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RELIGION AND THE BODY AN OVERVIEW OF THE INSERTIONS OF RELIGION IN THE EMPIRICAL PSYCHO-SOCIAL RESEARCH LINES ON THE BODY

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Abstract

The personal approaches, experiences and modifications of the human body represent topics that have catalyzed empirical research efforts of representatives of all social sciences. Accordingly, any research endeavour should adopt an inter-disciplinary and integrative perspective on the topic, which would benefit from the integration of the empirical results of the psycho-social studies in this area. We present an overview of the insertions of the religion topic in the empirical psycho-social approaches on the body, at various levels: body image, body satisfaction, body-related behaviours, body modifications and organ donation. In each case, the research context, the main research findings and their explanations are presented, as well as their connections (sometimes contradictory) to the theoretically-driven assumptions in Sociology and Anthropology on the same particular issues. Most of the psycho-social research revealed positive effects of religiosity on one's relationship to his or her body, ranging from the emotional to the health, behavioural or social sphere. Nevertheless, associations of religiosity to negative aspects have also been pointed out.

Keywords: religion, body, psycho-social approaches

1. Introduction

The body has been for a long time a topic of intense interest for Sociology and Anthropology, which have remarked its status as a locus of social identification, as well as its social functions. Also, the religious inscription of the body have been studied and theorized at various levels, from the parts played by the body in religious rituals to the way it is used in order to display one's religious identity, or to the manners in which it is disciplined under the influence of religious beliefs [1-3]. Until now, these mainstream approaches have integrated few of the results from the studies conducted in the psycho-social

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paradigms, although these could allow systematic and valid empirical assessments of their theoretical predictions at individual level. While the sociological accounts position themselves at a general, societal or inter-group level of analysis, the psycho-social ones focus on the subjective experiences and behaviours of the individual, while taking into account their social and cultural factors. Thus, an overview of the psycho-social empirical research lines on the topic of religion and body could prove useful for the construction of an informed multi-disciplinary perspective on these matters.

The first element in our classification frame is the body image, a research field centred on the body image theory. Several research directions have emerged from this conceptual space, focused on one's perception of his or her body, its evaluations and consecutive emotions, and the behaviours stemming from one's body image. After reviewing the manners in which religion was taken into account in each of the first two levels, we move to the more general category of body-related behaviours, which includes those relevant to body image. Health correlates with religion, as well as body modification in various forms represent topics which have also received attention in the psycho-social empirical investigations. The last research line reviewed concerns organ donation attitudes and behaviour, a topic which also involves one's religiously – inspired perspective on his or her body.

2. Religiousness and body image

Religion has received increasing attention in the psychological research line centred on the concept of 'body image', generally defined as a "multidimensional construct that refers to subjective perceptual and attitudinal experiences about one's body, particularly one's physical appearance" [4]. While many scholars in this field draw attention on the increasing cultural pressures toward unhealthy body ideals – especially through the societal norm of thinness – others try to discover personal characteristics which mediate the influence of these pressures.

In this array of psychologically protective characteristics, religion has also been taken into account as a potential defence against the negative influences of the socio-cultural beauty standards on one's self-perception. One such study [5] investigated the relationships of religiosity with weight perception and control, on a large sample of participants in the United States. For women, religious commitment appeared as the most important protective factor against modern socio-cultural pressures toward thinness, in the sense that those with high levels of religious commitment underestimated their body weight. On the other side, men with greater religious application were the ones who perceived their bodies as less weighty. These associations proved to be unaffected by participants' age, race/ethnicity, education, and income; thus, the only explanatory factor which may account for them is in the realm of one's religiousness – induced psychological and behavioural dynamics.

3. Religiousness and body dissatisfaction

The cognitive apprehension of one's body represents the core component of body image. Many psycho-social research endeavours have focused on the emotional side of one's relationship to his or her body, usually conceived in terms of body satisfaction or body dissatisfaction. It represents the evaluative dimension of body image, frequently investigated as a function of mass-media portrayals of beauty ideals [6, 7]. Body dissatisfaction appears to be, in modern society, the statistical norm and not the exception. For instance, a study conducted 15 year ago [8] revealed that more than half of the American women were dissatisfied with and wanted to change one or more aspects of their body, while for men this percentage was around 25%.

In this normative context of negative body emotions, researchers began looking for their personal moderators, trying to build effective psycho-social interventions which would alleviate them. Concerning religion, an investigation of its role in body dissatisfaction dynamics in interaction with age and dress preferences revealed a protective effect of the Islamic religion in this respect [9]. This effect is stronger for those obeying the strict Muslim dressing code, in the sense that younger Muslim women wearing non-Western clothing and a head veil expressed less drive for thinness or pressure to attain a thin – ideal standard of beauty. Other studies, focused on Christian populations, also discovered positive connections of religiosity and body image. For instance, the women with high levels of religious well-being, in the sense of a strong feeling of connectedness to God, were found to have fewer body image concerns [10]. The same healthy body images were found in women with high self-rated importance of religion [11], as well as intense religious conduct [12]. Moreover, a study on the direct links of body satisfaction and religion [13] shows that prayer functions as an effective coping strategy in the face of body image threats. Also, an investigation [14] on the role of religiosity in relation to a specific body image threat (the influence of aging on one's body) revealed that higher religiosity – conceptualized through several variables, such as religious well-being, intrinsic religious orientation or the extent to which participants viewed their body as manifestation of God, as invested with sacred significance, leads to lower anxieties about one's aging appearance.

Other studies pointed out the fact that being religious does not automatically create a universal defence against body dissatisfaction, since one set of results [5] suggests that there are certain types of religious coping with negative life events which might lead to body dissatisfaction, as they undermine one's psychological constant and positive relationship to God. Thus, the logic is the same as in the previous case: the protective effect of religiosity depends on the strength and unconditional character of one's subjective approach to religion.

4. Religiousness and self-objectification

A specific theory in the psycho-social field of body image is the self-objectification theory [15], which departs from the usual individualistic view that characterizes most of the body image research and draws upon the tenets of the feminist approach. According to this theory, women are frequently victims of sexual objectification, which occurs "whenever a woman's body, body parts, or sexual functions are separated out from her person, reduced to status of mere instruments, or regarded as if they were capable of representing her" [15, p.175]. The causes identified as responsible for these phenomena are women's usual gender socialization, as well as their experiences with the members of the opposite sex, who treat them as a collection of parts. Such experiences "socialize girls and women to treat themselves as objects to be looked upon and evaluated such that their bodies become objects for others" [16], shifting one's perception of the body as an external object, divisible in parts and invested with a social identity and value.

Some empirical studies show that religiousness functions as a protective agent against such socially-induced body image deformations as well. The hijab wore by Muslim women represents an interesting illustration of this research line, as it lead to a contradiction between the feminist-driven theoretical expectations concerning its effects on women's relationships to their bodies and the actual findings of the studies which have empirically explored the perspectives of the women themselves. In the feminist account, the hijab represents in itself a form of sexual objectification, being accused as a mechanism through which men control women's sexuality [17] and identify them both as mere sexual objects [18] and as members of a peripheral societal category [19]. Yet, empirical results reveal the positive functions of the hijab for the women wearing it, both at an interpersonal level – being associated to fewer sexual objectification experiences – and at a psychological one, encompassing less body dissatisfaction and lower levels of negative behaviour derived from it (eating disorders) [20]. Studies which have explored the way women conceive the hijab in relation to their body, suggest that it possesses opposite meanings to the ones put forth by the feminist theories: not only that it is not perceived as an instrument imposed by men in order to exercise their dominance, but it is subjectively coined as allowing women's self-affirming as human beings instead of sexual objects [21].

5. Religiousness and eating behavior

Another vast research line in the contemporary psycho-social sciences deals with the body-relevant behaviour. In this array, religion has mostly received attention in respect to its health consequences, which are conceived as mediated by various psychological and behavioural variables. Generally, it is accepted that religiosity (conceived both in terms of subjective experience and of

its behavioural and social correlates) is associated to better physical and mental health, which lead, in turn, to lower mortality rates [22].

Yet, the results of the studies exploring the associations of religiousness to the class of behaviour directly related to one's body image – namely, eating behaviour – are less consensual. On the one side, positive influences of religion have been reported on the food choices made by their adherents; for instance, a study discovered a positive link of religiousness to the consumption of healthy foods (fruits and vegetables) and a negative link to the consumption of fatty food [23]. Other results reveal correlations between adherents' level of religiosity and the proportion of healthy foods they intake [24]. In the same array, of healthy nutrition habitudes induced by one's religious beliefs and practices, a study on adolescents led to the conclusion that those with more intense religiousness use less unhealthy weight loss strategies [25].

On the other side, there are studies that report associations of religiousness to obesity. For instance, a research on an U.S. representative sample revealed that people with more extensive religious practices tended to have larger body weights [26], while another concluded that Conservative Protestant men have a stronger tendency toward obesity than those with no religious preference [27]. Also, members of a New England Church community were found to be more overweight than the non-church members [28]. Overall, although most of the religious faiths explicitly prescribe healthy habits, there are some negative aspects of one's body management (such as obesity) which are more resistant and pervasive, requiring the social conditioning of the community in order these prescriptions to be effective at the individual level.

6. Religiousness and body modifications

Another behaviour – focused line of research concerns body modification practices, an area where we can notice another contradiction between the empirical psycho-social findings and the expectations concerning the cultural anchoring of such interventions. More specifically, many of the cultural studies on body modification, conducted in an anthropological perspective, employ the paradigm of the body as an interface between the individual and the society [1, 2, 29] and suggest various manners in which these body modification interventions contribute to the creation of 'cultural bodies', expressing one's various identities [30].

Religion has been taken into account in the current psycho-social studies among the variables presumed to be associated to body modification behaviour, mostly to two such interventions: tattooing and body piercing. In the above mentioned frame of reference, there are historical significances of such body modifications, one's spiritual affiliation being a presumed reason for them [31]. Yet, the results of these studies indicate that in the modern western society such positive associations to religiousness have either disappeared or even inverted. For instance, one study discovered a negative correlation of strength of religious faith with tattoo-related behaviour (having a tattoo, being interested in tattoos,

and being likely to get a tattoo) [32]. Body piercing, on the other hand, was found to be unrelated to religiousness [33], a result interpreted by the authors as an indicator of the fact that societal attitudes towards piercing have increasingly shifted from negative to neutral, this body modification becoming part of the cultural U.S. mainstream, falling within the accepted cultural norms of body management.

Cosmetic surgery is another instance of body intervention with religious relevance; in this respect, some studies explore the oppositions of virtually all religious doctrines to any surgical intervention for aesthetic purposes, physical disfigurement being considered forms of divine punishment [34]. Most of the relevant empirical results concern ethnic differences in cosmetic surgery actual rates and acceptance [35], which might have religious underpinnings.

7. Religiousness and organ donation

Finally, another topic of research concerns a form of body intervention (and fragmentation, as in the case of cosmetic surgery), which does not involve the living body, but the deceased one: organ donation. This area encompasses another split between the theoretical expectancies concerning the role of religion and the empirical results of the various studies. More precisely, the analysis of the positions endorsed (more or less explicitly) by the major religious faiths reveal the fact that they transmit positive attitudes toward organ donation [36]. On the other hand, potential donors' religious beliefs are cited among the most prevalent causes of their refusal of organ donation [37-39]. This contradiction stems from various sources. First, people seem not to be aware of the official religious teachings on the matter of organ donation. Instead, they base their refusal on alternative, usually traditional, interpretations of post-mortem body fragmentation and organ transplantation [40]. Also, as a recent study on the attitudes and the actual behaviour of Turkish religious officials regarding organ donation shows [41], there is a sharp contrast between the positive attitudes of these officials toward organ donation, and the low intentions to donate their own organs and actual donation. Thus, the supportive role of religion in the promotion of organ donation seems to be undermined by the low exemplary behaviour of the religious authority figures in this respect.

8. Conclusions

Our review of the most important areas of psycho-social research endeavour in which religiousness has been inscribed denotes its plurality of roles and connections in the realm of the individual's approach of the body. Also, the various manners in which religiousness has been conceived and analyzed in these studies point out its character as a multifaceted experience, ranging from the strictly subjective side, of one's relationship with God, to the behavioural practices involved in the religious experience, as well as to the social and cultural insertions of one's religious faith. These various layers of religiousness

have been shown to impact the way one perceives his or her body, the standards applied in its evaluation and the emotions generated as a consequence, as well as the body – related behaviours that the individual engages in. The vast majority of studies reveal positive effects of religiousness, as promoting psychologically and physically healthy cognitions, emotions and behaviours. Others – as those on eating behaviours and organ donation – suggest that people's actual religious experiences and practices can encompass less favourable aspects, either from the individual or the societal standpoint.

Our overview also pointed out a set of contradictions between the expectancies derived from the more theoretically – driven approaches on the body and the results of the relevant empirical investigations, using the psycho-social conceptual frames and research instruments. While such observations contribute to the fertility of the scientific approach on the topic of religion and the body, they also suggest the need of future research in this thematic area, employing the resources of a multi-disciplinary account.

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