“Mirror, Mirror, on the Wall…Who is the Fairest of Them All?”—Body Image and Its Role in Sexual Health

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Abstract
Changing times on a global scale have seen a paradigm shift in the perception of “idealness” of body shape and construct of beauty. This has far-reaching impacts on several spheres of life from psychological, physical, as well as sexual health. The influence of attitudes, beliefs, culture, art, geography, and technological advances has been explored with the premise of body image impacting sexual health and functioning. The role body image plays in sexual health has been studied widely from the Western perspective mostly in women, but studies in the Indian context are limited to weight, body mass index, eating disorders, body dysmorphic disorders, rather the relation between body image in sexuality or sexual functioning.

Keywords
Sexual health, body image, spectatoring, self-esteem, perception

Introduction

We are bound to our bodies like the oyster to its shell—Plato

As quoted by Plato that the body insinuates itself into our life experiences, the scientific work into body image began early in the 1900s. Neurologists became interested in this concept owing to observing individuals with lost limbs who continued to image their bodies inaccurately, oftentimes with inclusion of the lost limb. The perpetuating conjecture during the period, spoke of body schema. Body schema characterized a neural mechanism wherein each person unconsciously builds a mental image of his or her own body. Head posited that the brain resorts to this image created to accurately feel and move the body and its parts. Hence, a distorted body schema can produce unusual body experiences such as phantom limb pain, “anosognosia” (ie, unawareness of large parts of the body), or “autotopagnosia” (ie, inability to distinguish the right from the left side of the body).

Schilder, the pioneering psychiatrist, bore the onus for transcending the construct of body image across the realm of neurophysiology by his classic definition “the picture of our own body formed in our mind” and his seminal work The image and appearance of the human body. He spearheaded the hypothesis that one’s body image is not solely the product of isolated processes in the brain, rather is an amalgam of attitudes and interactions with fellow beings. Throughout the second half of the twentieth century, psychoanalytic and cognitive behavioral approaches have had a significant impact on the theory of body image and research. As a result of renewing insights from different psychological perspectives, the concept of body image was broadened over time. We now understand body image as a multidimensional construct. Cash introduced body image as the concept that one physically embodies, and that is said to comprise perceptions,
The construct encompasses attitudinal, affective, behavioral, and perceptual features. The attitudinal dimension, the most intensely researched, refers to one’s appraisal of their body, their degree of satisfaction, and additionally the psychological valence allotted to these assessments. Impacting this dimension are expectations of what the body should look, feel, or act like. The second dimension, perception, alludes to the accuracy of the judgment passed on to the body (e.g., body size or shape). Affect, the third dimension, corresponds to the emotional reaction to self-appraisals and perception of the body. Lastly, the behavioral dimension of body image conventionally implies the measures that are adopted as a consequence of the appraisal of the body.5,6

Sexual health has many impacting factors, specific impacting factors involving the aspects of sexual function and satisfaction constitute negative perception of body and poor self-esteem. Clinicians emphasize that preoccupations about body or perceiving one’s body negatively may hamper sexual functioning.

Body Image, Gender and Role in Sexuality and Sexual Health

Taught from infancy that beauty is women’s sceptre, the mind shapes itself to the body, and roaming round its gilt cage, only seeks to adorn its prison

—Wollstonecraft.6

Research has focused on body image disturbances in the female gender for several decades, specifically those with issues in self-esteem.7 Recently, studies propose that both women and men exhibit symptoms of altered body image perceptions, also the development of these concerns occurs early in life, most likely as a consequence of socialization.8 Although the point of distorted perceptions occurs in early life, the compounded manifestations become evident only in later teenage years or on the brink of adult years. Studies involving both genders conclude that body image disturbance is equally prevalent among genders; however, the manifestation of the disturbance may be separate for each gender.8

Unfolding knowledge in body image records that societal beliefs and depiction of “appropriateness in body” for each gender goes to largely influence body esteem.9 The Westernized world as well as the Eastern society in recent days endorses the idea that women should equate to being young, slim, attractive, and devoid of wrinkles. These thoughts are seen propounded as a routine in media communication via posters, hoardings and commercials, and media endorsements. Television shows a steady stream of advertisements from brands like Enamor showcasing fictitious thin-as-a-reed female bodies, liquor brand hoardings itemizing the “perfect” female form into a bottle, to Lakme endorsing in women’s magazines the need to be slim, blemish-free, ideally proportioned by their choice of models, contemporary Western pop culture often laying emphasis on titles like “shape of you” (which may be misconstrued rather than de-stereotyped), which goes further in the Indian context to extend to Bollywood (“item songs featuring perfectly toned flawless actresses”). Such media portrayals of women frequently create conflicts as the physical benchmark established is impractical; this elusive “body” type remains unreal, unless we lived in a photofiltered universe.10 Hence, the inference that women who internalize such “flawless” media portrayals are prone to developing increased chances of anorexia, bulimia, and body dysmorphic disorder; additionally, poorer overall self-esteem, in contrast to those remaining free of such internalization, seems apt.11

Across the other end, the new age “ideal” for the masculine form is portrayed by the media as powerfully-built, macho, strapping, and handsome. The conviction that “to be a man, the above is imperative” is now almost customary. Similar to females, media has seeped its control in the development of poor body esteem in males by its endorsements, and has impacted the rise that has taken place in eating disorders in men.12 In the last few decades, men have been exposed to an increase in the significance of body image via media in the form of posters, advertisements, and live commercials. From Hugo Boss depicting the slim, ideally built man, to Gold Flake hoardings that suggest that the male physique is rustic and macho, to Gillette commercials portraying semiclothed, brawny, tanned men all allude to this conviction. Following these excessive endorsements, marked fall in self-esteem among men, associated with higher rates of image discontentment have occurred.13 For men, in contrast to women, the concern is not about “being overweight,” but rather underbuilt/less brawny or skinny as per “the ideal” that society has set.14

Body Image from a Sexual Standpoint

Promising correlations among sexuality and one’s body image were initially gathered by Masters and Johnson,15 founders in scientific exploration of the human sexual response followed by the diagnosis and treatment of sexual disorders and dysfunctions. During the course of their laboratory explorations of human sexual behavior, they conceived the term “spectatoring” which implied that attentions focused on one’s own body parts and evaluation of competence in personal sexual functioning during sexual act. Moreover, this was experienced remotely from a third person-view, instead of a first person. Masters and Johnson proclaimed spectatoring to be a dysfunctional process, whereby negative cognitions arose from sexual anxieties finally manifesting as sexual avoidance and dysfunctions.15 Further studies into spectatoring by Barlow,16 specifically in the context of erectile dysfunction, brought forth a causal
model involving the role of attention in sexual functioning. His theory stated that interruptions occurring while processing erotic cues—necessary for sexual arousal—resulted in barriers in sexual functioning. During the sexual act when focus on self occurs, it triggers anxiety which causes a change in cognitive focus. Instead of the normal reward-motivated focus on arousal signals, a shift to threat-perceived focus on the possibility and outcomes of failure occurs. Faith and Schare went on to study the correlation between spectatoring and the frequency of engaging in a wide range of sexual behaviors by self-report inventories. They voiced a startling resemblance between negative body image and spectatoring, in that both reflect the body evaluation in a hypercritical manner during sexual activity. Although previous experimental research viewed spectatoring as a measure by which participants were able to observe their genital reactions during exposure to erotic stimuli, Faith and Schare presumed that a negative body image equates to chronic spectatoring and measured it as the length to which participants attested negative statement to portray their bodies (e.g., “I am dark or obese”). They concluded that perception of one’s body in negative light causes individuals to characterize themselves as less sexually active than individuals who viewed their bodies positively, thereby being the first in focusing on a distinct association connecting sexual experiences with body evaluation.

Concurrently, the research in body image has touched upon its relation to several variables of sexuality, from physical aspects of sexual functioning (e.g., experiencing sexual arousal and achieving an orgasm), subjective sexual satisfaction, sexual schemas, and sexual esteem, to sexual behavior.

Body Image as an Indian Construct

In India, the concept of body image and beauty ideals has undergone a paradigm shift given the globalization and rapid urbanization. Earliest renditions of the female form as noted by the Mauryan period (second to fourth century BCE) portrayed women to have an hourglass shape, ie of “large bust, wide hips, and tapering legs.” These depictions continued till the late Sunga Period when sculptures in Sanchi were of “S shape.” The Kushan period (first to fourth century CE) revealed a consistent depiction of the “S shape” among artists across regions, implying idealization than realistic portrayals, with face being rounded and having emphatic curvature at the bust, waist, and hips. Scholars note this to be symbolic of “feminity” and “fertility,” but an ideal nonetheless, unattainable by real women. Interestingly, these portrayals are in contrast to Greco-Roman sculptures where female forms were lean, lithe, and svelte.

Symbolic body imagery can also be evidenced in Indian art, religious scriptures, and depiction of Gods and Goddesses. Goddess Parvathy, the Hindu goddess of divine strength and power, is also the personification of fertility, beauty, and devotion, and has been described as “a slender-bodied maiden of comely hips and a moon-like face.” Poets from the Sangam Dynasty wrote of Lord Shiva’s description of Parvathy as having “eyes like Lotus petals, eyebrows being the bow of Kama, her lower lip resembling the coral bimba fruit, nose like the parrot’s beak.” South Indian poets further described “the darkness of full black tresses” with “skin like gold” as being part of Goddess Parvathy’s image. Similarly, Lord Shiva since the passage of time holds a prime place among the Vedic-Puranic gods, in the form we know today. The image that first comes to mind is as “The Warrior Lord,” fierce and powerful physical form with matted locks, attired in tiger and elephant skin, adorned in Rudrakash beads, skulls, snakes, and wielding a trident. Also, Lord Hanuman, remains a favored deity of strength, power, and revered physical form.

Evidently, changes in body perceptions occurred as a result of both regional variations, probably owing to local disparities in indigenous characteristics with foreign impact on geographical peripheries, and historical evolution, but generalized ideal physical image remains steadfast. The Indian woman in her idealness is painted as having lengthy raven tresses of wavy or straight texture, large expressive eyes and luscious lips, being fair or medium-complexioned, with a narrow waist but wider hips and bust. This image, perhaps in part modeled by it, is endured through time and possibly fortified by the religious imagery of Hindu goddesses.

Raja Ravi Varma (1848–1906) belonging to the neoclassical aesthetic and merging with European realism was the first Indian to canvass Hindu mythology, specifically goddesses. He used the female form to incorporate national sentiments. His compositions were of different facets of the female form, as goddesses portrayed in paintings and later in his replicated images. Following his extensive travels from Travancore to Lahore, he created a composite ideal of the Indian woman—according to Deepanjana Pal, the author of The painter: a life of Ravi Varma—“A curvy buxom lady with North Indian complexion, saree draped was Maharashtrian and the jewelry was usually south Indian in style.” Epochal renditions like “Shakuntala,” an oil-on-canvas painting from the “Mahabharata” wherein the half-nymph is seen dreaming about her husband, Dushyanta, created an artistical template. That image captured a daydreaming curvy woman, adorning a bright yellow sari, lying on a carpet of green grass in a forest, in the company of her friends. The illustrations of the “Ramayana” and the “Mahabharata” have undergone varied processes of simplification when calendar art became part of “Amar Chitra Katha” series and other lesser known illustrators. Illustrations on polished smoothened paper and vividly colorful depicted theatrical motions and lustful expressions: males endowed with six-pack abs, toned thighs, and bulging biceps, whilst fair-skinned females portrayed with heaving bosoms and curvaceous figures. As described by the cultural critique Ashis Nandy, “A series like ‘Amar Chitra Katha’ characteristically canvassed the women in feminine
shades and men bearing masculine hues, contrasting to other publishers owning the conventional idea of Indian heroes—depicting both men and women as more androgynous.”

Research studies in India focus on body image as an individual entity, with several studies across age groups and genders but exploring mostly females, addressing changing body image perceptions and growing body image disorders. These studies are however restricted to weight issues, body mass index (BMI), body image issues in special subsets such as cancer survivors, postmastectomy, or postamputees, or case reports of eating disorders or body dysmorphic disorders. Studies evaluating body image as a larger whole encompassing construct is missing and the correlation of body image and its evaluation in sexual health is yet to find the place it deserves in Indian research.

**Facets of Life in Body Image and Sexual Health**

**Construct of Age and Evolution**

Body image and sexual health refuse to be fixed in time, and are ever changing, evolving processes. Life events occurring in adulthood namely pregnancy, parenthood, menopause/andropause, and loss of spouse have been found to influence body image and sexuality independently. Hence, it would be plausible to hypothesize the relation of body image and sexual health and it would also be subject to change with the passing of various rites of life. However, as per our search, merely one study specifically studied the comparison of the body image experience of women of different ages and life stages in its relation to parameters of sexual health. Davidson and McCabe (2005) using intergroup analysis studied the correlation of body image and sexual health parameters, including sexual satisfaction, among 226 Australian women aged 18 to 86 years. Peculiarly, results revealed body image was not a contributor to sexual satisfaction at the varying age sample, inclusive of emerging adult women. These findings were contrary to prior literature on body image and sexual satisfaction in younger women, and could be interpreted as resulting from unvalidated measures with low statistical power.

**Adolescence**

Changing processes involving sexual experiences and body satisfaction colours adolescence. Paxton et al conducted a longitudinal study involving 2,500 adolescents from Australia, wherein girls conveyed less body satisfaction across all ages as against boys and early-to-middle adolescence marked decreased body satisfaction in both genders; however, boys’ body satisfaction declined progressively across late teens and early twenties. Adolescence being the precipice of exploration of new sexual experiences, preferences and behaviors’, negativity coloring one’s body image at this juncture may be particularly damaging.

Existing scientific work on body image and sexual health centers on the female gender. These are based majorly on a theoretical psychological viewpoint termed “objectification theory.” This theorizes that the female gender record and contour their physical characteristics to enhance their physical attractiveness as a means of optimizing favorable treatment from others. Persistent worries about self-appearance bring about negative psychological repercussions. Having an objectified view of the self-results in reduced self-esteem magnifies vulnerability to feelings of shame and anxiety.

Several studies note that dissatisfaction/shame involving one’s body in women is correlated with discomfort in sexual relations, including conferring with the partner the use of protection. Similarly, adolescent girls involved in monitoring, objectifying, and detesting their physique are prone to struggle with communicating their rights in sexual circumstances or even discussing sexuality with their partners. Furthermore, evidences reveal that women exhibiting contentment with their bodies and shunning objectification record more regular protection use than their counterparts. Hence, in women grappling with low self-esteem and body image issues, circumstances wherein the body is on display thereby leading to appraisals would summon emotions of shame, embarrassment, or fear, resulting in a hindrance to healthy sexual decision making.

Accordingly, the study by Schooler evaluates correlations between body image and sexual health among a subset of American adolescent boys. Analysis done qualitatively revealed, that boys with greater body image contentment had clarity about their needs sexually and reported ease sharing those desires with their counterparts. These boys reported regular protection use when sexually active. Furthermore, the boys’ group scoring greater on body satisfaction refrained from pestering girls or labelling them derogatively. A global positive regard in their friends, their counterparts, themselves was expressed by these boys. Contrarily, boys with low body contentment often lacked clarity about sexual needs and refused discussions of sexuality with counterparts, often irregular with protection. They related that avoiding emotional intimacy with girls was a manner of grappling with wounds of sexual and emotional rebuffs in the past. Further behavior of frequently pestering girls, usage of derogatory language to cite girls whom they perceived as available was noted in boys with lesser body contentment scores.

**Marriage**

Alizadeh et al scrutinized the correlation between body image and sexual function among married Iranian women nurses. Their study revealed that body image can anticipate sexual functioning. They also reported significant positive correlation.
between domains of desire, mental stimulation, lubrication, orgasm, satisfaction, and sexual functioning. Mehdi Ghezelsefloa et al compared body image and self-esteem among married individuals (100 samples of both genders) afflicted by sexual dissatisfaction versus normal married individuals (100 control of both genders) in Tehran. Compared to normal married controls, married subset with sexual dissatisfaction revealed poorer scores on body image and self-esteem ($P < .05$), thereby positively correlating negative body image and poor self-esteem to be associated with sexual difficulties in both genders.  

**Middle Age**

Another milestone in the aging process is middle age with experiences of body changes evoking feelings of anxiety upon thoughts of their declining, physical attraction. Negative body image in middle-aged individuals evokes shame and anxiety when comparing themselves to younger individuals, while a positive body image factors upon enhancing the quality of life. These experiences create a negative influence on sexual satisfaction, oftentimes avoidance of sexual activities resulting from their sense of declining physical attraction. Factors impacting the parameters of middle-aged couples’ sexual life satisfaction include the hope of healthy sexual functioning, the degree of knowledge, marital/sexual relations, and lastly presence of sexual dysfunction. Emphasis has remained on perception of physical aspects, thus making it challenging to discern their correlation to sexual quality of life. Of particular interest is depression in menopausal women, bearing elements of body image and overlapping diminishing physical functions. Gavin, Simon, and Ludman’s study revealed that college-graduated American women showed higher levels of contentment with their body image than nongraduates, thereby concluding a positive correlation between higher levels of education to healthy body image. Studies by Davidson et al compared body perception beyond 50 years of age and below 49 years with lower scores in body image among the above-50 group, implying that increasing age evoked more negative thoughts about body image. Contrasting views of body image influenced by gender was found in the Australian study by Davison and McCabe as against Korean study by Sim kim et al. As women age, they are often invested in reinvigorating their physical attributes in efforts to alleviate body image issues, in a search for self-contentment and psychological stability. Such efforts when met with practical difficulties in meeting their expectations result in negative recognitions of their body, leading to a vicious cycle. Interestingly, men of middle age are more preoccupied with the ability to function in societal and sexual spheres, do not exhibit direct worries about body characteristics, and remain more positive about their bodies than middle-aged women. To surmise, a distinct difference in gender evaluation of one’s own body occurs due to their varying physical characteristics. However, these conclusions cannot be generalized owing to analytical scales, age range, and sex. The impact of exercise on body image in middle age revealed by a meta-analysis finds proof in Hausenblas and Fallon’s contention that exercise impacted body image positively, and hence, forms a recommended intervention.

**Athletic Women and Exercise**

Koolaee et al studied the disparity in body image and sexual assertiveness in comparative groups of married female athletes versus married nonathletes in Tehran. They found statistically significant differences, ie, the mean body image scores in athletic group (182.800) was higher compared to nonathletic group (166.250). Koolaee’s findings resonated with Blum et al who revealed that body image perceptions were discordant among female athletes and nonathletes, and generally all athletes displayed healthier body image perception. Strelan et al further found self-objectification occurring in response to image-motivated exercise impacted body contentment, body esteem, and self-esteem negatively, and functionally motivated exercise to be positively associated with these parameters. UK National Consensus Statements by the Expert Panel endorse exercise benefits, such as association with lesser depression, reducing stress levels, creating positive mood, enhancing cognitive function in physically well elders, overall positive outcome on physical self-perceptions and body image, increased comfort with one’s body related to increased sexual assertiveness, improved sexual experience, and reduced risky sexual behavior. Additionally, poor comfort in one’s own body not only recorded reduced sexual assertiveness but lower protection uses and self-efficacy. Majority of studies concede physical activity positively builds self-esteem and self-concept. Present and prior literature find women’s body image a parameter found afflicted in sexual interaction. Further, as physical activity is implicated in healthy body image and self-concept, it is extrapolated that the sexual assertiveness may be more in athletic females compared to female nonathletes. Linkages among gender and body image parameters have been displayed and are not limited by actual body size, implying thus that self-perceptions and cognitions of physical size, than her actual body proportions, characterize woman’s sexuality. Furthermore, women engaging lesser in gender-based stereotyping had greater positive self-concept as compared to men engaging lesser in gender-based stereotyping. Thus, exercise positively enhances mental health, self-efficacy, and self-concept.

**Postmenopausal or Geriatric Phase**

Menopause marks a significant passing in women’s lives, causing both physical and psychological changes. Natalee et al examined how the effect of menopausal transformation
impacted body image and contentment with sexuality in France. Three parameters, ie, body image dissatisfaction, sexual dissatisfaction, and self-esteem were assessed across specific sets of French women with varying menopausal status (premenopausal, n = 142; perimenopausal, n = 66; and postmenopausal, n = 149), with a control for depression, anxiety, and BMI. Results revealed dissatisfaction with body image and recorded markedly greater dissatisfaction in the perimenopausal set compared with the premenopausal set. Interestingly, an improved body image was seen in postmenopausal group, as scores recording body image reached the premenopausal level. Furthermore, sexual dissatisfaction was noted markedly in the perimenopausal and postmenopausal groups, substantiating the notion that enhanced body image augured better sexual function.

Impact of Social Media and Internet on Body Image and Sexual Health

The sociocultural model posits that people, in particular teenagers, acquire templates about bodily image from varied sources, namely parents, peers, and the media. Initially, the sociocultural model focused one-to-one interaction and conventional broadcasts (e.g., newspapers, television), but templates of body attributes are presently also transmitted via social media. Social media has created a platform where adolescents apart from viewing pictures of others, post social media. Social media has created a platform where adolescents apart from viewing pictures of others, post pictures of themselves, thereby adding significance to physical appearance. Reports from Singapore show a pressure is experienced to “look perfect” on media platforms, and using careful selection, editing their posts to maintain this appearance becomes second nature. Further, teenagers spending increased hours on the internet are recipients of more feedback regarding their physical attributes. Apart from feedback, teenagers then peruse preselected, edited pictures of their social media connections (ie, friends, extensions of acquaintances, and media superstars) and in turn feedback received by them, creating a chain of appearance evaluation. A study carried out in 2012 found Dutch teenage girls with greater use of social media to quote greater internalization of beauty ideals. Longitudinal Dutch survey study demonstrated that perusing social media, posts of others amounted to social comparisons across both genders in teenagers. Finally, as augured by the sociocultural theory, research found that internalization of and weighing oneself against appearance ideals communicated by social media culminate in body dissatisfaction. It was positively proven that social media use was significantly linked to body dissatisfaction via incorporating “thinness” into one’s body ideals among teenage girls. Emphasis has remained on girls as they display higher body image dissatisfaction generally; however, more frequent social media use augers increased body dissatisfaction in both genders in equal measure. To summarize, the sociocultural model and cross-sectional, longitudinal, and experimental studies lays credence that social media use is significantly associated to teenagers’ body dissatisfaction.

Extrapolating from effects of media in body image and impacting sexual health, we would like to mention the impact of accessible pornography impacting body image, and in turn sexual health. Several studies across the globe have explored and proved the negative impact pornography has on body image, and thereby sexual functioning, often worsening spectatoring, creating myths and misconceptions about body attributes and sexual performance. However, the authors feel that a discussion in elaboration would be beyond the scope of this article.

Role of Body Image on Sexual Dysfunctions

Specific studies on association between body image and sexual dysfunction have been done in recent times, and once again found to be more studied in females than males. Shorub et al examined the correlation of sexual dysfunctions with BMI and the concern of body image in 65 obese females with 42 healthy controls, in Egypt. The mean BMI of the case group was 34.7 ± 6.5, which indicated obesity. Sexual dysfunction was prevalent in 75% of obese group according to the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) clinical version and in 81.5% according to the female sexual dysfunction (FSD) index, with a specific significance in parameters of orgasm, satisfaction, and pain as compared with controls. Body image dissatisfaction was significantly correlated to the presence of FSD in the obese group. Afshari et al explored the correlation of body image and the domains of sexual function in 437 Iranian women with robust exclusion criteria, where results showed approximately 58% participants, ie, majority, reporting body image to be satisfactory, mild dissatisfaction in 35%, and moderate dissatisfaction in 7%. A significant negative relationship (P = .005) was concluded between body image and sexual satisfaction and sexual function. Furthermore, a statistically significant relationship was arrived at between body image and sexual desire (P = .022), pain component (P = .001), arousal (P < .0005), orgasm component (P = .001), and sexual satisfaction (P < .0005).

In men exclusively, research into body image and sexual dysfunction is sparse and has been conducted from the point of view of exploring body dysmorphic disorders, eating disorders, or as a part of married couples’ subsets. Efthymiou et al explored changes in BMI, sexual functioning international index of erectile function (IIEF) and female Sexual Functioning Index (FSFI), and health-related quality of life at 4 time points in the first year after bariatric surgery in 80 Greek adults of both genders suffering from morbid obesity. Progressive improvements in the BMI (P < .001), along with all components of sexual functioning, with the
exception of male orgasm, as well as all health-related quality of life subscales were found.56

Research in sexual medicine uses various validated sexual health and dysfunction rating scales such as Arizona Sexual Experience Scale (ASEX), FSFI, and Sexual Adjustment and Body Image Scale (SABIS).37 These questionnaires form an essential tool reflective of body image issues impacting couples’ sexual health, but yet to find place in the scales are questions pertaining to reluctance/avoidance to body visibility during sexual activity. Questions specifically enquiring if individuals insist on switching off lights or avoid sexual activity in daytime can be incorporated into sexual health rating scales. Additionally, individual scales specific to body image and sexual functioning are also lacking.

**Conclusion**

As sexuality is firmly ingrained in romantic relationships, thereby impacting both emotional and psychological health, the exponential body of scientific work exploring its association with body image explains the part played by body image during sexual experiences, with implications for interventions. The influence of media and social network is far encompassing, and it could play a role in normalizing body shapes and breaking gender stereotypes in body image. Moreover, emphasis early on, on the benefits of athletics and exercise for both genders on not merely physical health but psychosexual health would go far in creating the balance between body image “of the mind” and body image “in physicality.”

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