The Negative Effects of the Media on the Adolescent Self Concept pertaining to Body Image and Sexual Activity

A Senior Project

presented to

the Faculty of the Social Sciences Department

California Polytechnic State University, San Luis Obispo

In Partial Fulfillment

Of the Requirements for the Degree

Bachelor of Science

By

Nidal M. Asfoor

December, 2009

© 2009 Nidal Asfoor

Table of Contents

I. Research Proposal

II. Annotated Bibliography

III. Outline

IV. Introduction

V. Self Concept

VI. Body Image

VII. Inception of Body Image

VIII. Sexual Activity

IX. Consequences of Sexually Active Adolescents

X. Theories On Acquired Behavior And Attitudes

XI. Intervention

XII. Conclusion

XIII. Bibliography

Proposal

The mass media affects the adolescent self-concept, pertaining to body image and sexual activity tremendously. Today, all mediums of the media have been increasingly flooded with differing opinions and many polarized perspectives regarding critical issues in which an analytical look at the information is fundamentally necessary. These aspects of the media (body image, sex) permeate through society and affect our adolescents self concept negatively particularly since the ages in which an adolescent is growing and taking in information willingly are the ages that an adolescent is most vulnerable and sensitive to their surrounding environment. Children in the United States tend to experience a decline in positive self-concept during their adolescent years. Adolescence ranges from ages 12 through the age of 19. This decline often begins around age 12 for girls and around age 14 for boys. For some, the decline can become severe in early adolescence before generally recovering in the mid-teen years. Having a negative self-concept during adolescence has been associated with negative body image and sexual activity.

My goal is to show through research that has already been done how the media negatively affects body image and sexual activity as well as my own research pertaining to body image. This research will be done by asking my aunt, who is an 8th grade school teacher to administer a short survey to her classes and forward me the results. This will help get an idea of the perspective of today's adolescent in addition to the mediums from which they receive their information. The findings will hopefully suggest that an adolescent is directly affected by the media consequently hindering self-concept and effecting body image and sexual development.

Annotated Bibliography

Andrews, J.A., & Duncan, S.C. (1997). Examining the reciprocal relation between academic motivation and substance use: Effects of family relationships, self-esteem, and general deviance. *Journal of Behavioral Medicine, 20,*523-549.

This study examined the reciprocal relation between academic motivation and cigarette, alcohol, and marijuana use across four annual assessments during adolescence. Data were obtained from 435 adolescents, 13 to 17 years of age at the first assessment, and their mothers.

Baldwin, S. A., & Hoffmann, J. P. (2002). The dynamics of self-esteem: A growth-curve analysis. *Journal of Youth and Adolescence, 31,* 101-113.

A growth-curve analysis is used to examine intraindividual self-esteem changes from early adolescence to early adulthood. The study estimates a hierarchical growth-curve model that emphasized the effects of age, life events, gender, and family cohesion on self-esteem.

Byrne, B. M. (1996). Academic self-concept: Its structure, measurement, and relation to academic achievement. In B. A. Bracken (Ed.), *Handbook of self-concept: Developmental, social, and clinical considerations* (pp. 287-316). New York: Wiley.

This study examined the relationship of academic self-concept to achievement . Academic self-concept was found to correlate significantly more strongly with achievement than general self-concept, motivation, and class- room behavior, but not with locus of control.

Cheng, H., & Furnham, A. (2004). Perceived parental rearing style, self-esteem and self-criticism as predictors of happiness. *Journal of Happiness Studies, 5,* 1-21.

This study set out to determine to what extent three recalled parental (care, discouragement of behavioral freedom, denial of psychological autonomy), self-esteem, and self-criticism predicted self-rated happiness in a normal, non-clinical, population of young people in their late teens and early 20s.

Crowther, J. H., & Chernyk, B. (1986). Bulimia and binge eating in adolescent females: A comparison. *Addictive Behaviors, 11,* 415-424.

A sample of 680 11 and 602 17-year-old female twins was used to examine (a) age differences in genetic and environmental influences on disordered eating attitudes and behaviors and (b) associations between body mass index (BMI) and eating attitudes and behaviors.

Damon, William, and Daniel Hart. *Self-Understanding in Childhood and Adolescence.* New York: Cambridge University Press, 1988.

This important book provides a comprehensive look, from a developmental perspective, of how children and adolescents come to understand themselves during the first two decades of life. It explores every aspect of this central area of social cognition, including the physical, social, active, and psychological aspects of self.

Eating Disorder Statistics. (n.d.). Retrieved May 19, 2009, from South Carolina Department of Mental Health Web site: http://www.state.sc.us/dmh/anorexia/statistics.htm

The S.C. Department of Mental Health gives priority to adults, children, and their families affected by serious mental illnesses and significant emotional disorders. This website is committed to eliminating stigma and promoting the philosophy of recovery.

Harter, S. (1999). *The construction of the self: A developmental perspective.* New York: The Guilford Press.

This book draws on both quantitative and qualitative research to present a well-rounded examination of the self in both a cognitive and social construction. A concrete theory of the development of the self is presented.

Harter, Susan. "The Development of Self-Representations." In *Handbook of Child Psychology*, Vol. 3: *Social, Emotional, and Personality Development*, 5th edition, edited by William Damon and Nancy Eisenberg. New York: John Wiley and Sons, 1998.

Drawing upon extensive theoretical knowledge and decades of empirical research by the author and others, this volume traces changes in the structure and content of self-representations from the preschool years through late adolescence. Harter provides an analysis of the cognitive and social processes responsible for the development of each person's unique sense of self.

Lewinsohn, P. M., Gotlib, I. H., & Seeley, J. R. (1997). Depression-related psychosocial variables: Are they specific to depression in adolescents? *Journal of Abnormal Psychology, 106*, 365-375.

The psychosocial difficulties associated with adolescent depression are relatively well known, however, the extent to which these problems are specific to depression has

received little attention. The authors examined the specificity to depression of a wide range of psychosocial variables in the following 3 groups of adolescents: depressed cases, nonaffective disorder cases, and never mentally ill participants

Marsh, H. W., Papaioannou, A., & Theodorakis, Y. (2006). Causal ordering of physical self-concept and exercise behavior: Reciprocal effects model and the influence of physical education teachers. *Health Psychology, 25,* 316-328.

Does prior physical self-concept influence subsequent exercise behavior? On the basis of a large sample of physical education classes (2,786 students, 200 classes, 67 teachers) collected early (Time 1) and late (Time 2) in the school year.

Outline

I. Introduction

A. What is adolescence?

B. Two affected aspects of Self-Concept

C. What is the Self Concept?

D. Self Concept during Adolescence

II. Body Image

A. Adolescent exposure to the media

B. Dieting

C. Media portrayals of males and females

D. Consequential Diseases of adolescents negative body image

III. Inception of Body Image

A. When does the body image take shape?

B. Fostering a positive body image

C. Dynamics of Body Image

D. How does an adolescent form a Negative Body Image?

IV. Adolescence, Media and Body Image

A. Importance of adolescence in forming a body image

B. Societal Institutions that play key roles in body image development

C. Physical ideals being transmitted through the media

D. Research and results

V. Sexual Activity

A. Adolescent participation in sexual activity

B. Parental Communication

C. The effect of television, music and movies

D. Alternative sources of sexual information

E. Consequences of Adolescent Sexual Activity

VI. Psychosocial theories, hypotheses, and models on acquired behaviors and attitudes

A. Social Learning Theory

B. Disinhibition Theory

C. Cultivation Theory

D. Media Practice Model

E. Third-person Effect Hypothesis

F. Super Peer Theory

VII. Interventions

A. Developing a positive self-concept

B. Legitimizing sources of exposure

C. Social modeling and fear communication

D. Indications of a negative adolescent self-concept

E. Competitive & Cooperative interventions

VIII. Conclusion

A. Review of topics covered

B. Cultivation of a positive self-concept

C. Evaluating surrounding environment objectively

Introduction

Adolescents are continually developing a negative self-concept resulting from the adverse effect of the mass media. The pervasiveness and the impact of the mass media on adolescents is directly linked to the development of negative body image and considerable increase in sexual activity. Susan Harter, pertaining to the initiation of adolescence asserts that it “starts with the beginning of physiologically normal puberty and it finishes when the identity and behavior of an adult are accepted” (167). This period of development is generally related to the period from the tenth to the nineteenth year, a pivotal stage in one’s life where one unlearns and relearns social roles. Particularly throughout the stage of adolescence, one’s self-concept will be developing increasingly.

According to the “Handbook of self-concept: Developmental, social, and clinical considerations” by B.M. Byrne, the self-concept is the “accumulation of knowledge about the self, such as beliefs regarding personality traits, physical characteristics, abilities, values, goals, and roles” (298). Beginning in childhood, children obtain and organize information about themselves as a way to allow them to understand the relation between their self and their social world. This process is a direct result of children's ever-increasing cognitive skills and their social relationships with both family and friends. In the beginning of childhood, children's self-concepts are less set apart, and as indicated by Susan Harter, are focused on “concrete characteristics, such as physical attributes, possessions, and skills” (42). During middle childhood, the self-concept becomes more differentiated and integrated. In the publication “Self-Understanding in Childhood and Adolescence” William Damon and Daniel Hart suggest that “the child engages in social comparison and more clearly perceives the self as consisting of

internal, psychological characteristics" (65). With this social comparison, an adolescent begins to judge themselves according to the "standard". Throughout adolescence, the self-concept becomes increasingly abstract, multifaceted, and is organized into cognitive mental representations. Self-relevant information is processed by the direction of these mental representations which is where the mass media encroaches with suggestive, racy and culturally pressurizing images.

Body Image

Each day, the average adolescent is exposed to 400 to 600 advertisements per day illustrating "the perfect body" or "the perfect life." As artificial and money driven as these ideas may be, youth under the age of eighteen take on the media culture as a symbol, or representation, of what to grow to be. Countless hours on television are given to advertisements attempting to convince consumers that buying a product will result in thinness, beauty, increased sexuality, and popularity among other things. Programming rarely depicts an average body type as positive and even goes as far as deeming those ugly or bigger as the villain or the loser further ingraining the importance of physical appearance in the minds of the United States adolescents. As these stereotypical images become paramount in US culture, stories of intense strides towards beauty have become much more frequent. Modeling agencies have reputations of hiring only models that were willing to participate in extreme dieting. It was reported by J. H. Crowther and B. Chernyk that "the average woman model weighs up to 25% less than the typical woman and maintains a weight of 15 to 20 percent below what is considered healthy for his or her age and height" (418). Some models go through plastic surgery, some are "taped-up" to mold their bodies

into more photogenic representations of themselves, and photos are airbrushed before going to print. Even toys such as Barbie dolls play a significant role in developing body image. With unattainable proportions, the doll perpetuates the ideas of materialism, beauty, and thinness at an age at which the child is very impressionable. Few actually realize these looks are virtually unattainable to the average human and have the potential to result in physical harm if someone tries to reach these proportions.

Diet plans have become very prominent as the step to take towards looking thinner and more beautiful. Magazines, television, and newspapers contain advertisements for Jenny Craig, Weight Watchers and other weight loss programs. Pop-culture's imposed definition of "the ideal body" combined with the diet industry's drive to make more money, creates a never-ending cycle of ad upon ad that try to convince us "if you lose weight, your life will be better." This goes without saying that these diet products are frequently dangerous to health.

Everyday, the media negatively affects self-concepts by portraying bodies in unobtainable form and promising customers a change towards what they see in the advertisement at a cost. This is especially apparent in the example of adolescents. While the media is not the single cause, it perpetuates self-destruction, feelings of hatred towards the self, and the formation of negative self-concepts. It is a problem because increasingly the US is seeing health problems due to self-image. Anorexia nervosa is defined by J. H. Crowther and B. Chernyk as “a psychiatric illness that describes an eating disorder, characterized by extreme low body weight and body image distortion, with an obsessive fear of gaining weight” (419). Individuals with anorexia are known to control body weight commonly through the means of voluntary starvation, purging, excessive exercise or other weight control measures, such as diet pills or diuretic drugs. It is estimated that 8 million Americans today have an eating disorder – seven million women

and one million men. One in 200 American women suffers from anorexia and ten to fifteen percent of those with eat disorders are said to be male Eating disorders have the highest mortality rate of any mental illness. A study by the National Association of Anorexia Nervosa and Associated Disorders reported that "5 – 10% of anorexics die within 10 years after contracting the disease, 18-20% of anorexics will be dead after 20 years and only 30 – 40% ever fully recover". The mortality rate associated with anorexia nervosa is 12 times higher than the death rate of all causes of death for females 15 – 24 years old. According to "The alliance for Eating Disorders Awareness", Anorexia is the 3rd most common chronic illness among adolescents. The same statistics also reported that "95% of those who have eating disorders are between the ages of 12 and 25 and 50% of girls between the ages of 11 and 13 see themselves as overweight along with 80% of 13-year-olds who have attempted to lose weight". These diseases are consequences of the problem of developing negative self-concept and extreme images presented by the media to adolescents. While the media is a major cause of self-image problems, cultural ideals, norms, family and community pressure all contribute to the issue at hand as well.

Inception of Body Image

An individual's body image begins to take shape at an early age and according to research by J. Ogden and K. Mundray, "can be formed by parents, caregivers, peers, and life experiences"(172). We often think of body image in terms of physical appearance, attractiveness and beauty. L.J. Heinberg and J.K Thompson clarify the notion of how we think of body image suggesting that it "relates to how we feel about our bodies and what we think our bodies look like to others" (334). In some instances our perception may not be objective. Everybody is

different. We all have differing genetics, which influence our height, body shape, facial features, and weight. All the more, if everybody consumed the same food and performed the same amount of exercise, still, we would not all look the same. Individuals should circumvent comparing their bodies with their friends' bodies or the people shown in magazines and on television. Relying on formulas, tables and charts to dictate what the "accurate" body weight is too restricting. Alternatively, one who will be successful in developing a strong body image eats balanced meals abundant with nutritious foods and partakes in moderate to intense exercise regularly.

We acquire a positive image of our body when we have a reasonable perception of our bodies and appreciate them just as they are. Positive body image entails the understanding that attractive, healthy bodies are made in many different shapes and sizes and that physical appearance says almost nothing about our worth as a person and who we really are. Embracing a healthy body image means that we separate our judgment of our bodies from our sense of self-esteem. It guarantees that we are not spending an irrational amount of time distressing about weight, food, and calories. The implementation of a healthy active lifestyle has a positive influence on our notions towards our bodies.

Body image is dynamic and can have significant consequences on mental-emotional health (including self-concept & self-esteem). An ideal body weight defined by K. Presnell, S. Bearman and E. Stice is "a weight that allows us to feel energetic and lets us lead a healthy lifestyle, including physical activity and healthy eating" (397). It is very important for adolescents to try not to compare themselves to the impractical images on television and within magazines. Leading a healthy lifestyle will empower an individual to feel good about themselves and cultivate an increasingly positive body image.

Negative body image, which is a result of a negative self-concept, is predisposed by society standards and the culture we are surrounded by. Comments from family members, friends, and others regarding our bodies whether positive and negative, affect body image. In addition, remarks about their bodies and other people's bodies have an effect as well. Self-esteem has an enormous effect on the way we view our bodies and according to K. Presnell, S. Bearman and E. Stice, it is "related to how we evaluate our own physical abilities, job skills, interpersonal abilities, family role, and body image" (394) Low self-esteem can develop if "ideal" body standards are not met and might result in faulty thinking about body shape, misperception of size, and negative feelings in relation to one's own body. Studies by J. Ogden and K. Mundray of ways in which a negative body image may develop or be influenced by "a history of abuse (physical or sexual), teasing by friends or family, life changes such as moving to a new school or city, and any physical changes that may be a result of puberty, medical problems, surgery, or sports injuries" (177). Being exposed to images of idealized versus normal bodies can have a negative consequence on body image as well.

Having a negative body image may cause serious disorders such as body dysmorphic disorder. Body dysmorphic disorder (BDD) comprises an immersion in an "imaginary" physical deficiency in appearance (a person thinks there is a problem with a facet of his or her body that others just don't see). Most commonly, the focus of obsession is the hair, skin, or nose, but other body parts can be the fixation as well. Not only does this turmoil cause stress for people who have this particular problem, but also for friends and family around them. Beyond spending a lot of time consumed with an aspect of their body or parts of their body, individuals who have body dysmorphic disorder experience anxiety and/or depression and may tend to steer clear of social situations. People suffering from this matter are known to undergo plastic surgery in order to

“fix” the defect but usually end up worse off since the primary reason for the preoccupation remains untreated.

Adolescence, Media, and Body Image

Adolescence is of particular importance because it presents an important stage in socio-cognitive and emotional development. There will be more expectations for social experiences, as well as increased self-development and self-consciousness. Bounded by the multiple processes of renegotiating behaviors and values, particular roles are learned from family, peers, and the larger society, including the media.

Conventionally, homes, schools, and other societal institutions have played key roles in assisting children to form a sense of self-concept and worldview. Recently, however, the marketplace, where media and economic powers compete for their interest, time and money, is increasingly targeting children and adolescents. This introduces a growing concern that parents and teachers, who once had the most influence on the development of children's self-concepts and cultural perspectives, may have less influence than the popular media. Media researchers JD Brown, JR Steele, K. Walsh-Childers claim that “media images are the central elements of the appearance or fashion culture and serve as influential forces that manipulate physical appearance standards; such standards of body-image values strengthen and model cultural ideals of beauty and body shape“ (16).

Particular social importance is credited to the recognition of the precise socio-cultural factors that may play an influential role in self-concept development and gender-role awareness during adolescence. When an adolescent can look at the information that he/she is exposed to in

an objective manner, this allows for the intellect to be activated rather than absorbing the information that has the potential to harm a developing self-concept. This objective outlook also allows for the internalization of what behavior is appropriate for each gender. Current socio-cultural standards of beauty puts an emphasis on the allure of thinness and sexiness for women and a lean, muscular build for men. This physical ideal is then transmitted and reinforced by a number of different social agents including family, peers and the mass media which all reinforce these standards due to their exposure of the standard throughout their lives. Therefore, these ideas are generally acknowledged and internalized by many women and men. This is where sexism comes into play. Our society, for the most part, deems the qualities we consider naturally feminine as less socially important than those considered masculine. Sometimes girls suffer when their behavior is considered "boylike." However, for a boy to be accused of acting like a girl is the ultimate insult, for the reason that it implies lack of ability, weakness, and frailty. Even today, many men can be easily whipped into anger by accusations of femininity, as when coaches or platoon leaders call their male players of troops "girls" or "ladies" to incite their aggressiveness.

In the last five years, concerted research has found that a particular issue associated with the male body image is the desire for a muscular body. This socio-cultural stress for the perfect muscular build has been increasingly pervasive in our society today. Research by J. Ogden and K. Mundray has revealed that "adolescents become sensitive to external gender-stereotypic media images that may have an influence on concepts of self, particularly when individuals internalize these cultural appearance standards" (177). The internalized appearance standards may play a significant role in adolescents' developing "socio-moral and cognitive repertoire of personal goals and standards against which to judge self and others as well as beginning to

integrate them into their developing sense of self" (Tarrant, MacKenzie, & Hewitt, 175). This integration into an adolescents own self-structure has been an important mechanism which has been accountable for the media's influence on self-concept and body image. Adolescents are active consumers of messages broadcast on radio and television, printed in magazines, distributed on the Internet, and presented in video games. Popular media plays a very important role in the socialization of children and adolescents, and influences their self-concept tremendously.

To test the hypothesis a teacher at Colton Middle School in Northern California was asked to distribute the following survey to two "home room" classes. The students were asked to respond to various questions regarding self-concept and the media. With each statement, respondents were asked to mark to what degree the statement pertained to them.

To what degree do you agree with the statement…	**1 Strongly Disagree**	**2 Disagree**	**3 Neutral**	**4 Agree**	**5 Strongly Agree**
When I see beautiful people in the media I feel badly about my image.					
Advertisements for diet program never convince me that they would work.					
I watch television everyday.					
I have experienced some form of mental health issue due to a negative self concept.					
Family and community pressures affect me more negatively than the media.					
The media has convinced me that it is more important to be a unique individual than look a certain way.					
I am affected by what people think about me.					

Using those respondents, both male and female, between the ages of ten and eighteen, a cross tabulation was done to measure the correlations. Questionnaires were received from 38 respondents between the ages of ten and eighteen with 20 female and 18 male. To make for analysis, those who answered “Agree” were combined with “Strongly Agree,” those with “Strongly Disagree” with “Disagree” and those who answered “Neutral” were left out. Among the females, 16/20 or 80% agreed that when they see beautiful people in the media they feel badly about their own self-image. Among those 16 students, two recorded having experienced some form of mental health problem due to a negative self-concept. These were the only two female respondents who agreed with that statement. Among those same 16 respondents, eight reported believing the advertisements for diet fads and six were neutral on the subject. Furthermore, 18/20 agreed with the statement, “I watch television everyday.” 15/18 or 83% of these female respondents disagreed with the statement, “The media has convinced me that it is more important to be a unique individual than look a certain way.” This implies that the majority of female respondents know what the media is trying to instill on today’s adolescents. Regardless, they allow themselves or are persuaded enough to involve themselves in the social practice of maintaining physical image over inner self-development and appreciation. Only two of the 20 respondents disagreed with the majority of the statements. In conclusion, 80% feel badly about themselves due to images from the media, emphasizing and proving our hypothesis correct.

Among the male respondents, 11/18 or 61% agreed with feeling badly about themselves due to images from the media. Of those 11, 10 watch television everyday and eight reported actively being affected by what others think about them. Three of the total 18 reported experiencing some form of mental health problem. Of those 18, each of these young men feel

badly about themselves due to images from the media and are affected by what others think about them and family and community pressures. This implies that boys are more affected in adolescence by the media than are females. Despite these numbers, males had a higher number of respondents (5) who claimed to not be affected by the media, pressures from family and/or community, or "others" in general.

Among these respondents, 27/38 or 71% knowingly are affected by images the media sends everyday and report watching television daily. In sum, only 5/38, 13%, have reported being affected by some form of mental health issue. While the analysis suggests that the hypothesis is correct in assuming the media as the cause for mental health or negative self-images, it was also found that it depends on gender as well. It is apparent that by a very small fraction, males are more impacted by masculinity displayed on television than are females by the media. Boys do go through a short period of discontent with their appearance early in adolescence, however the physical changes related to puberty will soon bring them closer to the masculine ideal (taller, muscular, broader shoulders). For girls, however, puberty merely makes things worse. The typical physical changes include an increase in weight and body fat, mainly on the hips and thighs which is inclined to steer them further away from the cultural ideal of irregular slimness. Findings by J. Rierdan & E. Koff in the "Journal of Youth and Adolescence points out that "up to two thirds of underweight 12-year-old girls considered themselves to be too fat" and by age 13 "at least 50% of girls are significantly unhappy about their appearance. By 14, focused, specific dissatisfactions have intensified, particularly concerning hips and thighs. By 17, only 3 out of 10 girls have not been on a diet – up to 8 out of 10 will be unhappy with what they see in the mirror"(343).

Sexual Activity

Adolescents in the United States are participating in sexual activity at early ages and with several partners. Although the quantity of high school students who have had a sexual encounter has declined in the past decade, many adolescents in the United States are still engaging in sexual activity at early ages and with several partners. According to VC Strasburger, "Approximately 47% of high school students have had sexual intercourse" (411). One possible but largely uncharted factor that may directly contribute to sexual activity among adolescents is exposure to sexual content in the mass media. The average American adolescent spends one third of each day exposed to media, and the bulk of that exposure occurs outside of parental supervision. Some of the most important risk factors examined by D. Zillman are "race, poverty, the use of drugs and alcohol, peer influences, and parental influences" (57).

While one of the strongest risk factors for early sexual intercourse was the perception that his or her peers were having sex, a study conducted by BS Greenberg and SW Smith challenges this notion by suggesting that "one of the strongest protective factors against early sexual behavior was clear parental communication about sex"(76). According to the authors, "parents seldom talk with their children about sex in an opportune and comprehensive way, and schools are progressively more limited in what can be said about sexual activity" (76). In such a circumstance, the mass media may be an influential educator because of the frequency and compelling portrayals of sex as risk free and fun. This is not the case, however. Yes, sex is fun, but the right safety procedures must be followed in order to enjoy the pleasures of sex without the consequences of unprepared and rudimentary sexual activity. A study conducted in 2002 by VC Strasburger reported that "more than 83 percent of the 20 television shows that adolescents

frequently watched included sexual content, but only about 1 in 8 of those shows included any depiction of sexual risks and/or responsibilities”(408). This study shows that it is not only television but also other forms of media, such as music, movies, and magazines that influence adolescents to partake in sexual activity. The music listened to by the adolescents had the greatest amount of sexual descriptions (40%), followed by movies, television, and magazines.

Adolescents with more frequent sexual media diets were much more probable to have sex in the near future, to have already participated in sexual behavior such sexual touching and kissing, and to have previously had sexual intercourse. The strongest relationship with sexual behavior was associated with movie viewing followed by listening to music, watching television, and reading magazines. The conclusions of the studies pointed out that exposure to sexual content in the U. S. media is directly related to early adolescents' sexual intentions and behaviors. The strong relationship proposes that commercial media must be considered as an important factor in the sexual socialization of adolescents'. Television’s influence has received the most consideration although movies and music are also important.

Of course, the mass media is not the only basis of sexual socialization in this culture. Adolescent viewers constantly compare the sexual images they receive from the mass media with other values, norms, and information coming from parents, friends and schools. In search for possible reductions in the message content, JJ Arnett proposes that there ought to be more participation in functions such as “media literacy education for parents and youth, partnerships with youth-oriented media, and physician education and intervention are opportunities to help reduce media's negative effects and perhaps enhance the positive.”

Consequences of Sexually Active Adolescents

Sexually active adolescents have a strong risk for becoming pregnant and acquiring sexually transmitted infections (STI's). Researched by JD Brown, JR Steele, and K. Walsh-Childers, "every single year nearly 900000 teenage girls in the United States become pregnant (340000 are 17 years old), and 35% of American teenage girls have been pregnant at least once by the age of 20" (23) In the United States, the danger of receiving an STI is higher among teenagers than among adults. Almost 4 million cases of STIs are diagnosed in adolescents each year. In 2002, BS Greenberg and SW Smith reported that "gonorrhea rates in the United States were highest among females in the age brackets of 15 to 19 years (675.6 per 100000) and 20 to 24 years (650.3 per 100000); among males those in the 20 to 24 year age bracket had the highest rate (538.1 per 100000)"(84). The most frequently reported STI in the United States is chlamydia, being the most widespread among adolescents. In 2002, chlamydia prevalence was reported among sexually active adolescent females and was "6 times as high as that among sexually active females in the general population" (Greenberg BS, Smith SW, 85). This prevalence comparison is staggering which papillomavirus indicates some influence or motivation to participate in sexual activity. Human (HPV) infection is defined by JJ Arnett as "any of the papovavirus strains that cause warts, especially of the hands, feet, and genitals, with some strains believed to be a causative factor in cancer of the cervix, vagina, and vulva." It is the most common of all viral STIs and even more so than herpes simplex virus and human immunodeficiency virus (HIV) collectively. In his publication "Investigating Media's Influence on Adolescent Sexuality", JJ Arnett summarized that "approximately 35 of the 100 known HPV strains cause cervical cancer; the remainder cause genital warts; HPV prevalence is 5% in

adolescents aged 12 to 19 and 15% among young adults aged 20 to 29”(255). JJ Arnett reported that in the year 2000, “more than 2900 new HIV cases diagnosed in young people aged 15 to 24 were reported to the Centers for Disease Control and Prevention (CDC) from just 30 states” (255). Being known that it usually takes a decade following an HIV infection for AIDS symptoms to appear, it’s probable that most young adults diagnosed with the HIV infection and AIDS had been consequently infected with HIV as adolescents. By the end of 2002, “more than 36000 cases of HIV/AIDS had been reported in young people aged 13 to 24 in the United States and by the end of 2001 more than 14000 young Americans aged 15 to 24 had died of AIDS” (Arnett, JJ 256). Sexually active adolescents are at a “much higher risk for depression and suicide” (Arnett JJ 256). Early sexual experience among adolescents has also been associated with other potentially health-endangering behaviors such as alcohol, marijuana, and other drug use. Many factors may put teens at risk for becoming sexually active at an early age. The possibility for the mass media to manipulate behavior has been sustained through a number of different psychosocial theories, hypotheses, and models. Although there are substantial differences in theoretical means by which the media can affect adolescents' attitudes and behaviors, the majority of them hypothesize that message content and behavior are operational over time as motivation to change psychological, physiologic, and behavioral functions.

Theories On Acquired Behavior And Attitudes

Bandura's “social-learning theory” is one of the most well-known of these theoretical mechanisms. It offers sufficient evidence that even when children and adults have not in fact executed a behavior, they can learn by imitation. Cited by Bandura, three main processes are

involved in learning: “direct experience, indirect or vicarious experience from observing others (modeling), and the storing and processing of complex information through cognitive operations”(14) Bandura’s theory proposes that behaviors are learned and that they are influenced by social context: Television and movies are seen as an increasingly influential agent of socialization that produces its effects through children's propensity to learn by imitation.

Disinhibition theory hypothesizes that current behavioral tendencies of children, adolescents and others are inhibited by experience. Sustained television viewing conversely, disinhibits viewers, making them more tolerant of the behavior. Research by JD Brown, JR Steele, and K. Walsh-Childers has demonstrated that “exposure to an event from the media triggers other related ideas for a short time after”(18). Ideas being formed shortly after exposure to forms of mass media indicate the strength of the message and how it is internalized. With repeated exposure and increased tolerance, these ideas usually materialize into some form of activity. These thoughts “can activate other semantically related concepts and make them more accessible” (Brown JD, Steele JR, Walsh-Childers K., 18).

Cultivation theory proposes that “serious exposure to mass media create and cultivates attitudes more consistent with a media-directed version of reality than with reality itself” (Zillman, D.,58). Media depictions and messages may influence the behavior of adolescents over time by making it possible for them to acquire new attitudes and behaviors or by changing the probability that they will carry out new or formerly learned responses. This may occur, according to Gerbner, Gross, Morgan and Signorielli, when “a child's expectations about the outcome of certain behaviors are altered through identification with the character portraying or providing the stimuli, by raising or lowering behavioral inhibitions, by modifying the potential for

environmental cues to foster certain behaviors, or by linking specific meanings to a behavior" (32)

The Media Practice Model assumes that "youth choose media and interact with it based on who they are or who they want to be at the moment" (Strasburger VC ,410). It is apparent that adolescents internalize media messages and they are a significant influence in their lives. They obtain important information about life choices from the media. These choices usually have a direct effect on an adolescents well-being, whether positive or negative and will most likely have a strong and significant effect on the quality of the choices that are made in their lives.

The third-person effect hypothesis states that "people tend to perceive mass media messages to have a greater impact on others attitudes and behaviors than on themselves" (Strasburger VC., 412). This phenomenon may be intensifying for adolescents and may lead to under reporting of factors in their decision making process. The result of this is a "blind" internalization which may lead to unknown reasons for their actions and consequences. This unawareness gives way to problems that have no clear solution.

Super peer theory supposes that "the media can symbolize a powerful source of information for teens as to what is normative behavior and may certainly go beyond the influence of an adolescent's more conventional peer group" (Bandura A., 33). The considerable effect of exposure to attitudes and behaviors illustrated in mass media may be magnified by the glamour naturally associated with those who appear in it. Additionally, it has been reported by Gerbner, Gross, Morgan and Signorielli that "TV programming made specifically for adolescents takes a clear advantage of the appeal of children and teens by depicting characters they distinguish as 2 or 3 years older than they are"(38). These are their "peers" with whom they normally cannot socialize but whom they have a longing to strive be like. Such characters offer

guides for the child's "aspirational" behavior. In brief, adolescents model themselves after those who they look up to, not those who are a reflection of what they currently are.

The problem of the media contributing to a negative self-concept is a concrete problem. In order to fully gain awareness of the issue of adolescents' own self concept, an intervention must be developed. An ideal model can be designated to provide a basis to develop a positive self-concept. This will be the method of social modeling. Social modeling refers to "learning through the observations of others" (Buunk, Vugt, 117). Modeling is most effective when the similarity between model and target individual is high. In order for adolescents to be reached, an all around average individual who is secure in their life mentally and spiritually with extensive experience will serve as a model to extend their knowledge forth to adolescents and their parents. Additionally, the intervention will require a model for both genders to relate to. This mentally and spiritually healthy individual will convey the message of the importance of creating your own self-concept and receiving the messages from alternative and more legitimate sources than the mass media. These sources should consist of family, good friends, mentors and books. This is not to say that television should be ignored and magazines should not be read but that the sources from which a child receives their input of information should be thoroughly reevaluated. This will be with the help of the child's parents who will monitor and make certain that their child is developing a healthy self-concept through their child's exposure to different mediums. The model will gain exposure in advertisements next to those encouraging unhealthy practices. The advertisements will focus on the new techniques that the adolescent should include in their determination for a healthy self-concept and the old habits that they should extinguish which may have begun to form a negative self-concept. This process will ensure the preservation of a healthy self-concept. The next method that will be used in the intervention will be fear

communication. Fear communication only works “when it is accompanied by explicit guidelines on how to avert the health threat” (Buunk, Vugt, 117). In this case, the teen is targeting both mental and physical health. Several signs may indicate that an adolescent has a negative self-concept. These may include one or more of the following: doing poorly in school, having few friends, putting down oneself and others, rejecting compliments, teasing others, showing excessive amounts of anger, being excessively jealous, appearing conceited or hesitating to try new things. The negative symptoms of an individual who has a negative self-concept will be exposed to the adolescents and their parents to demonstrate how important it is to develop a healthy positive self-concept and to instill “fear”. These two methods will secure a clear course for the manifestation of a positive and healthy self-concept.

Numerous interventions, particularly in education, “attempt to enhance self-concept indirectly by enhancing the individual’s abilities” (O’Mara, et al., 2004). For example, an intervention may intend to amplify a student’s mathematical ability in the hope that their self-concept will be enhanced through the gratification of the mastery of mathematical skill. It is naturally expected that by improving one’s performance, self-concept levels should increase as well. Interventions that completely target self-concept by augmenting one’s self-beliefs are more effective in enhancing self-concept than indirect interventions that focus on building skills. Research suggests that “there is a reciprocal relation between self-concept and skill building, such that direct self-concept interventions can enhance both self-concept and related performance outcomes” (Marsh, H. W., & Yeung, A. S., 42). A considerable amount of support for this claim comes from research in education, which particularly suggests that ”prior levels of educational self-concept lead to higher levels of subsequent academic achievement, beyond what can be clarified by prior levels of academic achievement” (e.g., Marsh & Craven, in press;

Valentine, Dubois, & Cooper, 2004;). Marsh and Craven (in press) consequently agree that researchers and practitioners ought to aim to improve academic self-concept and academic abilities simultaneously. They suggest that "if practitioners enhance self-concepts without improving related skills, then the gains in self-concept are likely to be short-lived because the student's performance would not live up to their heightened self-expectations"(Marsh & Craven, in press). Similarly, if practitioners enhance performance without fostering students' self-beliefs in their abilities, then increases in performance are also improbable to be sustained. In fact, they may even weaken self-concept in such a way that the short-term increases in performance will be lost. For instance, Marsh and Yeung found that "both competitive and cooperative interventions led to positive short-term gains in physical fitness (performance), but the cooperative intervention also led to enhanced self-concept, whereas the competitive intervention impaired the self-concept needed to sustain ongoing involvement in physical activity"(46). Essentially, there is ample evidence that self-concept is both an important outcome measure in its and an important way to enhance other expedient outcomes. This line of research reinforces the utilization of direct self-concept interventions through which the fundamental objective of the intervention is to enhance self-concept.

The media influences adolescents immensely in relation to the development and manifestation of body image and sexual activity. The numerous mediums through which impudent messages are delivered assist in leaving behind a plethora of needless and unwanted detrimental circumstances associated with the self-concept. These circumstances include a development of a negative body image and a significant increase in sexual activity. The conditions that an adolescent might find themselves experiencing could only mean that some wrong choices were made, a wrong approach was chosen, and a healthy stride was overlooked.

With the absence of the right guidance coupled with the everlasting effect of the media, an adolescent is often bound to go astray. The development of a positive, healthy self-concept during adolescence is crucial and correlates directly to one's well-being in adulthood. Furthermore, with the acceptance of the media's cues, adolescence becomes a boundless struggle. However, with the right direction, it is essential for adolescents to cultivate an appropriate method of evaluating their surroundings objectively with the utmost regard of securing a healthy, happy life.

Bibliography

Andrews, J.A., & Duncan, S.C. (1997). Examining the reciprocal relation between academic motivation and substanceuse: Effects of family relationships, self-esteem, and general deviance. *Journal of Behavioral Medicine, 20,* 523-549.

Arnett JJ. The sounds of sex: sex in teens' music and music videos. In: Brown JD, Steele JR, Walsh-Childers K, eds. Sexual Teens, Sexual Media: *Investigating Media's Influence on Adolescent Sexuality*. Mahwah, NJ: Lawrence Erlbaum; 2002:253–264

Baldwin, S. A., & Hoffmann, J. P. (2002). The dynamics of self-esteem: A growth-curve analysis. *Journal ofYouth and Adolescence, 31,* 101-113.

Bandura A. Social *Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice Hall; 1986: 24-46

Belk, Russell W., Robert Mayer, and Amy Driscoll (1984), "Children'sRecognition of Consumption Symbolism in Children'sProducts," *Journal of Consumer Research, 10* (March), 386–97.

Brown JD, Steele JR, Walsh-Childers K. Introduction and overview. In: Brown JD, Steele JR, Walsh-Childers K, eds. *Sexual Teens, Sexual Media: Investigating Media's Influence on Adolescent Sexuality.* Mahwah, NJ: Lawrence Erlbaum; 2002:1–24

Byrne, B. M. (1996b). *On the structure of social self-concept for pre-, early, and late adolescents: A test of the Shavelson, Hubner, and Stanton (1976) model*. Journal of Personality and Social Psychology, 70, 599–613.

Byrne, B. M. (1996). Academic self-concept: Its structure, measurement, and relation to academic achievement. In B. A. Bracken (Ed.), *Handbook of self-concept: Developmental, social, and clinical considerations* (pp. 287-316). New York: Wiley.

Cheng, H., & Furnham, A. (2004). Perceived parental rearing style, self-esteem and self-criticism as predictors of happiness. *Journal of Happiness Studies, 5,* 1-21.

Connolly GM, Casswell S, Zhang JF, Silva PA. *Alcohol in the mass media and drinking by adolescents: a longitudinal study*. Addiction. 1994;89 :1255 –1263

Crowther, J. H., & Chernyk, B. (1986). Bulimia and binge eating in adolescent females: A comparison. *Addictive Behaviors, 11,* 415-424.

Damon, William, and Daniel Hart. *Self-Understanding in Childhood and Adolescence.* New York: Cambridge University Press, 1988.

Eating Disorder Statistics. (n.d.). Retrieved May 19, 2009, from South Carolina Department of Mental Health Web site: http://www.state.sc.us/dmh/anorexia/statistics.htm

Gerbner G, Gross L, Morgan M, Signorielli N. *Growing up with television: the cultivation perspective*. In: Bryant J, Zillman D, eds. Media Effects: Advances in Theory and Research. Hillsdale, NJ: Lawrence Erlbaum; 1994:17–41

Greenberg BS, Smith SW. Daytime talk shows: up close and in your face. In: Brown JD, Steele JR, Walsh-Childers K, eds. Sexual Teens, Sexual Media: *Investigating Media's Influence on Adolescent Sexuality*. Mahwah, NJ: Lawrence Erlbaum; 2002:79–93

Harter, S. (1999). *The construction of the self: A developmental perspective.* New York: The Guilford Press.

Harter, Susan. "The Development of Self-Representations." In *Handbook of Child Psychology*, Vol. 3: *Social, Emotional, and Personality Development*, 5th edition, edited by William Damon and Nancy Eisenberg. New York: John Wiley and Sons, 1998.

Heinberg, L. J. & Thompson, J. K. Body Image and Televised Images of Thinness and Attractiveness: A Controlled Laboratory Investigation. *Journal of Social and Clinical Psychology 14*, 325-338 (1995).

Lewinsohn, P. M., Gotlib, I. H., & Seeley, J. R. (1997). Depression-related psychosocial variables: Are they specific to depression in adolescents? *Journal of Abnormal Psychology, 106*, 365-375.

Marsh, H. W., Papaioannou, A., & Theodorakis, Y. (2006). Causal ordering of physical self-concept and exercise behavior: Reciprocal effects model and the influence of physical education teachers. *Health Psychology, 25*, 316-
328.

Marsh, H. W., & Yeung, A. S. (1997). *Causal effects of academic self-concept on academic achievement: Structural equation models of longitudinal data.* Journal of Educational Psychology, 89, 41–54.

O'Mara, A. J., Marsh, H. W., Craven, R. G., & Debus, R. (in press). *Do self-concept interventions make a difference?* A synergistic blend of construct validation and meta-analysis. Submitted for review to Psychological Bulletin.

Ogden, J. & Mundray, K. The effect of the media on body satisfaction: the role of gender and size. *Europeean Eating Disorders Review 4*, 171-182 (1996).

Presnell, K., Bearman, S., & Stice, E. (2004). Risk factors for body dissatisfaction in adolescent boys and girls: A prospective study. *International Journal of Eating Disorders, 36*(4), 389-401.

Rierdan, J., & Koff, E. (1980). Representation of the female body by early and late adolescent girls. *Journal of Youth and Adolescence, 9*, 339-346.

Strasburger VC. *"Sex, drugs, rock 'n' roll" and the media–are the media responsible for adolescent behavior? Adolesc Med. 1997;8*(3) :403 –414

Tarrant, M., MacKenzie, L., & Hewitt, L. A. (2006). Friendship group identification, multidimensional selfconcept, and experience of developmental tasks in adolescence. *Journal of Adolescence, 29*, 627-640.

Valentine, J. C., DuBois, D. L., & Cooper, H. (2004). *The relations between self-beliefs and academic achievement: A systematic review*. Educational Psychologist, 39, 111-133.

Zillman D. Television viewing and arousal. In: Pearl D, Bouthilet L, Lazar J, eds. Television and Behavior: *Ten Years of Scientific Progress and Implications for the Eighties*. Vol. 2, Technical reports. Washington, DC: US Government Printing Office; 1982:53–67