

RELATIONSHIPS BETWEEN BODY IMAGE AND RELIGIOSITY AMONG
EMERGING ADULT WOMEN

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MASTER OF SCIENCE

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ABSTRACT

Emerging adulthood is a time of identity exploration (Arnett, 2004), in which the areas of religiosity and sexuality may be especially impressionable (Arnett & Tanner, 2006). It is common for emerging adult women to experience negative body image (Gillen & Lefkowitz, 2009). The purpose of this study was to examine how religiosity, specifically attendance at religious services and prayer frequency, were connected to a woman's general body image and her contextual body image, or body image experiences in sexual situations, during emerging adulthood.

Participants for this study were 405 emerging adult women who completed an online survey. I hypothesized that there would be positive relationships between body image and religiosity. The results of this study indicated that there were no significant statistical differences in emerging adult women's general body image or contextual body image according to their religiosity.

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CHAPTER ONE. INTRODUCTION

This study addressed how religiosity was associated with both general body image and contextual body image, or experiences during sexual situations. Specifically, this study examined how emerging adult women differed on body image, both general and contextual, according to their attendance at religious services and frequency of prayer. This study focused on college women who were emerging adults, or between the ages of 18 and 25. It is important to study body image experiences for women in emerging adulthood, as this stage of life is considered to be a time of identity exploration (Arnett, 2004). Two large parts of identity exploration can include the exploration of religious involvement and participation, as well as sexual exploration.

Body image is defined in this study as the subjective multidimensional concept of how a woman views and thinks about her body, particularly her physical appearance (Cash & Pruzinsky, 1990). The distinction between general body image and contextual body image during the context of sex is necessary to consider. Sexual situations involve aspects of evaluation and observation from one's sexual partner that are very different from the evaluations and observations one receives from others in everyday life. During sexual situations, a woman's body is often physically exposed and susceptible to evaluation. Additionally, contextual body image involves a performance component, meaning a woman may be evaluated based on how she "performs" sexually with her partner. The relationship that an emerging adult woman has with her sexual partner will most likely influence the sexual experiences she has. For example, she may feel more confident about her body and perceive her body in more positive ways if she has a supportive, accepting, and comfortable relationship with her sexual partner.

The distinction between general body image and contextual body image is further highlighted by Cash, Maikkula, and Yamamiya (2004), who found that women's body exposure anxiety/avoidance during sex was inversely associated with sexual functioning (defined as less consistency and quality in sexual arousal and orgasm) compared to general body image, as general body image was only weakly related to sexual functioning. Although general body image impacts a woman's sexual experiences, her contextual body image "mediates a woman's sexual assertiveness and self-efficacy to function effectively during sex" (Yamamiya, Cash, & Thompson, 2006, p. 426). General body image has been found to modestly predict emerging adult women's ambivalence about and emotional engagement during their first sexual encounters; however, contextual body image was found to be a more accurate predictor of emerging adult women's experiences of or quality of their first-time sexual encounters (Yamamiya et al., 2006). This finding by Yamamiya and colleagues (2006) seems to suggest that general and contextual body images are distinguishably different, as emerging adult women who experience higher levels of self-consciousness about their bodies during sexual encounters are more likely to be uncertain about making decisions to have sex and feel less emotionally engaged during sexual encounters. Body image during sexual situations "trumps" general body image in predicting the quality of first-time sexual experiences for emerging adult women (Yamamiya, Cash, & Thompson, 2006, p. 426).

Objectification theory provides a framework for understanding how living in a culture that objectifies women's bodies influences women and their experiences (Fredrickson & Roberts, 1997). Objectification refers to women's bodies being treated as objects or things by society. Because of this societal objectification, women start to define

and treat *themselves* as objects or things to be observed and evaluated by others (Fredrickson & Roberts, 1997). Although women will experience objectification throughout their lives, objectification may be heightened during emerging adulthood due to other societal messages and pressures that women receive. In particular, women receive social messages that emerging adulthood should be the time when they are: most sexually desirable, independent adults, and either in a romantic relationship or actively pursuing one. If women internalize these experiences and messages of objectification, they may in turn experience poor body image. When emerging adult women experience this subsequent poor body image, it is often a result of being unable to meet the expectations and standards that society has made regarding thinness, beauty, value, and worth (Delaney, O’Keefe, & Skene, 1997).

As a result of objectification, poor body image is now considered common in American society. Thus, researchers are referring to the expected negative body image as ‘normative discontent’ (Rodin, Silberstein, & Striegel-Moore, 1984). Normative discontent suggests that dissatisfaction with weight has become so pervasive in American culture that it is now expected and considered normal to experience negative perceptions about one’s body and appearance (Tantleff-Dunn, Barnes, & Gokee Larose, 2011). However, women who experience higher levels of such body dissatisfaction are at increased risk of developing eating disorders, anxiety disorders, and depressive disorders (Cash & Henry, 1995). Because of these risks, it is important to address factors that may affect body image; one such factor could be religiosity.

In general, research has shown that religiosity is a positive factor in women’s lives, resulting in positive relationships between religiosity and body image and body perceptions

(Boyatzis & Quinlan, 2008; Boyatzis, Trevino, Manning, & Quinlan, 2006; Homan & Boyatzis, 2009; Joughin, Crisp, Halek, & Humphrey, 1992; Smith, Hardman, Richards, & Fischer, 2003). For example, Kim (2007) found that those who are more religious, part of which includes attendance at religious services, may view their bodies in more positive ways. Religious individuals may have higher levels of sanctification, or tend to view their bodies as being a manifestation of God and as possessing sacred qualities; these individuals in turn have higher levels of health-protective behaviors that can increase satisfaction with one's body (Mahoney et al., 2005).

Past studies have been lacking in exploring how women's general body image and contextual body image in sexual situations differ according to specific aspects of their religiosity. Thus, the purpose of this study was to explore how these different types of body image differed according to two particular aspects of women's religiosity (attendance at religious services and prayer frequency), using data collected from a sample of 405 emerging adult women who attended a public Midwestern university. I addressed such topics as identity exploration, including religious and sexual exploration; general and contextual body image in women during emerging adulthood; as well as the relationships that have been found between religiosity and body image to date.

CHAPTER TWO. LITERATURE REVIEW

Identity Exploration during Emerging Adulthood

Emerging adulthood is a relatively new term that refers to a period of the lifespan for young adults in the United States, lasting from the late teen years through the mid-twenties (approximately ages 18 – 25). According to Arnett (2004), emerging adulthood developed as a result of the increased ages at which adults are entering into marriage and parenthood, the increased time spent on continuing education, and the longer time period during which individuals experience job instability, as compared to the historical trajectory of young adults in the United States. Emerging adulthood is frequently a time when a young adult experiences more freedom, especially from parental control, as well as increased opportunities for identity exploration (Arnett, 2004). Arnett (2004) has argued that identity exploration may be the most important characteristic of emerging adulthood, as this is typically the time when young adults explore and try out various possibilities in different aspects of their lives. According to Waterman (1999), identity achievement, which results after a period of ample exploration, is rarely reached by the end of high school (as was previously thought), but is more of a continual process that progresses through the early twenties. Part of the identity exploration that occurs during emerging adulthood involves trying out different possibilities in terms of religiosity and sexuality (Arnett & Tanner, 2006).

Religiosity and Sexuality Exploration and Development during Emerging Adulthood

Emerging adults who move away from home to attend college may experience more pronounced identity exploration in regards to both religiosity and sexuality. Lefkowitz, Gillen, Shearer, and Boone (2004) believe that going to college and living on one's own is a prime time for identity exploration as the college environment is often one

of social, political, religious, and interest-related activities and opportunities. Additionally, once an emerging adult is at college, the religious practices of the family no longer apply to the individual to the extent that they may have when the individual lived at home. Arnett (2000) found that this may be largely related to the increased opportunities available to examine different religions and beliefs. Starting in adolescence, religious participation and religious beliefs appear to decline (Arnett, 2004). Arnett (2004) found that, during emerging adulthood, religious participation is much less important to emerging adults than their religious beliefs are. The motivation for individualism that is characteristic of emerging adulthood is a large reason for why emerging adults' participation in religion declines. They often do not desire to be a part of a religious institution that encourages particular beliefs or the following of certain rules (Arnett, 2004). However, during emerging adulthood, religious beliefs become more intrinsic, meaning that one's religious beliefs encourage more positive overall feelings about themselves (Lefkowitz et al., 2004). Therefore, it may be possible during emerging adulthood to be more religious, in terms of developing personal religious beliefs, yet become less affiliated with a church or religious community at the same time.

Like religiosity, sexuality is also an area of the emerging adult's life that involves a great deal of exploration. Because of the interest in trying new things, emerging adulthood is often a time of increased sexual activity when compared to high school students' sexual activity (Arnett, 1995). Arnett (2000) found that compared to dating experiences during adolescence, sexual activity is much more commonplace in dating during emerging adulthood. Being exposed in this physical way allows for heightened emotional vulnerability among women. Women may be critiquing themselves according to society's

perceptions of what is considered desirable, what a woman should look like, and what a woman needs to look like to have a romantic partner. Additionally, Miller and Moore (1990) found two significant findings relating to emerging adults and sexuality: that emerging adults may be less likely to use condoms than high school students and that emerging adults are typically more comfortable with casual sex and experience diminished levels of guilt about casual sex than younger individuals.

Body Image in Women during Emerging Adulthood

It is important to explore emerging adult women's body image, as Cash and Henry (1995) reported that body image impacts a young women's self esteem and psychosocial adjustment, with such negative outcomes as eating disturbances, depression, social anxiety, and problems with sexual functioning. Body image refers to the multidimensional self-attitudes toward one's body, particularly regarding appearance (Cash & Pruzinsky, 1990). Many factors have the potential to increase or decrease a woman's body image and affect the positive and negative beliefs she has about her body. Neglecting to acknowledge the pervasive influences of culture, society, and the media on a woman's body image does not allow for a complete analysis of body image influences. Considering the factors that are potentially associated with emerging adult women's body image is important for both researchers and clinicians, as the implications of having a negative body image can be harmful.

Young women in Western cultures are repeatedly taught, in both implicit and explicit ways, the importance of thinness for women and how thinness is equated with attractiveness (Keel & Klump, 2003). Owen and Laurel-Seller (2000) stated that "thinness as an ideal of feminine beauty is nowhere more evident than in the popular media" (p. 979).

During the last 60 years, more young women have been experiencing poor body image than ever before (Keel & Klump, 2003), and it hardly seems to be a coincidence that during the last 60 years, there has been a shift in how beauty in American culture is defined (Owen & Laurel-Seller, 2000). For instance, Miss America contestants and *Playboy* centerfolds became thinner, and magazines that are intended for young women audiences are publishing significantly more articles on ways to lose weight (Garner, Garfinkel, Schwartz, & Thompson, 1980). In fact, it was found that many of the *Playboy* centerfolds met the weight criteria for anorexia nervosa (Owen & Laurel-Seller, 2000). Clearly, there has been a cultural shift in what is defined as beautiful, and that definition includes women being thinner and placing more value on weight loss.

During emerging adulthood, it is common for women to experience negative body image, meaning they view and think about their bodies in negative ways (Gillen & Lefkowitz, 2009). Beginning college can be a difficult transition for some emerging adults, as there are typically many changes that accompany starting college (Sanftner, Ryan, & Pierce, 2009). The college years typically coincide with the years of emerging adulthood and are marked by struggles to navigate increased autonomy. Maine and Bunnell (2008) discussed how being away from the family home and family influences, as well as changes in relationships with others, can lead to or worsen negative body image in college women. The college environment can encourage changes in eating habits and subsequent weight gain, as there is the likelihood that there will be decreased availability of healthy foods and increased availability of unhealthy foods compared to food availability at the family home (Hoffman, Policastro, Quick, & Lee, 2006). Increased availability of unhealthy foods may lead to weight gain, thus increasing the likelihood that the young woman will have

decreased body image. During the college years, women also experience greater exposure to media, which is likely to affect their body image. Specifically, women are exposed to media-based values of body appearance that equate success with thinness and attractiveness as well as objectify women (Gillen & Lefkowitz, 2009; Kaplan, Klein, & Gleason, 1991). These images and messages may become internalized and result in body dissatisfaction if women perceive themselves as not resembling the images.

Adjusting to the changes and transitions that come with beginning college can be difficult for emerging adults. Emerging adult women may experience added pressure at this time, as they receive societal messages about what a successful woman looks like. When an emerging adult woman perceives herself as failing to meet society's expectations for how she should look, she will commonly experience dissatisfaction with herself and her body.

Body Dissatisfaction and Normative Discontent

As a result of society's expectations of women's bodies and the dissatisfaction that frequently comes with being unable to meet these unattainable expectations of thinness, the term 'normative discontent' has been created within the body image literature (Rodin et al., 1984). Normative discontent suggests that the dissatisfaction a woman experiences with her weight has become so pervasive in American culture that having negative perceptions about one's body and appearance is now thought to be more normal than it is exceptional (Tantleff-Dunn et al., 2011). Tiggeman (2005) found that normative discontent, like body dissatisfaction, appears to apply to young girls, adolescent girls, and adult women.

Research repeatedly shows that body dissatisfaction and wanting to lose weight are "normal" for emerging adult college women (Heatherton, Mahamedi, Striepe, Field, & Keel, 1997; Rodin et al., 1984). Furthermore, body dissatisfaction does not stop in

adulthood or even in the older adult years; middle-aged and older adult women report weight dissatisfaction and dieting behaviors (Allaz, Bernstein, Rouget, Archinard, & Morabia, 1998). Tiggeman (2005) found evidence that suggests that body dissatisfaction remains stable across the life span. Therefore, it can be argued that although body dissatisfaction is extremely pervasive for late adolescents and emerging adults, body dissatisfaction starts early in the life course for females and lasts throughout their lives.

Body dissatisfaction may be the result of internalization of the thin ideal, or the extent to which an emerging adult woman has accepted societal values regarding what thinness means and looks like, and applied these values to herself. Body dissatisfaction is pervasive in American culture (Juarascio et al., 2011). Women receive messages that encourage thinness from the media, parents, peers, school, the workplace, etc. Considering this pervasiveness, Harris and Smith's (1983) finding that disdain for body fat occurs as early as young childhood and continues into the adult years came as a surprise for few researchers. In later research, Taylor et al. (1998) found that girls in elementary school were already reporting body dissatisfaction and dieting behaviors to look like magazine models. This body dissatisfaction continues to be seen throughout the adolescent years, as Grigg, Bowman, and Redman (1996) found that adolescent females may engage in the use of diuretics, laxatives, fasting, and cigarettes to lose weight or keep weight off. Additionally, body dissatisfaction and dieting behaviors peak in adolescence and emerging adulthood.

During emerging adulthood, women are experiencing body dissatisfaction and normative discontent as a result of the unrealistic expectations society has for women. There is increased potential for negative body image experiences during emerging

adulthood when we consider that most women will be engaging in sexual activity during this time. During sexual activity, it is common for a woman to expose her body, thus, it is also more common for women to compare and evaluate their bodies to other women's bodies.

Body Image in the Context of Sexual Activity

Objectification theory provides a framework for understanding how being a woman in a culture that encourages sexual objectification of women's bodies can influence women's experiences and the perceptions they have of their bodies (Fredrickson & Roberts, 1997). Szymanski, Moffitt, and Carr (2011) further add to objectification theory the idea that a woman's worth within society is derived from the appearance of her body and how she functions sexually. Women are socialized to believe that in order to be an "adequate" sexual partner, they must follow, conform, and perform to the social norms about what is considered physically attractive and what is considered "sexy" (Dove & Wiederman, 2000, p. 74). The idea of what is considered attractive and sexy can be confusing, as women are taught that being thin and sexy is attractive, but being too sexy is stigmatizing (Stompler, 1994). The objectification and sexualization of women's bodies often result in women internalizing beliefs about themselves as objects, who are only of value when they can be used by others (Fredrickson & Roberts, 1997). This, in turn, can lead to increased fears and concerns in women about how others perceive their bodies. For heterosexual women, they are especially concerned about how their bodies appear to men (Weiderman, 2000). It is when these fears and concerns become excessive that women consequently begin to view their bodies in critical ways and develop negative body images (Yamamiya, Cash, & Thompson, 2006). Furthermore, Fredrickson and Roberts (1997)

found that sexual objectification of women contributes to such mental health diagnoses as depression, eating disorders, and anxiety, all of which are disproportionately more frequently diagnosed in women.

Sexual experiences are one of several factors believed to be associated with emerging adult women's body image. Sexually contextual body image pertains to the level of self-consciousness that a woman experiences as a result of exposing or avoiding exposure of her body during sexual activity (Yamamiya et al., 2006). Since sexual situations typically involve a greater focus on individuals' bodies, it is likely that body image concerns are especially strong during sexual situations for women (Weaver & Byers, 2006).

In general, positive body image in women is associated with higher sexual satisfaction, whereas negative body image in women is more commonly associated with decreased sexual satisfaction. For instance, Zamboni, Robinson, and Bockting (2006) found that a more positive body image was significantly associated with both higher levels of sexual activity and sexual satisfaction. Similarly, Yamamiya, Cash, and Thompson (2006) conducted a study with 384 college women (between the ages of 18 – 25) and concluded that negative body image during sex was associated with greater body dissatisfaction. Specifically, they confirmed that decreased contextual body image during sex was associated with a decreased self-confidence to refuse sex, diminished sexual functioning, reduced sexual assertiveness, lower sexual self-efficacy, higher rates of ambivalence in sexual decision-making, and increased emotional disengagement during sex (Yamamiya, Cash, & Thompson, 2006). Additionally, Littleton, Breitkopf, and Berenson (2005) found that women who experience body shame are increasingly likely to engage in

more risky sexual behaviors, such as inconsistent condom use and are more likely to have higher numbers of recent sexual partners. Conversely, Faith, Cash, Share, and Hangen (1999) found that women with body dissatisfaction had fewer and less satisfying sexual experiences than women with lower levels of body dissatisfaction.

One reason for this contradiction may be due to the fact that Littleton and colleagues (2005) studied body shame rather than body dissatisfaction. Fredrickson and Roberts (1997) suggest that body shame is a result of self-objectification and the negative consequences of constant objectification, from both society and oneself. Women who experience self-objectification perceive their bodies in comparison to the female body that is idealized throughout western culture. When a woman perceives her body as failing to meet the ideal, she experiences body shame (Fredrickson & Roberts, 1997). Body dissatisfaction is believed to be a “less severe manifestation of body image disturbance than body shame” (Yamamiya, Cash, & Thompson, 2006, p. 421). According to Choma, Shove, Busseri, Sadava, and Hosker (2009), women will react to and cope with body shame in various ways. While some coping strategies aim to reduce stress and support positive functioning, other strategies can be self-defeating or maladaptive (Cooper, Rose, & Turner, 2005). One such self-defeating coping strategy may be to engage in more risky sexual behavior, as Littleton and colleagues (2005) found.

Faith et al.’s (1999) finding that women with higher levels of body dissatisfaction will have fewer and less satisfying sexual experiences than women with lower levels of body dissatisfaction is consistent with other research findings. Women who experience body dissatisfaction frequently avoid sexual activities (Faith & Schare, 1993), view themselves as unskilled when it comes to sexual activities (Holmes, Chamberlin, & Young,

1994), and usually report experiencing higher rates of sexual distress (Berman, Berman, Miles, Pollets, & Powell, 2003). These negative perceptions and outcomes may explain why women with higher levels of body dissatisfaction have had fewer sexual experiences compared to women with lower levels of body dissatisfaction (Yamamiya et al., 2006). Therefore, Yamamiya and colleagues (2006) concluded that contextual body image appeared to be more related to women's sexuality than general body image.

Body image schemas are created and shaped by society. Religion influences some of the schemas that society has about body image. Some of these social norms, standards, and expectations are shared, while others are conflicting. For example, a woman may be taught through her religious practices that her body is a temple, while she has also been told through both implicit and explicit societal messages that her body is an object to be used for another's pleasure. These conflicting messages can create confusion for women.

Religiosity and Body Image in Emerging Adult Women

In general, the research on religiosity and body image in emerging adult women has demonstrated a positive relationship between religiosity and body image (Homan & Boyatzis, 2009). In their critical literature review, Boyatzis and Quinlan (2008) reported that empirical studies have repeatedly found that being involved in or engaged in religion or religious practices is a "psychological asset," as religiosity is associated with many aspects of well-being, such as lower anxiety, decreased rates of depression, increased hopefulness, and higher levels of gratitude (p. 184). Furthermore, there are associations between positive body image and young women's self-rated importance of religion (Joughin et al., 1992), between positive body image and worship attendance and self-rated religiosity (Mahoney et al., 2005), and between positive body image and religious well-

being, meaning having a close relationship with God or one's Higher Power (Smith et al., 2003). In exploring the relationships between religiosity and body image, there are specific components of religiosity that deserve greater attention, such as sanctification, attendance at religious services, and prayer.

Sanctification

Sanctification is one dimension of religiosity that may be related to body image in women during emerging adulthood. According to Pargament and Mahoney (2005), "sanctification is the process of endowing some aspect of life with divine and sacred significance" (p. 180). The process of sanctification is believed to have many implications when it comes to human functioning:

(a) people invest a great deal of their time and energy in sacred matters; (b) people go to great lengths to preserve and protect whatever they perceive to be sacred; (c) sacred aspects of life are likely to elicit spiritual emotions of attraction (e.g., love, adoration, gratitude) and trepidation (e.g., awe, fear, humility); (d) the sacred represents a powerful personal and social resource that people can tap throughout their lives; and (e) the loss of the sacred can have devastating effects. (Pargament & Mahoney, 2005, p. 180)

Therefore, research has recently started examining how sanctification of one's body and the above implications impact body image. Mahoney and colleagues (2005) conducted a study with college students to explore how body image differed in relation to the extent to which the students perceived their bodies as being a manifestation of God (e.g., "My body is created in God's image") and described their bodies as having sacred qualities (e.g., "holy," "sacred"). The researchers found that the more the college students described and

perceived their bodies as having sacred qualities, the higher their body image score. It is possible that women who view their bodies as sacred also believe that their bodies are a powerful personal and social resource that deserves to be perceived positively.

To further strengthen the argument that sanctification is positively associated with emerging adult women's body image, Boyatzis, Kline, and Backof (2007) conducted an experimental study with college women. The researchers showed the women photographs of fashion models to incite body image concerns. After the college women viewed the photographs of ultra-thin models, the women were instructed to read either neutral statements (e.g. "The director of the health services had hoped to run for the U.S. House of Representatives."), religious body affirmations (e.g., "Because I am a child of God, I am perfect and whole and my body is perfect and whole."), or spiritual body affirmations (e.g., "Because I love my body, I consider it to be perfect and whole."). The religious affirmations had a theistic and Christian-based tone that placed emphasis on God's love and acceptance of women's bodies. This was different from the spiritual affirmations in that the spiritual affirmations had a more positive secular tone, and none of the spiritual affirmations mentioned God. In a pretest/post-test measure of body image, the researchers found that the women in the control group, who read the neutral statements, declined in body image satisfaction. In contrast, body image improved significantly in the women who read religious body affirmations and improved marginally in the women who read spiritual body affirmations. Therefore, women who perceive their bodies as perfect and whole in the eyes of God are more likely to internalize these positive beliefs and have an overall positive body image.

Attendance at Religious Services

There is no known research to date that explores the possible relationships between emerging adult women's body image and their attendance at religious services. The lack of studies available in this area stresses the need for research to be done specifically examining the connection between women's body image and attendance at religious services.

The Role of Prayer

Prayer is another aspect of religiosity that is likely to be connected to body image. In one study, Jacobs-Pilipski, Winzelberg, Wilfley, Bryson, and Taylor (2005) examined the spiritual and religious beliefs and practices of college-aged women at high-risk for eating disorders, and the relationships between body image and distress, coping, and spirituality/religiosity. Part of this study included exploring the role of prayer in coping. A large sample of college-aged women with elevated weight and shape concerns completed surveys about their spiritual and religious beliefs and practices. The women were students enrolled in an Internet-delivered eating disorder prevention study, who were recruited from two public and two private west coast universities. Women who were classified as highly religious reported prayer to be an effective coping mechanism to deal with concerns about body image. Women categorized as having strong spirituality/religiosity were more likely to pray, meditate, or read spiritual/religious texts to cope with negative body image.

In another study, Marsden, Karagianni, and Morgan (2007) focused on 10 Christian women who had negative body image. The women were receiving inpatient treatment for anorexia nervosa or bulimia nervosa, and reported on a questionnaire that religion was important to them. These women were then invited to participate in semi-structured

interviews, allowing for the researchers to assess how religion influenced the women's treatment. The researchers found that prayer allowed for a dialogue and a healing relationship with God, meaning that the women experienced more acceptance and understanding for their bodies as well as for others. Prayer can help emerging adult women cope with the normative discontent that they may experience. Young women who pray more seem to cope better "with the challenge of accepting their bodies in a culture that upholds narrow and unattainable body norms" (Homan & Boyatzis, 2009, p. 236). Prayer is believed to provide an outlet for a search for meaning, as well as the maturing of religious beliefs and ideas (Marsden, Karagianni, & Morgan, 2007). Although women who pray are more likely to have positive body image, more research needs to be done to examine specifically how prayer frequency is related to a woman's body image.

The Structure of Christianity

Due to the present study's sample demographics and in order to better understand the participants of this study (i.e., emerging adult women who were primarily self-identified Christians), the research and literature reviewed was Christianity-based. The structure of the Christian religion can be oppressive to women in ways that are similar to other aspects of culture that have previously been discussed. Women may receive negative messages from their faith communities that could influence how they perceive their abilities, worth, competence, and confidence. These negative messages can be observed when one considers the role(s) of women within religious communities. Within certain religions, women may not be allowed to hold leadership positions within the church or participate in certain rituals or ceremonies. Additionally, within some religions, traditional gender stereotypes are strongly reinforced by religious teachings and/or religious leaders.

Christianity has prohibited many behaviors, which have been deemed “undesired” or “unaccepted.” Several of these behaviors surround food, self-control, and sexual activity (Boyatzis & Quinlan, 2008). When women perform an “undesired” act or behavior or find pleasure in this behavior, such as in overeating, they may experience shame, guilt, self-denial, and asceticism, or the act of denying oneself of worldly pleasures (e.g., food or sexual activity) to achieve a high spiritual or intellectual state (Boyatzis & Quinlan, 2008).

One area critiqued within Christianity is the idea of fasting, or abstaining from food, and possibly drink, often for a specified amount of time (Boyatzis & Quinlan, 2008).

Women who feel less worthy and inferior in God’s eyes, possibly due in part to an inability to live up to the standards set forth by their Christian beliefs, may view and treat their bodies in more negative ways. For instance, they may use fasting, or self-starvation, as a way to feel more worthy, more connected to God, and like they are treating their bodies as “temples of divine significance” (Boyatzis & Quinlan, 2008, p. 186). In other words, it is through punishment, such as denying oneself of food and other worldly pleasures, that a woman is thought to be worthy enough of God’s love, and in turn, a partner’s love.

To highlight how dangerous it can be for women to engage in behaviors that encourage denial of food and other pleasures, Banks (1992) published two case studies after five years of studying and observing two women, Jane A. and Margaret C., who lived with anorexia nervosa and considered themselves religious. The data collected over the five year period were gathered in non-clinical settings, such as in family or community contexts, to assess how culture impacts one’s experience of living with anorexia. Through these studies and observations, Banks realized how they both depicted a religious dualism of body and spirit. Margaret C. conveyed this idea of dualism in the following comment,

“Well, the part of you that goes [to heaven] is really yourself because the body is nothing. Anybody who believes in the Bible would believe that as a matter of fact” (p. 876). In other words, when women hold the religious belief that the spirit is what is important and the body is “nothing,” there is again the possibility for self-sacrificing or denying one’s body of food, necessities, and pleasurable experiences.

Not all women will embrace their religious and spiritual beliefs in such ways, but the possibility exists for women to internalize these beliefs about how a Christian woman comes to be considered worthy in God’s eyes. Therefore, it is important for therapists and other clinicians to be inquiring about the beliefs emerging adult women have about religiosity and sexuality when working with young women in therapy. Bergin and Jensen (1990) found that only 29% of therapists reported believing that religiosity should be inquired about and made a part of the therapy process. Kellems, Hill, Crook-Lyon, and Freitas (2010) found that only 24% of therapists reported taking graduate courses that addressed discussing religion with clients. This is significant because therapists who had more training in religious or spiritual discussions with clients felt more comfortable having these conversations with clients (Kellems, et al., 2010). Additionally, discussions about sexual activity are rarely asked about during the course of therapy (Timm, 2009). Therefore, it is important for researchers and clinicians to be aware of the roles religiosity and sexuality play in women’s lives, and at the same time, how religious and sexual beliefs and ideas can impact a woman’s body image and perceptions about herself.

The Present Study

The purpose of the present study was to examine how emerging adult women’s body image differed according to their religiosity, specifically in terms of attendance at

religious services and prayer frequency. The population of interest was emerging adult women who were currently enrolled in college. Emerging adulthood is a time when many young adults “clarify their identities, that is, they learn more about who they are and what they want out of life” (Arnett, 2004, p. 8). This identity exploration includes religious and sexual exploration. Accompanying the changes and transitions that can occur with college, Kaplan and colleagues (1991) found that the college environment may also make “media-based values of body appearance” more accessible to college women, which may negatively contribute to college women’s body image (Sanftner et al., 2009). Although there has been research linking religiosity to various aspects of psychological and medical well-being, only a few studies have addressed how various components of religiosity directly relate to body image, and none of this work focuses specifically on attendance at religious services and prayer frequency.

Research questions in the present study focused on the connections between religiosity and body image. The first set of research questions examined the relations between religiosity and general body image. The first research question was: how does body image differ for women according to their attendance at religious services (e.g., regular, low, and never in terms of frequency of attendance at religious services)? My hypothesis was that the more frequently women attended religious services, the more positive their body image was. Kim (2007) found that those who are more religious, part of which may include attendance at religious services, tend to view their bodies in more positive ways. The second research question was: how does body image for women differ according to their prayer frequency (e.g., high, medium, and low frequency of prayer)? I hypothesized that women who reported that they pray more frequently will also have more

positive body image. Boyatzis and McConnell (2006) found that women who pray more often are likely to have high self-esteem, and high self-esteem is closely linked with positive body image (Martin, Housley, McCoy, & Greenhouse, 1988). In addition, Jacobs-Pilipski and colleagues (2005) found that prayer was used as an effective coping mechanism to deal with concerns about body image. The third research question was: do attendance at religious services and prayer frequency have an interaction effect on body image for women? Although no research to date has examined both attendance at religious services and prayer frequency together with body image, I hypothesized that attendance at religious services and prayer frequency would have an interaction effect, combining to a more positive body image.

The second set of research questions focused on the relations between religiosity and contextual body image, or body image experiences in sexual situations. First, I addressed the following research question: how does contextual body image differ for women according to their religious attendance (e.g., regular, low, and never in terms of frequency of attendance at religious services)? Although research has examined relations between religiosity and sexual behaviors, religiosity and body image, and sexual behaviors and body image, there has been no known research to date on how body image experiences in sexual situations differ for women according to their attendance at religious services. Even so, my hypothesis was that the more frequently women attended religious services, the more positive their contextual body image would be. The second research question was: how does contextual body image for women differ according to their prayer frequency (e.g., high, medium, and low frequency of prayer)? I hypothesized that, like general body image, women who prayed more frequently were more likely to have more positive

contextual body image. The third research question was: do attendance at religious services and prayer frequency have an interaction effect on contextual body image for women? I hypothesized that attendance at religious services and prayer frequency would have an interaction effect, combining to a more positive contextual body image. Clearly, research on this particular area is lacking and thus, this project attempted to thoroughly investigate the connections between religiosity and general body image, as well as between religiosity and contextual body image.

Although there is research documenting negative effects of religiosity on body image, there is substantially more research highlighting the positive effects of religiosity on body image. Because of the overwhelming existing research suggesting positive relationships between religiosity and body image, I chose hypotheses that also proposed positive connections between attendance at religious services and prayer frequency and general and contextual body image.

CHAPTER THREE. METHOD

Participants

The data for this study were collected as part of a larger research project examining body image, disordered eating, sexuality, and religiosity. The sample for this study included 405 female undergraduate and graduate students who were attending a Midwestern public university. The sample was comprised of 374 undergraduate students and 31 graduate students. Participants ranged in age from 18 to 25 ($M = 20.62$, $SD = 1.76$). Consistent with the ethnic population of the university, most of the sample identified themselves as White (94.3%). Additionally, 1.4% identified themselves as Black, Hispanic, or Biracial, 3.2% identified themselves as Asian American, and 1.0% as Other. Participants were asked to identify their sexual orientation, dating status, and marital status. Most of the participants identified themselves as straight (95.3%), while .5% identified themselves as lesbian and 4.0% identified as bisexual. Participants indicated that they were currently dating one person (47.7%), were not dating anyone (30.4%), or were currently dating more than one person (3.0%). In regards to marital status, 68.9% of the sample indicated being single, 3.7% indicated being married, 7.9% indicated cohabitating, and 7.7% indicated being engaged.

Procedure

Participants were recruited for this study via email invitations and in-class advertisements. Participants were directed to an Internet link, where they first acknowledged informed consent without revealing their identity. Participants were then asked to complete several questionnaires on topics such as religious involvement, body image, disordered eating behaviors, sexual attitudes, and sexual activity. Upon completion

of the study, participants were directed to a new Internet link where they could choose to be entered in a drawing for a chance to win one of the following prizes: a flat screen LCD television, a \$50 gift card to the university bookstore, a \$50 gift card to Target, or a \$50 gift card to a restaurant. If the participants chose to enter their name and contact information for an opportunity in the prize drawing, this information was not connected with any of the previous information provided in the study questionnaires.

Measures

Participants completed self-report questionnaires that measured religiosity and body image.

Religiosity

Religiosity is defined as the degree to which various aspects of religion play a role in an individual's life. For this study, religiosity was measured using two scales: one assessed attendance at religious services, while the other assessed frequency of prayer.

Attendance at religious services

Attendance at religious services was measured with a single item. Participants were asked to classify the frequency of their attendance of religious services as regular, low, or never. Participants were therefore defined as "regular," "low," or "never" in terms of their attendance at religious services.

Frequency of prayer

Frequency of prayer was also measured by a single item from The Personal Importance of Religion subscale (Prest, Russel, & Souza, 1999). The Personal Importance of Religion subscale is made up of four items designed to assess the importance of religion in the respondent's personal life. Participants were asked to identify how true the following

statement was for them: “I pray regularly.” Responses were made by the participants indicating how true this statement was on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). The item was scored such that a higher score indicated greater importance of religion in the respondent’s personal life. In this paper, individuals were defined as “high” in terms of their prayer frequency if they responded “agree” or “strongly agree” to this item, “medium” if they responded “neither agree nor disagree,” and “low” if they responded “disagree “ or “strongly disagree.”

Body Image

Body image is defined as the subjective multidimensional concept of how a person views and thinks about her body, particularly her physical appearance. For this study, body image was measured using two scales: one assessed general body image, while the other assessed contextual body image in sexual situations.

General body image

The Body Image subscale from the Derogatis Sexual Functioning Inventory (DSFI) (Derogatis & Melisaratos, 1979) was used to measure general body image. The Body Image subscale is made up of 15 items to reflect the beliefs and perceptions of how one feels about her body. Ten of the items are considered common items, while five of the items are unique items for either females or males. The participant is asked to rate herself or himself on ten general body attributes, which are the same for both females and males, followed by five gender-specific items that are particularly focused on the satisfaction a woman or man has with her or his genitals. Participants were asked to identify how true statements such as “I am less attractive than I would like to be” and “Sexual partners would find my body attractive” were for them. Responses were made by the participants

indicating how true each of the statements were on a 5-point Likert scale, ranging from 1 (Not at all) to 5 (Extremely). Items were scored such that higher scores indicated greater body image satisfaction. The Body Image subscale of the DSFI has been shown to have an internal consistency of .58 (Derogatis & Melisaratos, 1979). In the present study, Cronbach's alpha was .69. Derogatis and Melisaratos (1979) believed that the reliability coefficient may be lower than acceptable because the Body Image subscale is comprised of two different components – general physical appearance and satisfaction with genital anatomy. They believed that the two components of the subscale “may reflect two distinct aspects of body image to some degree” (Derogatis & Melisaratos, 1979, p. 258). See Appendix A for the complete scale.

Contextual body image

The Body Image Self-Consciousness Scale (BISC) (Wiederman, 2000) was used to measure contextual body image. The BISC is made up of 15 items to describe the self-consciousness a woman experiences about the appearance of her body and how her body would appear to a sexually intimate partner. Participants were asked to identify how frequently they agreed with statements such as “I (would) feel very nervous if a partner were to explore my body before or after having sex” and “I (could) only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.” Responses were made by the participants indicating the frequency of each of the statements on a 6-point Likert scale, ranging from 1 (Never) to 6 (Always). Items were scored such that higher scores indicated greater self-consciousness and greater body image dissatisfaction (Wiederman, 2000). The BISC has been shown to have an internal

consistency of .94 (Wiederman, 2000). In the present study, Cronbach's alpha was .96. See Appendix B for the complete scale.

CHAPTER FOUR. RESULTS

Analysis Plan

I conducted two separate two-factor analyses of variance (ANOVAs). I first conducted a two-factor ANOVA to explore the relations between religiosity and general body image. I examined the main effect of attendance at religious services on body image to test the first hypothesis that the more frequently women attend religious services, the more positive their body image is. The independent variable was the different groups of religious attendance (e.g., regular, low, and never frequency of attendance at religious services). The dependent variable was body image. To test the second hypothesis that women who pray more frequently have more positive body image, I examined the main effect of prayer frequency on body image. The independent variable was the different groups of prayer frequency (e.g., high, medium, and low prayer frequency). The dependent variable again was body image. To test the third hypothesis that attendance at religious services and prayer frequency had an interaction effect, combining to indicate a more positive body image, I examined the interaction effect of attendance at religious services and prayer frequency, the two independent variables, on body image, the dependent variable.

I explored the relations between religiosity and contextual body image, or body image experiences in sexual situations by conducting another two-factor ANOVA. To test the first hypothesis that the more frequently women attend religious services, the more positive their contextual body image is, I examined the main effect of attendance at religious services on contextual body image. The independent variable was the different groups of attendance at religious services (e.g., regular, low, and never frequency of

attendance at religious services), while the dependent variable was contextual body image. To test the second hypothesis that women who pray more frequently are more likely to have more positive contextual body image, I examined the main effect of prayer frequency on contextual body image. The independent variable was the different groups of prayer frequency (e.g., high, medium, and low prayer frequency), and the dependent variable was contextual body image. To test the third hypothesis that attendance at religious services and prayer frequency had an interaction effect, combining to indicate a more positive contextual body image, I examined the interaction effect of the independent variables of attendance at religious services and prayer frequency on the dependent variable of contextual body image.

The PASW 19.0 program was used to identify the descriptive statistics and to conduct the two-factor ANOVAs. For the two-factor ANOVAs, an alpha level of .05 was used. Post-hoc tests were originally planned if significant main effects of attendance at religious services or prayer frequency on body image and / or contextual body image were found, in order to see where possible differences existed.

Descriptive Statistics

On average, most participants reported high prayer frequency ($N = 208$). Additionally, most participants indicated low attendance at religious services ($N = 210$). The DSFI Body Image subscale is scored from 15 – 75, with 15 being poor body image and 75 being positive body image. When examining general body image scores, participants' scores ranged from 22 – 48 ($M = 35.64$, $SD = 4.66$), indicating average scores for general body image. Faith and Schare (1993) used the DSFI Body Image subscale to examine how body image is related to sexual behavior. The sample consisted of male and female college

students. For the females of this sample, the mean of their body image scores was 20.64. When comparing this mean to the mean of the general body image scores in the present study, the results indicate that the women in the present study may have higher than average general body image scores. The BISC scale is scored from 15 – 90, with 15 being less body self-consciousness during sexual situations and 90 being greater body self-consciousness during sexual situations. Contextual body image scores indicated scores ranging from 15 – 90 ($M = 37.78$, $SD = 17.51$), indicating average scores for contextual body image. When Wiederman (2000) created the BISC scale and conducted a study with college women, his results indicated a mean of 25.17. Comparing this mean to the mean of the contextual body image scores in the present study suggests that the women in the present study may have lower than average contextual body image scores, or higher than average body self-consciousness during sexual situations.

Model Testing

First, a two-factor ANOVA was conducted to assess how general body image differed for women according to both attendance at religious services and prayer frequency, as well as the combined effects of religious attendance and prayer frequency together. Results indicated that general body image did not significantly differ among groups according to attendance at religious services $F(2,396) = .17$, $p = .85$, or prayer frequency, $F(2, 396) = .68$, $p = .51$. In addition, the interaction effect of attendance at religious services and prayer frequency on general body image also showed no significant differences among groups, $F(4,396) = .75$, $p = .56$. These findings were contrary to my hypotheses that both attendance at religious services and prayer frequency would have significant main effects on general body image, and together would have a significant

Table 1

2-Factor ANOVA Results of Attendance at Religious Services and Frequency of Prayer on General Body Image

Source	Sum of squares	<i>df</i>	<i>MS</i>	<i>F</i>
Between treatments	102.42	8		
A (attendance)	7.32	2	3.66	.17
B (prayer)	29.55	2	14.78	.68
AxB	65.55	4	16.39	.75
Within treatments	8674.44	396	21.91	
Total	8776.86	404		

interaction effect. See Table 1 for a summary of results. Because no significant main or interaction effects were found, no post-hoc comparisons were performed.

A second two-factor ANOVA was conducted to assess how contextual body image, or body image during sexual situations, differed for women according to attendance at religious services and prayer frequency, as well as the combined effects of religious attendance and prayer frequency together. Results indicated that contextual body image did not significantly differ among groups according to attendance at religious services $F(2,396) = .57, p = .57$, or prayer frequency, $F(2, 396) = .55, p = .58$. Furthermore, the interaction effect of attendance at religious services and prayer frequency on general body image also showed no significant differences among groups, $F(4,396) = .36, p = .84$. These findings were contrary to my hypotheses that both attendance at religious services and prayer frequency would have significant main effects on contextual body image, and together would have a significant interaction effect. See Table 2 for a summary of results. Because

Table 2

2-Factor ANOVA Results of Attendance at Religious Services and Frequency of Prayer on Contextual Body Image

Source	Sum of squares	<i>df</i>	<i>MS</i>	<i>F</i>
Between treatments	1128.66	8		
A (attendance)	349.41	2	174.71	.57
B (prayer)	337.31	2	168.65	.55
AxB	441.94	4	110.48	.36
Within treatments	122452.82	396	309.22	
Total	123581.48	404		

no significant main or interaction effects were found, no post-hoc comparisons were performed.

CHAPTER FIVE. DISCUSSION

Discussion of Findings

The purpose of the study was to examine how emerging adult women's general and contextual body image differed according to their religiosity, specifically in terms of attendance at religious services and prayer frequency. The results of this study indicated that there were no significant statistical differences in emerging adult women's general body image or contextual body image during sexual situations according to their religiosity. More specifically, the results showed that for emerging adult women, attendance at religious services and frequency of prayer were not associated with general body image or contextual body image. Although prior research has shown that religiosity is a positive factor in women's lives, such that religiosity and positive body image and body perceptions are linked (Boyatzis et al., 2006; Boyatzis & Quinlan, 2008; Homan & Boyatzis, 2009; Joughin et al., 1992; Smith et al., 2003), this study did not find a similar relationship between religiosity and body image for emerging adult women. A potential explanation for the lack of significant findings in the present study is that some women may have experienced positive effects of religion, while others experienced negative effects. Thus, there is the possibility that the positive and negative effects counteracted each other, resulting in no significant findings.

Normative discontent refers to the notion that women commonly experience dissatisfaction with their bodies because of the often impossible expectations society has made for their bodies (Tantleff-Dunn et al., 2011). It is possible that normative discontent is so pervasive that it counteracts or cancels out the benefits researchers have historically associated with religious involvement and one's well-being, self-esteem, and body image.

Tantleff-Dunn and colleagues (2011) considered how evolving gender stereotypes for women influence their body image and levels of normative discontent. Gender stereotypes for young women have shifted from portrayals of conventional roles, such as being the 1950's homemaker and stay-at-home mother, to present-day stereotypes that put more focus on body image and eating behaviors. Furthermore, Cash and Brown (1989) found that men and women perceive, or find it stereotypical for, women to have significantly negative levels of body image. Additionally, Tantleff-Dunn and colleagues (2011) found that since the 1980s, emerging adult women not only experience normative discontent at higher levels than men, but they are also more likely than men to encourage the thin-ideal stereotypes for women. The endorsement of these body-specific stereotypes for women is likely due to the higher levels of body dissatisfaction and restrictive eating behaviors that are found among emerging adult women. Therefore, they are more likely to believe that other women are experiencing equally high (or higher) levels of normative discontent (Altabe & Thompson, 1996). These findings indicate that both men and women now believe it is normal for women to be unhappy with how they perceive and think about their bodies.

Considering the abovementioned research, when a woman feels unable to meet the expectations society has made for her body (Rodin et al., 1984), religious involvement may not provide the body image-related benefits for her that previous research has supported (Boyatzis et al., 2007; Boyatzis & McConnell, 2002; Mahoney et al., 2005). Therefore, future research should be conducted that specifically examines the relationships between women's religious beliefs and their bodies, as well as research that further examines long-

term trends in changes in body image for emerging adult women during the past one to two decades.

The present study addressed three research questions in two different sets. The first set examined how emerging adult women's general body image differed according to their religiosity. The second set examined how emerging adult women's contextual body image, or body image during sexual situations, differed according to their religiosity. In the next sections, I discuss results for each of the three research questions for both general and contextual body image together.

Research Question One: How did body image differ for women according to their attendance at religious services (e.g., regular, low, and never in terms of frequency of attendance at religious services)?

My hypotheses for this first research question were that the more frequently women attended religious services, the more positive their general body image and contextual body image would be. Previous studies show that women who are more religious, including attending religious services, tend to perceive their bodies in more positive ways (Boyatzis et al., 2006; Boyatzis & Quinlan, 2008; Homan & Boyatzis, 2009; Joughin et al., 1992; Kim, 2007; Smith et al., 2003). Additionally, research seemed to suggest that religiosity may act as a protective enclave from society's norms regarding thinness (Kim, 2007). However, the results in the present study showed that there were no significant differences in general body image or contextual body image according to attendance at religious services. This lack of significant differences between groups suggests that simply attending religious services may not provide the protective enclave from society's norms regarding thinness that previous research found.

There are several possibilities to consider when exploring why attending religious services would not indicate higher levels of body image. Boyatzis and Quinlan (2008) suggest that the messages women receive from religious services often influence the ways they feel worthy and connected to a higher power, as well as how they are treating their bodies. Thus, emerging adult women may use negative means such as fasting, or self-starvation, in order to feel more worthy, more connected to God, and like they are treating their bodies as “temples of divine significance” (Boyatzis & Quinlan, 2008, p. 186). However, it is possible that emerging adult women are not connecting with or internalizing religious messages they are receiving from attending religious services. They may believe that the messages do not directly apply to them or pertain to their lives. Therefore, future research should explore what messages emerging adult women are getting specifically from attending religious services, as well as how they are internalizing these messages. It would be harder for a woman to experience a positive relationship with her church when there is a disconnection between herself and her church or faith community. If women are not internalizing the positive messages they receive from attending religious services or experience a disconnect from their church, then they are potentially not experiencing positive body image-related messages from their church and religious community.

It is also possible that a woman has internalized the negative messages that women can receive from their religious or faith communities. For example, she may have internalized the message that she is not worthy enough to hold a position of leadership or power within her particular religious denomination because women are not allowed to do so. This example reinforces the messages women may be receiving about the often subordinate role women hold within their churches, families, and society. Additionally,

some religions have clear rules regarding how women will present themselves to God and to men, such as rules about length of hair, appropriate clothing to be worn, how much skin should be visible, etc. All of these rules, and subsequent messages, may influence women's body image and how they perceive their bodies and themselves. These negative internalized messages could also be creating a disconnect between a young woman and her church. Additionally, not connecting with a church or religion could result in searching for a new church community or religion that is more appealing to one's beliefs and values. Religious exploration is characteristic of emerging adulthood and allows for the emerging adult woman to try out other possibilities outside those of her family of origin (Arnett, 2004).

It is important to also consider the reason(s) why an emerging adult woman attends religious services, such as because she derives comfort from attending and being with others who believe what she believes or because it is simply routine to attend. For example, if she is attending church services because she experiences a supportive relationship with a higher power, she may be more likely to have higher levels of body image compared to an emerging adult woman who attends religious services because her partner or family member attends. The woman who is more intrinsically motivated to attend religious services is more likely to be guided by her beliefs and values of her religion (Lavric & Flere, 2011). For example, she may be more likely to treat her body as a temple and believe the religious message that she was created in the image of a higher power. On the other hand, the extrinsically motivated woman attends religious services to achieve an external gain of some sort, such as social acceptance from a peer group (Lavric & Flere, 2011). Thus, it is possible that intrinsic versus extrinsic motivations for attendance at religious

services may serve as a moderator of connections between religious attendance and body image.

Research Question Two: How did body image for women differ according to their prayer frequency (e.g., high, medium, and low frequency of prayer)?

I hypothesized that women who reported that they prayed more frequently would also have more positive body image. Research indicated that women who pray more often are likely to have high self-esteem (Boyatzis & McConnell, 2006), and Martin and colleagues (1988) found that women who have higher self-esteem are more likely to have increased body satisfaction. In addition, research has found that prayer can be used as a coping mechanism to deal with concerns about body image (Jacobs-Pilipski, et al., 2005). However, the results of the present study indicated that general and contextual body image did not significantly differ among groups according to prayer frequency.

When considering why prayer frequency was not significantly associated with body image, it is important to reflect on the reasons why emerging adult women may engage in prayer. Although Jacobs-Pilipski and colleagues (2005) found that prayer can be used as a way to cope with negative perceptions about one's body, it is possible that prayer is less of a permanent coping mechanism in the long-term and more of a temporary means of coping. Therefore, future research should explore prayer content of emerging adult women. Additionally, it is necessary to think about how women pray or for what they are praying. For example, a woman who prays for more internal benefits, such as asking for peace of mind or to remember that she is beautiful on the inside and out, may experience increased levels of body image compared to a woman who prays for external benefits by asking for circumstances around her to change. In the present study, women were never directly asked

what they prayed about; it is possible that the women never prayed about their bodies or any physical or sexual experiences. Therefore, prayer may help an emerging adult woman spiritually, but not physically.

Finally, it is also important to consider the relationship that an emerging adult woman has with the source to who she is praying. Prayer is defined as “the communication between the believer and the believer’s higher power” (Baesler, 2002, p. 58). It is characteristic of emerging adults to question, examine, and renegotiate not only their religious beliefs, but also the relationship that they have with their higher power (Arnett, 2004). This may mean that emerging adults will start a more personal and deeper relationship with their higher powers, or this may result in emerging adults investing less time and energy into the relationship they have with their higher powers. If a woman has a more positive relationship with her higher power, the prayer that she engages in will most likely be considerably different than a woman who has a poor relationship with her higher power. Clearly, further research will need to consider the reasons why women pray and their relationships with the source of prayer, as these may serve as moderators of the connection between prayer frequency and body image.

Research Question Three: Did attendance at religious services and prayer frequency have an interaction effect on body image for women?

Even though no research to date has examined general body image or contextual body image with both attendance at religious services and prayer frequency, I hypothesized that attendance at religious services and prayer frequency would have an interaction effect, combining to indicate a more positive body image. The findings of the present study did not support these hypotheses. Therefore, even though Kane and Jacobs (2010) found that

the frequencies of prayer and attendance at religious services predicted how important the role of religion is in one's personal life, the findings of the present study seem to suggest that the frequency of prayer and of attendance at religious services do not interact to be associated with body image. When measuring religion by frequency of attendance at religious services and frequency of prayer, it is imperative to not assume that one equals the other. In other words, an emerging adult woman who attends religious services more often does not necessarily pray more frequently and, vice versa. Additionally, it is incorrect to assume that a woman equally values or places equal importance on attending religious services and praying. These two measures of religiosity may be very different priorities to her when it comes to her religious beliefs and practices, and future researchers are encouraged to consider these two aspects of religiosity as separate entities, as well as examine how they may work together to influence body image.

Limitations and Suggestions for Future Research

There are a number of limitations to the present study that influence suggestions for future research. One such limitation is the sample was not very diverse. It is possible that the results would have been different had the sample been more diverse, as there are racial and ethnic differences in body image. Beauty ideals and concepts of self are defined differently among ethnically diverse populations (Cheney, 2011). For example, Black and Latina women are more likely to define beauty as ways of being and acting versus how the physical body looks, which leads to a greater appreciation of different body types (Rubin, Fitts, & Becker, 2003). Additionally, the overwhelming majority of the sample identified themselves as Christian, which includes multiple denominations and beliefs. It is possible that women of different religions may experience varying levels of body image satisfaction

due to differing beliefs, values, and practices. Some religions, for instance, may place more emphasis, whether positive or negative, on the body. Given the religious diversity of emerging adult women in America, I suggest that future research should include ethnically, racially, sexually, and geographically diverse samples, in which the researchers ask about religion, denomination, affiliation, belief systems, and specifically about the role of women in their faith tradition.

Another possible limitation is the use of the Body Image Self-Consciousness Scale (BISC) (Wiederman, 2000), which is made up of 15 items to describe the self-consciousness a woman experiences or believes that she would experience about the appearance of her body and how her body would appear to a sexually intimate partner. The BISC allows for both participants who have been sexually active as well as participants who have not been sexually intimate with a partner to identify how frequently they agreed with statements. Women who have not been sexually intimate with a partner may have different expectations for their sexual experience. They may also expect to feel differently during sexual activity. For example, an emerging adult woman may expect to feel quite comfortable about physically exposing herself to a partner. However, during her first sexual experience, she may have ended up feeling uncomfortable or embarrassed to be naked with her partner. If the BISC scores of only the women who have been in sexual situations were used in determining the results to the present study's research questions, the findings may have been different. Future research should use a sample of emerging adult women who are currently engaging in sexual activity or have in the past had a sexual encounter with another partner to eliminate the need for women to guess or assume how they would feel about themselves and their bodies when in sexual situations. I would also

suggest comparing emerging adult women who have had sexual experiences to those women who have not engaged in sexual situations to assess for body image differences between the two groups.

For this study, religiosity was measured by frequency of attendance at religious services and prayer frequency. An important limitation of this study is that religious attendance and prayer do not fully examine the role that religiosity plays in the lives of emerging adult women. Therefore, future research should include religiosity measures that allow for more examination in regards to what role religion plays in emerging adult women's lives, such as why women attend religious services, women's personal religious beliefs, what women are praying about, how involved they are in their faith communities, and what kind of participation and involvement in their faith communities is occurring. Future study of these aspects of religiosity in a more in-depth manner will allow for a greater understanding of how or in what ways religion is connected to body image.

Strengths

There are a number of strengths that are associated with the present study. For example, one such strength is that there was a large sample size. There were 405 participants who took part in this study, which ensures a high level of statistical power when examining the results (Howell, 2008). Additionally, results from this study contribute to the growing body of literature on body image, both general and contextual (during sexual situations), and religiosity in emerging adult women. Although both types of body image are likely related, it is important that researchers recognize that they are two distinct forms of body image and thus should be investigated separately. Lastly, research has found religiosity to be meaningful in emerging adult women's lives (McNamara Barry & Nelson,

2008), yet religion remains understudied in relation to body image. Although it is promising to see that the research and literature on body image continues to grow, there is a lack of research examining the relationships between attendance at religious services, prayer frequency, and body image (both general and contextual). Thus, the present study clearly fills a gap in the current literature.

Clinical Implications

It is imperative that therapists remain curious and continue to ask their clients about topics such as body image, religion, and sexual activity. Although the present study did not find significant relationships between religiosity and body image, the topics of body image, religiosity, and sexual activity are important and relevant to the unique experiences of emerging adult women. At the same time, therapists also need to be mindful not to make assumptions about clients' lives. For example, a therapist working with an emerging adult woman who has stated that religion plays a central role in her life may make the assumption that because the client identifies as a religious woman, she may not engage in sexual activity. This assumption may not only be inaccurate, but may negatively affect the therapeutic relationship, as well as the work that is achieved as a result of therapy. By making assumptions, the therapist may be missing important information that could be helpful to the therapy process.

Research has found that therapists are uncomfortable bringing up religion (Bergin & Jensen, 1990; Carlson, Kirkpatrick, Hecker, & Killmer, 2002) and sexual activity (Timm, 2009) in therapy. Commonly, therapists believe that it is important to address religion during the course of therapy, but the majority of therapists do not know how to do so (Carlson, et al., 2002). A large portion of therapists report that they did not get adequate

training for discussing and incorporating religion into therapy practices; thus, they feel uncomfortable doing so (Carlson, et al., 2002). Although this study did not find a significant relationship between religiosity and body image, the present study reminds therapists and other clinicians to inquire about body image, both general and during sexual situations, and religiosity when working in therapy with emerging adult women, as these topics are important and relevant to emerging adults. In particular, body dissatisfaction strongly affects women at this time, as the objectification that women experience may be especially heightened during emerging adulthood (Fredrickson & Roberts, 1997). Additionally, emerging adulthood is a time of identity exploration, part of which includes exploring religiosity (Arnett, 2004). Religion and how women feel about their bodies during sexual situations are typically considered to be socially taboo topics that are not discussed between individuals (Timm, 2009). Because these topics are usually not discussed socially, it is even more important for therapists to address religion and women's body image in-depth.

Feminist therapists intentionally examine the positions women hold in society. The results of this study underscore the need for therapists to specifically acknowledge and explore the positions and roles women do and do not have within their religious institutions, communities, and denominations. Women may receive negative messages about their social position based on their gender from their religious institution. It is common for emerging adult women to experience negative body image (Gillen & Lefkowitz, 2009), and feminist therapists are able to critically evaluate the societal messages that lead to negative body image. They are aware of the objectification that women frequently experience and internalize (Fredrickson & Roberts, 1997), and of the

increased risks women face due to social reinforcements that largely treat them like objects or things. Some of these risks include anxiety, depressive, and/or eating disorders (Cash & Henry, 1995). Feminist therapy is guided by the presumption that gender is a social construct that shapes identity and influences how individuals are in relationships with others (Hare-Mustin, 1978). By acknowledging the impact of gender and the context in which women live, feminist therapists are able to recognize the various ways that women are influenced and affected by the often conflicting, confusing, and unattainable norms and ideals that society has made for women of all ages (Hare-Mustin, 1986). Women receive messages from society and their religion about body image, religion, and how they should feel about themselves and their bodies during sexual situations. Feminist therapists will work with their clients to understand where these messages come from, how these messages affect their clients' body image, and why America's patriarchal society wants women to receive, believe, and internalize these messages.

Conclusions

The results from the present study found that for emerging adult college women, higher religiosity was not associated with higher levels of general body image or contextual body image. For women in emerging adulthood, or the time in life from the late teen years through the mid-twenties (Arnett, 2004), it is common to experience negative body image (Gillen & Lefkowitz, 2009) and normative discontent (Rodin et al., 1984). While previous research has found a positive relationship between religiosity and body image among emerging adult women (Kim, 2007; Mahoney et al., 2005), we found no significant differences in body image according to attendance at religious services and prayer frequency among emerging adult women. It is necessary for additional research to be done

further investigating the constructs of attendance at religious services and prayer frequency in order to understand how they impact women and what exactly they mean to women during emerging adulthood. It is possible that the normative discontent and unhappiness emerging adult women experience is more invasive and enveloping than researchers had previously thought. Ultimately, it is important for clinicians and researchers to be aware of the deep-rooted societal messages that are both strongly influencing and being internalized in women.

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APPENDIX A

DSFI (Body Image Subscale); Derogatis, 1979

Please indicate to what degree each of the following statements is true of you.

	Not At All	Slightly	Moderately	Quite A Bit	Extremely
*1) I am less attractive than I would like to be.	1	2	3	4	5
*2) I am too fat.	1	2	3	4	5
3) I enjoy being seen in a bathing suit.	1	2	3	4	5
*4) I am too thin.	1	2	3	4	5
*5) I would be embarrassed to be seen nude by a sexual partner.	1	2	3	4	5
*6) I am too short.	1	2	3	4	5
*7) There are parts of my body I don't like at all.	1	2	3	4	5
*8) I am too tall.	1	2	3	4	5
*9) I have too much body hair.	1	2	3	4	5
10) My face is attractive.	1	2	3	4	5
11) I have a shapely and well-proportioned body.	1	2	3	4	5
12) I have attractive breasts.	1	2	3	4	5
13) Sexual partners would find my body attractive.	1	2	3	4	5
14) I have attractive legs.	1	2	3	4	5
15) I am pleased with the way my vagina looks.	1	2	3	4	5

* Indicates reverse-scoring

APPENDIX B

Body Image Self-Consciousness Scale; Wiederman, 2000

Please indicate how often you agree with each statement or how often you think it would be true for you. Consider “sex” to refer to your definition of sex.

	Never	Rarely	Sometimes	Often	Usually	Always
1. I would feel very nervous if a partner were to explore my body before or after having sex.	1	2	3	4	5	6
2. The idea of having sex without any covers over my body causes me anxiety.	1	2	3	4	5	6
3. While having sex I am (would be) concerned that my hips and thighs would flatten out and appear larger than they actually are.	1	2	3	4	5	6
4. During sexual activity, I am (would be) concerned about how my body looks to my partner.	1	2	3	4	5	6
5. The worst part of having sex is being nude in front of another person.	1	2	3	4	5	6
6. If a partner were to put a hand on my buttocks I would think, “My partner can feel my fat.”	1	2	3	4	5	6
7. During sexual activity it is (would be) difficult not to think about how unattractive my body is.	1	2	3	4	5	6

	Never	Rarely	Sometimes	Often	Usually	Always
8. During sex, I (would) prefer to be on the bottom so that my stomach appears flat.	1	2	3	4	5	6
9. I (would) feel very uncomfortable walking around the bedroom, in front of my partner, completely nude.	1	2	3	4	5	6
10. The first time I have sex with a new partner, I (would) worry that my partner will get turned off by seeing my body without clothes.	1	2	3	4	5	6
11. If a partner were to put an arm around my waist, I would think, "My partner can tell how fat I am."	1	2	3	4	5	6
12. I (could) only feel comfortable enough to have sex if it were dark so that my partner could not clearly see my body.	1	2	3	4	5	6
13. I (would) prefer having sex with my partner on top so that my partner is less likely to see my body.	1	2	3	4	5	6
14. I (would) have a difficult time taking a shower or bath with a partner.	1	2	3	4	5	6
15. I (would) feel anxious receiving a full-body massage from a partner.	1	2	3	4	5	6