfortable suggesting new sexual positions
9. I do not feel comfortable introducing new sexual activities
10. I rely on my partner to “spice up” our sex

**Scale 5. Sexual Esteem (SS; Snell & Papini, 1989)**

1. I am a good sexual partner
2. I would rate my sexual skill quite highly
3. I am better at sex than most other people
4. I sometimes have doubts about my sexual competence
5. I am not very confident in sexual encounters
6. I think of myself as a very good sexual partner
7. I would rate myself low as a sexual partner
8. I am confident about myself as a sexual partner
9. I am not very confident about my sexual skill
10. I sometimes doubt my sexual competence
Scale 6. Sexual Satisfaction (SWSLS; Neto, 2012)

1. My partner meets my sexual needs
2. I meet my partner’s sexual needs
3. I wish I had not gotten into my current sexual relationship
4. My sexual relationship meets my original expectation
5. In most ways, my sex life is close to my ideal
6. The conditions of my sex life are excellent
7. I am satisfied with my sex life
8. So far, I have gotten the important things I want in sex life
9. If I could live my sex life over, I would change nothing

Scale 7. General Self-Esteem (RSES; Rosenberg, 1965)

1. On the whole, I am satisfied with myself
2. At times I think I am no good at all
3. I feel that I have a number of good qualities
4. I am able to do things as well as most other people
5. I feel I do not have much to be proud of
6. I certainly feel useless at times
7. I feel that I’m a person of worth
8. I wish I could have more respect for myself
9. All in all, I am inclined to think that I am a failure
10. I take a positive attitude toward myself

**Scale 8. General Life Satisfaction (SWLS; Diener et al., 1985)**

1. In most ways my life is close to my ideal
2. The conditions of my life are excellent
3. I am satisfied with my life
4. So far, I have gotten the important things I want in life
5. If I could live my life over, I would change nothing

**Scale 9. Negative Affects (PANAS; Watson & Clark, 1999)**

Please indicate how much you agree that the following statements match your general feelings during the past week.

1. Happy
2. Satisfied
3. Blue
4. Cheerful
5. Discouraged
6. Frustrated
7. Enthusiastic
8. Low
9. Lighthearted
10. Balanced
11. Sad
12. Joyful
13. Content
14. Disappointed
15. Lonely
16. Downhearted

Scale 10. Demographic (Self-Developed)
1. What is your age?

2. Which ethnic heritage is most central to your self-definition?

   European /White
   African /Black
   Asian
   Hispanic/Latino
   Middle Eastern
   Native/Indigenous
   Pacific Islander
   Other

3. Are you currently in a heterosexual relationship involving sexual intimacy?
   _____Yes _____ No
4. What is your current relationship status?

Single (Not in a relationship) (1)
Married (2)
Not married, but in a relationship (3)

5. Which description most fits your current relationship?

Open and committed
Open, but not committed
New and undefined
Monogamous and committed
Monogamous, but not committed

6. What is your sexual orientation?

Lesbian
Gay
Bisexual
Asexual
Transsexual
Questioning
Pansexual
Other __________
7. What is your level of education?

- High school graduate or equivalent
- Vocational/technical school
- Some college
- Associate’s degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Other professional degree (e.g., CPA)
- Other
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