Exploring College Women's Perspectives on How Positive and Negative Body Image Impact Sexual Relationship Power

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EXPLORING COLLEGE WOMEN’S PERSPECTIVES ON HOW POSITIVE AND NEGATIVE BODY IMAGE IMPACT SEXUAL RELATIONSHIP POWER

by

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Abstract

Sexual relationship power (SRP) describes interpersonal power dynamics within romantic relationships. Gender roles reinforce patriarchal ideals of male dominance and contribute to SRP imbalances, which has been linked to numerous negative outcomes including intimate partner violence. Women of color and people in the U.S. MidSouth experience pronounced disparate rates of the negative outcomes associated with imbalanced SRP due to systemic inequities rooted in oppression. Objectification theory posits that the dehumanizing process of viewing women’s bodies as objects can lead to self-objectification and negative body image. Though ample research reveals a connection between body image and behavior in sexual contexts, less is known about how body image and other individual and societal factors impact SRP. The present study aimed to qualitatively examine how positive (body appreciation) and negative (objectified body consciousness) body image affect SRP among a sample of emerging adult undergraduate women in heterosexual relationships with men. Interviewees (N = 11, M_age = 20.64) were recruited through purposive and theoretical sampling at a university in the U.S. MidSouth to complete in-depth, semi-structured interviews. Using grounded theory, four themes emerged: Socially Determined Power, Body Image, Women’s Autonomy and Confidence, and Relationship Variables. An inductive theoretical framework was developed to explain how these variables impact SRP among undergraduate emerging adult women. SRP was described as malleable and impacted not only by socially derived power and negative body image but also by male partner egalitarian views and women’s own confidence. Whereas negative body image created imbalanced SRP based on socially determined power (e.g., conforming to gendered norms and beauty standards), positive body image and overall confidence impacted communication in relationships and fostered balanced SRP. Male partner variables also emerged
as an important influence on SRP, but women’s own autonomy guided women toward increased SRP despite these factors (e.g., through communication with their current partner or by pursuing other relationships with more equal power). Findings extend the current literature by revealing women’s lived experiences of SRP in relationships with men. Additional research is warranted among larger and more diverse samples to test the inductive theory developed and to ultimately promote more balanced SRP.
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Introduction

Sexual relationship power (SRP), defined as the interpersonal power within romantic, intimate, and/or sexual relationships, is often unequal (McMahon et al., 2015; Pulerwitz et al., 2018). Namely, partners within a relationship may have more or less relationship control (i.e., power over aspects of the relationship and the other partner) and decision-making dominance (i.e., control regarding who makes decisions and what is decided in a given relationship) (Altschuler & Rhee, 2015; Pulerwitz et al., 2018; Traeder & Zeigler-Hill, 2019). Of note, much of the published literature to date presents information on SRP within monogamous (rather than polyamorous) relationships between self-identifying cisgender men and women. Specific and inclusive data on gender identity and sexual orientation with regard to SRP is nascent. Currently available data is presented below, and gaps in literature thoughtfully informed study design decisions for the present study.

Imbalanced SRP between partners has been linked to numerous negative outcomes in United States (U.S.) and international samples (Ahuama-Jonas et al., 2017; Khidir et al., 2019; Muldoon et al., 2015). From data collected cross-sectionally, Ahuama-Jones et al. (2017) found that sexual violence (SV) experienced in adulthood was linked to lower SRP among a sample of Black U.S. women using substances. In a sample of men living with HIV in South Africa who reported a recent pregnancy with a female partner who was seronegative or whose serostatus was unknown, Khidir et al., (2020) demonstrated that increased SRP among men (i.e., imbalanced SRP between partners) was associated with nondisclosure of HIV status to one’s pregnant partner. Further, increased SRP among men was linked to increased condomless sex and concurrent relationships among men living with HIV whose partners were expecting (Khidir et al., 2019). Among a sample of female and transgender women sex workers in Canada, Muldoon
et al. (2015) found a relation between lower SRP with non-commercial partners and increased intimate partner violence (IPV). Notably, this association between decreased SRP and increased IPV was found after controlling for significant confounds such as childhood trauma (Muldoon et al., 2015). Because imbalanced SRP between partners—especially lower SRP among women—has been linked to a variety of negative health consequences, understanding what impacts SRP is critical.

Whereas lower SRP among women has been associated with adverse consequences, increased SRP among women has been linked to more positive outcomes (Campbell et al., 2012). In a sample of women living with HIV in rural Uganda, a study by Conroy et al. (2016) revealed that increased SRP was associated with decreased likelihood of experiencing forced sex. Similarly, Morris et al. (2018) found increased SRP among U.S. women who inject drugs was linked to reduced likelihood of both condomless sex and transactional sex. Among a sample of 500 women participating in a drug treatment program, Campbell et al. (2012) demonstrated that increased SRP was linked to having a nonviolent partner. Findings from numerous studies converge to reveal associations between increased SRP among women and positive outcomes such as improved relationship and sexual health as well as decreased risk of violence exposure (Campbell et al., 2012; Conroy et al., 2016; Morris et al., 2018). Of note, many of the published studies to date exploring SRP are based on cross-sectional data, so the directionality of these relations found cannot be elucidated. Hence, the proposed study aimed to qualitatively explore what impacts levels of SRP from women’s own perspectives to increase our understanding of SRP and related variables.

Quantitative research to date highlights connections between imbalanced SRP and IPV, HIV infection and transmission, sexual risk behaviors, and SV (Ahuama-Jonas et al., 2017;
Conroy et al., 2016; Khidir et al., 2019; Morris et al., 2018; Muldoon et al., 2015). Because these adverse outcomes can negatively impact both physical and mental health, it is important to study SRP to better understand how researchers and clinicians can promote more balanced SRP between partners. More balanced SRP in relationships has been linked to both sexual health and protective behaviors, such as using effective contraceptive methods (Kaplowitz et al., 2020).

Research findings indicate that SRP may be critically connected to other, more general variables of power and resources (e.g., socioeconomic status, discrimination), yet SRP may be particularly mutable and dynamic across time, making SRP a salient prevention target (Closson et al., 2019).

Of note, many approaches to prevent IPV and SV implicitly target SRP (Basile et al., 2016; Gibbs et al., 2020; Niolon et al., 2017). For instance, the Center of Disease Control and Prevention (CDC) technical package for preventing IPV identifies teaching healthy relationship skills (e.g., healthy communication, conflict management) as a critical strategy (Nilon et al., 2017). Correspondingly, the CDC technical package for the prevention of SV emphasizes the impact of teaching relationship skills while underscoring the need for promoting empowerment among women (Basile et al., 2016). Stepping Stones, a program aimed to prevent IPV and promote gender equity in South Africa also focuses on relationship skills and healthy communication (Gibbs et al., 2020).

Because reduced SRP among women has been linked to increased IPV and SV, in addition to other negative outcomes, strategies to increase women’s self-efficacy and foster more egalitarian roles in relationships aim to decrease these forms of violence by promoting more balanced SRP (Basile et al., 2016, 2020; Niolon et al., 2017). SRP serves as a strengths- and skills-based prevention variable. However, less is known about what influences SRP levels from women’s own perspectives, which could better inform interventions for increased SRP among
women, with the ultimate goal of fostering balanced SRP in relationships. The present study aimed to examine how a myriad of potentially salient factors in women’s lives could impact SRP in their relationships (see Figure 1). Variables chosen for inclusion in the deductive conceptual framework were guided by the current SRP literature base, which highlights how individual and societal factors influence SRP in heterosexual relationships, as well as the study’s guiding lens: objectification theory.

![Deductive Conceptual Framework of Study Variables](image)

**Figure 1: Deductive Conceptual Framework of Study Variables**

**Objectification Theory**

Objectification theory describes the reductionist, dehumanizing, and disempowering process by which women’s bodies are viewed as objects that exist for the gaze and pleasure of men (Fredrickson & Roberts, 1997). In the context of heterosexual relationships, objectification has been linked to IPV and SV (Ramsey & Hoyt, 2015). For instance, men who engage in body surveillance (i.e., a manifestation and form of objectification) of their women partners may be more likely to sexually coerce or pressure their women partners (Ramsey & Hoyt, 2015). This process of objectification has been demonstrated across the lifespan of women and girls, as objectifying experiences often begin at the onset of puberty and can persist throughout adulthood (Daniels et al., 2020; Grippo & Hill, 2008; Moya-Garófano & Moya, 2019; Robbins & Reissing,
From focus group discussions with U.S. university students, Jovanovic and Williams (2018) described young women’s desire for power and control (i.e., to be sexual agents), but found that this desire was contextualized within stigma rooted in gender and sexuality norms that limit women’s capacity to be sexual agents without being labeled or evaluated (i.e., objectified).

Importantly, objectification manifests in common and subtle ways (e.g., experiencing an objectifying gaze, seeing objectification and sexualization of women in media) as well as in sexually violent behaviors, all of which have been linked to negative mental and physical health outcomes among women and girls (Daniels et al., 2020; Mikorski & Szymanski, 2017). In a study by Mikorski and Szymanski, masculine gender norms were explored among U.S. undergraduate men, and endorsement of these norms was linked to increased body evaluation of women (i.e., seeing women as objects to be evaluated) and sexually coercive or pressuring behaviors toward women.

Objectifying experiences are commonly endorsed among women of various races and ethnic identities including women identifying as Black, white, and Latina (Schaefer et al., 2018). However, women of color are also judged and objectified within the contexts of other forms of oppression (e.g., racism, colorism) (Schaefer et al., 2018). For instance, Black women experience sexual objectification rooted in racist stereotypes including the exoticizing Jezebel stereotype, which portrays Black women as hypersexual (Cheeseborough et al., 2020; Lewis & Neville, 2015). In an online survey of over 400 Black Americans, Cheeseborough et al. (2020) found a connection between endorsing the Jezebel stereotype and justifying IPV perpetrated against Black women. The ramifications of such racist stereotypes cannot be overstated, and researchers have demonstrated how experiences of objectification and dehumanization vary based on race (Anderson et al., 2018). Using experimental studies, Anderson et al. (2018) revealed firstly, that
people attend more to Black women’s sexual body parts than to those of white women. Secondly, images of Black women were more implicitly associated with objects as well as animals than white women (Anderson et al., 2018). Asian American and Latina women in the U.S. are subject to foreigner objectification based on ethnic stereotyping and otherness, and this form of objectification has been linked to increased depressive symptomatology and decreased life satisfaction among women and men (Armenta et al., 2013). These findings underscore the importance of acknowledging and combatting objectification and other forms of oppression that vary by race and ethnic identity, are rooted in racist and discriminatory ideologies, and have significant impact on physical and mental health (Anderson et al., 2018; Armenta et al., 2013; Cheeseborough et al., 2020).

Relatedly, objectification occurs among women with different sexual orientations, though women identifying as sexual minorities also report experiencing other forms of oppression (e.g., individual and societal sexual stigma including sexual prejudice) (Herek, 2015; Tebbe et al., 2018). Bisexual women face the highest rates of SV in comparison to lesbian and heterosexual women (Canan et al., 2021). While sexual minority individuals and people of color (regardless of gender identity) experience sexual stigma and racism, respectively, and women (regardless of sexual orientation, race, and ethnic identity) experience objectification and other forms of sexism, the intersection of social positions linked to aspects of identity compounds the structural oppression experienced (Buchanan & Wiklund, 2021; del Río-González et al., 2021). Given the gendered origins of both objectification and SRP—rooted in patriarchal gender norms—the proposed study explored what influences SRP with a particular emphasis on the manifestations and correlations of objectification.
Sexual Relationship Power within Heterosexual Relationships

Within heterosexual relationships (i.e., relationships between self-identifying women and men), SRP is often unequal (Khidir et al., 2019; Li & Samp, 2019). Gender roles and gendered power dynamics are critically related to levels of SRP between partners (Pulerwitz et al., 2018). More specifically, gender roles reinforce patriarchal ideas of men’s control and dominance, which contribute to SRP imbalances between heterosexual partners (Pulerwitz et al., 2018). Men partners often hold greater SRP and are considered sexual agents (i.e., those who actively recognize, express, and initiate behaviors in response to sexual desires) whereas women partners often hold less SRP and are deemed sexual objects (i.e., those who are dehumanized and viewed in terms of their utility in meeting the needs and wants of sexual agents) (Jovanovic & Williams, 2018; Li & Samp, 2019; Mikorski & Szymanski, 2017).

Conforming to gender role norms furthers imbalanced SRP: research conducted by Traeder and Zeigler-Hill among U.S. heterosexual individuals demonstrated that although women reporting higher SRP did not desire additional power in their relationships, men did (Traeder & Zeigler-Hill, 2019). Contrarily, findings from a study conducted by Pulerwitz et al. (2018) among a sample of adolescent girls and young adult women in Kenya reveal that higher SRP among women and girls was associated with decreased SV, IPV, and condomless sex as well as increased likelihood of knowing the HIV status of one’s partner (Pulerwitz et al., 2018). Based on the current literature highlighting the impacts of lower SRP among women, coupled with imbalanced SRP dynamics within heterosexual relationships, the present study aimed to explore what impacts SRP specifically among women in heterosexual relationships with men.
Sexual Relationship Power among Emerging Adult Undergraduates

Though the pattern of imbalanced SRP between self-identifying women and men has been demonstrated among adolescent, young adult, adult, midlife, and older women across the globe, with deleterious consequences for women and girls, there are important aspects of emerging adulthood that make this developmental period particularly impacted by SRP imbalances and objectification (Adams et al., 2017; Ahuama-Jonas et al., 2017; Altschuler & Rhee, 2015; Conroy et al., 2016; Kaplowitz et al., 2020; Li & Samp, 2019; Pulerwitz et al., 2018). Emerging adulthood is typically defined as between the ages of 18 and 25 years (Arnett, 2007). Past research has found relatively high expectations for love and dating relationships among emerging adults, as they seek stability in love and other aspects of their lives (Arnett, 2007). Despite this interest in finding stability, Arnett (2007) also reported that emerging adulthood is characterized by numerous changes in romantic and intimate relationships. While developmentally expected, this instability could influence SRP and related constructs (Bralock & Koniak-Griffin, 2007). For instance, longer relationships tend to foster increased trust between partners, but this trust can lead to decreased condom use, suggesting changes in SRP levels between partners over time (Bralock & Koniak-Griffin, 2007). Importantly, young adult women and adolescent girls are more likely to experience gendered power imbalances in relationships (Teitelman et al., 2008).

Within the population of emerging adults, there is a subset who are enrolled in U.S. colleges or universities, for whom SRP may be especially important to study. In a review of the relevant literature on dating violence within college populations, Kaukinen (2014) reported similar links between SRP and both IPV and sexual health. Among college women, higher SRP was linked to decreased risk for experiencing dating violence, and lower SRP was associated
with increased likelihood of receiving treatment for sexually transmitted infections (STIs) (Kaukinen, 2014). Findings from numerous quantitative studies indicate a relation between higher SRP and a variety of positive outcomes for women, while lower SRP has been related to many adverse outcomes (Kaukinen, 2014). Among a sample of young heterosexual university students, Li and Samp (2019) found that men reported increased sexual communication when SRP was more balanced (i.e., rather than when men held greater or less power than their partners). Contrarily, this research also indicated that women reported increased sexual communication as their SRP increased (Li & Samp, 2019).

Although some findings with emerging adult college samples parallel findings across the lifespan, there are unique patterns and features linked to SRP among emerging adult college undergraduates that warrant specific study. For example, a review of the literature on casual dating and casual sex among college samples reveals that although both women and men engage in these behaviors, women face more negative social outcomes (e.g., “slut shaming”) than men (Bible et al., 2018). College and university women also face high rates of both SV and IPV, which have been linked to decreased SRP (Ahuama-Jonas et al., 2017; Anasuri, 2016; Morris et al., 2018; Muldoon et al., 2015; Sinozich & Langton, 2014). Thus, the current study examined factors that influence higher and lower SRP among emerging adult women (who are currently in heterosexual relationships with men) who are attending university.

**Additional Individual and Societal Factors Linked to Sexual Relationship Power**

Taken together, SRP and associated variables vary based on gender and may be particularly salient among college and university samples (Bible et al., 2018; Muldoon et al., 2015; Teitelman et al., 2008). Importantly, SRP may also vary based on other intersecting aspects of identity including race and ethnic identity. Research to date on SRP has focused
primarily on sexual risk behaviors among a variety of populations, and these findings have been somewhat inconsistent. For example, Stokes and Brody (2019) found no significant association between SRP and condom use among a sample of Black young adult women, whereas Ragsdale et al. (2009) found decreased SRP was associated with increased unprotected sex among a sample of Latinas ranging from 18 to 29 years (Ragsdale et al., 2009; Stokes & Brody, 2019). A study of sexually active Black and Latina girls demonstrated that increased SRP was linked to decreased IPV, and this finding is consistent with research linking SRP to numerous negative outcomes (Ahuama-Jonas et al., 2017; Conroy et al., 2016; Muldoon et al., 2015; Teitelman et al., 2008). Fava et al. (2020) conducted a study with 175 Latina women in farming communities, and their findings revealed that previous experiences of sexual trauma were associated with decreased SRP. Alternatively, women’s endorsement of more egalitarian gender norms was associated with increased SRP (Fava et al., 2020).

Previous research exploring SRP and associated variables among racially and ethnically diverse women has been primarily quantitative and cross-sectional. Increased understanding of SRP among racially and ethnically diverse women is needed to contextualize past findings and theorize which facets of women’s lives impact levels of SRP from women’s own points of view.

This is particularly relevant as women of color experience increased rates of many of the negative outcomes linked to SRP (Ahuama-Jonas et al., 2017; Ragsdale et al., 2009; Smith et al., 2017). In the U.S., Black women face increased risk of HIV infection, and Latina women in ongoing, committed heterosexual relationships may be at greater risk for HIV infection than Latina women in less committed relationships (Ahuama-Jonas et al., 2017; Ragsdale et al., 2009). Multiracial women report the highest rates of SV and IPV (Smith et al., 2017). These disparate rates further highlight the importance of studying determinants of SRP as well as
possible protective factors among a racially and ethnically diverse sample of college/university emerging adult women (Ahuama-Jonas et al., 2017; Ragsdale et al., 2009; Smith et al., 2017). The current body of primarily quantitative SRP literature focuses on the impact of SRP imbalances, particularly for emerging adult women enrolled in college or university who are in heterosexual relationships with men. However, additional literature emphasizes the importance of other intersecting aspects of identity to consider (Fava et al., 2020; Ragsdale et al., 2009; Stokes & Brody, 2019). Therefore, this study aimed to recruit a diverse sample to qualitatively explore potentially salient aspects of undergraduate women’s lives that impact SRP from their own perspectives.

Although SRP imbalances within heterosexual relationships have been shown across the lifespan (i.e., from adolescence to older adulthood) and across the globe (Ahuama-Jonas et al., 2017; Altschuler & Rhee, 2015; Conroy et al., 2016; Kaplowitz et al., 2020; Li & Samp, 2019; Pulverwitz et al., 2018), women in the U.S. MidSouth may face particular circumstances that warrant targeted exploration of SRP and its possible influences. Firstly, national prevalence data reveals relatively elevated rates of many of the above-mentioned negative outcomes that have been linked to imbalanced SRP (e.g., SV, IPV, HIV) in the U.S. MidSouth (Centers for Disease Control and Prevention, 2020; Smith et al., 2018). Recent research reveals disproportionately high mental and physical health burden and pronounced health disparities based on race and gender in the U.S. MidSouth (Jackson et al., 2017). Despite these findings, no published studies have explored SRP specifically among women in the U.S. MidSouth from their own perspectives.

In addition to limited access to services rooted in sociodemographic factors, the U.S. MidSouth region has comparatively high rates of conservatism and religiosity, both of which
have been linked to patriarchal ideals that contribute to SRP imbalances in heterosexual relationships (Barnett et al., 2018; Baunach & Burgess, 2013; McKee & Springer, 2015; McKinney et al., 2018; Pulerwitz et al., 2018). Though neither conservative political ideology nor religious affiliation predetermines an individual’s attitude toward women, research reveals an association between both conservativism and religiosity with sexist patriarchal notions of male dominance and female submissiveness (Barnett et al., 2018). Conforming to masculine gender role norms can further SRP imbalances among relationships between women and men (Barnett et al., 2018; Pulerwitz et al., 2018). The combination of these factors, along with a relative dearth of literature focusing on this region, highlights the importance of studying what impacts SRP in the U.S. MidSouth.

**Self-Objectification**

Objectification theory further posits that the process of objectifying women’s bodies can foster self-objectification including self-sexualization (Moya-Garófano & Moya, 2019; Schaefer et al., 2018). In essence, women may internalize sexist notions implied by objectification, such as women holding value solely based on their bodies, individual body parts, and sexual appeal (Cheeseborough et al., 2020; Moya-Garófano & Moya, 2019; Schaefer et al., 2018; Ward et al., 2018). Internalizing such sexist ideologies can in turn foster self-objectification, in which women come to view themselves as objects to be seen and evaluated (i.e., self-objectification) (Moya-Garófano & Moya, 2019; Schaefer et al., 2018). Self-objectification includes internalization of beauty standards, engagement in body surveillance, and experiences of body shame (Manago et al., 2015; Parent & Moradi, 2015).

In detail, cultural beauty standards for women in the U.S. tend to idealize thinness and unrealistic notions regarding body size and shape, which may feel more or less relevant to
women based on other intersecting identities (Evans & McConnell, 2003; Manago et al., 2015). Specifically, Asian, Latina, and white heterosexual women may more likely endorse the thinness ideal or emphasize a low body weight than Black women (Evans & McConnell, 2003; Schaefer et al., 2018). Although research has indicated that Black, white, and Latina women face and respond to different cultural standards of beauty that vary based on race and ethnic identity, the presence of these standards can impact how women and girls view themselves (Poran, 2002; Thomas et al., 2011). From focus groups with African American young women and girls, Thomas et al. (2011) identified body size as somewhat less relevant, but skin tone and hair as embedded within beauty ideals. Furthermore, in a qualitative study of primarily white sexual minority women, interviewees described negotiating between heteronormative beauty ideals—which often sexualize and objectify breasts—and ideals endorsed in sexual minority communities—which are typically more accepting and inclusive (Henrichs-Beck et al., 2015).

Taken together, cultural beauty standards can impact women’s lives and perspectives, which aligns with the influence gender norms can have on SRP.

Body surveillance describes a habitual emphasis on the form or look of one’s body instead of how one’s body functions or feels (Parent & Moradi, 2015). Both internalizing largely unattainable and unrealistic beauty standards and engaging in body surveillance can foster shame about one’s own body (Parent & Moradi, 2015). A myriad of negative mental, physical, and sexual health outcomes has been associated with self-objectification, particularly among women (Mehak et al., 2018; Moya-Garófano & Moya, 2019; Parent & Moradi, 2015; Schaefer et al., 2018). In an experimental study by Moya-Garófano and Moya (2019) among Spanish young women and men, thinking and writing about one’s physical appearance increased subjective reports of body shame among women but not men. Self-objectification, like SRP, systematically
impacts women, resulting in a variety of adverse outcomes. Mehak et al. (2018) conducted surveys with Canadian undergraduate women, and their findings showed a link between self-objectification and internalization of weight bias with increased binge eating. In a study of U.S. university women, body shame was shown to mediate the relation between body surveillance and disordered eating among Latina and white women but not among Black women (Schaefer et al., 2018). Parent and Moradi (2015) demonstrated an association between increased body shame and decreased condom use self-efficacy in a study of 595 college women. Moreover, self-objectification processes have been demonstrated to emerge early in development (i.e., in adolescence, when objectifying experiences typically begin) and persist across the lifespan (i.e., in midlife and older adulthood, when objectifying experiences directed towards oneself by others may decrease but self-objectification can continue) (Daniels et al., 2020; Grippo & Hill, 2008; Robbins & Reissing, 2018). In addition to the aforementioned adverse outcomes linked to self-objectification, this process of internalizing sexist ideas also connects to highly studied construct: body image.

**Negative and Positive Body Image**

Body image comprises how one thinks, perceives, and feels about one’s own body, which can in turn impact one’s self-esteem (Katz-Wise et al., 2013; Veldhuis et al., 2020). The connection between a body-focused construct and self-esteem, a more general indicator of wellbeing that can impact mental and physical health, highlights how influential body image can be (Veldhuis et al., 2020). This may be especially true for emerging adult women or college-aged women in the U.S. (Ariel-Donges et al., 2019; Miller et al., 2019). Among women undergraduates, body dissatisfaction is relatively prevalent, so studying body image and its
associations among emerging adult college women is paramount (Ariel-Donges et al., 2019; Miller et al., 2019).

Within the body image literature, researchers have distinguished negative body image and positive body image as two distinct constructs (Gattario & Frisén, 2019; Grower & Ward, 2018). The term negative body image includes dissatisfaction with one’s body, low body esteem (i.e., negative feelings and attitudes about one’s body), and body shame (Gattario & Frisén, 2019). Among a sample of primarily white undergraduate women, conforming to feminine gender role norms, which emphasize and idealize thinness and one’s general appearance in objectifying ways, was linked to negative body image (Adams et al., 2017). Importantly, body shame is a critical aspect of self-objectification, and placing value on oneself based on one’s body is a manifestation of negative body image (Katz-Wise et al., 2013).

Contrarily, positive body image includes body acceptance, body appreciation, and body- or weight-neutrality (Grower & Ward, 2018; LaMarre & Daníelsdóttir, 2019). Gattario and Frisén (2019) conducted qualitative interviews with emerging adults who reported negative body image in adolescence but who had overcome negative body image since. Women interviewees described positive body image as an ongoing process (Gattario & Frisén, 2019). Body acceptance is the process of rejecting beauty or body standards to become comfortable with and in one’s own body (Bombak et al., 2019). Results from qualitative interviews about body acceptance with women with higher body weights in the U.S. Midwest noted increased representation of diverse bodies in combination with continued content that stigmatizes weight and idealizes certain limited body types (i.e., thin, athletic, curvy) (Bombak et al., 2019).

Body appreciation describes valuing the body’s function, meaning, and appearance without consideration for how these facets of the body converge or diverge from cultural beauty
standards (Grower & Ward, 2018). While body appreciation and acceptance emphasize positive regard and respect for one’s body, body- and weight-neutrality highlight appreciation of and nonjudgmental attitudes toward the natural diversity of and inclusivity of all bodies (Robbins & Reissing, 2018; Walker et al., 2021). In essence, body- and weight-neutrality represents a paradigm shift in which health and wellbeing are approached differently—in a way that decenters weight (LaMarre & Daníelsdóttir, 2019). Although all of these constructs are interrelated and represent strides toward strengths-based approaches to body image research, body appreciation acknowledges (objectifying) cultural beauty standards without prizing or ascribing value to them (Grower & Ward, 2018). While there is strong evidence linking positive and negative body image to optimal and adverse outcomes, respectively, there is a gap in the literature regarding how body image influences SRP.

**Body Image and Objectification**

Both negative and positive body image exist within and can be impacted by cultural contexts, particularly the objectification of women. Objectified body consciousness, defined as internalizing others’ perspectives of one’s own body, is an aspect of negative body image and a manifestation of self-objectification (Boursier et al., 2020; Calogero, 2012; Jackson et al., 2016). A study of over 400 university-aged Chinese women confirmed previous research findings demonstrating a relation between objectified body consciousness to aspects of negative body image and its correlates (Jackson et al., 2016). Moreover, Faries & Espie (2016) found objectified body consciousness to be associated with disordered eating behaviors in a sample of over 1,000 predominantly white adult women, and such disordered eating behaviors have been linked to body image-related concerns (Faries & Espie, 2016).
Because women’s exposure to media espousing thin ideals can result in increased body dissatisfaction, Prichard et al. (2018) conducted an experimental study among Australian women specifically analyzing the impact of self-objectification. This research revealed that increased trait self-objectification was associated with decreased body satisfaction among participants who had been exposed to appearance-focused (i.e., objectifying) media content (Prichard et al., 2018). Related experimental findings were demonstrated among a sample of 200 U.S. women, for which exposure to three different idealized body types (i.e., thin, athletic, and curvy) was associated with increased engagement in social comparison, which in turn was linked to more body surveillance and less body appreciation (Betz et al., 2019). Research exploring both positive and negative body image demonstrates a negative association between body appreciation and self-objectification such that positive body image may be protective against self-objectification processes (Robbins & Reissing, 2018). In addition to largely correlational findings connecting positive and negative body image to objectification and highlighting the links between self-objectification and body appreciation, Alleva et al. (2015) tested an intervention for women with negative body image. Findings revealed that focusing on the functionality of one’s body via structured writing tasks led to improved body image and decreased self-objectification (Alleva et al., 2015).

Despite the above-mentioned connections between body image and objectification, additional aspects of women’s intersecting identities can further influence these variables. In a sample of 140 African American emerging adult women living primarily in the Southern U.S., experiences of objectification—specifically gendered racial microaggressions—were associated with increased stress and lower body appreciation (Dunn et al., 2019). In a study of undergraduate African American women, more sexually objectifying experiences in combination
with low internalization of multiculturally inclusive racial identity attitudes were associated with high internalization of dominant standards of beauty (Watson et al., 2013). Also of importance, Watson et al. (2013) revealed that high internalization of dominant standards of beauty was related to increased body surveillance, anxiety about one’s appearance, body shame, and disordered eating behaviors. Further connecting body image and objectification, results from a sample of 345 adult Australian women indicated that religious and spiritual engagement was associated with more positive body image, and this significant relation was mediated by gratitude as well as decreased self-objectification (Tiggemann & Hage, 2019). Research reveals connections between objectification and positive and negative body image among women; however, understanding of how these constructs affect SRP is limited.

**Body Image within Sexual Contexts**

Self-objectification can impact not only how one feels about or views one’s body (i.e., body image) but also how one behaves in sexual contexts (Dryden & Anderson, 2019; Grower & Ward, 2018; McLean et al., 2016). For instance, among a sample of over 300 college women, body surveillance was positively associated with body consciousness during sexual activity, which was linked to decreased sexual satisfaction (Claudat & Warren, 2014). Within the context of heterosexual relationships, women who report more frequent objectification (e.g., body surveillance) by their men partners may be more likely to self-objectify (e.g., engage in body surveillance of themselves) (Ramsey & Hoyt, 2015). Though Robbins & Reissing (2018) found body dissatisfaction to be negatively associated with sexual satisfaction and positively associated with sexual distress among 200 heterosexual Canadian women, their findings also demonstrated that body appreciation was significantly and positively associated with sexual functioning and sexual satisfaction (Robbins & Reissing, 2018). Body appreciation among this sample was also
negatively associated with sexual distress (Robbins & Reissing, 2018). Similarly, Grower & Ward (2018) conducted a study of 350 heterosexual U.S. adult women, and their findings indicated greater body appreciation was linked to increased sexual assertiveness, feeling entitled to sexual pleasure, condom use self-efficacy, and sexual satisfaction, as well as decreased body consciousness during sexual activity (Grower & Ward, 2018).

Past literature has linked body image to sexual agency, which includes awareness of oneself as a sexual being; the ability to recognize, negotiate, and communicate about one’s sexual needs; and effective initiation of behaviors to allow for the satisfaction of said needs (Grower & Ward, 2018; Jovanovic & Williams, 2018). Whereas SRP is an inherently interpersonal, relational variable, sexual agency is in intrapersonal or individual variable. Importantly, many of the aforementioned adverse outcomes linked to self-objectification have also been associated with decreased sexual agency (Grower & Ward, 2018; Parent & Moradi, 2015; Ward et al., 2018). Indeed, previous research demonstrates a link between the process of self-objectification (as a form of negative body image) with increased body shame and decreased sexual agency (Manago et al., 2015; Ward et al., 2018). In a study of over 800 U.S. college students, Manago et al. (2015) found that objectified body consciousness was linked to increased body shame and reduced sexual assertiveness. Ward et al. (2018) furthered this work in their study of over 700 heterosexual and bisexual undergraduate women. Specifically, greater exposure to objectifying media content was linked to greater self-objectification (to specify, self-sexualization), which was linked to decreased condom use self-efficacy and more negative feelings about one’s sexual experiences (i.e., sexual affect) (Ward et al., 2018).

However, there is a lack of qualitative exploration of aspects of body image in the context of the interpersonal form of sexual agency (i.e., SRP), particularly from the perspectives of
women. Therefore, the present study examined the impact of positive body image on SRP, with a particular emphasis on body appreciation, while considering aspects of negative body image rooted in self-objectification (i.e., objectified body consciousness) among a diverse sample of undergraduate emerging adult women who were in heterosexual relationships with men.

**The Current Study**

Of the literature on SRP, some previous work has taken a strengths-based approach by linking increased SRP among women and balanced SRP in relationships to positive outcomes such as increased partner communication about sexual activity and increased condom use (Kaplowitz et al., 2020; Kaukinen, 2014; Li & Samp, 2019). In addition, the literature on body image increasingly includes aspects of positive body image, highlighting the protective role body appreciation can have in women’s lives (Grower & Ward, 2018). Such strengths-oriented findings notwithstanding, high rates of body dissatisfaction, SV, and IPV have been reported among undergraduates (Anasuri, 2016; Martin et al., 2018; Sinozich & Langton, 2014). The developmental period of emerging adulthood is often characterized by high expectations for love and changes in relationships (Arnett, 2007).

Given the lack of qualitative research on how both positive and negative body image relate to SRP among emerging adult women, the present study sought to explore these topics among a particularly information-rich and relevant sample (i.e., a diverse sample of undergraduate women in the U.S. MidSouth). Past research about SRP and body image among women of different racial groups and ethnic identities reveals how the objectification of women’s bodies can intersect with other forms of dehumanization and discrimination including gendered racial microaggressions (Dunn et al., 2019). In addition to the impact of intersectionality, relations found between SRP and sexual behaviors (e.g., condom use) among
white samples have not been consistently demonstrated among Black samples, underscoring the importance of qualitative exploration of these variables among a diverse sample (Stokes & Brody, 2019). Therefore, an inclusive and diverse sample was recruited by including all individuals who identify as women and by ensuring the sample included representative numbers of Black and white women.

The current study qualitatively explored how aspects of positive (i.e., body appreciation) and negative (i.e., self-objectification, objectified body consciousness) body image impact SRP from the perspectives of undergraduate college women living in the U.S. MidSouth who reported currently being in heterosexual relationships with men. The study also inquired about additional individual and societal contextual factors that may influence SRP. The primary research question was as follows: How do positive and negative body image impact SRP for women attending university in the U.S. MidSouth who were currently in heterosexual relationships with men?

To answer this inherently subjective question, the interpretive paradigm was selected by the PI as the guiding model for inquiry (Rehman & Alharthi, 2016). This framework emphasizes relations between constructs (e.g., SRP and body image) and relationships between people (i.e., interviewees in the context of their intimate relationships, interactions between interviewer and interviewees). Within the interpretive paradigm, regarding ontology, reality is considered to be socially constructed; about epistemology, knowledge is recognized as subjective, and meaning is ascribed (Rehman & Alharthi, 2016). Grounded theory aims to develop a theory based on the highly subjective interpretations made in the iterative processes of collecting data, analyzing data, and theorizing (Hennink et al., 2020).

Importantly, the tenets of this paradigm center the researcher, as the PI’s own worldview explicitly and intentionally informed decision-making. As a feminist qualitative researcher who
opposes the objectification of women, supports balanced SRP, and views women’s own lived experiences as worthy of study and informative for theory development, each methodological decision occurred intentionally and subjectively to achieve the study aim.

Method

Study Design

Quantitative Study

The goal of the quantitative study was to recruit a sample of information-rich participants to interview for the qualitative study; thus, we quantitatively measured the variables of interest. Interviewees for the qualitative interviews were recruited using the quantitative measures via purposive sampling (i.e., deductively defining the sample to build diversity) and theoretical sampling (i.e., inductively refining the sample based on information already obtained) for theory development (Hennink et al., 2020). Recruitment was stratified to ensure representative numbers of Black and white women, without excluding other women of color, to explore how these concepts may vary and incorporate salient factors (i.e., factors related to SRP and/or body image) linked to race and/or ethnic identity into the theory.

Qualitative Study

The goal of the qualitative study was to gain in-depth information and insight regarding individual women’s perspectives, feelings, and experiences to ultimately develop a theory about this important topic (Hennink et al., 2020). The research objective of the qualitative study was to explore how aspects of positive (i.e., body appreciation) and negative (i.e., self-objectification) body image impact SRP from the perspectives of undergraduate women in heterosexual relationships with men in order to develop a theory regarding what impacts SRP. In-depth, semi-structured interviews were conducted with undergraduate women in heterosexual relationships
with men. “Women” was defined inclusively, to encompass all cisgender, transgender, and
gender expansive individuals who identify as women, regardless of sex assigned at birth, sexual
orientation, or any other excluding societally determined (rather than individually defined)
factors.

Grounded theory was used to analyze the data, develop an inductive theory, and
formulate an emic conceptual framework to explain how body image impacts SRP from the
perspectives of undergraduate emerging adult women (Heath & Cowley, 2004; Hennink et al.,
2020). The grounded theory approach is deeply rooted in symbolic interactionism, which
emphasizes social interactions and seeks to find and understand patterns in relationships (Heath
& Cowley, 2004; Hennink et al., 2020). Because the present study aim was to develop a theory
based on women’s lived experiences about their intimate relationships, and because the method
of data collection also involved social interactions via individual interviews, grounded theory
was selected as the guided, yet flexible, approach to analyze the data.

Participants

Quantitative Study

The sample for the quantitative study was 25 to increase the likelihood that participants
with a range of SRP were recruited. The eligibility criteria for participation in the quantitative
study were as follows: (1) self-identified woman, (2) age 18-25 years, (3) currently in a
heterosexual relationship with a partner who the respondent identified as a man, and (4) enrolled
as an undergraduate student at the University of Memphis.

Qualitative Study

The sample for the qualitative interviews was 11 interviewees, which is consistent with
prior work and expert recommendations for sample sizes when using grounded theory (Padgett,
2012). Ultimately, the sample size for the study was determined through the iterative process of recruitment, data collection, and data analysis such that recruitment ceased when saturation became evident and additional recruitment and data collection would have led to redundant information (i.e., no emerging novel concepts or themes) (Hennink et al., 2020; Starks & Brown Trinidad, 2007). The sample for the qualitative interviews was taken from the pool of participants who completed the quantitative study.

The eligibility criteria for participation in the qualitative study were the same four criteria plus an additional fifth: (5) can understand and speak English fluently. To recruit as inclusively as possible, individuals who identified as women were eligible to participate. These inclusion criteria were chosen to recruit interviewees to inform the development of a theory about what impacts SRP among emerging adult college women in heterosexual relationships with men in the U.S. MidSouth (Hennink et al., 2020).

The exclusion criterion was non-completion of the Sexual Relationship Power Scale (SRPS) (Pulerwitz et al., 2000) in the quantitative study. This exclusion criterion was chosen because the study aimed to sample for theory development, so racially diverse women with varying levels of SRP (as measured by the SRPS) were recruited and interviewed to provide rich data for the emerging theory (Hennink et al., 2020). The qualitative study aimed to interview women with relatively lower and higher self-reported SRP to inform theory development regarding variables that impact SRP.

Materials

Quantitative Measures

Demographics Questionnaire (Appendix A). Participants self-reported their gender, age, race, ethnicity or ethnic cultural heritage, sexual orientation, religion or spirituality, height, and
weight. To assess their and their family’s socioeconomic status, participants selected from the following options: “We live very well,” “We live comfortably,” “We live from paycheck to paycheck,” “We don’t have a steady income,” or “We have no current income.” They also selected their best estimate of their family’s total annual income from all earners in the home. Finally, participants reported whether or not they were financially supported by someone else over the last year. These demographic questions were adapted from recommended best practices (Wadsworth et al., 2016).

**Sexual Relationship Power Scale (SRPS; Appendix A).** The SRPS is a 23-item self-report scale used to assess power dynamics within intimate, sexual relationships (Pulerwitz et al., 2000). The SRPS consists of two subscales: Relationship Control (RC) and Decision-Making Dominance (DMD). A sample item from the RC subscale includes, “My partner gets more out of our relationship than I do.” Participants responded to RC items using a 4-point scale ranging from 1 (strongly agree) to 4 (strongly disagree). A sample item from the DMD subscale includes, “Who usually has more say about what you do together?” with participants responding to DMD items by indicating who makes relationship decisions (i.e., the participant’s partner, the participant herself, or both partners equally). Raw scores on the SRPS range from 23 to 84, with higher scores indicating greater SRP (Morris et al., 2018). Conventional use of the SRPS recommends calculating means for each subscale, rescaling the DMD subscale, and averaging the scales, with scores ranging from 1 to 4 (J. M. McMahon et al., 2015; Stokes & Brody, 2019). The SRPS demonstrates good internal reliability as well as good construct and divergent validity (McMahon et al., 2015; Pulerwitz et al., 2000). The SRPS is a commonly used measure of SRP in research with U.S. and international samples of racially and ethnically diverse young/emerging adult women including women enrolled in college or university (Kaukinen,
2014; McMahon et al., 2015; Pulerwitz et al., 2000; Ragsdale et al., 2009; Stokes & Brody, 2019). To inform purposive and theoretical sampling, SRPS scores were categorized into lower and higher SRP consistent with previous literature (McMahon et al., 2015; Pulerwitz et al., 2000; Stokes & Brody, 2019). Means were calculated for each subscale, the DMD subscale was rescaled to match the RC subscale, and subscale means were averaged, ranging from 1 to 4 (McMahon et al., 2015; Stokes & Brody, 2019). The alpha coefficient for the SRPS in this sample was .60.

**Objectified Body Consciousness Scale (OBC; Appendix A).** The OBC is a 24-item self-report scale used to assess body surveillance, internalization of cultural beauty standards, and beliefs about body control (McKinley & Hyde, 1996). The OBC consists of three subscales: Body Surveillance (items 1-8), Body Shame (items 9-16), and Control Beliefs (items 17-24). Sample items include: “During the day, I think about how I look many times” (Body Surveillance), “I would be ashamed for people to know what I really weigh” (Body Shame), and “I think a person can look pretty much how they want to if they are willing to work at it” (Control Beliefs). Participants responded to items using a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). Scores on the OBC were calculated by first reverse scoring relevant items and then averaging participants’ responses on each subscale, with higher scores indicating greater body surveillance, body shame, and control beliefs, respectively (McKinley & Hyde, 1996; Moradi & Varnes, 2017). All three subscales have demonstrated good convergent validity (e.g., with disordered eating behaviors), and the Body Surveillance and Body Shame subscales have demonstrated good internal consistency and broader convergent validity (e.g., with body esteem, internalization of thin ideal) (McKinley & Hyde, 1996; Moradi & Varnes, 2017). The OBC has been widely used to assess body surveillance, shame, and control among...
diverse university and adult samples including Black and Latina women (Schaefer et al., 2018; Sicilia et al., 2020). The alpha coefficient for the OBC in this sample was .76.

*Body Appreciation Scale-2 (BAS-2; Appendix A).* The BAS-2 is a 10-item self-report scale used to assess positive body image (Tylka & Wood-Barcalow, 2015). A sample item includes, “I appreciate the different and unique characteristics of my body.” Participants responded to items using a 5-point Likert scale ranging from 1 (never) to 5 (always). Scores on the BAS-2 were calculated by averaging the participant’s responses to all items, with higher scores indicating greater body appreciation (Tylka & Wood-Barcalow, 2015). The BAS-2 has demonstrated good internal consistency and construct validity, and it has been used to assess positive body image among racially diverse college and community samples including Black women (Tylka & Wood-Barcalow, 2015). The alpha coefficient for the BAS-2 in this sample was .94.

*Qualitative Measures*

*Semi-Structured Interview Guide* (Appendix B). This guide was created by the author based on previous research (Hennink et al., 2020) and included the following components: introduction, opening questions, key questions, and closing questions. The introduction included information about the purpose of the study, a review of the Informed Consent for the Qualitative Study (Appendix H), a conversation to broach the topic of identity and self-disclosure, and open-ended demographic questions to build rapport and increase interviewee comfort (Sue et al., 2019). Following the introduction, open-ended opening questions were asked to broadly explore the interviewee’s perspective on SRP. Next, key questions were used to ascertain information regarding the impact of positive and negative body image on SRP as well as other individual or societal factors from the interviewee’s own point of view. Probes were used as needed to collect
additional details, ask about nuances in the interviewee’s perspective, and gather relevant examples of interviewees’ lived experiences (Hallberg, 2006). Finally, general closing questions were asked to ensure that the interviewee could add whatever information she deemed important before the end of the interview. The interview guide was iterative in nature, so emerging key concepts from previous interviews were utilized to inform and refine (additional) questions asked in subsequent interviews (Hennink et al., 2020; Levitt et al., 2017; Nakkeeran & Zodpey, 2012). Following the fifth interview, the following question was added to the end of the interview guide: “Do you think there is a connection between how a woman feels about her body—her body image—and her relationship power? If yes, how, and why?” After the eighth interview, the following question was also added: “If a partner’s or man’s behavior is a main factor impacting women’s power in relationships, what impacts how men behave?”

**Post-Interview Questions**

*Interview Feedback Survey* (Appendix C). Following each qualitative interview, interviewees were sent an anonymous survey to solicit feedback about their interview experience. Participants responded to the close-ended question: “How comfortable were you discussing the topics we spoke about during your interview?” using a 5-point Likert scale ranging from 1 (very uncomfortable) to 5 (very comfortable). Participants responded to two open-ended questions: “What do you think could make participants feel most comfortable when being interviewed about such topics?” and “Is there anything else you would like to share about your experience during the interview?”

**Procedure**

Following Institutional Review Board (IRB) approval (PRO-FY2022-78), undergraduate women were actively recruited throughout the Spring 2022 academic semester using the
University of Memphis Psychology Department Subject Pool (henceforth referred to as SONA System) to complete the quantitative study (Appendix D). Details of the recruitment process can be found in Figure 2. The following screening questions to determine eligibility for the quantitative study were included in the SONA Prescreening Questions (Appendix E): a) What is your gender? b) What is your age? and c) Are you currently in a relationship with a man? All potential participants \((N = 310)\) completed these screening questions as part of the process for signing up to participate in studies and experiments conducted in the University of Memphis Department of Psychology. Only students who self-identified as women, were between the ages of 18-25 years, and reported being in a relationship with a man saw the quantitative study in the SONA System.

![Flow Diagram of Participant Recruitment](image)

Figure 2: Flow Diagram of Participant Recruitment

If students chose to participate in the quantitative study, they completed a survey in Qualtrics ©, a web-based survey software platform, beginning with the Informed Consent for the Quantitative Study (Appendix F). A copy of the Informed Consent was available to download or print for the participant’s records. The Qualtrics survey also included a Demographics Questionnaire, the Sexual Relationship Power Scale, the Objectified Body Consciousness Scale,
and the Body Appreciation Scale-2. Participants earned 0.5-hour SONA credit for completing the quantitative study. At the end of the survey, participants were informed that they may be contacted for a follow-up study, which would be worth 1-hour SONA credit.

Given low response rates in the initial weeks of the SONA System opening, an IRB modification for two additional recruitment strategies was submitted and approved. The first strategy was to advertise the quantitative study to undergraduate classes with instructor permission. The following script was used to advertise the study: “You can complete a short Qualtrics survey (which should take about 15 minutes) about relationships, identity, and body image to earn 0.5-hour credit of SONA Study participation! Because we are also interested in learning more about certain experiences that some people have, you may be invited to participate in a 2nd part of the study. In the 2nd part of the study, you would complete a 40-50-min interview via Zoom and earn an additional 1-hour credit of SONA Study participation!” The PI contacted professors teaching undergraduate psychology courses that either required or provided extra credit for SONA Study participation, and the scripted announcement was made to approximately 160 students in General Psychology, 25 students in Abnormal Psychology, 30 students in Black Psychology, 30 students in Social Psychology, and 30 students in Positive Psychology courses.

The second recruitment strategy approved by the IRB modification was to email study information directly to students who signed up for the SONA System and who met eligibility criteria for the quantitative study based on their responses to the SONA Prescreen questions ($N = 77$). The PI regularly obtained student responses to the SONA Prescreen questions and sent a direct recruitment email (Appendix G) to all undergraduate students in the SONA System who identified as women, were aged 18-25, and reported being in a current relationship with a man.
The recruitment email read: “Thank you for signing up for the SONA System! You can complete a short Qualtrics survey (which should take about 15 minutes) about relationships, identity, and body image to earn 0.5-hour credit of SONA Study participation! Because we are also interested in learning more about certain experiences that some people have, you may be invited to participate in a 2nd part of the study. In the 2nd part of the study, you would complete a 40-50-min interview via Zoom and earn an additional 1-hour credit of SONA Study participation!” The link to the quantitative study survey was included in the recruitment email for ease of participant access. To promote transparency of the study goals, information in aforementioned recruitment materials contained key terminology (e.g., relationships, body image) that alluded to the purpose of the study. Inclusion of these terms—which describe sensitive topics—likely influenced who self-selected to participate.

The PI also formed a small research team consisting of doctoral graduate students, postbaccalaureate students, and undergraduate students as research assistants. Each research team member completed relevant Collaborative Institutional Training Initiative (CITI) coursework regarding social and behavioral research prior to participation in any research activities. In addition, all research team members were trained by the PI on grounded theory. First, research team members met individually with the PI to discuss the qualitative research project. Then, they completed approximately 30 pages of independent readings selected and curated by the PI about qualitative research methods and grounded theory. Finally, research team members met individually or in small groups with the PI to discuss the readings and complete project-specific training.

Purposive sampling, a technique consistent with the interpretive paradigm, was used to build a racially diverse sample of women with varying self-reported SRP (measured by the
SRPS) to develop a theory. This deductive approach enabled recruiting an information-rich sample based on existing literature that informed the deductive conceptual framework. The present study aimed to examine what influences SRP to inform a theory about these relations; therefore, potential participants to contact were identified deductively based on their SRPS scores (i.e., lower, higher as compared to the sample of quantitative study participants recruited thus far) while ensuring that the sample included representative numbers of Black and white women without excluding other women of color. To minimize the PI’s reactivity and response bias during qualitative interviews, a trained study staff member identified potential participants based on their SRPS scores on a biweekly basis. This process ensured that the PI remained unaware of the interviewee’s self-reported SRP prior to and during the interview. Potentially eligible participants were contacted by the PI and invited to participate in the qualitative interview (Appendix H). If interested, potential participants were given a link to the Informed Consent for Qualitative Study (Appendix I) in Qualtrics ©, which was made available to download or print for the participant’s records. Participants were then scheduled to have their interview at a day and time most convenient for the participant.

Prior to each interview, an email was sent to the participant containing a passcode-protected Zoom link. Individual, in-depth interviews were conducted with each interviewee, based on the semi-structured interview guide developed to explore the research objective and question of the present study. The interviews lasted between 25-61 minutes (M = 37.36) and were conducted between 02/28/2022 and 04/29/2022 via Zoom to comply with Center of Disease Control and Prevention (CDC) guidelines to reduce the risk and spread of COVID-19. The PI’s camera and microphone remained enabled during the course of the interviews. All interviewees were encouraged to enable their camera and microphone throughout the interview. Each
interview began by discussing the purpose of the study, reviewing the Informed Consent for Qualitative Study (Appendix I), including consent to the use of recording, and answering all of the participant’s questions as part of the interview introduction. Once all the participant’s questions were answered, the PI began recording the Zoom call and completed the interview introduction followed by opening, key, and closing questions consistent with the semi-structured interview guide (Appendix B) (Hennink et al., 2020). Topical probes were used as necessary to obtain additional information needed to adequately explore the interviewee’s responses to key questions. Recordings of each interview were saved on the local computer.

Once each interview was completed, the interviewee was thanked for her participation, and a 1-hour credit of SONA study participation was administered as compensation for her time. Given the potentially sensitive nature of the interview topics and the connection between SRP, body image, and aspects of identity with mental health, participants were also sent a list of local mental health resources (Appendix J). Immediately following each interview, the PI wrote field notes to capture nuances and details of the interview and the interviewee’s behavioral responses that would not have been evident in the recording or the eventual transcription of the interview. The PI included self-reflexive commentary in the field notes to promote self-awareness and consider the impact of the PI’s social identities and positions on the interviewee and interview data (Krefting, 1991; Tracy, 2010). The PI sent a follow-up email to thank the interviewee for their participation, provided email notification of their SONA study participation credit, and solicited anonymous feedback about the interview process via the Interview Feedback Survey (Appendix C). To maintain the anonymity of feedback responses, the PI checked for new survey responses and reviewed data (if present) on a monthly basis.
After each interview, all files generated by the Zoom software were deleted, with the exception of the audio recording file, which was transcribed verbatim by a trained study staff member, verified by the PI for accuracy, and added to the research team’s qualitative analysis database. To ensure interviewee confidentiality, each interviewee was assigned a pseudonym, and all identifying information was removed from the interview transcription. The file linking participants’ names and pseudonyms was stored in a password-protected folder on the PI’s password-protected computer. To allow for auditability of the study and findings while also protecting confidentiality and privacy of interviewees, all original audio files were saved in a password-protected, 256-bit Advanced Encryption Standard folder on the PI’s password-protected computer. To enable transcription by study staff members, audio files were temporarily uploaded to a password-protected universal serial bus (USB), which was stored in a locked laboratory space in the University of Memphis Department of Psychology Building. Once a transcription was completed, the audio file was deleted from the USB and only retained on the PI’s password-protected computer in the aforementioned folder. Audio files will be permanently destroyed as soon as possible and consistent with the IRB requirements for data retention.

**Reflexivity Statement**

The study functioned within the interpretive paradigm, thus emphasizing an emic perspective focusing on subjective meaning that participants ascribed to the relevant topics (i.e., SRP, body image, aspects of identity) (Hennink et al., 2020; Levers, 2013). The ontological perspective posited that reality is socially constructed such that the participants’ perceptions, beliefs, and meanings constituted reality (Hennink et al., 2020). Regarding the epistemological perspective, knowledge and evidence were considered subjective, and meaning was ascribed
from the interactions between the interviewer and interviewee during the semi-structured qualitative interviews (Hennink et al., 2020; Levers, 2013).

Given the significance of the interviewer-interviewee relationship on the qualitative data collected and analyzed within the interpretive paradigm and through grounded theory, acknowledging the positionality and social identities of the entire research team was critical (Berger, 2015; Tracy, 2010). To this end, details of the positionality of the research team have been provided. Firstly, the PI (she/her) was a 28-year-old who self-identified as a U.S. born Canadian American white cisgender woman. She completed her undergraduate degree in Psychology, was in a heterosexual relationship with a man, had a BMI of 21.6, and lived in the U.S. MidSouth for five years. The interpretive paradigm centers and relies on the qualitative researcher(s) to subjectively select study aims, interpret data, and ascribe meaning. The requirements of a dissertation milestone assign the responsibility of making such subjective decisions and actions to one person: the PI. The PI’s identities, lived experiences, and worldview were highly influential not only on data collection and analysis but also on study topic selection and methodological procedural choices.

Although other members of the research team did not interact directly with interviewees, their impact on data analysis could not be overlooked. Of the additional research team members, all five of whom were U.S. born, three self-identified as Black/African American cisgender women, and two self-identified as white cisgender women. Three were in relationships with men, one was in a relationship with a woman, and one was single. Their ages ranged from 21 to 30 years old, and their BMIs ranged from 20.9 to 32.1. Three of the research team members had earned undergraduate degrees in Psychology—two of whom were doctoral students, one of whom was a postbaccalaureate research assistant—and two of the research team members were
pursuing undergraduate degrees in Psychology. Each research team member had lived in the U.S. MidSouth for three years or more.

**Data Analysis**

Data analysis commenced following interview completion in accordance with the concurrent processes of data collection, analysis, and theorizing of grounded theory procedures (Corbin & Strauss, 1990). Grounded theory is an approach to qualitative data analysis that aims to inductively develop a theory from collected data to explain a specific process or observed phenomenon (Hennink et al., 2020; Starks & Brown Trinidad, 2007). Firstly, data were read repeatedly by the PI and one additional coder from the research team until both coders became immersed in the data.

The additional coders were intentionally assigned data files (i.e., interviews) based on facets of their social identities that aligned with those of the interviewees. Specifically, secondary coders were assigned interviewee transcripts based on racial identity and BMI weight status category. The racial identities and BMI weight status categories of the additional coders aligned with the racial identities and BMI weight status categories of the interviewees for all 11 qualitative interviews. Such matching was conducted to reduce the impact of biased interpretations made by research team members. Within the interpretive paradigm, epistemology (i.e., how knowledge is achieved) is subjective and highly dependent on interactions. Having coders share aspects of their identities with those of the participants allowed researchers with lived experiences unique from the interviewer (PI) to ascribe meaning. Open coding and memo writing were used as preliminary analysis of the data (Padgett, 2012). The process of independently rereading the data continued until both coders identified candidate codes that captured emerging themes in the data file.
The two coders then met to discuss proposed codes until they reached consensus regarding all codes, any proposed hierarchy of codes, and definitions of all codes used, which were then compiled into the first draft of the codebook. When disagreements arose, the PI made final decisions in accordance with the standard of responsibility inherent in a dissertation milestone. Following these meetings, each coder separately coded the data file using the codebook and met again to reach consensus regarding coding of the data file. Coding guidelines were enforced flexibly, such that coders were encouraged to use as many codes as needed (e.g., double-coding) to capture themes in the text while also coding parsimoniously (e.g., choosing the codes that best fit or represent the data, rather than utilizing all codes that could fit).

Additionally, code lengths varied considerably based on the transcript data and the coders’ interpretation of how thematic elements were expressed and when interview topics shifted. All research team members were actively engaged in discussions regarding coding as well as the codebook, selection of themes, and categorization of subthemes.

This iterative process occurred following each completed interview. Furthermore, as additional codes and themes were identified from subsequent interviews, the PI re-examined those earlier interviews for the presence of the newly identified themes and codes according to the constant comparative method (Glaser, 1965; Hallberg, 2006). These procedures continued throughout the project; thus, all data files were analyzed using the final iteration of the codebook by the end of data analysis.

Given that data collection, analysis, and theorizing occurred concurrently, and because interviewees were sampled for theory development, theoretical sampling was used to refine the original sample recruited via purposive sampling (i.e., based on SRPS scores) (Corbin & Strauss, 1990; Hennink et al., 2020). Additional participants who were information-rich based on their
SRPS scores were identified and recruited for participation based on data collected and questions remaining (Nakkeeran & Zodpey, 2012). The processes of recruitment via purposive and theoretical sampling, data collection via in-depth interviews, and data analysis via grounded theory continued until the point of saturation (i.e., when no novel concepts or themes emerged) (Hallberg, 2006). During regularly scheduled meetings, the PI and coders engaged in peer debriefing of findings to ultimately inform the PI’s formulation of a unified theory (Heath & Cowley, 2004; Krefting, 1991).

Rigor

In addition to the above-described procedures, specific methodological strategies were used to enhance the rigor of this study (Kaufmann & Denk, 2011; Nakkeeran & Zodpey, 2012). To promote credibility of the proposed study findings, questions asked in the in-depth interviews (see Appendix B) were based on and informed by the study’s research objective and question (Tracy, 2010). Moreover, interviewees who were information rich (i.e., those with lived experiences relevant to the study and theory) were recruited (Krefting, 1991). Regarding transferability, recruitment, data collection, and data analysis continued until saturation was reached and further data collection would have proved redundant (Nakkeeran & Zodpey, 2012). Rich descriptive information regarding collected data was provided below to enable comparison and further promote transferability (Krefting, 1991; Tracy, 2010). For auditability, clear documentation of all data collection and analytic decisions was preserved and is available upon reasonable request (Krefting, 1991). Finally, peer debriefing was used during regular meetings of the PI and coders to address the evaluative standard of truthfulness and enhance the overall rigor of the study (Krefting, 1991). Additional consultation between the PI and the Co-Is (I.B. Thurston, Ph.D. and T.N. Hipp, Ph.D.) was also sought as needed.
Results

**Quantitative Study**

Respondents for the quantitative study \((N = 25)\) ranged in age from 18 to 25 \((M_{age} = 20.60, SD = 2.21)\). Additional sociodemographic information is presented in Table 1. All participants identified as women, and the majority identified as heterosexual. Approximately half of the participants identified as white, and most participants identified as Christian. All participants reported speaking English, and two participants reported speaking another language (Spanish and Russian, respectively). The majority of respondents reported dating a partner but living separately, and all participants reported their current partner’s gender as male or man. Regarding socioeconomic status, participants primarily reported living “comfortably.” Participants reported a range of total annual household incomes, and about half were financially supported by someone else over the past year.

BMI was calculated based on respondent self-reported height and weight. BMI ranged from 18.0 to 35.7 \((M = 23.80, SD = 4.65)\). Of note, quotations were used around BMI weight status categories based on the limitations of BMI and to utilize affirming, health at every size language guidelines (Meadows & Daníelsdóttir, 2016; Radwan et al., 2019). Scores on the SRPS ranged from 2.20 to 4.00 \((M = 3.33, SD = 0.52)\), with the group average representing relatively high self-reported SRP compared to previous studies (Pulerwitz et al., 2002; Ragsdale et al., 2009) and based on SRPS scoring and reporting recommendations (McMahon et al., 2015). Scores on the OBC measure of negative body image ranged from 2.83 to 5.79 \((M = 4.28, SD = 0.72)\), which aligns with similarly elevated scores reported in the literature (Faries & Espie, 2016). Finally, scores on the BAS-2 measure of positive body image ranged from 14.20 to 45.50.
(M = 32.22, SD = 8.04) and were comparable to previous research measuring body appreciation among college samples (Tylka & Wood-Barcalow, 2015).

Table 1
Sociodemographic Characteristics of Quantitative Survey Respondents, Aggregate

<table>
<thead>
<tr>
<th></th>
<th>%</th>
<th>N = 25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>40%</td>
<td>10</td>
</tr>
<tr>
<td>White</td>
<td>56%</td>
<td>14</td>
</tr>
<tr>
<td>Multiracial</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>96%</td>
<td>24</td>
</tr>
<tr>
<td>Queer</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>Relationship Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single/Not dating anyone exclusively</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>Dating/Have a partner but living separately</td>
<td>76%</td>
<td>19</td>
</tr>
<tr>
<td>Living with a partner</td>
<td>20%</td>
<td>5</td>
</tr>
<tr>
<td>Religion or Spirituality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agnostic</td>
<td>8%</td>
<td>2</td>
</tr>
<tr>
<td>Atheist</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>Christian</td>
<td>76%</td>
<td>19</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>We live very well</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>We live comfortably</td>
<td>80%</td>
<td>20</td>
</tr>
<tr>
<td>We live from paycheck to paycheck</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>Total Annual Household Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$0 - $15,000</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>$15,001 - $25,000</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>$25,001 - $35,000</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>$35,001 - $50,000</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>$50,001 - $75,000</td>
<td>12%</td>
<td>3</td>
</tr>
<tr>
<td>$75,001 - $100,000</td>
<td>20%</td>
<td>5</td>
</tr>
<tr>
<td>More than $200,000</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>Body Mass Index (BMI) Weight Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Underweight”</td>
<td>4%</td>
<td>1</td>
</tr>
<tr>
<td>“Healthy Weight”</td>
<td>60%</td>
<td>15</td>
</tr>
<tr>
<td>“Overweight”</td>
<td>24%</td>
<td>6</td>
</tr>
<tr>
<td>“Obesity”</td>
<td>12%</td>
<td>3</td>
</tr>
</tbody>
</table>

Qualitative Study

A total of 11 participants completed the qualitative study. Sociodemographic and study variable information for participants who completed the qualitative interviews is presented
individually in Table 2. The self-reported SRP scores were relatively high and similar across interviewees. Importantly, the interviewees all described relatively balanced SRP when asked directly how power was shared in their current relationships. Some interviewees described previous relationships with imbalanced SRP, and others reported more balanced SRP over the course of their current relationship. To honor interviewee’s own qualitative descriptions of SRP and to remain true to the interpretive paradigm guiding the study, analyses were conducted holistically, rather than comparing interviewees based on SRPS scores.

Table 2
Sociodemographic and Study Variables Reported by Qualitative Interviewee, Ordered by Self-Reported Sexual Relationship Power (SRP)

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Race/Ethnic Identity</th>
<th>Body Mass Index</th>
<th>Negative Body Image (1-7)</th>
<th>Positive Body Image (10-50)</th>
<th>Sexual Relationship Power (1-4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serene</td>
<td>21</td>
<td>Black/African American</td>
<td>27.9</td>
<td>4.79</td>
<td>35.40</td>
<td>2.74</td>
</tr>
<tr>
<td>Cassie</td>
<td>22</td>
<td>white</td>
<td>24</td>
<td>3.96</td>
<td>27.40</td>
<td>2.77</td>
</tr>
<tr>
<td>Daniela</td>
<td>21</td>
<td>white, Ukrainian</td>
<td>19.6</td>
<td>3.04</td>
<td>35.30</td>
<td>2.97</td>
</tr>
<tr>
<td>Jada</td>
<td>22</td>
<td>Black/African American</td>
<td>22.5</td>
<td>4.08</td>
<td>38.40</td>
<td>3.37</td>
</tr>
<tr>
<td>Xiomara</td>
<td>19</td>
<td>Black, Puerto Rican</td>
<td>19.6</td>
<td>2.83</td>
<td>35.40</td>
<td>3.44</td>
</tr>
<tr>
<td>Willow</td>
<td>25</td>
<td>white</td>
<td>21.5</td>
<td>4.25</td>
<td>22.30</td>
<td>3.50</td>
</tr>
<tr>
<td>Asha</td>
<td>20</td>
<td>Black/African American</td>
<td>30.0</td>
<td>4.63</td>
<td>26.30</td>
<td>3.65</td>
</tr>
<tr>
<td>Holly</td>
<td>19</td>
<td>white</td>
<td>20.5</td>
<td>3.75</td>
<td>33.40</td>
<td>3.80</td>
</tr>
<tr>
<td>Esme</td>
<td>19</td>
<td>Black/African American</td>
<td>19.3</td>
<td>3.54</td>
<td>42.50</td>
<td>3.84</td>
</tr>
<tr>
<td>Poppy</td>
<td>19</td>
<td>white</td>
<td>35.7</td>
<td>4.58</td>
<td>25.30</td>
<td>3.87</td>
</tr>
<tr>
<td>Lola</td>
<td>20</td>
<td>white</td>
<td>21.3</td>
<td>4.63</td>
<td>37.20</td>
<td>4.00</td>
</tr>
</tbody>
</table>

Note. All participant names are pseudonyms.

Four thematic concepts regarding factors impacting women’s SRP in their relationships with men emerged from the data and are presented in Table 3. Subthemes were also identified as
emergent within three of the four overarching themes; subcodes were used to add further nuance to the broad thematic elements. Importantly, though thematic patterns were found and informed the theory developed, discrepancies in perspectives were explored as equally meaningful as consistencies.

Table 3  
**Codebook of Qualitative Themes and Subthemes of Factors Impacting Sexual Relationship Power**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Exemplary Excerpt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially Determined Power</td>
<td>Gendered Roles and Expectations</td>
<td>“But, um, like there's just, like, part of society that's just, like, ‘You should look like this.’ And then the other part is like, ‘Look, however you want. It's your body.’ And then there's, kind of like purity culture. Where it's like ‘Cover everything up or you will be raped. ‘Cause we don't want our brothers in Christ to linger, at all.’” (Holly)</td>
</tr>
<tr>
<td></td>
<td>Male Partner Individual and Contextual Factors</td>
<td>“I definitely feel like, if you were to, you know, date an older man, he would feel as if he's more mature than you. And so, you know, he should make the decision in the relationship. And I really hate that because unfortunately, men my age are not mature. So, then I will, you know, try to date somebody older. And then, now they're thinking like, oh, you're not mature enough. I'll make all the decisions and I’ll do-, you know what I'm saying? So, I think that age definitely plays a part in it. And also, just being seen as like a college student [gestures air quotes] or like. You know, like a woman in college. We're still not taking seriously. Um, so I think the power dynamic is still pretty much like male dominated.” (Serene)</td>
</tr>
<tr>
<td>Body Image</td>
<td>Objectification of Women’s Bodies</td>
<td>“I just feel like if you’re in a-, if you’re a woman and you're in a relationship with a man. And you wanna feel like you have power in it, then you have to be with someone that, respects you and values you as a person. And not, a sexual object. And that’s really hard, especially if you are dating men [laughs]. ‘Cause they're just like, especially young men-, I'm not trying to, like, bad mouth men.” (Cassie)</td>
</tr>
<tr>
<td>Themes</td>
<td>Subthemes</td>
<td>Exemplary Excerpt</td>
</tr>
<tr>
<td>--------</td>
<td>------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Beauty</td>
<td>“We have to set these high standards for ourselves and make sure that we look a certain type of way. And then you have all these social media, like influencers and models. The Kardashians, they have their bodies, and then they’re like, ‘Be confident women’. And we’re like, ‘How are we supposed to do that?’...You know what I’m saying? [laughs] I was like, girl you got your body-, like, I, no, if you got your body done, I love it. I love that for you. But it’s like, you're setting these beauty standards and you're telling women to be confident. However, you’ve gotten everything from your head to your toe, you know, changed. And you're, like, not even confident yourself. You know?” (Serene)</td>
</tr>
<tr>
<td></td>
<td>Standards or “Ideals”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social Media</td>
<td>“Um, hmm. I think, mm, I think most of society views women's bodies like, it should be a certain type to be a certain body type to be acceptable. And I think a lot of girls struggle with their body image just because of social media. ‘Cause they're just so used to seeing these certain body types and people saying what-, what is considered a model... You have to be this because-, to be considered pretty or, you know. And I think that affects a lot of women because they see that on a daily basis. So, they think that they should be that size or, um, they think that their size isn’t acceptable because of what society says is acceptable. So.” (Xiomara)</td>
</tr>
<tr>
<td></td>
<td>Body Autonomy and Positive Body Image</td>
<td>“So if the woman is very confident in her appearance, she knows her worth, she knows she’s beautiful, and her partner also knows that, and recognizes that, and validates that, um-, then I think the relationship, overall, will be healthier and more, um, the power dynamic will be more equal. Or at least more evenly distributed among the pair.” (Poppy)</td>
</tr>
</tbody>
</table>
Table 3 (continued)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Subthemes</th>
<th>Exemplary Excerpt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women’s Autonomy and Confidence</td>
<td>N/A</td>
<td>“I think like having like a good, like, family background of the family encouraging, um, her to just be more like, to just like be more assertive, you know. Just do what you want, like you are your own person, you know? Like you, you wanna have a career, then go ahead. Like you need to know how to, like, support yourself-. And I guess really it’s more of having the tools to support yourself, and the resources, and the knowledge too.” (Daniela)</td>
</tr>
<tr>
<td>Communication Between Partners</td>
<td></td>
<td>“It feels like the secret is just be able to communicate with your person. It’s vitally important and it takes a long time to learn how to do it well. We still have our moments where we just are like, ‘We’re gonna come back to this later. There is something you and I are not getting’ [laughs].” (Willow)</td>
</tr>
<tr>
<td>Relationship Variables</td>
<td>Male Partner Preferences</td>
<td>“I mean, just being supportive. Like when I have exciting news, he’s the first person that I go to, and he’s just always like, ‘I’m so proud of you.’ But then I was talking to my friend, and she had some really exciting stuff come up. And then she was telling her boyfriend about it. And, like, he wasn't even excited for her...So I feel like that made her, like, I don't know, I guess, like unconfident in herself around him. So then that affected her power in the relationship.” (Lola)</td>
</tr>
</tbody>
</table>

**Socially Determined Power**

Interviewees described how individual factors such as age, gender, and occupation have socially and societally determined meaning ascribed to them, which can be linked to more or less power generally as well as within romantic relationships. Furthermore, interviewees emphasized the importance of contextualizing these factors within the relationship. For instance, exploring whether or not women’s individual characteristics (e.g., financial security, religion or spirituality) align with their partners’ characteristics could help elucidate SRP imbalances.

Within the theme of power being dictated by socially derived factors, Cassie explained,
“When I think of power, everything that I keep on thinking back, like, comes back to financial stuff, like... I just feel like there’s always one person who, takes care of more stuff financially. And that’s just kind of, I-, I feel like that’s the cause of a lot of reasons that relationships end. Just because like of that, like, power that that one person holds over.”

Social capital being linked to money was an oft cited variable contributing to power dynamics in women’s relationships with men. However, social capital was described as stemming from a variety of factors. Asha elaborated,

“I feel like with men, I feel like they ain’t gonna never change, unless they probably with somebody they want to be with. And in my opinion, I feel like relationships only work if the dude like the girl more. And I feel like that’s just my case. Even though, you know, I do like him. But, you know, I just feel like he got, you know, he like me way more. But I do think that’s a good thing. ‘Cause I feel like every time, like my friends. Like, I just look at my relationship versus theirs. And I just feel like, clearly, you know, they like the boy more than he like them.”

Though many interviewees highlighted the benefits of equal or balanced SRP, they also described numerous personal or individual factors, and how these factors functioned in the context of the relationship to create SRP imbalances.

Gendered Roles and Expectations

One particularly salient individual factor that interviewees underscored was gender. Interviewees identified gendered roles and expectations as a critical facet of socially determined power that impacts SRP. For example, Serene noted,
“I feel like generally, we still have this traditional mindset of the man takes care of everything financially. He's like the provider, and the woman is just like, you know, his little handbag. You know, an accessory. She's there.”

Women in relationships with men confront heteronormative gender roles, expectations, and norms that dictate partner roles and power dynamics. Although interviewees described both conforming to and diverging from these heteronormative expectations, they noted that such norms persist and can impact relationship dynamics.

*Male Partner Individual and Contextual Factors*

In addition to the influence male partners’ gender has on SRP, interviewees also mentioned the impact that male partners’ individual or personal factors—other than gender—can have on relationships. Whereas the theme of socially determined power and the subtheme of gendered roles and expectations fall within the socially determined power component of this theoretical framework, the subtheme of male partner individual and contextual variables represent an overlap between socially determined power and partner variables. Xiomara provided the following response when asked how religion or spirituality could impact power in relationships:

“Yeah, it can definitely, it can have power I feel like. Because, um, there can be two different, they can have two different, like, religions in a relationship...And so, one, your boyfriend may be something and you may be something. And, um, one of y'all might get into an argument as to why one religion can be better and—` It may cause you to feel like you have power over them because you feel like, ‘cause that's your religion. You feel like it's better than a certain religion.”
When discussing SRP, interviewees stressed that power imbalances could result from differences in partners’ individual variables. Gender was described as an obvious factor with differential levels of power associated with different gender identities; however, age, occupation, religion or spirituality, and many other personal factors were mentioned as possibly linked to varying levels of socially derived power. Within a relationship, differences in these personal factors (e.g., one partner being older than or making more money than the other, different religious or spiritual affiliations, different racial or ethnic identities) were described by interviewees as also influencing SRP. Contrary to the deductive conceptual framework, these individual and societal variables were not directly linked to SRP from the perspectives of interviewees. Instead, individual and societal variables seemed to impact SRP only when male partners’ identities did not align with women’s identities.

**Body Image**

Participants described how they view their own bodies as well as how women’s bodies are viewed, evaluated, and objectified by others. The process of viewing and being viewed was seen as ubiquitous for interviewees, despite acknowledging one’s body as an ever-changing and small part of who a person is. Jada described the broad impact body image can have:

“Like, it’s hard to feel, like, good about pretty much anything if you don’t feel good about yourself. So, I mean I just know like, if I were to struggle with something like that and-, and let me rephrase that like. Sometimes I do, like, struggle with things like that. And I’m like, I just don’t feel, you know? So like, you know in, in any situation whether it’s just like, oh we’re going on a beach
vacation or whatever like-, like you know you wanna look nice for a picture or whatever [laughs].”

Interviewees described body image as deeply connected to confidence, which can extend into confidence asserting oneself and advocating for equitable SRP. Poppy explained,

“I think body image has a lot to do with how confident you can be. And how, um, willing you are to like, stick up for yourself, in your relationships...So, if you let your partner, like, take control all the time. Treats you like-, like a doormat, I guess. Or just kinda-, like you never make any decisions, they’re kinda always just kinda doing all-, makin’ all the decisions for you-. Um. You know, I think, like, body image and just, like, the way you feel about yourself can definitely like, impact those other things, you know?”

One’s relationship with and view of one’s own body can impact how women move through the world and navigate their relationships. Nevertheless, participants shared that body image not only influences them but also is influenced by them. Three of the four body image subthemes (i.e., objectification of women’s bodies, beauty standards or “ideals,” and social media) were consistent with facets of negative body image. In the context of the inductive theoretical framework, these negative body image subthemes signify the conceptual overlap between socially determined power and body image.

*Objectification of Women’s Bodies*

Firstly, interviewees specified that women’s bodies are viewed as objects or evaluated as serving men’s desires or preferences. Serene depicted the social process of objectifying women’s bodies:
“We are objectified so much in everything that we do. Everything is like, oversexualized even from when we're, like, when we're young girls. I know like specifically in the African American community, um, girls, if you have certain things done, like straight hair or, you know, color nails, you're seen as fast [gestures air quotes], meaning that you're trying to, like, to attract the guys. But again, you're four years old, you know what I'm saying?”

The process of evaluating and othering women’s bodies, including hyper-sexualization, may serve as a social determinant of power. Women and their bodies are thus, interpreted to exist for the purposes and interests of those with more power: men.

*Beauty Standards or “Ideals”*

Relatedly, interviewees illustrated how beauty standards or “ideals” about women and their bodies affect women’s body image and SRP. These standards were described as ignorant of the inherent diversity in body shapes and sizes as well as differing preferences for what is “ideal.” Asha stated,

“I think like a whole, around the whole, well the U.S., Imma say, I think everybody got like, as of right now, like right now, like majority of states, like everybody got that same, like, perfect body image [gestures air quotes] look. You know, like, the BBL look and the, what is it. Tummy tuck look. Um. Yeah, I feel like it’s the same. ‘Cause we all got the same, you know, dream-. No, every-, everybody don’t have the same dream body. But everybody like, I feel like everybody got the same, well in the U.S., I feel like everybody got the same, like, body type that’s, like, more acceptable than, like, others.”
Interviewees labeled beauty standards as unrealistic, unattainable, and often paradoxical, but they also pronounced such “ideals” as permeating and inescapable. They expressed how women feel pressure to conform to societally determined ideals, which may or may not correspond with increased feelings of social power. Notably, however, conforming to such ideals was recognized as potentially decreasing personal autonomy by prioritizing others’ views of and preferences for one’s own body.

Social Media

An important avenue for communicating and perpetuating beauty standards and the objectification of women was social media. Interviewees stated that pressure from social media, including influencers and celebrities, affects women’s body image. Lola describes both the impact of social media and the effortful mental process of challenging and reframing unhelpful messages:

“I mean, like you’ll see people on social media. And you’re like, ‘Why do I not look like them?’ But then you have to realize like, that’s Photoshop. They’re, like, probably extremely unhealthy ‘cause they don’t eat the proper amount of food. [laughs] So... That's not something that's attainable. And like, I still find myself doing that now, but I realized I'm like, ‘No. You're beautiful.’”

Presently, social media is a fruitful method to communicate and propagate norms and expectations regarding women’s body shape, size, and form. Interviewees described these messages as coming from a variety of sources, often with mixed messages. For instance, women may be encouraged to be confident while also pressured to always strive toward socially determined beauty “ideals.” Moreover, interviewees underscored that these facets of negative
body image (i.e., objectification, beauty standards, and social media) exist within the U.S. MidSouth and across the U.S. and globe.

Body Autonomy and Positive Body Image

Despite the barrage of negative body image messages and examples including non-inclusive beauty standards and objectification of women’s bodies, positive feelings about and control over one’s own body can also impact women and their SRP. Poppy highlighted this association,

“Um, so if the woman is very confident in her appearance, she knows her worth, she knows she’s beautiful, and her partner also knows that, and recognizes that, and validates that, um—...Then I think the relationship, overall, will be healthier and more, um, the power dynamic will be more equal.”

Interviewees illustrated how body autonomy and positive body image can serve a protective role against prescriptive, limiting standards and expectations for women’s bodies. More inclusive and accepting notions about one’s own body, coming authentically from oneself, were described as positively impacting women and, in turn, their relationships. In the inductive theoretical framework, this positive body image subtheme deviates from the three negative body image subthemes. This subtheme represents the conceptual overlap between the theme of body image and the theme of women’s autonomy and confidence.

Women’s Autonomy and Confidence

Throughout the interviews, participants described how women’s own independence, self-assurance, and self-efficacy—regardless of factors related to body image—influence SRP. Various individual factors and life circumstances were described as creating or increasing this
sense of confidence and control, including becoming older and more mature, learning from past experiences, and securing financial independence. Holly illustrated,

“I know for me, my-, it’s like, the way my relationship, relationships changed with me was, as I was growing older, I became less of a doormat [laughs]. I think that was part of it. And I changed with each person. And, um, I think the person I'm with really changed the way I perceived things or the way I, like, talk to people. Like if someone's trying to talk over me, I'm like, ‘Nope. You're not. Let me finish.’”

Regardless of socially determined power, including gender roles and expectations about women’s bodies and behaviors, interviewees depicted personal and contextual sources of power, and SRP. These sources included those that engender socially derived power (e.g., financial security) but also included dynamic variables (e.g., past learning) and life circumstance (e.g., supportive family).

**Relationship Variables**

Participants identified how aspects of a given relationship affect SRP and body image. Thematically, the relationship variables code aligned with the partner variables factor in the inductive theoretical framework. Cassie summarized the importance of considering one’s relationship and partner when considering SRP:

“I’ve-. If-, if you wanna have power in your relationship, don’t get in a relationship with someone who’s not gonna give it to you.”

Given all the factors that can influence power dynamics in relationships, interviewees concluded that some circumstances may be too rigid and deeply rooted in gendered expectations.
and societally determined power. In those instances, the variables at play in the relationship do not foster balanced SRP, regardless of other individual or contextual sources of SRP. Yet, they were clear that both partners in a relationship can contribute to relationship variables. Lola contextualized this,

“I just feel like in a relationship it’s always compromise. Like you’re not always gonna get your way, and your partner’s not always going to get their way. So, you have to meet somewhere in the middle.”

Interviewees noted that power dynamics influence and are influenced by both partners in a relationship. To alter the dynamics in favor of more balanced SRP, participants were clear that individuals in the relationship need to navigate and negotiate their own roles and expectations irrespective of socially determined norms.

Communication Between Partners

Many interviewees highlighted how communication between partners, or lack thereof, about important topics (e.g., boundaries) impacts SRP. Daniela provided examples of open and clear communication:

“We-, we talk through anything. If there’s an issue, we talk about it. We try to solve it, like immediately. Uh, we compromise, um, on a lot of things. Like we’re like, ‘Okay, we’ll do what you want to do today, and then tomorrow let’s do my thing.’ Um, and yeah same thing with, like, major decisions. We kinda just discuss until, uh, we reach, like, some kind of consensus, and then, um. Yeah. I mean we’ve never really had an issue to where we can’t reach, like a conclusion we’re both satisfied with.”
Rather than defaulting to socially dictated power dynamics in heterosexual relationships, partners can communicate about their own perspectives and preferences to promote more equitable divisions of SRP. The communication between partners subtheme coincided with the thematic intersection of women’s autonomy and confidence as well as partner variables. The renegotiation of SRP requires two committed parties, which interviewees noted is not always the case.

**Male Partner Preferences**

Male partners’ preferences regarding SRP and women’s behavior generally—including subscribing to beauty standards or not—can impact SRP and how women feel about their bodies and in their relationships. Asha reflected,

“Like you got some dudes who probably don’t want nobody who, you know, want equal power. Or, you know, most definitely don’t want nobody who got more power than them. But you probably got some dudes who like, you know, don’t wanna be like, I don’t know. Like you know, now a days you got dudes who want like the 50/50. You got some dudes who, like, wanna pay for everything, who wanna pay all the rent, don’t want their girls to pay for nothing. Then you got some dudes who like, they wanna split the rent they, gotta split everything, you know. They on equal. You know. I think it just depends on who they with, I guess.”

It was apparent from participants that no one formula for more balanced SRP or for increasing women’s SRP works across all relationships. Similar to how interviewees delineated women’s various methods to increase confidence, positive body image, and SRP, there was large variability about men’s preferences for their relationships and the power dynamics within them.
In addition, how male partners react and respond to their partners’ initiation of SRP discussions, and rejection of beauty standards, can impact women and SRP broadly. Such factors were conceptualized within the partner variables component of the inductive theoretical framework.

Theory

The themes and subthemes identified represent critical components of the inductive theoretical framework developed, presented in Figure 3. Because many concepts were described by the interviewees as intertwined and interrelated, overlap among the concepts and their presentation does not indicate redundancy, but rather dependency. Participant responses during the qualitative study interviews and data analysis by the PI and research team informed the inductive theoretical framework developed. Socially determined power, body image, women’s autonomy and confidence, and relationship variables were seen as intertwined constructs that all impact women’s SRP.

![Figure 3: Inductive Theoretical Framework of Study Variables](image)

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Firstly, socially determined power—including gendered roles and expectations consistent with objectification theory—was highlighted as linked to SRP. In contrast with the direct connection among individual and societal factors and SRP proposed in the deductive conceptual framework, the impact of these variables on SRP seemed to depend on male partner variables. Secondly, both positive and negative body image were presented as influencing SRP, but the two opposing constructs were viewed by interviewees as deeply connected and not mutually exclusive. Negative body image appeared to be the connection between body image and socially determined power, whereas positive body image appeared to be the connection between body image and women’s autonomy and confidence. Thirdly, women’s overall confidence, separate from positive body image, was discussed as a means for women to obtain more balanced SRP in their relationships, thus influencing SRP. Fourthly, relationship variables including how male partners respond to and communicate with their partners was an idiosyncratic variable emphasized as impacting SRP. These four variables are represented in the theoretical framework as overlapping circles.

The relative size of each of the four themes (i.e., socially determined power, body image, women’s autonomy and confidence, and relationship variables) represents the potential strength of its impact on SRP, as described by interviewees and interpreted by the research team. Similarly, the relative distance of each theme from SRP indicates how participants described the relationships among themes. Socially determined power and relationship variables were presented as directly and strongly impacting SRP. Contrastingly, interviewees viewed body image—particularly negative body image—as impacting SRP because of and based on socially determined power. Women’s autonomy and confidence was mentioned as influencing SRP.
depending on different relationship variables (e.g., how their partners responded to and communicated with the women).

**Post-Interview Questions**

Following participation in the qualitative interview, all 11 interviewees were sent a link to the anonymous Interview Feedback Survey. Three participants (27.3% of interviewees) responded to the survey as part of the post-interview process. All three reported feeling “very comfortable” discussing interview topics. None of them provided any suggestions for making future participants more comfortable. Because of the anonymous nature of the post-interview questions, additional demographic data of the three respondents could not be obtained or reported.

**Discussion**

Sexual relationship power imbalances have been linked to a myriad of negative outcomes, and SRP imbalances are particularly common within heterosexual relationships (Ahuama-Jonas et al., 2017; Khidir et al., 2019). Rates of violent interpersonal outcomes linked to imbalanced SRP are heightened among emerging adult college undergraduates (Kaukinen, 2014), women of color (Ahuama-Jonas et al., 2017; Ragsdale et al., 2009; Smith et al., 2017), and individuals living in the U.S. MidSouth (Jackson et al., 2017; Smith et al., 2017). College aged individuals typically demonstrate high expectations for love and relationships, as well as instability and changes in relationships (Arnett, 2007; Bralock & Koniak-Griffin, 2007). Moreover, patriarchal gender roles reinforce notions of men’s power and dominance over women, contributing to SRP imbalances (Pulerwitz et al., 2018). Objectifying women is one permeating way by which men minimize women’s autonomy and power, and this process can foster self-objectification among women (Fredrickson & Roberts, 1997; Moya-Garófano &
Moya, 2019). Objectifying oneself and internalizing sexist ideals can impact body image (Adams et al., 2017), with past research linking body image to individual outcomes including behavior in sexual contexts (e.g., condom use) and overall sexual agency (Grower & Ward, 2018; Jovanovic & Williams, 2018). However, less is known regarding how body image impacts the interpersonal variable SRP.

Through the lens of objectification theory, the current study explored the association between body image other salient individual and societal factors that may impact SRP among a diverse sample of emerging adult undergraduate women in relationships with men. Twenty-five women completed surveys, which collected data on sociodemographic information and quantitatively measured variables of interest. Survey respondents were largely representative of the student population in the U.S. MidSouth university at which data were collected. Though scores on the quantitative measures of positive and negative body image were consistent with previous studies, SRP scores were generally higher than previous studies and were considered elevated according to scoring and reporting recommendations (McMahon & Banyard, 2012; Pulerwitz et al., 2018; Ragsdale et al., 2009). Moreover, the alpha coefficient for the measure of SRP was the lowest of the quantitative measures studied and on the low end of the acceptable range. This may have been due to the small sample size, the breadth of content across SRPS items, or this study’s combined use of both the relationship control (RC) and decision-making dominance (DMD) scales. The qualitative study aimed to recruit participants from the quantitative study based on higher and lower self-reported SRP. However, SRPS scores were similarly high among survey respondents and qualitative interviewees. Previous research examining SRP highlights associations between SRP imbalances and violent interpersonal outcomes (e.g., IPV, SV) (Ahuama-Jonas et al., 2017; Khidir et al., 2019). Consistent with these
trends, the interviewees in the present study—all of whom reported relatively balanced SRP—did not report or describe any violent experiences in their current relationships. While this finding supports existing literature and takes a strengths-based approach by examining what promotes, rather than what limits, balanced SRP, study results must be considered and contextualized within relationships with balanced SRP and reduced risk for interpersonal violence.

A total of 11 qualitative, in-depth semi-structured interviews were conducted to obtain critical information and insight into interviewees’ feelings, experiences, and perspectives. Interviewees were recruited via purposive and theoretical sampling. Data collection, analysis, and theorizing occurred concurrently until saturation was reached. Using grounded theory, the data were used to develop an inductive theoretical framework by a diverse team of trained qualitative research analysts. Although women were actively recruited throughout the spring 2022 semester, the sample obtained was relatively small. Chronological factors such as longstanding and pervasive impacts of the COVID-19 global pandemic may have impacted recruitment and participation.

Comparing the deductive conceptual framework, Figure 1—formulated by current knowledge and hypothesized relations—with the inductive theoretical framework, Figure 3, reveals some consistencies concerning the relative contribution of societal factors on SRP from interviewees’ perspectives and lived experiences. Interviewees highlighted how heterosexual relationship status, an individual and societal factor on the deductive conceptual framework, influences SRP. Interviewees described how conforming to or diverging from gendered roles and expectations was an oft cited aspect of socially derived power, which aligns with existing literature (Khidir et al., 2019; Li & Samp, 2019; Pulerwitz et al., 2018). When women conform to
heteronormative gender norms, they give up socially determined power because these norms dictate imbalanced SRP. However, when women deviate from these gendered expectations, they may still face societal pressure and consequences.

Based on current literature, additional individual and societal factors such as age, undergraduate student status, race, ethnic identity, and MidSouth region of the U.S. were included in the deductive model to explore the impact of aspects of identity—aside from gender—on SRP. Interestingly, interviewees explained that one’s age, status as an undergraduate student, race, ethnic identity, religion, spirituality, and location in the U.S. MidSouth may not directly impact power dynamics. Instead, they described the importance of whether these identities align with male partners’ individual factors and societal identities. They suggested that misalignment between partners could contribute to SRP imbalances, whereas alignment, regardless of the typical marginalization associated with those factors, could foster more balanced SRP. Such demographic homogamy or homophily (i.e., similarity, shared characteristics) between partners has been discussed in the literature as linked to lower rates of interpersonal violence (Cooper, Longmore, Manning, & Giordano, 2021). While the study sample did not report IPV or SV in their relationships, they discussed the influence of demographic asymmetry, which is an established risk factor linked to interpersonal violence (Cooper, Longmore, Manning, & Giordano, 2021).

For instance, interviewees noted that SRP may increase with age, as women become more secure in themselves. Although this is consistent with previous literature emphasizing the instability in relationships and power dynamics during emerging adulthood (Arnett, 2007; Bralock & Kniak-Griffin, 2007; Teitelman et al., 2008), interviewees explained that a male partner’s age relative to the woman’s was more critical in determining whether SRP would be
impacted. Similarly, college student status was perceived as influential when women’s status differed from male partners’ education and career status. Namely, if both partners were undergraduate students, then interviewees viewed this factor as having no impact on SRP. If, however, the male partner was a graduate student or employed full-time, then they may hold more SRP due to increased financial stability and relative social status. The emphasis on alignment or misalignment between women's and men’s undergraduate student status extends current knowledge that thus far has focused on SRP among more homogenous samples (e.g., only college students) (Bible et al., 2018; Kaukinen, 2014).

About race and ethnic identity, interviewees described varying experiences. For example, interviewees perceived interracial relationships as potentially fostering imbalanced SRP due to systemic racism. Decision-making and control over the relationship were seen as more easily defaulting to white male partners, particularly when they were in interracial relationships. On the contrary, participants denied an impact of race and ethnic identity on SRP when both partners identified with the same race or ethnic identity. Findings from the present study mirror past studies examining SRP among diverse populations (Ragsdale et al., 2009; Stokes & Brody, 2019) and contextualize the impact of male partner’s race and ethnic identity.

Given comparatively higher levels of religiosity and spirituality in the U.S. MidSouth region, interviewees were also asked about how these variables may impact SRP. Interviewees highlighted that male partners may wield social capital tied to religion or spirituality if their partners held different beliefs. Whether the women identified with different faith (e.g., Catholic, as compared to their male partner who identified as Christian) or as less religious (e.g., agnostic or atheist, as compared to a religious or spiritual partner), male partners may demean women’s beliefs and create SRP imbalances based on this discrepancy. Existing literature underscores a
connection between religiosity and endorsement of patriarchal gender norms (Barnett et al., 2018), but the present findings portray a more complex relation. Although this trend was described for several individual and societal factors, i.e., age, undergraduate student status, race, ethnic identity, religion, and spirituality, participants noted a different pattern when it came to region of the U.S. and SRP. Regarding the U.S. MidSouth location, interviewees argued that societal pressures, including those related to gendered expectations and body image, permeate the U.S. and globally impact women’s SRP. Notably, all interviewees in the present study reported living in the U.S. MidSouth for large portions of their lives; thus, the impact of their location may have been difficult to assess and articulate.

Regarding negative body image and the impact of objectification, self-objectification, and objectified body consciousness on SRP, interviewees discussed many avenues by which these messages and expectations have an effect. Firstly, interviewees mentioned the process of viewing women’s bodies as objects and evaluating women’s bodies in terms of their value to men as significantly contributing to power imbalances in heterosexual relationships. This practice can occur within a given relationship as well as in broader society, and interviewees noted that male partners may not be aware of, attuned to, or motivated to change these sexist processes. Interviewees’ descriptions about objectification occurring at both the relationship (e.g., male partners engaging in body surveillance of their partners) and societal (e.g., sexualizing women in media) level directly parallels previous work (Daniels et al., 2020; Mikorski & Szymanski, 2017; Ramsey & Hoyt, 2015).

Secondly, interviewees described the impact of beauty standards or supposed “ideals” on women. Such standards were stated to be often paradoxical, unrealistic, and unattainable. However, they were also described as pervasive, and this description of widespread beauty
standards has been found across previous work (Adams et al., 2017; Katz-Wise et al., 2013). Though striving toward beauty standards could seemingly increase one’s socially derived power, interviewees clarified that having to alter one’s body and embrace such standards removes autonomy and ultimately decreases SRP. In contrast to objectification, which interviewees described as a woman’s experience, beauty standards were discussed as impacting men too, such that men are pressured to obtain or maintain a certain body shape and size (e.g., fit, muscular).

Thirdly, social media was listed as an important vessel for communicating information about expectations for women. Interviewees considered social media to be an effective way to apply pressure for women to conform to societal ideals. Influencers and celebrities provide constant reinforcement about what women should strive to achieve in terms of body shape and size, with the message that achieving the “ideal” leads only to positive outcomes. Interviewees explained that one can resist pressure from negative body image messaging, but this is an ongoing and often challenging process. Of note, these negative body image themes were not separate from individual and societal factors but instead inextricably linked to socially determined power.

Positive body image, body appreciation, and body autonomy were not explicitly linked to socially determined power. Rather, interviewees listed positive feelings about and control over one’s own body as coming from within oneself. But this empowering process and acceptance of one’s body requires deliberate choice, as negative body image messaging and other gendered expectations persist. The view of positive and negative body image co-occurring aligns with existing literature on these distinct yet related constructs (Gattario & Frisén, 2019; Grower & Ward, 2018). Because positive body image was described by interviewees as existing in the presence of negative body image, the two constructs are portrayed as much more intertwined in the theoretical framework than they were in the conceptual framework. Positive body image was
also directly linked to women’s general autonomy and confidence, as women’s confidence was described as influencing and being influenced by body-related confidence.

In fact, the theme of women’s autonomy and confidence was the last theme to emerge during data analysis, and it was the largest concept that was not included in the original deductive conceptual framework (Figure 1). Interviewees stressed the importance of women’s own confidence and self-efficacy on SRP. Such autonomy could come from a variety of avenues such as becoming older, maturing, learning from past experiences, and achieving financial independence. This evolution speaks to the malleability of SRP, which aligns with prevention and intervention efforts (Basile et al., 2019; Gibbs et al., 2020; Niolon et al., 2017), as interviewees described SRP as potentially changing across time and relationships. One way in which SRP could be dynamic is through communication. Interviewees identified the importance of open and clear communication between partners (e.g., regarding boundaries, preferences), which for some interviewees resulted in altered power dynamics over time. Communication between partners impacts SRP not only to negotiate SRP but also as a general litmus test for how equal SRP may be. Interviewees noted that a lack of communication between partners typically reveals imbalanced SRP in favor of the partner with more socially determined power. The emphasis on partner communication to promote balanced SRP in the present study corresponds with violence prevention efforts outlined in the CDC’s technical packages (Basile et al., 2019; Niolon et al., 2017).

Although communication between partners demonstrated significant conceptual overlap with women’s autonomy and confidence, interviewees underscored that communication requires involvement and buy-in from all partners in a relationship. Therefore, communication between partners also relates to male partner variables including their reactions and preferences. How
male partners respond to their female partners can influence women’s SRP as well as their body image. Interviewees described that male partners who subscribed to gendered norms and expectations, promoted objectification of women’s bodies, or reinforced beauty standards could tip SRP in their favor. Many interviewees argued that though SRP could be changed through open communication between partners, achieving balanced SRP with men who endorse deeply rooted patriarchal sexist ideals may be fruitless. Ultimately, themes from the qualitative interviews provided a more informed, nuanced, and complex picture of varying factors at the individual and societal level that influence SRP.

**Limitations and Future Directions**

The present study addressed gaps in the literature regarding how body image impacts SRP within heterosexual relationships by explicitly asking participants about their lived experiences and perspectives. Findings helped clarify the malleability of SRP by gathering information about interviewee’s relationship history and how SRP may change over time while also inquiring about what may boost SRP to inform future intervention efforts. By recruiting an information-rich sample and conducting open-ended interviews, the study contributes to the growing body of research using objectification theory to understand women’s power dynamics in relationships with men. Despite exploring a novel topic using rigorous methodology, there are some limitations to this study that warrant mention and can inform future research. Firstly, the study sample size was relatively small compared to other qualitative research using in-depth interviews. Although numerous recruitment methods were employed and saturation was reached, the small sample size limits the transferability of the findings. The study sample consisted entirely of college students in one university in the U.S. MidSouth who self-selected to participate in a study about relationships and body image. While the literature on SRP and body
image suggests that these constructs are important to study among undergraduates and within the MidSouth, use of such a specific, highly privileged, and self-selected population is a study limitation that also impacted the limited sociodemographic and SRP variability.

Importantly, the sample was somewhat homogenous in terms of SRP as self-reported scores on the SRPS were relatively similar and high in comparison to past research. Attempts were made to recruit women with varying self-reported levels of SRP for the qualitative study, but the average score and standard deviation among women who completed the quantitative study indicated limited variability. Because recruitment materials contained key terminology about relationships and body image, participants with more balanced SRP or more positive body image may have been more comfortable discussing these topics—and thus more likely to self-select to participate—than those with imbalanced SRP, more negative body image, or experiences of violence in their relationships.

Interviews were also only conducted with women in heterosexual relationships. This methodological choice is consistent with the tenets of objectification theory; however, there remains much to be explored regarding how SRP is divided, navigated, and negotiated outside of the heteronormative frame and lens. Again, these limiting aspects of the sample reduce the transferability of the findings to populations divergent from the study sample, potentially limiting how the newly developed theoretical model can be applied. Though the interviews discussed relationship variables and other nuanced factors contributing to SRP levels between partners, all interviews were only conducted with one of the partners in each relationship. Therefore, each account is one-sided, despite discussing topics that necessitate two or more individuals, and potentially differing perspectives. Another methodological limitation to note is that all data collection occurred via individual interviews conducted by the same interviewer.
The decision to designate one interviewer ensures consistency in interview style, provides opportunity for adapting questions to explore new topics more deeply, and is consistent with workload expectations for a dissertation. Yet, this also introduces limitations that may vary among the interviewees. For instance, interviewees who share visible aspects of identity with the interviewer may have felt more comfortable discussing these intimate questions, and the interviewer’s own experiences and biases could have led to different ways of responding to interviewees that either fostered or impeded connection and communication. Relatedly, the individual interview format may have reduced participants’ openness to discussing potentially sensitive subjects (e.g., relationship power).

Steps were taken to address the aforementioned limitations within the confines of the present study (e.g., building a diverse team of transcribers and coders to minimize the impact of having only one interviewer). Future researchers of this topic should consider these concerns and address them proactively. To start, the research questions should be explored among a larger sample of information-rich interviewees who demonstrate heterogeneity regarding sociodemographic variables and self-reported SRP. To extend present study findings and add to the literature, additional exploration of these variables among emerging adults who are not undergraduate students, as well as among people who are older and younger, would be informative. While interviewees in the present study largely agreed that variables impacting body image and SRP exist within and outside the U.S. MidSouth, additional research examining the impacts of SRP in other geographic locations is warranted.

Importantly, research assessing SRP and its influences should include individuals in queer and polyamorous relationships. Such data would better inform the inductive theoretical framework and the larger body of data about SRP. Another future direction would be to
interview all people in the relationship—either individually or in small focus groups—to obtain SRP information from multiple perspectives. Finally, researchers may consider a study design involving multiple interviewers with matched identities or use of focus groups to aid comfort in discussing these topics.

**Implications**

The present study qualitatively explored how body image and other socially determined sources of power and control impact SRP among emerging adult undergraduate women in relationships with men. Findings revealed novel facets of young women’s lives that have not been adequately explored in the SRP literature. In addition to socially derived power influencing SRP, relationship variables and partner variables may be particularly salient in determining SRP in relationships. Furthermore, women’s body image may both impact and be impactful on socially determined power and SRP. Finally, women’s own intrinsic autonomy and confidence may be an especially mutable and empowering factor to increase women’s SRP. These unexpected and nuanced findings provide fruitful avenues for future qualitative and quantitative research on SRP. By including these broader facets of women’s lives in the SRP literature, future studies may elucidate how SRP imbalances are perpetuated and why they persist. Guided by the inductive theory developed based on women’s own perspectives and lived experiences, future research on SRP should examine how aspects currently included in the theoretical framework fit among other samples of women of varying ages, within the U.S. and across the globe. Grounded theory methodology serves to develop a theory—not the only possible theory—so research should test the present theory to amend, broaden, and deepen the framework and the field’s knowledge of SRP.
Study findings also present clinical implications. Interviewees described SRP as deeply rooted in patriarchal, gendered norms and expectations. In contrast, interviewees agreed that SRP can be a malleable, negotiable construct. Whether women facilitate an open discussion about renegotiating SRP with their partners, leave imbalanced relationships to prioritize their own autonomy and control, or follow another course of action not mentioned in the present study, SRP was identified as flexible. This finding presents SRP as a potential intervention target. Based on study findings, interventions could be developed to foster more balanced SRP between partners among emerging adult college women in relationships with men. Currently available interventions that indirectly target SRP imbalances (e.g., those that teach healthy relationship skills to reduce SV and IPV risk) could incorporate salient aspects of college women’s lives that are inextricably linked to SRP (e.g., body image, relationship variables). Thus, study findings and the inductive theory developed speak to integral aspects of women’s lives that should inform content included in clinical interventions with college women and their male partners.

Conclusion

The present study addressed a novel research question using a relevant methodology to explore the impact of body image on emerging adult college women’s SRP in relationships with men. Guided by a deductive conceptual framework generated from the existing literature on SRP, and through the lens of objectification theory, an inductive theoretical framework was developed. Negative body image, differences in socially determined power between partners, and patriarchal and objectifying notions among male partners can all foster SRP imbalances in relationships. Contrastingly, positive body image, general confidence and autonomy, and more egalitarian and accepting views among male partners can lead to increased SRP among women and balanced power in relationships. Future qualitative and quantitative research is needed to test
the inductive theory’s applicability to larger samples of women across the lifespan and in other regions of the U.S. and globe.
References


https://doi.org/10.1177/1468794112468475

https://doi.org/10.1016/j.bodyim.2019.03.004


https://doi.org/10.3389/fpsyg.2020.00147


https://doi.org/10.1371/journal.pone.0221554


https://doi.org/10.1177/0192513X20916205


https://doi.org/10.1016/j.bodyim.2020.02.016


https://doi.org/10.1016/j.paid.2019.03.015


https://doi.org/10.1016/j.bodyim.2019.06.003


https://doi.org/10.1016/j.jadohealth.2019.10.004


Pulerwitz, J., Amaro, H., Jong, W. D., Gortmaker, S. L., & Rudd, R. (2002). Relationship power, condom use and HIV risk among women in the USA. *AIDS Care, 14*(6), 789–800. https://doi.org/10.1080/0954012021000031868


https://doi.org/10.3390/ijerph16091541

https://doi.org/10.1525/srsp.2009.6.1.56


https://doi.org/10.1177/0886260508314331


https://doi.org/10.1177/1077800410383121


https://doi.org/10.1016/j.bodyim.2014.09.006


Appendix A

Quantitative Study Measures

Demographics Questionnaire

1. What is your gender?
   ____________________________

2. What is your current age?
   _______ years

3. Which group(s) most accurately describe your race?
   a. Native American/American Indian/Alaska Native/Indigenous
   b. Asian
   c. Black
   d. Latino/a/x
   e. Middle Eastern/North African
   f. Pacific Islander/Native Hawaiian
   g. White
   h. Multiracial, please specify
      ____________________________
   i. Not listed, please specify
      ____________________________

4. Ethnicity or ethnic culture describes ideas and practices linked to a group who shares a common history, geographic background, and/or language. Examples of ethnic cultural backgrounds include Cuban, Haitian, African American, Ukrainian. With which ethnic group(s) do you identify?
5. What is your sexual orientation?
   a. Asexual
   b. Bisexual
   c. Gay or Lesbian
   d. Heterosexual
   e. Queer
   f. Pansexual
   g. Not listed, please specify if you choose

6. What is your relationship status?
   a. Single/Not dating anyone exclusively
   b. Dating/Have a partner but living separately
   c. Living with a partner
   d. Married
   e. Separated
   f. Divorced
   g. Widowed
   h. Not listed, please specify if you choose

7. If you are currently in a relationship, what is the gender of your partner?

8. How would you describe your religion or spirituality?
9. What is your height?

______ feet _______ inches

10. What is your approximate weight?

_______________ pounds (lbs)

11. Currently, how would you describe the current financial situation of your family?

a. We live very well
b. We live comfortably
c. We live from paycheck to paycheck
d. We don’t have a steady income
e. We have no current income

12. Currently, your total annual household income (all earners) is:

a. $0 - $15,000
b. $15,001 - $25,000
c. $25,001 - $35,000
d. $35,001 - $50,000
e. $50,001 - $75,000
f. $75,001 - $100,000
g. $100,001 - $200,000
h. More than $200,001

13. Were you financially supported by someone else this past year?

a. Yes
b. No
14. What languages do you currently speak?
   
a. English

b. Other, please specify if you choose
   ____________________________

c. Other, please specify if you choose
   ____________________________

Sexual Relationship Power Scale (SRPS)

<table>
<thead>
<tr>
<th>During the past week:</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If I asked my partner to use a condom, he would get violent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. If I asked my partner to use a condom, he would get angry.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Most of the time, we do what my partner wants to do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. My partner won’t let me wear certain things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. When my partner and I are together, I’m pretty quiet.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. My partner has more say than I do about important decisions that affect us.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. My partner tells me who I can spend time with.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. If I asked my partner to use a condom, he would think I’m having sex with other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I feel trapped or stuck in our relationship.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. My partner does what he wants, even if I do not want him to.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I am more committed to our relationship than my partner is.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. When my partner and I disagree, he gets his way most of the time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. My partner gets more out of our relationship than I do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. My partner always wants to know where I am.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. My partner might be having sex with someone else.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
SRPS continued

<table>
<thead>
<tr>
<th>During the past week:</th>
<th>Your partner</th>
<th>Both of you equally</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Who usually has more say about whose friends to go out with?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Who usually has more say about whether you have sex?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Who usually has more say about what you do together?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Who usually has more say about how often you see one another?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Who usually has more say about when you talk about serious things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. In general, who do you think has more power in your relationship?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>22. Who usually has more say about whether you use condoms?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>23. Who usually has more say about what types of sexual acts you do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Objectified Body Consciousness Scale (OBC)

| 1. I rarely think about how I look. | Strongly disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I think it is more important that my clothes are comfortable than whether they look good on me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I think more about how my body feels than how my body looks. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I rarely compare how I look with how other people look. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. During the day, I think about how I look many times. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I often worry about whether the clothes I am wearing make me look good. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I rarely worry about how I look to other people. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I am more concerned with what my body can do than how it looks. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. When I can’t control my weight, I feel like something must be wrong with me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I feel ashamed of myself when I haven’t made the effort to look my best. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
11. I feel like I must be a bad person when I don’t look as good as I could. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
12. I would be ashamed for people to know what I really weigh. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
13. I never worry that something is wrong with me when I am not exercising as much as I should. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
14. When I’m not exercising enough, I question whether I am a good enough person. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
15. Even when I can’t control my weight, I think I’m an okay person. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
16. When I’m not the size I think I should be, I feel ashamed. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
17. I think a person is pretty much stuck with the looks they are born with. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
18. A large part of being in shape is having that kind of body in the first place. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
19. I think a person can look pretty much how they want to if they are willing to work at it. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
20. I really don’t think I have much control over how my body looks. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
21. I think a person’s weight is mostly determined by the genes they are born with. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
22. It doesn’t matter how hard I try to change my weight, it’s probably always going to be about the same. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
23. I can weigh what I’m supposed to when I try hard enough. & 1 & 2 & 3 & 4 & 5 & 6 & 7  
24. The shape you are in depends mostly on your genes. & 1 & 2 & 3 & 4 & 5 & 6 & 7

Note: The following items are reverse scored: 1, 2, 3, 4, 7, 8, 13, 15, 17, 18, 20, 21, 22, 24
**Body Appreciation Scale-2**

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Seldom</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I respect my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I feel good about my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I feel that my body has at least some good qualities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I take a positive attitude towards my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I am attentive to my body’s needs.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I feel love for my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. I appreciate the different and unique characteristics of my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. My behavior reveals my positive attitude toward my body; for example,</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I walk holding my head high and smile.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. I am comfortable in my body.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I feel like I am beautiful even if I am different from media images of</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>attractive people (e.g., models, actresses/actors).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for your time! You may be contacted for a follow-up study.
Appendix B
Semi-Structured Interview Guide

I. Introduction and review of informed consent: The present study is being conducted to understand power in relationships. Specifically, we are interested in the ways in which body image plays a role in power dynamics within women’s sexual or intimate relationships with men. The interview will take 40-50 minutes. It is completely up to you whether you choose to participate in the study or not. Risks of participating include feeling uncomfortable discussing some of the interview topics and loss of privacy or confidentiality. I’ll be asking questions about your identity, history, and thoughts and feelings. I realize that it’s not always easy or comfortable to talk about some of these topics with a stranger—particularly a stranger who may have very different experiences based on aspects of my visible (e.g., race, body size) and invisible identities. My goal is to make you feel as comfortable and heard as possible, as I hope to learn your story from your perspective. Please let me know if there is anything I can do, such as sharing a bit of information about myself or answering questions you have, to make you feel most comfortable. Do you have any questions before I begin recording the interview?

   a. Demographic questions:
      
      i. Are you from Memphis?
      
      ii. Are you currently dating or in a relationship?
      
      iii. About how many romantic relationships have you been in?
      
      iv. Tell me about your first/early serious relationship(s).
      
      v. Tell me about your most serious/longest relationship(s).

II. Opening questions: relationships and relationship power
a. Now I’m going to ask about how you think things should work in relationships generally, and then I’ll ask more about your own personal relationships.

b. How do you think power and decision-making should be divided in relationships or between partners?
   i. Probe: Can you give me an example of what that might look like?
   ii. Probe: Do you think power and decision-making should be divided differently between a woman and a man (versus two women or two men in a couple)?
   iii. Probe: In what ways is this similar or different to how your caregivers and close friends share power in relationships?

c. Can you tell me how power has been divided in your past/current relationship(s)?
   i. Probe: How much power do/did you have compared to your partner?
   ii. Probe: What worked well about that?
   iii. Probe: What didn’t work well about that?

d. How can power dynamics change in relationships over time?

III. Key questions: negative body image and positive body image

   a. So far, we’ve been talking about power in relationships from your own personal experiences and the perspectives of others in your life. Now I’d like to talk a bit about other factors that might affect power in relationships. To start, how do you think society’s expectations of women and men affect power in relationships?
      i. Probe: Can you give me an example?
      ii. Probe: In what ways did these expectations influence how power is/was divided in your past/current relationship(s)?
b. How do you think society views women’s bodies?
   i. Probe: In what ways do beauty standards or “ideals” impact women?

c. How do you think society’s expectations about women’s bodies impact relationship power?

d. How do you think negative feelings about your own body impact your relationship(s)?

e. How do you think negative feelings about your body impact power dynamics in your relationship(s)?

f. On the other hand, how do you think positive feelings about your body impact your relationship(s)?

g. How do you think positive feelings about your body impact power dynamics in your relationship(s)?

IV. Key questions continued: other factors

a. In what ways might women living in other areas in the U.S. (i.e., not the MidSouth/South) have similar experiences with body image and relationship power?
   i. Probe: Why do you think that might be?

b. What other things do you think could affect women’s power in relationships?
   i. Probe: How might cultural expectations and norms influence women’s power in relationships?
   ii. Probe: How could age influence women’s power in relationships?
   iii. Probe: How could being an undergraduate student impact relationship power?
iv. Probe: How could race and/or ethnic identity impact women’s power in relationships?

v. Probe: How might sexual orientation impact relationship power?

vi. Probe: How might aspects of religion or spirituality influence women’s power in relationships?

vii. Probe: How could one’s previous relationships (e.g., one’s first serious relationship) impact women’s power in relationships?

V. Closing questions

a. What do you think is the main thing that positively affects (i.e., increases) women’s power in relationships with men?

b. What do you think is the main thing that negatively affects (i.e., decreases) women’s power in relationships with men?

c. What else would you like to add?

d. Thank you so much! You have provided very helpful information for the study we are conducting about relationship power. I will ensure you receive your 1-hour credit of SONA Study participation soon. Please feel free to contact myself, the research team, or the IRB with any questions or concerns using the emails on the Informed Consent. Lastly, I will send you a list of resources in case you’d like support about anything we talked about today as well as an anonymous survey link to provide feedback about your interview. It’s important to me that the women I speak to feel as comfortable as possible during the process, and I am open to any feedback you care to share.
Appendix C

Post-Interview Questions

Interview Feedback Survey

Thank you for your participation during the interview! Please use the questions below to provide anonymous feedback about your experience.

1. How comfortable were you discussing the topics we spoke about during your interview?
   a. Very uncomfortable
   b. Uncomfortable
   c. Neither uncomfortable nor comfortable
   d. Comfortable
   e. Very comfortable

2. What do you think could make participants feel more comfortable when being interviewed about such topics?

3. Is there anything else you would like to share about your experience during the interview?
Appendix D

SONA System Study Approval Form: Quantitative Study

SONA Study Approval Form

Study Name: Exploring Body Image and Sexual Relationship Power

Experimenter(s): Jessica E. Mandell, M.S.

Study type: ☒ In Person ☐ Online Total credits requested: 50

1. Please briefly explain the reasons for your sample size. (Use power, statistical analysis, variable numbers, or proportion of available data to determine the sample size)

The study sample will be no more than 100 participants. This sample size was selected to increase the likelihood that participants with a range of scores on the Sexual Relationship Power Scale (SRPS) will be recruited to complete qualitative interviews as part of a separate SONA Study (titled Exploring College Women’s Perspectives on How Positive and Negative Body Image Impact Sexual Relationship Power).

2. Please briefly explain how you determined the number of credits each participant will receive.

It is expected that participation will last at most 30 minutes. Participants will complete brief questionnaires.

3. Please briefly describe your debriefing plan.

At the end of the quantitative survey in Qualtrics, participants will be shown the following message:

“Thank you for your time! You may be contacted for a follow-up study.”
SONA Study Approval Form

Study Name: Exploring College Women’s Perspectives on How Positive and Negative Body Image Impact Sexual Relationship Power

Experimenter(s): Jessica E. Mandell, M.S.

Study type: ☒ In Person ☐ Online  Total credits requested: 30

1. Please briefly explain the reasons for your sample size. (Use power, statistical analysis, variable numbers, or proportion of available data to determine the sample size)

The study sample will be no more than 30 participants, and the entirety of these participants will be taken from the pool of participants who completed the SONA Study titled Exploring Body Image and Sexual Relationship Power. The sample size for this qualitative study is consistent with prior work and expert recommendations for sample sizes when using grounded theory (Padgett, 2012). Ultimately, the sample size will be determined through the iterative process of recruitment, data collection, and data analysis such that recruitment will cease when saturation becomes evident and additional recruitment and data collection would lead to redundant information (i.e., no emerging novel concepts or themes) (Hennink et al., 2020; Starks & Brown Trinidad, 2007).

2. Please briefly explain how you determined the number of credits each participant will receive.

It is expected that participation will last approximately 1 hour total. Participants will complete 40-50-minute qualitative interviews via Zoom. They will be sent anonymous surveys to complete after their interviews to provide feedback, which should take no more than 10 minutes.

3. Please briefly describe your debriefing plan.

At the end of the qualitative interview, the following debriefing script will be used: “Thank you so much! You have provided very helpful information for the study we are conducting about relationship power. I will ensure you receive your 1-hour credit of SONA Study participation soon. Please feel free to contact myself, the research team, or the IRB with any questions or concerns using the emails on the Informed Consent. Lastly, I will send you a list of resources in case you’d like support about anything we talked about today as well as an anonymous survey link to provide feedback about your interview. It’s important to me that the women I speak to feel as comfortable as possible during the process, and I am open to any feedback you care to share.”
Appendix E
SONA System Prescreen Questions

What is your age?
   a. Under 18
   b. 18-25
      a. If selected, eligible for Quantitative Study
   c. 26-30
d. 31-40
e. Over 40

What is your gender?
   a. Man
   b. Woman
      a. If selected, eligible for Quantitative Study
   c. Other

Are you currently in a relationship with a man?
   a) Yes, I am in a relationship with a man
      a. If selected, eligible for Quantitative Study
   b) No, I am in a relationship, but my partner is not a man
   c) No, I am not in a relationship
Appendix F

Informed Consent for Quantitative Study

<table>
<thead>
<tr>
<th>Title</th>
<th>Exploring Body Image and Sexual Relationship Power</th>
</tr>
</thead>
</table>
| Researchers | Jessica E. Mandell, M.S., The University of Memphis  
Kristoffer S. Berlin, Ph.D., The University of Memphis  
Idia B. Thurston, Ph.D., Texas A&M University  
Tracy N. Hipp, Ph.D., The University of Memphis |
| Researcher Contact Information | 803-984-7858, jmandell@memphis.edu |

You are being asked to participate in a research study. The box below highlights key information for you to consider when deciding if you want to participate. More detailed information is provided below the box. Please contact the researcher to ask any questions about the study before you make your decision to participate. If you volunteer, you will be one of about 100 people to do so.

<table>
<thead>
<tr>
<th>Key Information for you to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voluntary Consent:</strong> You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefit to which you are otherwise entitled if you choose not to participate or discontinue participation.</td>
</tr>
<tr>
<td><strong>Purpose:</strong> The purpose of this research is to examine how body image relates to women’s power in sexual or intimate relationships with men. You are being invited to participate because you are an undergraduate woman who is currently in a heterosexual relationship with a man.</td>
</tr>
<tr>
<td><strong>Duration:</strong> It is expected that your participation will last approximately 30 minutes.</td>
</tr>
<tr>
<td><strong>Procedures and Activities:</strong> You will be asked to complete brief questionnaires. We are also interested in learning more about certain experiences that some people have, so you may be contacted to participate in a 2nd part of the study. In the 2nd part of the study, you would complete a 40-50-minute interview via Zoom and receive an additional 1-hour credit of SONA Study participation.</td>
</tr>
<tr>
<td><strong>Risk:</strong> Some of the foreseeable risk or discomforts of your participation include experiences of distress, inconvenience, and possible loss of privacy and confidentiality associated with participating in a research study. It is unlikely the study would cause any more distress than you could encounter in your daily life, and you will be provided a list of resources to contact should you want support.</td>
</tr>
<tr>
<td><strong>Benefits:</strong> Participation has no known direct benefits to you. We do believe that this study will help us understand important topics, which could help inform programs for women and couples.</td>
</tr>
<tr>
<td><strong>Alternatives:</strong> Participation is voluntary, and the only alternative is to not participate. As a student, if you decide not to take part in this study, your choice will not affect your academic status or grade in your class.</td>
</tr>
</tbody>
</table>
Who is conducting this research?
Jessica E. Mandell, M.S. of the University of Memphis, Department of Psychology is in charge of the study. Her faculty advisor is Kristoffer S. Berlin, Ph.D. There may be other research team members assisting during the study. No member of the research team has a financial interest or conflict of interest related to the research.

What happens if I agree to participate in this research?
If you agree you will be asked to complete a few brief questionnaires about body image and power in relationships. You can skip any question you would like. At the end of the survey, you will receive 0.5-hour credit of SONA Study participation. You will also be given a list of resources. Because we are interested in certain experiences some people have, you may be contacted to participate in a 2nd part of the study. In the 2nd part of the study, you would complete a 40-50-minute interview via Zoom about power in relationships and receive an additional 1-hour credit of SONA Study participation.

What happens to the information collected for this research?
Information collected for this research will be used to help understand women’s power in heterosexual relationships. We may publish and present the results of this research. However, we will keep your name and other identifying information confidential. Your name and personal information will not be used in any publications, conferences, or presentations. Only de-identified data will be stored for future study. When we present findings from this study, information from all participants will be combined.

How will my privacy and data confidentiality be protected?
We promise to protect your privacy and secure your personal information as best we can. However, you need to know about some limits to this promise:

- Individuals and organizations that monitor this research may be allowed access to inspect the research records. This monitoring may include access to your private information and survey responses. These individuals and organizations include the Institutional Review Board.
- Research team members are required to report if a team member suspects child abuse or neglect, or suicidal thoughts. Tennessee laws may require this suspicion be reported. In such case, the research team may be obligated to breach confidentiality and may be required to disclose personal information.

Measures we will take to protect your privacy and confidentiality include:

- Assigning you an identification number and not linking your name and other identifying information to the research data collected.
- Storing all data in a password-protected folder on a password-protected computer.
- Giving only the primary investigator and trained study staff members access to the data.

What if I want to stop participating in this research?
It is up to you to decide whether you want to volunteer for this study. It is also ok to decide to end your participation at any time. There is no penalty or loss of benefits to which you are
otherwise entitled if you decided to withdraw your participation. Your decision about participating will not affect your relationship with the researchers or the University of Memphis.

**Will it cost me money to take part in this research?**
There are no costs associated with participating in this research study.

**Will I receive any compensation or reward for participating in this research?**
For taking part in this research, you will receive 0.5-hour credit of SONA Study participation.

**Who can answer my questions about this research?**
Before you decide to volunteer for this study, please contact the investigator, Jessica E. Mandell at jmandell@memphis.edu or her faculty advisor, Kristoffer S. Berlin at ksberlin@memphis.edu to ask any questions that come to mind. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator or her advisor. If you have any questions about your rights as a volunteer in this research, contact the Institutional Review Board staff at the University of Memphis at 901-678-2705 or email irb@memphis.edu. You will be able to download a copy of this consent for your records.

Click the link Part 1 Informed Consent (hyperlink inserted via Qualtrics) to download a copy of the informed consent document.

**STATEMENT OF CONSENT**
I have had the opportunity to consider the information in this document. I have asked any questions needed for me to decide about my participation. I understand that I can ask additional questions throughout the study.

By clicking below, I volunteer to participate in this research. I understand that I am not waiving any legal rights. A copy of this consent document has been made available for me to print or download. I understand that if my ability to consent for myself changes, my legal representative or I may be asked to consent again prior to my continued participation.

Name: ________________________________________

_____ I consent to participate
Appendix G
Invitation for Quantitative Study

Hi!

Thank you for signing up to participate in research studies in the SONA System! You can complete a short Qualtrics survey (which should take 20-30 minutes) about relationships, identity, and body image to earn 0.5-hour credit of SONA Study participation by following the link below :) 

(Hyperlink inserted via email)

Because we are also interested in learning more about certain experiences that some people have, you may be invited to participate in a 2nd part of the research study. In the 2nd part of the study, you could complete a 40-50-min interview via Zoom and earn an additional 1-hour credit of SONA Study participation!

Please reach out with any questions!
Jess

Jessica Eden Mandell, M.S. (she/her)
Clinical Psychology Doctoral Candidate
The University of Memphis

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Appendix H

Invitation for Qualitative Study

Hi!

Thank you for completing our survey about power in women’s relationships! You’ve been invited to participate in another related study. Specifically, you would earn 1-hour credit of SONA Study participation for completing a 40–50-minute interview over Zoom :)

You can read more about the project (and sign the consent form if you’d like to participate!) here: (hyperlink inserted via email)

If you’re interested in participating, please let me know some days and times that may work for you!

Best,
Jess

Jessica Eden Mandell, M.S. (she/her)
Clinical Psychology Doctoral Candidate
The University of Memphis

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Appendix I

Informed Consent for Qualitative Study

<table>
<thead>
<tr>
<th>Title</th>
<th>Exploring College Women’s Perspectives on How Positive and Negative Body Image Impact Sexual Relationship Power</th>
</tr>
</thead>
</table>
| Researchers | Jessica E. Mandell, M.S., The University of Memphis  
Kristoffer S. Berlin, Ph.D., The University of Memphis  
Idia B. Thurston, Ph.D., Texas A&M University  
Tracy N. Hipp, Ph.D., The University of Memphis |
| Researcher Contact Information | 803-984-7858, jmandell@memphis.edu |

You are being asked to participate in a research study. The box below highlights key information for you to consider when deciding if you want to participate. More detailed information is provided below the box. Please contact the researcher to ask any questions about the study before you make your decision to participate. If you volunteer, you will be one of about 30 people to do so.

**Key Information for you to consider**

**Voluntary Consent**: You are being asked to volunteer for a research study. It is up to you whether you choose to participate or not. There will be no penalty or loss of benefit to which you are otherwise entitled if you choose not to participate or discontinue participation.

**Purpose**: The purpose of this research is to examine how body image influences women’s power in sexual or intimate relationships with men. You are being invited to participate because you are an undergraduate woman who is currently in a heterosexual relationship with a man and who completed Part 1 of the study.

**Duration**: It is expected that your participation will last approximately 1 hour.

**Procedures and Activities**: You will be asked to complete a 40-50-minute interview via Zoom about power in relationships. You will also be sent an anonymous survey to provide feedback about your interview after your interview.

**Risk**: Some of the foreseeable risk or discomforts of your participation include experiences of distress, inconvenience, and possible loss of privacy and confidentiality associated with participating in a research study. It is unlikely the study would cause any more distress than you could encounter in your daily life, and you will be provided a list of resources to contact should you want support for anything discussed in your interview.

**Benefits**: Participation has no known direct benefits to you. We do believe that this study will help us understand important topics, which could help inform programs for women and couples.

**Alternatives**: Participation is voluntary, and the only alternative is to not participate. As a student, if you decide not to take part in this study, your choice will not affect your academic status or grade in your class.

Who is conducting this research?
Jessica E. Mandell, M.S. of the University of Memphis, Department of Psychology is in charge of the study. Her faculty advisor is Kristoffer S. Berlin, Ph.D. There may be other research team members assisting during the study. No member of the research team has a financial interest or conflict of interest related to the research.

What happens if I agree to participate in this research?
If you agree you will be asked to complete a 40-50-minute interview via Zoom. The interview will include questions about factors that influence power in relationships, including body image. You can skip any question you would like, and you can stop the interview at any time. At the end of the interview, you will receive 1-hour of SONA Study credit and be given a list of resources. The interview will be recorded via Zoom, and the audio recording will be transcribed (i.e., written down). All identifying information will be removed from the interview transcript, and you are encouraged to not share any identifying information during your interview. You will be emailed a brief Post-Interview Survey to give anonymous feedback about your interview.

What happens to the information collected for this research?
Information collected for this research will be used to help understand what impacts women’s power in heterosexual relationships. We may publish and present the results of this research. However, we will keep your name and other identifying information confidential. Your name and personal information will not be used in any publications, conferences, or presentations. Only de-identified data will be stored for future study. When we present findings from this study, information from all participants will be combined.

How will my privacy and data confidentiality be protected?
We promise to protect your privacy and secure your personal information as best we can. However, you need to know about some limits to this promise:

- Individuals and organizations that monitor this research may be allowed access to inspect the research records. This monitoring may include access to your private information and audio recordings/transcripts of the data. These individuals and organizations include the Institutional Review Board.
- Research team members are required to report if a team member suspects child abuse or neglect, or suicidal thoughts. Tennessee laws may require this suspicion be reported. In such case, the research team may be obligated to breach confidentiality and may be required to disclose personal information.

Measures we will take to protect your privacy and confidentiality include:

- Conducting Zoom interviews in a private setting.
- Assigning you a pseudonym and deleting your name and other identifying information from the interview transcripts. Your responses will not be able to be tied to your identity once the interview is transcribed.
- Storing all data in a password-protected folder on a password-protected computer.
- Giving only the primary investigator and trained study staff members access to the data.

What if I want to stop participating in this research?
It is up to you to decide whether you want to volunteer for this study. It is also ok to decide to end your participation at any time. There is no penalty or loss of benefits to which you are otherwise entitled if you decided to withdraw your participation. Your decision about participating will not affect your relationship with the researchers or the University of Memphis.

**Will it cost me money to take part in this research?**
There are no costs associated with participating in this research study.

**Will I receive any compensation or reward for participating in this research?**
For taking part in this research, you will receive 1-hour credit of SONA Study participation.

**Who can answer my questions about this research?**
Before you decide to volunteer for this study, please contact the investigator, Jessica E. Mandell at jmandell@memphis.edu or her faculty advisor, Kristoffer S. Berlin at ksberlin@memphis.edu to ask any questions that come to mind. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator or her advisor. If you have any questions about your rights as a volunteer in this research, contact the Institutional Review Board staff at the University of Memphis at 901-678-2705 or email irb@memphis.edu. You will be able to download a copy of this consent for your records.

Click the link Part 2 Informed Consent (hyperlink inserted via Qualtrics) to download a copy of the informed consent document.

**STATEMENT OF CONSENT**
I have had the opportunity to consider the information in this document. I have asked any questions needed for me to decide about my participation. I understand that I can ask additional questions throughout the study.

By clicking below, I volunteer to participate in this research. I understand that I am not waiving any legal rights. A copy of this consent document has been made available for me to print or download. I understand that if my ability to consent for myself changes, my legal representative or I may be asked to consent again prior to my continued participation.

As described above, I will be both audio and video recorded while performing the activities described above. The audio recording will be used to transcribe the interview for data analysis. The video recording will be deleted immediately after my interview. By clicking the box below, I consent to the use of recording as described.

Name: ________________________________________  

_____ I agree to the use of recording  

_____ I consent to participate
Appendix J

Resources List

Thank you for participating in this project! As a reminder, all of your information will remain confidential. If you have any questions or concerns about the study, please contact the Primary Investigator. Below is a list of resources, should you want support for anything discussed during your interview.

Local Mental Health Resources

The University of Memphis Counseling Center  
*Free counseling services for UofM students*  
214 Wilder Tower  
901-678-4357

The University of Memphis Psychological Services Center  
*Therapy and assessment services, sliding scale fee*  
400 Innovation Drive, Room 126  
901-678-2147

Memphis Crisis Center  
*24/7 crisis hotline, phone counseling, referral/resources*  
951 Court Ave  
901-247-7477

National Mental Health Resources

National Alliance on Mental Illness (NAMI)  
[www.nami.org](http://www.nami.org)  
*Advocacy for people affected by mental health concerns*  
Call 800-950-6264 Mon-Fri 10am-6pm Helpline  
Text NAMI to 741741 for 24/7 crisis counseling

National Suicide Prevention Lifeline  
[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)  
*Free and confidential support for people in distress, crisis resources*  
Call 1-800-273-8255 for 24/7 Lifeline

Rape, Abuse, & Incest National Network (RAINN)  
[www.rainn.org](http://www.rainn.org)  
*Organization against sexual assault*  
Call 1-800-656-4673 for National Sexual Assault Hotline

National Sexual Violence Resource Center  
[www.nsvrc.org](http://www.nsvrc.org)  
*Info and resources on sexual violence*  
Call 717-909-0710 or 877-739-3895 toll-free