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Honors Thesis

IS THINNESS TRULY NEXT TO GODLINESS?: EXAMINING MORAL
JUDGEMENTS AGAINST WOMEN WITH LARGER BODIES
IN A LATTER-DAY SAINT POPULATION

by
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Submitted to Brigham Young University in partial fulfillment
of graduation requirements for University Honors

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ABSTRACT

IS THINNESS TRULY NEXT TO GODLINESS?: EXAMINING MORAL JUDGEMENTS AGAINST WOMEN WITH LARGER BODIES IN A LATTER-DAY SAINT POPULATION

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Bachelor of Science

Weight stigma exists in many ways within our society, though how exactly it manifests in a religious context has not been well-researched. This study investigates the relationship between female body size and perceived morality among college-age Latter-day Saints. 260 Latter-day Saint BYU students between the ages of 18 and 30 were randomly assigned one of two surveys: one featuring the image of a larger-bodied woman and the other featuring the image of a smaller-bodied woman—both being similar in complexion and dress. The survey asked participants various questions regarding their assigned woman’s moral character, with items adapted from the Ethical Behavior Rating Scale (ERBS) (Hill & Swanson, 1985). Our analysis found significance when examining only female responses, $t(213) = 1.98, p < .05$. Thus, we found that college-age Latter-day Saint women did judge smaller-bodied females as being more moral than larger-bodied females.

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Is Thinness Truly Next To Godliness?: Examining Moral Judgements Against Women with Larger Bodies in a Latter-day Saint Population

We live in a society that has an aversion to fat, and that aversion has arguably poisoned our society's relationship to food, body image, and health to its core (Puhl & Heuer, 2010; Voelker et al., 2015; Wright et al., 2016). One of the most salient and harmful ways in which societal disdain towards fat manifests is through weight stigma. Weight stigma or weight bias are negative weight-related attitudes and beliefs that are manifested by stereotypes, rejection, prejudice, and discrimination towards individuals with larger bodies (Puhl et al., 2008b; Tylka et al., 2014). These individuals are nearly always categorized as overweight, high BMI, obese, or fat (Evans, 2006; Grønning et al., 2012; Puhl & Heuer, 2010). Though there is a growing movement to reclaim 'fat' as a neutral descriptor of one's body, significant stigma and pain still surrounds the word (Watkins & Hugmeyer, 2013). Because of that, we have chosen to address those larger bodies simply as those with larger bodies.

Literature Review

Reality of Weight Stigma

Ample evidence points to the existence of weight stigma, and its effects are tangibly salient (Brewis et al., 2018; Haynos et al., 2016; Fikkan & Rothblum, 2012; Machperson-Sánchez, 2015; Puhl & Heuer, 2010). It is incredibly pervasive from an individual level to a societal level and occurs towards women at similar reported rates of race discrimination (Andreyeva et al., 2008; Brewis et al., 2018; Puhl et al., 2008a; Puhl & Heuer, 2010). One study found that 10.3% of women and 4.9% of men reported daily

or lifetime discrimination due to weight/height (Puhl et al., 2008a). Weight stigma also disproportionately affects women far more than men, in large part because our culture allocates little room for women to deviate from the body ideal, especially when compared with men (Fikkan & Rothblum, 2012). The concept of weight stigma is gendered in nature because, as one author wrote, “thinness is next to godliness . . . [and] for women, thin and pretty are synonymous . . . if you’re neither, you may as well not exist” (Gossman, 2012, p. 213). The way in which our society as a whole reacts to the notion and allegation of weight stigma supports the idea of the invisibility of the struggles of larger-bodied women, or the intersection of being larger-bodied and a part of other discriminated groups.

Myths of Health and Body Size

Our society actively disavows and arguably seeks to fight against the plights of racism and sexism, and yet there is a clear and ringing silence towards the discrimination of weight. This silence is perpetuated by the narrative that larger bodies—especially larger *female* bodies—are inherently bad, which is most clearly rooted in the well-accepted theory that larger bodies are unhealthy (Puhl & Heuer, 2010; Voelker et al., 2015). This line of thought continues: Because obese and overweight bodies are unhealthy, they must lose weight. Weight loss should be the priority then, and whatever pushes an overweight or obese individual towards weight loss is, in the end, justified. Although this long-used logic seems to make sense, there is a significant and still-growing body of evidence that heavily suggests otherwise (Bacon & Aphramor, 2011; Barry et al., 2014; Campos et al., 2006). Research does not support the generalized

link between problematic health conditions, such as hypertension, sleep apnea, and coronary heart disease, and a higher body mass index (BMI) (Kim et al., 2018; Lettieri et al., 2008; Puhl & Heuer, 2010; Tylka et al., 2014). Multiple studies have found that nearly half of overweight individuals according to their BMI and 29% of obese individuals according to their BMI were metabolically healthy, while over 30% of normal-weight individuals according to their BMI were metabolically unhealthy (Wildman et al., 2008; Tomiyama et al., 2016). What this research indicates is that using BMI as a synonym for health, and in some ways using *size* as a synonym for health, is not the most reliable measure. The uniformity of unhealthiness that has been implied to exist in the overweight and obese classifications of the BMI is likely false. Yes, it is important to recognize that 71% of obese individuals in that study were metabolically unhealthy and 70% of normal-weight individuals were metabolically healthy, indicating that weight *can* play a role in one's health (Wildman et al., 2008; Tomiyama et al., 2016). What matters is that assumptions are not automatically made on one's health because of their weight—a trap that many, including seasoned health professionals, fall into (Tomiyama et al., 2016). The way that Western society has defined health—essentially as a synonym with thinness—may thus be incorrect, and until we understand this misconception on a societal level, weight stigma will likely still remain.

Effects of Weight Stigma

The effects of weight stigma are multifaceted and complex. According to the theoretical model of weight stigma (see Figure 1), weight stigma is linked to internalized weight stigma, body shame, decreased psychological well-being, decreased physical

health, appearance monitoring, and various associations between these five variables (Tylka et al., 2014). Many researchers argue that it is the existence and continual perpetuation of weight stigma in which the root of the obesity crisis lies (Brewis et al., 2018; Machperson-Sanchez, 2015; Puhl & Huerer, 2010). According to Machperson-Sanchez (2015), weight stigma and lack of understanding of normal growth and development reinforced each other to promote dieting; this in turn aided in the normalization of weight suppression and disinhibition, provoking the obesity epidemic.

Disordered Eating and Weight Stigma

Consistently experiencing weight stigma has been found to increase the likelihood of engagement in unhealthy eating behaviors and reduced physical activity, two behaviors empirically linked with weight gain and obesity (Puhl & Heuer, 2010). Similar research indicates that disordered eating behaviors, such as bingeing, restricting, and laxatives, are more common in larger-bodied individuals (Harriger & Thompson, 2012). It is interesting to note that many obesity interventions normalize and reinforce body dissatisfaction from being overweight, subtly contributing to one's internalization of weight stigma and promoting thoughts that feed into disordered eating (Voelker et al., 2015). Programs for eating-disorder treatment and obesity treatment often contain messages that directly nullify each other—one advocating for eating mindfully and accepting your body as it is, while the other promotes food-intake restriction and weight loss as a primary life goal—thereby confusing individuals who are both larger-bodied and have an eating disorder (Irving & Neumark-Sztainer, 2002).

History of Weight Stigma

Why is this prejudice so present in Western society? Many researchers argue it is due to the way larger bodies have been disparaged and derided over decades—and the fact that this disparaging and deriding became rooted within our culture and within obesity treatment literature, as well (Macpherson-Sanchez, 2015; Saguy & Gruys, 2014; Voelker et al., 2015). Up until the 20th Century, women living in the U.S. and Europe aspired to be larger-bodied because it was a sign of wealth and status (Saguy, 2013; Saguy & Gruys, 2014). As food became more readily available as a result of both the industrial and agricultural revolutions of the mid- and late-1800s, having a larger body was no longer a reliable symbol of wealth; this led to a flip in what body size indicated, and the wealthy started to seek out being thin—and thus planting the roots of stigmatization of weight (Aronowitz, 2008; Saguy & Gruys, 2014).

As the body size of the impoverished and working class grew with increased availability of food, the stereotypes associated with poverty expanded and morphed into stereotypes of body size. Larger bodies became seen as dirty and immoral, just as how those in poverty were—and often still are—seen (Saguy & Gruys, 2014). Today, these stereotypes remain and have been expounded upon as thinness continues to be highly coveted. Western society tends to paint larger-bodied individuals as dumb, dirty, lazy, gluttonous, stupid, slothful, weak, and friendless (Brewis et al., 2018; Puhl & Heuer, 2010; Saguy & Gruys, 2014; Wang et al., 2004). Media especially contributes to this painting, often framing weight as something entirely within one's control, typically blaming the weight of those with larger bodies exclusively on bad choices (Saguy & Gruys, 2014). This framing of weight as something entirely within an individual's control

is incorrect. A foundational study in behavioral genetics heavily indicates that weight has a significant genetic factor (Maes et al., 1997). It is also interesting to consider that, anecdotally, smaller-bodied individuals are praised—or envied—for their good genetics, while larger-bodied individuals are blamed and shamed for their bad choices.

As fatness is vilanized and vilized, thinness is moralized and glorified. In the U.S. and Europe, thinness is associated with high social status, virtue, and control (Grønning et al., 2012; Saguy, 2013; Saguy & Gruys, 2014). This association of fatness with two of the traditional seven deadly sins—gluttony and slothfulness—and thinness with the praised religious value of virtue has arguably led to an implicit moral association with one's body size: Individuals with thinner bodies are typically perceived as more moral than individuals with larger bodies. Saguy (2013, pp. 40-41) argued that through this framing of fat as immoral, larger bodies are often viewed as a moral problem because they provide evidence of slothfulness and gluttony—with sin as the core concern—with greater self-control as the cure. This concept is supported by the fact that Christian moral language surrounding sin is often used, especially by women, to describe traditionally labeled “unhealthy foods” (Bacon, 2013). How often has the consumption of chocolate been labeled as “an indulgence” or has eating a piece of cake been confessed as “giving into temptation”? Because of this, we must ask ourselves if the immorality frame of fatness would be even more exaggerated within a culture that is highly religious and holds a strict code of health associated with worthiness.

Religion and Weight Stigma

Brigham Young University-Provo (BYU), a university sponsored by the Church of Jesus Christ of Latter-day Saints located in the western United States, is unique because most of the student body is made up by Latter-day Saints. Latter-day Saint doctrine includes a code of health titled “The Word of Wisdom,” which is vital in determining one’s worthiness to their most sacred place, the temple (Church of Jesus Christ of Latter-day Saints, 2020a). In a study conducted on BYU students, it was found that Latter-day Saint women from Utah were significantly more likely to believe that their success, happiness, and self-esteem were dependent upon their physical appearance than Latter-day Saint men (Carroll & Spangler, 2001). Other research has found that religious circles are likely to use moral terminology when discussing food and weight (Bacon, 2013), behaviors that contribute to the moralizing of food and weight.

We suspect that BYU students might be more susceptible to judging women for their size and appearance because of the high value of the Latter-day Saint health code, the strong religious presence prevalent on the BYU campus, and the high value that is placed—seemingly from the women themselves—on women’s physical appearance for the sake of happiness (Carroll & Spangler, 2001; Sandberg & Spangler, 2007). Therefore, we hypothesized that women who have larger bodies will be seen as less moral than women with smaller bodies in a college-age Latter-day Saint population.

Methodology

Participants

We tested our hypothesis by surveying 260 Latter-day Saint BYU students between the ages of 18 and 30. A total of 317 individuals took the survey, but 57 of their

results were omitted because they did not fulfill the necessary demographic information or did not complete the survey. The reason for having a sample size of $N \geq 150$ was because comparable studies from the literature had around a sample size of 150 participants and did not worry about not having a large enough sample size (Carroll & Spangler, 2001; Sandberg & Spangler, 2007).

Procedures

The survey was administered through Qualtrics. Participants were invited to take it through social media and email. The survey consisted of five parts: the implied consent page; five relevant demographic items; a photo of either a larger- or smaller-bodied woman; and two measures, one to examine how other people are morally judging the person in the photo and one to examine the general religious behavior of the person taking the survey. Participants were randomly assigned to view either the larger- or smaller-bodied woman.

The demographic items were necessary in order to exclude those individuals who did not meet study criteria and to see patterns within our targeted population on how women's body sizes are moralized. Participants took the survey only one time, with no follow up or any other contact from the researchers.

Deception was used in our study in order to prevent demand characteristics, especially in the context of the participant not wanting to seem immoral for having moral prejudices against a particular group of people. Participants were led to believe that the survey had to do with first impressions. Debriefing took place after the participants

answered all the items on the survey, with the last page of the survey including the debrief.

Measures

Photos

Participants were randomly shown one of two photos of women: one with a thinner physical build (the small-body condition—see Figure 2; Azimov 007, “Slim”) and one with a larger physical build (the large-body condition—see Figure 3; Azimov 007, “Cute”), both dressed and posed in a similar manner. They also have similar facial features and were photographed with the same background. These photos were obtained from the stock photo website Shutterstock.

Ethical Behavior Rating Scale

The Ethical Behavior Rating Scale (EBRS) is a 14-item, 5-point Likert scale (0 = never to 5 = always) that reliably quantifies moral character and verbal/moral assertiveness (Hill & Swanson, 1985). The items are all based around observability, meaning that the items are meant to be used while observing someone or something, which was a significant factor in selecting the EBRS as the measure in which we will assess the presence of weight stigma at BYU. The items have been slightly modified to match appropriate grammatical structure within the context of the survey. For example, the original item “Can be depended on to be honest” was modified to “This person can be depended on to be honest.” Other examples of modified items include “This person will admit to a mistake,” “This person treats others with respect,” and “This person speaks out for fairness of others as well as self”.

Measure of Religiosity

The Measure of Religiosity (MR) is a 3-item, 7-point Likert scale (0 = not at all to 6 = certain/very/daily) used to briefly gauge how religious an individual is (Friese & Wänke, 2014). The measure was initially developed as a part of a study examining the relationship between personal prayer and self-control depletion. The MR was selected to be used for this study because the assessment is brief yet reliable in assessing someone's level of religiosity, an ideal measure for a survey depending on voluntary contributions. An example of an item in the MR is "How strongly do you believe in God?". Those characterized in our study with higher religiosity had a 7 on the scale, and those characterized with lower religiosity had a 6 or lower on the scale.

Statistics

The relationship between a woman's body size and perceived morality was determined through a two-tailed independent *t*-test, with $\alpha = 0.05$ and a power of 0.8. SPSS was used to analyze the data. Our hypothesis is supported if $p \leq 0.05$, and if the mean score of the EBRS from the small-body condition is greater than the mean score of the EBRS from the large-body condition.

Results

Each participant's survey response was recorded—their demographic information, EBRS score, and MR score. Table 1 shows the mean EBRS score for each photo condition.

Table 1: The mean EBRS scores for participants

Demographic	Photo type	N	Mean	Std. Deviation

All	smaller body	132	2.0968	.46272
	larger body	128	2.0166	.50050
Male	smaller body	24	2.0238	.41472
	larger body	22	2.1883	.46997
Female	smaller body	108	2.1130	.47298
	larger body	105	1.9807	.50375

Levene's test for Equality of Variances was used to analyze the data. The results revealed that there was no significance in the sample as a whole. Significance was found when examining only the female responses; women rated those with smaller bodies as being significantly more moral than those with larger bodies, $t(213) = 1.98, p < .05$. See Table 2 for statistical analysis.

Table 2: Statistical analysis for all participants, only men, and only women.

Demographic Variable	t	df	Sig. (2-tailed)	Mean Difference	Std. Error	95% CI Lower	95% CI Upper
All	1.343	258	.181	.080	.05975	-.03759	.19804
Male	-1.261	44	.214	-.16450	.13045	-.42740	.09840
Female	1.976	211	.049	.13227	.06693	.00033	.26422

No significance was found according to religiosity level or age. Additionally, no significance was found when examining those who were raised outside of Utah and those who were raised inside of Utah.

Discussion

Through this study, we have found that college-age women in a Latter-day Saint population judge smaller female bodies as being more moral than larger female bodies.

This is in line with what previous research has found: Smaller bodies are associated with virtue and desirable characteristics, while larger bodies are associated with vices and undesirable characteristics (Grønning et al., 2012; Saguy, 2013; Saguy & Gruys, 2014). This appraisal for smaller bodies within a female college-age Latter-day Saint is especially interesting given that Carrol and Spangler (2001) found college-age Latter-day Saint women are more likely to believe their success, happiness, and worth are based on their physical appearance—and that their physical-appearance ideal is likely rooted in the thin ideal. Latter-day Saint doctrine and culture teaches that marriage is “central to God’s plan for our happiness” (Church of Jesus Christ of Latter-day Saints, 2020b), and thinness has been found as a significant predictor in defining physical attractiveness (Puhl & Boland, 2001). Because of these two factors, it makes sense that Latter-day Saint women would connect their happiness—or in other words, getting married—based on how they look. Carrol and Spangler (2001) argued that the interaction between the Latter-day Saint emphasis on marriage and the general cultural value of a woman's physical appearance results in the greater critical focus Latter-day Saint women have on their—and in turn, each other’s—bodies. We could therefore argue that in the eyes of college-age Latter-day Saint women, thinness is associated with righteousness in part because of how physical appearance is tied to a woman’s perceived marriageability (Chadwick et al., 2007, pp. 30-31). From this perspective, a righteous woman is determined not by her merits or faith but instead—at least from first glance—by her weight status.

There were various limitations to this study, one of the most significant being that there were significantly more women who took the survey than men. Future versions of this study should include a much more balanced gender ratio of participants in order to ensure men really do not view smaller bodies as more moral than larger bodies. Another limitation was that the photos used in the survey were not of the same person, though they looked relatively similar. Attractiveness, height difference, or other similar factors could have played a role in how moral participants perceived each woman to be. Future versions of this study should use software such as Photoshop to display different body sizes with the same individual in order to control for these potential confounding variables. Any related future research should also have larger sample sizes; having a smaller sample size prevents our study from being more generalizable—even within the specific population we were examining.

By conducting this study, we have found that larger bodies tend to be perceived as less moral than smaller bodies among college-age Latter-day Saint women, that younger individuals might be more prone to viewing larger bodies as less moral, and that religiosity might be a protective factor against weight stigma. We hope to expand this study to other religious groups and to the generalized population as a whole. Weight stigma exists, and it places so much pain on the backs of those it targets; however, as we learn more about the ways in which weight stigma manifests—such as moralizing one's body size—we can discover how to combat those manifestations through compassionate and informative means.

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Appendix

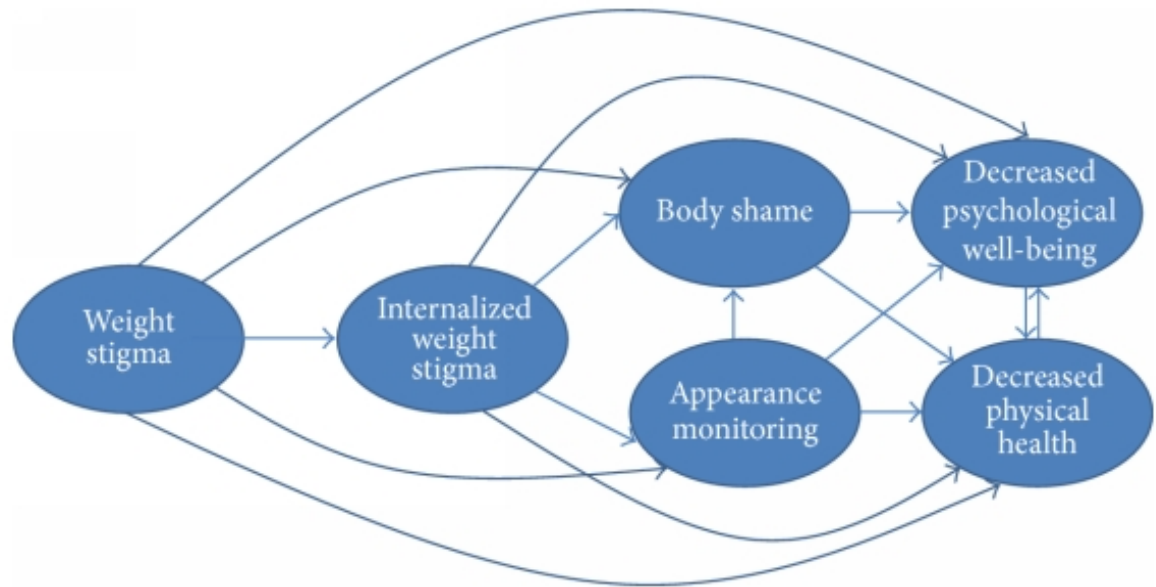


Figure 1. Theoretical Model of Weight Stigma (Tylka et al., 2014).



Figure 2. Smaller-bodied woman stock photo (Azimov 007, “Slim”).



Figure 3. Larger-bodied woman stock photo (Azimov 007, “Cute”).