Table of Contents

Letter From the Editor.................................................................2

The Nordic Model: A Needs-Based Legal Approach to Prostitution......................3
   Elizabeth Pitman, University of Utah

Equality in the Streets, Dominace in the Sheets.....................................8
   Christina Perry, Weber State University

Self-Diagnosis and Patient Action....................................................15
   Elizabeth Messerly, Weber State University

Author Biographies.................................................................26
Letter from the Editor

I am proud to share with our readers the high quality submissions included in this Fall’s 2016 edition. They address a wide variety of topics, all of which speak to the key political, social, cultural and demographic concerns of our time.

We hope you enjoy this edition of Social Dialogue. Our goal has always been to challenge the preconceptions that our readers may hold while simultaneously creating a dialogue between undergraduate students, graduate students, professors and community members with regard to local and global social issues. To contribute to the dialogue, send comments to socialdialogue2016@gmail.com or consider submitting a paper to Social Dialogue for our next edition!

Jennifer Tabler  
Editor-in-Chief  
June 25, 2016
Equality in the Streets, Dominance in the Sheets: An Examination of Porn Consumption, Dominance, and Gender
Christina Perry, Weber State University

Introduction
The people of today have more access to highly explicit content than any generation before them, and the material available is of the variety that would have been substantially harder to acquire in times past. Human sexual practices and concepts of gender have morphed to accommodate these media-promoted templates of what it means to be sexual in our modern society.

Gender and gendered sexuality are social constructs (West and Zimmerman 1987), and humans develop their sexuality by watching parents, friends, and media around them and learning what is deemed acceptable and performing it. With so many loud examples of human sexuality (most of it full of unrealistic, surgically-enhanced, “perfect” people who are being paid to perform a certain way), we have to ask ourselves how this will impact men and women as they learn about sexuality. When pornography is present in mainstream media, and most of it portrays dominant men and submissive women, it is important to unravel the effects it has on the budding sexuality of young men and women, who grow up emulating these examples of “love.” Goffman extensively covered the submissive female/dominant male roles in mainstream images, and porn is not exempt from these same messages. In this paper, I explore how people express their sexuality in a world with such binary definitions of human sexuality, from the perspective of West and Zimmerman’s “Doing Gender” (1987) and Goffman’s gender codes (1988).

My research question is: If pornography promotes the idea that sex is orchestrated to be pleasurable for men (even at the expense of women), does this spill over into actual sexual behaviors? Do men and women feel pressure to reaffirm the dominant male/submissive female roles? While society has moved slowly towards acceptance of people who do not meet these binary gender standards, much of pornography is based on these very limited binary constructs. It could be possible that pornographic images influence how people express “masculine” or “feminine” sexualities. With pornography being easily accessible from any phone or tablet, what kinds of problems can we expect for a generation who is learning about sexuality from pornographic content that rarely depicts a healthy or diverse view of human sexuality? There could be many harsh consequences for men and women in relationships that operate according to such potentially damaging negative sexual scripts. With modern ease-of-access to pornographic content being a relatively new development, there could be far-reaching effects we have yet to discover.

Background
A lot of research has been done on pornography, with most of the research focusing on attitudes towards pornography (Johansson and Hammare, 2007), how it impacts relationships (Doran and Price, 2014; and Wright, 2015), the effects on sexual satisfaction for its consumers (Stewart and Szymanski, 2012), and any correlations between pornography and rape myth acceptance and/or sexual assault (Wright and Funk, 2014; Malamuth, Hald, and Koss, 2012). Very little research has been done on how it is related to the expression of gender. In my research of the literature,
I will be covering the differences in how men and women feel about porn, how it affects their sexual satisfaction, how porn perpetuates dominant male/submissive female roles, how it relates to gender violence, and what it means for gender equality.

The Gendering of Porn and Sex, and How it Affects Women

When examining how pornography affects relationships, men hold more favorable views, while women hold more negative feelings (Johansson and Hammare, 2007: 67). Women whose partners view porn cite a negative impact to their sense of self-esteem. They also report higher rates of unhappiness in their relationships (Stewart and Szymanski 2012: 263). Porn consumption has its drawbacks; for example, people who have recently watched X-rated films are more likely to divorce, to have a higher rate of marital dissatisfaction, and to seek an extramarital affair (Doran and Price 2014).

Men and women have vastly different preferences on what pornography they seek out, and in what they want from sexual encounters. When viewing pornography, men often seek out elements of dominance. In contrast, women look for more obviously consensual sex between the two actors (Shim, Kwon and Cheng 2015). While men and women may seek out different types of pornography, the majority of pornographic material targets a male audience, so men and women alike are exposed to a lot of heteronormative “masculine” types of pornography, which is unfavorable to women.

Online pornographic magazines targeting a female audience have some differences from porn for men. A study found that sites geared towards women had a more even split between male (~40%) and female (~60%) actors, while sites geared towards men had almost entirely female actors, with male actors represented in the single digits (Shim et al. 2015). The sites that seek a male audience also have many elements identified by Goffman (1976) depicted in their pictures, such as canting, infantilization, and the femininc touch. Many of the female actors are shown in acts of self-stimulation. When they are paired with male actors, the pattern is evident – male actors are almost always in a position of dominance, and female actors are usually in a position of subservience or powerlessness, often contorted or in bondage (Shim et al. 2015). For men in porn, sex is not about mutual sexual gratification – it is a quest for male pleasure, often at a woman’s expense – a manly “mission” (Attwood 2005: 92).

In clear contrast, sites geared to women often portray sexual acts that are evidently consensual and where both actors are portrayed more equally in terms of power and both are engaged in sexual acts that seem mutually pleasurable. Another interesting distinction found when comparing porn targeting each gender is the level of objectification present. The bodies of women are more objectified in porn for women than in porn for men - the women actors’ faces or eyes are more likely to be obscured, and the genitals or breasts are more likely to be the primary focus (Shim et al., 2015). This undoubtedly impacts the way women feel other women should look and suggests that women are ok with being objectified. There are obvious negative effects of objectification of women in other media (lower self-esteem, increases in eating disorders, etc.), and pornography is no exception to the rule. Women are fed a clear message that being a woman means all women need to resemble these “perfect” women, and express their sexualities in a subordinate or even dehumanizing way.

Studies of pornography show that in porn women are usually the main attraction and that the men are merely the supporting cast. Most porn exists for men to look at women; any male actors involved are merely acting “as tools” upon the female stars (Attwood 2005). Female porn actors are the picture of emphasized femininity: perfect bodies, large breasts, perfectly made-up faces, and long flowing hair. It is well-known that many porn actresses go to great lengths to achieve their unrealistic looks – breast implants, hair extensions, labiaplasty, and anal bleaching are all frequently utilized, creating the “perfect” (if unattainable) woman to be an object of desire for the men viewing porn. Attwood (2005) noted that women are always the face of sexuality and even represent sexual pleasure for men, while the men in porn are there simply to provide proof of this sexual pleasure through ejaculation. Even though the majority of porn targets men, men are not interested in seeing sex as men have it; they are looking at it for the women offered, who are, in Attwood’s (2005: 90) words, the “currency used to represent sex.” While men are still active participants in porn, they rarely are expected to endure surgeries, extreme diets, or exhaustive workout routines to be more appealing to the viewer. women, none of those things matter.
While many women have watched porn on occasion, men are significantly more likely to “binge” and watch large amounts of pornography on a regular basis (Carroll et al., 2008). In mainstream entertainment, men prefer media with more violence and sex than women do, and they also have a higher level of rape myth acceptance (Emmers-Sommer, Pauley, Hanzal, and Triplett 2006).

Pornography has effects on sexual satisfaction in individuals or couples – research shows that those who view pornography hold more favorable views of premarital sex (Wright 2015), are more likely to try new things during sex, and are up to six times more likely to try anal sex (Johansson et al. 2007:65). While some may see this willingness to experiment as a positive factor, research shows that the opposite is true: men who view internet pornography are more likely to choose unhealthy and risky sexual practices, such as engaging in sex with multiple partners, paying for sex, and having extramarital affairs; all of these sexual practices are also risk factors for contracting a sexually-transmitted infection (Wright and Randall 2012).

Virtually all men have watched porn, and their viewing habits vary widely, as do their self-descriptions of their sexualities. Pornography influences how men develop their sense of sexuality (Taylor 2006). Some men describe themselves as “warm and loving,” which Taylor characterized as “passionate-loving” schemas. Others describe themselves as “independent and powerful” in their sexual prowess, which Taylor classified as “powerful-aggressive.” The second group were more likely to describe themselves as “powerful, independent, and aggressive (p.695),” and had very different experiences in their sex lives than their more “loving” counterparts, including higher numbers of intimate partners, and a more positive view of casual, non-committed sex (2006). To what extent do these self-schemas affect how men express and experience their sexuality?

Growing up in society, men and women develop a socially-constructed expectation of appropriate gender identity (West and Zimmerman 1987). Men internalize what is “masculine,” and women internalize what is “feminine,” which we then perform in our daily lives. In a society that is also “pornified,” healthy views on sexuality may be difficult to find and children grow up with distorted, unhealthy views of sexuality (Paul, 2005). People who are developing their sense of sexuality engage in sexual activities that are deemed appropriate by their understanding of what is acceptable for their gender. Through porn and the ever-present influence of highly sexualized images in the media, men learn that they are here to penetrate women, not to be penetrated. Men learn that “authentic maleness” is represented as “hedonistic, commitment-phobic, and autonomous (Attwood 2005: 93).” Women, by contrast, are taught to be submissive, respectful, and to look out for men’s needs in the bedroom.

A cross-cultural study examined whether different cultures preferred different types of pornography based on women’s relative status within that society, using the 2007-2008 United Nations Gender Empowerment Measure (GEM). Researchers found that popular pornography in Norway (which is ranked number one in the GEM) was significantly more likely than porn in the US (ranked number 15) or Japan (ranked number 54) to depict women in female-empowering sexual positions (Arakawa, Flanders, and Hatfield 2012). In a study on the content of free pornography websites, researchers concluded that over half (55%) of them had exploitation or domination of women as the main theme of the video (Gorman, Monk-Turner, and Fish 2010).

The gender relations portrayed in pornography hold dire consequences for women. Examining the treatment of prostitutes (and the opinions of the men who seek them out) gives us more perspective on this issue. Prostitutes are significantly more likely to suffer rape, abuse, and murder at the hands of men than any other group. Furthermore, the motivations of the types of men who do these things are clear - they are based on power, control over women, and a strict enforcement of traditional gender roles (Busch et al., 2002: 1095). For example, anal sex, which has conspicuous dominant and submissive roles implied, holds depressing statistics: many women feel pressured into enduring anal sex to please their partners, despite almost half reporting that it is painful “all of the time” (Fahs and Gonzalez 2014). This expectation of women to provide anal sex, despite it being painful for them, suggests that men may be more interested in what is pleasurable for themselves than in what is best for their partners. A study by Wright and Funk (2014) found that viewing pornography predicted opposition for affirmative action programs.
for women, even when the researchers controlled for opinions on affirmative action prior to viewing pornography and for the gender of the participants.

Men in porn are typically portrayed as dominant and aggressive towards the very exuberant and accommodating female actors. This porn-perpetuated idea that women exist to be dominated, that they deserve to be dominated, and that they enjoy domination, carries over into many aspects of human sexuality. Research shows that women in abusive relationships were significantly more likely to be sexually abused if their partners used pornography (Shope, 2004). Russo argues that the feminist objection to pornography is based not on an objection to female sexual representation, but to the way that pornography eroticizes inequality (1998). Much of pornography promotes the idea that women exist to be violated, taken, and dehumanized (MacKinnon, 1989).

While pornography consumption does not necessarily cause men to become violent towards women, it can affect men who already have a propensity for violence or history of aggression by increasing their approval of violence against women (Malamuth et al, 2012: 438). Viewing violent pornography is positively correlated with other rape “risk factors,” such as favorable views of coercive means to procure sex or positive views of prostitution (Boeringer 1994).

A review on the studies on pornography and how it affects the gendered expressions of sexuality raises many questions. For one, research on how pornography affects people whose sexualities differ from our culture’s binary masculine/feminine paradigm is conspicuously absent. Little research addresses how porn influences the ways the youth of today choose to express themselves sexually, other than to show that they are more likely to engage in intercourse, oral sex, and anal sex than their non-porn-viewing peers (Johansson et al., 2007: 65).

I have discussed, based on literature, how men and women have different viewing habits and that pornography has very strict gender roles for the actors. Women are objectified and frequently dominated in pornographic material, and this contributes to the sexualities of people in our culture. How does this affect how men and women feel about their sexual practices? To what extent do they feel they have to participate in this binary dominant/submissive sexual paradigm to express their gender? Since our feelings of being male or female are rooted in what we are taught about these roles by our culture, pornography containing a dominant/submissive paradigm may shape the sexuality of those who view it. In this paper, I am going to examine how pornography affects how people “do gender” in their sexual encounters (West and Zimmerman 1987). My objective is to see how human sexual practices or preferences are related to the binary gender expectations displayed in heterosexual pornography and to discover what the effects of porn consumption have on how gender is expressed in heterosexual intimate relationships. Do people who frequently consume pornography adhere more strictly to these traditional gender roles in their sexual behavior, or does the tendency among pornography consumers to be more open to experimentation (Johansson et al. 2007:65) make them more flexible in their gender roles?

Methods
My hypothesis is that people with a higher frequency and amount of porn consumption will follow more rigid, traditional gender norms (as portrayed in pornography) in their sexual activities, and that men with high porn usage will display more dominant behaviors, and women with high porn usage will express more submissive behaviors. I conducted a survey of 1,008 adults and asked them to answer questions on their pornography-viewing habits and their sexual practices, with an objective to study trends in how they express their sexuality with their partners.

An online survey was a logical choice because to study pornographic consumption and sexual practices, anonymity is essential. With the potential for embarrassment due to the subject matter, anonymity was crucial to getting honest results and to acquiring an adequate number of participants. By conducting the survey online, it was accessible from wherever each participant felt most comfortable to respond. Moreover, participants felt assured that their answers would be anonymous, and they would not have any negative repercussions from participating (and thereby divulging potentially embarrassing private information). To get as many voluntary participants as possible, I had several people post fliers in community centers in the U.S. The flyer detailed the basic nature of the survey, with a link listed, so that people could choose to take the survey if it piques their interest. Social media was also used in distributing the flier.
with the link to the survey.

The beginning of the survey covered necessary demographic information, including questions on age, gender, sexual orientation, and relationship status, which were my independent variables. Age was an important factor because of the need to screen out anyone under 18. Because the focus is on heterosexual sex, I also needed to know the respondents’ sexual orientation to focus on those who identified as heterosexual. Relationship status is important because multiple studies have considered it a factor in both frequency of pornography usage and in attitudes towards viewing pornography. Gender is an obvious variable because I examine if men and women who watch pornography frequently more strictly follow the dominant/submissive paradigm found in heterosexual pornography.

I first established the degree and frequency of pornography usage. Using a Likert scale, I asked each participant how often they viewed pornography, and provided several choices from “multiple times per day” to “less than once per year.” Following this question, participants were asked how long they viewed porn on average, each time they used it, with options from “less than fifteen minutes” to “more than two hours at a time.” These questions were listed this way specifically because I wanted to estimate how much pornography was viewed and whether participants were high or low users. A person who watches two hours of porn twice per week is viewing more pornography than someone who is watching less than fifteen minutes every day. For frequency, I always assumed the least amount of time stated (i.e., once or twice per week was counted as one time per week), so as to not over-estimate porn usage or over-report any findings. For the time spent viewing porn each time it was viewed, I coded the responses in 15 minute.

For the answers that covered a range, such as one and a half to two hours, I assumed the least amount as their reported usage. I then multiplied these two amounts to get an estimated amount of time per year that pornography was being viewed. I then created an index of five groups, wherein “one” reflects very low usage, and “five” reflects very high usage. There were male respondents with much higher porn usage than any of the female respondents. For them, I created a sixth category of extremely high usage.

Following the questions on porn usage, I moved on to a few questions concerning sexuality.

These questions asked participants to select the answer that most accurately reflected their sexual experiences, with possible answers of never, occasionally, about half the time, usually, or always. Participants used these answers to respond to statements concerning the types of dominant gender norms repeatedly portrayed in much of heterosexual pornography, including, “I usually initiate sex with my partner,” “I prefer to be ‘on top’ during sex,” “I enjoy having ‘rough sex’ with my partner,” “I want to engage in anal sex,” “I expect to be sexually satisfied each time I have sex,” “I expect oral sex,” etc. The respondents again used a Likert scale to assess the degree to which these behaviors were accurate in their own sexual relationships, with answers ranging from “never” to “always.” Each of these questions was measured on a scale of 1-5, with “1” weighted as very submissive, and “5” weighted as very dominant. Using this technique made it possible to code each participant’s answers to these questions, then add each respondent’s answers together. The higher numerical values were classified as more dominant, and the lower numerical values as more submissive. Each question also had an option for “non-applicable” which participants could select if they had no experience with the sexual behavior in question.

After administering the survey, I analyzed the data by examining trends in sexual behaviors based on porn use and sexual behaviors in relation to the gender of the respondents.

I had two hypotheses: the first was that men with high porn usage would be more dominant in their sexual behavior, and the second was that women with high porn usage would be more submissive in their sexual behavior. Out of 1,008 respondents to my survey, 88.4% (or 891 of these participants) filled out the demographics and finished the full survey, while some skipped a few questions or not having relevant experience in the matter (either having had no experience with pornography, or no experience with a sexual partner, or both). A total of 267 men participated in my survey (just over 27% of the total), and 719 women participated (about 73% of the total). Almost 85% of my participants were heterosexual, and just under 9% identified as bisexual. The smallest group were those who identified as homosexual, which comprised just over 5% of my survey participants. Half of my participants were married (51%), about a quarter were unmarried but in a relationship, (24%),
and just under a fifth of them were single (18%). The remaining 7% were either divorced or widowed. Of the 929 respondents who answered the question “have you ever viewed pornography,” 85% responded “yes.” By gender, the difference was large – 97.5% of male respondents viewed it, compared to only 81% of female respondents.

**Results**

**Porn Usage.** The lowest reported usage (in terms of hours per year, as clarified in my methodology section) was 0, and my highest reported usage was 730 hours (which calculates out to around 30 full days per year). The low usage group was comprised of all those who viewed pornography for 45 minutes or less per year, and my extremely high usage group (which were all men) was comprised of 16 individuals who viewed an estimated 234 hours or more per year.

For men, the results were somewhat expected: men view porn more frequently than women. Of my female respondents, 44% of women reported viewing pornography once per year or less, compared to only 15% of men. Just under 60% of heterosexual men watch porn once per week or more, compared to only 10% of heterosexual women.

**Men, Porn, and Dominance.** My first hypothesis, that men who view porn frequently would be more dominant in their sexual behavior, was supported. Men who view pornography at a high frequency are more dominant in their sexual behavior with their partners. The majority of men (58%) were in the “neutral” dominance level group (that is, they are not overly dominant or submissive in their sexual behaviors). About 16% of men fell into the submissive or very submissive range, and within this group, 60% of the participants fell into the range of “very low” to “medium” porn usage. For the 21% of men who were in the dominant or very dominant range, porn usage was very high. Within this group, only 17% fell within the “very low” to “medium” usage groups. Over 83% of the men who were in the highly dominant group are in the “high” to “extremely high” porn usage groups (See Table 1). After analyzing my data, I conclude that men who have a high rate of porn usage have a higher level of dominance than men with a low level of porn usage. For a complete breakdown of the men in this survey, refer to Table 2.

<table>
<thead>
<tr>
<th>Frequency (%)</th>
<th>very low</th>
<th>low use</th>
<th>medium use</th>
<th>high use</th>
<th>very high use</th>
<th>extremely high use</th>
<th>Total (Row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>very submissive</td>
<td>2 (18%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (20%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>4 (100%)</td>
</tr>
<tr>
<td>submissive</td>
<td>6 (21.6%)</td>
<td>8 (34.8%)</td>
<td>0 (0.0%)</td>
<td>4 (17.4%)</td>
<td>4 (17.4%)</td>
<td>1 (4.3%)</td>
<td>23 (100%)</td>
</tr>
<tr>
<td>neutral</td>
<td>13 (13.8%)</td>
<td>20 (20.2%)</td>
<td>7 (7.1%)</td>
<td>39 (39.4%)</td>
<td>19 (19.2%)</td>
<td>1 (1.0%)</td>
<td>99 (100%)</td>
</tr>
<tr>
<td>dominant</td>
<td>1 (1.2%)</td>
<td>4 (12.9%)</td>
<td>1 (1.2%)</td>
<td>12 (38.7%)</td>
<td>9 (29.0%)</td>
<td>1 (2.9%)</td>
<td>31 (100%)</td>
</tr>
<tr>
<td>very dominant</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (6.8%)</td>
<td>1 (2.0%)</td>
<td>2 (6.8%)</td>
<td>5 (100%)</td>
</tr>
</tbody>
</table>

Table 1: Distribution of Dominance Score and Porn Use among Heterosexual Males

<table>
<thead>
<tr>
<th>Frequency (%)</th>
<th>very low</th>
<th>low use</th>
<th>medium use</th>
<th>high use</th>
<th>very high use</th>
<th>extremely high use</th>
<th>Total (Row)</th>
</tr>
</thead>
<tbody>
<tr>
<td>very submissive</td>
<td>1 (10%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>2 (100%)</td>
</tr>
<tr>
<td>submissive</td>
<td>49 (52.8%)</td>
<td>31 (33.9%)</td>
<td>2 (2.0%)</td>
<td>4 (5.1%)</td>
<td>2 (2.0%)</td>
<td>0 (0.0%)</td>
<td>78 (100%)</td>
</tr>
<tr>
<td>neutral</td>
<td>154 (49%)</td>
<td>88 (28.2%)</td>
<td>7 (7.1%)</td>
<td>39 (39.4%)</td>
<td>19 (19.2%)</td>
<td>0 (0.0%)</td>
<td>274 (100%)</td>
</tr>
<tr>
<td>dominant</td>
<td>16 (32.7%)</td>
<td>15 (30.6%)</td>
<td>6 (12.2%)</td>
<td>9 (18.4%)</td>
<td>4 (8.0%)</td>
<td>0 (0.0%)</td>
<td>31 (100%)</td>
</tr>
<tr>
<td>very dominant</td>
<td>0 (0.0%)</td>
<td>1 (100%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (100%)</td>
</tr>
</tbody>
</table>

Table 2: Distribution of Dominance Score and Porn Use among Heterosexual Females

**Discussion**

After completing the survey, some weaknesses became apparent. First, concerning the survey questions, there is room for improvement. The aim of the questions was to express clearly dominant behaviors in a way that would sound unthreatening, so people would feel comfortable answering honestly. The wording could have been more cohesive in direction; for example, two questions were about preferences and two were about expectations, one was about actual practice, and one was about desire.

While all questions do measure a level of dominance, they do not all elicit the same degree of information. The questions could be more effective if they all drew out the same types of human sexual experience. If the goal is to ascertain what people actually do, the questions should all be similar to “I engage in anal sex,” rather than, “I want to engage in anal sex.” For this survey, the most effectively-worded questions were the ones based on expectations, because in dominant sexual behavior, it is important to note that the difference between submissive or dominant behavior is that the latter has control of the circumstances, and the sexual experience is likely structured around the desires of the more dominant party. Measuring expectations is relevant for this because it can draw out any sense of entitlement in dominant gender behavior, which is something that the more submissive gender behavior does not often display.

Another improvement on this research would have been to include more opportunities for additional information from the respondents. In one section, participants selected what types of pornography they
preferred to watch, and there was a box where they could type in anything not included on the list. Many of them wrote in that they had seen porn before, but no longer watched it, or tried to explain what they meant by their answers.

This research project did support one of the two hypotheses – specifically, that men who have a higher porn consumption than average are more sexually dominant. This hypothesis was supported strongly by the actual data. Women, on the other hand, do not become more submissive when they have high rates of porn consumption – if anything, women become more dominant as well, but on a smaller scale.

When looking at the numbers, it becomes apparent that people with a high degree of pornography consumption do express more dominance in their actual sexual behavior. With the “war on women” in the forefront of politics, widespread victim-blaming in sexual assault cases, and the growing worry of a thriving rape culture, it is more important than ever to consider the role of pornography in the objectification of women. If society wants to protect women from rape, aggression, and patriarchal displays of dominance, there are many factors to consider, and the fact that pornography may be one of them is a claim that should be investigated in further research.

Conclusion
When studying pornography and gender, there is room for more research. There are still many questions that remain unanswered. With such a high percentage of people viewing pornography regularly, do their sexual behaviors change over time? Do women who start viewing pornography become more dominant towards their male counterparts? Do men who stop watching pornography become more submissive? Dominance and submission are important things to understand in sex research; research shows that women often are the ones who suffer in relationships where pornography is present, and if pornography can reinforce patriarchal gender roles, women are likely the collateral damage in those heterosexual relationships.

References


Self-Diagnosis and Patient Action
Elizabeth Messerly, Weber State University

Introduction
The internet is often referred to as the information highway. By the early 2000’s, it was quickly becoming the hub for people to ask questions and receive quick answers. From Ask Jeeves, Yahoo, AOL, and a plethora of other search engines, people began using the internet to quickly share and receive information of all sorts, including medical information. Now, in 2016, there are websites and search engines dedicated to answering medical questions and even virtual doctors who are available to give medical advice through a computer screen. The Wall Street Journal (2015) reported that 210 million users are accessing WebMD each month to search health related questions and symptoms from the comfort of their own home, or from their smartphone.

Self-diagnosis can be understood as using illiterate medical or professional knowledge, or even acquired knowledge from past experiences to identify abnormalities, symptoms, or characteristics of medical conditions in one’s self without actually having a medical professional present. Studies now show that patients are regularly using the internet to collect information and make treatment decisions (Broom and Tovey 2008). As a result, studies have found that the internet has had a direct impact inside of healthcare, affecting the doctor/patient relationship (Broom and Tovey 2008). For example, physicians no longer have expert knowledge over the patient anymore because patients are just as capable of looking up their symptoms online and then proceed to self-diagnose themselves or seek treatment without a medical physician present.

Background
Because of this dramatic shift in healthcare and the effects of the internet, it has lead researchers to investigate this relationship further. In their research, Broom and Tovey (2008) analyzed cancer patients and their use of the internet to find information about their particular prognosis. Not surprisingly, they found that patients who stumbled across or intentionally found actual biomedical information (such as treatment options or side effects) had considerable emotional and psychological anxieties. The internet is a significant threat to a patient’s emotional well-being in terms of this negative exposure. Because so much information is available online, web searches involving symptoms of illness or possible diagnosis are a feeding ground for those who tend to gravitate to the worse case scenario or worry about the hypothetical. This worrisome behavior is not only related to the hypochondriacs, but also to patients with diagnosed illnesses from acute to very advanced stages. The internet has presented itself as an emotional risk for patients who have any sort of disease that is fairly advanced, because instead of being a method of research, it has become a tool to emphasize just “how little time they have left or how serious their condition is” (Broom and Tovey 2008: 146).

The internet has also become a place for individuals to share their stories about what has happened to them, especially if they are survivors of any sort of medical trauma. Most common are blogs dedicated to cancer survivors, burn victims, mental health patients, and any disease that requires frequent medical visits for treatment. Survival rates as well as biomedical information are rampant online (Broom and Tovey 2008; Sosnowy 2013), which can lead to an increase of anxiety about a patient’s own survival.

Broom and Tovey (2008a) explain that the
internet is often perceived as dangerous for those who symptom search online because of the individual stories that are shared through blogging and other forms of online communication. Blogging has become an online medium of communication where people are able to share their own personal stories. Bloggers' stories are read and shared by thousands, even millions, of people who empathize and grieve with the blogger. Because readers can become so engulfed and attached to a blogger's story, it is common for a reader to believe that if they develop similar symptoms as developed in themselves, they have what the blogger has, which could result in hypochondria. WebMD has information dedicated to the hypochondriacs who tend to be frequent symptom searchers on their website. Even the most reputable health websites with the most accurate information can cause trouble for the hypochondriac. Hypochondriacs tend to latch onto diseases with common or ambiguous symptoms or that are hard to diagnose (Fallon, 2014). In fact, Broom and Tovey (2008) show in their research that an online diagnosis can cause psychological anxieties to arise particularly to those who already suffer from hypochondria.

Another reason the internet is viewed as dangerous in the medical-sphere is that it can be a source of alternative treatment and medicinal routes that are shared by bloggers and advertisements of alternative medicinal companies that are contrary to mainstream medical and health policies (Hardey, 2014). Sharing alternative medical treatments can be risky because the proof of success of treatment is not significant enough to know that the alternative medicines or treatments are actually working. Most often the proof of success is for a small population, or even just for the blogger or promoter who is sharing the alternative route of care. This emphasizes that the alternative treatment plan and its success is not effective enough to be considered successful for the masses (Hardey, 2014:16). So much information available online for alternative treatment and medicine causes concern that people who actually do need medical intervention may not seek it because they are trying alternative routes of care. Broom and Tovey (2008: 140) therefore call the internet a "porthole to the unproven." Just because a medical treatment or procedure worked for someone who is blogging about it does not mean that it will work for everyone.

Furthermore, the internet as a source for the average person to gather expert information in a field that they have little or no advanced knowledge is likely to cause some emotional upheaval. Online sources have provided patients with the ability to search and consider alternative treatment options that their physician may not have offered them.

However, web-based medical resources can also provide patients with the ability to be more informed about their diagnosis (or prognosis) and also evaluate the performance of their medical professional (Broom, 2005). It is becoming increasingly common for the physician to no longer be the expert provider of information and the patient only a passive recipient. Instead, all the information given by the physician will then be double checked via Dr. Internet (Broom 2005b). Patients can challenge the proposed treatment, diagnosis, or therapy, and accept and use alternative treatments or medicines based on information they found online. Whether or not that involves finding alternative treatment options suggested by other physicians or reading what worked for other patients with the same diagnosis on a blog (Hardey 2004), this raises a concern for "deprofessionalization" between the physician and patient relationship (Broom and Tovey 2008: 143). Deprofessionalization can be understood as patients questioning the authority of a physician or, better yet, medical experts losing their authority. Moreover, deprofessionalization points out that physicians may not be fully aware of the effects of the "internet informed patient" and how this is interfering with traditional patient care (Broom 2005: 320).

Alex Broom (2005) investigated the concept of deprofessionalization further when surveying Australian medical professionals' opinions of the internet and how it is shaping doctor/patient care. The results were mixed. One the one hand, some physicians appreciated the actively informed patient as compared to an obedient or passive patient concerning their own medical care or prognosis. They explained that due to the increased use of online research, patients were more likely to approach treatment in a positive way as many of them were already well informed or aware of the treatment process (p. 327). Several medical professionals explained that an informed patient makes their job easier and allows patients to take more responsibility for seeking out their own information, which gives the patient a greater sense of control. At the same time, less responsibility or blame can be attributed to the physician or medical specialist (p. 326). On the other hand, other medical professionals disliked the well-in-
formed patients because they could make a physician’s job more difficult and complex. Frequently, patients came up with several questions about something that they read or found online that could or could not be applicable to their specific diagnosis. This behavior can be frustrating for medical professionals because patients now have an influx of “information overload” about irrelevant information (Broom 2005: 330). In fact, it would be easier for medical professionals if they had the opportunity to explain and discuss findings, treatment, and the prognosis without being challenged by patients.

The internet is quickly becoming the go-to source for medical information. People are taking advantage of its accessibility and the ability to retrieve answers to their medical questions at any time they want. As a result, patients are taking a more active role in their own care and “clinical decision making” (Seckin 2014: 2).

The internet is changing the patterns of the long established hierarchy of medicine, essentially changing the interaction between a doctor and patient and, in turn, the relationship as well (Seckin 2014). Furthermore, it is both changing the way that people receive information and medical advice, and it offers a platform for people to speak out and challenge medical opinions and share their own stories.

Doctor/patient relationships and how the internet can interfere with them have been well researched. In this study, I explore how individuals use medical information online to self-diagnosis. Furthermore, I inquire, can someone self-diagnose (themselves) and then proceed to find treatment online or with a medical professional? Do people self-diagnose and never seek treatment? How often do people engage in this online symptom searching behavior? If a person knows that they have a medical problem through self-diagnosis, do they seek medical treatment? How long does someone wait before seeking medical treatment after looking up medical information online? Does age and insurance status have an effect of online self-diagnosis and seeking treatment? These are questions about the practice and behaviors of self-diagnosis I explore in this study.

Methods
To further research and collect data, I conducted an anonymous survey that was administered online and composed of 10 questions. After receiving an IRB approval, I created and administered my survey using the survey tool Campus Labs that is available to Weber State University students. The survey had 101 participants. My method for gathering participants was a convenience sample. I shared my survey link on my Instagram page and asked my Instagram followers and friends to participate. I also had two family members share the link on their social media pages asking for participation in the survey. Additionally, I created flyers and a QR code that I displayed on Weber State University’s campus soliciting participants.

I specifically wanted to investigate age and insurance status, the two independent variables, and if they had an effect on the dependent variable of self-diagnosis. I examined each independent variable separately with each survey question that was asked to determine whether or not the variables had a direct effect of influencing the behavior of online self-diagnosis. I used crosstabs to demonstrate the relationship between the variables.

The survey questions were specific to the behavior of self-diagnosis and action taken after looking up medical information online. The survey included questions about the frequency of online symptom searching, such as, what is the likelihood of seeking medical attention after looking up medical information online? The survey also asked age specific questions and questions about insurance status, as these two independent variables were central to my research question.

I hypothesized that those respondents who have health insurance would be less likely to self-diagnose and more likely to seek a medical professional’s opinion, while those without insurance would be more likely to self-diagnose and less likely to seek a medical professional’s opinion.

I hypothesized that individuals in the age group 18-26 are more likely to self-diagnose and will not seek treatment. My reasoning for this is because, generally, young people are still covered under their parents’ insurance (if parents are insured). In addition, young people are typically healthy and do not require much medical care or medical attention.

Individuals ages 27-35, I hypothesized to engage in self-diagnosis but to be less likely to seek medical treatment if they are not insured. Instead, they would be more likely to seek information about alternative treatments online or wait for symptoms to worsen before seeking treatment. I believe this age
group is prone to behave this way because individuals are involved on social media and online, making them susceptible to blogs and other ways of investigating symptoms of illness, and therefore hold off to seek medical treatment. Furthermore, I contend that individuals ages 27-35 are typically very job-oriented (with full time employment) and may not have time to seek out medical treatment until their symptoms are no longer ignorable.

Participants in the 36-50 age group, I hypothesized will self-diagnose and then seek medical treatment, if insured. I believe this age group will be more likely to seek a medical professional’s opinion to confirm if their self-diagnosis is correct and also seek additional medical attention or treatment.

In contrast, individuals in the age group 51 and older, I hypothesized will seldom self-diagnose but will seek medical attention when they suspect anything to be wrong. My reasoning for this is because most healthcare initiatives stress the importance of yearly check ups and routine screenings at the age of 50 years and older.

The differences in the likelihood of seeking professional medical opinion are also a function of financial status, which, I hypothesized will be included in the insurance coverage status variable.

**Results**

Three significant findings emerged from the data analysis of my survey. First, age and self-diagnosis as well as age and the frequency of self-diagnosis appears to have an insignificant relationship. Second, the data show that those who have health insurance coverage are actually more likely to engage in online symptom searching and not seek medical attention or treatment as compared to those who are not insured. Third, women are reported as more likely to use online resources to look up medical information as compared to men.

To determine the behavior of self-diagnosis and patient action, I first needed to find out just how many people were actually engaging in self-diagnosis behaviors. Eighty-four out of the 101 respondents (83.1%) reported that they have used a medical website or search engine to self-diagnose themselves. This was significant to my research because only 16.8% of respondents reported that they have never engaged in self-diagnosis behavior online.

**Age and Self-diagnosis**

Next, I examined the independent variable of age and experience of self-diagnoses through a medical website. Out of the 84 respondents who answered “yes” to having engaged in self-diagnosis behavior, roughly half of the respondents (55%) were grouped in age category 18-26. In this age category, 83% of respondents reported that they had engaged in self-diagnosis behavior online, and 17% reported they had not. Age group 27-35 made up 38% of the total survey respondents. In this age category, 84% of respondents reported that they had engaged in self-diagnosis behavior online, and 16% had not. Age group 36-50 had 3% of survey respondents, and of that, 86% of respondents in this age category reported they have engaged in self-diagnosis behavior online and 14% have not. Lastly, seven (3%) of survey respondents were grouped in age group 51 years and older. 71% of respondents in this age category have reported they have engaged in self-diagnosis behavior online, and 29% have not.

**Insurance Status and Self-diagnosis**

Next, I analyzed the independent variable of insurance status and whether or not the respondent had self-diagnosed through a medical website or search engine. Of the 83% of respondents who reported to engaging in online self-diagnosis behavior, 63 respondents (65%) reported being currently insured with health insurance. Eighty-four percent of insured respondents reported that they have engaged in self-diagnosing behavior online and 16% of respondents with health insurance coverage had not. Six survey respondents reported not having health insurance. Of the uninsured, 83% respondents reported that they engaged in online self-diagnosing behavior and 17% of respondents reported that they do not.

The data supports similar findings for the 24 respondents who are insured under their parents. Seventy-five percent of individuals reported they do engage in online self-diagnosis behavior and 25% individuals reported they do not engage in self-diagnosis behavior. The data confirms that regardless of insurance status, the majority of survey respondents are engaging in online self-diagnosing behavior.

The frequency of the behavior was also measured, asking respondents how often they use a medical website or search engine to self-diagnose. 63.3% of respondents reported that they sometimes use a medical website or search engine to look up medical information. The next highest response for this ques-
tion showed that 23.7% of respondents used a medical website or search engine to self-diagnose every time a symptom of illness was experienced.

**Age and Frequency of Self-diagnosis**

I also evaluated the independent variable of age and frequency of self-diagnosis with the survey question, “How often do you use a medical website or search engine to self-diagnose?” I only examined responses to, “Every time I experience a symptom of illness.” The reason I analyzed these variables together was to determine the frequency of the behavior of self-diagnosis compared to age. In the age category 18-26, a quarter of respondents used a medical website or search engine for each symptom of illness experienced. Among respondents 27-35, 21% of respondents used a search engine for each symptom of illness experienced. In the age category 36-50, 43% of respondents used a search engine or website for each symptom of illness experienced. Respondents age 51 and older, 14% of respondents used a search engine or website for each symptom experienced.

Age and the frequency of self-diagnosis showed no significant relationship among the respondents of the survey. The majority of respondents, regardless of age category they fell into, all reported that they engage in online symptom searching behavior and participate frequently in this behavior as compared to any other survey choice.

**Insurance Status and Frequency of Self-diagnosis**

I then analyzed the independent variable of insurance status and the frequency of the behavior of self-diagnosis. I compared the survey question, “How often do you use a medical website or search engine to self-diagnose?” with the answer, “Every time I experience a symptom of illness” with the variable of insurance status. The data show that a total of 23 respondents reported they will use a medical website or search engine to self-diagnose every time a symptom of illness is experienced. Of the 23 respondents, 24% reported having health insurance and used online resources for every symptom of illness experienced as compared to 0% of uninsured respondents. Twenty-five percent of respondents are currently covered under their parents, and 50% are covered under the ACA.

The data contradicts my hypothesis, showing that there is actually an inverse relationship between self-diagnosis and insurance status. The data shows that regardless of how the individual is covered, they are more likely to engage in online self-diagnosis behavior compared to those who are not insured.

**Insurance Status and Medical Follow-up**

Next, I examined the second main finding from my research of insurance status and self-diagnosis, that is whether a person with insurance coverage would be more likely to seek medical attention after looking up symptoms online as compared to someone without health insurance coverage. Respondents answered the question, “Rate the likelihood of seeking professional medical attention after looking up symptoms online.” The responses were recorded on a scale of “very unlikely” to “very likely.” Four percent of respondents who have health insurance reported that they were very unlikely to seek medical attention. Thirty percent of insured respondents reported they were unlikely to seek medical attention. Twenty percent of respondents reported they would take no action. Forty-two percent of insured respondents reported they were likely to seek medical attention, and 5% of insured respondents reported they were very likely to seek medical attention. Roughly a third of of uninsured patients reported they were “very unlikely” to seek medical attention. Seventeen percent of uninsured respondents reported they were “unlikely” to seek medical attention. Thirty-three percent of uninsured respondents reported they were “likely” to seek medical attention, and 17% of uninsured respondents reported they are very likely to seek medical attention.

**Gender and Self-Diagnosis**

Lastly, 83% of respondents in the survey identified as female, and only 17% as male (see Figure 8). Of this, 90% of women responded that they have engaged in self-diagnosis behavior compared to 61% of male who reported they have engaged in self-diagnosis behavior. Twenty-six percent of women also responded that they use a medical website or search engine to self-diagnose every time a symptom of illness is experienced, compared to 17% of males who said they use a medical website or search engine to self-diagnose for each symptom of illness.

**Discussion**

After reviewing the results of my survey, the data did not support my hypothesis. There is no association between self-diagnosing behavior and insurance status, as well as no relationship between age and self-diagnosing behavior online.

The data did not support my initial hypothesis of age and self-diagnosis, as well as the frequency of
self-diagnosis behavior online. I believe the reason why no association has occurred between the two variables is because the internet is so accessible to anyone of any age. The internet is a tool for looking up information. Anyone can find just about anything online, whether it is how to change the oil in a car or symptoms of illness. Because the internet has bridged the gap between those with information and those searching for information, it is easy to assume that there is no relationship between age and self-diagnosis behavior because anyone of any age is capable of using the internet to search and share any kind of information. The data support that the majority of people, in any age category, have engaged in online self-diagnosis behavior, and they do it often.

Another reason why age and self-diagnosis may not have a strong relationship could be because of the promotion of using medical websites and search engines online to search symptoms of illness. There are advertisements on just about any website enticing viewers to search for symptoms online to gain further knowledge about their own health. Medical professionals are also promoting a well-informed patient atmosphere, as shown in Broom and Tovey’s research (2008).

Next, the data did not support my hypothesis of insurance status and self-diagnosis behavior. The data show an inverse effect, meaning that those with insurance were actually less likely to seek medical attention after online self-diagnosis as compared to those who did not have insurance coverage. Why is this relationship reversed? Possible reasons for this contrary relationship could be because symptoms researched online may be minor and may not require immediate medical attention. Perhaps my reasoning of age group 27-35 is supported because I assume individuals that age are employed full time, and because of this they may not have the time to seek medical attention because their work hours may overlap with medical clinic hours. Perhaps the influence of alternative treatments online is causing those with insurance coverage to first try home remedies or alternative treatment options before pursuing medical attention. Also, it may be that a copay to see a medical professional is too high. However, an important response to the survey that should be considered when evaluating these variables together is that a little over half of respondents reported that they “agree” or “strongly agree” that information portrayed online through a medical website or medical search engine is reliable (See Figure 6). This could be another reason why the tested variables and self-diagnosis is reverted because a person of any age or insurance status may believe that what they have read online, or what they self-diagnosed themselves with, may not require (immediate) medical attention, or the alternative treatment is reliable enough to treat their symptoms.

Lastly, perhaps the strongest relationship in my study was that women are more likely to engage in self-diagnosis behavior as compared to men at every variable tested. News reports and studies have shown that men are less likely to see a medical physician in general, as compared to women, when they are sick or have obvious signs of illness (ABC, 2015). I wonder if looking up symptoms online is a continuation of this already proven behavior. However, because 83% of survey respondents identified as dentified as female and only 17% as male, I have to assume that this survey bias is the largest indicator of this significant relationship in my study.

Conclusion

My research study and data confirm there is no significant relationship between self-diagnosis behavior, age, or insurance status. The data show that almost everyone engages in self-diagnosing behavior, regardless of age or insurance status.

My research did have some weaknesses. For example, my survey sample was very small. One-hundred and one participants is not a large enough sample for me to conclude that a relationship between age, insurance status, and self-diagnosis behavior does or does not exist. My data have given me a good start to examine the possible relationship between the variables, but had my survey sample been larger, it would have reduced the probability of error, bias, and possibly skewed data to receive positive reinforcement for participating in another study. Weakness to my research was the large amount of women as compared to men who took my survey. This may have created a bias showing a strong correlation of women engaging in online self-diagnosing behavior compared to men. In addition, 93% of total survey respondents were between age groups 18-26 and 27-37, and only 7% of total survey respondents were between age groups 36-50 and 51 years and older (see Figure 7). Although the majority of respondents did report that they engage in self-diagnosis behavior, I wish that I could have compared this behavior among the different age categories to see if there is a significant difference, or if my data is correct.
Author Biographies

Elizabeth Messerly studied at Weber State University from 2011-2016 where she graduated with a Bachelor’s of Science degree in Sociology with a minor in Communication. Her main interests in Sociology include the sociology of health/healthcare, sociology of family, and sociology of gender. She plans to go on to graduate school. She has a passion for humanitarian work and service, both globally and locally. Her non-academic interests include hiking, running, cliff jumping and paddle boarding, and traveling.

Christina Perry received her Bachelor’s Degree in Sociology with an emphasis in Gender Issues and a Minor in Psychology from Weber State University. She is interested in issues concerning gender, sexuality, language, and criminology. She plans to get her PhD in Sociology and to continue her original research on human sexuality and gender relations.

Elizabeth Pitman is an undergraduate student of Sociology and Economics in her senior year at the University of Utah. Her research interests include sexual exploitation, emotional labor, prostitution and surrogacy.
in assuming that age is not a significant factor. If I had equal amounts of male and female respondents, and evenly distributed age categories, it would have been easier to assess if a significant relationship between gender and age and online self-diagnosis behaviors exists or not.

In addition, I question the validity of my survey questions. After some data had been reported by my survey responses early in my study, I questioned whether or not I had asked the appropriate questions in my survey to really get at my dependent variable. Nevertheless, I did retrieve some valuable data about self-diagnosis behavior, but I did not phrase my questions in the manner in which I could have collected the data that I had intended to collect. In retrospect, I should have examined the result of the behavior of online self-diagnosis, rather than the frequency or determination of online self-diagnosis behavior.

In the future, I would like to continue research on online self-diagnosis and patient action, especially focusing on what happens after an individual participates in self-diagnosis. I would like to analyze how patient and physician care is changing, or if it really is changing because of the effect that the internet and online medical information have on the medical community. Does this really have an effect on patient care and physician relationships with the patient? I would also like to know more about the frequency of the behavior. My data support that online diagnosis is happening often, but just how often is it happening, and does this have an effect or does this have an effect on anxiety and hypochondria in people, and to what extent? I also would like to investigate alternative treatments online and how this has an effect on patient and physician care. These are all questions that I have regarding the behavior of self-diagnosis and the results of self-diagnosis that I believe are important and worthwhile to study further.

To conclude, my research did not support my hypothesis. I believe that the internet and the masses of information that we have online regarding medical information is changing the way that society is viewing healthcare. Healthcare is no longer a secluded realm where the medical experts have all of the knowledge. People quite literally have medical information in the palm of their hands. I believe that this is shaping the way people seek medical information because it is so readily available. The internet has proven to be a powerful force in modern society for individuals to search, share, and gain knowledge. This trend of online self-diagnosis is likely to continue throughout the years because of the use and advancement of technology.

**References**


All rights reserved © 2016.
No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form, or
by any means, without the prior written permission of the then current Director of Graduate Studies
in the Department of Sociology at the University of Utah, or the publisher of this journal.

Editor: Jennifer Tabler

Printed on recycled paper.

Please send inquiries or copy requests to:
Social Dialogue
Department of Sociology
University of Utah
380 South 1530 East, Room 301
Salt Lake City, Utah 84112 USA
or via email to socialdialogue2016@gmail.com

We greatly appreciate financial support from the Publications Council at the University of Utah
and the support of the Graduate Students in the Sociology Department. Also, a special thank you to
Dan Perjovschi for allowing us to use his artwork for our cover.