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Greek Life and God Attachment: the Interaction of Sorority Influence and Religiosity on Women's Body Shame

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Greek Life and God Attachment:
The Interaction of Sorority Influence and Religiosity on Women's Body Shame

by

Monica L. Burney

A Thesis

Presented to the faculty of

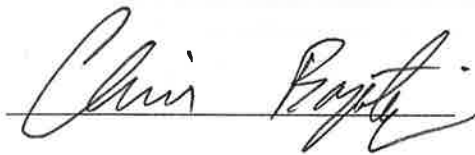
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In fulfillment of the requirements for the degree of

Bachelor of Arts with Honors in Psychology

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Approved by:

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Abstract

The present study investigated the relationships between sorority women's internalization of Greek thin ideals and body image, and dimensions of sorority women's religiosity and body image. A combined relationship among sorority women's internalization of Greek thin ideals, body image, and religiosity was also examined. Based on previous research it was expected that women's internalization of Greek thin ideals would be associated with worse body image (in terms of body shame, body esteem, and drive for thinness) and that women's religiosity (in terms of secure attachment to God) would be associated with better body image. Combinations of Greek thin ideal internalization and God attachment were expected to significantly predict changes in women's body image. Women completed a series of survey measures assessing their awareness and internalization of Greek sociocultural thin ideals and their sense of community within their particular sorority. Women also completed a series of survey measures assessing their body shame, body esteem, and drive for thinness, in addition to survey measures assessing dimensions of their religiosity.

The study's findings revealed that women's internalization of Greek thin ideals was associated with worse body image outcomes and that anxious attachment to God was associated with worse body image outcomes, particularly in relation to body shame. Moderation analyses revealed that Greek thin ideal internalization significantly interacted with anxious God attachment to predict body shame.

Greek Life and God Attachment:

The Interaction of Sorority Influence and Religiosity on Women's Body Shame

The mind-body dualism that had sprung from Cartesian inquiry has endured far beyond its metaphysical implications. Privileging mind over body, mind-body dualism understands the mind as whole and capable of independent function. Mind-body dissociation is a dualistic experience of embodiment. The “mind over matter” grasp of embodiment renders the mind responsible for controlling the body, which, unlike the mind, falls prey to the seduction of emotional impulse (Hall, 2010).

Mental subordination of the body is often required for physical well-being, as healthful eating relies on the ability to identify actual physical hunger and to restrain food intake accordingly (Lintott, 2003). However, when contempt for and rejection of the body, rather than health, motivate such restraint, damaging eating attitudes and behaviors ensue (Hall, 2010). Eating and body image disturbances have been most commonly observed in women—who comprise 90-95 percent of approximately eight million Americans suffering from eating disorders—despite an even predisposal to a dualistic conception of embodiment between both genders in Western culture (Levchuck, Kosek & Drohan, 2000). This gross disproportion supports the position of Fredrickson and Roberts’ (1997) Objectification theory: pervasive sociocultural mechanisms underlie women’s heightened susceptibility to feel disdain for their bodies and consequently develop disordered eating attitudes and behaviors.

Objectification theory presumes that bodies are sociocultural constructions that shape and inform gendered experiences. The theory posits that within a predominantly heterosexual, patriarchal culture, women and girls are sexually objectified—that is, the female body is valued as only an object for observation and evaluation. Moreover, women and girls are socialized to

view themselves from an observer's perspective, treating their own bodies as objects for scrutiny (Fredrickson & Roberts, 1997). Women's experiences of self-objectification are both incited and perpetuated by salient imagery of ultra-thin women, which prescribe and endorse a rigid and unhealthy standard of female beauty: the "thin ideal." In light of sociocultural thin ideals, self-objectification cultivates feelings of personal inadequacy, which may implicate body image disturbance and disordered eating behavior among women, as inevitable failure to achieve superlative beauty constantly looms (Kroon Van Diest & Perez, 2012; Fredrickson & Roberts, 1997). Notably, women experience and respond to sexual objectification differently, based on distinctive combinations of other influences—ethnicity, class, sexual orientation, age, social affiliations, religious factors, etc. (Fredrickson & Roberts, 1997). The degrees to which these other influences seem to promote or deter sociocultural thin ideal internalization may exacerbate or mitigate the negative implications of objectification, respectively (Fredrickson & Roberts, 1997; Puvia & Vaes, 2012). Research indicates that hyperawareness of and overwrought attention to appearance and body shape have threatening implications for women's physical and mental health. Likewise, negative body image experiences have been linked to depression, disordered eating, and unhealthy weight management practices (Calogero, Davis & Thompson, 2005). The present study concentrates on two factors associated with women's body image: psychological and sociocultural.

Research examining religiosity and body image among emerging adult women (aged 18 to 25 years) suggests that dimensions of religiosity enhance women's psychological resilience to the damaging outcomes of body objectification (Boyatzis & Quinlan, 2008). Research examining sorority affiliation and women's body image suggest that sorority women may internalize sociocultural beauty ideals to a greater extent than college women independent of sorority

affiliation, thus placing them at higher risk for eating pathologies (Basow et al., 2007). The present study considers the relationship among religious psychological factors, Greek community sociocultural factors, and women's body image and eating behavior. A moderation design explores how combinations of Greek community/sorority sociocultural measures and levels of religious psychological measures may relate to sorority women's body image and eating behavior.

Sorority Involvement and Body Image

According to Objectification theory (Fredrickson & Roberts, 1997), repeated exposure to sexual objectification accustoms women to internalize outsider perspectives and engage in self-objectification (Kroon Van Diest & Perez, 2013). Self-objectification refers to the psychological process of regarding oneself as an object for evaluation, and has been associated with thin ideal internalization and body image disturbance among, namely, college women (Noll & Fredrickson, 1998; Thompson & Stice, 2004; Calogero & Tylka, 2010). Propagandized by the media and related sources, sociocultural thin ideals are unavoidably represented in advertising, television, film, etc., loaded with implicit messages about how women should look. Internalization of sociocultural thin ideals prompts women to routinely monitor their appearance and thus, self-objectify (Fredrickson & Roberts, 1997). Thin ideal internalization has been shown to be a significant risk factor for body dissatisfaction (Thompson & Stice, 2004), self-objectification, and drive for thinness (Tylka & Calogero, 2011).

Society provides sociocultural values that shape individual action and, in doing so, dictate how members ought to behave. Sociocultural values that endorse and propagate a thin ideal, when internalized, lead members to pursue behaviors that promote weight-loss, regardless of health or biological intuition (Crandall, 1988). Values that emphasize physical appearance, social

conformity, and gendered experience are characteristic of Western societies, where body dissatisfaction among women is so prevalent that it has been considered a form of normative discontent (Rodin et al., 1995). These values also typify college sororities, where rates of body image disturbance and eating disorder risk factors are markedly higher than that of other subgroups within college communities (Schulken et al., 1997). Thus, it is reasonable to conceptualize sororities as smaller-scale societies, functioning within the Western sociocultural context. Cross-sectional and longitudinal data have indicated that sorority women are comparatively less satisfied with their bodies and more inclined toward anorectic and bulimic behaviors than non-sorority women (Schulken et al., 1997; Allison & Park, 2004; Basow et al., 2007). However, research as to whether this may be due to features of sorority membership that promote thin ideal internalization, or a preexisting tendency to internalize thin ideals among women who find sorority membership attractive, is uncertain.

Sorority values that incentivize weight-loss may render sorority women particularly susceptible to internalizing thin ideals and engaging in disordered eating behavior (Schulken & Pinciaro, 1997). However, sorority values that incentivize weight-loss may also attract women who are already inclined toward thin ideal internalization (Rolnik et al., 2010). In the same way, sorority women may perceive enhanced group acceptance as a powerful motivator for withholding food intake (Crandall, 1988). Yet, women who already engage in restrictive eating behavior may seek group acceptance through sorority membership, because they perceive like-mindedness.

Comparative studies of eating disorder risk factors between sorority women and non-sorority women (Allison & Park, 2004; Basow et al., 2007) indicate that sorority attributes spur sorority women's heightened risk. In a longitudinal design, sorority women's and non-sorority

women's drive for thinness was measured over three years. Whereas dyad baseline drive for thinness levels were comparable, non-sorority women's drive for thinness decreased, while sorority women's drive for thinness increased over the course of three years (Allison & Park, 2004). Thus, sorority membership itself may incite and maintain unhealthy dieting behavior among "normal" college women.

Cross-sectional research indicates that both sorority attributes and selection bias may together play a role in high rates of disordered eating among sorority women (Basow et al., 2007). Correlational evidence demonstrates that sorority women report greater eating disorder symptomatology compared to non-sorority women, and non-sorority women who intend to join a sorority report greater eating disorder symptomatology than non-sorority women who do not intend to join a sorority (Basow et al., 2007). A study that explored sorority rush, self-objectification, and body shame found that college women who opted to participate in sorority rush showed higher self-objectification and disordered eating behaviors, compared to college women who opted not to participate in sorority rush (Rolnik, Engelm-Maddox, & Miller, 2010). Sorority women's body shame was also shown to increase shortly after completing rush and acquiring sorority membership, further suggesting a simultaneous role of sorority attributes and selection bias (Rolnik et al., 2010).

Body dissatisfaction is associated with greater disordered eating when women perceive the social environment as encouraging and approving of disordered eating behavior (Forney & Ward, 2013). However, recognizing that disordered eating behaviors are practiced by members, but not encouraged or approved, does not strengthen the association of body dissatisfaction and disordered eating. This suggests that sorority women may perceive their sorority environment as approving and accepting of disordered eating behavior. Women with preexisting risk factors for

eating disorders may tend more than women without these risk factors to join a sorority if they believe their disordered behavior will be accepted. Likewise, women with poorer body image who choose to follow through with the sorority rush process, may be motivated by their belief that sororities will encourage their preexisting disordered behavior and provide acceptance on that basis (Rolnik et al., 2010).

Greater frequency of “fat talk,” a term used to refer to the negative and disparaging conversations healthy weight women have with each other about the size and shape of their bodies, has been associated with greater levels of body dissatisfaction (Clarke et al., 2010; Ousley et al., 2008; Salk & Engeln-Maddox, 2011). Fat talk occurs most prevalently and freely among groups of female friends (Nitcher, 2000; Nitcher & Vuckovic, 1994), which may explain heightened rates of body dissatisfaction among sorority women (Allison & Park, 2004; Schulken et al., 1997; Basow et al., 2007). Women most susceptible to the harmful effects of fat talk are also the ones most likely to engage in fat talk and encourage such behavior (Salk & Engeln-Maddox, 2012); this poses a curious parallel with the finding that women most at risk for developing eating disorders are the ones most likely to join sororities (Basow et al., 2007). Additionally, fat talk escalates when one woman validates another woman’s body concerns with a mirrored response about her own body concerns (Salk & Engeln-Maddox, 2012). This finding seems to parallel the finding (Basow et al., 2007) that women who seek sorority membership show greater disordered eating behavior and attitudes than those who do not seek sorority membership—that is, if sorority membership is used as a validation for disordered eating. It seems plausible to infer that women who engage in disordered eating behavior seek validation for such behavior through sorority membership, where they perceive that anorectic, bulimic, and binge eating tendencies are accepted.

Religiosity and Body Image

Growing research supports that different dimensions of religiosity are related to healthier body image and eating behavior in women (Boyatzis & Quinlan, 2008). Identifying protective factors is particularly important in the present sociocultural climate, where the ubiquity of social and popular media has made female beauty messages vastly inescapable. Quantitative and qualitative experimental and correlational studies have indicated a positive role of certain dimensions of religiosity in body image and eating behavior in samples of clinically diagnosed women and non-diagnosed subclinical women (Boyatzis & Quinlan, 2008). Despite the varied dimensions by which religiosity has been operationalized, evidence from religiosity and body image literature collectively suggests that religiosity may serve as a psychological buffer against coercive sociocultural beauty messages.

Religiously centered treatment programs for women with and at risk for eating disorders indicate a positive connection between intrinsic religious orientation and healthy body image and eating behaviors. Findings from Smith et al. (2003) suggest that intrinsic religious orientation strongly predicts improvement among women over the course of treatment. While these findings provide support for a positive relationship between women's religiosity and body image, the study is limited, as the treatment program was ecumenical and improvement may have been due to a number of religious or spiritual factors, not necessarily intrinsic religiosity, itself. Another study of college students (Forthun, Pidcock, & Fischer, 2003) registered in a substance abuse program found that intrinsic religious orientation seemed to buffer women with parental histories of disordered eating against eating disorder risk factors.

Studies involving non-clinical samples of women have also found a healthy relationship between religiousness and body image and eating behavior. A study of college women found that women who scored higher on body sanctification—ascribing the body with divine significance, or understanding the human body as a manifestation of God—were more satisfied with their bodies and less often engaged in disordered eating behaviors (Mahoney et al., 2005). In a more recent study among college women, body sanctification and religious commitment were assessed to predict body image variables and self-objectification (Jacobson, Hall, & Anderson, 2013). Regression analyses revealed that sanctification more strongly predicted healthier body image and less self-objectification than more global religious commitment. Hence, conceiving of one's body as sacred and divine is likely more psychologically salient, and thus more protective, than mere loyalty to one's religious faith.

Though most research among non-clinical women suggest that religiosity is related to healthier body image and eating behavior, a study (Boyatzis & McConnell, 2006) that operationalized religiosity in terms of Quest orientation found converse results. Unlike other aspects of religiosity that tap secure faith in a loving God, Quest orientation defines religiosity as an intellectual grapple with faith issues, spurred by a dissatisfaction with traditional explanations of faith. Quest scores of first year and sophomore college women were related to higher bulimic behavior and body dissatisfaction; Quest scores of junior and senior college women were related to lower body esteem. Because this study was only the first to explore Quest in relation to body image variables, valid interpretations of its findings are limited. However, in light of literature that links stable God relationship with healthier body image, it may be speculated that absence of that relationship accounts for the poorer body image associated with higher Quest.

Other studies among non-clinical women have highlighted the value of women's relationship with God. In a qualitative study (Boyatzis, Trevino, Manning, & Quinlan, 2006), college women described in written essays how their spiritual and religious beliefs were tied to their feelings about their bodies, appearance, exercise, and eating. Such data help capture if and how religion affects women's body image and appearance beliefs. One woman wrote, "One thing that keeps me from obsession about my weight is God's unconditional love;" another woman wrote, "God wants me to respect myself, and he doesn't have a cutout of what I have to be." These comments suggest an important role of women's personal religious beliefs in how they feel about their bodies and themselves. Essay comments also emphasize the complexity of women's relationships with God and their bodies, though negatively. One woman reported, "My relationship with God is a very unstable one. I've been trying to establish whether he even exists...I tend to overeat when I am nervous...I am confident that if I could be assured God existed, I would eat better." This qualitative data is supported by an experimental study that explored the influence of reading religious body affirmations on college women's body esteem (Boyatzis, Kline, & Backof, 2007). Women who read a series of religious body affirmations (e.g., "Because I am a child of God, I am perfect and whole and my body is perfect and whole.") showed improvements in body esteem, from pretest to posttest, despite having been exposed to photos of fashion models portraying the thin-deal. However, women in the control condition did not show improvements of body esteem. Experimental data implies an important causal role of religious beliefs in how women view their bodies. Interpretations support body sanctification research (Mahoney et al., 2005) by suggesting that women's feelings about their bodies were enhanced from reading religiously evocative affirmations, because these affirmations promote a understanding of one's body as sacred and worthy of unconditional love. Additionally,

interpretations by Boyatzis et al. (2007) suggest that the internalization of religious doctrinal messages may deemphasize the importance of sociocultural dictates, by redirecting women's focus toward larger-scope, fundamental concerns.

Studies on women's attachment to God similarly showed that a secure attachment was associated with lower body dissatisfaction, restrictive eating behavior, perceived sociocultural pressures, and thin-ideal internalization in college women (Homan & Boyatzis, 2010). Findings suggest that perceiving God as unconditionally loving and accepting may buffer women from internalizing sociocultural thin ideals that lead to body dissatisfaction. An individual's relationship with God has been posited to have the same psychological purpose as a parental attachment relationship (Kirkpatrick & Shaver, 1992). Attachment theory (Bowlby, 1982) asserts that people who have a secure emotional bond with a loving partner come to internalize an unconditional sense of self-worth and are thus less likely to seek approval from external sources. Likewise, people who have a secure emotional bond with God as the attachment figure internalize an unconditional sense of approval from God (Kirkpatrick & Shaver, 1992). In a correlational study among college women (Homan & Cavanaugh, 2013), anxious God attachment was related to poorer body-related well-being and subjective-well being. Regression analyses revealed that anxious God attachment predicted body appreciation and intuitive eating, more so than avoidant God attachment and parental attachment. Hence, women who felt insecure about God's love and acceptance were less appreciative of their bodies and were less in touch with body cues indicating hunger. Moreover, findings suggest that women with a secure attachment to God are less likely to turn to sociocultural sources for approval, tending less to internalize thin-ideal messages.

The Present Study

Healthy relationships with God have been shown to protect women from internalizing harmful sociocultural beauty messages (Boyatzis et al., 2007; Homan & Cavanaugh, 2013). Women who internalize psychologically salient religious values view God as the ultimate source of acceptance and likely dismiss sociocultural beauty standards as trivial. Though religious values may override the command of sociocultural thin ideals, Greek community values seem to exacerbate their significance (Boyatzis et al., 2007; Schulken et al., 1997).

The available research suggests that sorority membership is related to poorer body image and disordered eating behaviors among college women. However, the literature only explores a dyadic comparison between sorority-affiliated women and women not affiliated with a sorority. The present study examined how varying degrees of sorority involvement relate to women's body image and how sorority women's perception and internalization of Greek community thin ideals relate to their body image. The noted religiosity and body image literature collectively underscore the importance of measuring different dimensions of religiosity to gain a more comprehensive understanding of religion's relation to body image. The present study examined Quest orientation, intrinsic orientation, and attachment to God in relation to women's body shame, body esteem, and drive for thinness in a sample of secular undergraduate sorority women.

Hypotheses

The present study investigated the relationship between sorority women's awareness and internalization of Greek community thin ideals and their body image and eating behavior. Additionally, the present study sought to understand how a potential interaction between women's Greek thin ideal internalization and God attachment relationship may affect body

image and eating behavior outcomes. Based on previous research, it was hypothesized that greater awareness and internalization of Greek thin ideals (measured by three subscales of the SATAQ) would be related to greater body shame, lower body esteem (measured by BE-weight and BE-appearance), and greater drive for thinness through unhealthful eating behavior (measured by EDI-drive for thinness), in sorority women. It was hypothesized that the more women felt emotionally tied to and integrated with their respective sororities (measured by four subscales of the SCI-II), the greater their awareness and internalization of Greek thin ideals would be.

Based on god attachment research (Homan & Boysatzis, 2010; Homan, 2012; Homan & Cavanaugh, 2013), it was predicted that greater anxious God attachment scores (measured by AGI-anxious) would be associated with greater body shame and drive for thinness scores, and lower BE-weight and BE-appearance scores. Based on Quest research (Boyatzis & McConnell, 2006), it was predicted that women's Quest orientation scores would be positively related to their body shame and drive for thinness scores, and negatively correlated with their BE-weight and BE-appearance scores. That is, greater religious doubting, questioning, and willingness to change faith values, and, likewise, anxious insecurity regarding God's acceptance and approval may be related to worse body image and eating behavior outcomes. Additionally, intrinsically religious women were expected to report lower body shame and drive for thinness and greater body esteem.

Finally, anxious God attachment was predicted to moderate the expected relationship between sorority women's Greek thin ideal internalization and body image variables (body shame, body esteem, and drive for thinness). In particular, combinations of high anxiety about

God attachment and high Greek thin ideal internalization were expected to increase the hypothesized association between Greek internalization and body shame.

Method

Participants

Participants were 311 sorority women from a small, private university in the Northeast who ranged from 18 to 23 years of age ($M = 20.24$, $SD = 1.00$). Participating women consisted of 143 sophomores (46%), 70 juniors (23%), and 97 seniors (31%). Participation excluded first year students who were not eligible to partake in sorority recruitment, and sophomore, junior, and senior students who were not affiliated with Greek life. The original sample consisted of 415 sorority women, but 104 women were omitted from the final sample due to excessive missing data. Women were primarily Caucasian (93%). Approximately four percent of women reported having been clinically diagnosed with an eating disorder at some point in their lives, while approximately 20% of women reported having been suspected of having an eating disorder by a family member or close friend. Representation among the seven sororities sampled was fairly even with 20 women among the least frequently represented sorority and 62 women among the most frequently represented sorority. Table 1 displays descriptive statistics for the sample.

Sorority women learned about this study through brief announcements at all seven sororities' chapter meetings. To prevent response biases, women were told that the study would assess women's social experience at college. Women were protected from feeling coerced in the large-group setting to participate by being given the online link to the study, where they were able to privately express their desire and consent to participate. Women received service credit required for Panhellenic sorority membership, at individual sorority presidents' discretion, as participation incentive.

Table 1

Individual and Sorority Characteristics as a Percentage of the Sample

Characteristic	Participants (n= 311)
Age	
18	0.6
19	27.3
20	30.2
21	30.9
22	10.6
23	0.3
Class Year	
Sophomore	46
Junior	22.5
Senior	31.2
Sorority Year	
First	46.3
Second	22.8
Third	30.5
Ethnicity	
White/Caucasian	92.6
Asian/Pacific Islander	2.6
Latina/Hispanic	2.3
Black/African American	0.6
Other	1.9
Sorority Affiliation	
Sorority 1	19.3
Sorority 2	19
Sorority 3	13.2
Sorority 4	19.9
Sorority 5	10.9
Sorority 6	6.4
Sorority 7	11.3

Continued...

Characteristic	Participants (n= 311)
Religion	
Agnostic	10.9
Atheist	7.1
Buddhist	0.3
Jewish	14.8
Muslim	1
Christain (Catholic)	39.2
Christain (Non-Catholic)	23.2
Other	5.5
Sexual Orientation	
Heterosexual	98.1
Bisexual	1.9
ED - Clinical Diagnosis	
Yes	3.9
No	95.8
ED - Suspicion	
Yes	20.3
No	79.7

Procedure

Women followed an online link to Qualtrics, survey-distribution computer software, where they completed a series of survey measures. The use of Qualtrics for data collection enabled survey responses to be downloaded anonymously for data analysis. The survey measures first gathered women's demographic information and information about their body mass index, undergraduate class year, sorority class year, religious affiliation, prayer frequency, and eating disorder diagnostic status. Self-report measures that gathered information on women's religiosity, eating attitudes and body image, and sorority involvement followed. Upon

completion of the survey, women were asked whether or not they would like to receive credit from their sororities by having their names submitted to their respective chapter presidents.

Measures

All survey measures used in this study are provided in Appendix A.

Preliminary Information. The preliminary information survey consists of 18 items that examined women's demographic background (e.g., age, ethnicity, class year, sorority year, height, weight, gender, sexual orientation), religiosity and religious background (e.g., religious affiliation, prayer frequency, church/temple attendance frequency, yoga and meditation frequency), and whether or not they have even been clinically diagnosed with an eating disorder and suspected of having an eating disorder by family and close friends.

Religiosity and relationship with God. The Quest Scale (Batson & Schoenrade, 1991) is a 12-item measure with three four-item subscales: Doubting as Positive (e.g., "It might be said that I value my religious doubts and uncertainties"), Existential Questioning (e.g., "I was not very interested in religion until I began to ask questions about the mean and purpose of my life"), and Openness to Change (e.g., "As I grow and change I expect my religion also to grow and change"). The Quest Scale used a 9-point response scale that assessed the extent to which participants agreed or disagreed with each statement (1 = *strongly disagree*, 9 = *strongly agree*). Higher scores on all subscales indicate a greater quest orientation—a greater tendency toward religious questioning, doubt, and critical examination of beliefs. The Quest scale had a strong internal reliability, as Cronbach's alpha for the entire 12-item scale was 0.78.

The Attachment to God Inventory (AGI; Beck & McDonald, 2004) assessed women's relationship with God, in a comparable way to that of parental attachment. The AGI is a 28-item measure with two 14-item subscales: Anxiety and Avoidance. The Anxiety subscale examines

fear and worry about one's relationship with God (e.g., "I often worry about whether God is pleased with me"), whereas the Avoidance subscale examines reluctance to become close with God (e.g., "I prefer not to depend too much on God"). The AGI uses a 7-point response scale to measure the extent to which participants agree or disagree with each statement (1 = *strongly disagree*, 7 = *strongly agree*). Higher scores on both subscales indicate greater anxious or avoidant attachment styles to God, while lower scores indicate a more secure attachment style to God. Each subscale had strong internal reliability, as Cronbach's alpha for Anxious was 0.84 and Cronbach's alpha for Avoidant was 0.86.

The Intrinsic Orientation subscale of the Religious Orientation Scale (ROS; Allport & Ross, 1967) is a nine-item measure that assessed women's conceptions of religion as a fundamental guiding force in their lives (e.g., "My religious beliefs are what really lie behind my whole approach to life"). The Intrinsic Orientation subscale uses a 5-point response scale to measure the extent to which participants agree or disagree with each statement (1 = *strongly disagree*, 5 = *strongly agree*). Higher scores indicate greater intrinsic religious orientation. The Intrinsic orientation scale had strong internal reliability ($\alpha = .85$).

Body Image and Eating Attitudes. The Body Shame subscale of the Objectified Body Consciousness Scale (OBCS-Body Shame; McKinley & Hyde, 1996) was used to assess women's experiences of their bodies as objects. The eight-item Body Shame subscale taps feelings of shame women feel toward their bodies and themselves (e.g., "When I can't control my weight, I feel like something must be wrong with me"). The OBCS-Body Shame uses a 7-point response scale to measure participant agreement or disagreement with each statement (1 = *strongly disagree*, 7 = *strongly agree*). Higher scores indicate greater body objectification and body shame. Internal reliability was also strong ($\alpha = .75$).

The Weight and Appearance subscales of the Body Esteem Scale (BE-weight and BE-appearance; Mendelson, Mendelson, & White, 2001) together form an 18-item measure that assessed how women felt about their weight and body appearance (e.g., “I am satisfied with my weight” and “I like the way I look in pictures”). BE-weight and BE-appearance use a 5-point response scale, ranging from “never” to “always” (1 = *never*, 5 = *always*). Higher scores reflect more positive body esteem. Cronbach’s alphas were 0.94 for BE-weight and 0.92 for BE-appearance, indicating a very strong internal reliability.

The Drive for Thinness subscale of the Eating Disorder Inventory (EDI-Drive for Thinness; Garner, Olmstead, Marion, & Polivy, 1983) measured women’s psychological and behavioral factors related to anorexia nervosa and bulimia nervosa—specifically, those factors pertaining to dieting and weight. The EDI-Drive for Thinness uses a 6-point response scale (1 = *never*, 6 = *always*). Higher scores on items such as “I am preoccupied with the desire to be thinner” (a forward-scored item) reflect greater eating disorder risk. Cronbach’s alpha was 0.85.

Greek Community and Sorority Engagement. The Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995) assessed women’s awareness of sociocultural thin-ideal standards and pressure to conform to them. All items of the 24-item questionnaire were modified to pertain to sociocultural pressure from the Greek community, as opposed to that of general media outlets (e.g. “I compare my body to the bodies of women in the Greek community”). After the original SATAQ items were modified, some items were removed due to redundancy. The SATAQ is scored using a 5-point response scale, with higher scores reflecting a greater perception of sociocultural pressure to adhere to thin-ideals (1 = *strongly disagree*, 5 = *strongly agree*). The entire scale had strong internal consistency ($a = .88$).

The Sense of Community Index II (SCI-II; McMillan & Chavis, 1986) is a 24-item scale with four subscales that measured one's degree of identification as a community member, perception of community influence within a greater social sphere, perception of the community's ability to meet member needs, and shared emotional connection with other community members. All items in this scale were adjusted to pertain to each woman's particular sorority, rather than general community (e.g. "Being a member of my sorority is a part of my identity"). The SCI-II is scored using a 4-point response scale, with higher scores indicating stronger sense of community within a sorority (0 = *not at all*, 3 = *completely*). The SCI-II had strong internal reliability, with a Cronbach's alpha of 0.94.

Results

To test the strength and directionality of relationships among major constructs, as well as the association of major constructs with important demographic information (BMI, age, sorority year), I first calculated bivariate correlations. Next, hierarchical regression analyses were used to determine the predictive strength of significantly correlated religious and Greek variables for variance in body image outcome variables. It was important to ascertain which Greek measure and which religiosity measure accounted independently for the most variance among body image outcome measures, before testing for interaction effects. Moderated multiple regression analyses finally explored the effect of God attachment as a moderator for the relationship between Greek thin ideal internalization and body image outcomes.

Descriptive statistics for study variables (Table 2) indicate that women's scores fell within normal levels among possible ranges, as their mean scores for most measures were generally at the midpoint of the measure's range. Women's range of scores for most measures

Table 2*Descriptive Statistics for Scores on All Study Measures*

Variable	Range of Measure	Range of Scores
AGI		
Anxious	13 - 91	13 - 65
Avoidant	14 - 98	16 - 92
Intrinsic Orientation Subscale	9 - 45	9 - 45
Quest	12 - 108	11 - 87
Body Shame Subscale	8 - 56	8 - 55
BES		
Weight	12 - 84	12 - 60
Appearance	6 - 42	6 - 30
Drive for Thinness Subscale	0 - 21	0 - 21
SATAQ		
Internalization	10 - 50	10 - 50
Pressure	7 - 35	7 - 35
Information	2 - 10	2 - 10
SCI		
Membership	6 - 24	6 - 24
Influence	6 - 24	6 - 24
Fulfillment of Needs	6 - 24	6 - 24
Emotional Connection	6 - 24	6 - 24

also matched the possible range for the measure, indicating generally even representation across levels of constructs.

I first calculated Pearson correlations to test my hypothesis that higher levels of sorority involvement and sociocultural influence from the Greek community to internalize, conform with, and gain information about thin ideals would be associated with greater body shame, greater drive for thinness and lower body esteem in weight and appearance. Women's body shame was

moderately to highly positively correlated with Greek thin ideal internalization ($r = .58, p < .01$), Greek pressure to conform to thin ideals ($r = .41, p < .01$), and information received from the Greek community about thin ideals ($r = .35, p < .01$). Women's weight-related body esteem was moderately to highly negatively correlated with Greek thin ideal internalization ($r = -.570, p < .01$), Greek pressure to conform to thin ideals ($r = -.311, p < .01$), and information received from the Greek community about thin ideals ($r = -.328, p < .01$). Likewise, women's appearance-related body esteem was moderately to highly negatively correlated with Greek thin ideal internalization ($r = -.542, p < .01$), Greek pressure to conform to thin ideals ($r = -.300, p < .01$), and information received from the Greek community about thin ideals ($r = -.301, p < .01$). Moreover, women's drive for thinness was also moderately correlated with Greek thin ideal internalization ($r = .413, p < .01$), Greek pressure to conform to thin ideals ($r = .190, p < .01$), and information received from the Greek community about thin ideals ($r = .244, p < .01$). Table 3 displays these correlations.

Pearson correlations among women's graduating class year (i.e., 2014, 2015, or 2016) and study variables that measured women's sense of community within their sororities did not support the hypothesis that over time sorority membership would be positively related to women's sense of community with a sorority. Women's graduating class year was modestly negatively correlated with their identification as a sorority member ($r = -.119, p < .05$) and levels of pride in their respective sorority ($r = -.163, p < .01$). Additionally, sorority fulfillment of women's needs within a community ($r = -.170, p < .01$), and women's emotional connection with their sorority sisters and the general sorority community ($r = -.183, p < .01$) was also positively correlated with women's graduating class year. In other words, senior undergraduate

Table 3.

Means, Standard Deviation, Cronbach's Alphas, and Correlations for all Variables.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(1) Sorority Year	1.84 (.87)															
(2) BMI	.00	1.00														
(3) AGI - Anxiety	-.07	-.01	1.00													
(4) Quest	.05	.02	.39 ***	1.00												
(5) Intrinsic Orientation	-.08	.13 *	.47 ***	.33 ***	1.00											
(6) Body Shame	-.06	.23 ***	.34 ***	.16 **	.16 **	1.00										
(7) BE - Weight	.09	-.33 ***	-.22 ***	-.12 *	-.07	-.64 ***	1.00									
(8) BE - Appearance	.07	-.48 ***	-.18 **	-.08	-.15 **	-.69 ***	.80 ***	1.00								
(9) Drive for Thinness	.03	.11 *	.11 †	.00	.03	.59 ***	-.50 ***	-.62 ***	1.00							
(10) SATAQ - Internalization	-.02	.18 **	.22 ***	.16 **	.06	.58 ***	-.57 ***	-.54 ***	.41 ***	1.00						
(11) SATAQ - Pressure	.10 †	.20 ***	.24 ***	.16 **	.05	.41 ***	-.31 ***	-.30 ***	.19 ***	.55 ***	1.00					
(12) SATAQ - Information	-.03	.05	.18 **	.10 †	.01	.35 ***	-.33 ***	-.30 ***	.24 ***	.61 ***	.36 ***	1.00				
(13) SCI - Membership	-.10 †	.01	-.05	.05	.08	-.05	.09 †	.04	-.04	.15 **	-.04	.07	1.00			
(14) SCI - Influence	-.15 **	-.02	.02	.07	.14 *	.00	.10 †	.03	.01	.15 *	-.02	.08	.82 ***	1.00		
(15) SCI - Fulfillment of Needs	-.16 **	-.03	-.02	.08	.10 †	-.09	.17 **	.09	-.05	.07	-.11 †	.03	.86 ***	.83 ***	1.00	
(16) SCI - Emotional Connection	-.18 **	-.01	-.03	.08	.14 *	-.06	.14 *	.06	-.06	.11 †	-.12 *	.04	.89 ***	.83 ***	.90 ***	1.00

*** $p < .001$, ** $p < .01$, * $p < .05$, † $p < .10$

women were generally less reliant on, or engaged in, their sorority community than were sophomore and junior undergraduate women.

I also calculated Pearson correlations to test my hypotheses that greater levels of anxious God attachment and Quest orientation would be associated with higher body shame, higher drive for thinness, and lower body esteem in weight and appearance. Anxious God attachment was moderately positively correlated with women's body shame ($r = .338; p < .01$) and inversely related to women's body esteem about their weight ($r = -.220, p < .01$) and appearance ($r = -.182, p < .01$). These findings suggest that the more women perceived God as reproachful and disapproving, the more body shame they experienced and the worse they felt about their body weight and appearance. In other words, women with a secure God attachment and who perceive God as a reliable, consistent, and unconditional source of warmth and approval feel less body shame and feel better about their weight and appearance. Quest orientation was modestly positively correlated with women's body shame ($r = .163, p < .01$), negatively correlated with women's body esteem about their weight ($r = -.115, p < .05$), and negatively, though not significantly, correlated with women's body esteem about their appearance ($r = -.075, p = .186$). Thus, the more women were inclined to question, doubt, and change their religious faith values, the more shameful they felt about their bodies and worse they regarded their weight and appearance. Contrary to my hypothesis, however, were the surprising correlations among intrinsic orientation and body image study variables. Intrinsic orientation was positively modestly correlated with women's body shame ($r = .158, p < .01$) and negatively modestly correlated with women's appearance related body esteem ($r = -.146, p = .01$). No significant

correlation between intrinsic religious orientation and women's weight related body esteem was found.

After ascertaining significant correlations among all primary constructs, regression analyses examined the degree to which religiosity or Greek community/sorority involvement predicted variance in women's body image. Regression analyses also discerned which specific religiosity measure most strongly predicted women's body image outcomes and which specific Greek community/sorority measure most strongly predicted women's body image outcomes. I conducted a hierarchical, step-wise regression for each body image outcome measure: body shame, BE-weight, BE-appearance, and drive for thinness. All variables that were entered in the analyses were correlated significantly with the outcome measure. It is conceptually feasible that biological factors, moving outward to psychological factors, and ultimately sociocultural factors, would account for least to greatest variance on outcome variables. For each regression, basic physical factors (i.e., BMI and age) were entered for Step 1 to allow me to determine the unique variance predicted by religiosity variables and Greek community/sorority involvement in subsequent steps. In Step 2, more personal psychological factors (e.g., attachment to God) were entered, and sociocultural factors (e.g., Greek community influence and sense of community within a sorority) were entered for Step 3.

Table 4 displays the results of the hierarchical regression for the outcome of women's body shame. After controlling for women's BMI in Step 1 ($R^2 = .05, p < .01$), in Step 2 anxious God attachment predicted additional variance in women's body shame ($\Delta R^2 = .11, p < .01$) and in Step 3 SATAQ-internalization predicted significant additional variance in women's body shame ($\Delta R^2 = .23, p < .01$). Together these variables predicted 39% of variance in body shame,

though Greek community influence on women's internalization of sociocultural beauty values accounted for the greatest change in percentage of variance.

Table 4
Heirarchical Regression Analysis Predicting Body Shame

Variable	Model 1	Model 2	Model 3
	β	β	β
BMI	.22**	.23**	.14**
AGI - Anxious		.34**	.23**
SATAQ - Internalization			.50**
R^2	.05	.16	.34
ΔR^2	.05**	.11**	.23**
F	15.68**	40.88**	113.45**

* $p < .05$. ** $p < .01$.

Table 5 displays the results of the regression analysis for BE-weight. After controlling for women's BMI and age in Step 1 ($R^2 = .12, p < .05$), in Step 2 women's anxious God attachment ($\Delta R^2 = .05, p < .01$) and yoga practice frequency ($\Delta R^2 = .01, p < .05$) predicted additional variance in women's BE-weight. In Step 3 women's SATAQ-internalization ($\Delta R^2 = .24, p < .01$) and SCI-emotional connection ($\Delta R^2 = .04, p < .01$) significantly predicted additional variance in BE-weight. When anxious God attachment and yoga frequency were added to the regression, age only marginally significantly predicted women's BE-weight ($b = .09, p = .08$). When women's SATAQ-internalization scores were factored into the regression, age further dropped to non-significance ($b = .07, p = .11$). However, when women's SCI-emotional connection scores were factored into the regression, age demonstrated significance as a predictor for women's weight-related body esteem ($b = .10, p < .05$). While the regression analysis indicated that BMI, age,

Table 5
Heirarchical Regression Analysis Predicting Body Esteem - Weight

Variable	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
	β	β	β	β	β	β
BMI	-.33**	-.32**	-.325**	-.32**	-.23**	-.22**
Age		.11*	.11*	.09	.07	.10*
AGI - Anxious			-.21**	-.22**	-.11*	-.09*
Yoga Frequency				.11*	.14**	.13**
SATAQ - Internalization					-.51**	-.53**
SCI - Emotional Connection						.21**
R^2	.11	.21	.17	.18	.42	.46
ΔR^2	.11**	.012*	.045**	.012*	.24**	.041**
F	36.75**	4.11*	16.25**	4.29*	120.75**	22.30**

* $p < .05$. ** $p < .01$.

anxious God attachment, frequency of yoga practice, Greek community influence on thin ideal internalization, and emotional connection with one's sorority together predicted 45% of variance for BE-weight, SATAQ-internalization scores still accounted for the greatest change in variance.

Table 6 displays the results of the regression analysis for BE-appearance. After controlling for women's BMI in Step 1 ($R^2 = .23$, $p < .01$), in Step 2 anxious God attachment ($\Delta R^2 = .03$, $p < .01$) predicted additional variance in women's BE-appearance, and in Step 3 SATAQ-internalization ($\Delta R^2 = .19$, $p < .01$) further predicted variance in women's BE-appearance. However, when women's SATAQ-internalization scores were introduced in Step 3, women's anxious God attachment was no longer a significant predictor of variance. Together women's BMI, anxious God attachment, and SATAQ-internalization scores predicted 45% of variance in their BE-appearance, though SATAQ-internalization independently predicted 19% of the total variance while anxious God attachment independently predicted only 3%.

Table 6*Heirarchical Regression Analysis Predicting Body Esteem - Appearance*

Variable	Model 1	Model 2	Model 3
	β	β	β
BMI	-.48**	-.48**	-.40**
AGI - Anxious		-.16**	-.07
SATAQ - Internalization			-.45**
R^2	.23	.26	.45
ΔR^2	.23**	.03**	.19**
F	89.71**	10.87**	101.80**

* $p < .05$. ** $p < .01$.

Table 7 displays the results of the regression analysis for drive for thinness. After controlling for women's BMI in Step 1 ($R^2 = .13, p < .05$), in Step 2 SATAQ-internalization predicted additional variance in women's drive for thinness ($\Delta R^2 = .16, p < .01$). After adding SATAQ-internalization to the analysis, women's BMI no longer significantly predicted variance in drive for thinness ($b = .04, p = .42$). Thus, in this model, Greek community influence over women's thin ideal internalization was the only variable that significantly predicted their drive for thinness, accounting for 16% of variance in drive for thinness.

Table 7*Heirarchical Regression Analysis Predicting Drive for Thinness*

Variable	Model 1	Model 2
	β	β
BMI	.11*	.04
SATAQ - Internalization		.40**
R^2	.01	.17
ΔR^2	.01*	.16**
F	4.00*	56.94**

* $p < .05$. ** $p < .01$.

Each of the four hierarchical regression analyses indicated that women's SATAQ-internalization scores independently predicted the greatest percentage of variance in their body shame, BE-weight, BE-appearance, and drive for thinness scores, relative to the predictive strength of all other sociocultural Greek community/sorority variables in the study. Likewise, each of the four hierarchical regression analyses indicated that women's anxious God attachment scores independently predicted the greatest percentage of variance in their body shame, BE-weight, BE-appearance, and drive for thinness scores, relative to the predictive strength of all other psychological religiosity variables in the study. Thus, SATAQ-internalization and anxious God attachment were tested for interaction effects in a series of moderated multiple regression analyses on dependent variables, body shame, BE-weight, BE-appearance, and drive for thinness.

Moderation Analyses: Combined Effect of Greek Internalization and Anxious God Attachment on Body Image Measures

The purpose of a moderation analysis is to examine whether the relationship between two variables depends on a third variable (e.g. the effect of internalizing Greek thin ideals on women's body shame, based on different levels of anxious God attachment). For a moderation to be effective, a significant interaction must be found between the predictor variable (Greek-internalization) and the moderator (anxious God attachment) in predicting the outcome variable(s) (body shame, body esteem, drive for thinness). I conducted a series of moderated multiple regression analyses to test my two hypotheses that (1) high levels of internalizing Greek thin ideals (women's SATAQ-internalization scores) combined with high levels of anxious God attachment would increase women's body shame and drive for thinness and decrease women's BE-weight and BE-appearance, and (2) high levels of internalizing Greek thin ideals (women's

SATAQ-internalization scores) combined with low levels of anxious God attachment (i.e., secure God attachment) would increase women's body shame and drive for thinness and decrease women's BE-weight and BE-appearance to a lesser extent than the mere impact of internalizing Greek thin ideals. All variables, including BMI, were centered prior to moderation analyses, to help avoid multicollinearity. The software PROCESS macro (Hayes, Introduction to Mediation, Moderation, and Conditional Process Analysis: A Regression-Based Approach) was used to test the hypothesized moderation using 5000 bootstrap samples to calculate 95% confidence intervals for the conditional effects. SATAQ-internalization was the predictor and AGI-anxious was the moderator. Four separate analyses were conducted for (1) body shame, (2) BE-weight, (3) BE-appearance, and (4) drive for thinness as dependent variables. Each moderation analysis controlled for BMI.

A moderation analysis first tested the combined effect of SATAQ-internalization and AGI-anxious on body shame (Figure 1). Results yielded a significant main effect of SATAQ-internalization on body shame ($b = .62, p < .01$) and a significant main effect of AGI-anxious on body shame ($b = .16, p < .01$). A significant interaction was found between AGI-anxious and SATAQ-internalization in predicting body shame ($b = .01, p < .05$). BMI was a significant covariate and predicted body shame ($b = .54, p < .01$). The conditional effect of SATAQ-internalization on body shame was significant at all levels of AGI-anxious: at low levels of AGI-anxious (one standard deviation below the centered mean), .49 (SE = .072), 95%CI [.346, .630], at the centered mean, .62 (SE = .06), 95%CI [.510, .733], at high levels (one standard deviation above the centered mean), .75 (SE = .085), 95%CI [.588, .921]. In other words, AGI-anxious significantly influenced the strength of the relationship between SATAQ-internalization and

body shame. However at high, median, and low levels of AGI-anxious, SATAQ-internalization significantly predicted women's body shame.

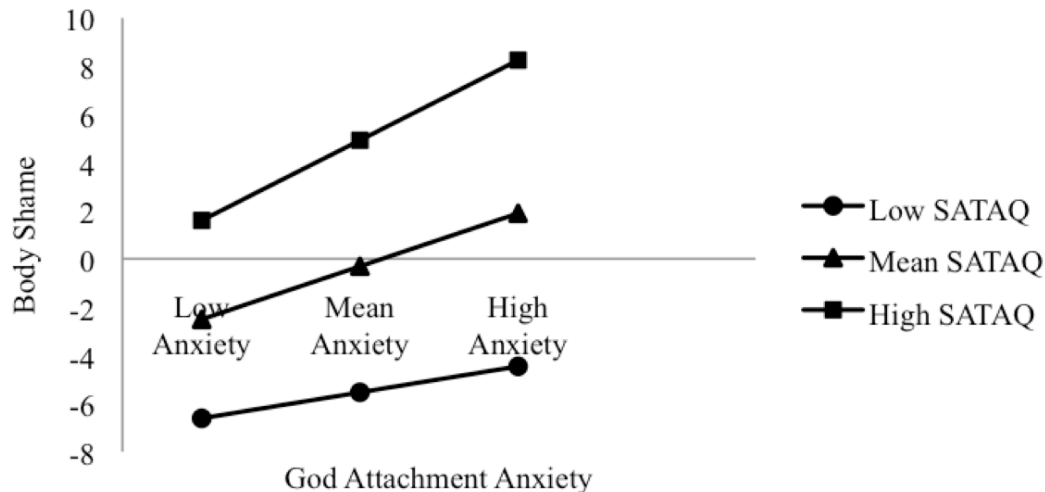


Figure 1. The influence of Greek internalization on women's body shame moderated by anxious God attachment.

A moderation analysis then tested the combined effect of SATAQ-internalization and AGI-anxious on BE-weight (Figure 2). Results yielded a significant main effect of SATAQ-internalization on BE-weight ($b = -.54, p < .01$) and a significant main effect of AGI-anxious on BE-weight ($b = -.06, p < .05$). No significant interaction was found between AGI-anxious and SATAQ-internalization in predicting BE-weight ($b = .00, p = .31$). BMI was a significant covariate and predicted BE-weight ($b = -.81, p < .01$). The conditional effect of SATAQ-internalization on BE-weight was significant at all levels of AGI-anxious: at low levels of AGI-anxious (one standard deviation below the centered mean), $-.49$ ($SE = .064$), 95%CI $[-.621, -.368]$, at the centered mean, $-.54$ ($SE = .051$), 95%CI $[-.643, -.444]$, at high levels (one standard deviation above the centered mean), $-.59$ ($SE = .076$), 95%CI $[-.741, -.444]$. In other words, AGI-anxious influenced the strength of the relationship between SATAQ-internalization and BE-

weight, though not significantly. At high, median, and low levels of AGI-anxious, SATAQ-internalization significantly predicted women's BE-weight.

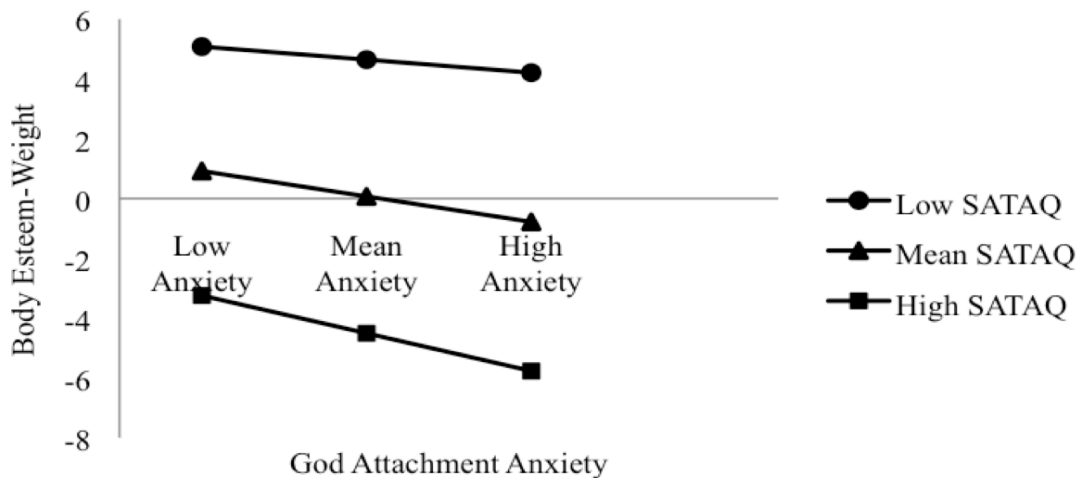


Figure 2. The influence of Greek internalization on women's body esteem-weight moderated by anxious God attachment.

Next, a moderation analysis tested the combined effect of SATAQ-internalization and AGI-anxious on BE-appearance (Figure 3). Results yielded a significant main effect of SATAQ-internalization on BE-appearance ($b = -.31, p < .01$) and no significant main effect of AGI-anxious on BE-weight ($b = -.03, p = .12$). No significant interaction was found between AGI-anxious and SATAQ-internalization in predicting BE-weight ($b = .00, p = .51$). BMI was a significant covariate and predicted BE-appearance ($b = -.86, p < .01$). The conditional effect of SATAQ-internalization on BE-appearance was significant at levels of AGI-anxious: at low levels of AGI-anxious (one standard deviation below the centered mean), $-.29$ ($SE = .038$), 95%CI $[-.365, -.214]$, at the centered mean, $-.31$ ($SE = .030$), 95%CI $[-.368, -.250]$, at high levels (one standard deviation above the centered mean), $-.33$ ($SE = .045$), 95%CI $[-.417, -.239]$. In other words, AGI-anxious influenced the strength of the relationship between SATAQ-

internalization and BE-appearance, though not significantly. At high, median, and low levels of AGI-anxious, SATAQ-internalization significantly predicted women's BE-appearance.

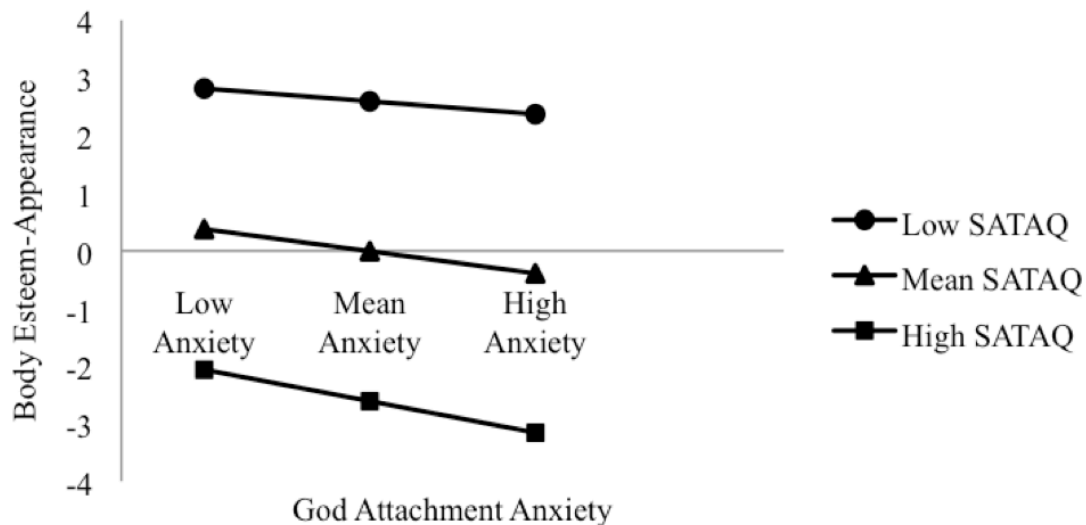


Figure 3. The influence of Greek internalization on women's body esteem-appearance moderated by anxious God attachment.

A moderation analysis finally tested the combined effect of SATAQ-internalization and AGI-anxious on drive for thinness (Figure 4). Results yielded a significant main effect of SATAQ-internalization on drive for thinness ($b = .24, p < .01$) and no significant main effect of AGI-anxious on drive for thinness ($b = .00, p = .96$). No significant interaction was found between AGI-anxious and SATAQ-internalization in predicting drive for thinness ($b = .00, p = .19$). BMI was not a significant covariate and did not predict drive for thinness ($b = .08, p = .43$). The conditional effect of SATAQ-internalization on drive for thinness was significant at all levels of AGI-anxious: at low levels of AGI-anxious (one standard deviation below the centered mean), $.20$ ($SE = .041$), $95\%CI [.121, .283]$, at the centered mean, $.24$ ($SE = .032$), $95\%CI [.179, .307]$, at high levels (one standard deviation above the centered mean), $.28$ ($SE = .048$), $95\%CI [.189, .379]$. In other words, AGI-anxious influenced the strength of the relationship between

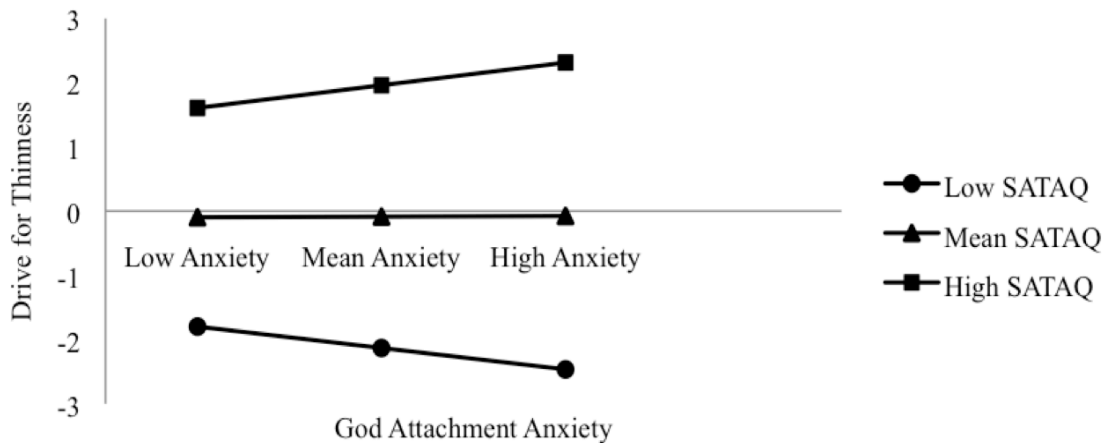


Figure 4. The influence of Greek internalization on women's drive for thinness moderated by anxious God attachment.

SATAQ-internalization and drive for thinness, though not significantly. At high, median, and low levels of AGI-anxious, SATAQ-internalization significantly predicted women's drive for thinness.

Discussion

The purpose of this study was to examine the relationship between women's sorority involvement and perception of Greek community values, and their body image and eating behavior. Furthermore, this study sought to investigate the moderating effect of women's anxious God attachment levels on women's internalization of Greek sociocultural thin ideals and body image measures. The study's findings revealed that women's internalization of Greek thin ideals most strongly predicted their body shame, body esteem, and drive for thinness. Anxious God attachment also predicted women's body shame, body esteem, and drive for thinness, though to a lesser extent than Greek thin ideal internalization. Findings support prior research (Schulken & Pinciaro, 1997) by suggesting that Greek community values enforce sociocultural thin ideals and thus, directly impact sorority women's unique vulnerability to internalizing

harmful beauty messages. The study also corroborates prior research (Homan & Boyatzis, 2010) by suggesting that secure God attachment attenuates thin-ideal internalization, while anxious God attachment exacerbates thin-ideal internalization. The study further found that the combination of Greek thin ideal internalization and anxious God attachment more strongly predicted women's body shame, body esteem, and drive for thinness than Greek thin ideal internalization alone. Additionally, the study's findings concerning the psychological and physical health implications of internalizing Greek thin ideals have practical significance for college women.

Greek Thin Ideal Internalization and Body Shame

The present study found significant associations among all Greek thin ideal awareness and internalization measures and most body image measures (drive for thinness was only significantly related to internalization). Most salient was the strong positive correlation between women's body shame and Greek thin ideal internalization, as hypothesized. This finding is consistent with previous research on non-sorority college women (Puvia & Vaes, 2012), for which the SATAQ measure was kept intact to reflect women's cognizance and internalization of general sociocultural standards of physical feminine beauty. Sociocultural beauty ideal internalization positively related to women's body objectification, which has been implicated as a direct, powerful predictor of many body image variables (Noll & Fredrickson, 1998), with body shame among them (Thompson & Stice, 2004). Regression analyses from prior research that featured a comparable, though distinct, measure of perceived sociocultural pressure (Snapp, Hensley-Choate, & Ryu, 2012) suggest that perceived sociocultural pressure significantly predicts body image dissatisfaction among college women. In the present study, a regression

analysis for body shame indicated that Greek internalization had the most predictive power over outcome variance.

The robust relationship between women's internalization of Greek thin ideals and body shame fits squarely within the theoretical framework of Objectification theory (Fredrickson & Roberts, 1997). Within this framework, some integral characteristics of college Greek life are also subject to theoretical examination.

Objectification theory (Fredrickson & Roberts, 1997) is based in the supposition that gender roles assign rules of behavioral and psychological conduct to males and females. Heterosexual normativity allows for the sexualization of females, by means of an "objectifying gaze" by male heterosexual subjects. An objectifying gaze reduces a woman's value down to her body as an instrument, or object of pleasure and observation for others. This gaze occurs most often indirectly, through depictions of sexualized females. The inundating propagation of sexualized images of the female body from media outlets serves as evidence to the permeation of the objectifying gaze throughout predominantly (though not limited to) Western culture. Sexually objectified women internalize their observer's perspective and self-objectify, removing themselves from their bodies.

Sociocultural beauty standards, disseminated by representations of the female body, dictate to women how their bodies should look. Self-objectification enables women to stand outside of themselves, manipulating health habits, to look like normatively "beautiful" women. The present study asked sorority women about whether they desire to look as thin as many "attractive" women of the Greek community. Findings generally indicated that women who expressed this desire also reported feeling more shame toward their bodies, an eating disorder risk factor that has reliably predicted anorectic and bulimic behavior in prior research. Driving

this self-conscious appearance monitoring is the idea that physical beauty is a currency for women's social and achievement (Unger, 1979). Consistent with this notion, research on college undergraduate women undergoing the sorority rush process (Rolnik et al., 2010) found that women with higher BMIs were more likely to drop out of the rush process. Additionally, if women with higher BMIs stayed in, they were more likely to report dissatisfaction with the process. Notably, women who either dropped out of rush or reported ultimate dissatisfaction, generally had BMIs within the healthy range; they were not clinically overweight. Because college Greek community culture idealizes female thinness as a beauty standard (Schulken et al., 1997), heavier women (or even "normal-weight" women) may be less powerful and perceive themselves as having subordinate status to thinner women. Women with higher BMIs may have felt subordinate to thinner peers and thus either decided not to follow through with rush, or did so grudgingly.

The Greek system has been flagged as especially appearance-oriented, and conformity-demanding. Sorority women have been identified as most at risk for disordered eating and body image disturbance among college women (Basow et al., 2007). In light of Fredrickson and Robert's (1997) Objectification theory framework, the present study's finding that women who internalize Greek thin ideals to a greater extent feel greater body shame seems apt. The Greek system is inherently (and often rigidly) heterosexual and thus exacerbates gender role socialization. Because males and females are literally segregated into fraternities and sororities, it seems likely that gender roles are more pronounced within the Greek system and the objectifying gaze is even more sanctioned. From this, it follows that sorority women will self-objectify to a more physically scrutinizing extent and thus internalize Greek thin ideals more readily and deeply than non-sorority college women; they will likely feel more inclined toward body shame.

Greek thin ideal internalization and women's self-objectification (and consequent body image disturbance factors) seem to be perpetuated by a positive feedback loop, which further affirms sorority women's generally poorer body image. Research suggests (Puvia & Vaes, 2012) that women prone to internalizing sociocultural beauty standards are more motivated to dehumanize sexually objectified women. In addition, women prone to internalizing sociocultural beauty standards more likely to value their own physical appearance and compare and evaluate the physical attractiveness of other women. In the present study, it may be speculated that sorority women who are prone to internalization are more inclined to dehumanize other sorority women, thus inciting further internalization and objectification.

Sorority Sense of Community and Greek Thin Ideal Internalization

The present study found significant positive relationships between Greek thin ideal internalization and women's sense of community within their sorority with regard to membership identification and perception of their sorority's influence in the Greek community. In other words, women who identified more strongly as members of their respective sororities, and women who perceived their respective sororities as influential, internalized Greek thin ideals to a greater extent. However, women who were more emotionally connected with their sorority sisters reported feeling less pressure from the Greek community to conform to thin ideals. This finding may indicate that women who foster emotional connections with other sorority women are less inclined to view themselves and others as objects and thereby do not evaluate themselves and others in terms of physical attractiveness. It would follow that these emotionally connected women likely disregard pressures to conform to beauty standards, because sociocultural attractiveness is less determinative of self-worth. Emotional connection generates a sense of acceptance. Women who lack a feeling of acceptance by others tend more to internalize

sociocultural thin ideals and orient themselves toward achieving thinness, while women who feel unconditional emotional acceptance orient their focus toward inward experience (Homan & Cavanaugh, 2013).

Anxious God Attachment and Body Shame

The hypothesis that women reporting a more anxious attachment relationship with God would also report greater body shame and drive for thinness, and lower body esteem in weight and appearance was supported, though no significant correlations among avoidant God attachment were found. Consistent with previous research (Homan & Boyatzis, 2010), these findings suggest that women with secure God attachment (low anxious and low avoidant) likely experience more body appreciation and better body esteem than those who lack this attachment relationship. An individual's attachment relationship with God has been posited to function in the same psychological way as a parental attachment relationship (Kirkpatrick and Shaver, 1992). Bowlby's (1982) attachment theory proposes that a stable and secure bond with an attachment figure (usually parental) provides the individual with an unconditional sense of self worth and acceptance; the individual will not be motivated to search externally for approval. People who turn to God as an unconditional source of acceptance, warmth, and love tend less to internalize sociocultural messages about beauty and do not seek acceptance by means of physical appearance (Homan & Cavanaugh, 2013). In the present study, women's body shame was most strongly predicted by anxious attachment to God. This indicates that the greater the worry and doubt women had about God's unconditional love and acceptance for them, the more critical and shameful they felt about their bodies.

As hypothesized, women who reported higher levels of Quest also reported greater body shame and lower weight related body esteem. However, these correlations were modest and did

not emerge as significant predictors of body shame or body esteem in regression analyses. Similarly, prior research (Boyatzis & McConnell, 2006) found that Quest orientation among young adult women was associated with eating disorder risk factors (e.g., bulimic behavior). Individuals with a Quest orientation toward religion focus on asking existential questions about faith, understand doubting religious faith as a constructive and important aspect of being religious, and hold malleable, adaptable religious beliefs (Batson & Schoenrade, 1991). Although Quest is characterized by a positive and welcomed uncertainty toward fundamental faith issues, perhaps that faith uncertainty still moves women to turn to sociocultural contexts for approval. Despite the constant, positive curiosity these Quest oriented individuals may possess, they may still lack a secure, unconditional attachment figure.

Contrary to what was hypothesized, greater intrinsic religious orientation related positively to body shame and negatively to appearance related body esteem. Unlike attachment to God and Quest dimensions of religiousness, intrinsic religious orientation is understood as a mature religiousness. Perhaps not many undergraduate women possess this mature religious identification, especially within a generally non-religious sample. Intrinsic religious individuals contextualize their lives through a fundamentally religious perspective, seeing God as the prevailing thread in all experiences. It is also not necessarily the case that low scores on this measure reflect total absence of intrinsic religious orientation. The scale contains strong, direct wording (e.g., “My religious beliefs are what really lie behind my whole approach to life”), which may have deterred women of this non-religious sample.

Sorority Connectedness and Graduating Class Year

It was predicted that over the course of their college experience, women would feel increasingly connected with their respective sororities; however, this hypothesis was

unsupported. Sophomore and junior sorority women generally reported a stronger sense of community within their sororities than did senior sorority women. However, this decrease in sorority community engagement over time might be reflective of undergraduates' overall college community disengagement, as graduation nears—not reflective of sorority factors. This confound could be resolved in future studies by measuring undergraduate women's overall college community engagement as a basis for comparison.

Influence of God Attachment and Greek Internalization and Body Image

Using moderated multiple regression analyses, the study revealed that the effects of Greek thin ideal internalization on women's body shame, body esteem, and drive for thinness can be better explained in consideration of the influence of anxious God attachment. In support of my hypothesis, the extent to which women experienced anxiety about their relationship with God affected the extent to which women's internalization of Greek thin ideals related to body shame and body appearance, controlling for BMI. For each body image measure, the effect of Greek internalization differed across high, median, and low levels of anxious God attachment. However, the interaction between Greek internalization and anxious God attachment was only significant for its effect on women's body shame.

Findings revealed that the relationship between Greek internalization and body shame differentiated according to women's levels of anxious God attachment. Independent of God attachment anxiety, women's internalization of Greek ideals predicted body shame. Likewise, women's level of God attachment anxiety predicted body shame, though to a lesser extent than Greek internalization. Moderation analyses revealed that high levels of internalization interacted significantly with higher levels of anxiety about God, increasing the effect of internalization of body shame. In other words, women who deeply internalized Greek thin ideals and who feel

highly anxious about their relationship with God will likely experience more body shame than women who internalize Greek thin ideals to a comparable extent, but feel moderate or low anxiety about their relationship to God. For women with lower levels of Greek internalization, levels of God attachment anxiety seemed to account for less change in levels of body shame than it did for women with median and high levels of Greek internalization. This may have occurred because, in this study, Greek internalization is the strongest predictor of women's body shame. So at low levels of Greek internalization, despite anxiety about God attachment, body shame changes are likely negligible. Moderation analyses for both measures of body esteem revealed comparable findings. Whereas the main effects of Greek internalization on body esteem and God attachment anxiety on body esteem were significant, their interaction was not. Nevertheless, women with high levels of Greek internalization experienced a greater decrease in body esteem when they were highly anxious about their relationship with God, compared to those who were less anxious about their relationship to God. These findings are supported by an experimental study (Boyatzis et al., 2007) in which reciting religious body affirmations protected women from poor body esteem even after partaking in a task (viewing fashion models) that induced body consciousness. Women who hold positive and secure attitudes toward God and perceive God as unconditionally supportive may be buffered from internalizing beauty ideals and experiencing disparaging thoughts about their bodies, even in light of awareness of beauty ideals.

Limitations and Future Directions

There are several limitations to this study. First, reliance on self-report measures makes may cause participants to be susceptible to social desirability bias, especially among a sorority population reporting on body image measures. This study is also purely correlational, which precludes any indication of causation from findings. Additionally, the quantitative nature of the

study, though it allowed for a large sample size, is unable to provide the rich, deeper, explanation of study findings that qualitative studies can.

Another limitation of this study is difficulty with generalizability due to an ethnically non-diverse sample. With Caucasian women comprising over 90% of the sample, representation among other ethnic demographics was highly disproportionate. This is problematic because diverse ethnic groups may view beauty differently than what is dictated by thin ideals. A study that analyzed correlations among awareness and internalization of sociocultural beauty attitudes and eating disorder risk factors among Caucasian, African American, and Hispanic women (Cashel et al., 2003), found disparate results across the three ethnic groups. Relations among women's beauty ideal awareness and internalization and their scores for eating disorder risk factors were strongest and most significant for Caucasian women, and least significant for African American women. These findings suggest an important cultural difference that ought to be investigated more thoroughly in future research.

Sorority women's scores on Greek community thin ideal internalization may be confounded with their internalization of non-Greek sociocultural thin ideals. It is possible that high scores on Greek internalization measures indicate a general proclivity for thin-ideal internalization and pressure to conform, regardless of Greek affiliation. Future research should include a measure that assesses women's internalization of general sociocultural thin-ideals and a measure modified to specifically assess internalization of Greek community ideals.

Another important limitation deals with the unique nature of the Greek system sampled and the homogeneous student population at the university. Sorority women were sampled from a small Northeastern private school, with a large majority of students affiliated with Greek organizations. It may be the case that in larger schools with more diverse student populations, the

Greek community only represents a small portion of student social life, while there are many other social outlets for non-Greek affiliated students to access. That is, the Greek community, as a whole, represents a special type of social niche. If such is the case, sorority membership may only attract highly body conscious and appearance-oriented women—women who seek that social niche. Yet, in other parts of the United States, such as in big Southern state schools, the Greek system is prominent and the schools are in some ways much less diverse. Nevertheless, at these schools it may be the case that Greek life still occupies a rigid and specific social niche, though less alternative social outlets are available. At the university sampled, the Greek system is socially encompassing and inclusive. It may be the case that each sorority represents its own sort of niche within the Greek community. If such is the case, sorority membership may attract women across a more diverse range of interests and tendencies. By perhaps comparing levels of women's awareness of thin ideals differs to levels women's internalization of thin ideals, for each sorority separately, a deeper understanding of Greek community influence can be gained in future studies.

Finally, literature on sorority membership and body image factors compares groups of sorority women to groups of non-sorority women to assess sorority impact on eating behaviors and body image (Allison & Park, 2004; Schulken et al., 1997). A novel contribution of this study was its assessment of sorority membership and Greek community factors in terms of continuous variables. The use of scale measures in the present study enabled a better investigation of how Greek community values may account for sorority women's high-risk status. Nevertheless, the question throughout this field of research remains: does selection bias in sorority rush, or do sorority characteristics that promote thinness account for sorority women's heightened eating disorder risk? Future studies should more frequently use longitudinal designs to establish causal

relationships, as well as qualitative data to provide more complex and authentic information about how women's body image and eating behavior relate to their level of Greek community integration and sorority membership.

Overall, the findings of this study contribute to the field of research dealing with sorority women and body image, and religiosity and body image by revealing that greater internalization of Greek community thin ideals is associated with greater body shame, lower body esteem, and a greater drive for thinness among sorority women. In addition, findings showed women's anxiety about God attachment significantly moderated the positive relationship between Greek thin ideal internalization and body shame, with higher levels of anxiety increasing the effect of internalization on body shame. From this, it may be conjectured that secure attachment to God would moderate the relationship between Greek internalization and body shame, with higher levels of anxiety decreasing the effect of internalization on body shame. This study also found that women's levels of emotional connection to their sororities negatively related to their perception of pressure from the Greek community to fit the thin ideal. These findings have practical implications for sorority women and women considering the rush process. Research notes that sexually objectified women, who internalize thin ideals and self-objectify, scrutinize the bodies of other sexually objectified women (Puvia & Vaes, 2012). This cycle not only maintains body image disturbance, but may also create divide and competition among women. If sororities reformed their values toward fostering emotional connections among their members, pressure to conform and competition among women may be reduced. Finally, these findings underscore the importance for women in the Greek community in having an unconditional source of love and approval (i.e., God) that enforces feelings of agency and self-worth. Future

studies should investigate protective psychological factors other than dimensions of religiosity that promote resilience to sociocultural pressures.

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Appendix A

Informed Consent Form

Women's Social Experiences

Informed Consent Form

The purpose of this research is to investigate the relationships among college women's social behaviors and experiences. In this study you will be asked to complete a series of survey measures.

The principal investigator's name and e-mail address are included below so that the subject may ask questions and report any study-related problems. The principal investigator will do everything possible to prevent or reduce discomfort and risk, but it is not possible to predict everything that might occur. If a participant has unexpected discomfort or thinks something unusual or unexpected is occurring she should contact:

Monica Burney
Mlb048@bucknell.edu

Subject participation is voluntary. Anyone who agrees to participate in this research may change her mind at any time. Subjects may refuse to answer any questions and/or withdraw from the study at any time without penalty or loss of benefits to which they are otherwise entitled.

Subjects will receive credit from their sorority chapters for their participation. In order to maintain anonymity, while still ensuring sorority credit is received, a question of "Yes, I would like to receive credit" or "No, I do not wish to receive credit" will follow the completion of all measures. If a participant selects "Yes," an email with her name will be sent automatically to her sorority chapter's president from Qualtrics.

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless the subject specifically gives permission, in writing, to do otherwise. No reference will be made in oral or written reports, which would link the subject to the study.

By selecting "Yes," I affirm that I am at least 18 years of age or older and agree to participate in this research.

Yes

No

Demographic Survey Information

1. What is your age?
 - < 18 years
 - 19 years
 - 20 years
 - 21 years
 - 22 years
 - 23 years
 - >23 years

2. What is your ethnic background?
 - Latino/Latino/Hispanic
 - Black/African-American
 - Asian/Pacific Islander
 - American Indian/Native American
 - White/Caucasian
 - Other (please describe) _____

3. What is your college class year?
 - Sophomore
 - Junior
 - Senior

4. What year are you in your sorority?
 - First year
 - Second year
 - Third year

5. What is your approximate height? _____ feet and _____ inches

6. What is your approximate weight?

<input type="radio"/> <80 lbs	<input type="radio"/> 121-130 lbs	<input type="radio"/> 171-180 lbs	<input type="radio"/> 221-230 lbs
<input type="radio"/> 81-90 lbs	<input type="radio"/> 131-140 lbs	<input type="radio"/> 181-190 lbs	<input type="radio"/> 231-240 lbs
<input type="radio"/> 91-100 lbs	<input type="radio"/> 141-150 lbs	<input type="radio"/> 191-200 lbs	<input type="radio"/> >240 lbs
<input type="radio"/> 101-110 lbs	<input type="radio"/> 151-160 lbs	<input type="radio"/> 201-210 lbs	
<input type="radio"/> 111-120 lbs	<input type="radio"/> 161-170 lbs	<input type="radio"/> 211-220 lbs	

7. How would you describe yourself? (All that apply)
 - Agnostic
 - Atheist
 - Buddhist
 - Hindu
 - Jewish
 - Muslim
 - Christian (Catholic)

- Christian (Non-Catholic)
 - Other (please describe _____)
8. What gender do you identify with?
- Male
 - Female
 - Transgender
 - Other
9. What sexuality do you identify with?
- Heterosexual
 - Homosexual
 - Bisexual
 - Asexual
 - Other
10. Have you ever been diagnosed with an eating disorder?
- Yes
 - No
11. Have you ever been suspected of having an eating disorder by friends, family, etc.?
- Yes
 - No
12. How religious are you?
- Not religious at all
 - Slightly religious
 - Moderately religious
 - Very religious
12. How frequently do you attend church or place of worship?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Weekly
 - 2-3 times a week
 - Daily
13. How frequently do you pray?
- Never
 - Less than once a month
 - Once a month
 - 2-3 times a month
 - Weekly
 - 2-3 times a week

Daily

14. How often do you practice yoga?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Weekly
- 2-3 times a week
- Daily

15. How often do you meditate?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Weekly
- 2-3 times a week
- Daily

16. How often do you read or study holy writing (Bible, Koran, etc.), outside your place of worship?

- Never
- Less than once a month
- Once a month
- 2-3 times a month
- Weekly
- 2-3 times a week
- Daily

Religious Orientation Scale – Intrinsic Subscale

To what extent do you agree or disagree with the following statements?

	Strongly Disagree				Strongly Agree
	1	2	3	4	5
I try hard to carry my religion over into all my other dealings in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quite often I have been keenly aware of the presence of God or the Divine Being.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My religious beliefs are what really lie behind my whole approach to life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The prayers I say when I am alone carry as much meaning and personal emotions as those said by me during services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If not prevented by unavoidable circumstances, I attend my house of worship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I were to join a religious group I would prefer to join (1) a Bible study group or (2) a social fellowship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religion is especially important to me because it answers many questions about the meaning of life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I read literature about my faith.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to me to spend periods of time in private religious thought and meditation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Body Esteem Scale – Appearance Subscale

	Never				Always
	1	2	3	4	5
1. I like the way I look in pictures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I worry about the way I look. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I'm proud of my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I'm looking as nice as I'd like to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I like what I see when I look in the mirror.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. There are lots of things I'd change about my looks if I could.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I wish I looked better. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I wish I looked like someone else. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I think I have a good body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. My looks upset me. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I'm pretty happy about the way I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I feel ashamed of how I look. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Body Esteem Scale – Weight Subscale

To what extent do you agree or disagree with the following statements?

	Never 1	2	3	4	Always 5
I am preoccupied with trying to change my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really like what I weigh.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My weight makes me unhappy. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I weigh the right amount for my height.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weighing myself depresses me. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sociocultural Attitudes about Thinness Questionnaire – Internalization Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Strongly Disagree				Strongl y Agree
	1	2	3	4	5
I do not care if my body looks like the bodies of women of the Greek community. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I compare my body to the bodies of women in the Greek community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've felt pressure from women of the Greek community to be thin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've felt pressure from women of the Greek community to have a perfect body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I looked like certain women of the Greek community. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not wish to look like the women of the Greek community. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I compare my body to that of women of the Greek community who are in "good shape."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I looked as fit as some women in the Greek community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not try to look like other women of the Greek community. (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to look like other women of the Greek community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sociocultural Attitudes about Thinness Questionnaire – Pressure Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Strongly Disagree				Strongl y Agree
	1	2	3	4	5
I've felt pressure from women of the Greek community to lose weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not feel pressure from women of the Greek community to look pretty.(R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not compare my body to the bodies of women in the Greek community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I compare my appearance to the appearance of women of the Greek community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've felt pressure from women of the Greek community to diet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've felt pressure from women of the Greek community to exercise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I've felt pressure from women of the Greek community to change my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sociocultural Attitudes about Thinness Questionnaire – Information Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Strongly Disagree				Strongl y Agree
	1	2	3	4	5
Women of the Greek community are an important source of information about "being attractive."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Women of the Greek community are an important source of information about "being attractive." (R)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sense of Community Index-II – Membership Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Not at all 0	Somewhat 1	Mostly 2	Completely 3
I can trust people in my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can recognize most members of my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most members of my sorority know me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sorority has symbols and expressions of membership such as clothes, signs, hand gestures, logos, and songs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put a lot of time and effort into being part of my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a member of my sorority is a part of my identity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sense of Community Index-II – Influence

To what extent do you agree or disagree with the following statements?

	Not at all 0	Somewhat 1	Mostly 2	Completely 3
Fitting into my sorority is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sorority can influence other sororities on campus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about what other members of my sorority think of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have influence on what my sorority is like.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If there is a problem in my sorority, my sorority sisters can get it solved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sorority has good leaders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Sense of Community Index-II – Fullfillment of Needs Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Not at all 0	Somewhat 1	Mostly 2	Completely 3
I get needs of mine met because I am part of my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sorority sisters and I value the same things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sorority has been successful in getting the needs of its members met.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a member of my sorority makes me feel good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a problem, I can talk about it with members of my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my sorority have similar needs, priorities, and goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sense of Community Index-II – Emotional Connection Subscale (Modified)

To what extent do you agree or disagree with the following statements?

	Not at all 0	Somewhat 1	Mostly 2	Completely 3
It is very important to me to be a part of my sorority.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am with other members of my sorority a lot and enjoy being with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to be a part of my sorority for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my sorority have shared important events together, such as celebrations, holidays, and disasters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel hopeful about the future of my sorority, even once I have graduated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my sorority care about each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

