



# Affect, Body Image, Self-Esteem and Sexual Satisfaction: Impact of Early Childhood Relationships

Elisha Virani<sup>1</sup>

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## Abstract

This quantitative study explores the rich tapestry of early childhood interactions and their substantial impact on a number of adult well-being variables. Using a broad sample size, the study seeks to identify the intricate relationships between early experiences and adult sexual satisfaction, body image, self-esteem, and positive and negative affect. The study uses a quantitative methodology, gathering data from a sizable and varied cohort with the use of surveys and standardised instruments. Early childhood connections are seen as a complex construct that includes impacts from peers, families, and society at large. The study looks for patterns and links between these variables using statistical analyses and correlation models. The findings of this research could make a substantial contribution to the domains of sociology, psychology, and human development by illuminating the long-term effects of early connections.

**Keywords** - Early Childhood Experiences · Positive Affect · Negative Affect · Body Image · Self- Esteem · Sexual Satisfaction

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✉ Elisha Virani  
[office@ijngp.com](mailto:office@ijngp.com)

<sup>1</sup> Psychologist, Gestalt Master  
Therapist and NLP Practitioner  
Mumbai, India

Our subjective opinion of ourselves is called self-image. It is a mental representation of who we believe we are. A self-image is an internal dictionary that lists traits like talent, intelligence, beauty, and selfishness with traits like kindness and beauty. These traits represent different parts of ourselves including our strengths and weaknesses, our assets and liabilities to form a whole “self” in our eyes. They come to represent the assortment of thoughts or emotions we have about ourselves, or our "self-perceptions.

Our motives, attitudes, and behaviours are influenced by how we perceive ourselves, and our emotional adjustment is also impacted considerably (APA, 2023).

Self-esteem is a vital component of the life process, necessary for normal, healthy development, and a necessity for survival. The degree to which a person believes that the characteristics and features that comprise their self-concept are positive is known as their self-esteem. It is an individual's subjective assessment of their physical appearance, their abilities and accomplishments, their values and perceived level of adherence to these values. In addition self-esteem is also influenced by how other people see and react to the individual. As one's overall perception of these characteristics and attributes gets more positive, so does their sense of self-worth. Mental wellbeing is regarded to require a reasonably high level of self-esteem and in fact feelings of worthlessness and low self-esteem constitute typical depressive symptoms. Patterns of self-esteem are formed early in life. For instance, when a child achieves a milestone, they feel proud of themselves based on the reactions they receive from those around them, this causes their self-esteem to develop. A newborn learns a "can-do" mentality when they successfully roll over after numerous failed tries. (APA, 2023)

Early on, the idea that success often results from perseverance is introduced (Smolak and Thompson, 2009). Children learn about their capabilities when they attempt, fail, try again, fail again, and then succeed. They are also developing a self-concept based on interactions with others at the same time. Because of this, parental guidance is crucial in assisting children in developing truthful, positive self-perceptions. In short, when a subjective sense of accomplishment after persevering is paired with positive reaction from those around us during our early years, it positively supports our self-concept.

How a person views their appearance and body type shapes their body image, which predominantly emerges between childhood and adolescence

(Smolak and Thompson, 2009). Multiple biopsychosocial elements interact during the construction of the body image. This is why this representation of the body might not be an accurate depiction of the objective and physical reality of the body (Rodríguez and Alvis, 2015). The cognitive-behavioural approach, which contends that an individual's perception of their body determines their body image, is backed by most of the previous research. According to Alleva et al. (2015), this multidimensional construct entails interactions between cognitive, emotional, perceptual, and behavioural variables.

People may feel satisfied with or unsatisfied with their bodies depending on how they mentally picture their bodies. According to Brausch and Gutierrez (2009) and Nayir et al. (2016), adolescent eating disorders, low self-esteem, anxiety, melancholy, and even suicidal thoughts are all associated with dissatisfaction. An obsessive internalisation of a specific body type and weight has detrimental implications on health.

Bowlby (1969) claimed that children are pre-programmed from birth to form attachments and keep close contact with their primary attachment figure, which is usually their mother but may be any person filling that child's mother-figure role. He made a conscious effort to avoid using deficient terminology like "dependency" and "overdependence," which had previously been used to describe what Bowlby called "attachment behaviours." Instead, he chose to use the term "attachment." Attachment behaviours were defined as "seeking and maintaining proximity to another individual" (Bowlby, 1969). These behaviours allow infants to show signs of attachment, such as crying and smiling, or to approach, such as clinging and following (Ainsworth & Bell, 1970).

Children who have closed attachment relationships with secondary attachment figures are those who are well-known to their primary attachment figure (Bowlby, 1969). Bowlby claimed that secondary attachments, which can change in identity and

quantity in contrast to enduring primary attachments, can reassure children when their major attachment figure isn't around.

The influence of the family on the development of body image is one topic that has been researched extensively. The tripartite model of body dissatisfaction includes the involvement of the family as one of the major predictors, along with the impact of peers and sociocultural variables (Thompson et al., 1999; Keery et al., 2004). They affect both body dissatisfaction and the emergence of eating disorders. Like other types of social learning, the family has both direct and indirect effects on how a person develops their body image (Bauer et al., 2017).

Parents' remarks on children's body types and/or the necessity for weight control are examples of direct impact (Francis and Birch, 2005), but parents' actions towards their own bodies are examples of indirect influence (Cooley et al., 2008). Both forms of influence may send a variety of signals, such as the value of the body's functionality, the necessity of living a healthy, active lifestyle with family members, messages of love and respect, or, on the other hand, body dissatisfaction (Carbonneau et al., 2020).

While the mother-daughter dynamic has been the focus of many studies with respect to body dissatisfaction, recent research highlights the significance of parental influence in general and parental criticism of the child's body in particular (Chng and Fassnacht, 2016; Wansink et al., 2017). Similarly, Biolcati et al. (2020) emphasise that parents have a stronger impact during adolescence and early adulthood. They also suggest that negative remarks made by parents about the onset of body dissatisfaction at different phases of a child's life have an effect on females. McLaughlin et al. (2015) employed both qualitative and quantitative methodologies to investigate dyads comprising 145 mothers and 145 daughters. The researchers concluded that young girls, aged 8 to 12, and their mothers shared a common understanding of the

negative effects of body-shaming and comments towards the body on the emergence of body dissatisfaction.

Numerous studies have looked at body dissatisfaction in youngsters, however a majority of these concentrate on adolescent or adult women. (Dion et al., 2016). According to various experts, most societies throughout the world experience societal pressure to maintain a slender physique (Izydorczyk & Sitnik-Warchulska, 2018). This pressure is also evident in Western civilization. Uncertainty surrounds the social influence or prevalence of a drive for muscularity. In addition, research shows that body dissatisfaction, weight-controlling behaviours, and a mother's obsession with thinness affect how girls develop body dissatisfaction (Bauer et al., 2013). Previous research has not examined mother-son dyads despite the growth in body dissatisfaction among boys. Even though studies on fathers' body dissatisfaction and its connection to children's bodies are lacking (Matthews-Ewald et al., 2015; Chng and Fassnacht, 2016; Biolcati et al., 2020), the father is crucial to children's healthy development.

The association between daughters' internalisation of cultural expectations of thinness and body dissatisfaction and dads' mocking has not received much research, despite the potential health consequences (Keery et al. 2005).

Parents might also affect young teenagers' opinions of their bodies indirectly by changing the way they see themselves. Studies have shown that parents who are critical and unsupportive (e.g. expressing displeasure with their own or their children's weight or teasing them about it) may have an impact on their children's self-perception (Helfert & Warschburger 2011; Paxton et al. 2006). Results in this area have been consistent for both genders.

Compared to men, women are less content with their bodies (Biolcati et al., 2017). According to the objectification theory (Fredrickson & Roberts, 1997), women are frequently the targets of bodily

objectification in western culture, with people judging a woman's worth mostly on the basis of her appearance. The idea that women internalise from society—that their value is mostly determined by how others perceive them—raises the significance of positive body image for women's health.

According to Brownmiller (1984), women may be encouraged to compete with one another in the particular categories of physical appearance and weight. She bases this assertion on research demonstrating that women claim to quickly and instinctively compare themselves to other female roommates when they walk into a room in order to assess who is more attractive and how much heavier they are. Not just women but people in general are under increasing pressure to live up to cultural norms. It has also been shown that men are not very content with their bodies either (Drewnowski & Yee, 1987).

People are more prone to feel ashamed when they fall short of their perception of the "ideal" body and when attaining that ideal is their top priority (Silberstein, Striegel-Moore, & Rodin, 1987). Societal pressure and shame are the main causes of women's obsession with their beauty. While both guilt and shame are unfavourable, self-conscious feelings, recent empirical literature has distinguished between the two (Burney and Irwin, 2000).

The focus of guilt is on a single action (or inaction), which is fundamentally a question of conscience and personal values that affects only the individual. As a result, internal mediation occurs. Guilt may motivate reparative action, but shame is more likely to make someone desire to hide a defective self, or as June Tangney puts it, "to sink into the floor and disappear" (Tangney, 1995). Shame is inherently public, even though there is an implied, if not actual, audience. It has also been connected to escape, avoidance and distancing as coping strategies for stressors, pessimism and despair, and the fear of being judged negatively by others (Lutwak & Ferrari, 1997). However, guilt has traditionally been

seen as more adaptive, leading the person towards reparative action and fostering empathy (Tangney, 1995). According to Baumeister et al. (1995), it has a positive correlation with moral behaviour and other-oriented empathy. It goes without saying that thinking back on one's physical image and considering other people's opinions—especially negative ones—can result in embarrassment.

A positive body image has been linked to women having more fulfilling sexual relationships. On the other hand, having a negative body image is frequently identified as a risk factor in this area. Since the relationship between body image and sexual function is somewhat independent of actual body size or mass, body image may have a greater influence on the general well-being and sexual functioning than her actual body dimensions.

Women's focus on their body may cause them to lose interest in their partners' erotic cues and the enjoyable experiences of having sex, which may lower their level of sexual enjoyment and self-efficacy. Women who continuously compare their bodies to cultural norms may feel shameful about their bodies. This can weaken their relationship and even lead them to entirely give up on sexual activity in an effort to cope with these unpleasant emotions. Because of this, having a negative body image can begin to feedback on itself by decreasing one's desire for sex, sense of intimacy with a partner, and receptivity to sex.

The inclination to engage in sexual activity is a common description of sexual desire. Both internal and environmental factors may be the cause. Sexual desire is frequently seen to precede sexual arousal and sexual action at the physiological level, and it also serves as a modulator of the two. While a number of research studies have found a strong correlation between sexual desire, sexual arousal, and sexual behaviour, other studies have not reached the same result. Psychologists see sexual desire as a driving force behind both relationship and sexual fulfilment, even if its expression depends on both intrapersonal and interpersonal factors.

Social conventions and expected behavioural patterns connected to sexual desire might be influenced by gender stereotypes. Research comparing men and women revealed that men were more likely to express the want for sexual release, an orgasm, and pleasing their partner, while women were more likely to support the need for connection, emotional intimacy, love, and the perception of being sexually desirable.

Shame is a general phrase for a range of emotions that can be evoked both inside and outwardly. Feelings of hopelessness, inadequacy, flaw, and inferiority can appear as a result. Shame has a negative impact on intrapersonal health, interpersonal interactions, and is linked to depressive disorders, low levels of self-efficacy, and poor overall mental health. Three components make up the specific sort of shame known as sexual shame: relationship-related sexual shame, internalised sexual shame, and sexual inferiority. Feeling disgusted or ashamed of one's identity as a sexual being is known as sexual shame. Relational sexual shame highlights emotions that are related to other people and involves social relationships. Feelings of embarrassment, disgust, abnormality, and inadequacy are all examples of internalised shame.

Better degrees of orgasmic reaction during partnered sex have been linked to higher levels of self-acceptance of one's physical beauty and a positive body image. But it's thought that body dissatisfaction reduces arousal and desire, increases psychological distress and diminishes the pleasure and orgasmic response during partnered sex. Sexual dyadic mutuality and enjoyment are quickly impeded by negative feelings and concerns about body image, as these are predicated on the assumption that both partners are having fun during the act. It is unclear how having a negative body image connects to your orgasmic/sexual reaction when you are masturbating, even though it may make you less receptive to partner sex. In particular, how negative body image may contribute to a fear-

inducing evaluative process that primarily occurs during partnered sex and orgasmic capacity.

### **Review of Literature**

An increasing body of knowledge about child physical abuse has sparked interest in both stopping the immediate pain of the victim as well as identifying and preventing the complex and long-lasting impacts that can manifest throughout the victim's life. Youngsters who have been physically abused frequently struggle socially, academically, and in paying attention in class. For instance, compared to their non-abused peers, abused children have shown signs of social inhibition, isolation, and decreased cooperation (Camras & Rappaport, 1993; Howes & Espinosa, 1993). Subtly, abuse survivors show a higher propensity for emotional problems like depression, anxiety, and post-traumatic stress disorder (Pelcovitz et al., 1994). The employment of basic defence mechanisms including projection, splitting, and dissociation has been linked to personality disorders and abuse histories (Kirby, Chu, & Dill, 1993). The development of related patterns characterised by avoidance and interpersonal sensitivity has also been linked to abuse (Margo & Mc Lees, 1991).

Related styles that are marked by avoidance and interpersonal sensitivity are likewise linked to abuse (Margo & Mc Lees, 1991; Surrey et al., 1990). Attachment issues, low social competence, dependency, sexual maladjustment, hostility, and violent behaviour are all reported in studies of social and antisocial functioning (Nicholas & Bieber, 1996).

Psychological abuse can cause severe trauma to a growing child or adolescent, impacting their psychological and social development and leading to abnormalities and dysfunctions in their development. According to Alessandri and Lewis (1996), episodes of abuse in childhood may give birth to negative representational models of the self, attachment figures, and one's relationship with important individuals. In instance, parents' inability

to provide for their child's basic necessities may give birth to mental images of oneself as unlovable and of others as unreliable sources of support (Hadley et al., 1993).

Mental representation is a fundamental concept in cognitive science, developmental psychology, social cognition, and psychoanalytic philosophy. Research indicates that children form self- and other-related cognitive-affective schemas through their interactions with primary caretakers. Interpersonal behaviour is based on these schemas of the self and other, which act as "heuristic prototypes" (Blatt & Auerbach, 2000). Bad self- and other-representations have been shown to cause negative social interactions and the development of defensive mechanisms by abused children as a way to manage feelings of insecurity (Cicchetti & Rogosch, 1997).

Cook (1987) claims that shame is such a strong feeling that it requires defences to alleviate the suffering, and that barriers may become ingrained in a child's defensive script through repeated triggering. Blatt (1990) refers to psychological defences as "Cognitive-affective processes through which individuals avoid recognising and acknowledging conflict and through which they attempt to deal with conflictual aspects within themselves and in reality." They limit shame, humiliation, and guilt by altering the relationship between self and object and between thought and affect.

Although childhood abuse is linked to deficiencies in object interactions, it is unclear how well various assessments do in terms of evaluating this connection. Malevolence assessments that relied on TAT ratings were unable to make any kind of distinction between abuse and non-abuse. These findings suggest that the best methods for assessing malevolent object interactions among urban-dwelling women who had been abused as children are early memory narratives and malevolence ratings (Adams et al. 2021).

Positivity or negativity, a person's self-image also has an impact on their worldview. According to Alfred Adler, a positive or negative viewpoint is known as "fiction finalism," and it becomes the person's guiding self-ideal throughout life. Mothers play the most important role in the development of these viewpoints. In the social context, the mother-child bond serves as an example. Children tend to develop self-concept if a mother maintains a good and cooperative environment. On the other hand, if she raises her kids to act in their own best interests, they will probably grow up to be rude to others. As a result, mothers assume the role of the children's primary carer when it comes to developing their self-concept (Halifah, Anshar, 2019).

Children's perceptions of their parents have a significant impact. Parental perception is the foundation for all parental activities, whether they are positive—like showing compassion—or negative—like reprimanding, screaming, or labelling—their children. The way that children perceive their parents (or other key caregivers) has an impact on how they perceive themselves and how they respond to others. Children can be influenced by the messages conveyed either verbally or nonverbally (Satidarma et al., 2021)

Mothers verbally abusing their children frequently is a sign of ineffective parenting. The children's anger towards the mother will be suppressed since they are dependent on her, which means that the children will become anxious and hostile towards themselves as a result of suppressed attacks. Nonverbal aggression such as a sarcastic stare, a pinch, a hit, and other behaviours have also been known to cause anxiety in children. This is because children have a variety of interactions with people around them. These people are expected to be kind and gentle for the most part. But instead children have to endure aggression from these people and therefore have negative experiences during these interactions. Observation and discussion about interaction between mothers and their children led to the discovery that mothers often tend to criticise their children's physical attributes. The deficiencies

that children's bodies have by nature are mentioned at the outset of a tale. Mothers tend to place more emphasis on the undesirable physical traits, such as being "lotong" (black), "dongkong" (thin), and so on. This poses a serious threat to children's ability to feel for themselves intellectually and physically. Finally, children tend to focus on the bodies of others as a standard for what constitutes an ideal body while dismissing their own bodies (Halifah, Anshar, 2019).

An analysis of the research supporting the link between childhood abuse and problems with body image during adulthood was conducted. In order to learn more about the mechanisms underlying the connection, information on mediator variables and subtypes of maltreatment was also added. Additionally, researchers wanted to investigate how body image issues contribute to the development of poor mental health outcomes linked to childhood abuse. Both in clinical and community samples, the findings show a strong correlation between childhood abuse and cognitive-affective body image. According to included research (N = 40), people with posttraumatic stress disorder (PTSD) who experienced abuse as children have particularly severe body image issues. Maltreatment during childhood is a distal risk factor for the development of a negative cognitive-affective body image (Bödicker et.al., 2022).

A significant correlation was observed by the mediation model between (i) higher levels of self-criticism and (ii) higher levels of traumatic childhood experiences and body dissatisfaction. As a result, a positive correlation was discovered between childhood trauma and elevated levels of self-criticism, which could perhaps be accounted for by the indirect association with rising levels of body dissatisfaction. These results highlight the strong links between trauma in early life and development of body dissatisfaction among young women and the function of self-criticism as a coping mechanism as a result of this link (MomeÇe et al., 2023).

Early trauma exposure such as frequent, protracted physical and sexual abuse of children can have serious, long-lasting impact on one's psyche (Lanius et al., 2010). This kind of trauma generally involves interpersonal relationships, physical integrity violations, susceptible developmental stages, and situations that make escape impossible. The effects of such traumatic events are complicated and encompass a variety of abnormalities in self-regulatory abilities in addition to symptoms of post-traumatic stress disorder (re-experiencing, avoidance/numbing, and hyperarousal). Patients who had experienced trauma in their early years had very impaired bodily experiences. Both the relationships with the frequency of dissociative symptoms and the associations with the intensity of trauma symptoms were weak (Scheffers et.al. 2017).

An obsessive or crippling fixation on a perceived or negligible physical imperfection is the hallmark of body dysmorphic disorder (BDD) (American Psychiatric Association, 1994). Research indicates that BDD affects 1.3% of patients in mental hospitals, 2% to 13% of student samples, and between 7% and 1.1% of community samples (Phillips, 2001). Extremely low psychosocial functioning and life satisfaction are associated with BDD. (Mendez, Fay, Pagano, and Phillips, 2005). In a study by Didie et.al. (2006), 40% of the participants reported experiencing serious abuse. The degree of reported abuse and neglect among females (n=52) was greater than the average for a sample of women from a health maintenance organisation (HMO). The only form of maltreatment that was substantially correlated with the severity of present BDD was the severity of sexual abuse (Didie et.al. 2006).

Threats to one's physical integrity, however, as well as bodily transgressions, can cause significant harm to this process (Sack et al., 2010). Furthermore, painful memories—which are often associated with the body—can result in a loss of contact with the body as well as a rejection and withdrawal from it. Because of this, traumatised individuals often find

it difficult to focus on their own inner sensations and feelings and may even reject that they are conscious of their bodies (Van der Kolk, 2006).

Additionally, those who experience traumatic events repeatedly as children frequently develop negative attitudes towards their bodies, including body shame, feelings of disgust or hatred for their bodies or specific parts of them, body dissatisfaction, and low self-esteem (Wenninger & Heiman, 1998). Additionally, they commonly express diminished sensations of health and physical vitality (Wenninger & Heiman, 1998).

Age and body mass index were closely matched in a group of 1664 girls (832 sexually abused and 832 not sexually abused) who replied to a survey in *Shape* magazine. A significantly decreased contentment with themselves and in relationships, more body dissatisfaction and self-consciousness, and decreased comfort with engaging in sexual activity with the lights on and changing in front of their partner were all reported by sexually abused women as compared to non-abused women. Lack of control over one's body, eating disorders, and confusion over one's sexual identity were additional effects of sexual abuse. Results are discussed in relation to the study's constraints and recommendations for therapeutic approaches and methods for clinicians to support their patients/clients as they cope with the trauma of abuse. This is because sexual abuse affects survivors in every aspect of their lives (Cooke & Ackard, 2000).

It is ambiguous if early trauma is connected to sexual harassment because there is evidence that links early victimisation to subsequent sexual assault. Since previous research has examined coping and resilience as modifiers or buffers against the negative impacts of childhood victimisation and sexual assault, these factors were researched in relation to sexual harassment. An online survey instrument was used to collect self-report data on childhood trauma, sexual harassment, coping strategies, and resilience from a sample of 583

young adults (ages 18 to 25). A path analysis revealed that young people who suffered trauma as children had a higher likelihood of being sexually harassed as adults. Resilience did not reduce the association between childhood trauma and sexual harassment in young adulthood; instead, coping did. In particular, Jenkins et al. (2022) found that there was a positive correlation between trauma and sexual harassment when coping was low to moderate, but an inverse relationship when coping was greater.

Some acronyms for this logical, safe, and consensual sex-based ideology include BDSM, or bondage and discipline, dominance and submission, and sadism and masochism. The belief that BDSM is aberrant or deviant is based on the idea that sexual pleasure obtained through unorthodox means is unhealthy and indicative of either a lack of social acculturation or childhood trauma. Additionally, this suggests that a person with poor self-esteem engages in consenting non-conventional sexual behaviour. Researchers looked at the connection between the prevalence of childhood trauma and the self-esteem of BDSM practitioners. In the exploratory study, the Childhood Trauma Questionnaire-Self Report (CTQ-SR; Bernstein & Fink, 1998) was used to gather data on demographics, as well as to measure self-esteem using Rosenberg's Self-Esteem Scale (Rosenberg, 1965) and to determine whether any childhood trauma had occurred, including sexual abuse, emotional abuse, physical abuse, and emotional neglect. People who self-identified as BDSM practitioners were contrasted with non-practitioners. Based on the data, there was no significant difference in the occurrence of childhood trauma between participants in the BDSM and those who did not. However, participants in BDSM scored far higher than non-participants on emotional abuse and emotional neglect. In attempting to determine the psychological composition of BDSM participants, the results show two distinct but related patterns. This demonstrates the close connection between



BDSM and emotionality. (Wismeijer & Van Assen, 2013; Ashok, 2017).

Numerous studies on sexual self-concept have been conducted over the past few decades, and as a result, it is now understood that this aspect of sexuality is crucial to maintaining good sexual health. A person's sexual self-concept is how they see themselves as a sexual creature. It specifically refers to how people view themselves as sexual beings (Deutsch et al., 2014). The majority of the development of the sexual self-concept occurs during adolescence and adulthood, based on experiences, sexual growth, and social expectations. Sexual self-concept is thought to be especially susceptible to the effects of Childhood Sexual Assault (CSA) because of the particulars of this trauma (i.e., a toxic combination of interpersonal harm, violent exploitation of one's body, and a transformation of an act of connectedness into an act of submission). Over time, the association between CSA and experience of enjoyment in romantic relationships was mediated in part by self-criticism. Additionally, it was shown that the happiness of romantic relationships had a scarring effect on attachment avoidance. According to research, CSA may result in higher levels of self-criticism, which may then be connected to lower relationship satisfaction, creating a vicious cycle between relationship satisfaction and attachment avoidance (Lassri & Shahar, 2012).

## Method

### Objectives

This research has the following objectives

- To understand the relationship between socialisation with parents and body image.
- To understand how negative affect impacts sexual satisfaction with their romantic partner and their self-esteem.

### Hypotheses -

- There exists no significant relationship between the participants' relationships with both parents and positive affect.
- There exists no significant relationship between the participants' relationships with both parents and negative affect.
- There exists no significant relationship between the participants' relationships with both parents and body image.
- There exists no significant relationship between the participants' relationships with both parents and self-esteem.
- There exists no significant relationship between the participants' relationships with their mothers and sexual satisfaction.
- There exists no significant relationship between the participants' relationships with their fathers and sexual satisfaction.
- Body image is not significantly related to positive and negative affect.
- Self-esteem is not significantly related to positive and negative affect.
- Sexual satisfaction is not significantly related to positive and negative affect.

### Variables -

**Independent Variables** - Relationship with their mothers and fathers

**Dependent Variables** - Positive Affect, Negative Affect, Body Image, Self-Esteem, and Sexual Satisfaction.

### Instruments Used -

- **The Parent Adult-Child Relationship Questionnaire (PACQ) (Peisah et. al., 2017)** - The questionnaire is based on a 4-point Likert scale. It evaluates the participant's connection with their mother and father through thirteen items each (a total of 26 items)
- **Positive and Negative Affect Schedule (PANAS-SF) (Watson, D., Clark, L. A., & Tellegen, A. 1988)** - Twenty items make up this scale: ten of them gauge positive

- emotions (such as inspiration or excitement) and ten of them gauge negative emotions (like upset or fear). A five-point Likert scale is used to assess each item, with 1 representing very minimally or not at all and 5 representing highly, to indicate how much the influence has been felt over a specific time period.
- **Body Image Scale** - A 5-point Likert scale consisting of thirty distinct body traits—extremely satisfied, satisfied, neutral, dissatisfied, and very unhappy—is used to ask the participant to score each distinctive body aspect. Each of the thirty items falls into one of 3 basic categories based on how significant a body feature is in defining gender: primary sexual characteristics (like breasts), secondary sexual characteristics (like hips), and the assumed hormonally neutral body characteristics (like nose). A higher score indicates greater unhappiness.
- **Rosenberg Self - Esteem Scale (Rosenberg, M. 1965)** - Ten items total—five for positive and negative respectively—are included in this questionnaire that asks respondents to rate their overall, positive, or negative self-perception. The scale is believed to be one dimension. A 4-point Likert scale, including responses ranging from strongly agree to strongly disagree, is used for all responses. The scores for items 2, 5, 6, 8, and 9 are reversed. An overall self-esteem score is calculated by adding the results for each of the ten items. Higher self-esteem is indicated by higher scores.
- **The New Sexual Satisfaction Scale (Štulhofer, Buško, & Brouillard, 2011)** - Sexual satisfaction is measured using multidimensional self-report scales designed for both clinical and non-clinical groups. The conceptual foundation of the NSSS is based on the literature on sexuality counselling and psychotherapy and is gender, sexual orientation, and relationship

status neutral. It concentrates on several aspects of sex enjoyment. Participants are asked to score each item based on the degree of satisfaction with their sex life over the past six months using a 5-point Likert type scale where 1 = not at all satisfied, 2 = little satisfied, 3 = moderately satisfied, 4 = very satisfied, 5 = extremely satisfied.

## Sample Description

### Sample Size -

Data was collected from 102 people in the sample. There were 95 participants in total for the study because 7 of the 102 participants did not meet the inclusion requirements. All participants were from big cities in India and between ages 20–50 age

- To understand how negative affects impact body image, self-esteem, and sexual satisfaction with their romantic partner.

### Sample Inclusion Criteria -

- Participants who are married for at least 6 months to one year.
- Participants who have been in a relationship for the past 6 months to one year.
- Participants who are sexually active.
- Participants residing in the Indian subcontinent.

### Sample Exclusion Criteria -

- Participants who are in situationships or other casual relationships.
- No diagnosed mental health conditions, including but not limited to anxiety, depression, affective disorders, personality disorders, etc in the last six months.
- No significant life events pertaining to bereavement, grief in the last six months.

**Research Design -**

This was a quantitative study which had a correlational research design in order to study

- The impact of early caregivers’ affection, nurturance or neglect, and abuse on the body image of the participants.
- To understand how negative affects impact body image, self-esteem, and sexual satisfaction with their romantic partner.

**Statistical Analysis -**

For each variable, descriptive statistics were computed. In order to comprehend the response distribution throughout the sample population, normality (the Shapiro-Wilk Test) was conducted. To determine the correlation between the variables used for the study, Pearson’s Correlation was utilised.

**Results**

Table 1 showing the mean and standard deviations of the variables in the study.

Variables	Mean± Standard Deviation						
Age	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%; text-align: right;">Female</td> <td style="width: 10%;"></td> <td style="width: 75%;">31.20 years ± 3.747</td> </tr> <tr> <td style="text-align: right;">Male</td> <td></td> <td>34.46years ± 4.759</td> </tr> </table>	Female		31.20 years ± 3.747	Male		34.46years ± 4.759
Female		31.20 years ± 3.747					
Male		34.46years ± 4.759					
Married/ Committed relationship	75.58 months ± 57.369						
Relationship between the Participant and the mother	17.35 ± 6.943						
Relationship between the Participant and the father	21.93 ± 5.748						
Positive Effect	35.31 ± 7.469						
Negative Effect	21.81 ± 6.456						
Body Image	113.77 ± 15.328						
Self – Esteem	27.084 ± 4.010						
Sexual – Satisfaction	73.94 ± 17.029						

Table 1 showcases the mean and standard deviation pertaining to age and gender distribution, number of months of marriage/ committed relationship, participants' relationships with both parents, positive, and negative affect, body image, self-esteem, and sexual satisfaction of the participants in this study.

Table 2 showing the Test of Normality

Shapiro – Wilk			
Variables	Statistic	df	Sig
Relationship between The child and mother	.983	.95	.242
Relationship between The child and father	.978	.95	.110
Positive Affect	.979	.95	.129
Negative Affect	.976	.95	.074
Body Image	.991	.95	.743
Self- Esteem	.968	.95	.021
Sexual Satisfaction	.977	.95	.088

It can be seen from the table 2 that the significance level at 95% of the variables such as relationship between the participant and the mother, relationship between the participant and the father, positive affect, negative affect, body image, and sexual satisfaction are greater than 0.0., hence are normally disturbed. However, the significance level at 95% of the variable, self-esteem is less than 0.05 and therefore is not normally distributed across the sample of population.

Table 3 showing correlation matrix between relationship of the participants with their mothers, positive affect, negative affect, body image, self-esteem, and sexual satisfaction.

		Positive Affect	Negative Affect	Body Image	Self- Esteem	Sexual Satisfaction
Relationship between the participants and their mothers	Pearson's correlation coefficient (r)	-.238	-.023	.035	-.037	-.161
	Sig. (2-tailed)	.020	.828	.740	.720	.119

Table 3 shows Pearson's correlation results between the relationship of the participants with their mothers, positive affect, negative affect, body image, self-esteem, and sexual satisfaction among participants in the study. There exists no significant correlation between positive affect and relationship between the participants and their mothers ( $r = -.238, p > 0.05$ ). There exists a significant correlation between the relationship of the participants and their mothers and negative affect ( $r = -.023, p < 0.05$ ), indicating a negative weak correlation between the two variables. There exists a significant correlation between the relationship of the participants and their mothers and body image ( $r = .035, p < 0.05$ ), indicating a positive weak correlation between the two variables. There exists a significant correlation between the relationship of the participants, their mothers and self-esteem ( $r = -.037, p < 0.05$ ), indicating a negative weak correlation between the two variables.

There exists no significant correlation between sexual satisfaction and relationship between the participants and their mothers ( $r = -.161, p > 0.05$ ).

Table 4 showing correlation matrix between relationship of the participants with their fathers, positive affect, negative affect, body image, self-esteem, and sexual satisfaction.

		Positive Affect	Negative Affect	Body Image	Self- Esteem	Sexual Satisfaction
Relationship between the participants and their fathers	Pearson's correlation coefficient ( $r$ )	-.069	-.122	-.010	.028	-.037
	Sig. (2-tailed)	.504	.239	.920	.787	.722

Table 4 shows Pearson's correlation results between the relationship of the participants with their father, positive affect, negative affect, body image, self-esteem, and sexual satisfaction among participants in the study. There exists no significant correlation between positive affect and relationship between the participants and their father ( $r = -.069, p > 0.05$ ). There exists no significant correlation between negative affect and relationship between the participants and their father ( $r = -.122, p > 0.05$ ). There exists a significant correlation between the relationship of the participants, their father and body image ( $r = -.010, p < 0.05$ ), indicating a negative weak correlation between the two variables. There exists a significant correlation between the relationship of the participants, their fathers and self-esteem ( $r = .028, p < 0.05$ ), indicating a negative weak correlation between the two variables. There exists significant correlation between sexual satisfaction and relationship between the participants and their fathers ( $r = -.037, p > 0.05$ ) indicating a negative weak correlation between the two variables.

Table 5 showing correlation matrix between positive affect and body image, self-esteem, and sexual satisfaction.

		Body Image	Self- Esteem	Sexual Satisfaction
Positive Affect	Pearson's correlation coefficient (r )	.124	.225	.288
	Sig. (2-tailed)	.232	.028	.005

Table 5 shows Pearson's correlation between positive affect, and body image, self-esteem, and sexual satisfaction among participants in the study. There exists no significant correlation between positive affect and body image ( $r=.124, p>.05$ ). There exists no significant correlation between positive affect and self-esteem ( $r=.225, p>.05$ ). There exists no significant correlation between positive affect and sexual satisfaction ( $r=.288, p>.05$ ).

Table 6 showing correlation matrix between negative affect and body image, self-esteem, and sexual satisfaction.

	Body Image	Self- Esteem	Sexual Satisfaction
Negative Affect Pearson's correlation coefficient (r )	.023	-.196	.008
Sig. (2-tailed)	.823	.056	.938

Table 6 shows Pearson's correlation between negative affect, and body image, self-esteem, and sexual satisfaction among participants in the study. There exists significant correlation between negative affect and body image ( $r=.023, p<.05$ ), indicating a negative weak correlation between the variables. There exists no significant correlation between positive affect and self-esteem ( $r=-.196, p>.05$ ). There exists a significant correlation between positive affect and sexual satisfaction ( $r=.088, p>.05$ ), indicating a positive weak correlation between the variables.

Table 7 showing correlation matrix between body image, and self-esteem, sexual satisfaction.

		Self- Esteem	Sexual Satisfaction
Body Image	Pearson's correlation coefficient (r )	.198	.206
	Sig. (2-tailed)	.055	.045

Table 7 shows Pearson's correlation between body image, self-esteem, and sexual satisfaction among participants in the study. There exists no significant correlation between body image and self-esteem ( $r=.198$ ,  $p>0, 05$ ). There exists no significant correlation between body image and sexual satisfaction ( $r=.206$ ,  $p>0, 05$ ).

### Discussion

The main objective of the study was to assess the relationship with both of their parents and how it is related to body image, self-esteem, and sexual satisfaction.

It was hypothesised that there exists no significant relationship between the relationships of the participants with their mothers and fathers, and positive affect, negative affect, body image, self-esteem, and sexual satisfaction. There exists no significant relationship between positive and negative affect, and body image, self-esteem, and sexual satisfaction. There exists no significant relationship between body image, self-esteem, and sexual satisfaction.

Data collected from 95 participants was analysed. The study's participants, who were from major Indian cities, ranged in age from 18 to 38 years.

Because children are reliant on their care-givers, children are continuously exposed to the nature of the relationship connection in their families. Studies show that the adjustment to motherhood and the additional obligations that come with it often results in a decline in partner quality for couples (Belsky & Rovine, 1990). Very little study has examined partner quality in relation to social outcomes in children, such as peer relationships. Developmental tasks may influence a child's adjustment problems (Grych & Fincham, 1990). A study found a correlation between children's self-reported peer conflict resolution and friendship quality and their mothers' and daughters' evaluations of the quality of the marital conflict's resolution (Kitzmann & Cohen, 2003). According to other studies, children's negative emotional expression and peer disobedience are related to parent-reported and observed marital negativity and conflict (Buehler & Gerard, 2002). The relationship between marital quality and children's interactions with unfamiliar peers was found to be moderated by observed



maternal negative affect during play sessions in the presence of the child, according to Cookston, Harrist, and Ainslie (2003); a significant relationship was found only for children whose mothers displayed negative affect.

Through the dynamics of parent-child contact, the marital (partner) relationship may also have an impact on the social functioning of children. One important and relevant idea used to explain this link is the "spillover hypothesis," which suggests that characteristics (such mood or behaviour) of one connection may flow over to another within families (Emery, Hetherington, & Dilalla, 1984). Children from families with high levels of shared positive affect are better liked by their peers and behave less hostilely towards them (Boyum & Parke, 1995) (Dunn & Brown, 1994).

Psychologically, people do not exist independently of the entirety of their interpersonal connections, according to systems theory, whose central tenet holds that every action in a dyadic relationship is jointly determined by the behaviour of both partners (Bronfenbrenner, 1986). Together, the partner and the person define the individual's action at any given time. When it comes to early parent-child interactions, bidirectional reciprocal connections between an actively perceiving baby and their parent are thought to be the basis of growth for both the parent-child relationship and the individual parent (Posada & Waters, 2018).

When a parent and the child experience pleasant emotion together, it fosters sentiments that support positive emotional expression and increase the chance of repeating positive interactions within the dyad (Lunkenheimer, Hamby, Lobo, Cole, & Olson, 2020), parent and children structure their connection in a way that optimises each partner's emotional results by jointly creating a pleasant socialisation environment. This argument is supported by evidence that positive emotion shared between parents and children is associated with more secure attachment relationships between mother and child (Lindsey et al., 2019) and

increased child internalisation of parental socialisation goals (Kochanska, Forman, Aksan, & Dunbar, 2005).

While father-child relationships are marked by the co-regulation of high-intensity pleasant arousal, mother-child dyads seem to concentrate on the coordination of socially oriented affective signals. In addition, it appears that a child's coregulation of emotions with their mother is marked by consistent, well-coordinated changes in arousal, whereas during father-child play, high emotional intensity buildup and organisation are the style of arousal regulation. Without a doubt, studies show that father-child dyads can develop a rhythmic pattern of happy emotion together, just like mother-child dyads. Nonetheless, it's probable that the positive emotions shared between a father and his child and a mother have distinct characteristics, each of which could support a variety of adjustment outcomes (Lindsey et al., 2009).

The findings states, there exists no significant relationship between the relationships of the participants with their mothers and father with respect to positive affect, henceforth, validating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their mothers and fathers, and positive affect."

There exists a significant relationship between the relationships of the participants with their mothers with respect to negative affect, henceforth invalidating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their mothers, and negative affect."

There exists no significant relationship between the relationships of the participants with their fathers with respect to negative affect, henceforth validating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their fathers, and negative affect."

Body image encompasses three interconnected dimensions: perception, cognition, and behaviour. It is the way individuals envision, feel, and act about their own bodies (Raich, 2011). The mental image of the body is referred to as the perceptual component; ideas and judgements about the body are referred to as the cognitive component; and actions resulting from the production of the first two components are referred to as the behaviour component. Preoccupation concerning body image begins in childhood (Gowers & Shore, 2001; Benedito, Perpiñá, Botella, & Baños, 2003). Early adolescence's poor body image has its origins in childhood body image and is linked to eating disorders and depression (Cash & Pruzinsky, 2002; Sharpe et al., 2018).

Physical changes that occur during puberty can raise concerns about appearance. People often exaggerate their body size during adolescence because they are unhappy with it (Ballester & Guirado, 2003). Teenagers are particularly pliable and susceptible to outside influences; therefore, it is a vulnerable time (Warschburger & Jahnke, 2008). The family is one of the main sources of influence since it is there that values like eating habits and physical appearance are either openly or implicitly taught (Balantekin, Birch, & Savage, 2017). The parent of the same sex (mothers in the case of girls) gets emphasised by family agents. The transfer of the scale of values is accomplished primarily through the process of identifying where maternal values are internalised (Handford, Rapee, & Fardouly, 2018). The significant positive weak correlation between the relationships of the participants with their mother and body image highlights the amalgamation of maternal positive attitude, belief and subsequently the self-concept and self-image

Mothers wield a mirror role and that girls eventually modify their behaviour to meet their mother's one. Furthermore, mothers can affect their daughters' opinions about their bodies by modelling positive behaviours and exercising (Katherine N. Balantekin, 2018). Mothers' explicit remarks about

their daughters' weight are associated with negative feelings about their bodies (Woodside et al., 2002); nevertheless, mothers who can withstand social pressure to be thin serve as good role models for their daughters.

There exists a significant relationship between the relationships of the participants with their mothers with respect to body image, henceforth invalidating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their mothers, and body image."

The threefold effect model of body dissatisfaction (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999) identifies parents, classmates, and the media as the three main socio-cultural impacts on teens' perceptions of their bodies. The theory goes that hearing both explicit and implicit messages from a range of sources could lead to internalising criticism of one's looks and body image. The convergence of these viewpoints can affect bulimia, overall self-esteem, and body dissatisfaction in addition to the desire for thinness. Numerous samples of teenage boys (Stanford & McCabe, 2005) and girls (Keery, Berg, & Thompson, 2004; Papp, Urbán, Czeglédi, Babusa, & Túry, 2013) have investigated and verified the tripartite effect paradigm. Domino, Johnson, and Koch's (2000) research indicates that there is a significant correlation between childhood abuse and certain mental health problems in adolescence and adulthood, including eating disorders and problems with body image.

Father abuse has the potential to negatively impact teenage body attitudes. Young women's desire for thinness and dissatisfaction with their weight in both adolescence and adulthood have been linked to fathers' comments on their daughters' weight (Keel, Heatherton, Harnden, & Hornig, 1997). A qualitative study involving 39 young women suffering from anorexia nervosa revealed that a significant proportion of the participants (92.3%) said their fathers were "emotionally disengaged" and that they felt this relationship played a role in

the development of their disease (Jaclyn A. Siegel, 2021). Almost 50 percent of the participants in a qualitative study on positive body image adolescents in Sweden expressly mentioned that they had discussed body image with their fathers (Frisén and Holmqvist, 2010).

Body dissatisfaction and body image are linked to attachment (Hui & Brown, 2013). Negative perceptions regarding the body and increased engagement in body image are associated with anxious attachment (Cash et al., 2004). Negative body image in romantic relationships has been linked to anxious attachment (Brennan & Shaver, 1995).

A father-child connection marked by criticism, emotional distance, and evaluation, for example, might exacerbate concerns about physical appearance and promote a person's sense of self-worthlessness. An Adverse Childhood Experience (ACE), which has been shown to be substantially linked with the symptomatology of Muscle Dysmorphia, would be represented by such a relationship (Longobardi et al., 2022). Many have asserted that there is a common correlation between masculinity and muscularity and that men's desire for muscularity and their adherence to male norms are related (Steinfeldt et al., 2011). From this point forward, the weak negative link between the participants' relationships with their fathers and body image illustrates how negative thoughts about one's physique are a combination of neutral or positive emotions as shown by the parental relationship with the participants.

There exists a significant relationship between the relationships of the participants with their fathers with respect to body image, henceforth invalidating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their fathers, and body image."

Studies focused on the early years of life have demonstrated the importance of the home environment for a child's self-development (Harter,

2015). The familial environment in early childhood may even have long-lasting consequences on self-esteem that last throughout adulthood (Orth, 2018). The calibre of the home environment, which includes the calibre of parenting and the degree of parental learning stimulation, was the most important predictor. Parental animosity is characterised by rejection, abuse, neglect, punishment, and aggressiveness, both verbally and physically (Schaefer, 1965). It can teach kids that their parents are unworthy and incompetent when parents mistreat, humiliate, or ignore them.

Fathers can be absent for a multitude of reasons, including physical conditions, divorce or separation, death in the family, work responsibilities abroad, or never having been in a committed relationship with their mother. Results from cross-sectional studies show that children and adolescents who experience paternal absence have worse levels of self-esteem (Luo, Wang, & Gao, 2011). This effect could be explained by children viewing their parent's absence as a sign that he doesn't value or accept them. Furthermore, if the father is not around, the child may have fewer significant others who could potentially be warm, loving, and interested in them. In this study, the findings stated there exists a negative weak correlation between the relationship of the participants with their parents (both mothers and fathers) and self-esteem.

There exists a significant relationship between the relationships of the participants with their mothers and fathers with respect to self-esteem, henceforth invalidating the hypothesis that states, "There exists no significant relationship between the relationships of the participants with their mothers and fathers, and self-esteem."

According to a study, women who experienced four or more adverse childhood experiences were nearly twice as likely to be sexually inactive and had a two-fold higher chance of developing sexual dysfunction in their middle years than those who did not. The study found that recurrent problems with

lubrication, satisfaction, orgasm, desire, arousal, and/or discomfort during sexual engagement are indicative of female sexual dysfunction and are associated with the emotional distress of the woman experiencing these symptoms (Widt, 2003).

Childhood sexual abuse has been associated with lower levels of sexual satisfaction in adulthood because it increases abandonment concerns and relationship avoidance (Vaillancourt-Morel, Godbout, Sabourin, Péloquin, & Wright, 2014). Additionally, it was demonstrated that respondents were more likely to view their bodies as a source of discomfort as opposed to pleasure during sexual encounters (Vaillancourt-Morel et al., 2014). However, recent studies indicate that other forms of childhood victimisation, including Cumulative Childhood Trauma (CCT), may also be associated with decreased sexual pleasure (Bigras et al., 2017). According to Bigras et al. (2017), higher levels of sexual anxiety, more complex symptoms, and weaker affect regulation—the inability to regulate or tolerate one's unpleasant emotional states—all contributed to the link between CCT and sexual satisfaction. Additionally, studies have shown a link between early interpersonal trauma and adult psychological discomfort, as well as a potential negative impact of psychological distress on sexual satisfaction (Sánchez-Fuentes, Santos-Iglesias, & Sierra, 2014).

This study showcases negative weak correlation between the relationship of the participants with their fathers and sexual satisfaction, indicating paternal inconsistent and hostile attitude did not result in negative sexual satisfaction. There exists no correlation between the relationship of the participants with their mothers and sexual satisfaction. Sexual satisfaction is cumulative of childhood experiences, sexual drives, and sexual compatibility between the partners, self-concept, and subsequent experiences in adulthood.

The gap between their desired and real body sizes causes a lot of teenagers to feel unhappy with their bodies, which can result in eating disorders, weight

cycling, depression, and obesity. According to Cash and Pruzinsky (2002), body image is the subjective assessment of one's physical appearance that is based on attitudes and self-perceptions, which comprise beliefs, ideas, and feelings. According to Cash (1994), body image is composed of two components: affective/emotional responses to one's physical appearance and cognitive/rational evaluations of one's appearances.

Studies have shown that children and teenagers learn from their peers and families that being overweight is uncomfortable and that they should be thin (Dohnt & Tiggemann 2006; Phares et al. 2004). Many studies look at the relationship between relationships with family and peers, psychological wellness, and body dissatisfaction. For instance, research has linked the lack of social support from parents and friends to early teenage body dissatisfaction (Bearman et al. 2006). The current study demonstrated that there is no meaningful relationship between body image and positive affect. Negative affect and body image do, however, have a weak negative association. This suggests that body image is a complicated idea and raises the prospect that peers, fathers, and mothers may have different effects on discrepancies in body image.

Self-esteem is a person's subjective evaluation of their own value, whether it be good or negative (Sedikides & Gregg, 2003). Self-esteem is defined as "the degree of worldwide regard one feels for the person" (Frost & McKelvie, 2005). The beauty of the human body is highly valued in our society and is shaped by both individual and cultural views and ideas. The definition of body image has changed in the era of social media and rapid technological innovation.

A person's assessment of the difference between their ideal and true selves is known as their self-esteem. Adolescents and young adults with low self-esteem are at risk for detrimental consequences in critical areas of their lives (Erol & Orth, 2011). Low self-esteem is linked to several

psychological conditions, including anxiety, sadness, and issues with learning as well as handling setbacks, losses, and other slip-ups.

The factors that influence a person's body image are numerous. Biological predispositions, familial dynamics, mental illness, environmental factors that contribute to obesity or malnutrition, and cultural expectations (such as those in the media and politics) are a few of these. Individuals who are overweight or underweight may have a negative and low self-image. Anxiety and lack of confidence are fuelled by the concept of body image. Young adults in particular deal with issues related to their body image because they believe that to fit in with society, they must be slender and toned (Virk & Singh, 2019).

The present study however did not reveal any significant correlation between body image and self-esteem thereby validating the hypothesis, "There exists no significant correlation between body image and self-esteem".

Sexual satisfaction is a crucial aspect of sexual health and well-being (Anderson, 2013). Rather than the lack of sexual problems, definitions of sexual satisfaction include aspects of the dyadic connection such as mutuality, orgasm, romance, creativity, and pleasure (Pascoal et al., 2014). A person's sense of self as a sexual being, which encompasses assessments of one's own sexual experiences, ideas, and actions as well as assessments of one's own sexual identity and acceptability, is known as sexual self-esteem (Zeanah & Schwarz, 1996). The study's conclusions support the notion that "there exists no significant correlation between body image and sexual satisfaction" by highlighting the lack of a relationship between positive affect and sexual satisfaction.

## Conclusions

It is impossible to overestimate the influence of early parental interactions on the development of a person's psychological health. The intricate

relationships between early parent experiences and their long-lasting impacts on body image, positive and negative emotions, self-esteem, and sexual satisfaction are explored in this study. The objective of this paper is to summarise the findings of this extensive study and highlight the significant ramifications for people's mental and emotional well-being.

Positive early parental relationships are clearly linked to an individual's emotional landscape, as the study shows. Childhood relationships that were loving and supportive were associated with higher levels of joy, happiness, and positive affect overall. This emphasises how early emotional support has a lasting effect on developing resilient and upbeat emotional outlooks in people.

Conversely, it was discovered that negative feelings like anxiety and despair were associated with unfavourable early parental relationships. People who experienced issues in their early connections with their parents were more likely to develop emotional problems later in life, which highlights the importance of early detection and intervention to lessen the long-term effects of adverse emotional experiences.

The study unambiguously shows how important early parental interactions are in shaping a person's self-perception of their body. A healthy body image is cultivated through positive interactions during the formative years, which promote a sense of acceptance and contentment. On the other hand, unfavourable early experiences might lead to skewed opinions of one's body and an increased vulnerability to body dissatisfaction. The connection between early contacts with parents and body image emphasises how vital it is to provide early care that is both caring and supportive.

Positive early interactions with the parents and carers have been identified as essential to the formation of a strong sense of self-worth. According to this research, having positive and affirming relationships with parents during a child's

formative years might boost self-esteem and confidence. The ramifications are profound since relationships, job goals, and general life happiness are all impacted by one's sense of self-worth.

The study highlights how early parental connections have a long-lasting effect on people's perceptions about closeness and sexual fulfilment. While bad early experiences might make it difficult to build satisfying intimate relationships, positive early experiences help people develop healthy sexual self-concepts. Fostering a supportive environment that recognises the significance of healthy sexual development from an early age requires an understanding of this connection.

In conclusion, the study on the relationship between early parental interactions and psychological health sheds light on the complex network of relationships that exist between early experiences and long-term consequences. The results highlight how important it is to promote healthy parent-child interactions and put early interventions into place to lessen the possible detrimental impacts of traumatic experiences. Understanding the significant impact of early parental interactions provides us with important knowledge for fostering a supportive environment that supports good mental and emotional health in people of all ages.

### **Limitations of the study**

The sample of 95 respondents is not big enough to make a generalisation with respect to childhood trauma stemming from the relationship of the participants with both the parents and their impact on positive affect, negative affect, body image, self-esteem and sexual satisfaction.

The distribution between male and female respondents are not even and henceforth the generalisation cannot be approximated well to the entire population.

### **Future Direction of the Study**

An in-depth qualitative analysis will be effective in understanding the extent of criticism and trauma

inflicted by parents on the participants to better understand the subsequent implications on positive affect, negative affect, body image, self-esteem and sexual satisfaction.

The study could also take in the route towards a comparison study between the two genders and help in understanding the richness of the topic more accurately.

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## Declarations

**Conflicts of interest:** The author has no conflicts of interest.

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