

## **I. Abstract**

This report proposes a psychological study that addresses disordered eating and the protective function of a secure attachment to God. The purpose of the study is to enhance the psychological literature on the role of religion in eating disorders by providing a more complete model of how a positive relationship with God can help buffer against disordered eating. The study is correlational in nature and utilizes psychological scales to measure the constructs of interest in Notre Dame's undergraduate population. Participants will be sent a link via e-mail to a survey that asks questions pertaining to perceived sociocultural pressure to be thin, self-esteem, body esteem, eating disorder symptomology, and attachment to God. An analysis of the responses to the various measures will provide evidence that helps form a model of religiosity and disordered eating.

## **II. Introduction**

The goal of the current study is to provide a more complete model of disordered eating that addresses the potential beneficial impact of a positive relationship with God on disordered eating. It does so by predicting where, exactly, a relationship with God is beneficial in the pathway that leads from perceived sociocultural pressure to be thin to disordered eating symptomology. The present study proposes that both self-esteem and body esteem help to explain the relationship between sociocultural pressure to be thin and disordered eating. It also suggests that a positive relationship with God is related to more positive feelings pertaining to the self and body, and thus fewer symptoms typical of eating disorders are exhibited. Specifically, the hypotheses state that the relationship between sociocultural pressure to be thin and disordered eating is mediated by both self-esteem and body esteem. Furthermore, attachment

to God moderates the relationship between sociocultural pressure to be thin and self-esteem and between sociocultural pressure to be thin and body esteem.

### **III. Background**

In order to address how one's perception of God is related to views of the self and disordered eating, it is important to have a way to describe these perceptions. Attachment theory can provide a framework for describing various perceptions of God's love and relationship with God. Bowlby (1976) defines an attachment figure as a preferred other who is also typically perceived as stronger and/or more intelligent. Kirkpatrick and Shaver (1990; 1992) propose that God can serve as such an attachment figure. They note that believers in God may view him as a source of security, safety, and comfort (Kirkpatrick & Shaver, 1992). To have a secure attachment to God is to rely on God and derive comfort and worth from him. Attachment to God defined as secure or insecure helps explain the relationship between religiosity and disordered eating symptomology. For instance, those with eating disorders often have a negative image of God, believe that God views them as unworthy, and fear abandonment and disapproval from God (Richards et al., 1997). Similarly, having an image of God as rejecting, impersonal, and controlling is negatively related to self-esteem, while an image of God as loving is positively related to self-esteem (Benson & Spilka, 1973).

Homan and Boyatzis (2010) suggest that a secure attachment to God allows women to have an internalized sense of worth and the confidence that God will accept them as they are. As a result women are less vulnerable to sociocultural messages regarding weight and shape and are less likely to have high levels of body dissatisfaction, unlike women with an insecure attachment to God. This theory is supported by their finding that attachment to God moderates the relationship between pressure to be thin/thin ideal internalization and body dissatisfaction

(Homan & Boyatzis, 2010). In this sense confidence and worth are derived from a secure attachment to God rather than from an attempt to attain the thin ideal of Western society. In fact, a secure attachment to God predicts subjective and body-related well-being (Homan & Cavanaugh, 2013), is correlated with reduced levels of a number of risk factors associated with eating disorders (Homan & Boyatzis, 2010), and moderates the relationship between viewing thin-ideal images and negative feelings toward one's body (Homan, 2012). Nevertheless, while it is clear that a secure attachment to God is related to a decrease in eating disorder risk factors, the model is incomplete without considering actual symptomology of eating disorders. The model can be further completed by addressing the roles of both self-esteem and body esteem, as well as various types of eating disorders.

#### References

- Benson, P., & Spilka, B. (1973). God image as a function of self-esteem and locus of control. *Journal for the Scientific Study of Religion*, 297-310.
- Bowlby, J. (1977). The making and breaking of affectional bonds. Aetiology and psychopathology in the light of attachment theory. An expanded version of the Fiftieth Maudsley Lecture, delivered before the Royal College of Psychiatrists, 19 November 1976. *The British Journal of Psychiatry*, 130(3), 201-210.
- Homan, K. J. (2012). Attachment to God mitigates negative effect of media exposure on women's body image. *Psychology of Religion and Spirituality*, 4(4), 324-331.
- Homan, K. J., & Cavanaugh, B. N. (2013). Perceived relationship with God fosters positive body image in college women. *Journal of Health Psychology*. 1-11.

Homan, K. J., & Boyatzis, C. J. (2010). The protective role of attachment to God against eating disorder risk factors: Concurrent and prospective evidence. *Eating Disorders, 18*(3), 239-258.

Kirkpatrick, L. A., & Shaver, P. R. (1992). An attachment-theoretical approach to romantic love and religious belief. *Personality and Social Psychology Bulletin, 18*(3), 266-275.

Richards, P. S., Hardman, R. K., Frost, H. A., Berrett, M. E., Clark-sly, J. B., & Anderson, D. K. (1997). Spiritual Issues and interventions in the treatment of patients with eating disorders. *Eating Disorders, 5*(4), 261-279.

### **III. Methodology**

A random sample of undergraduate students at the University of Notre Dame will receive an e-mail that tells them about the study and provides them with a link to an online survey through Qualtrics. The online survey will be compiled from various psychological scales. The survey will include general demographic questions in addition to scales measuring perceived sociocultural pressure to be thin, self-esteem, body esteem, symptoms of eating disorders, and attachment to God. Surveys and correlational studies are typical for research on attachment to God and attitudes regarding the self and the body. The survey method is especially helpful because subjective perceptions and views of oneself are of particular interest in this field of research. Online surveys also achieve relatively high response rates among undergraduate populations. Though the results of this particular study are correlational in nature, they can still point to a potential model or pathway for disordered eating because the study is guided by theory and looks specifically at mediating and moderating variables.

#### **IV. Schedule**

November 20, 2013: Send e-mail to all potential participants

November 20, 2013 – December 21, 2013: Keep survey open for participation and mail compensation to participants

December 21, 2013: Close the survey and complete compensation mailings

#### **V. Collaboration**

I am working under the direction of Dr. Daniel Lapsley, director of the Moral and Adolescent Psychology Lab here at Notre Dame. Dr. Lapsley is interested in adolescent development and morality. My study is relevant because disordered eating is especially prevalent during adolescence, and views of the self and attachment relationships are necessary to consider when attempting to gauge how an adolescent develops and whether he or she does so in a healthy and functional way. Dr. Lapsley and I discuss my project in our weekly lab meetings with the Moral and Adolescent Psychology Lab, and I am also working closely with one of his graduate students, Paul Stey. Paul and I also meet once a week to discuss the current and future status of my project. In addition to working with Dr. Lapsley and Paul, I also am part of the Senior Honors Thesis course with Dr. Thomas Merluzzi. Dr. Merluzzi and my classmates provide feedback on the various stages of my project and are especially helpful in the writing process.

#### **VI. Research Goals**

The goal of this research is to obtain data for my senior thesis, which I am writing as part of the Senior Honors Thesis course. In addition to writing a thesis, I am submitting an abstract to

present at the Midwestern Psychological Association conference in May. I also plan to submit my final paper to be published in a journal. My ultimate goal is to build off this research and to continue exploring the topic of religiosity and eating disorders in graduate school and beyond.

**VII. Budget**

Participant Compensation.....\$2,250

The goal is to obtain at least 225 participants and to compensate each of them with \$10. A large sample size is desirable so that the statistical tests are more powerful and the results have greater external validity. The survey is projected to take approximately 30-40 minutes, for which \$10 is reasonable compensation so that participants have incentive to answer seriously and honestly throughout the entire survey.