



Moderating Role of Religiosity in the Relationship between Identity and Body Management

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Abstract

Background and Objectives: The unconventional body management among Iranian women has led to the emergence of various individual and social consequences, highlighting the necessity of investigating this phenomenon from different dimensions. This study aimed to examine the moderating role of religion in the relationship between identity and body management.

Methods: This descriptive-analytical study was conducted on all women (n=400) aged 15-65 years old in the city of Tehran, Iran, selected using the multi-stage cluster sampling method. The research instruments consisted of three questionnaires, namely a researcher-made questionnaire on body management, the Dimensions of Religiosity Scale, and the Extended Objective Measure of Ego Identity Status-2. The validity of the researcher-made questionnaire was confirmed by experts and its reliability was evaluated as appropriate using Cronbach's alpha coefficient method.

Results: The results of the correlation test showed that at the 99% confidence level, there was a statistically significant correlation between tendency to body management and identity ($r=-0.319$, $P<0.001$). Moreover, based on the results of regression analysis, religiosity had a moderating role in the relationship between identity and tendency to body management ($\beta=-0.31$, $P<0.001$) and strengthens the negative correlation between dependent and independent variables. It was also revealed that the beliefs and consequences dimensions of religiosity had respectively the highest and least moderating effect in the relationship between tendency to body management and identity ($\beta=0.78$, $P<0.001$; $\beta=0.776$, $P<0.05$, respectively).

Conclusion: The results showed that religiosity could play a role in the tendency to body management, meaning that a higher level of religiosity led to a lower tendency to body management by affecting identity.

Keywords: Body Management, Identity, Religious, Women.

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Introduction

Nowadays, body management, as an abnormal phenomenon, means continuous monitoring and manipulating the physical features of the body, with the help of weight control agents, medical manipulation, and health and beauty care (1). Cultural factors determine the management of the body by defining the aesthetic standards of society. Individuals manage their appearance to achieve beauty determined in accordance with

these standards. Social psychologists emphasize the role of individual and social identity and the factors affecting it. If the main condition of social communication is reduced to the appearance of the body, the body becomes the arena of dignity and the principle of identity (2). Cultural and social factors cause people to expose some aspects of their identity (e.g., physical attractiveness and sexual attraction) to the judgment of others (3).

It has been revealed that girls pay more attention to their weight loss than boys, are less satisfied with their bodies, and are more likely to use weight loss methods (4). Women due to pregnancy, childbirth, and breastfeeding are witnessing and worrying about losing the freshness of their bodies than men. Evidence is indicative of the higher frequency of cosmetic surgeries among females than males (5). Various studies have been performed in the field of body management and the factors affecting it. For example, Gharab (6) in a study entitled "The study of the attitude of religious and secular groups towards the body" concluded that people follow different practices to manage their body according to their religious affiliations and their appearance may not comply with their inner beliefs.

The results of a study conducted by Ahmadnia (7) showed that cultural pressures are among the factors affecting women's tendency toward fitness. This influence is intensified at the international level through the media. In another research entitled "The relationship between dieting and body image, body ideal, self-perception, and body mass index in Turkish adolescents" (8), it was reported that there was a relationship between the importance of slimness and the value orientation of individuals in material and extraterrestrial dimension and the extraterrestrial dimension was a stronger factor. It was also found that among the material dimensions, social acceptance, and among the extraterrestrial dimensions, self-esteem, had a stronger relationship with the importance of slimness. The results of research performed by Etcoff (2004) indicated that the specific quality of beauty that was emphasized in the media was an inaccessible phenomenon. Therefore, since younger women and girls choose their role models from public culture, they experience depression, low self-esteem, and low self-confidence (9).

The theoretical foundations of this research were a combination of theories related to identity, body management, and religiosity, which are described as follows. According to Foucault (1980), the new method of body control in the modern consumer society is not suppressed as used to be, rather, it is controlled

by such stimulations as be slim, be attractive, and be tanned (10). Bourdieu (1990) considers body management a way to acquire base and maintain class and individual distinctions (11). Bourdieu (1981) considers the body as a representative of symbolic capital by proposing physical capital as a sub-type of cultural capital (12).

According to Turner (2001), changes in industrialization, individualism, and modernity are the causes of directing attention to the body. Through the process of secularization, human beings have shifted from the realm of sacred forces to worldly realities (e.g., diet, cosmetics, and medical issues) (13). Giddens (2006) believes that today the physical appearance of the body more than its social aspect has been strengthened to express individual identity. The body simultaneously has reduced the role of religious principles in social identity formation and found a higher status in the identification of individuals (14).

The literature review revealed that despite the study of body management from various aspects, to the best of our knowledge, no specific research has been conducted to investigate the role of religiosity, an important component in the cultural context, as a moderating variable in relation to identity and body management. In this regard, this study aimed to determine the moderating role of religiosity in the relationship between identity and body management.

Methods

This descriptive-analytical research was conducted based on a survey design. The statistical population of the study (n=400) consisted of all women aged 15-65 years living in Tehran, Iran, and selected using the multi-stage cluster sampling. To this end, initially, the city of Tehran was divided into five districts and two streets were randomly chosen from each district. In each street, 20 buildings, and in the final stage, from each building, 2 residential units were randomly selected, from which the desired samples were chosen. Therefore, 80 cases were selected from each region of Tehran. Based on Cochran's formula, the sample size was determined at 384

individuals; however, the final sample size was slightly increased to 400 subjects. The instruments used to collect the necessary data consisted of three questionnaires, namely a researcher-made body management questionnaire, the Dimensions of Religiosity Scale, and the Extended Objective Measure of Ego Identity Status-2.

The body management questionnaire, which included closed-ended items, measured body image and cause and way of body management. The items in this tool were rated on a 5-point Likert scale (0=strongly disagree to 4=strongly agree).

The Dimensions of Religiosity Scale, developed by Glock and Stark (1965), assesses the four dimensions of beliefs, emotions, rituals, and consequences. The reliability of this questionnaire was confirmed by Niazi et al. (2013) in Iran (15). In this study, the Cronbach's alpha coefficients were obtained at 0.74, 0.82, 0.83, 0.72, and 0.89 for the beliefs dimension (10 items), emotions dimension (6 items), rituals dimension (9 items), consequences dimension (8 items), and total religiosity (33 items) respectively.

The 64-item Extended Objective Measure of Ego Identity Status-2, designed by Bennion and Adams (1984), measures ideological and interpersonal identity statuses aspects. The ideological content areas of identity include occupational, political, philosophy of life, and religion, with 2 items for each of the 4 contents and a total of 8 items for each identity base. Considering the 4 identity bases with 8 items in each of them, a total of 32 items are considered in the ideological part of identity.

In the interpersonal identity section, 4 areas are assessed, including sexual role, choosing a friend, entertainment, and meeting the opposite gender. The section consists of 32 items, making a total of 64 items for the whole questionnaire. This questionnaire has four subscales of confused identity, delayed identity, early identity, and successful identity, and each subscale contains 16 items. The replies are scored on a 6-point Likert scale (agree very strongly, agree strongly, agree, disagree, disagree strongly, disagree very strongly).

The validity of these questionnaires was

assessed by presenting them to seven faculty members of the Women's Research Institute and professors of the Department of Social Sciences and Women's Studies of the Faculty of Social Sciences, Alzahra University, Tehran, Iran. In this study, the reliability scores of the tendency to body management, identity, and religiosity were evaluated by Cronbach's alpha coefficient, rendering for 0.95, 0.78, and 0.77, respectively. Furthermore, Rostami measured the validity of the body management and the Dimensions of Religiosity Scale questionnaires and evaluated the reliability of these tools using Cronbach's alpha coefficient and obtained 0.93 and 0.96, respectively (16). The reliability of the Extended Objective Measure of Ego Identity Status-2 was confirmed by Rahiminejad using Cronbach's alpha coefficient ($\alpha=0.76$) (17).

The extracted data from the questionnaires were analyzed in SPSS software (version 20) in two descriptive and inferential forms using Pearson correlation, t-test, and ANOVA. The research objectives and procedures were explained to all subjects and informed consent was obtained from them orally. Moreover, the participants were assured of anonymity and confidentiality in this study. Afterward, the questionnaires were distributed among the subjects. Firstly, research questionnaires were coded in such a way that each individual's questionnaire was marked by a code. These questionnaires were then given to the participants to be completed. Before filling in the questionnaires, the participants were assured of the confidentiality of their information, and they would be reported on the results of the research on request.

Result

Based on the demographic information, 27.8%, 30.7%, 19.8%, 14.5%, and 7.2% of the respondents were in the age group of 15-25, 26-35, 36-45, 47-55, and 56-65 years, respectively. It was also revealed that 42% and 58% of the participants were respectively single and married. Moreover, 122 (30.5%) and 278 (69.5%) of the cases were employed

Table 1. Results of regression analysis of the last step of the interactive relationship between identity and religiosity with a tendency to body management

Model		Unstandardized coefficients		Standardized coefficients	T	Sig.	Correlations			Collinearity statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	2.61	0.29		9.10	0.000					
	Total identity	-0.44	0.08	-0.26	-5.26	0.000	-0.26	-0.26	-0.26	1.00	1.00
2	(Constant)	4.03	0.29		13.99	0.000					
	Total identity	-0.43	0.07	-0.25	-5.76	0.000	-0.26	-0.28	-0.25	1.00	1.00
	Religiosity level	-0.60	0.06	-0.45	-10.47	0.000	-0.45	-0.47	-0.45	1.00	1.00
3	(Constant)	7.84	1.11		7.07	0.000					
	Total identity	-1.63	0.35	-0.94	-4.71	0.000	-0.26	-0.23	-0.20	0.045	22.38
	Religiosity level	-2.02	0.40	-1.51	-5.02	0.000	-0.45	-0.25	-0.21	0.020	50.27
	Identity* religiosity	0.45	0.13	1.28	3.56	0.000	-0.49	0.18	0.15	0.014	72.70

Dependent Variable: tendency to body management

and unemployed, respectively.

In terms of education, 58 (14.5%), 106 (26.5%), 36 (9%), 131 (32.8%), 63 (15.8%), 6 (1.5%) of the cases held under diploma, a diploma, an associate, a bachelor's, a master's, and a doctorate degrees, respectively. Moreover, 73 (18.5%), 166 (41.5%), 114 (28.5%), and 47 (11.8%) of the respondents had a monthly income range of 700-999 thousand Tomans, 1 million-1 million and 999 thousand Tomans, 2 million Tomans and more, and did not mention their income, respectively.

The results showed that the mean tendency to body management was higher in the age group of 15-25 years (1.41) than in other age groups. Furthermore, the mean level of religiosity was found to be higher in the age group of 56-65 (2.59) than in other age groups. The mean of identity was higher in the age group of 26-35 years (3.45) than in other age groups.

The findings of the Pearson correlation test showed that at the level of 99% confidence, there was a significant correlation between tendency to body management and identity

($r=-0.32$, $P<0.001$). According to the correlation coefficient ($r=-0.32$), these two variables had an inverse correlation with each other; in other words, the higher the mean of identity scores indicated the lower the tendency to body management.

Based on Table 1, the results of the Pearson test showed that in low religiosity level, due to the significance level of ($P\leq 0.05$), the correlation between identity variable and body management was not significant and the correlation between identity and body management in respondents with low religiosity was independent of their level of religiosity. However, the level of religiosity was directly correlated with identity and body management, and with the introduction of the moderator of religiosity, this relationship was strengthened and the correlation was increased.

According to Table 1, the results of multivariate regression analysis confirmed the moderating effect of religiosity on the relationship between identity and tendency to

Table 2. Results of regression analysis of the last step of the interactive relationship between identity and the beliefs dimension of religiosity with a tendency to body management

Model		Unstandardized coefficients		Standardized coefficients	T	Sig.	Correlations			Collinearity statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	2.61	0.29		9.09	0.000					
	Total identity	-0.44	0.08	-0.26	-5.25	0.000	-0.26	-0.26	-0.26	1.00	1.00
2	(Constant)	3.32	0.29		11.47	0.000					
	Total identity	-0.40	0.08	-0.23	-5.06	0.000	-0.26	-0.25	-0.23	0.10	1.01
	Religiosity_belief	-0.30	0.04	-0.32	-7.04	0.000	-0.34	-0.33	-0.32	0.10	1.01
3	(Constant)	7.64	1.19		6.42	0.000					
	Total identity	-1.73	0.36	-0.10	-4.76	0.000	-0.26	-0.23	-0.22	0.05	21.67
	Religiosity_belief	-1.71	0.38	-1.87	-4.50	0.000	-0.34	-0.22	-0.20	0.01	84.94
	Identity* belief	0.43	0.12	1.78	3.74	0.000	-0.39	0.19	0.17	0.01	111.42

Dependent Variable: tendency to body management

Table 3. Results of regression analysis of the last step of the interactive relationship between identity and the emotions and consequences dimension of religiosity with a tendency to body management

Model	Unstandardized coefficients		Standardized coefficients	T	Sig.	Correlations			Collinearity statistics		
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	2.61	0.29		9.10	0.000					
	Total identity	-0.44	0.08	-0.26	-5.26	0.000	-0.26	-0.26	-0.26	1.00	1.00
2	(Constant)	2.91	0.26		11.38	0.000					
	Total identity	-0.28	0.08	-0.16	-3.66	0.000	-0.26	-0.18	-0.16	0.96	1.04
	Religiosity_emotions	-0.31	0.03	-0.46	-10.47	0.000	-0.49	-0.47	-0.45	0.96	1.04
3	(Constant)	5.23	0.75		6.95	0.000					
	Total identity	-0.99	0.23	-0.57	-4.30	0.000	-0.26	-0.21	-0.18	0.10	9.88
	Religiosity_emotions	-1.05	0.23	-1.57	-4.60	0.000	-0.49	-0.23	-0.20	0.02	64.41
	Identity*emotions	0.23	0.07	1.27	3.27	0.001	-0.50	0.16	0.14	0.01	82.90
4	(Constant)	2.10	0.35		5.96	0.000					
	Total identity	-0.38	0.09	-0.22	-4.44	0.000	-0.26	-0.22	-0.21	0.93	1.08
	Religiosity_consequences	0.15	0.06	0.12	2.48	0.013	0.18	0.12	0.12	0.93	1.08
5	(Constant)	4.31	0.99		4.35	0.000					
	Total identity	-1.02	0.28	-0.59	-3.64	0.000	-0.26	-0.18	-0.17	0.09	11.43
	Religiosity_consequences	-0.79	0.40	-0.66	-1.99	0.048	0.18	-0.10	-0.10	0.02	47.52
	Identity* consequences	0.27	0.12	0.78	2.39	0.017	0.08	0.12	0.11	0.02	46.09

Dependent Variable: tendency to body management

body management ($\beta=0.28, P<0.001$).

Based on the data in Table 2, the results of multivariate regression analysis ($\beta=0.78, P<0.001$) showed that moderating effect of the belief dimension of religiosity was significant on the relationship between identity and tendency to body management.

As is shown in Table 3, the results of regression analysis in the relationship between identity and tendency to body management confirmed the significant effect of the moderating role of emotions dimension of religiosity ($\beta=1.27, P<0.001$) and the significance of the moderating effect of consequences dimension of religiosity with the 95% confidence level ($\beta=0.776, P<0.05$). Table 4 tabulates the results of regression analysis of the last step of the interactive relationship between identity and the rituals dimension of

religiosity with a tendency to body management.

The results of regression analysis confirmed the significant effect of the moderating role of rituals dimension of religiosity in the relationship between identity and tendency to body management tendency ($\beta=1.606, P<0.001$). According to the obtained value of β , it can be concluded that the beliefs, rituals emotions, and consequences dimensions of the moderating variable of religiosity had the greatest moderating effect on the relationship between identity and tendency to body management in descending order ($\beta=1.78, \beta = 1.606, \beta=1.27, \text{ and } \beta=0.776$, respectively). Therefore, the beliefs dimension had the greatest ability to explain the changes in the tendency to body management in relation to identity.

Table 4. Results of regression analysis of the last step of the interactive relationship between identity and rituals dimension of religiosity with a tendency to body management

Model	Unstandardized coefficients		Standardized coefficients	T	Sig.	Correlations			Collinearity statistics		
	B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF	
1	(Constant)	2.61	0.29		9.10	0.000					
	Total identity	-0.44	0.08	-0.26	-5.26	0.000	-0.26	-0.26	-0.26	1.00	1.00
2	(Constant)	3.69	0.28		13.04	0.000					
	Total identity	-0.52	0.08	-0.30	-6.76	0.000	-0.26	-0.32	-0.30	0.99	1.01
	Religiosity_rituals	-0.42	0.04	-0.42	-9.48	0.000	-0.39	-0.43	-0.42	0.99	1.01
3	(Constant)	7.14	0.69		10.38	0.000					
	Total identity	-1.58	0.21	-0.92	-7.58	0.000	-0.26	-0.36	-0.32	0.12	8.19
	Religiosity_rituals	-1.95	0.28	-1.95	-6.88	0.000	-0.39	-0.33	-0.29	0.02	44.77
	Identity* rituals	0.48	0.09	1.61	5.46	0.000	-0.43	0.27	0.23	0.02	48.27

Dependent Variable: tendency to body management

Discussion

The results showed that the mean of the tendency to body management was higher in the age group of 15-25 years than in the other age groups, indicating the high level of attention devoted by this age group to the body in terms of cosmetics, care, and maintenance. It was also revealed that the mean scores of religiosity level and identity were respectively higher in the age groups of 56-65 and 26-35 years than in the other age groups.

In a study conducted by Abdi and Rezaei (2014), it was reported that scores of religiosity level were higher in the age groups of 18-25 years and above 30 years than in the age group of 25-30 years. The discrepancy between the results of this and the mentioned studies may be attributed to the differences in the study population. To elaborate, Abdi and Rezaei (2014) conducted the research on research students, while in the present study the study population consisted of women living in Tehran (18).

It was found that there was a statistically significant inverse relationship between tendency to body management and identity. In other words, a higher mean of identity score showed a lower tendency to body management. The findings of the present study indicated that the level of religiosity had a direct effect on the relationship between identity and body management. Likewise, the results of a study carried out by Fatehi and Ekhlesi (2008) showed that a higher level of religiosity in individuals decreased the tendency to body management (19).

Based on the findings of the current research, the beliefs dimension of religiosity had a significant moderating effect on the relationship between identity and tendency to body management. The results of regression analysis confirmed the significant effects of the moderating role of emotions and consequences dimensions of religiosity in the relationship between identity and tendency to body management. In confirming the above finding, no research was found that directly addressed this issue; however, the results of some related research were in line with those of the above

research, including the study carried out by Dehestani et al. (2012).

The results of the mentioned study showed that among the dimensions of identity, there was a positive and significant relationship between successful identity and all dimensions of religiosity. To explain this finding, it can be said that religious beliefs and affiliations can meet the genuine psychological needs of human beings. Consequently, religious beliefs seem to be more prevalent than religious practices that have an external and social aspect; as a result, it may be the case that although individuals believe in certain religious beliefs, they do not show them as religious practices that are socially accepted (20).

The decreasing dependence of society on religion and its increasing dependence on science have caused the body to be manipulated. Furthermore, the weakened religious foundations and identity lead to the greater place and importance of the body in identifying individuals (19). The increase in the sense of meaning in life and religious attitude increases identity-finding and mental health, indicating the importance of meaning-seeking and religious beliefs in maintaining mental health (21).

Another finding of this study was that the beliefs dimension had the greatest ability to explain the changes in the tendency of body management in relation to identity. Additionally, the effect of the moderating role of rituals dimension of religiosity on the relationship between identity and the tendency to body management was significant.

Nevertheless, in research performed by Abdolhosseini and Haghghatian (2017), a positive and significant correlation was observed between religious identity and body management. This finding can be explained by the fact that the decrease of society's dependence on religion and the increase of its dependence on science have caused the manipulation of body physiology. Moreover, along with the weakening of religious principles, the body has found a greater place and importance in the identification of individuals (22).

Conclusion

This study was conducted to investigate the moderating role of religiosity in the relationship between identity and body management with the aim of the pathology of body management among Iranian women, and it tested six hypotheses. Descriptive findings showed that the mean scores of the tendency to body management, level of religiosity, and identity were higher in the age groups of 15-25, 56-65, and 26-35 years, respectively, compared to those in other age groups.

The results of the Pearson correlation test were indicative of the existence of an inverse relationship between body management and identity ($r=-0.319$, $P=0.001$), meaning that a higher mean score of identity showed a lower tendency to body management. It was also revealed that religiosity had a moderating effect on the relationship between identity and body management. The relationship between identity and body management in respondents with low religiosity levels was not dependent on their level of religiosity. However, this relationship had a direct relationship with the increase in religiosity, and by considering the moderator of religiosity, the relationship was strengthened and their correlation coefficient was increased to 0.502.

It was found that a higher religiosity was associated with a reduced tendency to body management to beautify the appearance. Since religion plays an important role in creating psychological balance and personality cohesion, it affects an individual's body image and creates a kind of self-control in the individual by internalizing moral values. On the other hand, the believer does not feel abandoned and does not resort to any means to get rid of isolation and gain social acceptance since he/she considers God to be his/her protector.

The diminution of religious values is effective in the way the body is managed through disrupting the process of identification finding. Globalization through virtual networks and mass media introduces the criteria of beauty in the West as the standard criteria of the body. The effect of these advertisements can be neutralized if the person does not feel deficient in terms of identity. Religiosity can meet an

individual's need for social acceptance by creating a sense of belonging to religious groups.

Among the dimensions of religiosity mediator, the beliefs dimension of religiosity had the greatest impact on the relationship between identity and tendency to body management. The least moderating effect in this regard was related to the consequences dimension of religiosity. Therefore, those who believe in religion more wholeheartedly (i.e., with a stronger religious dimension of religiosity) are less likely to change their appearance. However, religious beliefs are more closely related to identity cohesion. In this respect, women who adhere to religious rituals without deep religious beliefs may have a high tendency to beautify their appearance.

Today, such attention to body management, not only leads to negative consequences for personal health and social outcomes (e.g., costs of cosmetics and plastic surgery) but also is in contrast with the Islamic-Iranian values. Therefore, it is recommended that:

1. Since, based on the results, religiosity was found to have a moderating role in the relationship between identity and body management, it is necessary to make a reasonable effort to religious identity building of society.

2. In the educational materials of various levels, the correct methods of paying attention to the body from various aspects of health, treatment, and beauty should be included according to the needs and perceptions of the individual. Moreover, the consequences of some measures adopted for fitness, such as excessive weight loss, should be explained for young people through the media.

3. Body management is not limited to appearance beautification and can also encompass body health management. It is suggested that future research be performed to investigate the health of the body.

Conflict of interest

The authors declare that there is no conflict of interest.

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نقش تعدیل‌کننده دین‌داری در رابطه هویت و مدیریت بدن

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چکیده

سابقه و هدف: مدیریت نامتعارف بدن در زنان ایرانی پیامدهای فردی و اجتماعی بسیاری به دنبال دارد. از این‌رو مطالعه این پدیده از ابعاد مختلف ضروری است. هدف پژوهش حاضر بررسی نقش تعدیل‌کننده دین‌داری در رابطه با هویت و مدیریت بدن است.

روش کار: پژوهش حاضر به صورت توصیفی-تحلیلی انجام شده است. جامعه آماری پژوهش شامل همه بانوان ۱۵ تا ۶۵ سال در شهر تهران بودند. حجم نمونه شامل ۴۰۰ نفر بود که به روش نمونه‌گیری خوشه‌ای چندمرحله‌ای انتخاب شدند. ابزار پژوهش شامل سه پرسش‌نامه محقق‌ساخته مدیریت بدن، دین‌داری گلاک و استارک، پایگاه هویت من (EOM-EIS-۲) بود. متخصصان این حوزه روایی پرسش‌نامه محقق‌ساخته را تأیید کردند و پایایی آن با استفاده از روش آلفای کرونباخ، مناسب ارزیابی شد.

یافته‌ها: یافته‌های آزمون همبستگی نشان داد در سطح ۹۹ درصد اطمینان، همبستگی آماری معناداری بین گرایش به مدیریت بدن و هویت وجود دارد ($r = -0.319, p < 0.001$). بر اساس نتایج تحلیل رگرسیون ($\beta = -0.31, p < 0.001$) دین‌داری نقش تعدیل‌کننده‌ای در رابطه میان هویت و گرایش به مدیریت بدن دارد و همبستگی منفی متغیر وابسته و مستقل را تقویت می‌کند. همچنین بعد اعتقادی دین‌داری با $\beta = 1.78, p < 0.001$ بیشترین و بعد پیامدی با $p < 0.05$ ، کمترین اثر تعدیل‌گری را بر رابطه گرایش به مدیریت بدن و هویت دارند.

نتیجه‌گیری: نتایج نشان داد دین‌داری در گرایش به مدیریت بدن نقش دارد؛ به این معنا که هرچه میزان دین‌داری بیشتر باشد، با تأثیر بر هویت، میزان گرایش به مدیریت بدن کاهش می‌یابد.

واژگان کلیدی: دین‌داری، زنان، مدیریت بدن، هویت.

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