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Adolescent Religious Identity  
and Body Esteem

Megan Gale

A thesis submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Master of Science

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## ABSTRACT

### **Adolescent Religious Identity and Body Esteem**

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Adolescents experience a key developmental process of identity formation and try to understand who they are and how they feel about themselves. While research has found religiosity to often predict increased body esteem for religious adults, little is known about the association between religiosity and body esteem for adolescents. Using an Identity Theory lens, the current cross-sectional study ( $n=1,693$ ) examined the relationship between adolescent religious identity (religious salience and belief being a child of God) and body esteem, mediated by one's attachment to God. Three structural equation mediation models examined 1) overall relationships; 2) relationships by gender; and 3) relationships by religious affiliation. Results indicate that overall, attachment to God fully mediates the relationship between religious identity and body esteem. Gender differences and religious affiliation differences were generally not found. However, "Nones" differed from Latter-day Saints regarding the relationship between religious salience and body esteem with Latter-day Saints experiencing a stronger effect. Religious youth pastors, parents, and other adolescent mentors should be aware of the positive influence that religiosity can have on body esteem for youth who believe in God and help these youth get closer to God and strengthen their religious identities.

Keywords: adolescence, identity, body esteem, religiosity, attachment to God

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## **Adolescent Religious Identity and Body Esteem**

Adolescence is a crucial time of development because of the growth, self-discovery, and identity exploration and formation of young people. The messages adolescents hear and see from the culture they belong to (including media, peers, and other influences; Daniels & Gillen, 2015), which suggests specific behaviors and ideals, often drives identity development and influences well-being (Stryker & Burke, 2000). Adolescence is a time when young people explore who they are, what they believe, and how they feel about themselves, all within their sociocultural contexts. To better understand components of adolescent identity development, researchers have begun to examine how adolescents might feel about themselves (specifically about their bodies) and how their personal beliefs (that could stem from religion) might be a part of their identity.

While little research has examined the relationship between body esteem and identity development directly (Wängqvist & Frisé, 2013), researchers have noted this to be an important area of research that needs further exploration (Daniels & Gillen, 2015). For instance, a major part of adolescent development involves gaining understanding of one's physical body. It could be that body esteem is an important component of adolescent identity because of the relationship between body esteem and mental well-being (Daniels & Gillen, 2015). In the context of body esteem, meeting one's internalized body standard (created by cultural influences, such as images in media or clothing styles in peer groups that suggest looking a certain way; Gattario & Frisé, 2019; Nigar & Naqvi, 2019; Rousseau & Eggermont, 2018) might lead to positive body esteem and body acceptance, whereas not meeting one's body standard might lead to body dissatisfaction and stress. Adolescents might act in ways, including disordered eating or excessive exercise, to try to meet their body standard (Fatt et al., 2019; Ferreiro et al., 2014), yet, some research has suggested other factors, including personal religiosity, to have a buffering and

positive effect on negative body esteem.

Adolescents may also create identities surrounding their religiousness that emerge from internal religious beliefs and external religious behavior. The strength of individuals' religious identity may influence body esteem because of beliefs, teachings, or cultures that surround the physical body (Coyne et al., 2022) including one's attachment to God (Homan, 2012; Homan & Lemmon, 2015). For example, belief in a God who loves unconditionally, and belief in being made in the image of God, may adjust the standard away from the popular to a more attainable and realistic body standard (Homan & Lemmon, 2015; Tiggemann & Hage, 2019). While some research has found associations between religiosity and body esteem, most studies have sampled adults, not younger populations. In addition, other research has identified patterns of body esteem for religious individuals of different denominations (Al Wazni, 2015; Handelzalts et al., 2017), but less research has compared body esteem between adherents of distinct denominations.

The developmental period of adolescence, for both girls and boys, is a time of religious exploration (Dollahite & Marks, 2019) and a time to gain understanding about one's physical body (Gattario & Frisé, 2019). Thus, it is important to understand the relationship between religious identity and body esteem for adolescent boys and girls who belong to different religious denominations. Using an identity theory framework, the purpose of the current paper is to examine the influence of religious identity on body esteem through one's attachment to God for mid-adolescent males and females who belong to different religious denominations.

## **Literature Review**

The following review of literature first uses Identity Theory to lay a theoretical foundation for this study. Then adolescent body esteem and religiosity are discussed, followed by an examination of the relationship between adolescent body esteem and religiosity.



### ***Identity Theory***

Identity theory emphasizes perceptions of the self within the sociocultural context, especially as the self reflects society that shapes behavior (Daniels & Gillen, 2015; Stryker & Burke, 2000). Society contains a myriad of interactions with relationships occurring in groups, communities, and institutions. Thus, *identity* is about who one is and how they fit into the world. Identities often contain individual characteristics including ethnicity, age, gender, and religion (Daniels & Gillen, 2015). An individual's overall sense of self may contain several identities, often depending on the structures they belong to. Situations require individuals to pick their most important identity to drive behavior, especially when multiple identities concurrently require action (Stryker & Burke, 2000). *Identity salience* is the likelihood that an identity will be activated across time and different situations (Stryker & Burke, 2000). For example, if an adolescent's religious identity (influenced by affiliation or on belief) is highly salient, their religious identity would be activated across multiple environments (e.g., at school, with peers, on social media) and they would be more likely to act in harmony with expectations of that identity across various environments.

*Identity standards* are created when an individual assigns meaning to their identities which are expressed through behavior (Burke, 1991). *Self-verification* occurs when appraisals of behavior within an identity match the identity standard, which leads to that identity being reinforced. *Reflected appraisals* occur when an individual perceives the way others see and evaluate them which leads them to see themselves in the way they believe others think of them. When there is discrepancy between one's reflected appraisal and one's standard, individuals may experience stress (Stryker & Burke, 2000).

Influenced by their sociocultural environments' reflected appraisals, adolescents'

standards emerge regarding what their bodies should look like. “Given the central role body image plays in overall psychological adjustment, it is highly likely that body image is an important aspect of identity” (Daniels & Gillen, 2015, p. 408). Using a sociocultural perspective, body esteem and identity may be linked because a main premise of this perspective evaluates culture’s influence on attitudes, behaviors, and values of individuals (Thompson et al., 1999), perhaps including how one feels about and acts towards their own body (Daniels & Gillen, 2015). Previous literature suggests several social environments in which individuals may judge themselves or be judged by others based off their body (e.g., how it looks; Strelan & Hargreaves, 2005). Boys and girls may not belong to the same sociocultural contexts and thus experience different levels of body esteem, especially as the ways they define themselves (e.g., by their looks and how they feel about their bodies), and the frequency of their reflected appraisals (e.g., influenced by media depictions of the body) tend to differ (Daniels & Gillen, 2015).

### ***Adolescent Body Esteem***

Puberty is a critical time in the lifespan when a child’s body transforms into an adult’s body, changing in shape, size, function, ability, and appearance. These major changes may lead to body dissatisfaction or social comparison, especially for younger adolescents (Gattario & Frisé, 2019; Ge et al., 2001). Because many adolescents experience weight gain during puberty, already overweight adolescents, and adolescents who gain a noticeable amount of weight, are likely to experience the most body dissatisfaction (Ge et al., 2001; Kantanista et al., 2017). Other factors, including social comparison to peers (Rousseau & Eggermont, 2018), teasing by peers (Gattario & Frisé, 2019), and media influences (Nigar & Naqvi, 2019) may also contribute to poor body esteem with associated negative outcomes (e.g., eating disorders, excessive exercise). Some research suggests that younger adolescents experience better body esteem compared to

older adolescents (especially as older adolescents are more likely to diet and be concerned about weight; Craike et al., 2016) and other research suggests that adolescent body satisfaction increases with age (as they gain more confidence, especially in emerging adulthood; Gattario & Frisén, 2019). Despite multiple findings on adolescent body esteem with age, most individuals, experience static and stable body satisfaction from mid-adolescence onward (Wang et al., 2019).

Adolescent girls and boys both experience body esteem struggles (Gattario & Frisén, 2019) as they navigate the culture in different social groups. In general, girls experience more negative body esteem, suffer with eating disorders far more frequently, and internalize and focus on appearance orientation and perfectionism more often (Ferreiro et al., 2014; Kantanista et al., 2017; Nigar & Naqvi, 2019). Girls may also be more likely than boys to think that positive body esteem takes constant work to maintain (Gattario & Frisén, 2019; Kantanista et al., 2017; Stephens et al., 2018). Girls and boys might reap great benefits from body esteem interventions and positive associations with others, including healthy relationships with mentors (Stephens et al., 2018). In terms of identity theory, the body may be more “salient” to girls than it is to boys, perhaps because girls’ environments more often define success by following specific appearance-based identities (Daniels & Gillen, 2015; Stryker & Burke, 2000). Western culture specifically presents images in media of the “ideal” female body more frequently than the “ideal” male body (Fatt et al., 2019; Ferguson, 2018). Culture forces females to appraise their own bodies more because of images of the idealized body in media: magazines, social media, television, films, etc. (Veldhuis et al., 2014).

Identity theory suggests when an adolescent does not meet their standard (whatever the personal standard may be), they will experience stress or negative outcomes (Barlett et al., 2008; Nigar & Naqvi, 2019; Stryker & Burke, 2000). Thus, if adolescents do not meet their body

standard, they can experience negative body esteem in addition to other negative health outcomes. Adolescents who meet their own standards will likely experience body satisfaction. Researchers have examined other aspects that influence body esteem, including religiosity (Homan & Lemmon, 2015; Inman, 2014). To examine the association between adolescent body esteem and religiosity, researchers should first understand how religion influences adolescents.

### ***Adolescent Religiosity***

A plethora of research has examined the influence of religion and spirituality in the lives of adolescents with associated developmental implications (Dollahite & Marks, 2019; Flor & Knapp, 2001; Smith & Denton, 2005). Adolescents who grow up in religious families tend to hold similar religious beliefs and act upon similar religious behaviors as their parents (Flor & Knapp, 2001). Religiosity has been associated with positive outcomes for adolescents, including increased prosocial behavior, involvement at school, awareness and concern for others, relationship quality with parents, internal God-like characteristics (e.g., honesty, altruism, responsibility, and respect), and better mental health (Chan et al., 2015; Hardy et al., 2019; Mahoney et al., 2003; Power & McKinney, 2014). Religious adolescents also participate less in risky, harmful, and unhealthy behaviors including delinquency, drug use and abuse, and risky sex (Hardy et al., 2019; Pearce et al., 2019).

In some situations, religiosity and spirituality may be maladaptive for adolescents, possibly due to negative familial or parenting factors (Goeke-Morey & Cummings, 2017; Pearce & Denton, 2011). In general, however, religion influences positive adolescent behavior (Pfund et al., 2020), through individual religious involvement, positive peer influences, internal values, and cultural expectations from religious organizations (Hardy et al., 2019; Pearce et al., 2019).

Different aspects of religiosity, including internal and external religious influences,

impact adolescent boys and girls in unique ways (Flor & Knapp, 2001; Pitel et al., 2012; Smith & Denton, 2005; van der Jagt-Jelsma et al., 2017). Adolescent gender differences perhaps exist because of the unique developmental and behavioral patterns of girls and boys in general (Flor & Knapp, 2001; Pearce et al., 2019). Girls generally exhibit more religious behaviors and tend to find more benefit from religion than do boys; perhaps due to their socialization, traditional gender norms, or discouragement of misbehavior—which misbehavior is often a part of boys’ construction of masculinity (Hardy et al., 2019; Heyder et al., 2021; Pearce et al., 2019). However, both boys and girls may find benefit from adult modeled religious behavior and having religious conversations with adults (Dollahite & Thatcher, 2008; Flor & Knapp, 2001; Hardy et al., 2019). Religious fathers and mothers also probably influence their sons and daughters in unique ways because they likely focus on different aspects of religion to create their own religious identities (Gale & Dyer, 2022; Goeke-Morey & Cummings, 2017; Henderson et al., 2016). For example, mothers may rely on the social aspects of religion (e.g., attending church for spiritual messages found in sermons or for conversations with fellow church members about religious struggles and hopes) and fathers may rely upon internal religious beliefs, specifically about the divine calling of parenthood (Goeke-Morey & Cummings, 2017; Henderson et al., 2016). Even though religious adolescent gender differences have been found, both genders may form their own unique religious identities from their own religious beliefs and experiences (Pearce et al., 2019). Religion often provides a framework of meaning for adolescent identity development as they give religious behaviors and beliefs purpose in their lives (Dollahite & Marks, 2019; Schnitker et al., 2019).

**Religious Identity.** Adolescents might create identities associated with their religiousness, including being a member of a specific church, being a Worshiper or Believer, or

being a creation of God or child of God. Specifically, some religious adherents (depending on the religious faith) view themselves as a creation of God or child of God, especially when God is referred to as The Creator of all humankind, God the Father, or Heavenly Father. With the parent-child relationship that deity can have with individuals, adolescents may likely want to deepen their relationship with and become more securely attached to their Godly Parent (especially if God is viewed as a warm, involved, and present parent). Adolescents' religion may lead them to draw close to God and develop a relationship with Him (Stulp et al., 2019). Specifically, research has found the strength of one's attachment to God may actually influence their religious identity salience by having shared sacred experiences with the divine (Wilt et al., 2019). If adolescents have sacred experiences with God, feel close to God, and believe they are a creation of God or child of God, their religious salience might deepen, which may then have the potential to influence other aspects of development.

Some researchers have examined *how* religion and spirituality influence adolescents to create religious identities, but more often focus on *when* religious identities are *salient* and influence other aspects of development. Adolescents can thrive from positive outcomes associated with the good that religion and religious communities provide (Schnitker et al., 2019) which could strengthen the salience of their religious identities. Religious beliefs and spirituality may be “articulated and engaged, stifled and thwarted, or misdirected” (Dollahite & Marks, 2019, p. 2) as adolescence is a stage involving intense ideological hunger to find meaning and purpose in life. Experiences in religious institutions and specific religious beliefs might influence how adolescents view themselves as religious individuals (Schnitker et al., 2019).

Typical trends show adolescent religiosity declines with age, yet adolescents who increase in religiosity over time may find greater purpose in life during emerging adulthood

because of the positive benefits derived from their religious salience (Smith, 2009). A religious identity may lead to greater self-understanding and prosocial development as adolescents are in search for their own purpose (Pfund et al., 2020). To aid in positive religious development, adolescents can participate in adolescent led religious conversations with adults, make religious sacrifices of time and money, recognize religion as an active part in understanding who they are as a person and why they make the decisions they do, deepen their faith by actively exploring religion through questions and doubts, and receive religious support from parents, youth pastors, and other religious mentors (Dollahite & Marks, 2019; Liang & Ketcham, 2017). When religion provides purpose and meaning in adolescents' lives, they may feel more secure in themselves, find more hope, experience better well-being, and focus on religion as a positive resource for other aspects of development (Liang & Ketcham, 2017; Pfund et al., 2020; Rose et al., 2018).

### ***Religiosity and Body Esteem***

Adolescents may find the salience of some identities (e.g., religion) to buffer against negative appraisals of other identities (e.g., body image; Henderson & Ellison, 2015). As Identity Theory posits, when the salience of one identity increases, the salience of another identity decreases (Stryker & Burke, 2000). The salience of one's body esteem is a complex phenomenon because of the multiple potential influencing factors, often stemming from culture, to increase or decrease body satisfaction (Daniels & Gillen, 2015; Ferguson, 2018). However, mostly sampling adult women, some research has found religion and spirituality to increase body satisfaction because of the positive behaviors associated with religiosity: including belief in religious health codes and laws (e.g., "Word of Wisdom" for members of The Church of Jesus Christ of Latter-day Saints; Badanta et al., 2020; Dollahite & Marks, 2006; Ferguson et al., 2018). Religiosity has correlated with increased body esteem, healthy weight-loss techniques, and decreased social

comparison (Homan & Lemmon, 2015; Inman, 2014; Mahoney et al., 2005).

Religion may be the driving force behind creating one's body standard and having that standard appraised. Thus, a person's identity salience may be deeply rooted in their belief that God provides constant love no matter physical appearance or weight status (Homan & Lemmon, 2015; Pizzigoni et al., 2019; Tiggemann & Hage, 2019). Individuals who believe in God and report experiencing a healthy attachment with God felt better about themselves, perhaps because they believe that they are a child of God, which could be a salient identity. Having a strong attachment to God may lead individuals to view God as having the power to counteract other influences on body esteem, including popular body ideal depictions in the media. Individuals might experience more of a loving, appreciative, and respectful relationship with their bodies when they have a healthy attachment with God (Pizzigoni et al., 2019; Tiggemann & Hage, 2019). In contrast, when individuals feel God is distant, cold, and does not act as a positive attachment figure, they may not experience as positive body esteem (Homan & Lemmon, 2015; Tiggemann & Hage, 2019). Sometimes God seems distant to individuals and to "get back at God" or to show negative emotion, people might participate in harmful health behaviors including excessive fasting or purging (Exline et al., 2016). Thus, the mechanism that connects one's religious identity to their body esteem may come from their own personal relationship with and attachment to God (Kusina & Exline, 2021).

While cultural influences (e.g., social peer groups or media depictions) strongly negatively impact body esteem, particularly for girls, belief in and attachment to a God who is loving, accepting, and who does not care about physical looks may outweigh the impact of other cultural influences on body esteem. If an individual feels like they belong with God (e.g., experience a secure attachment) then they may be able to reject other potential negative cultural



ideals more easily. For example, if a religion encourages its members to not participate in body modification through means of tattooing or cosmetic surgery, and if religious members believe in an all loving and all-powerful God, then perhaps one's love for and attachment to God would discourage body modification and encourage treating one's body with love and respect, which could then be associated with experiencing better body esteem (Coyne et al., 2022).

Other specific religious or spiritual beliefs may also impact the salience of one's body esteem in ways that influence one's identity. One such belief, advanced by Mahoney and colleagues (2005), is *body sanctification*: the belief that the body is a temple of God and a part of one's greater existence and possesses sacred qualities (e.g., worthy, holy, blessed, and worthy of respect). Body sanctification correlates with less body objectification (seeing a body as an object) and less depersonalization (a body is not important to a person's identity; Jacobson et al., 2016); increased health behaviors including more exercise, better hygiene, less drug and alcohol use, less disordered eating (Henderson et al., 2016; Mahoney et al., 2005; Zhang, 2013); and increased positive feelings regarding one's appearance and body composition (Jacobson et al., 2016). Involvement in religious activities and communities may also lead to decreased eating disorder behaviors and increased body satisfaction

While research has examined the impact of religiosity on body esteem of adults (mostly sampling emerging adults and college women; Exline et al., 2016; Inman, 2014), little research has explored the relationship between religiosity and body esteem for adolescents who belong to different religious denominations. This may serve as an important area for research because of the unique attributes and beliefs of diverse denominations and their influence in the lives of young people. The few studies that have used adolescent samples came from outside of the United States, with one study reporting no correlation between religiosity and body esteem

(Christl et al., 2012) and another finding an association between religious affiliation and increased food consumption (McCabe et al., 2013) which negatively influenced body esteem. However, additional studies conducted in the United States have examined adult body esteem within specific denominations. For example, voluntarily wearing the hijab positively correlated with increased body esteem, empowerment, and feminist identity for Muslim women in the United States, contradicting common stigmas and stereotypes (Al Wazni, 2015). For women in three denominations of Judaism, ultra-Orthodox women experienced the most positive body esteem and held the most positive attitudes towards healthy body care, and modern-Orthodox women had greater body satisfaction than secular women (Handelzalts et al., 2017). For members of The Church of Jesus-Christ of Latter-day Saints, women experienced positive body esteem when they focused on religious teachings about the sacredness of bodies compared to women who focused on popular trends (e.g., religious salience was greater than other cultural influences; Olsen, 2010). However, what remains unknown is the relationship between religious identity and body esteem for religiously affiliated (and non-affiliated) youth.

### **Current Study**

The aim of the current study was to examine the influence of one's religious identity (salience and belief in being a child of God) on body esteem for adolescents. From an identity theory perspective, strong identity salience would influence other developmental outcomes, including body esteem. The mechanism in which one's religious identity would influence body esteem could be their attachment to God. The following research hypothesis was tested (refer to Figure 1 for a conceptual model): attachment to God will mediate the relationship between religious identity and body esteem. In addition to testing the hypothesis, gender and denominational differences were also examined. Additionally, this is an exploratory study to

better understand adolescents who belong to a specific minority religion within the United States, The Church of Jesus Christ of Latter-day Saints.

To more deeply examine scientific phenomenon, William James recommends researchers to take an in-depth look at minority populations who are often understudied who may provide unique insight (Taylor, 1996). As such, some researchers have begun to examine the peculiarity of Latter-day Saint adolescents. Smith and Denton (2005) noted Latter-day Saint youth to be the most religious compared to other adolescents (e.g., in terms of attending church services, praying, participating in youth groups, feeling religion to be important in life, having spiritual experiences, feeling close to members in their congregations, attending early morning seminary classes before school, preparing to serve as full-time proselyting missionaries, etc.) Pearce and Denton (2011) also noted the distinctness of Latter-day Saint adolescents' high devotion. Latter-day Saint adolescents have been referred to as "Spiritual Athletes" (Dean, 2010) and the term "Mormon Envy" (Chadwick & McClendon, 2006) has been used to note the exceptional religiosity of these youth.

In addition to the uniqueness of these adolescents, Latter-day Saint theology is also distinct because of the faith's doctrinal teachings about the nature of God (e.g., God image; Hall & Fujikawa, 2013) and the importance of the physical body (Coyné et al., 2022). Latter-day Saints believe in both a male and female deity (Heavenly Father and Heavenly Mother), that all humankind (both male and female) are created in the image of God, and that all are literal children of God. The belief that there is a parental relationship between Heavenly Father and Heavenly Mother and their children (humankind), is unique compared to other religions. For example, Jews believe there is a male/female aspect of God, and God wants what is best for his creation, but the Master of the Universe (God), is not a parent. Catholics believe God (God the

Father) responds to humanity, his children, but is not necessarily male or female because he has a spirit form. And Muslims believe God to be the Creator of all things, and to be all-powerful and all-knowing. They also believe that to relate humankind to God in a parental-type relationship is heretical and blasphemous because they believe God has no offspring, no race, no gender, no body, and does not have human-like characteristics. To understand the unique beliefs about the nature of and relationship one can have with God can help contextualize this study, especially when examining a sample where the majority (Latter-day Saints) believe to be literal children of God. Furthermore, unlike some religions who teach the body to be “carnal and devilish,” Latter-day Saints believe the body is “holy,” “a temple of God,” “sanctified,” (Jacobson et al., 2016; Kusina & Exline, 2021; Mahoney et al., 2005) and as integral to one’s existence (e.g., a soul is a body and spirit combined). Additionally, Latter-day Saints believe that all will one day be perfected (including receiving a perfected body) through the resurrection, just as Jesus Christ was resurrected.

## **Method**

### **Sample and Procedure**

All procedures for this study were approved by the author’s Institutional Review Board (IRB). Data come from the Family Foundations of Youth Development Project (FFYD), a longitudinal parent-adolescent dyadic study examining adolescent development, religiosity, and family influences, started in 2016. Data for the present study come from Wave 3 adolescent data ( $n=1,693$ ) that was collected in 2020. The current study examines Wave 3 cross-sectionally because body esteem was not included at prior Waves and an additional data collection site was added to the sample at Wave 3.

Data were collected from one adolescent and a primary parent or caregiver biannually

since 2016. Families were randomly selected from states of interest: Utah, Arizona, and California using a national research firm (InfoUSA) with information of millions of households across the United States and including household details such as religious affiliation and presence of and age range of children. Potential participants were randomly selected from the targeted state and county of interest and sent a letter in the mail describing study aims and eligibility qualifications for participation. One of the purposes of FFYD was to better understand a minority religion in the United States, thus, members of The Church of Jesus Christ of Latter-day Saints were oversampled. In terms of religious affiliation, one of the most populous counties in Utah is 89% Latter-day Saint and most other counties in Utah are above 60% Latter-day Saint. The sample has a higher proportion of Latter-day Saints in the overall sample given one of the states surveyed has a very high proportion of Latter-day Saints.

Wave 1 of data collection in 2016 contained information from about 600 adolescent-parent dyads in Utah when adolescents were 11 to 13 years old. Wave 2 of data collection in 2018 included families from Wave 1 and added additional families with adolescents ages 13 to 15 years old from parts of rural Utah and Maricopa County, Arizona (adding about 600 adolescent-parent dyads to the sample). Wave 3 in 2020 included families from Wave 1 and Wave 2 and added roughly 600 more families with adolescents ages 15 to 18 years old living in Southern California. Families were deemed eligible to participate if they had an adolescent between the desired age range, or if they previously participated.

Adolescents' age at Wave 3 ranged from 12 to 20 years old ( $M = 16.20$ ;  $SD = 1.17$ ) and roughly half the sample was female (53.02%). Average family yearly income was between \$90,000 and \$100,000. Regarding religious affiliation, the majority (52.28%) identified as Latter-day Saint, 23.77% as either Agnostic, Atheist, or "none," and 23.95% as "other."

## **Measures**

Control variables for this study included adolescent age and eating disorder history (10.50% reported they had an eating disorder at some time). Full information maximum likelihood (FIML; the default in MPlus) was used to handle missing data in analyses. Gender and religious affiliation differences were examined using multiple group analysis.

### ***Body Esteem***

Body esteem used six items from two Body Esteem subscales (Mendelson et al., 2001). Three items were taken from the Appearance subscale: “I like what I see when I look in the mirror,” “There are lots of things I’d change about my looks if I could” (reverse coded), and “I’m pretty happy about the way I look.” Three items were taken from the Weight subscale: “I am satisfied with my weight,” “My weight makes me unhappy” (reverse coded) “Weighing myself depresses me” (also reverse coded). Items were measured on a 5-point scale: 1=*Never*, 2=*Seldom*, 3=*Sometimes*, 4=*Often*, 5=*Always*. Higher scores indicate better body esteem and factor loadings ranged from .69 to .84.

### ***Religious Salience***

Religious salience was measured from a five-item scale based on the National Study of Youth and Religion (NSYR) data (Smith & Denton, 2005). Items were measured by a 5-point scale: 1=*Not at all important*, 2=*A little important*, 3=*Somewhat important*, 4=*Very important*, 5=*Extremely important*. Items reflected how religion influenced aspects of adolescents’ lives and included “Your identity or sense of who you are,” “How you make major life decisions,” “How you think, feel, and act every day,” “What you wear, eat/drink, and watch/listen to,” “Who you spend the most time with.” Higher scores indicate greater religious salience and factor loadings ranged from .85 to .94.

### ***Belief: Child of God***

An additional single item was included to understand religious identity more fully. Following Smith and Denton's (2009) work, the PIs of FFYD created items to capture unique religious beliefs for the sample. Specifically, one religious belief item focused on religious identity and was assessed by asking participants, "How much you agree with the following statement about your belief: I believe I am a child of God" using a 7-point scale: 1=*Very strongly disagree*, 2= *Strongly disagree*, 3=*Somewhat disagree*, 4=*Neither agree nor disagree*, 5=*Somewhat agree*, 6=*Strongly agree*, 7=*Very strongly agree*.

### ***Attachment to God***

Secure attachment to God was assessed using eight items (Rowatt & Kirkpatrick, 2002) on a 7-point scale: 1=*Strongly disagree*, 2=*Disagree*, 3=*Somewhat disagree*, 4=*Neither agree nor disagree*, 5=*Somewhat agree*, 6=*Agree*, 7=*Strongly agree* in response to several statements including "I have a warm relationship with God" and "God seems impersonal to me." Higher scores indicate a stronger attachment to God. By reverse coding five items and parceling items into four parcels for parsimony and adequate factor loading scores (e.g., taking the highest and lowest factor loadings and combining by averaging items before creating the latent variable, taking the second highest and second lowest and combining, etc.; Little, 2013), factor loadings ranged from .71 to .84.

### **Plan of Analysis**

Preliminary statistics include correlations and descriptives. Mplus 8.4 (Muthén & Muthén, 2017) was then used to analyze structural equation models (SEM) of Wave 3 cross-sectional adolescent reports. Little (2013) described good SEM model fit with CFI > .88 and RMSEA < .08. To calculate indirect effects of belief on body esteem through attachment, 5,000

bootstraps were used (Preacher & Hayes, 2008). Three separate models were evaluated. The first initial model did not examine group differences. The second and third models were specified as multiple group models with gender and then with religious affiliation as the grouping variables.

## Results

### Preliminary Analyses

Correlations between variables were conducted (see Table 1). Religiosity variables were significantly related to one another, body esteem was significantly related to religious variables, gender, religious affiliation (for “nones” and Latter-day Saints), age, and eating disorder history. A measurement model examining the latent variables of interest (religious salience, attachment to God, and body esteem) was conducted using MPlus 8.4 (Muthén & Muthén, 2017). Model fit was acceptable,  $\chi^2(87)=743.29$ ,  $p<.001$ , RMSEA=.07, CFI=.94 (see Table 2 for factor loadings).

### Main Analyses

Three mediation path models were fit (see Table 3 for combined results and refer to Figure 1 for the conceptual model). The initial model (Model 1) did not test group differences, tested the overall relationship between religious identity and body esteem, mediated by attachment to God. Model 1 fit indices suggest good overall fit between the model and the data,  $\chi^2(120)=392.01$  ( $p<.001$ ), RMSEA=.04, CFI= .98. The direct relationships between religious identity and body esteem were not significant. Yet, the direct relationship from attachment to God to body esteem was significant ( $\beta[95\%]=.21[.13, .29]$ ). The indirect relationships between religious salience ( $\beta[95\%]=.06[-.02, .14]$ ) and body esteem and between child of God belief and body esteem ( $\beta[95\%]=.06[-.02, .14]$ ) were significant, meaning that attachment to God fully mediated the relationship between the two religious identity variables and body esteem.

Model 2 was specified as a multiple group model where gender (female, male) was used



as the grouping variable. Overall, Model 2 had good fit  $\chi^2(265)=649.89$  ( $p<.001$ ), RMSEA=.04, CFI= .977. The direct pathways between religious identity variables and body esteem were not significant for either gender. The direct relationship from attachment to God to body esteem was significant for girls ( $\beta[95\%]=.23[.16, .31]$ ) and for boys ( $\beta[95\%]=.27[.19, .36]$ ). The Model Test command was used to examine if this direct relationship differed by gender. The Wald test was not significant (Wald=.38,  $p=.54$ ), meaning that the relationship between attachment to God and body esteem is the same for boys and girls and was then constrained in the model. For both genders, the indirect relationships between religious salience (girls:  $\beta[95\%]=.10[.07, .15]$ ; boys  $\beta[95\%]=.11[.07, .15]$ ) and child of God belief (girls:  $\beta[95\%]=.08[.05, .11]$ ; boys:  $\beta[95\%]=.09[.05, .13]$ ) were significant. By using the model constraint command, this indirect pathway was then examined to examine gender differences. The indirect paths from religious salience to body esteem (Wald=.82,  $p=.36$ ) and from child of God belief to body esteem (Wald=.34,  $p=.56$ ) did not differ for boys and girls. Thus, no gender differences were found in the full mediated model.

Model 3 was specified as a multiple group model where religious affiliation (Atheist/Agnostic/“None,” Other Religion, Latter-day Saint) was used as the grouping variable. Overall, Model 3 had good fit,  $\chi^2(408)=897.40$  ( $p<.001$ ), RMSEA=.05, CFI= .95. The direct relationships from religious salience to body esteem and from child of God belief to body esteem were not significant for any group. The direct relationship from attachment to God to body esteem was significant for all groups: “nones” ( $\beta[95\%]=.17[.10, .24]$ ), “other” ( $\beta[95\%]=.19[.12, .27]$ ), and Latter-day Saints “other” ( $\beta[95\%]=.19[.12, .27]$ ). The Model Test command was used to examine if this direct relationship differed by religious affiliation. “Nones” did not differ from “Others” (Wald=1.1,  $p=.29$ ), “Nones” also did not differ from Latter-day Saints (Wald=.36,

$p=.55$ ), and “Others” did not differ from Latter-day Saints (Wald=.34,  $p=.56$ ). The Wald tests were not significant, meaning that the direct relationship between attachment to God and body esteem is the same for different religious affiliations, and were constrained in the model.

For religiously affiliated youth, the indirect relationships between religious salience (“nones”:  $\beta[95\%]=.03[.01, .05]$ ; “others”:  $\beta[95\%]=.05[.03, .08]$ ; Latter-day Saints  $\beta[95\%]=.10[.06, .13]$ ) and child of God belief (“nones”:  $\beta[95\%]=.01[.02, .07]$ ; “others”:  $\beta[95\%]=.02[.04, .11]$ ; Latter-day Saints:  $\beta[95\%]=.05[.03, .07]$ ) were significant, for each group. Because pathways were significant, the indirect relationships were compared to see if they differed between groups. The full mediated model did not differ for between “Nones” and “Others”: religious salience (Wald=2.22,  $p=.14$ ); child of God belief (Wald=3.29,  $p=.07$ ). It did differ between “Nones” and Latter-day Saints regarding religious salience (Wald=6.0,  $p=.01$ ); but it did not differ between these groups regarding child of God belief (Wald=1.52,  $p=.22$ ). It also did not differ between “Others” and Latter-day Saints: religious salience (Wald=1.34,  $p=.25$ ); child of God belief (Wald=.71,  $p=.40$ ). Thus, the only religious affiliation difference that was found was the mediated relationship from religious salience to body esteem when comparing “Nones” to Latter-day Saints.

### **Discussion**

Previous research has found that religiosity is related to the development of positive body esteem (Homan & Lemmon, 2015; Inman, 2014; Mahoney et al., 2005); however, little is known if this trend that is found for adults is the same for a younger population, specifically adolescents. Collectively, the present cross-sectional study found that greater religiosity, in terms of religious identity (both religious salience and belief in being a child of God), had a significant positive association with body esteem, through one’s attachment to God. The hypothesis was supported

because attachment to God fully mediated the relationship between religious identity and body esteem; however, when examining group differences, findings were somewhat mixed.

### **Bivariate Associations**

On the bivariate correlation level, body esteem was significantly and positively associated with religious salience, belief in being a child of God, and attachment to God; meaning these aspects of religiosity were related to greater overall body esteem. While the relationship between body esteem and one's religious identity has not been specifically examined in previous work, identity theory suggests there is an important connection between such factors because of the central role that the body plays in other important components of one's identity, including one's religiosity (Daniels & Gillen, 2015). Though there are moderate bivariate correlations between religious identity and body esteem, the directionality cannot be known. As hypothesized, it may be that more religious adolescents (in terms of greater religious salience, stronger belief in being a child of God, and stronger attachment to God) have greater body esteem, as the importance of religion in one's daily life, or as the belief in one's divine origin, influences other aspects of well-being (Hardy et al., 2019). Or it may be inverse, that adolescents with greater body esteem, and perhaps greater self-esteem overall (Hardy et al., 2020), are actually more likely to be religious.

Again, on the bivariate correlation level, individual adolescent characteristics (gender, religious affiliation, age, and one's history of an eating disorder) were significantly associated with body esteem. In line with previous findings, adolescent boys had significantly greater body esteem than adolescent girls (Daniels & Gillen, 2015) and younger adolescents had better body esteem than older adolescents (Craike et al., 2016). Boys and girls may have unique body esteem experiences, especially as they age (Eisenberg et al., 2006; He et al., 2020).

Those with no religious affiliation (Atheists, Agnostics, or “nones”) had significantly lower body esteem, Latter-day Saints had significantly higher body esteem, and belonging to another religious denomination (“other”: affiliated with another religion besides The Church of Jesus Christ) was not significantly correlated with body esteem. Latter-day Saint young adults have been shown to experience greater body esteem when compared to young adults of another, or no, religious affiliation (Sandberg, 2021). This finding echoes this trend, but in an adolescent sample. In this sample, Latter-day Saint youth reported higher religious salience, stronger belief that they are a child of God, stronger attachment to God, and were less likely to experience an eating disorder, all of which may be related to why they experience greater body esteem.

For unaffiliated youth, although they reported greater religious salience (i.e., being non-religious or non-affiliated was important to their identity), they reported a weaker belief in being a child of God, weaker attachment to God (maybe because they do not believe in God), and a greater likelihood to have had an eating disorder. Adolescents who belonged to another religious group were no more or less likely to have better body esteem when compared to Latter-day Saints and “nones” collectively. It may be that these “other” youth have a mix of influencing factors on their body esteem, especially as two components of religious identity may be at odds: having less religious salience and having a stronger belief in being a child of God. Overall, adolescents’ religious identity and religious beliefs, in addition to their specific characteristics (e.g., gender, religious affiliation), seem to be related to how they feel about their bodies.

### **Structural Equation Model Relationships**

When examining the full models within a SEM framework, the relationship between religious identity and body esteem was fully mediated by attachment to God. The direct relationship between religious identity (salience and belief in being a child of God) to body

esteem was not ever significant, yet the indirect relationship appeared for both boys and girls and for all religiously affiliated non-affiliated youth. While one's religious salience may influence how they feel about themselves (Hardy et al., 2019, 2020), it appears that one's identity may be deeply rooted in their belief that God loves them no matter physical appearance or current weight status (Homan & Lemmon, 2015). Feeling close to God might help adolescents feel better about themselves, especially if they believe that they are a child of God, and that religion does make a difference in how they make decisions and go through life. These religious feelings and beliefs, that are tied to one's identity, might be more powerful than the other cultural influences that tend to influence body esteem, such as media depictions (Pizzigoni et al., 2019; Tiggemann & Hage, 2019), especially if God is perceived as greater and more powerful than other cultural factors.

The indirect relationships between religious identity and body esteem did not differ when examining gender differences. This finding was somewhat surprising, given previous research that indicates the ways in which girls and boys interact with and internalize religion differs, with girls being more active in participating in religious activities and boys more deeply internalizing religious beliefs (Hardy et al., 2019; Pearce et al., 2019). These findings suggest that the importance of boys' and girls' religious identities can strengthen their relationship with God and in turn lead to increased positive feelings about their bodies. Although boys tend to have better body esteem than girls, boys may still struggle with having positive body esteem, but not to the same extent as girls (He et al., 2020). With body esteem struggles that both genders experience during adolescence, boys and girls both seem to benefit from how they incorporate their religion into their lives (religious salience), who they believe they are (children of God), and how they think God feels about them (close attachment to God). Religious youth pastors and mentors, in addition to parents and other caring adults, should help both boy and girl adolescents determine

how religion can be an important part of their lives and identity, and how to feel closer to God to feel God's love, all in an effort to help boost body esteem.

The findings also indicate that it did not matter what religious denomination adolescents were (or were not) affiliated with in order to experience the benefits of religious identity beliefs. When examining group differences by religious affiliation, adolescents generally did not differ from one another. However, there was one notable difference that appeared when comparing the indirect relationship between religious salience and body esteem for "Nones" and Latter-day Saints. While both of these groups' indirect relationship was significant, the effect for Latter-day Saint adolescents was significantly larger. As is indicated by the bivariate correlations, Latter-day Saint youth reported the highest overall religious salience. As other researchers have indicated, Latter-day Saint youth are unique because of their high devotion to their religion (Dean, 2010; Pearce & Denton, 2011) and their distinct feelings about how religion is important to them in their lives (Smith & Denton, 2005). Perhaps compared to adolescents who are not affiliated with a specific religion, Latter-day Saint adolescents may find great benefit (especially in terms of body esteem) from how salient their religious identity is to them.

In general, religiously affiliated and non-affiliated adolescents may reap the benefits from having a strong religious identity and experiencing a strong attachment to God. Despite religious denominational body esteem differences being examined in previous research (Handelzalts et al., 2017; Sandberg, 2021), perhaps religious identities and beliefs apply more broadly for youth in general, even if they do not necessarily belong to a specific religious congregation. Youth leaders and mentors from religious (and even non-religious) organizations could help their adolescents strengthen their religious identities, center on their relationships with God, and know how God feels about them, despite one's physical appearance or health habits. These positive religious

beliefs could in turn help adolescents feel better about their bodies.

### **Limitations**

This study had several strengths, including using several religious identity variables in addition to and using a large random sample of adolescents who belong to a minority religion in the United States (e.g., Latter-day Saints only make up about 1.6% of the United States' population; Pew Research Center, 2015). Although few researchers have begun to examine body image within this denomination specifically, Latter-day Saints' unique theology and strong emphasis that is put on religiosity (in terms of belief and practice), may influence results (Coyne et al., 2022; Sandberg, 2021). If researchers continue to study body image experiences for members of The Church of Jesus Christ, this sample makes a good comparison between Latter-day Saint adolescents and adolescents of "other" and "no" religious affiliations. Furthermore, "other" religious denominations were grouped together, due to sample size, although these religious theologies and practices may not match. Future research may wish to investigate how religious identities related to affiliating with other religious denominations may be related to body esteem. Another major limitation of this study was that it was cross-sectional in nature, so true directionality and causality cannot be claimed. Future researchers could examine such relationships between adolescent religious identity and body esteem longitudinally to be able to determine directionality of effects and to examine change over time, especially as adolescence is a major period of developmental change and growth. Additionally, future researchers could examine how attachment to God may not only act as a mediator but also how it could act as a moderator between adolescents' religious identity and body esteem, especially as some adolescents may have a weak attachment to God but may have a strong religious identity and other adolescents may have a strong attachment to God but may have a weak religious identity.

## Conclusions

Adolescence is a critical period in the life span where young people try to figure out what they believe, who they are, where they fit in, and how they feel about themselves. Adolescents experiment with religion (Smith & Denton, 2005) and navigate body image issues (Gattario & Frisén, 2019), thus understanding these two important aspects related to adolescent identity development (Daniels & Gillen, 2015) is crucial. Overall, this study found that adolescents' religious identities influence their attachment to God which in turn influences their body esteem. Previous research has examined religious beliefs (Coyne et al., 2022), and attachment to God (Homan & Lemmon, 2015; Kusina & Exline, 2021) separately, and this study begins to shed light on how adolescent religious identity, through attachment to God, may influence body esteem. It is the connection between religious identities and attachment to God that makes the difference for adolescent body esteem. Feeling like a religious person, or believing that one is a child of God, simply may not be enough to counteract other influences (perhaps negative messages in media; Nigar & Naqvi, 2019) that seem so influential to how adolescents feel about their bodies. However, if adolescents hold their religious identity as an important part of their everyday decision making, and if they do believe that they are children of God, then they are able to feel more connected to God. One's attachment to God seems to be the most important piece of the puzzle as it acts as the mechanism in which one's religious identity relates to their body esteem. Adolescents should closely examine how their connection to God influences other components of their development, such as how they feel about their bodies. Religious leaders, youth mentors, and parents can work together to help adolescents strengthen their religious identities, feel loved by God, and boost body esteem, by helping adolescents focus on God's positive source of love, appreciation, and validation of bodies.



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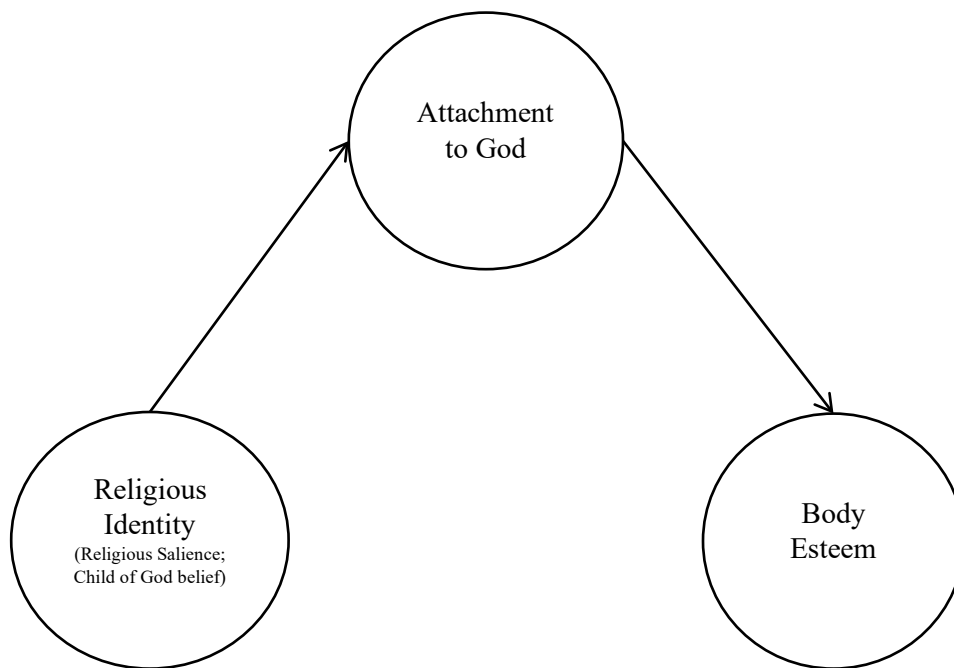


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**Figure 1. Conceptual Model**



Note: Model examines group differences: by gender and religious affiliation.

**Table 1. Correlations & Descriptive Statistics (n = 1,689)**

	1	2	3	4	5	6	7	8	9	10
(1) Body Esteem	1.0									
(2) Religious Salience	.21***	1.0								
(3) Attachment to God	.26***	.58***	1.0							
(4) Child of God	.16***	.62***	.56***	1.0						
(5) Male	.24***	-.04	-.08***	-.05	1.0					
(6) No Affiliation	-.13***	.61***	-.43***	-.64***	.03	1.0				
(7) Other Affiliation	-.03	-.08**	.00	.08**	-.04	-.31***	1.0			
(8) Latter-day Saint	.14***	.58***	.37***	.48***	.00	-.58***	-.59***	1.0		
(9) Age	-.08***	-.04	-.06*	-.07**	-.03	.06**	.00	-.05*	1.0	
(10) Eating Disorder	-.31***	-.13***	-.12***	-.10***	-.14***	.10***	.03	-.11***	.10***	1.0
Mean	0.00	0.00	0.00	5.47	.47	.24	.24	.52	16.20	.10
SD	.69	1.36	1.17	1.94	.50	.43	.43	.50	1.17	.31

Note: \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

**Table 2. Factor Loadings**

<b>Items</b>	<b>Factor Loadings</b>
<b>Religious Salience</b>	
Your identity or sense of who you are.	.93
How you make major life decisions.	.94
How you think, feel, and act every day.	.94
What you wear, eat/drink, and watch/listen to.	.85
Who you spend the most time with.	.86
<b>Attachment to God (<i>parceled items</i>)</b>	
God seems impersonal to me. & God knows when I need support.	.84
I have a warm relationship with God. & God sometimes seems very warm and other times very cold to me.	.74
God's reactions to me seem to be inconsistent. & I feel that God is generally responsive to me.	.80
God seems to have little or no interest in my personal affairs. & God seems to have little or no interest in my personal problems.	.71
<b>Body Esteem</b>	
I like what I see when I look in the mirror.	.73
There are lots of things I'd change about my looks if I could.	.74
I'm pretty happy about the way I look.	.75
I am satisfied with my weight.	.84
My weight makes me unhappy.	.80
Weighing myself depresses me.	.69

Table 3. Path Analyses Predicting Body Esteem, Including Direct and Indirect Effects

	Direct Effects			Indirect Effects		
	$\beta$	SE	CI	$\beta$	SE	CI
<b>Model 1</b>						
<b>Initial</b>						
Religious Salience	.06	.04	[-.02, .14]	.09***	.02	[.05, .13]
Child of God Belief	-.04	.04	[-.12, .02]	.07***	.01	[.04, .10]
Attachment to God	.21***	.04	[.13, .29]			
Age	-.05	.02	[-.10, .001]			
Eating Disorder	-.32***	.03	[-.37, -.26]			
<b>Model 2</b>						
<b>Female</b>						
Religious Salience	.02	.06	[-.10, .13]	.10***	.02	[.07, .15]
Child of God Belief	-.03	.06	[-.15, .07]	.08***	.02	[.05, .11]
Attachment to God	.23***	.04	[.16, .31]			
Age	-.07	.03	[-.13, -.004]			
Eating Disorder	-.28***	.04	[-.35, -.21]			
<b>Male</b>						
Religious Salience	.08	.05	[-.13, .19]	.11***	.02	[.07, .15]
Child of God Belief	-.06	.05	[-.16, .05]	.09***	.02	[.05, .13]
Attachment to God	.27***	.04	[.19, .36]			
Age	-.02	.04	[-.09, .05]			
Eating Disorder	-.30***	.05	[-.35, -.20]			
<b>Model 3</b>						
<b>Atheist/Agnostic/None</b>						
Religious Salience	.003	.06	[-.11, .09]	.03**	.01	[0.01, .05]
Child of God Belief	-.04	.05	[-.15, .05]	.05***	.01	[0.02, .07]
Attachment to God	.17***	.03	[.10, .22]			
Age	-.05	.05	[-.15, .03]			
Eating Disorder	-.37***	.05	[-.47, -.28]			
<b>Other Religion</b>						
Religious Salience	.05	.07	[-.08, .17]	.05***	.02	[.03, .08]
Child of God Belief	-.02	.05	[-.13, .14]	.07***	.02	[.04, .11]
Attachment to God	.19***	.03	[.12, .25]			
Age	-.07	.05	[-.17, .01]			
Eating Disorder	-.34***	.05	[-.43, -.25]			
<b>Latter-day Saints</b>						
Religious Salience	.07	.05	[-.03, .15]	.10***	.02	[.06, .13]
Child of God Belief	-.04	.04	[-.12, .02]	.05***	.01	[.03, .07]
Attachment to God	.19***	.04	[.09, .30]			
Age	-.04	.03	[-.10, .03]			
Eating Disorder	-.27***	.04	[-.35, -.18]			

Note: \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$