

## Young Adults' Body Image and Interpersonal Needs, and How It Influences Their Sexual Attitude and Mental Health

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### ABSTRACT

Attitude towards one's body image, nature of interpersonal needs are intricately associated with attitude towards sexuality and mental health amongst young adults. The present study attempts to find inter-group differences and associations between body image, interpersonal needs, attitude towards sex, and psychiatric morbidity. The sample consists of individuals belonging to the age groups of 19-25 years and 29-34 years. There are 168 participants out of which 87 belong to the age group of 19-25 years (Females = 46, Males = 41) and 81 belong to the age group of 29-34 years (Females = 45, Males = 36). The tools used in the study are General Health Questionnaire- 12 (Goldberg and Hiller, 1979), Multidimensional Body Self Relations Questionnaire- Appearance Scale (Cash, 2000), Fundamental Interpersonal Relations Orientation-Behavior Scale (Schutz, 2000) and Sexual Attitude Scale (Abraham, 1997). Two-Way ANOVA is employed to see age and sex differences, and Pearson correlation is used to check the association between variables. The emerging adult group is more invested in their appearance while the older age group has greater body area satisfaction. Females are found to be more invested in their physical appearance than males, while males have a greater body area satisfaction. The younger age group has a more favorable attitude towards sex. Associations between the different variables have also been discussed.

**Keywords:** *Body Image, Interpersonal Relationships, Interpersonal Needs, Sexual Attitudes, Premarital Sex, Polygamy.*

Cash and Pruzinsky (2004) have defined body image as the perceptions and attitudes one holds toward one's own body, especially, but not exclusively, one's physical appearance. Emerging from the cognitive-behavioral perspective, Cash (1994) has talked about body image as having three different aspects – evaluation, investment, and affect. Body image evaluation refers to an individual's evaluative beliefs about their body, including their satisfaction and dissatisfaction. Body image investment refers to the level of cognitive, behavioral, and emotional importance an individual poses on their appearance which in turn guides their self-evaluation. Lastly, body image affect refers to emotions and emotional experiences that emerge from an individual's evaluation of their body.

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Body image anchors itself to self and identity and it develops in an individual as they start to develop a sense of self (Kisbourne, 1995). Body image has two connotations – positive body image and negative body image. Negative body image refers to the distorted perception regarding one's body which may constitute both objective and subjective evaluations. Body dissatisfaction may lead to stress and affect psychological health and wellbeing. On the other hand, a positive body image is a positive outlook and evaluation towards one's own body traits. A positive body image is found to be strongly associated with the promotion and maintenance of health and wellbeing.

Interpersonal relationships are associations with other individuals that develop throughout an individual's life. The first interpersonal relationship one experiences is with their caretakers/parents which slowly branches out to the other spheres of society through the course of development. Schutz (1966) defined an interpersonal need as “a need that may only be satisfied when one has attained a fulfilling relationship with another person”. These needs for inclusion, control, and affection can be met through satisfying interpersonal relationships.

Our understanding of ourselves is tied to our identity of sex, as natural, unchanging essential core of self (Stanton, 1992). Our sexual identity and body image are anchored to the 'self'. In general, sexuality is an attitude that includes all the ways of behavior and its complexity related to all aspects of sex and sexuality.

Adolescence is viewed as the period of storm and stress by several researchers and authors (Spear, 2000) through which identity development takes place. According to Erikson (1950), young adulthood is the phase where the individuals develop intimate relationships or struggle with feelings of isolation and also find work that would be meaningful and support their livelihoods in the long run. Theory and research (Arnett, 2000) indicate that this initial period of young adulthood can be classified as emerging adulthood, where the individual is coming out of adolescence but has not completely developed a consolidated state of carrying out adult responsibilities. Following the conceptualization of Erikson (1950), a stable sense of identity is essential for the development of intimate relationships and finding love. The sense of identity and self-esteem is closely tied with the subjective appraisal of the physical appearance one has (Kamps & Berman 2011) which in turn contributes to how one evaluates the intimate relationships having romantic and sexual nuances. Several social processes, including social comparison (Festinger, 1954) play an important role in the development and stabilization of identity through interpersonal processes – a major aspect which appraises an individual's body image and attitude towards sexual intimacy. This again is likely to be closely associated with the mental health of the individual, which comprises the essence of this study.

Although there exist discrepancies about the exact ages and their respective classification, several theorists are of the view that (Arnett, 2000) the ages between 19-25 is that of emerging adulthood where young people are exploring possibilities. By the age of 29 and beyond, they are expected to start settling down and consolidate on their adult life responsibilities till the age of 35 – which is regarded as the early adulthood. Thus, it is worth exploring how the emerging adults differ in evaluating their appearance, viewing intimate relationships and sexuality from the adults who have become relatively more consolidated in their journeys of finding intimacy and dealing with isolation. Moreover, the society views men and women differently and gender too is worth studying in this context.

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The young adults belonging to middle and upper middle socio-economic strata in urban India often receive parental support, involvement as well as restrictions in several ways. These individuals have access to the internet and thus, have a vast idea of what is happening across the globe. These individuals are also aware of their responsibilities associated with finding a livelihood that would help them sustain in the present and future. This is likely to put them in a situation, which is likely to be different from the situations of the developed countries of the west. Thus, exploration of the psychological facets of intimate relations, attitude towards sex, how one evaluates one's own physical appearance and its relationship to mental health amongst young adults in India can have important implications.

The objective of the current study is to do a comparative analysis and verify whether there is any significant age or sex related differences with respect to the variables of body image, interpersonal relationships, attitudes towards sex, and psychiatric morbidity. The study also aims to explore the association between the selected variables.

### **METHODS**

#### *Variables Selected*

The variables selected for the current study along with the scales used to assess them are:

- **General Health Questionnaire - 12 (Goldberg and Hiller, 1979)** to assess Psychiatric morbidity.
- **Multidimensional Body Self Relations Questionnaire - Appearance Scale (Cash, 2000)** to assess Body Image- Appearance evaluation, appearance orientation, body area satisfaction, overweight preoccupation, and self-classified weight.
- **Fundamental Interpersonal Relations Orientation-Behavior Scale (Schutz, 2000)** to measure the expressed and wanted Interpersonal Needs
- Two subscales of **Sexual Attitude Scale (Abraham, 1997)** to measure Attitude towards Sex - Premarital Sex and Polygamy.

All the above scales have well established reliability and validity and have been used with Indian population. Furthermore, a pilot study with 20 individuals matching the inclusion and exclusion criteria indicated that there was no difficulty in understanding or relating to the items of the scales, and thus deemed fit for the research.

#### *Sample*

For the present study, the sample consists of individuals belonging to the age groups of 19-25 years and 29-34 years. There are a total of 168 participants out of which 87 belong to the age group of 19-25 years (Females = 46, Males = 41) and 81 belong to the age group of 29-34 years (Females = 45, Males = 36). Individuals who did not belong in mentioned age groups were excluded along with those who had physical or organic illnesses.

Convenience sampling method was used for the present study. Participants were individuals residing in Kolkata, West Bengal. All the participants were sent online questionnaire forms which also included a consent form.

#### *Procedure*

The individuals who fit the selection criteria were sent online questionnaire forms. They were assured that their data and results would be kept under confidentiality and would strictly be used for research purposes. The questionnaires were available for responding only after the

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respondent willingly provided consent to participate voluntarily, knowing the nature of the study. Data was collected and scored as per the scoring guidelines of each scale individually.

### *Scoring and Statistical Analysis*

The scores were tabulated and statistical analysis in the form of descriptive statistics (means and standard deviation) was carried out. The data was checked for normality and that led to parametric analysis of two-way ANOVA to find whether the variables assessed by the researcher differed significantly due to the quasi-independent variables of age and sex. As the results indicated that most of the variables did not vary significantly, it was reasonable to assume that the groups belonged to highly similar populations. Hence, in the later stage, while conducting the correlational analyses amongst the variables, the data from the groups were merged.

## **RESULTS**

*Table 1 showing means (M) and standard deviations (SD) for different age groups of 19-25 years old and 29-34 years old corresponding to psychiatric morbidity, body image, attitude towards sex, and interpersonal needs.*

Variables	19-25 Years (n = 87)		29-34 Years (n = 81)	
	M	SD	M	SD
GHQ (Psychiatric Morbidity)	3.26	3.40	3.00	3.08
Appearance Evaluation	3.39	0.85	3.57	0.82
Appearance Orientation	3.23	0.66	3.01	0.55
Body Area Satisfaction	3.30	0.75	3.55	0.73
Overweight Preoccupation	2.49	1.09	2.64	1.07
Self-classified Weight	3.38	0.87	3.61	0.69
Attitude towards Premarital Sex	43.04	9.07	36.95	11.03
Attitude towards Polygamy	26.05	7.31	24.86	8.77
Interpersonal Needs	22.54	11.84	21.24	11.20

*Table 2 showing means (M) and standard deviations (SD) for males and females on the whole irrespective of their belongingness to the different age groups corresponding to psychiatric morbidity, body image, attitude towards sex, and interpersonal needs.*

Variables	Females (n = 91)		Males (n = 77)	
	M	SD	M	SD
GHQ (Psychiatric Morbidity)	3.47	3.52	2.74	2.85
Appearance Evaluation	3.45	0.80	3.51	0.89
Appearance Orientation	3.24	0.61	2.99	0.61
Body Area Satisfaction	3.32	0.77	3.54	0.72
Overweight Preoccupation	2.69	1.07	2.42	1.05
Self-classified Weight	3.57	0.85	3.40	0.73
Attitude towards Premarital Sex	38.95	11.20	41.56	9.47
Attitude towards Polygamy	24.78	7.61	26.31	8.50
Interpersonal Needs	21.83	10.98	22.01	12.20

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*Table 3 showing F-values obtained from Two-Way ANOVA showing the significance of the differences between the different age groups, sex, and their interaction for psychiatric morbidity, body image, attitude towards sex, and interpersonal needs.*

Variables	Sources of Variance	F-Values	Sig.
GHQ (Psychiatric Morbidity)	Age	0.32	.573
	Sex	2.15	.144
	Interaction	0.00	.985
Appearance Evaluation	Age	1.586	.210
	Sex	.256	.613
	Interaction	.689	.408
Appearance Orientation	Age	6.016**	.015
	Sex	7.477**	.007
	Interaction	.007	.933
Body Area Satisfaction	Age	4.767*	.030
	Sex	3.776*	.054
	Interaction	.129	.720
Overweight Preoccupation	Age	.757	.385
	Sex	2.550	.112
	Interaction	.025	.875
Self-classified Weight	Age	3.473	.064
	Sex	1.685	.196
	Interaction	.473	.493
Attitude towards Premarital Sex	Age	14.912**	.000
	Sex	2.280	.133
	Interaction	.007	.931
Attitude towards Polygamy	Age	.804	.371
	Sex	1.471	.227
	Interaction	.092	.762
Interpersonal needs	Age	.493	.484
	Sex	.007	.931
	Interaction	.028	.868

Note. \*p<0.05, \*\*p<0.01

The significant differences from table 3 are summarized below:

**Results from Two-way ANOVA indicate that age-group differences significantly influence:**

1. Appearance orientation; the age group of 19-25 years have a significantly higher investment in their appearance (M= 3.23, SD= 0.66) in comparison to participants belonging to age group 29-34 years (M= 3.01, SD= 0.55).
2. Body area satisfaction; the age group of 29-34 years have a significantly higher satisfaction with their body areas (M= 3.55, SD= 0.73) in comparison to participants belonging to age group 19-25 years (M= 3.30, SD= 0.75).
3. Attitude towards premarital sex; the age group of 19-25 years have a significantly more positive attitude towards premarital sex (M= 43.04, SD= 9.07) in comparison to participants belonging to age group 29-34 years (M= 36.95, SD= 8.77).

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**Results from Two-way ANOVA indicate that sex-differences significantly influence:**

1. Appearance orientation; females have a significantly higher investment in their appearance ( $M= 3.24, SD= 0.61$ ) in comparison to males ( $M= 2.99, SD= 0.61$ ).
2. Body area satisfaction; males have a significantly higher body area satisfaction ( $M= 3.54, SD= 0.72$ ) in comparison to females ( $M= 3.32, SD= 0.77$ ).

**Table 4 showing correlation between psychiatric morbidity (GHQ), body image and its respective dimensions, attitude towards premarital sex, attitude towards polygamy, and interpersonal relationship needs across all data (N= 168).**

Variables	GHQ	AE	AO	BASS	OP	SCW	Premarital	Polygamy	IN
GHQ	1								
AE	-.321*	1							
AO	-.008	-.098	1						
BASS	-.387*	.771*	-.185*	1					
OP	.141	-.368*	.379*	-.419*	1				
SCW	.048	-.334*	.027	-.355*	.460*	1			
Premarital	.165*	-.100	.056	-.202*	.006	.063	1		
Polygamy	.153*	-.039	-.161*	-.145	-.033	.112	.318**	1	
Interpersonal Needs	.146	.005	.185*	-.028	.233*	.071	.188*	-.079	1

Note. \* $p < 0.05$ , \*\* $p < 0.01$

Table 4 provides the Pearson correlation between the selected variables. The significant correlations are summarized below:

1. The presence of psychiatric morbidity measured by GHQ is negatively correlated with appearance evaluation (AE),  $r(166) = -.321, p < 0.01$ .
2. The presence of psychiatric morbidity measured by GHQ is negatively correlated with body area satisfaction (BASS),  $r(166) = -.387, p < 0.01$ .
3. The presence of psychiatric morbidity measured by GHQ is positively correlated with attitude towards premarital sex,  $r(166) = .165, p < 0.05$ .
4. The presence of psychiatric morbidity measured by GHQ is positively correlated with attitude towards polygamy,  $r(166) = .153, p < 0.05$ .
5. Appearance orientation (AO) is negatively correlated with attitude towards polygamy,  $r(166) = -.161, p < 0.01$ .
6. Body area satisfaction (BASS) is negatively correlated with attitude towards premarital sex,  $r(166) = -.202, p < 0.01$ .
7. Interpersonal needs is positively correlated with appearance orientation (AO),  $r(166) = .185, p < 0.05$ .

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8. Interpersonal needs is positively correlated with overweight preoccupation (OE),  $r(166) = .233, p < 0.01$ .
9. Interpersonal needs is positively correlated with attitude towards premarital sex,  $r(166) = .188, p < 0.05$ .

### DISCUSSION

#### *The differences between emerging adults and young adults*

The findings indicate that the **emerging adults** have **higher investment in their appearance**, have **lower body area satisfaction** as compared to the young adults. The above findings may be linked to the different social factors of today's time and maintained by agents such as social media and trends (Fardouly, Vartanian, 2016). However, another possibility is that this is a characteristic feature associated with the age group itself. The period of emerging adulthood is endured between the ages 18 and 25; it is also described as *prolonged adolescence* by Erik Erikson (1968). During this period individuals are faced with a plethora of somatic and behavioral changes while they continue to develop the sense of self. Identity formation also continues in this stage and is coupled with social, cultural, and environmental factors which mediate the formation of a social identity. At this stage, the individuals are likely to explore different aspects of their selves as well as interpersonal relationships. Studies have confirmed that, they still depend significantly on the validation from others especially their peer groups and the social media. Therefore, being attractive in the eyes of others would play a strong role in their evaluation of their selves – especially their physical features. However, the young adults close to 30 years of age are likely to have made significant progress towards attaining a stable sense of identity, and hence have less focus on their physical appearance. This finding is also supported by the extensive work on body image by Cash and Pruzinsky (2000) which indicate that with ageing, an individual's investment towards their appearance decreases and the focus is shifted to maintaining one's physical health and wellbeing. The social comparison theory by Festinger (1954) indicates the possibilities of upward and downward comparison in evaluation of the self in social context, which also play a role in emerging adults who are active on photo-based social media apps and thereby enhance their investment in physical appearance.

Among the dimensions of sexual attitude, it was found that the group of **emerging adults had a more favorable attitude towards premarital sex**. Acceptance towards premarital sex is influenced by cultural norms, sex education, media, and socio-economic factors. The current generation has a more positive attitude towards premarital sex as the taboo linked to sex is changing and is being challenged. In addition to the changing cultural norms, another possibility is that, (Cantor, Acker, & Cook-Flanagan, 1992) with advanced age, the young adults may value deeply committed romantic relationships more. Such relationships are likely to be of great utility in maintaining the responsibilities associated with adult life.

Although differences have been found in the above-mentioned domains, most of the domains indicate no significant differences. Therefore, it is reasonable to assume that the emerging adults and the adults close to 30 years of age have a lot of aspects in common in terms of the variables chosen for this study.

#### *The differences across genders*

In the current study it was found that **females were more invested in their physical appearance** than males, whereas **males had a better overall body area satisfaction**. Fast-evolving trends drive women to a higher degree of appearance related consciousness (Ando, Osada; 2009) which may lead to being invested in following the trends to keep up with their

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desired appearance. Research indicates that as girls enter puberty, body image concerns become more common; by mid-adolescence, it is normative for girls to report weight dissatisfaction, fear of further weight gain, and preoccupation with losing weight. Findings by Untas et al., (2009) also suggest that females have less satisfaction about their own appearance and show more concern about their physical structure than males. Several societal influences might be associated with this trend. Women are more likely to be valued for their physical beauty by the society as well as industries which thrive on such standards of beauty. This is likely to make women more vulnerable to feel dissatisfied with their bodies and therefore invest more on their physical attributes. Social media, especially photo-based sites such as *Instagram* with its filters to enhance beauty provide a strong platform especially among women to trigger dissatisfaction about physical appearance and several studies (Cohen, Newton-John, & Slater, 2017) confirm this trend.

Although differences on these factors were found, none of the other variables studied showed a significant difference due to gender. Therefore, the data across all the groups were merged together while conducting correlation statistics.

### *The associations between variables*

Body image is influenced by social and interpersonal interactions with parents, peers, romantic partners, and strangers. The dynamics that emerge out of the interpersonal relationships play a significant role in the development of body image perception. These processes include reflected appraisals, feedback on physical appearance, and social comparison (Tantleff-Dunn & Gokee, 1995).

Positive feedback on physical appearance leads to the development of a positive attitude towards one's body and stimulates an overall positive perception of self, promotes self-esteem which contributes to psychological wellbeing. These appraisals and assurances may also negate the effects of unrealistic standards of attractiveness promoted by social media. On the other hand, negative feedbacks such as teasing and criticism drive social comparisons and may affect psychological health and perception of the body (Kostanski, Gullone, 2007).

The findings reveal that individuals with **higher interpersonal needs tend to place more importance towards appearance orientation, are more concerned about being overweight, and have a more favorable attitude towards premarital sex.** Individuals who have feelings of dissatisfaction within themselves are likely to have higher interpersonal needs. They might get some satisfaction due to validation by external sources. Their physical appearance thus becomes an important aspect which can fetch external validation, for which they are likely to invest on physical appearance and have lower tolerance for being overweight. Moreover, they might have a more favorable attitude towards premarital sex because sex can provide a sense of validation of their attractiveness in the eyes of others (Christian, 2017).

There is an **inverse relationship between appearance orientation and attitude towards polygamy.** Appearance orientation is associated with one's concern about physical appearance in public, which has been found to be associated with interpersonal needs and seeking external validation about being worthy. Accepting polygamy as a practice, on the other hand may pose two important risks to individuals with high appearance orientation. First, a large section of the society in India has an unfavorable attitude towards polygamy, and donning this stance puts a risk of being disapproved. Second, accepting polygamy may lead



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to lacking stability in the relationship and therefore, fail to provide the validation they need. However, more exploration regarding this relationship may be taken up in future studies.

The **negative association between body area satisfaction and premarital sex** found in the present study is in accordance with the findings of Christian (2017) could be due to the latter being a way to seek validation regarding one's acceptability. As already mentioned, within Indian culture premarital sex is still likely to be less acceptable and often met with negative judgment, especially with the persons nearing their 30s. Not indulging in sex before marriage is seen with high regard and the ones who are more assured with their bodily selves, probably prefer not to indulge in such acts. However, individuals with more interpersonal needs and lesser satisfaction with their bodily selves probably seek external validation through sexual intimacy.

The findings suggest that the adults who have **favorable attitude towards sex outside marriage are also likely to suffer from mental health problems**. Higher score in GHQ indicates mental health concerns and often lacks in domains of coping, self-regulation and psychological maturity. The findings strongly indicate negative attitude towards exploring sexuality outside the marital union is still prevalent amongst young adults of India. However, it is also noteworthy that, risky and often hazardous sexual activities have been found amongst several psychiatric diagnoses (Ramrakha et al, 2000).

The **negative correlation between GHQ and appearance evaluation as well as body area satisfaction** further emphasizes the fact that the ones with higher acceptance of their bodily selves are likely to be better adapted and thus have better states of mental health.

The findings reveal a **mental health concern (as measured by GHQ) has a significant positive correlation with attitude towards premarital sex and attitude towards polygamy**. In another study on Asian population, Zhao Jin et al (2021) also found risky sexual practices to be more prevalent amongst college students having mental health problems. This association can be understood in two ways. First, individuals who are more open towards sexual exploration outside committed relationships find it difficult to adjust with the traditional patterns which still exist at large in Indian culture. Second, such individuals have some underlying mental health concerns.

### CONCLUSION, LIMITATIONS AND IMPLICATIONS

With respect to inter-group differences across the variables, it was found that the younger age group (19-25 years) is more invested in their appearance while the older age group (29-34 years) has greater body area satisfaction. Females were found to be more invested in their physical appearance than males, while males were found to have a greater body area satisfaction. The younger age group was found to have a more favorable attitude towards premarital sex. With respect to associations between variables, it was found that good psychological health is positively correlated with body satisfaction but negatively correlated with attitude towards sex. Appearance evaluation and body area satisfaction were negatively correlated with attitude towards sex. Body investment (appearance orientation) and overweight preoccupation were positively correlated with interpersonal needs. Lastly, interpersonal needs were reported to be positively correlated with attitude towards premarital sex.

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Thus, the findings imply that the emerging adults have subtle differences from the older adults, as indicated by their increased openness towards pre-marital sex – either due to their age or due to the changing times. Furthermore, women are likely to be more vulnerable to feelings of dissatisfaction regarding their bodies. The mental health practitioners in India would be in a better position to deliver services if they remain aware of these developmental as well gender and culture-based nuances – some of which are similar to the developed western societies and some of which are in contrast to them.

The limitations of the current study are small sample size, not studying other related variables, etc.

The implications of the current study could be used to devise therapeutic interventions to address body dissatisfaction, emotional instability, skewed interpersonal relationships and associated needs. It can also provide insight to mental health counselors about the complexities surrounding these issues especially in emerging adults who are striving to build their identities.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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