

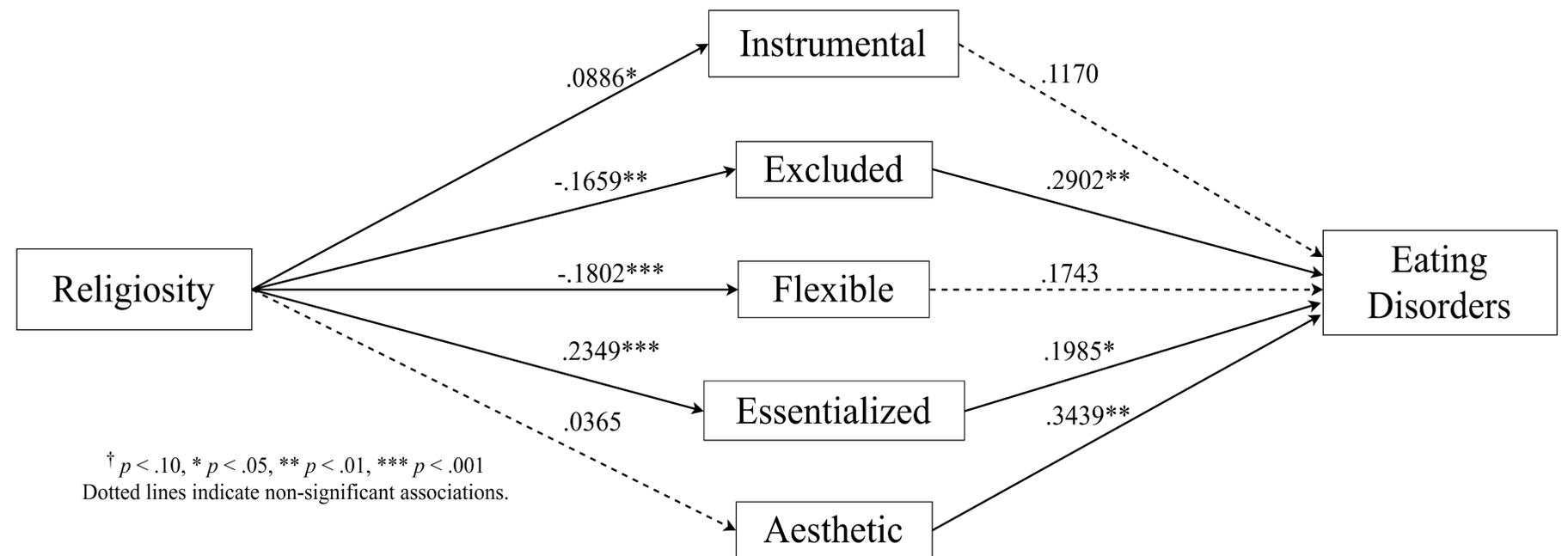
Introduction

- Research on the whether religious affiliation increases likelihood of developing an eating disorders remains ambiguous.
- Past research has demonstrated women diagnosed with an eating disorder feel increased pressure to appear feminine and uphold feminine gender roles.
- Traditionally, past research has treated femininity as a one-dimensional construct without further exploring the ways in which one is feminine associates with various mental health outcomes.
- The current study sought to examine how various femininities mediate the effect of religiosity on eating disorders.

Method

- Participants completed an online questionnaire:
 - Religiosity: *To what extent do you consider yourself a religious person?*
 - Eating Disorder Examination Questionnaire (EDE-Q 6.0)
 - Femininities Scale: Developed for purposes of the current study to measure various conceptualizations of femininity.
- Principal Components Analysis with a Varimax rotation revealed seven distinct factors, five of which were included in the current study.
 - **Instrumental** (5 items): Higher scores indicate an understanding of femininity as a tool, having value, and utility.
 - **Excluded** (4 items): Higher scores indicate feeling excluded on the basis of femininity or perceived lack of femininity.
 - **Flexible** (3 items): Higher scores indicate greater acceptance for diverse feminine expressions.
 - **Essentialized** (3 items): Higher scores indicate conflation of being born a female unquestionably equates to being feminine (i.e. biological determinism).
 - **Feminine Aesthetic** (3 items): Higher scores indicate greater importance put on physical appearance and traditional feminine beauty norms.
- 210 participants who considered themselves as feminine were included in the analyses.
 - 148 Heterosexual; 62 LGBTQ
 - 195 Women*, 9 Men *, 9 Non-binary
 - Age: 18-72, M=27.24, SD=10.68
 - 169 identified as Feminists; 44 identified as Not Feminist

Results



Total, Direct, and Indirect Effects

	B	SE B	LLCI	ULCI
Total Effect	-.0089	.0841	-.1748	.1570
Residual Direct Effect	.0011	.0909	-.1781	.1803
Indirect Effects:				
Total Indirect Effect	-.0100	.0491	-.1079	.0867
Instrumental	.0104	.0147	-.0108	.0510
Excluded	-.0481	.0275	-.1201	-.0084
Flexible	-.0314	.0392	-.1159	.0397
Essentialized	.0466	.0245	.0094	.1096
Feminine Aesthetic	.0126	.0206	-.0234	.0619

Note: B, regression coefficient; SE B, standard error of regression coefficient; LLCI, lower confidence interval; ULCI, upper confidence interval. Significant effects are **bolded**. Number of bootstrap resamples: 5000.

Discussion

- There is no overall association between religiosity and eating disorders; however, there are two contrasting indirect effects.
 - On one hand, religiosity is associated with an unquestioned view of femininity, which in turn predicts a higher risk of developing an eating disorder.
 - On the other hand, those who are more religious report feeling less excluded, which is associated with a lower risk of developing an eating disorder.
 - Therefore, religiosity can serve both as a risk and a protective factor against eating disorders, via its views of femininity.
- The findings illustrate the importance of using a multifocal understanding of femininities, and the limitations of relying on monolithic constructs of femininity.

