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UNIVERSITY OF THE WITWATERSRAND

DEPARTMENT OF PSYCHOLOGY

RESEARCH PROJECT

M.A. CLINICAL PSYCHOLOGY

An exploration of body image conceptualisation in young religious Jewish women: A qualitative study

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Declaration

A research project submitted in partial fulfilment of the requirements for the degree of MA by coursework and Research Report in the field of Clinical Psychology in the Faculty of Humanities, University of the Witwatersrand, Johannesburg

I declare that this research is my own, unaided work. It has not been submitted before for any other degree or at this or any other university.

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Abstract

Within the body of literature that exists regarding general body-image in women (Erguner-Tekinalp & Gillespie, 2010; Pelletier & Dion, 2007; Tantleff-Dunn, Barnes & Larose, 2011), there is a dearth of qualitative research that examines body-image and its contributing factors in Orthodox Jewish (known as 'Chareidi') women. In the present study, six young women who were reared within, and reside in Chareidi communities were interviewed in an attempt to gain insight into their thoughts and feelings about their bodies, with a focus on understanding the factors that have contributed to these feelings. Specifically the research sought to understand whether participants felt that their specific religious context affected their feelings about bodily appearance and bodily satisfaction or dissatisfaction. The sample was chosen due to their relative seclusion from western ideals and emphasis on external appearances, as well as their somewhat limited exposure to western media (Becker, Burwell, Herzog, Hamburg & Gilman, 2002). The results were very interesting in light of this relative seclusion; the data indicated a general theme of dissatisfaction regarding their bodily selves, be it facial features or body size, and a preoccupation with appearance that mirrors that of western culture. This unexpected finding led the researcher to critically examine the possible contributing factors, both internal (such as Kosher) and outside (such as peer pressure, familial pressure) of Jewish laws and values. The emergent themes were organised around these findings, with five primary themes emerging, namely attitude towards food; perceptions of bodily self; influence of peers; the secular world outside; and Judaism and body-image. Each theme has been further divided into between two and three sub-themes, all of which represent a different facet of the primary theme. These themes are among the findings that

characterise the present research, and may suggest that the long-held belief of minority groups as being unaffected by poor body-image and eating pathology is in fact a dated belief.

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Table of Contents

Declaration i

Abstract ii

Acknowledgements iv

Table of Contents v

Chapter One : Introduction 1

1.1. Introduction 1

1.2. Research Rationale 3

1.3. Research Aims 4

Chapter Two : Literature Review 6

2.1. Introduction 6

2.2. Understanding Body-Image 7

2.3. Eating Disorders: Clinical and Subclinical 9

2.4. The Transformation of the Beauty Ideal 11

2.5. Religion and Body Image 20

2.6. Judaism and Body Image 21

2.7. Concluding Remarks 27

Chapter Three : Methodology 29

3.1. Research Questions 29

3.2. Research Design 29

3.3. Sampling 32

3.4. Data Collection 33

3.4.1. The semi-structured interview method. 33

3.5. Data Analysis 35

3.6. Reflexivity 37

3.7. Ethical Considerations 38

Chapter Four : Results and Discussion 41

4.1. Introduction 41

4.2. Attitude Towards Food 42

4.2.1. The participants' attitudes towards 'fattening' food. 43

4.2.2. Restrictive behaviours as normative. 47

4.2.3. Food for Thought. 51

4.3. Perceptions of Bodily Self 54

4.3.1. Dissatisfaction as normative. 54

4.3.2. Denial of body dissatisfaction. 60

4.4. The Influence of Peers 64

4.4.1. Peers as pressurising. 64

4.4.2. Body dissatisfaction in adolescence. 69

4.4.3. It's all relative. 72
4.5. The Secular World Outside *75*
4.5.1. The influence of the secular world on the participants. 75
4.5.2. The participants' perceptions of beauty in the secular world. 77
4.5.3. Tzniut as a protective factor. 80
4.6. A Final Thought – Judaism and Body Image *83*
Chapter Five : Conclusion **88**
5.1. Central Findings *88*
5.2. Limitations and Implications for Future Research *92*
References **94**
Appendix A: Participant Information Sheet **106**
Appendix B: Informed Consent **108**
Appendix C: Consent for Audio Recording and Transcription **110**
Appendix D: Interview Schedule **111**

Chapter One : Introduction

1.1. Introduction

Research on body image has grown exponentially in the last 20 years in an effort to understand the role it plays in the development and understanding of clinical and sub-clinical disordered eating (Erguner-Tekinalp & Gillespie, 2010; Pelletier & Dion, 2007; Schwitzer, 2012). In a society that is riddled with body-image disturbances, an understanding of the mediating features such as religion, family, peers and socio-culture which add to this pandemic is of paramount importance (Armstrong & Janicke, 2012; Hardit & Hannum, 2012; Keery, van den Berg & Thompson, 2004). Research has documented that today's Western women experience increasingly significant difficulties with body-image and bodily dissatisfaction, to the extent that dieting and body dissatisfaction has now been called 'normative discontent' (Tantleff-Dunn et al., 2011). The media has been blamed for much of the bodily dissatisfaction and accompanying eating disturbances that are present today, with researchers suggesting that the often unattainable standards of beauty portrayed inevitably sets the stage for bodily dissatisfaction (Tantleff-Dunn et al., 2011).

An important aspect in the understanding of body image is the fact that a body is comprised of far more than just biology (Fredrickson & Roberts, 1997). Bodies exist in socio-cultural contexts and are thus profoundly affected by the discourses and practices that take place in these contexts (Fredrickson and Roberts, 1997).

'Objectification theory', a term introduced by Fredrickson and Roberts (1997) explains body image in terms of societal perception of the body as an object. It occurs when a woman's body/body parts are separated from her as a person and are seen to represent her whole self (Fredrickson & Roberts, 1997). Objectification of women largely contributes to the self-consciousness women experience regarding their appearance (Fredrickson & Roberts, 1997). Women are often perceived as 'bodies' that are there for sexual gratification, be it physical or fantasised, which often leads to the adoption of self imposed objectification. According to the authors, cultural milieu promoting such objectification often results in women internalising this societal objectification, causing them to view *themselves* as objects to be observed and evaluated by others (Freitag, 2012; Fredrickson & Roberts, 1997). Poor body image, which can be understood as the negative appraisals one has towards one's body and appearance, is thus often a result of the perceived inability to attain the accepted standards of beauty, attractiveness and thinness (Freitag, 2012). These accepted standards of beauty are thought to play a chief role in the development and maintenance of body image-related difficulties (Pelletier & Dion, 2007).

With this in mind, this research chose to position the current project in such a way as to try to ascertain how contemporary young women with restricted exposure to mainstream socio-cultural influence, feel about their bodies. The sample was thus derived from a comparatively insulated social group i.e. religious Jewish women. It was felt that an exploration of the body-self relationship in this group might have the potential to yield interesting insights regarding the development of body image specific to them, and may have broader application. As will be expounded on in the literature review, religious Judaism promotes the idea that the body does not reflect

the true essence of a person, a concept that seems to be at odds with mainstream Western culture (Goldwasser, 2000). Recognising these differences in values, religious Jews have tried to distance themselves from the Western world in an effort to continue living a life that is consistent with their religious beliefs. This distancing can include (but is not limited to) not having a television in the home, not reading magazines or secular books, not sending their children to university, and living in communities with other religious Jews. In today's world it is difficult to find a population that has some form of insulation from the pressures of society. Religious Jews appear to be one of such group and thus such a study provides valuable insights regarding the formation of body image and body (dis)satisfaction.

1.2. Research Rationale

As a result of the abovementioned distancing that is characteristic of the religious way of life, this particular sect, as well as Jewish women in general, are still considered to be an understudied ethnic minority (Greenberg, 2009). In the literature that does exist, the focus has largely been placed upon assessing body image among traditional or secular participants, rather than on religious participants (Notelovitz, 2011). The nature of the religious (known as 'Chareidi' in Jewish circles) sect seems to be insular, where exposure to such "secular material" is seen to be spiritually harmful. As a result of this resistance, studies performed in conjunction with religious participants are rare, particularly in the South African context. To the researcher's knowledge, no study has been conducted within the South African religious

community, making this research not only novel within the field, but integral to the understanding of body image within this community.

Additionally, much of the literature regarding body dissatisfaction is centred on the influence the media has on the development of negative body image. There exists few communities who have been relatively protected from the unremitting exposure of the media (Becker, 2004; Becker et al., 2002), religious Jews comprising one of these select groups. This separation allows this research to explore the ways in which the participants view themselves, in so far as they have had a far lesser exposure to mainstream socio-cultural messages about the female body.

1.3. Research Aims

Much of the relevant literature seems to suggest that contemporary society contributes significantly towards women's body dissatisfaction, specifically due to the promotion of the thin ideal (Cafri, Yamamiya, Brannick & Thompson, 2005; Derenne & Beresin, 2006; Ferguson, 2013; Levine & Murnen, 2009). It has been suggested that involvement with a particular non-Western culture or religion in which there is a disavowal of Western media and materialistic values may provide a degree of protection against the development poor body-image and bodily dissatisfaction (Duran, Cashion, Gerber, & Mendez-Ybanez, 2000). It is thus possible that religious Jewish women, through the relative insulation and lifestyle, will show some

difference regarding the nuances in the qualities of body image, to that of secular women.

This study therefore aimed to explore the nature and quality of body image conceptualisation in religious Jewish women, specifically, how the participants viewed their bodies and appearance. By choosing participants from an ultra religious sect within Judaism, the inherent assumption was that the participants would have had limited exposure to the sociocultural influences experienced in the Western world. The research additionally aimed to gain insight into what has contributed to the way in which the participants view their bodies. A secondary aim of the research was to understand if there are any pressures that could be unique to this particular religious sect that are influential in regards to the body image formation of the participants.

Chapter Two : Literature Review

2.1. Introduction

The Literature Review will begin with a discussion of the definition of body-image from a socio-cultural, feminist and psychoanalytic standpoint. It will then move into a consideration of body dissatisfaction and eating disorders, with research documenting that that these two phenomena exist along a continuum (Franko & Omori, 1999). Considering the fact that very few research projects on the topic of female body image neglect to mention eating disorders, a small section has been included which explains the different criteria for eating disorders, with particular attention to Eating Disorders Not Otherwise Specified. After this the transformation of the beauty ideal through the ages will be explored, with a focus on understanding the current factors that influence body (dis)satisfaction such as media, peers and family. Following this the relationship between religion and body-image will be discussed in general terms, and will then move into a narrower exploration of Judaism and body-image. This includes a broad exploration of the basic tenets of Judaism as it relates to body-image such as the laws regarding dress, Judaism's view on the body and dieting, as well as general principles within Judaism.

2.2. Understanding Body-Image

According to Cash and Pruzinsky (1990), body image refers to the multi-faceted self-attitudes towards one's body, particularly with regards to appearance. According to these authors a young woman's perception of her body yields the power to influence her self-esteem and psychosocial adjustment, and depression, anxiety, eating disturbances and social difficulties are all negative outcomes that are associated with a disturbed body image (Freitag, 2012). From a psychodynamic perspective, Lemma (2011) posits the understanding that the early physical interactions between mother and baby are crucial in shaping one's experience of one's physical body as desirable. She suggests that the quality of this early interaction will partly determine how comfortable one feels with one's body in later years, saying that the 'too-desiring' or 'not-desiring-enough' mother in early childhood can compromise the development of the body self (Lemma, 2011). Lemma's reference to the 'desiring mother' can be understood as the manner in which she relates to the child and his/her physical body; whether she is playful or detached, interactive or inhibited (Lemma, 2011). Too much 'desire' on the mother's part will result in the baby feeling colonised by the mother's need to remain close, while not enough 'desire' on the mother's part (i.e. when the mother is too inhibited) may lead to a feeling of not being desirable enough in one's natural physical form and ultimately a discomfort with one's body (Lemma, 2011). The task of the good-enough-mother is thus to invest enough desire in the baby's body so that the baby feels desired but not intruded upon. Lemma thus suggests a connection between the evolution of body image in relation to parents as opposed to the purely socio-cultural or feminist perspectives.

From a feminist perspective, "body image is the image of the body that a person sees with the mind's eye... the psychological space where body, mind and culture come together (Fallon, Katzman, & Wooley, 1994, p. 153). Body image thus refers to the internal and subjective sense the person has of their body. According to feminist writers, this subjective perception of one's body can however become distorted and influenced by the attitudes of mainstream society (Fallon et al., 1994) possibly resulting in bodily dissatisfaction (Fallon et al., 1994). Body image is neither a static nor purely intrapersonal trait, but rather one that is continually being redefined and transformed (Markey, 2010). The understanding of body image encompasses an understanding of a person's feelings about their bodies and appearance as they undergo physical and psychological changes throughout their lives (Markey, 2010).

Body dissatisfaction is thus defined as the negative, subjective evaluation about one's body, bodily attractiveness and weight (Greenberg, 2009; Stice & Shaw, 2002). More specifically, body dissatisfaction is centred on the belief that parts, or the whole, of one's body are too large or too small, e.g. hips, thighs, buttocks (Greenberg, 2009). According to many writers, body dissatisfaction is so rife within American society that negative perceptions about one's body and appearance is now almost normative (Freitag, 2012; Pelletier & Dion, 2007). According to research findings, women who experience high levels of body dissatisfaction are at increased risk for the development of eating disorders, depression and anxiety disorders, thus necessitating an understanding of the factors that lead to body (dis)satisfaction (Freitag, 2012; Hesse-Biber, Leavy, Quinn & Zoino, 2006; Kostanski & Gullone, 2007). Understanding the factors that enhance or undermine healthy body image is crucial to the prevention of full blown eating disorders (ED's). A healthy body image can be

understood as a satisfaction vis-à-vis bodily shape and weight, with few negative associations regarding one's body (Markey & Markey, 2005). Markey (2010) suggests that body-image is neither static nor simply intrapersonal, but rather that it is related to how one feels about oneself as one undergoes inevitable physical changes throughout the lifespan.

2.3. Eating Disorders: Clinical and Subclinical

Body dissatisfaction, the opposite of a healthy body-image, has been said to exist along a continuum, with body dissatisfaction on one extreme and eating disorders on the other (Franko & Omori, 1999). Although the focus of the present study is not on eating disorders (ED's) as defined by the DSM-5, it is important to understand the relationship and commonalities between body dissatisfaction and ED's. The DSM-5 (American Psychiatric Association, 2013) categorises eating disorders into four distinct categories, namely Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder, and Eating Disorder Not Otherwise Specified (EDNOS). Levine and Murnen (2009) suggest that although ED's are classified into these categories, they all have at their core a negative body image. Eating disturbances thus occur along a continuum, and all have psychological, developmental and behavioural consequences along the spectrum (Markey, 2010).

The diagnostic criteria for EDNOS is for disorders of eating that do not meet the criteria for any specific eating disorder. Although many girls and women experience

anorexia and bulimia, the most prevalent eating disturbances are those included in EDNOS (Schwitzer, 2012). It is therefore important to clarify the distinction between formal eating pathology and subclinical ED's. Subclinical disorders do not meet the requirements of the DSM-5 (American Psychiatric Association, 2013) but still display problem behaviour related to food, such as use of laxatives, body image dissatisfaction or distortion, excessive monitoring of weight, unhealthy weight fluctuations and low self esteem, among others (Hoyt & Ross, 2003). A growing number of adolescents are displaying irregular eating patterns, with prevalence rates being as high as 10% of adolescent girls (Keery et al., 2004; Notelovitz, 2011).

While women with EDNOS report restricting their food intake when feeling hungry and engaging in dieting behaviours, these behaviours are generally not severe enough to warrant a diagnosis of ED's (Schwitzer, 2012). Girls and women with EDNOS are more likely to engage in excessive exercise, occasional vomiting and occasional use of laxatives (Schwitzer, 2012). In addition to these physical manifestations of EDNOS, girls and women often experience problematic cognitive, behavioural, and emotional disturbances (Schwitzer, 2012). These disturbances can include a fear of gaining weight, negative evaluation of the self based on appearance, and misconceptions about one's size, weight or shape (Schwitzer, 2012). According to the continuum theory, weight concerns and dieting fall along the ED continuum, and differ from ED's only by degree (Notelovitz, 2011). This was proven in a longitudinal study of dieting adolescent girls in London, where the participants were found to be eight times more likely to develop ED'S than their non-dieting peers (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). The implication of these findings

suggests that dieting and body dissatisfaction has the capacity to develop into full blown ED's, particularly in the presence of risk factors (Notelovitz, 2011).

Although EDNOS is now considered somewhat normative among contemporary women, dieting and the thin physique were not always considered to be the accepted beauty norm. The beauty ideal has undergone radical transformations across generations as well as cultures, as will be discussed.

2.4. The Transformation of the Beauty Ideal

For years, ED's were considered to be rare, however in the last 40 years they have become increasingly prevalent and have entered mainstream society to a greater extent, with many researchers delineating the rise of the thin-ideal as having some responsibility for this phenomenon (Cafri et al., 2005; Hesse-Biber et al., 2006; Weinberger-Litman, 2007). Ferguson (2013) suggests that up to 50% of women now experience body dissatisfaction, with as many as 3% of Western females having a clinical ED (Hutchinson & Rapee, 2007). As a result of the rising prevalence, researchers within in the field are presented with the challenge of determining the many etiological and predisposing factors of ED'S, including body image and body dissatisfaction (Weinberger-Litman, 2007). Practitioners are now realising that one can only fully understand ED's within a psychological, biomedical, cultural, and social context (Weinberger-Litman, 2007). One of the outcomes of this realisation has

been a psychological focus on understanding body dissatisfaction and fixation on weight and appearance.

Historically, 'beauty standards' fluctuate; for example, between the 1400s and 1700s the beauty ideal depicted what would now be considered plump women with big breasts and a general maternal appearance (Cafri et al., 2005). However in the 19th century this shifted and women with tiny waists came to be valued, with corsets becoming the height of fashion despite causing significant health problems (Derenne & Beresin, 2006). Currently thinness is seen as the *gold standard* and is usually associated with attractiveness, intelligence, femininity and fashionability (Derenne & Beresin, 2006; Duran et al., 2000; Erguner-Tekinalp, 2010; Nasser, 1988). In addition to the media, messages received from one's family as well as peer relationships is said to influence the formation of body-image, which will be expounded on later in the Literature Review (Armstrong & Janicke, 2012; Hutchinson & Rapee, 2005; Jones & Crawford, 2006). There is an abundance of literature that has attributed the idealisation of thinness to the effects of the media in which there is an overrepresentation of thin people, thus promoting the quest for thin ideal', the cultural pressure to maintain a *perfectly* thin physique (Cafri et al., 2005; Fallon et al., 1994; Snow, 2008; Tantleff-Dunn et al., 2011).

Many writers note that this so called 'perfection' is unattainable for most women, consequently setting the stage for feelings of inferiority (Fallon et al., 1994). Body dissatisfaction as a result of the acceptance of the thin ideal has become rampant, to the extent that it is now referred to as 'normative discontent' (Tantleff-Dunn et al.,

2011). This normative discontent means that negative perceptions about one's appearance are now considered to be the rule rather than the exception. There now exists an unrelenting drive to attain the image of the 'thin ideal' which is fuelled not only by the media but by the power of consumerism which endorses all-things weight loss (Tantleff-Dunn et al., 2011). The product of such a culture is the widespread acceptance of diets and diet behaviour. To a large extent, this media-fuelled desire for thinness has been blamed for widespread body dissatisfaction (Derenne & Beresin, 2006). The prevalence rates differ across cultures, but according to Rayner, Schniering, Rapee, Taylor & Hutchinson (2013) are often higher than 50% of women. In a recent study performed on more than 50 000 Australian youth, it was found that body dissatisfaction was rated as the number one personal concern, superseding even family conflict, stress and study problems (Rayner et al., 2013).

In a study performed in 2006 it was found that where 25 years ago the average fashion model was 8% thinner than the average women, today that number has risen exponentially to 23%, a number which represents both the rising rates of obesity and the progressively thinner ideals (Derenne & Beresin, 2006). Even magazines that purportedly promote a healthy lifestyle are filled with advertisements for appetite suppressants and meal and diet supplements (Derenne & Beresin, 2006). The diet industry is a multi-billion dollar business in the United States alone, a business that is unrelenting in its promotion of the unattainably perfect body (Derenne & Beresin, 2006). In recent years studies have been performed to ascertain the effects of media images on one's body image. In these studies participants are presented with media images of thin bodies and contrasted with pictures of average-sized bodies (Cafri et al., 2005). The findings of a number of such experiments have supported the notion

that exposure to thin images elicits body dissatisfaction, thus further implicating the media as one of the causes of the increase in body dissatisfaction (Cafri et al., 2005). There is thus a circular connection between contemporary Western cultural values and consumerism, whereby so long as women feel the need to buy the latest magazines, diet pills and supplements, the companies that produce these products will continue making money and will therefore continue promoting and endorsing such a way of life.

A discussion regarding the effects of the media on body image is incomplete without making reference to Becker's (2004) seminal study of young women in Fiji. In said study, narrative data collected from 30 participants showed a dramatic increase in body dissatisfaction and disordered eating three years after the introduction of Western programmed television to their community (Becker, 2004). Not only did the degree of disordered eating escalate, but the study revealed a shift in the traditional preference of body shape as well as a reshaping of personal and cultural identities (Becker, 2004). Such a finding is important when considering the possible effects of the media on cultural and religious practices.

The transmission of Western norms of beauty through media extends to various different cultures whereby acculturation has taken place and accommodated contemporary beauty ideals (Rieger, Touyz, Swain & Beumont, 2001). It was a long-held belief that eating pathology and bodily dissatisfaction occurred almost exclusively among White females in Western countries; however evidence is increasingly emerging that shows a presence of dissatisfaction in a wide range of

ethnic, cultural and socio-economic groups (Keel & Klump, 2003; Miller & Pumariega, 2001; Mumford, Whitehouse & Choudry, 1992). Historically the Chinese were known to associate plumpness with prosperity and longevity, and their gods were always portrayed as being overweight (Nasser, 1988). Similarly in the Arabic cultures, thinness was seen to be undesirable, while fatness was associated with fertility and womanhood (Nasser, 1988). However current research is showing a dramatic shift in which Asian and Arabic women are preoccupied with what has previously been considered the purely Western ideas of beauty (Erguner-Tekinalp & Gillespie, 2010; Miller & Pumariega, 2001; Rieger et al., 2001; Wildes, Emery & Simons, 2001). Similarly, Szabo and Allwood's (2004) research indicates similar findings whereby Black South African women received similar scores on the EAT-26, a measure of possible risk for developing an eating disorder. The Black and White participants showed almost identical scores on the signifiers for high risk of developing an eating disorder, and in general mirror the scores from around the world, including North America and Europe (Szabo & Allwood, 2004). These findings suggest that contemporary Black South African women are displaying the same preoccupations with weight and diet as Westernised women, seemingly due to the introduction of Westernised television programming and media, echoing Becker's (2004) Fijian findings.

Although the focus thus far has been on the effects of media on body-image, there are numerous factors that have been suggested to promote body dissatisfaction. According to Pelletier and Dion (2007) sociocultural influence plays the biggest role in the development of body dissatisfaction. When women are continually bombarded with societal messages that glorify thinness and scorn obesity, they are said to be

more likely to support society's ideas of thinness (Pelletier & Dion, 2007). Through internalising this thin ideal, the women are likely to develop a desired body image which they will invariably compare their own body image to (Pelletier & Dion, 2007). The researchers concluded that the discrepancy between actual body image and their desired (and generally unattainable and unhealthy) body image is what leads to body dissatisfaction in women.

In contrast, the Tripartite Influence Model developed by Thompson et al. (as cited in Keery et al., 2004) explains the variables that lead to body dissatisfaction in terms of three main sources of influence, namely peers, parents, and media. In a study designed to evaluate the Tripartite Influence Model, it was found that sociocultural influence, specifically internalisation of societal messages and comparison, has the most power to affect body dissatisfaction (Keery et al., 2004). Girls and women with a higher Body Mass Index than that of their peers will often experience increased body dissatisfaction due to their perceived deviation from what is considered to be the norm (Armstrong & Janicke, 2012).

It is however not possible to give the media sole responsibility for the increase in body dissatisfaction and ED's; rather, it appears that the media proliferates the thin ideal of beauty which is then reinforced by one's environment thereby fostering body dissatisfaction or unhealthy eating behaviour (Rayner et al., 2013). Many researchers have found that parents and peers often play a role in fostering the thin ideal through insensitive comments made about the individual's body or weight (Hardit & Hannum, 2012). Lieberman, Gauvin, Bukowski and White (2001) found that 'popular' girls,

girls who were teased about their weight, who experienced peer pressure to diet, and whose peers were dieting themselves were more likely to engage in more dieting behaviours. Peers are thus an important source of influence in the development of body dissatisfaction or eating disturbances, particularly during adolescence (Rayner et al., 2013). Perceived peer pressure to be thin has been found to be more strongly associated with disordered eating and poor body image than other sources of pressure such as parents, male friends and even the media (Hutchinson & Rapee, 2007).

In order to further understand the role of peer pressure in the development of negative body image, one has to understand what is encompassed in the idea of 'peer pressure'. Research has found that peer talk about weight loss and peer dieting have been strongly associated with individual dieting in adolescent girls (Hutchinson & Rapee, 2007). Theorists have used the ideas of selection and socialisation to understand such a phenomenon. According to selection, girls choose peers who share similar attitudes and beliefs regarding the body and the importance of appearance (Hutchinson & Rapee, 2007). Through socialisation, discussions about thinness and dieting increase these pre-existing similarities and often result in dieting behaviour as a means of achieving said thinness (Hutchinson & Rapee, 2007). Similarly, Jones and Crawford (2006) make reference to the importance of appearance conversation among peers in influencing dieting behaviour. They contend that peer conversations regarding appearance-related beliefs and attitudes promote the construction of appearance ideals which often leads to the internalisation of such ideals and eventual body dissatisfaction (Jones & Crawford, 2006). In addition to this, they found that the more focused the peer group was on dieting, the more body dissatisfaction was evident,

findings which support the influential nature of peers on body image and dieting behaviours (Jones & Crawford, 2006).

Thus research seems to point quite firmly to the idea that that peers are an important source of influence regarding the developmental of disordered eating and body dissatisfaction in the adolescent and pre-adolescent years (Hutchinson & Rapee, 2005; Jones & Crawford, 2006; Rayner et al., 2013). Relationships with peers are crucial to the development of the adolescent's s sense of self (Akos & Heller Levitt, 2002). Peer feedback, particularly negative feedback, is associated with adolescents' behavioural attempts to alter their bodies, be it through diet, exercise or purging (Markey, 2010). This peer pressure has been hypothesised to be a result of socialisation theory in which friends tend to become more similar to each other over time (Hutchinson & Rapee, 2005). The primary mechanism of such a phenomenon is modelling, whereby there is a need to connect with one's peers by becoming similar to them (Rayner et al., 2013). Such a phenomenon coupled with the normative nature of dieting and body dissatisfaction creates an environment in which adolescents and young women are susceptible to the transmission of the now normative Western beliefs regarding body and appearance.

In addition to peer pressure, messages from family members have been implicated in the formation of positive or negative body image. The research regarding the influence of parental pressure to diet has yielded mixed results. These results range from body dissatisfaction and depressive symptoms resulting from parental pressure, to findings that maternal dieting does not influence body image or dieting behaviour

(Armstrong & Janicke, 2012). Much of the literature in this regard is focused on the effects of maternal attitudes towards the body, diet and appearance and may be reflective of the cultural association of females with the pursuit of physical beauty and attractiveness (Ogle & Damhorst, 2000). Shoemaker and Furman (2009) found maternal pressure to be thin and criticism about weight and bodily appearance to be one of the predictors for disordered eating in daughters. Mothers are seen to be more likely than fathers to improve their children's appearances, such as organising orthodontic appointments, or initiating acne treatment (Ogle & Damhorst, 2000). The mother-daughter relationship is additionally seen to be different to all other dyadic relationships with women and is seen to be at the core of the development of the female identity (Ogle & Damhorst, 2000). Implicit in this is the assumption that daughters identify with their mother in an effort to form a female identity. The idea of modelling is thereby important in this regard, whereby daughters will identify with their mother and imitate her body perceptions or diet related behaviours accordingly (Lowes & Tiggemann, 2003). This finding is corroborated by Smolak, Levine & Schermer (1999) who found that maternal bodily dissatisfaction and associated weight-loss behaviours were internalised by their adolescent daughters and integrated into daughter's feelings about their own bodies. In addition to messages received by one's family regarding bodily weight and appearance, attachment to primary caregivers has also been associated with eating disturbances and poor body-image. Insecurely attached women have been found to experience higher levels of body dissatisfaction, eating disturbances and eating disorders (Koskina & Giovazolias, 2010; O'Kearney, 1996; Ward, Ramsay & Treasure, 2000). Troisi et al (2006) and Cash, Theriault & Annis (2004) additionally suggest that anxiously attached individuals experience bodily dissatisfaction as a result of their tendency towards low

self-esteem. One explanation for such a phenomenon is that anxiously attached individuals tend to be more 'other' focused and are thus more susceptible to the evaluations and negative influences of others (Hardit & Hannum, 2012).

It is thus evident from the literature thus far that an understanding of body-image and body (dis)satisfaction requires a multi-faceted approach that includes media, peers, and family, among others. One factor that has not yet been discussed, and which is central to the present research, is the connection between religion and body image.

2.5. Religion and Body Image

Religious adherence has often been considered to be one of the socio-cultural factors that plays a role in the development and treatment of body dissatisfaction and eating disorders (Smith, Richards, & Maglio, 2004). The documented relationship between religion and eating disorders dates back to the fasting saints who expressed their religiosity through control of their physical needs, including abstinence from food (Smith et al, 2004). Other associations between body dissatisfaction and religion have been described, with many of these explanations contradicting each other. Some researchers claim that religious beliefs may prevent women with eating disturbances from seeking help, thereby worsening and/or prolonging the emerging pathology (Smith et al, 2004). Others contend that asceticism, the denunciation of worldly pleasures in order to attain an elevated spiritual state, may be used as the scapegoat for the continuation of an eating disorder (Smith et al, 2004).

In contrast, some literature negates the harmful relationship between body dissatisfaction and religion (Hill & Pargament, 2003). Hill and Pargament (2003) propose that religion and spirituality serve as protective factors against the development and persistence of body dissatisfaction. According to their research, individuals holding strong religious and spiritual beliefs are often seen to call upon these beliefs in order to cope with the difficulties related to body dissatisfaction (Jacobs-Pilipski, Winzelberg, Wilfley, Bryson, & Taylor, 2005). In another study, Smith, Hardman, Richards and Fischer (2003) demonstrated how improvements in spiritual well-being yielded improvements in body image, reduced anxiety related to body-shape, and improved the general social functioning in eating disordered patients. It has been hypothesised by Forthun, Pidcock, and Fischer (2003) that spirituality and religiousness provide a sense of hope, belonging, and security throughout the recovery process. Kim (2006) suggests that the modern world has replaced a personal sense of worth with self-worth based on one's outer appearance, with value placed more on one's appearance rather than one's inner character. She thus contends that religion provides one with a self-schema rather than a body-schema as a way to define oneself (Kim, 2006). This idea of valuing the self and one's internal virtues is a strong principle within Judaism, as will be expounded on below.

2.6. Judaism and Body Image

Before engaging in a discussion regarding the attitude of Judaism towards food, the body and dieting, it is paramount to understand the different degree's of religiosity that exist within Judaism, as each group aspires to slightly a different level of

piousness, and in some cases slightly different customs, in relation to religious practice. Broadly speaking, Judaism can be divided into four differentiated groups in terms of religiosity, namely Ultra-Orthdox (Chareidi), Modern Orthodox, Traditional and Secular. Chareidi Jews believe in strict adherence to all of the ancient Jewish traditions and practices as prescribed by the Old Testament, including strict adherence to the laws of Kosher (Latzer, Orna & Gefen, 2007). The laws of Kosher pertain to the prohibitions governing food in Judaism. While these laws are extensive, the basic requirements stipulate the separation of dairy and meat or chicken, both in cooking and eating; consumption of food that is under supervision of a Jew during the manufacturing process; and consumption of animals that chew the cud and have split hooves, and fish that have fins and scales (Simmons, 2006). In addition to this, said community tends to adhere to the ancient practices and rituals and attempts to protect its values by separating itself from the rest of society (Feinson & Meir, 2012). According to Yafeh (2007, p. 522), "the basic premise of Chareidi ideology is that Judaism is a holistic system without need for outside influence". Much of the Chareidi discourse is aimed at highlighting differentiation and distinction between them and the broader Western world (Yafeh, 2007).

In addition to this broad separation between the religious and Western worlds, there is also an internal separation between the sexes. During the schooling process the sexes are kept separate, dating is arranged and sexual activity, including any form of touching, is prohibited prior to marriage (Latzer et al., 2007). Despite this separation, physical attraction has its place within Judaism, to the extent that one is forbidden to marry a person who he/she finds unattractive (Fuchs, 1987). This emphasis on physical attractiveness is in relation to one's attraction to one's partner, as opposed to

the western norms which seem to objectify young women broadly and across all contexts. Additionally, Chareidi women tend to marry early and generally fall pregnant soon after marriage as birth control is only allowed under extenuating circumstances (Latzer et al., 2007). These circumstances are brought to and evaluated by ones Rabbi, and the couple is then given approval or not. The couple's relevant personal circumstances are taken into account; however final approval rests with the couple's Rabbi. Although it is considered praiseworthy to follow a trusted Rabbi's counsel, the woman's experience of not having complete power and self-determination over what happens to her body is an important factor to consider. This is especially significant in light of the relatively young age at which religious Jewish women typically get married, 18-23 years old. The knowledge of impending pregnancy and inevitable bodily changes that accompany pregnancy may be something which young religious Jewish women are thus especially cognizant of in their later adolescent years.

In Chareidi culture, exposure to mass media, including television, radio, magazines and internet is highly discouraged, if not prohibited (Latzer et al., 2007). On the other hand, modern Orthodox Jews also adhere to the laws prescribed by the Old Testament; however they are more open to modern life and are thus exposed to the Western World to a greater degree (Latzer et al., 2007). It is not unusual for Modern Orthodox Jews to receive tertiary education, enter the working world and engage with mass media. In contrast, Traditional Jews observe some of the ancient Laws such as facets of Shabbat and the High Holy Days, but in general conduct their daily lives in a secular manner (Latzer et al., 2007). Lastly, Secular Jews do not adhere to the ancient

Laws and are Jewish only by virtue of their maternal Jewish lineage (Latzer et al., 2007).

The focus of this part of the literature review will be on the customs and laws adhered to by the Chareidi sect, as the participants originated predominantly from this sect of Judaism. One such law that is stringently adhere to is that of tzniut – modesty - one of the many laws that underpin the religious observance of Judaism (Lamm, 2011). While often mistakenly thought to refer merely to the way in which one dresses, tzniut additionally refers to the way in which one acts, speaks, and conducts oneself (Lamm, 2011). Tzniut is a fundamental concept for the observance of religious Judaism, particularly for women (Lamm, 2011). The regulations governing the way in which women dress within religious Judaism means that girls and women develop an awareness of how their appearance is perceived by others from a young age. This awareness revolves around the messages one is portraying about one's body based on the style of clothing one wears, the tightness of the clothing, parts of the body being accentuated, and the amount of allure being portrayed. One of the objectives of tzniut is to deemphasise the outward sexuality and obvious attractiveness of the body, a feat accomplished through the appropriate use of clothing and fashion (Lamm, 2011). This includes covering one's arms until below the elbows, covering one's collarbone and midriff, and wearing skirts (pants are not allowed) that are below the knee in length. In addition to this, clothing should not be so tight that it clings to one's body and shows off the woman's curves (Fuchs, 1987). An additional law that is upheld by married woman is to cover their hair when in the presence of all non-related males; however the common practice among Chareidi woman is for one's husband to be the only who is allowed to see their hair (Fuchs, 1987). The reason for this is so that the

woman's physical beauty is saved for her husband only (Fuchs, 1987). Strictly speaking, the adherence to the laws of tzniut are only applicable when in the presence of men, however the majority of Chareidi women uphold these laws even when among only women. Such laws and customs may promote the idea that one constitutes more than just a body and may discourage definition of self based on appearance alone; however it is also possible that women experience their bodies as needing to be covered up and hidden which may possibly carry negative associations with it.

In essence, tzniut encompasses a philosophy of life. The concept of tzniut does not reject the body, but rather, Jews are taught from a young age to respect the body and ensure its utmost health (Lamm, 2011). The age-old laws of tzniut are intended to protect the sanctity of the body and mind from the perceived coarseness of a world that does not share the same values (Lamm, 2011). The Book of Psalms sums up the essence of the concept of tzniut, saying "the whole glory of the daughter is the royalty within" (Psalms 54:14, cited in Lamm, 2011). Jews are expected to conduct themselves with a dignity that is borne from self-respect, and a realisation that one's body does not form ones identity; it is merely the vehicle that houses the true essence of a Jew, the soul (Lamm, 2011; Kohn, 2007).

According to several sages, the laws of Judaism pertaining to dress and the body are thus intended to be a way of protecting women from defining themselves based on their physical bodies (Kohn, 2007). The concept of beauty is not absent within Judaism; it is merely juxtaposed to that of the secular world. According to

Goldwasser (2000), beauty within Judaism is seen as an inner charm, one which emanates from the inner virtues of the individual. Contemporary society applauds and encourages the exposure of one's body, often to gain the approval from society at large (Kohn, 2007). Kohn (2007) suggests that in doing so, women are opening themselves up to the scrutiny of those around them, often resulting in pain stemming from criticism of their physical bodies. When adhered to correctly, tzniut is intended to equip women to face the Western world while still maintaining and developing their own values and self-esteem (Kohn, 2007).

According to Jewish Law, one is obligated to look after one's body, a command that includes sleeping, exercising, seeking medical attention when necessary and eating well, among others (Twerski, 2000). In conjunction with this is the obligation to respect one's body by not damaging it in any way and clothing it in a way that reflects the beauty of the soul within rather than the physical body that houses this soul (Coopersmith, 2000). In conceptualising dieting, Rabbi Moshe Feinstein, one of the leading Rabbinical authorities of the current generation, explained that "...when a person diets to the extent that he/she actually experiences hunger pangs...such dieting is likened to self-inflicted destruction. It is not permitted even for the purposes of monetary gain or other pleasures" (Goldwasser, 2000, p. 110). Not only is unhealthy dieting not permitted, but according to Judaism, food was created for mankind's enjoyment (Goldwasser, 2000). Asceticism has never held importance within the realm of Judaism; on the contrary, physical pleasure, including food, is seen to be an important facet of religious worship (Jewish Virtual Library, 2008). Within Judaism food is not to be denounced or avoided, but rather it should be celebrated and enjoyed. Most religious celebrations are commemorated using food, and the Sabbath and

festival meals require one to partake in a feast of the finest food (Latzer, Orna & Gefen, 2007). The Torah (Old Testament) view of eating is not simply for survival, but rather allows for the enjoyment of food. There is a verse in the Torah that states "Man does not live by bread alone", a verse that suggests that one is not required to eat merely for sustenance, but should rather foster a healthy attitude towards the enjoyment of food (Kohn & Silverstein, 1999).

As mentioned previously in the Literature Review, Chareidi Jews are likely to be relatively insulated from the Western world. This insulation takes a number of forms, including but not limited to, no television or movies, not reading magazines or secular books, not having internet in the home, not attending university, and sending children to religious Jewish schools that are separated by gender (Yafeh, 2007). The purpose of this separation is to attempt to safeguard the morals and standards that religious Jews subscribe to and to ensure that their religion will remain 'untainted' by secular society (Yafeh, 2007).

2.7. Concluding Remarks

This literature review has provided a framework within which one can think about body image from various different theoretical perspectives. It has attempted to examine the current perceptions and attitudes towards beauty and thinness, with a focus on understanding the mediating factors which add to the culture of thinness that is currently so pervasive. Such factors include, but are not limited to, family, peers,

attachment, and media. A lengthy discussion on media as a facilitating factor in the development of bodily dissatisfaction was included, as much literature today points to the effects of the media in the drive for the thin ideal. The role of religion, a factor that is integral to the present study, was also examined, with particular focus on gaining an understanding of the basic tenets of Judaism in relation to the body. Such an understanding is crucial to the study as it provides a framework in which the context of the participants can be understood. This literature review will be used as a springboard to explore body image within the religious Jewish community, in an effort to deeper our understanding of the myriad of dynamics that interact to form one's body image.

Chapter Three : Methodology

This methodology section will begin with the research questions, these are:

3.1. Research Questions

1. What are the participant's views regarding their bodily size, shape and general bodily appearance?
2. What has contributed to the ways in which the participants view their bodies or appearance?
3. Do the participants feel pressure from any source to transform their physical appearance in any way?
4. What are the participants' reflections on the relationship between personal body image and her religious beliefs and culture?
5. How do the participants perceive the Western world's idea of beauty?

3.2. Research Design

This research was conceptualised and conducted using a qualitative approach. The primary aim of qualitative research is to understand and represent the experiences of the participants; to attain an understanding of the phenomena being studied through the lens of those being studied (Elliott, Fischer & Rennie, 1999). The strength of qualitative research lies in its ability to facilitate the portrayal of people's experiences

on a particular issue (Fossey, Harvey, McDermott & Davidson, 2002). It is also useful in the understanding of intangible issues such as social norms, gender roles and religion (Fossey et al., 2002).

The specific qualitative paradigm which was utilised was the interpretive phenomenological paradigm (IP). The focus of this methodology is to enable insight into the participants' subjective experiences through their interactions with the researcher (Terre Blanche, Durrheim & Painter, 2006). Phenomenological research is interested in the way in which people perceive their world, and how to understand the experiences of the participants (Fossey et al., 2002). Relevant themes that emerge in the data are extracted by the researcher in order to gain an in-depth understanding of the core ideas expressed by the participants (Smith & Osborn, 2008). This paradigm furthermore allows the researcher to gain an insider's perspective by using the technique of interpretative phenomenological analysis (IPA) which grants deeper capabilities for analysis (Larkin, Watts & Clifton, 2006). This paradigm was therefore considered imminently suitable for the current research project. In order to effectively harness the use of the phenomenological paradigm, the data was approached with two aims in mind.

The first aim was to try and understand the participant's world through the exploration of their personal experiences of being in the world (Larkin et al. 2006). While engaging in this process, it is important to realise that one will never attain an accurate first person account, as the interpretation will always contain elements of the participant as well as the researcher (Larkin et al. 2006). The goal at this stage was

therefore to develop an accurate third person account that attempted to capture the participant's experiences as accurately as possible (Larkin et al., 2006).

The second aim involved the development of a more interpretative examination in which the participants' views were grounded in a larger context, particularly social and cultural (Larkin et al., 2006). This allowed the researcher the freedom to analyse the data in a more hypothetical manner, and apply it to pre-formed research questions (Larkin et al., 2006). IPA afforded the researcher the freedom to make sense of what the participants were saying on a deeper level, thus leading to a richer analysis of the data (Smith & Osborn, 2008). In addition to this IPA allows the researcher to utilise the interpretations and experiences that occur in the interviews as data. As a result, observations and interpretations of the participants' emotions, contradictions and inflections form part of the data which can then be analysed with the interview content.

IPA studies are generally conducted on small sample sizes as the focus is on gaining an in-depth understanding of the perceptions and experiences of the group being studied (Smith & Osborn, 2008). The researcher did not approach the data collection with a pre-set hypothesis in mind, but rather built the hypothesis based on the findings from the data (Smith & Osborn, 2008). The IPA framework was deemed appropriate for this research as the aim was to gain an inside understanding of the participants' views and experiences. Additionally, through the interview process, a first-hand emotive account of the participants' subjective experiences was attained which gives rise to rich and detailed data (Smith & Osborn, 2008).

3.3. Sampling

The sample consisted of six unmarried religious women between the ages of 18 and 21. The researcher specifically selected unmarried women as, as was discussed in the Literature review, said women are prohibited from engaging in any physical contact with members of the opposite sex prior to marriage. The researcher thus did not have to take into account the role of one's spouse as well as the sexual relationship in the formation of body image when conceptualising the research and conducting the interviews. All six participants were religious from birth, and adhered strictly to the basic laws of Judaism, namely modesty in dress and adherence to the laws of Sabbath and Kosher. As was predicted the degree of religiosity varied among the participants, a phenomenon that was both expected and inevitable. Despite this, every effort was made to select participants who seemed to adhere to the more stringent laws within Judaism that is synonymous with the Chareidi sect, including limited or no exposure to television and movies, avoidance of magazines and secular books, and limited or no contact with the opposite sex, including no recreational dating or socialising and no physical contact, among others.

In order to be consistent with IPA, purposive sampling was used in order to gain access to the religious participants, as the researcher had predetermined ideas regarding who would be suitable to partake in the research, and was not concerned with proportionality in sampling (Smith & Osborn, 2003). A large sample is usually discouraged when using IPA, as it is often not viable to gain an in-depth,

interpretative account of the interviews when the data is too large (Smith & Osborn, 2008). For this reason, the sample size was limited to six participants.

Snowball sampling was the primary purposive sampling method used to obtain participants. The researcher's original intention was to use an established Rabbi within the community in order to gain access to existing groups of young women; however this did not yield results. The researcher therefore tried to raise awareness about her research in the religious Jewish community, and interested parties were given the researcher's contact details if they wished to get more information about participating in the study. Each potential participant was emailed a Participant Information Sheet (Appendix A) upon showing interest in the research. Thereafter, those who were interested in participating gave their informed consent before the interviews were conducted.

3.4. Data Collection

3.4.1. The semi-structured interview method.

The researcher made use of semi-structured interviews to gather the data. This method facilitates a focused exploration of specific topics while at the same time affords the participant and the researcher the freedom to diverge where desired (Fossey et al., 2002). A list of predetermined questions is usually formulated by the researcher and serves to guide the interview process in a focused, yet flexible and conversational

manner (Fossey et al., 2002). Semi-structured interviews generally allow the researcher and participant to establish rapport, thus making the participant feel more comfortable to share her experience (Smith & Osborn, 2003). In order to effectively address the research questions, the researcher formed basic questions to be discussed in the interviews; however the participants were given the freedom to discuss what they perceive to be relevant. The interviews were thus guided by the set of questions rather than dictated by them. The order within which the questions were approached was not of primary importance, and the researcher sought to probe any interesting areas that arose in the course of the interviews (Smith & Osborn, 2003). Rapport was established prior to the commencement of the interviews, and each interview lasted between 20 and 50 minutes depending on the participant. Ten pre-existing questions were prepared (see Appendix D) that were designed to encourage the participants to reflect on their experiences while at the same time allowed the participants to diverge as they saw fit.

The interviews were arranged for a time that was mutually convenient and took place individually in a quiet setting. After the study was verbally explained to the participant in detail using the Participant Information Sheet (Appendix A), the participants were requested to sign a consent form to take part in the study (Appendix B). The participants were additionally informed that the interview would be audio recorded and were asked to sign a consent form (Appendix C) before the interview started. The participants were given the opportunity to decide where they would like the interview to take place and all six requested to be interviewed at the home of the researcher.

After transcribing the interviews the researcher invited five of the six participants to come back for a second interview. The sixth participant was not invited back as during the initial interview she had informed the researcher that she was leaving for a Seminary program in Israel the following week and would thus be unavailable for follow-up. The follow-up interview was done in an attempt to gain richer data, and one participant was able to attend a second interview which lasted 40 minutes.

3.5. Data Analysis

The assumption in IPA is that the researcher is interested in understanding the participant's psychological world. In order to accomplish this, the researcher has to engage in an interpretative relationship with the transcript (Smith & Osborn, 2003). The following section will detail the steps outlined by Smith and Osborn (2003) in the process used to analyse the data.

Step One – Transcription and Familiarisation

The first step was the construction of an orthographic transcription of the interviews. All pauses, laughs, uncomfortable silences and any other non-verbal communication were included in this transcription. Once the data had been transcribed, the researcher read and reread the interviews in order to familiarise herself with what was discussed. Braun and Clarke (2006) posit that this familiarisation is a critical step in the process of analysis. While engaging with the data, any points that seemed interesting either in

their incongruence with preconceived ideas or in their unexpectedness, were written down.

Step Two –Looking for Themes

Once this was completed, the researcher attempted to identify preliminary themes that seemed to emerge in the data (Smith & Osborn, 2003). These themes aimed to transform the initial notes into slightly more abstract ideas. The researcher made every attempt to make sure that these abstractions still represented the essence of what was communicated by the participants.

Step Three – Connecting the Themes

The next step was building connections between the different themes that emerged (Smith & Osborn, 2003). This involved a more analytical ordering of the connections and similarities between the different themes with the aim of creating a number of core themes which summarised the essence of the findings. It was important in this step to regularly refer back to the initial transcripts to make sure the connections being formed are consistent with what was said in the interview. Once this step was completed, the researcher generated overarching themes which housed the related sub-themes (Smith & Osborn, 2003). During this process, certain themes which did not fit well with the emerging structure or lacked rich evidence from the transcript were discarded.

Step Four – Writing Up

The final step in the data analysis was the transformation of the final themes into a write-up about the inherent meanings in the participants' statements; to create a narrative account of the themes (Smith & Osborn, 2003). The different themes that

emerged were explained, illustrated and nuanced, with extra care taken to distinguish the participants' words from the researcher's own interpretation or account of these words.

3.6. Reflexivity

Qualitative research, while unique in its ability to provide valuable insights into vast complex phenomena, is also inevitably influenced by the beliefs and experiences of the researcher (Fossey et al., 2002). Considering that the researcher is a religious Jewish woman, she is aware that she comes with her own biases and beliefs and was conscious of such throughout the research process. She therefore endeavoured to approach the participants and the interviews with as few personal beliefs and biases as possible which was accomplished to varying degrees throughout the process. After completing the first interview the researcher's tendency to associate herself with the participants was pointed out by her supervisor. Nuanced statements such as "we believe" rather than "your beliefs" could influence the participants to answer questions in a culturally acceptable way so as not to appear to be a 'traitor' in the researcher's eyes. From then on the researcher was careful to not allow her beliefs to enter the interviews despite sharing the same belief systems at the participants. A further challenge arose when it came to analysing the data as the researcher had to make a concerted effort to look at the data through objective eyes, a feat that proved difficult considering her proximity to the community being interviewed. Her own experiences of growing up in a religious home and attending a religious all-girls

school threatened to influence how she analysed the data, something that was averted through careful analysis of her data as well as guidance from her supervisor.

An unexpected difficulty arose in connection with the researcher's expectations of the participants' willingness to openly explore their experiences. Prior to collecting the data, it was thought that the participants would be less suspicious of the researcher and regard her as 'one of them' considering her own involvement in the Jewish community. However it is possible that although being a part of the community granted her easy access to the population, her involvement in the community meant that the participants were conscious of what they felt was appropriate to express in terms of their shared religious beliefs. The researcher's familiarity with the laws and practices governing religious Judaism may have caused the participants to feel like they were 'traitors' should they express something that was contrary to what they 'should' express. It is in this way that rather than allowing the participants to be more open and honest, they felt more guarded in what they perceived to be appropriate to talk about. The possible consequences of this will be discussed in greater detail in the Discussion chapter.

3.7. Ethical Considerations

The primary aim of ethics in research is to protect the welfare of the participants involved in the study (Terre Blanche et al., 2006). The fundamental principles

underlying the ethical considerations revolve around anonymity, confidentiality and informed consent.

Informed consent ensures that the participants have full disclosure regarding the aims and methods of the research, and can subsequently make an informed decision regarding their willingness to participate (Gravetter & Forzano, 2009). Before conducting the interview, the participants were given informed consent forms to read (Appendix B), and were only permitted to participate in the study once the forms had been signed. The form provides a concise explanation regarding the aims and purpose of the study, as well as its methodology. It also states that participation in the study is voluntary, and the participant can choose to withdraw from the study at any time without any penalties (Terre Blanche et al., 2006; Health Professions Council of South Africa, 2008). Lastly, the participants were informed both verbally and on the form that the interview was audio recorded (Appendix C), and that these recordings will be viewed/listened to only by the researcher.

Anonymity within the write-up of the study ensures that the participants' names will not be mentioned anywhere, and that they cannot be linked in any way to the study (Gravetter & Forzano, 2009). This was a particularly important facet of ethics for this study, as all the participants originate from the same community. In order to ensure the anonymity of the participants, pseudonyms were used in all written documents, and any identifying characteristics were changed or removed.

Confidentiality ensures that the identity of the participants will be kept confidential, and any particularly identifying information that is included in the interview will be disguised when writing up the research findings (Gravetter & Forzano, 2009). This was explained to the participants before beginning the interview. Confidentiality was additionally maintained by ensuring that the participants who referred their friends had no knowledge of who eventually agreed to participant in the research.

The participants were all over the age of 18 and thus did not constitute a high risk population. There were very minimal risks associated with partaking in the research. All participants were given the numbers of free counselling services to contact if they had felt at all distressed after the interview process (Appendix A).

Chapter Four : Results and Discussion

4.1. Introduction

The six participants shed light on a variety of topics relating to body image, including their subjective experienced of their bodies, their attitudes towards food, their perceptions of the Western world's ideas of beauty and the concept of beauty within Judaism, among others. There are five primary themes that emerged from the data, namely: attitude towards food; perceptions of bodily self; influence of peers; the secular world outside; and Judaism and body-image. Each theme has been further divided into between two and three sub-themes. The Discussion begins with the participants' attitude towards food which looks at how the participants view food, particularly food deemed to be 'fattening'. It then moves on to exploring the participants' experiences of their bodily selves, with an emphasis on the dissatisfaction they seem to feel regarding their bodies, as well as the normative nature of such dissatisfaction. The influence of peers is the third theme, with the impact of one's peers dieting and restrictive behaviours as the focus, particularly during adolescence. The discussion then moves on to an exploration of the participants' understanding of the Western World's ideas of beauty, with a focus on understanding the participants' experiences of the Western World in contrast to their religious beliefs. This links to the final section which attempts to understands the findings within the participants' context, namely religious Judaism.

4.2. Attitude Towards Food

The first theme that emerged from the data related to the regarding the general attitude expressed by the participants towards food and eating, with five of the participants admitting to either past or present preoccupations with dieting or restrictive behaviour. As will be discussed in coming sections, the majority of the participants seemed to feel a certain dissatisfaction regarding their bodily appearance and thus engaged in different forms of restrictive behaviour in an attempt to modify their bodies. This seems to impact their attitudes towards what they deem fattening food, and is reflective of a form of disordered eating. This theme of disordered eating was never formulated in the research questions prior to the data analysis stage as the focus of the study was not on disordered eating in the sense of anorexia or bulimia. The results however suggest that while the participants did not portray symptoms of clinical eating disorders, as defined by the DSM-5 (American Psychiatric Association, 2013) there were elements reported that seem indicative of eating problems and disordered attitudes towards food. Three of the participants felt that they currently want to lose weight and only one of the participants felt satisfied with her body. Five of the six participants recall experiences of being dissatisfied with their body or appearance in the past as well as engaging in some sort of dieting or restrictive behaviour.

4.2.1. The participants' attitudes towards 'fattening' food.

Three of the participants made reference to so called 'fattening foods' and spoke of their negative associations to such foods. They told of peer groups in which they were the only ones who ate unhealthy and fattening food, and joked about being the only ones who were not bothered by the fat content of the food they consumed. When talking about her peer group, participant A said "Between my friends, I'm not saying I'm the thinnest but they'll all go out and have salads and I'll have nachos and be fat (laughs). So I dunno, it doesn't really affect me"

Within this short sentence one gains some insight into the internal struggle this participant experiences, as well as how guarded she is against it. She evidently uses humour to mask her discomfort with her weight and eating habits. There additionally appears to be an element of guilt related to her indulgence in food perceived to be fattening, as is evidenced by her claim that she is not the thinnest person in her group of friends but despite that she will 'indulge' anyway. While this is a nuanced observation, her comment that she will have nachos and *be fat* gives important insight into the way she views the relationship between food and body weight. She seems to harbour negative associations to fattening food, seeing it not as a pleasure that she can partake in but rather as a temptation that she feels she should be able to resist. This was reiterated later in the interview when she again said that "I'm not saying I'm the skinniest thing but it's nice to have fat food sometimes". Within this sentence one can again see the possible internal struggle this participant experiences, where on the one hand she feels uncomfortable with her weight and feels like she has extra weight to

lose, while on the other hand she recognises the normality of desiring fattening food which she calls *fat food*. In a similar comment, participant B said that "Everyone used to eat salads all day and I used to like go get hot chips from the tuck shop (laughs). I was that person"

Participant B's assertion that she was "that person" suggests that she sees herself as the deviant one in the group for eating hot chips (that she sees to be fattening) rather than salad, just as in the case of participant A. There seems to be a negative connotation attached to being the *indulgent* one in the group and the one that contravenes the norms regarding what is considered acceptable to eat. As in the case of the previous participant, this participant seems to carry a distinction in her mind between 'good' and 'bad' food, with fattening and unhealthy food falling into the taboo latter.

It is unclear from the interviews what exactly the participants deem to be unhealthy food. While one can discuss unhealthy and fattening food as if they are synonymous, it seems that the participants were more preoccupied with traditionally *fattening,* i.e. high calorie or high fat food as opposed to *unhealthy* food. This distinction is important as a preoccupation with unhealthy food suggests a concern about ones general state of physical wellbeing and health, while a preoccupation with fattening foods, as in the case of the participants, suggests a preoccupation with weight gain and physical appearance. The idea of fattening food as needing to be avoided also emerged in different contexts among two of the other participants. They made reference to restricting fattening food when they are at home, saying that they try to

eat it only as a treat on Shabbat. Participant C attributed this to her familial rules, saying "we've grown up having our boundaries like Choco's and Cocoa Pops on Shabbat only, not in the week, so it helped a lot when we got older to choose, like save a treat for Shabbat". Participant D made a similar comment, saying "I'm trying to cut out all the rubbish and not have seconds and thirds. The rubbish I've only started trying to cut out recently and have only on Shabbos a little bit".

Although this idea of saving a 'treat' for Shabbat is common within Judaism (Katz & Schwartz, 2002), there seems to be an additional element of feeling like they need an excuse in order to be able to justify their supposedly indulgent eating habits. Both participants seem to feel that there needs to be an occasion, such as Shabbat, in order to eat fattening foods guilt-free. Participant D's description of fattening foods as "rubbish" is suggestive in itself of her attitude towards such foods. This was echoed by participant C, who said that "sometimes I'll be like ok I'm not touching any rubbish during the week, but not anything drastic".

Like participant D, she seems to imply that Shabbat gives permission to indulge more than one usually would, but that she tries to avoid "rubbish" food during the week. As in the case of the previous participant, her assertion that she tries to stay away from "rubbish" food gives insight into her perceptions of what she deems unhealthy or fattening food. It appears that rather than viewing food as a God-given gift that is to be enjoyed, the participants equate food, in particular fattening food, as being taboo and to be avoided. Their description of said food as being "rubbish" again pays testament to the split between good and bad foods, with fattening food falling into the

latter. There additionally appears to be an underlying attitude of restraint towards food that is evident in the narratives, a restraint that mirrors the upholding of the laws of Kashrut, and a sense of accomplishment when this is achieved. Conversely, it seems that in situations where the participants felt like they had *succumbed* to fattening foods, they seemed to be left with a feeling of shame and disappointment in themselves. Contrary to the moralistic stance of Kosher whereby the laws are relating to what is deemed appropriate to eat based on the Torah, the participants seem to feel that food in general carries a moral component- good or bad, fattening or non-fattening. They thus seem to have associated fattening food with moral transgression. One participant in particular appeared to be overly defended against her feelings of being the 'unhealthy' one within her group of friends; on a number of occasions she scorned their ability to restrain themselves, but there was an underlying feeling of shame at not having the same restraint. She was however very defended against acknowledging this, and sought to reassure the researcher on a number of occasions that she doesn't mind being the "fat one" in her group.

There thus seemed to be a negative attitude that exists towards unhealthy food among the participants, despite the fact that food is sanctified within Judaism. There appears to be a disjuncture between Judaism's views of food as holy and sanctified as opposed to the real-life attitudes of young Jewish women, as seen in the narratives. It appears that the preoccupation with weight and appearance is so pervasive that it has the potential to corrode aspects of religious teaching and beliefs, such as those of Judaism. One may also suggest that the age-old Jewish adage of 'eat, eat, but don't get too fat' influences the way in which food is perceived, particularly by girls and women (Strasser, 1996). Food is not only the medium through which many Jewish

rituals are sanctified, but it also seems to be a medium through which love and nurturance can also be felt to be demonstrated (Strasser, 1996). Participant D referred to this when she said that "there's always just a lot of food. It's like a comfort. But also to show something to a family member, like to wish them luck for something or tell them you love them, it's always with a chocolate". This is synonymous with the researcher's own experiences whereby food is laden with religious responsibility and restrictions, as well as the portrayal of love and nurturance. The stereotypical image of a Jewish mother who will try to coerce others to eat more is not so far-removed from reality. Coupled with this are the paradoxical pressures, from both the Western and Jewish worlds, to remain thin and attractive, which, taken together, create an environment beset by powerfully mixed-messages.

At the heart of the discussion regarding attitudes towards food seems to lie a core important finding; that dieting as a way of life is becoming increasingly normative. The participants perceived eating hot chips and nachos to be deviant from the norm, suggesting that the norm has become associated with restraint and restriction when it comes to food, as will be discussed below.

4.2.2. Restrictive behaviours as normative.

As discussed, a sub-theme that emerged suggests that there exists a complex attitude towards food, in particular food that is perceived to be unhealthy or fattening. A related sub-theme that emerged suggests a sense of normalcy relating to dieting and

restrictive behaviours among the participants or their peers. Such a phenomenon was observed, where four of the participants made reference to engaging in dieting behaviour currently, and five of the participants acknowledged having engaged in dieting behaviour in the past. All six participants spoke about the dieting behaviours of their friends or sisters, saying that it was not unusual, particularly in their school-going years, for their friends to engage in a variety of dieting and restrictive behaviours. There was an overarching consensus that the majority of young girls engage in some form of dieting behaviour and that this behaviour is not considered 'abnormal' or unusual.

This idea of dieting as normative was demonstrated rather aptly in participant B's statement that:

> They (her friends) were focused on gyming all the time, like gym every afternoon and eating well and everything. And obviously I do eat well and I do eat healthily and I do watch everything but I'm not like obsessed with it... I don't have to go on diets and this and that to change.

From this statement one can surmise that she perceives her peer group to be preoccupied with dieting and exercise, but that she does not consider herself to be as preoccupied. However her assertion that she "watches everything" she eats but that she does not consider herself to be "obsessed" with dieting seems to suggest that her definition of dieting is correlated with extreme restrictive measures. It seems as if she

does not consider watching her food intake as falling into the category of dieting which denotes a degree of normalcy regarding restrictive behaviours. Her worldview, as is that of many others, seems to have adopted an approach that normalises dieting in the quest for the perfect body and appearance. Despite this she seems to be defended against acknowledging her restrictive thoughts and behaviours and tended to speak in mixed messages, as is the case in her statement above. She speaks of two paradoxically different experiences, where on the one hand she acknowledges engaging in restrictive behaviours while at the same time vehemently denies being obsessed with diets or exercise. This is a theme that was interwoven throughout the interviews, where the participants struggled with guilty denial of their dissatisfaction. Participant A even light-heartedly expressed enjoyment in discovering and starting a new diet, saying that:

> I actually like doing these crazy diets, it's fun! Not like eating an apple a day, like I won't starve myself but it's fun to do a random diet sometimes. I don't do crazy diets where I starve myself, I just do fun things that make you feel cool.

As in the case of the previous participant, this participant seems to make a distinction between extreme, excessive dieting, and dieting that she considers normal and accepted. She displays a cognitive schema that to an extent mirrors the discrepancy between disordered eating and Eating Disorders. She seems to place her limit on any extreme and excessive eating behaviour, such as starving herself, but is eager to engage in behaviours that are now considered to be more commonplace. The ease

with which this participant spoke about her dieting behaviour may be suggestive of the normalisation with regard to dieting behaviour in this community in general, to the extent that she did not feel the need to hide her enjoyment of dieting. As mentioned previously, dieting for purely cosmetic purposes goes against the internal focus of the Jewish ethos. However despite admitting to being significantly preoccupied with dieting and her weight she felt the need to frame her restrictive behaviours as if it were harmless fun and held no significant value for her. As is the case of participant B she seems to struggle to admit to and own her preoccupation with food, dieting and body, to the extent that she feels the need to frame such issues in a nondescript, comical way. This same laissez faire attitude towards dieting was mirrored when participant D joked that "I want to lose weight but like it's a joke, like I'll say I want to lose 2 kilo's and they'll say they wish it was only 2 kilo's". This further highlights the points mentioned above, where 'diet talk' has become commonplace and accepted rather than something taboo and out of the ordinary, but the participants struggled to own their bodily dissatisfaction and thus felt the need to frame it in a joking, light-hearted way.

Participant D who is likely to be considered thin by objective standards but felt like she had three kilo's to lose spoke candidly about her inability to engage in a satisfactory exercise routine. She seemed to experience feelings of disappointment related to her perceived inability to diet and exercise to her satisfaction, saying:

> I should do Pilates, I really should. It's not going to make you lose weight but it will help you with the diet. But no, I don't. And I should exercise more but... I do exercise, I do a lot of exercise but not enough.

She seems to be engaged in an internal struggle regarding what is considered an acceptable amount of effort expended in the quest to lose weight. It appears that she is left with intense feelings of guilt regarding her inability to have the motivation needed to lose the weight that she experiences as so dissatisfactory. The degree of guilt and dissatisfaction she experiences in relation to her inability to adhere to a strict exercise regime mirrors much of the anxiety that is found among secular, westernised women, a finding that is concerning in light of her relative insulation from the Western world.

4.2.3. Food for Thought.

Although none of the participants displayed eating disorders according to strict DSM definitions, they seemed to hold both an unhealthy attitudes towards food deemed fattening, as well as an acceptance of dieting and restrictive behaviours as normal. It is this thinking, which some might refer to as sub-clinical eating disorders, that is becoming increasingly common and widely accepted even in communities that are purportedly more protected than that of the Western world. With this in mind, it seems that these participants have been affected by the normalcy of dieting that has pervaded the Western world, suggesting that in this regard religion is not necessarily the buffer it is sometimes assumed to be. In light of such a finding it is important to

consider the factors that may have contributed to such a result, particularly as there is a vast discrepancy within the existing literature as to whether there is a correlation between religious observance and disordered eating (Latzer, et al., 2007; Heilman & Witztum, 1997; Feinstein & Meir, 2012). It is possible that although they subjectively define themselves as Chareidi, by objective standards the participant's level of religiosity is not as extreme as other Chareidi participants that take part in international studies. This means that the participants may be exposed to the Western world more so than their international Chareidi counterparts, thus diluting the degree of insulation that is presumed to surround such a population. By their own admission, some of the participants own televisions, watch movies, and dress somewhat fashionably, something that would not be accepted by a strictly Chareidi community. It is therefore possible that their attitude towards food and dieting mirrors that of the Western population to a greater degree as they experience increased exposure to such a population.

Another factor to consider as contributing to disordered eating in the religious population, and thus the participants of this research, is that of Kosher. It has been suggested that the laws pertaining to food as well as the restrictive nature of adherence to the laws of Kosher impact one's attitude towards food in a fundamental way. It is possible that growing up in a culture in which food is so closely governed by rules means that one develops a heightened awareness toward anything that is food related. This may be especially true in religious households in which not only does one abide by the laws of Kosher but one also observes the myriad of Jewish Holidays, all of which have food as a fundamental component. In addition to the laws of Kosher, religious observance also stipulates adherence to a number of fasts

throughout the calendar year, ranging from 12 to 24 hour fasts. During these fasts the intake of both food and liquids is prohibited. These fasts are observed from the age of 12 years for females and 13 years for males; however customarily children from the age of nine years old are trained to fast for a small portion of the day (Barclay & Jaeger, 2004). Fasting is thus another form of food related self-restraint that is instilled from a young age within the religious community, and like Kosher, may create a heightened awareness around food and restriction.

For the sake of this research, dieting as normative and body dissatisfaction as normative have been separated; however it is difficult to talk about one without the other. Body dissatisfaction is the most common precursor to dieting, and has in fact been found to be the single most important cause of dieting and disordered eating (Pelletier & Dion, 2007). With body dissatisfaction increasing at a rapid rate, so is disordered eating. Body dissatisfaction comprises of perceptions and beliefs one holds about oneself, a theme which will be explored in greater detail in the following section.

4.3. Perceptions of Bodily Self

The primary theme that emerged with regard to how the participants viewed their bodies suggests that most of them experience dissatisfaction with their body or appearance to different degrees, but as discussed, they were hesitant to acknowledge this dissatisfaction. They attempted to underplay the effect of their dissatisfaction in a bid to convince the researcher that they were content, but their responses said differently. All six participants said that they were comfortable with their current body and appearance, however three of them then went on to say that they would like to lose weight. Of the six participants five of them professed a degree of dissatisfaction at some point during the interview which led the researcher to believe there was a discrepancy between how they claimed to feel about their bodies and how they truly feel about them. The degree of dissatisfaction fell along a continuum, with some participants admitting their own dissatisfaction while others made reference to the dissatisfaction they noticed within their peer group. The common thread however between all of the participants was the pervasiveness and commonness of body dissatisfaction. This section will start with a discussion revolving around dissatisfaction as normative and the conflicting messages received regarding the participants' degree of satisfaction with their bodies.

4.3.1. Dissatisfaction as normative.

The sentiment expressed by the participants was that there is a constant desire to be thinner regardless of one's size or weight. Some of the participants admitted to

knowing that they are not overweight, but that there are always those elusive few kilograms that they would like to shed. Five of the six participants professed to have experienced bodily dissatisfaction at some point in their lives despite none of them being significantly overweight. It seems that the desire to be thin has infiltrated the participants' psyche to the extent that they feel unable to be accepting of their bodies. Participant D aptly stated that:

> I think there is an underlying, like everyone wants to be thinner than they are, or if they are a certain weight they want to be at least two kilo's less than their weight... I'm just thinking about struggling with weight, I really want to lose these two kilo's and I just can't but I've always been thin I suppose... Not because I know that I'm fat or I think I'm fat, more that I'd just like to.

This particular participant was tall and thin with hardly any visible fat on her, however she was extremely uncomfortable with her weight and expressed much frustration with her inability to lose the two kilo's. She referred to herself as having a "three months pregnant tummy" and pinpointed this to be her main area of discomfort. Her assertion though that she realises that she is not fat was not held with any conviction, as though she realised that she was not fat by objective standards, but her subjective experience was that of having extra weight to lose. It is this subjective experience of dissatisfaction that seems to suggest the internalisation of the thin ideal and the comparison, and inevitable shortcoming, of oneself to this unattainable ideal. She alludes to the normative nature of body dissatisfaction among women, and acknowledges that there is a culture of dissatisfaction that disallows women to feel

content with their appearance. Later on in her interview this participant again spoke about this dissatisfaction, saying that:

> I think because the truth is no girl is ever really happy with themselves. That's really what I think. So it's easier to tell you that I'm happy than to say well I don't like this spot there or I don't like these kilo's here, I don't like the way I look in this.

And

> Ya I think most girls like deep down, they'll never tell you ah I'm thin, I'm good. It's always like let me try this makeup rather, let me try this diet.

This participant felt strongly that contrary to what they may say, girls and women are rarely satisfied with their body and appearance. She seemed to feel that that there is an insatiable desire to look perfect and enhance one's appearance irrespective of how one looks already. She used herself as an example, saying that if she were to lose the two kilo's she is sure that she "would find something else to pick on", suggesting that her dissatisfaction is more global rather than limited to one perceived imperfection. She additionally admitted to feeling like she was "ugly" and when queried further she said that she has felt like that "ever since I can remember". She added that "I always had this deep internal thing about me being ugly or whatever, but not necessarily fat and ugly, just ugly (giggles)".

Participant C also made reference to feeling ugly in her younger teenage years and generalised these feelings of dissatisfaction to other young girls. She spoke of feeling uncomfortable with her appearance when she had "pimples and braces and glasses" and reflected that "everyone goes through that... It's just what happens with teenagers, it's so hard". She seemed to feel that feeling 'ugly' is a normative part of the process of adolescence and seemed surprised when the researcher asked her to expound on this, as if it is an undisputed and accepted phase in adolescence in particular. Participant E, who might be considered slightly overweight according to contemporary Western norms, also hinted to the normalcy of dissatisfaction among adolescents, saying that her peers were "very particular about weight and body even though none of them were overweight". She described how they would go to gym every day and if a day was missed they would work twice as hard the next day in order to make up for it. One's initial reaction to this may be that it is normal adolescent behaviour regarding preoccupation with their appearance, which might be so. However that in itself is important as it pays testament to the so-called normative nature of dissatisfaction as many may write it off as being a symptom of an adolescent phase. Even more so, this finding within a religious community, such as the one the participants belong to, is important as it is yet another indication that body dissatisfaction and negative body image can be potent enough to penetrate an ostensibly semi-insulated community.

Not only was body dissatisfaction found to be common among the participants, but there also seemed to be an equation of weight loss with increased happiness (Bryan & Tiggeman, 2001). It appears that the participants believe that the attainment of the perfect body, the thin ideal, will bring them the physical contentment they seek. The

message underlying such a belief is that happiness is directly related to the size of one's body, and therefore, if one is overweight one cannot be happy. Participant E, who had lost a considerable amount of weight, admitted that before she lost weight she was so unhappy in her own body that she began to avoid social situations:

> In the past I wasn't happy at all. Like I couldn't wait for winter because then I could wear my jerseys and no one could see anything. But now that I've lost so much weight its fine, I feel so comfortable. Before I never used to feel comfortable at all, I hated going to school things, and like camp and stuff, I felt like people were looking at me all the time... Now in winter if I don't need to wear a jersey I won't wear it, like I won't die of heat!

Her sense of discomfort and embarrassment regarding her weight and appearance seems to be so strong that it affected her subjective feelings of self-worth. She was uncomfortable in any situation in which she felt people were looking at her and judging her, to the extent that she began to avoid all such situations. This points to the potency of the stigma attached to being overweight, and how such a stigma can cause a devaluation of one's sense of self. In a similar comment participant D spoke about her feelings of being ugly and how it affected her, saying:

> So the truth is I wouldn't go out anywhere. Like I remember the first time I felt ugly, I was in Grade one and I remember thinking I hate how I look. So it's very deep and it goes back a long way. So I didn't want to be amongst lots

> of people, I always thought I looked horrible. And as I grew older it always just stayed with me.

Like the previous participant, her feelings of self-worth and confidence were adversely affected by her subjective feelings of ugliness to the extent that she became too self-conscious to engage in social situations. Her vivid memory of the first time she felt ugly suggests that she became aware of the social norms governing what is beautiful at a very early age. She admitted that this insecurity and self-consciousness has since stayed with her and is something that she is still aware of and struggling with to this day. This was evident in her follow-up interview when she expressed shame that she still hadn't lost the weight she was hoping to, saying:

> I can't believe I haven't lost them! That's nuts. I think it's just 3 kilos I hope it's not more now. I don't weigh myself because it just bugs me so much... But now I really feel like, I don't know what I said then like maybe [I was feeling] sluggish but now I really feel like ugh, even worse maybe. It's disgusting, I can't believe I told you that and I still haven't lost them! It's terrible! (laughs). Thanks for reminding me, now I have to.

She experienced an intense amount of shame and frustration at not having lost the weight that she is so bothered by. She hinted to these feelings when she admitted to avoiding weighing herself because the scale does not validate her sense of self worth. Her feelings are consistent with the frustration that accompanies the pursuit of the thin

ideal, an ideal that for most women is not physically attainable. However the desire to reach this goal, which stems from the pressure to attain the thin ideal, seems to have the dual effect of making women believe that they are always able to be smaller and thinner, seemingly precluding any real possibility of bodily satisfaction. It seemed from this particular participant and the interviews in general that the participants were not allowing themselves the permission to be satisfied with their bodies as they were under the belief that if their bodies weren't 'perfect', they could not be happy. Such a finding is increasingly concerning as not only is it reflective of the disturbed perceptions and experiences of self held by young women, but even more so because it is occurring within a supposedly insulated community.

As was mentioned, the participants struggled to candidly acknowledge their dissatisfaction and seemed to feel the need to assure the researcher of their bodily satisfaction, as will be discussed.

4.3.2. Denial of body dissatisfaction.

Despite the prevalence of bodily dissatisfaction that was present in the interviews, the majority of the participants experienced difficulty in openly acknowledging their dissatisfaction. Participant F consistently denied having ever experienced body dissatisfaction, while participant C was at times very open about her desire to lose weight and her feelings of insecurity regarding her body and appearance. The remaining four participants vacillated between assuring the researcher that they were

content with how they looked while at the same time mentioning that they would like to lose weight. They seemed to feel uncomfortable with admitting their dissatisfaction and thus sent mixed messages regarding how they perceived their appearance and bodies.

Participant E displayed this vacillation on a number of occasions in her interview, saying that “well I'm always happier to lose more weight. But that's most girls I think. I don’t think I'm fat. But it would be nice to be a drop thinner; it’s not that I need to be”, and “I suppose I am comfortable (with how I look) but I would like to lose like 3 kilo’s”. Another participant, participant A, tried to make light of her feelings about her body, saying “no it’s a joke, like a fat joke (laughs). It’s like I'm fat today. Like with me and my sister we’re always just fat (laughs). It’s not like I'm having sleepless nights... it’s not making me depressed”.

This paradox between both admittance and denial of dissatisfaction was mirrored to varying degrees by most of the participants. They seemed to feel the need to reassure the researcher that they were content with how they looked before they were able to consider suggesting otherwise. One participant expressed her perception of her body as being “thin, but thin with a stomach. That's what I think. I'm not fat, but... ja”. As is to be expected the participants found it easier to talk about dissatisfaction with regards to their friends or family. It seems that the security of admitting to such dissatisfaction in a less personal way meant that they did not have to censor their feelings to the same extent as when they spoke of themselves.

The participants' experiences of dissatisfaction seems to be evident, so one is left to wonder what it was about acknowledging the dissatisfaction that made the participants feel uncomfortable. As a possible answer, one can think about their religious upbringing as having impacted what they felt to be acceptable and taboo responses. As was discussed, the idea that God gives exactly what is needed for that person to succeed and fulfil their potential is central to the practice of Judaism (Blumenfeld, 2003). With that in mind, the participants might experience the exposure of their true feelings regarding their perceptions of their bodies as being disloyal or possibly even sinful to their religion and religious beliefs. Through expressing dissatisfaction they are, by proxy, admitting that they are not content with what they were given by God, something which goes against their religious beliefs. One is left to wonder whether the participants have created a worldview in which they have disallowed themselves from expressing a dissatisfaction that is clearly present, with the result being ambivalent feelings towards themselves and their bodies.

The reflexivity of the researcher may also have played a role in the participants' discomfort. The researcher is herself a young, religious-from-birth woman within the Orthodox Johannesburg community. At the start of the study, it was assumed that her status within the community would allow the participants to feel like they were talking to 'one of their own'. It was hoped that they would feel less judged considering that she held the same beliefs and had the same religious upbringing as them. While this may be true, her familiarity with the community may have hampered the participants' honesty for fear of being perceived as disloyal in the eyes of 'one of their own'. The participants may have felt the need to produce answers that fit with their religious beliefs lest the researcher judge them not as participants, but as fellow

Orthodox believers. This possibly explains the vacillation between the ‘religiously correct’ answers and their true experiences.

4.4. The Influence of Peers

In the present study, the influence of peers seemed to be a powerful determinant of body satisfaction or dissatisfaction. This influence included both pressure to look like one's peers as well as the influence of the attitudes of their peers. Five of the six participants made some kind of link between peers and body image, with four participants making reference to peer pressure as a determinant of body dissatisfaction, and four participants talking about the tendency to compare oneself to one's peers. The overarching consensus among the participants seemed to be that peers have a strong influence over the way in which one views one's body, particularly in adolescence.

4.4.1. Peers as pressurising.

The majority of the participants implicated their friends as a source of pressure regarding their bodies and appearance. In general this pressure seemed to be self-imposed rather than explicit as the participants would compare themselves to their friends and feel inadequate in comparison as opposed to experiencing overt verbal pressure. As one participant put it, "obviously when you're younger everyone is on their diets and stuff... But there's also a bit of pressure, like everyone's doing it so you try". This statement epitomises the sentiment that was echoed among most of the participants, whereby they felt the imperative to diet because their peer group was. In a similar statement, another one of the participants described the "underlying pressure" that exists within her social group in relation to body and appearance. She

acknowledged the impact one's peers have on body perception, saying that "social environment definitely affects the way you view it, because if your friends are thin then you're going to want to be thin". She highlights the unique pressure experienced when one is surrounded by peers who are thin, and further, peers who are conscious of their weight and diet.

This consciousness was also applied to the way in which thin girls can dress as opposed to the limitations placed on overweight girls. Having been overweight, one participant felt like overweight girls "can't wear the things that other girls are wearing, like the fashion". She recalled a time "in high school when I was overweight and girls were wearing these stunning things... (sighs) it's not fair". Later on in the interview she expressed the satisfaction that came with losing weight and the pride she experienced when her peers commented on it, saying "when I had lost weight and I was still in school and the girls were like wow you look so stunning and I would feel so nice (laughs)". She gave no indication that the pressure she experienced from her peers was overt, but despite this experienced an intense discomfort with her appearance in relation to that of her peers.

Another one of the participants gave insight into the potential potency of peer behaviours. In describing a friend who was diagnosed with anorexia, she hesitantly admitted that she had fleeting thoughts of engaging in the same kind of behaviour but to a lesser degree in order to lose weight. She recalls feeling torn between recognising that it is potentially dangerous on the one hand, and on the other being enticed by the amount of weight she could lose. "I remember thinking maybe I should also try

that...There was definitely a feeling of I can also try, not like that, but also try going on a diet and losing a little bit of weight". Similarly, another participant said that "my friends were like actually I need to go to gym and lose weight and that made me think ok well maybe that's me as well but I realised like a day later that that's not me". This so-called 'contagiousness' of bodily modificatory behaviour was echoed by yet another participant who admitted that "in school we always used to discuss it and I think when I was younger I would think like ok maybe I'll go on a diet tomorrow". It is again evident from these narratives that the peer pressure experienced was not necessarily due to overt verbal pressure, but was rather more self-imposed and subjective. Through observing the practices and attitudes of their friends, the participants seemed to impose certain ideas upon themselves.

Peers' perceptions and attitudes towards food and dieting thus seem to be an important factor in the development of body dissatisfaction and general body image in all adolescents, however participant E expressed her irritation and frustration with her friends' preoccupation with going to the gym even though they "didn't need to lose weight":

> They were always like going to gym like every single day. Like they always said "ah I need to go to gym" and the next day they would come and say "I worked for 45 minutes"... Like they needed to go to gym every day. And if they didn't then the next day they would come in like "ah I didn't go to gym I was so tired but I really need to go so I'll go today and work for an hour instead of 45 minutes.

This narrative portrays what this participants feels is the obsessive nature of exercising among this participant's friends, and their seemingly guilty feelings when they fail to adhere to their exercise regime. It is interesting to consider how this particular participant, who had lost a considerable amount of weight, experienced her slimmer friends' preoccupations with weight when she was struggling with genuine weight problems of her own. Her annoyance and irritation with her friends' 'obsessions' possibly worsened her feelings of discomfort and dissatisfaction with her own body. Their preoccupation with their bodies possibly suggested to her that even if one does lose weight one will never look good enough or be thin enough as there will always be an element of dissatisfaction. Such a message is thus disheartening for her but is also evidence of the pervasiveness and un-attainability of the thin ideal.

When speaking of her friends' attitude towards food and dieting, participant D recalled how at school many of her friends would claim that they wanted "to be anorexic because it looks so nice". While this seems at first glance to be an extreme opinion and possibly even pathological in nature, it is possible that extreme thinness is slowly becoming more coveted in the quest for the attainment of the thin ideal, even in communities that are purportedly more insulated. She also noticed that despite being thin already, many of her friends still did not feel satisfied and would often say "I want to be thinner I want to be thinner I want to be thinner". Such thinking is a symptoms of a cultural milieu in which thinness is seen to be an achievement no matter the method of achieving it.

The majority of the participants referred to their friends as being preoccupied with their weight and appearance, particularly during the adolescent years. They made reference to the numerous diets that became popular while still at school such as the apple diet, where the girls would only eat apples for breakfast and lunch. Two of the participants additionally hinted that their friends will only eat salads when they go out for lunch, and yet another spoke about a watermelon diet. The depiction of their respective social groups thus seems to be one that is governed by diets, weight and calories, and seems to be a breeding ground for the development of insecurities regarding their bodies. Concern and preoccupation with their weight seems to have been the rule rather than the exception among the participants' peer groups, however most of the participants struggled to admit that they personally relate to these concerns. The narratives do however give insight into the way of thinking of the religious girls in the sample, with the results suggesting a preoccupation with weight and appearance that is seemingly similar to that of Western society.

It thus appears that as a subgroup religious adolescents and young women experience similar preoccupations with food, dieting and exercise than is experienced in mainstream society. One interesting theme that emerged in connection with this was that there seems to be more dissatisfaction experienced in the adolescent years, particularly early to mid-adolescence. The possible reasons for such a phenomenon will be discussed in greater detail below.

4.4.2. Body dissatisfaction in adolescence.

A strong theme that emerged throughout suggested that girls are more receptive to peer pressure relating to the body and dieting during their adolescent years. When talking about peer pressure in particular, the participants generally made reference to their school-age years rather than early adulthood. In addition, the crash diets and more extreme measures taken to lose weight usually occurred during adolescence, such as the "apple diet". This may be as a result of the small, all-girl classes that the participant attended. Such a class may foster a competitive environment where the girls feel pressure to either compete or comply with the attitudes and behaviours of their peers. Although the participants all attended religious schools it is inevitable that the degree of religiosity will vary among classmates, with some girls having more exposure to the Western world than others. This may be one source of infiltration of Western norms relating to beauty and thinness. This infiltration coupled with the internal experiences such as Kosher, may provide some explanation for the seemingly elevated degree of bodily dissatisfaction among a supposedly insulated subgroup.

Participant C spoke about the discomfort she felt as a teenager, saying "when I was younger there were times when I wasn't so comfortable with how I felt". She explained this increased dissatisfaction, saying that:

> A lot of kids read it (media) when they young and vulnerable...like when they changing and going through stuff like puberty and then they read these things about how you should be, and they don't know what the right thing is.

She seems to attribute the dissatisfaction that accompanies adolescence to the myriad of physical changes that occur at a time when the adolescent is already self-conscious. She hinted to the media as a contributor to this self-consciousness through their standardised portrayal of beauty. Another participant alluded to the dissatisfaction experienced as a teenager when she said that "when you're younger you always want to be perfect". Yet another participant felt that body dissatisfaction and the desire to be thinner is "more of an immature thing. Not like immature but a young sort of thing, so when you get older and more mature...it doesn't interest you as much". She seemed to place emphasis on the younger adolescent years as the period in which the most dissatisfaction is experienced. Another participant seemed to have a similar experience and explained that as her peer group got older the emphasis on body and appearance "died away... they would talk about gym once in a blue moon but it wasn't all the time". One of the participants recalls a more precise time period in which her peer group started becoming aware of their bodies, saying that "we started turning 16 and 17 and then girls were like oh my gosh I'm so fat I need to lose weight!".

It thus seems that the participants experienced increased awareness of their appearance and bodies during their adolescent years. For girls, the onset of puberty is often the catalyst for what is now considered normative body dissatisfaction, as the

weight gain that accompanies puberty often moves girls further away from the thin ideal and cultural ideas of beauty (Markey, 2010). Researchers now consider puberty to be a risk factor for the development of body dissatisfaction, a finding that fits with the results of the present research (Markey, 2010). Not only is the advent of puberty accompanied by physical changes but identity development i.e. becoming a woman, is an additional and integral part of the adolescent phase. At this crucial point in their development, the self-conscious adolescent's perceptions of their physical appearance contributes significantly to their body image and sense of self (Markey, 2010). With this in mind, the participants' assertions that they experienced increased body dissatisfaction in their adolescent years could be related to their formation of their sense of self within a cultural milieu that promotes the thin ideal. It is additionally noteworthy to mention that two of the participants, participants A and D, had attended religious tertiary institutions in Israel ('Seminary') for a year after graduating from school. Such institutions serve to deepen religious practice, observance and understanding, and it is not uncommon for girls to deepen their level of religiosity both during and following their year of study. Participants A and D's modified mindset after school may thus be a result of the endorsement of internal, spiritual qualities that they experienced during their Seminary year. This may partly explain the discrepancy between their experiences of their bodies in adolescence as opposed to young adulthood.

4.4.3. It's all relative.

In the present research the overwhelming theme that emerged with regards to interpersonal pressure to be thin was regarding the pressures experienced by peers; however there is an abundance of literature that points to the pressures of parents, particularly maternal pressure, as being instrumental in fostering positive or negative body image (Armstrong & Janicke, 2012; Ogle & Damhorst, 2000; Keery et al., 2004). All six participants credited their families with providing support and acceptance regarding their appearance, and denied having experienced any familial pressure to transform their bodies. It does however seem that although most of the participants did not experience any overt pressure from their families, there was a subtle preoccupation with food and appearance. Only one of the participants overtly spoke about her irritation with her grandmother, saying that "I sometimes felt pressure from my grandmother, it would drive me mad. She was like "how much have you lost?" and would touch me and I was like "get away". She would drive me mad. Because she's on a diet so she looks at everyone else who's on a diet and would compare". This participant seemed to experience her grandmother's fixation on diet as intrusive, and perceived her interest in how much weight she had lost as pressurising. Another participant explained that her mother was supportive of her decision to go on a diet, saying that:

> If I would want to go on a diet then she would help me. She wouldn't go and put junk food in front of me, and she would buy whatever I needed. I remember in Grade 8 I decided that I was going on a low GI diet and I looked

> all stuff up on the internet and showed my mother and she was like fine if you want to do this that's fine. And she went and bought me the stuff and we made a whole new lunchbox plan... it lasted for about 3 days (laughs). But she was really willing to help me if I wanted to do it. So ja they'll like support you but not degrade you.

She seems to perceive her mother's attitude as providing support rather than providing validation that she needed to lose weight. Participant A spoke about the relationship that she and her sister have towards food, saying that:

> Me and my sister have a fat joke, like it's a joke, we just always think that we're fat. Not that we think we fat, it's just like we feel fat today. But like we'll say to each no you not fat you look very nice don't worry.

Although she made light of it, it seems that she and her sister are preoccupied with weight and possibly use humour to mask the insecurities they experience regarding their bodies. She seemed overly invested in convincing the researcher that she and her sister share this "fat joke" and that it is not indicative of how they really feel about their weight and appearance, a theme that was present throughout the interviews. All of the participants seemed to be defended against acknowledging any pressure experienced from their families, and they all said that their families provided a supportive, non-judgemental environment in relation to body image. It is possible that the participants' hesitation to acknowledge any familial pressure is due to their

concern of appearing disloyal to their parents. This is particularly so within religious Judaism where one of the Ten Commandments that underlie the Jewish faith is to honour one's mother and father. It is for this reason that the participants may have been guarded with regards to their experiences of their bodies within their families; however from the nuances gleaned from the data one is able to surmise that there is a degree of emphasis placed on the body and diet within these families.

It is important to note that the majority of the participants' parents grew up in traditional but not religious households and only became religious in early adulthood. This is significant as it means that the participants' parents did not experience insulation from Western society in their younger years in the same way that their children did, and were thus exposed to Western society and its practices. As a result, although they have become religious, it is possible that they still, to some degree, hold mainstream ideas which they may possibly then project onto their children, whether or not they intend to (Hinshelwood, 1991). This means that while religious-from-birth parents have the same insulation from the Western world as their children, irreligious parents who then become religious have been exposed to a secular world which holds different ideological views. These views may be subjugated when they become religious but are still present in the unconscious and may be unwittingly transmitted to their children.

4.5. The Secular World Outside

All six participants spoke about the secular world's concept of beauty in contrast to that of the religious world. The participants all seemed to view the secular world's idea of beauty as objectifying women and defining women based on their outward appearance alone. They contrasted this with what they felt to be the protective elements of Judaism, saying that they do not feel the need to define themselves based on their outward appearance. This concept of Judaism being a protective factor was prominent among all six participants, with most of the participants making reference to the laws of tzniut as providing the most protection.

4.5.1. The influence of the secular world on the participants.

The degree of exposure to the media and its influences differed from participant to participant, but all of them experienced an element of exposure. Three of the participants made specific reference to the media and the role it plays in the development of body dissatisfaction. When questioned about what she meant by media, participant C responded "TV, movies, billboards, newspapers, everything. What people watch, what they see, what they hear when people speak about it, with friends what they say, magazines. All that stuff". She seems to make reference to the all-encompassing nature of the secular world and how it tends to infiltrate every aspect of one's life. She alludes to the degree to which one is accosted with the thin ideal and pressures associated with it even when actively attempting to distance

oneself. Participant D identified the media as the instigator of much body dissatisfaction, saying that:

> If you take a frum (religious) girl or anyone religious, where do they start getting these ideas from that they aren't thin enough... obviously besides for the psychological issues like at home or social problems or whatever, there has to be somewhere from the secular world that is coming in.

She seems to feel that the concept of "not being thin enough" is not a worldview that can be attributed to religious Judaism, so there must be an external source which is infiltrating the religious community in the same way that it has infiltrated mainstream society. She does however refer to "home and social problems" as being instrumental in the development of body dissatisfaction, suggesting that in her mind there are multiple causes rather than just the media as the primary cause. She alluded to the influence of the media, saying that much body dissatisfaction can be attributed to "outside influences like media, advertising". She added that "people want to sell their products so you have to be thin to use this or get thin to use it". She thus seems to feel that the media has depicted thinness as being the gold standard, a standard which has become accepted within mainstream society.

Despite having all originated from religious families and having been reared within a community that is relatively more insulated, contact with the Western world and the values associated with said world seem to have been unavoidable. It seems there will

always be exposure to the non-religious world and the norms associated with it, despite the religious ethos to limit this exposure as much as possible. With that in mind, it seems inevitable that the values of society have impacted the participants and altered their worldview in some way in order to accommodate the worldview of mainstream society. It seems unavoidable that the Western practices and beliefs regarding the body and appearance have infiltrated the religious Jewish world and have created some parallel experiences between the two. This coupled with the dietary laws of Kosher and the accompanying mindset which morally categorises food and eating into 'good' or 'bad' may result in a community which is particularly vulnerable to receiving the Western messages relating to beauty and thinness.

4.5.2. The participants' perceptions of beauty in the secular world.

The participants all had similar perceptions regarding the secular idea of beauty and attractiveness and how it differs from that of religious Judaism. When asked how they think beauty is portrayed in the secular world, the majority of them made reference to either the lack of modest dress or the idealisation of thinness, or both. However the principal difference highlighted was the focus on external appearances as opposed to Judaism's view which first and foremost places emphasis on one's attributes and positive internal traits.

All of the participants seemed to associate the Western idea of beauty with being thin and flaunting one's body. Participant D expressed her perception of beauty in the

Western world as being “tall, thin and beautiful; especially the emphasis on being thin. Any extra weight is considered to be more than just a burden”. She seems to identify one’s weight as being a defining factor in the determination of beauty in the secular world, and hints to her perception of the dissatisfaction that is experienced when this is not achieved. Her description of extra weight as being a burden points to the degree of dissatisfaction and disapproval that accompanies being overweight and her perception of the importance placed on thinness and attractiveness within the Western culture. In her follow-up interview she reiterated this view, saying:

> I think they equate beauty with being thin. Generally when you think of someone beautiful you’ll say tall and thin not short and fat... Like you never hear someone say I know someone who is very beautiful she’s just very fat.

She seems to place emphasis on thinness as being a defining factor for beauty. Interestingly, she begins by referring to the Western world and verbalising what *they* perceive beauty to be but then moves on to the collective perception of beauty which includes all ideas of beauty. Although nuanced, this observation points to the degree to which the Western ideas of beauty have infiltrated the perceptions of the participants.

The participants additionally identified physical attractiveness in the Western world to be associated with the lack of modest dress. Participant B perceived the secular attitude to be “the more skin you show, the more beautiful you are. And the more you

show off and the more you make people notice you the more beautiful you are". Participant E echoed this sentiment, saying that "they think their bodies are very attractive so they will flaunt them... They think that their body and figure is the most important thing". These participants seem to perceive the Western world to both accept and promote the flaunting of women's bodies and associate this flaunting with attractiveness. Participant D additionally drew a correlation between dressing in a revealing way and the need to be thin, as emphasising one's body creates emphasis on one's weight and shape:

> When you're exposing so much that's the message you are giving across, you know? And if that's where you're putting the emphasis and that's what people see you as, then you have to look good, especially to wear certain styles.

Having come from a religious worldview that deemphasises the definition of self based on appearance alone, these participants seem to object to the definition of women based on their outer appearance. As participant A put it, "they don't see as much internally as we do. Like we have a more internal perspective of it. So I guess theirs is more external". The emphasis on external beauty as defining one's self seems to be what the participants experienced as most offensive and contrary to their own beliefs, despite the fact of their being very preoccupied with their own bodily appearances. When talking about this emphasis on outer beauty, one participant expressed feeling that "it's warped. They see in extremes. I think they see beauty completely wrong, it's all about outward appearance". The participants thus placed emphasis on one's external appearance as being a source of attractiveness within

Western society and felt that such an emphasis precludes an appreciation of one's internal attributes and positive traits. One participant felt that "it's very much about how you come across and the physical stuff, nothing to do with who you are as a person". Such a comment seems to reflect her religious upbringing whereby she places emphasis on the definition of self based on internal attributes as opposed to her perception of the secular world. The participants thus identified the lack of modest dress to be a contributing factor to the body dissatisfaction experienced by women, and alluded to the laws of tzniut as being a protective factor against such dissatisfaction.

4.5.3. Tzniut as a protective factor.

All of the participants considered the laws of tzniut as providing an element of protection against the objectification of their bodies. The laws governing modesty of dress was one of the primary ways in which the participants delineated the distinction between 'us' and 'them', as their clothing is a constant reminder that they are governed by different rules and ideals. Having all come from religious backgrounds, adherence to the laws of tzniut has created a sensitivity within the participants regarding the way one dresses, a sensitivity that is contradictory to that of the secular world. Much of the narratives focused on the self respect that is acquired through the observance of the laws of tzniut, and by extension, a realisation of the intrinsic value of the self rather than only the body.

The participants expressed this sentiment, saying “behind the covering up is that you’re more than just the body and the whole thing is that it is beautiful” and “I appreciate the laws and I see how they protect us and help us to appreciate our body and have a deeper self-respect for yourself”. The participants seem to experience tzniut not only as a religious law by which they have to abide, but as a pertinent and practical method of protecting themselves against objectification by both self and others. Another participant made a connection between the laws of tzniut and “self worth... you don’t have to show your body out there to everyone. More valuing yourself as opposed to everyone has to value you”. She seems to feel that the laws of tzniut protect women from defining themselves based on the perceptions and expectations of others. This was echoed by another participant who said that “I don’t want to have to wear short skirts just to get people to notice me” and concluded that “there’s definitely something more beautiful to it”. The overarching consensus was thus that tzniut functions as a protective factor against defining oneself based purely on one’s physical attributes and the expectations of one’s environment, and in the words of one of the participants, “it keeps you safe”. It seems from the narratives that the participants experience tzniut as keeping them safe primarily from the objectification of others based solely on their physical appearance.

Interestingly, some of the participants admitted to disliking being governed by the laws of tzniut when they were adolescents, saying that they adhered to the laws out of duty rather than choice. However with age they began to not only accept the laws but see intrinsic value in them and appreciate them for “keeping (them) safe”. The participants did not seem to just view tzniut as a code of dress, but rather as an embodiment of Judaism’s view of the physical body and what it represents:

> I think it actually boosts my self-esteem because if you look behind it it's so that you don't show off your body to other people and that you're not exposing everything for the sake of people looking at you. You don't want people looking at you and it makes you feel better about yourself, it makes you think like ok I'm better than that, I'm above having to show everything to get people to notice me.

It thus seems that tzniut and all it embodies was overtly held as being a protective factor by the participants; however such a finding is complex in light of the noticeable dissatisfaction that was discovered among the participants. This dichotomy was expressed when participant D said that "it (body dissatisfaction) goes against everything we believe in. But yet we all still do (have it)". One possible interpretation of this discrepancy is that tzniut does not necessarily protect against the development of body dissatisfaction, but it does deemphasise the value of the self based only on physical appearance, something which the participants emphasised. However despite the participants' assertions that tzniut provides a degree of protection, the actual findings of this research suggest that the participants experience similar preoccupations with weight and body as the Western population. This discrepancy between what they say and their actual experiences can be understood in terms of the religious teachings that have been imparted to the participants from a young age regarding the benefits of adhering to the laws of tzniut, however their real-life experiences seem to be at odds with these ideological beliefs. It seems that the participants reverted back to these ideological beliefs that have been instilled in them from a young age without being aware of the paradox that was present in what they were saying.

4.6. A Final Thought – Judaism and Body Image

The participants all displayed an in-depth understanding of the tenets of Judaism with regard to the body and physicality in general, with all of them expressing recognition and understanding of the command to look after one's body. That being said, an interesting theme emerged which suggests a disjuncture between the participants' religious and ideological views, and their actual perceptions of their own bodies. Despite their religious views, the majority of the participants presented with some degree of body dissatisfaction particularly with regard to their weight. The implications of this dissatisfaction permeates the ways in which the participants both view their bodies as well as the measures undertaken to change their appearance, and it is this mind-set that seemed to be at odds with their perceptions of Judaism's view of the body. The participants made reference to a myriad of crash-diets, including the 'watermelon diet', the 'cinnamon diet' and the 'apple diet', all of which entailed restricting the range and amount of food eaten in an effort to lose weight. However they also made reference to the impetus to look after one's body and treat it with respect. Two of the participants expressed an understanding that Judaism requires one to take care of one's body, as is expressed in participant C's words:

> I think it's all about keeping healthy, doing exercise and looking after yourself a lot. But nothing drastic. I think Judaism does put a thing on your body, it doesn't leave it out so there is something about keeping healthy. You have to treat it with respect. And also to enjoy yourself as well like to have treats and

> stuff. So it's not like telling you don't have anything, but at the same time be healthy.

This participant seems to feel that Judaism does not encourage denunciation of physical pleasures, but rather encourages one to enjoy food while at the same time remaining healthy and taking care of one's body, which does not seem to be synonymous with extreme crash-diets. Participant A seems to feel that this self-care refers not only to the physical body but also to one's general appearance, saying that "I think it's important to take your body into account as well. Like it's important to care about your body. I don't think the Torah wants us not to care, like wear ugly clothes and look ugly".

Participant A recognised the duality that exists within Judaism, where there is an impetus to both enjoy food while at the same time remain healthy. As discussed, Judaism does not take the stance of denouncing physical pleasures, and in fact places value on deriving enjoyment from food (Bodner, 1997). This participant acknowledges that the body is recognised within the realm of Judaism which thus makes it important to look after one's health and physical wellness, an outlook that is representative of that of Judaism. There is thus an expectation that such extreme dieting behaviours would not have permeated the religious community to the same extent as the Western world based on the values and ideals instilled from a young age. This however is not synonymous with the findings of this research, and one is left wondering as to the etiology of this paradox.

In addition, a nuanced theme that emerged in the dialogue with the participants reflected a difficulty with acknowledging their physical bodies as separate constructs to that of tzniut. Although never explicitly said, the participants seemed unable to conceive of their bodies in a purely physical way, thus reverting to tzniut and general outward appearance as a response. It seems as if the worldview created by the participants is one that does not allow for the acknowledgement of the body in its most basic physical form. Furthermore, tzniut does not only refer to a modest dress code, but additionally encompasses the ways in which one conducts oneself in public and how one portrays oneself to others. Religious girls and women are taught to not flaunt their beauty so as to preserve ones dignity and value ones intrinsic worth. With that in mind, reflecting on instances in which they experienced pride in a body that is usually downplayed may have proved challenging for the participants, and even more so verbalising such instances to the researcher.

Conversely, the participants' inability to feel proud of their body and appearance may be a symptom of the larger societal problem whereby women experience difficulty with accepting and enjoying their body in its natural form. It has become normative for women to feel dissatisfied with their appearance and body, to the extent that it is seen as unusual for a woman to express satisfaction with and acceptance of how they look. When confronted with a direct question concerning feelings of bodily pride, the participants have tzniut as a stand-in answer that allows them to evade reflecting on their real feelings regarding their bodies.

Lastly, although never explicitly spoken about during the interviews, the participants were all close to being 'of marriageable age' according to the Chareidi customs. Although there is not a definite age by which young girls should be married, it has become customary for Chareidi girls to marry in their late teen years or early 20's. It is thus possible that the participants were conscious of the fact that they were soon-to-be entering the world of arranged dating and as a result were hyper-aware of what would be deemed attractive not only by the opposite sex but also to the Matchmaker who will be instrumental in pairing them with potential partners. In Chareidi communities it is accepted practice for a Matchmaker, or 'Shadchan', to be the portal through which single women and men are introduced to each other for the purpose of dating. Traditionally, a Shadchan is approached to look for a suitable match for the youngster when he/she reaches marriage age (Yaffe, 2013). When a prospective match is found, the couple will be set up on a blind date, and will subsequently use the Shadchan as an intermediary either until they deem the match to be unsuitable, or they feel that the match is showing promise for marriage (Yaffe, 2013). While this phase of life undoubtedly brings with it added pressure regarding the impetus to look one's best, it is clear from the data that the participants experienced awareness and dissatisfaction regarding their bodies from a much earlier age. It can thus be said that in most cases the pressure relating to dating possibly amplifies a dissatisfaction or body-awareness that is already present.

It is evident from the narratives that the participants experience a significant degree of bodily dissatisfaction and awareness of their bodily selves. It appears that many of the difficulties experienced by the participants, such as feeling dissatisfied with their shape or weight, engaging in (at times extreme) restrictive behaviours and feelings of

decreased self-worth in relation to their appearance, mirrors the difficulties and behaviours of western women who are exposed to mainstream norms regarding beauty. Such a finding is significant, if not concerning, in light of the relative insulation experienced by the participants, and has to be understood within their unique religious context. There appears to be a paradox between religious teachings and practices, and the western messages that infiltrate their religious world. This paradox is clearly seen throughout the narratives, whereby there is a split between the participants' religious beliefs and actual experiences of their bodies. This and more will be summarised in the final chapter which provides concluding commentary and an evaluation of the study.

Chapter Five : Conclusion

5.1. Central Findings

The primary aim of the research was to gain an in-depth understanding of body-image and feelings about bodily self in young Chareidi women who originate from a relatively insulated population. The research questions were answered in both definitive and covert ways; however both the overt and implicit themes yielded a wealth of information regarding the internal and external worlds of the participants in relation to body-image.

The first theme, namely ‘attitude towards food’, sought to understand how the participants experience food and eating,, with a particular emphasis on what they deemed to be ‘fattening’ food. The participants seem to have categorised food as either ‘good’ or ‘bad’, with traditionally low-carb and low-fat food falling into the former and high-calorie or high-fat food falling into the latter. Fattening food has been imbued with moralistic implications, with the participants experiencing a feeling of guilt after eating ‘bad’ food, and pride when they are able to resist such food. This need to be able to resist temptation in relation to food was pervasive, suggesting that restrictive behaviours such as dieting and exercising are now considered to be normative.

The second theme that emerged related to the participants' 'experiences of their bodily selves', with a focus on understanding the participants' subjective experiences of their bodies. The primary sub-theme that emerged in this regard was the normative nature of bodily dissatisfaction, whereby the participants expressed a constant desire to be thinner regardless of their weight or shape. This desire to be thinner and concurrent dissatisfaction with their bodies was at times so pervasive that it resulted in the participants isolating themselves from social interactions, and seems to mirror the general dissatisfaction that is experienced in mainstream Western culture where there is exposure to media.

The third theme to emerge was the 'influence of peers' on body (dis)satisfaction and the pressure to engage in restrictive behaviours. None of the participants seemed to experience overt verbal pressure from their peers, but rather they tended to compare themselves to friends and feel inadequate in comparison. In addition to this the participants seemed to experience a 'contagiousness' in relation to their peers' dieting and restrictive behaviours, whereby they felt the imperative to diet because their peer group was. An interesting trend that emerged suggests that such contagiousness is rifer during adolescence and the school-going years, with bodily dissatisfaction also seemingly decreasing with age. One possible explanation for this is the small, girls - only classes in school which may foster a rivalrous environment regarding appearance.

The fourth theme, namely 'the secular world outside' was regarding the impact of the secular on the participants as well as the participants' perceptions of what is

considered beautiful in the secular world. Although the participants have all originated from Chareidi families, exposure to Western norms and practices is unavoidable. It is thus inevitable that the participants have been influenced by the Western ideals of beauty and the pressures that accompany these ideals. This in conjunction with the unique pressures associated with Judaism such as the laws of Kosher, fasting etc, create an environment that is susceptible to receiving mainstream messages regarding beauty and thinness. The participants all spoke about tzniut as providing a degree of protection from the internalisation of Western norms, however their subjective experiences of their bodies seems to be at odds with their ideological views. There thus seems to be a disjuncture between their religious beliefs and their real-life experiences, a theme that was woven throughout the findings.

This idea was incorporated into the final theme was regarding the connection between 'Judaism and body-image' which looked at the paradox between Judaism's ideological views regarding beauty and the body, and the participants actual experiences of their bodies. This theme also looked at some pressures that are unique to Judaism, such as marrying at a young age and the laws of tzniut, and attempted to understand how these internal factors contribute to bodily (dis)satisfaction.

While these five themes characterise the core findings of the research, there were a number of more nuanced trends that were observed within and between the themes, and which represent the researcher's interpretations of the data and the discrepancies therein. As mentioned, one such trend was the disjuncture that seems to exist between the participants religion-based ideological beliefs with regards to the body and

appearance, and their real-life subjective experiences of themselves. There was a noticeable split between their lived reality/behaviours and their ideals, and they were seemingly not fully aware of the disjuncture's that exists between the two. Along similar lines, for the majority of the participants there was a disavowal of any bodily dissatisfaction they may experience, with only one participant being able to acknowledge any dissatisfaction. The remaining participants demonstrated a paradox whereby they spoke of restrictive behaviours which seem to denote dissatisfaction; however they overtly *denied* any dissatisfaction. In a similar vein, the participants spoke of the protective factors that exist within Judaism, such as the laws of tzniut, however they portrayed similar bodily preoccupations as Western women and women who have been exposed to media.

When considering these trends it is important to keep in mind that while the participants all originate from Chareidi households, it is inevitable that they have experienced exposure to the Western world and the media. This exposure is sometimes overt, such as watching DVD's or reading secular books, or covert such as seeing billboards or magazine covers in shopping centres. In addition to this the degree of religious observance in school is disparate, with many classes having variations of religiosity in one class. The participants have thus experienced exposure to Western norms and values which undoubtedly impacted their perceptions of beauty and thinness, despite the religious impellent against this exposure. In addition to this, the laws of Kosher also seems to be integral to the understanding of the findings of the current research, as it fosters a preoccupation with 'good' and 'bad' food, and a preoccupation with food in general.

The current research has attempted to gain a more holistic understanding of this traditionally understudied minority in relation to their experiences of the bodily self. Through doing so, much useful information has been gleaned, suggesting that this religious community does *not* function as a buffer against western thinness ideals in the manner that might have been supposed. Indeed the western imperative promoting the thin ideal was evident in participant's narratives, and the researcher endeavoured to interpret the possible reasons for this.

5.2. Limitations and Implications for Future Research

A number of limitations of the present study are discussed, and related suggestions for future research are offered. Firstly, one of the premises of the research was that being Chareidi, the participants would be sheltered from mainstream society and thus the effects of the media. However it transpired that while the participants did all originate from Chareidi backgrounds they did have a degree of exposure to the media and thus share some of the same influences as mainstream Western women. A second limitation was the researcher's close affiliation with the Chareidi community, even if this was not known to participants, the researcher's attire signals that she is a religious Jewess. This may have meant that the participants were guarded in their responses for fear of being seen as a traitor in the eyes of 'one of their own'. In addition to this, another limitation was regarding the participants' inability to attend follow-up interviews. In light of the caution the participants demonstrated regarding admission of their true experiences of their bodies, a follow-up interview whereby rapport had

already been established may have yielded richer data as a result of increased familiarity and thus comfort with the researcher.

Lastly, the present study had a very small sample size and was conducted with participants who are members of the Johannesburg Chareidi community. This particular community may have many differences as compared to international Chareidi communities. The small sample precludes any generalisation of the findings; however the findings are significant enough to warrant further explorations. It may thus be beneficial for future studies to utilise a larger sample of participants in order to gain even more insight into the complex phenomena explored in this research.

References

Akos, P. & Heller Levitt, D. (2002). Promoting healthy body image in middle school. *Professional School Counseling, 6*(2), 138-144.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association.

Armstrong, B., & Janicke, D. M. (2012). Differentiating the effects of maternal and peer encouragement to diet on child weight control attitudes and behaviours. *Appetite, 59*, 723-729.

Barclay, E., & Jaeger, Y. (2004). *Fasting on Yom Kippur*. Retrieved from http://www.aish.com/h/hh/yom-kippur/guide/Fasting_on_Yom_Kippur.html.

Becker, A. E. (2004). Television, disordered eating, and young women in Fiji: Negotiating body image and identity during rapid social change. *Culture, Medicine and Psychiatry*, *28*, 533-559.

Becker, A. E., Burwell, R. A., Herzog, D. B., Hamburg, P., & Gilman, S. E. (2002). Eating behaviours and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls. *The British Journal of Psychiatry*, *180*(6), 509-514.

Blumenfeld, M. (2003). *Maimonides #2 – God's Unity.* Retrieved from http://www.aish.com/jl/p/mp/48923872.html.

Bodner, Y. P. (1997). *Halachos of Brachos*. Jerusalem, Israel: Feldheim Publishers.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Bryan, J. & Tiggeman, M. (2001). The effect of weight-loss dieting on cognitive performance and psychological well-being in overweight women. *Appetite, 36,* 147-156.

Cafri, G., Yamamiya, Y., Brannick, M., & Thompson, J. K. (2005). The influence of sociocultural factors on body image: A meta-analysis. *Clinical Psychology: Science and Practice, 12*(4), 421-433.

Cash, T. F., Theriault, J., & Annis, N. W. (2004). Body image in an interpersonal context: Adult attachment, fear of intimacy, and social anxiety. *Journal of Social and Clinical Psychology, 23,* 89–103.

Cash, T. F., & Pruzinsky, T. (1990). *Body image: Development, deviance, and change.* New York: Guilford Press.

Coopersmith, D. (2000). *Beneath the surface: A deeper look at modesty.* Retrieved from http://www.aish.com/ci/w/48964691.html.

Derenne, J. L., & Beresin, E. V. (2006). Body image, media, and eating disorders. *Academic Psychiatry, 30*(3), 257-261.

Duran, T. L., Cashion, L. B., Gerber, T. A., & Mendez-Ybanez, G. J. (2000). Social constructionism and eating disorders: Relinquishing labels and embracing personal stories. *Journal of Systemic Therapies, 19*(2), 23-42.

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *The British Journal of Clinical Psychology, 38,* 215-229.

Erguner-Tekinalp, G., & Gillespie, C.W. (2010). Mental health practitioners' professional opinions of etiology of eating disorders. *International Journal of Mental Health, 39*(3), 68-87.

Fallon, P., Katzman, M. A. & Wooley, S. C. (1994). *Feminist perspectives on eating disorders.* New York: The Guilford Press.

Feinstein, M.C. & Meir A. (2012). Disordered eating and religious observance: A focus on ultra-orthodox Jews in an adult community study. *International Journal of Eating Disorders, 45,* 101-109.

Ferguson, C. J. (2013). In the eye of the beholder: Thin-ideal media affects some, but not most, viewers in a meta-analytic review of body dissatisfaction in women and men. *Psychology of Popular Media Culture, 2*(1), 20-37.

Forthun, L. F., Pidcock, B. W., & Fischer, J. L. (2003). Religiousness and disordered eating: Does religiousness modify family risk? *Eating Behaviors, 4,* 7-26.

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry, 36,* 717-732.

Franko, D. L., & Omori, M. (1999). Subclinical eating disorders in adolescent women: a test of the continuity hypothesis and its psychological correlates. *Journal of Adolescence, 22,* 389-396.

Fredrickson, B. L., & Roberts, T. (1997). Objectification theory. Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly, 21,* 173-206.

Freitag, A. R. (2012). *Relationships between body image and religiosity among emerging adult women.* Retrieved from http://proquest.umi.com/pqdlink?Ver=1&Exp=12-23-2017&FMT=7&DID=2651312431&RQT=309&attempt=1&cfc=1.

Fuchs, Y. Y. (1987). *A woman's guide to Jewish observance.* Michigan: Targum Press, Inc.

Goldwasser, D. (2000). *Starving to live*. New York: Bottom Line Design.

Gravetter, F. J. & Forzano, L. B. (2009). *Research methods for the behavioural sciences.* Belmont, CA: Wadsworth.

Greenberg, S. T. (2009). *An investigation of body image dissatisfaction among Jewish American females: an application of the tripartite influence model* (Doctoral dissertation, University of Iowa). Retrieved from http://ir.uiowa.edu/etd/368.

Hardit, S. K., & Hannum, J. W. (2012). Attachment, the tripartite influence model, and the development of body dissatisfaction. *Body Image, 9,* 469-475.

Health Professions Council of South Africa. (2008). *General ethical guidelines for health researchers*. Retrieved from http://www.hpcsa.co.za/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_6.pdf.

Heilman, S. C., & Witztum, E. (1997). Value-sensitive therapy: Learning from ultra orthodox patients. *American Journal of Psychotherapy, 51*, 522–541.

Hesse-Biber, S., Leavy, P., Quinn, C. E., & Zoino, J. (2006). The mass marketing of eating and eating disorders: The social psychology of women, thinness and culture. *Women's Studies International Forum, 29,* 208-224.

Hill, P. C., & Pargament, K. I. (2003). Advances in the conceptualization and measurement of religion and spirituality. *American Psychologist, 58*(1), 64-74.

Hinshelwood, R. (1991). Projective Identification. In *A Dictionary of Kleinian Thought,* pp. 180-208. Northvale, Jason Aronson Inc.

Hoyt, W. D., & Ross, S. D. (2003). Clinical and subclinical eating disorders in counseling center clients: A prevalence study. *Journal of College Student Psychotherapy, 17*(4), 39-54.

Hutchinson, D. M., & Rapee, R. M. (2007). Do friends share similar body image and eating problems? The role of social networks and peer influences in early adolescence. *Behaviour Research and Therapy, 45,* 1557-1577.

Jacobs-Pilipski, M. J., Winzelberg, A., Wilfley, D. E., Bryson, S. W., & Taylor, C. B. (2005). Spirituality among young women at risk for eating disorders. *Eating Behaviours, 6,* 293-300.

Jewish Virtual Library (2008). *Asceticism*. Retrieved from http://www.jewishvirtuallibrary.org/jsource/judaica/ejud_0002_0002_0_01417.html.

Jones, D. C., & Crawford, J. K. (2006). The peer appearance culture during adolescence: Gender and body mass variations. *Journal of Youth and Adolescence, 2,* 257-269.

Katz, M., & Schwartz, G. (2002). *Searching for Meaning in Midrash*. Philadelphia, USA: The Jewish Publication Society.

Keel, P. K., & Klump, K. L. (2003). Are eating disorders culture-bound syndromes: Implications for conceptualising their etiology. *Psychological Bulletin, 129*(5), 747-769.

Keery, H., van den Berg, P., & Thompson, J. K. (2004). An evaluation of the tripartite model of body dissatisfaction and eating disturbance with adolescent girls. *Body Image, 1,* 237-251.

Kim, K. H. (2006). Religion, body satisfaction and dieting. *Appetite, 46,* 285-296.

Kohn, L. (2007). *Modesty: The last taboo*. Retrieved from http://www.torah.org/learning/women/class41.html#.

Kohn, L., & Silverstein, M. (1999). *Eating your way to self-esteem.* Retrieved from http://www.torah.org/learning/women/class19.html.

Koskina, N., & Giovazolias, T. (2010). The effect of attachment insecurity in the development of eating disturbances across gender: The role of body dissatisfaction. *The Journal of Psychology, 144*(5), 449-471.

Kostanski, M., & Gullone, E. (2007). The impact of teasing on children's body image. *Journal of Child and Family Studies, 16,* 307-319.

Lamm, M. (2011). *Modesty (Tz'ni'ut).* Retrieved from http://www.myjewishlearning.com/practices/Ethics/Our_Bodies/Clothing/Modesty.shtml.

Larkin, M., Watts, S. & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology, 3,* 102 – 120.

Latzer, Y., Orna, T., & Gefen, S. (2007). Level of religiosity and disordered eating psychopathology among modern-orthodox Jewish adolescent girls in Israel. *International Journal of Adolescent Medical Health, 19(4),* 511-521.

Lemma, A. (2011). In search of mother's love. *Therapy Today, 22*(9), 10.

Levine, M. O., & Murnen, S. K. (2009). "Everybody knows that mass media are/are not a cause of eating disorders": A critical review of evidence for a causal link between media, negative body image, and disordered eating in females. *Journal of Social and Clinical Psychology,* 28(1), 9-42.

Lieberman, M., Gauvin, L., Bukowski, W. M., & White, D. R. (2001). Interpersonal influence and disordered eating behaviours in adolescent girls. The role of peer modelling, social reinforcement, and body-related teasing. *Eating Behaviors, 2,* 215-236.

Lowes, J., & Tiggemann, M. (2003). Body dissatisfaction, dieting awareness and the impact of parental influence in younger children. *British Journal of Health Psychology, 8,* 135-147.

Markey, C. N. & Markey, P. M. (2005). Relations between body image and dieting behaviours: An examination of gender differences. *Sex Roles, 53(7),* 519-530.

Markey, C. N. (2010). Invited commentary: Why body image is important to adolescent development. *Journal of Youth Adolescence, 39,* 1387-1391.

Miller, M. N. & Pumariega, A. J. (2001). Culture and eating disorders: A historical and cross-cultural review. *Psychiatry, 64*(2), 93-110.

Mumford, D. B., Whitehouse, A. M., & Choudry, I. Y. (1992). Survey of eating disorders in English-medium schools in Lahore, Pakistan. *International Journal of Eating Disorders*, *11*(2), 173.

Nasser, M. (1988). Culture and weight consciousness. *Journal of Psychosomatic Research, 32(*6), 573-577.

Notelovitz, T. (2011). *Abnormal eating attitudes and weight loss behaviours of girls attending a "traditional" Jewish high school in Johannesburg: an examination of teacher's awareness*. Retrieved from http://hdl.handle.net/10019.1/6726.

Ogle, J. P., & Damhorst, M. L. (2000). Dieting among adolescent girls and their mothers: an interpretive study. *Family and Consumer Sciences Research Journal*, *28*(4), 428-462.

O'Kearney, R. (1996). Attachment disruption in anorexia nervosa and bulimia nervosa: A review of theory and empirical research. *International Journal of Eating Disorders*, *20*, 115–127.

Patton, G. C., Johnson-Sabine, E., Wood, K., Mann, A. H., & Wakeling, A. (1990). Abnormal eating attitudes in London schoolgirls- a prospective epidemiological study: outcome at twelve month follow-up. *Psychol Med, 20,* 383-394.

Pelletier, L. G. & Dion, S. C. (2007). An examination of general and specific motivational mechanisms for the relations between body dissatisfaction and eating behaviours. *Journal of Social and Clinical Psychology, 26*(3), 303-333.

Rayner, K. E., Schniering, C. A., Rapee, R. M., Taylor, A., & Hutchinson, D. M. (2013). Adolescent girls' friendship networks, body dissatisfaction, and disordered eating: Examining selection and socialisation processes. *Journal of Abnormal Psychology, 122*(1), 93-104.

Rieger, E., Touyz, S. W., Swain, T. & Beumont, P. (2001). Cross-cultural research on anorexia nervosa: Assumptions regarding the role of body weight. *International Journal of Eating Disorders, 29*(2), 205.

Schwitzer, A. M. (2012). Diagnosing, conceptualising, and treating eating disorders not otherwise specified: A comprehensive practice model. *Journal of Counseling and Development, 90*(3), 281-289.

Shoemaker, L. B., & Furman, W. (2009). Parent–adolescent relationship qualities, internal working models, and attachment styles as predictors of adolescents' interactions with friends. *Journal of Social and Personal Relationships, 26,* 579–603.

Simmons, S. (2006). *ABC's of Kosher*. Retrieved from http://www.aish.com/jl/m/mm/48958906.html

Smith, F. T., Hardman, R. K., Richards, P. S., & Fischer, L. (2003). Intrinsic religiousness and spiritual well-being as predictors of treatment outcome among women with eating disorders. *Eating Disorders, 11,* 15–26.

Smith, J. A., & Osborn, M. (2008*). Qualitative Psychology: A practical guide to research methods.* London: Sage Publications.

Smith, J. A., & Osborn, M. (2003). *Interpretative phenomenological analysis*. Retrieved from http://research.familymed.ubc.ca/files/2012/03/IPA_Smith_Osborne21632.pdf

Smith, M. H., Richards, P. S., & Maglio, C. J. (2004). Examining the relationship between religious orientation and eating disturbances. *Eating Behaviours, 5*, 171-180.

Smolak, L., Levine, M. P., & Schermer, F. (1999). Parental input and weight concerns among elementary school children. *International Journal of Eating Disorders, 25*, 263–271.

Snow, P. M. (2008). *The 'thin ideal', anorexia nervosa, body image and John Paul II's theology of the body.* Toronto: University of St Michael's College.

Stice, E., & Shaw, H. E. (2002). Role of body dissatisfaction in the onset and maintenance of eating pathology: A synthesis of research findings. *Journal of Psychosomatic Research, 53,* 985-993.

Strasser, T. (1996). *The Jewish psyche becomes ripe field for eating disorders*. Retrieved from http://www.jweekly.com/article/full/4531/the-jewish-psyche-becomes-ripe-field-for-eating-disorders/.

Szabo, C. P., & Allwood, C. W. (2004). A cross-cultural study of eating attitudes in adolescent South African females. *World Psychiatry, 3*(1), 41-44.

Tantleff-Dunn, S., Barnes, R. D., & Larose, J. G. (2011). It's not just a "woman thing"; the current state of normative discontent. *Eating Disorders: The Journal of Treatment & Prevention, 19*(5), 392-402.

Terre Blanche, M., Durrheim, K. & Painter, D. (2006). *Research in practice.* Cape Town, SA: University of Cape Town Press.

Troisi, A., Di Lorenzo, G., Alcini, S., Nanni, R. C., Di Pasquale, C., & Siracusano, A. (2006). Body dissatisfaction in women with eating disorders: Relationship to early separation anxiety and insecure attachment. *Psychosomatic Medicine*, *68*(3), 449–453.

Twerski, F. (2000). *Body and soul*. Retrieved from http://www.aish.com/f/rf/Body_and_Soul.html.

Ward, A., Ramsay, R., & Treasure, J. (2000). Attachment research in eating disorders. *British Journal of Medical Psychology, 73*, 35–51.

Weinberger-Litman, S. L. (2007). *The influence of religious orientation, spiritual well-being, educational setting, and social comparison on body image and eating disturbance in Jewish women*. USA: City University of New York.

Wildes, J. E., Emery, R. E., & Simons, A. D. (2001). The roles of ethnicity and culture in the development of eating disturbance and body dissatisfaction: A meta-analytic review. *Clinical Psychology Review, 21*(4), 521-551.

Yafeh, O. (2007). The time in the body: Cultural construction of femininity in ultraorthodox kindergartens for girls. *Ethos, 35*(4), 516-553.

Yaffe, S. (2013). *Arranged Marriages?* Retrieved from http://www.chabad.org/library/article_cdo/aid/69429/jewish/Arranged-Marriages.htm.

Appendix A: Participant Information Sheet

Dear potential participant,

Thank you for taking an interest in my research. My name is Yael Friedman and I am currently doing my Masters in Clinical Psychology at Wits University. One of the criteria for the course is the formulation of a research report that will be submitted at the end of this year (2013).

I have chosen to do my research report on body image in religious Jewish women. I am specifically seeking to understand the formulation of body image in unmarried women between the ages of 18 and 29, and who have been religious all their life. I will be exploring factors such as the way in which you conceptualise your body, the factors that influence your view of your body, and your thoughts regarding the connection between your body image and your religious beliefs, among others. I would like to invite you to participate in this study on a voluntary basis. This means that the decision to partake in the research is entirely up to you. Should you wish to withdraw from the study at any point, there will be no consequences or penalties imposed on you, and all data collected from you will be destroyed.

Participation in this research is completely voluntary. Should you wish to participate, you will be requested to attend an interview with myself that will last between half an hour and an hour. This interview will take place in a location that is mutually convenient, and where you feel most comfortable. For research purposes, the interview will be audio recorded in order to allow an in-depth analysis later on. These audio recordings will not be heard by anyone other than myself, and they will be destroyed two years after the completion of the research. The recordings as well as

any identifying information will be kept in a password protected file on my computer, and any written documents will be locked away in a drawer that only I have access to.

During the interview, you will not be pressured to disclose any information that you are not comfortable with, and all identifying information will be kept confidential. Your name and any identifying information will be changed in all written documents in order to ensure your anonymity, and you are allowed to withdraw from the study at any time should you wish to. You are free to ask me any questions you have relating to the research as we progress through the interview.

The possible risks you may incur if you choose to partake in this research are minimal. If after the interview you feel distressed in any way, I will direct you to free counselling that is available. The Emthonjeni centre at Wits University provides a free counselling service that you are welcome to make use of. The telephone number for the centre is (011) 717-4513.

The results of the research will be submitted to the university library, and ultimately the goal is to have it published in both local and international journals. Should you wish to see the final write up, you can let me know and I will email you a summary of the results.

If you are interested in possibly partaking in this research or you have any questions, please contact me on 072 200 2670 or yael.fried@hotmail.com, or my supervisor Yael Kadish at Yael.Kadish@wits.ac.za

Regards,

Yael Friedman

Appendix B: Informed Consent

Dear Participant,

Thank you for agreeing to participate in this study. This form details the purpose of the study, a description of the involvement required and your rights as a participant. Please note that in order to participate in the research you are required to sign this document.

- The purpose of the study is to gain an understanding of the ways in which religious women view their body and appearance, and what influences these perceptions of their body.
- Your participation in the research consists of one interview with me, lasting between half an hour to an hour.
- The interview will be audio recorded in order to assist me to accurately capture your insights, and to facilitate an in-depth exploration of the discussion.
- The recordings will be heard by myself only, and will be destroyed two years after the research has been completed. I will produce a verbatim account of the interview, where pseudonyms will be used. Myself and my supervisor will be the only people with access to this document.
- You have the right to decline to answer any questions that you do not feel comfortable with, and you are encouraged to clarify any uncertainties you are experiencing during the interview.

- You have the right to withdraw from the study at any time without any negative consequences imposed on you.
- In the event you choose to withdraw, all information (including recordings) will be destroyed and will not be included in the final write up.
- In order to ensure your anonymity, I will assign you a pseudonym in all written documents, and will change any identifying details if necessary.
- In the final write up, direct quotes may be used, however your anonymity will always be the primary concern, and quotes will thus be used with discretion.

If you have any questions or concerns, please contact myself (Yael Friedman) on 072 200 2670, or my supervisor Yael Kadish at Yael.Kadish@wits.ac.za.

By signing below I acknowledge that I have read and understand the above information.

Signature: _____ Date: _____

Appendix C: Consent for Audio Recording and Transcription

Dear Participant,

- This study involves the audio recording of your interview with the researcher.
- Neither your name nor any other identifying information will be associated with the audio recording or transcription.
- Only the researcher will be able to listen to the recordings, and they will be kept in a password protected file on the researcher's computer.
- The tapes will be transcribed by the researcher and erased two years after the completion of the research report.
- Quotes from the transcriptions may be used in the final report, however neither your name nor any other identifying information will be used in the transcripts, final report, or any written documents.

By signing this form, I am allowing the researcher (Yael Friedman) to audio record me as part of this research.

Participant's signature: _____

Appendix D: Interview Schedule

The following questions will form the foundation of the interviews:

1. How do you feel about your current body, shape and appearance?
2. Can you remember any situations in which you felt pressure to transform your body, or you experienced shame about your body?
3. Can you remember any situation in which you felt proud of your body?
4. In what way has your social environment influenced the way in which you view your appearance or body?
5. In what way has your family contributed to the way in which you view your body?
6. What kinds of messages did you receive about your body from your family when you were growing up?
7. How do you perceive the laws within Judaism regarding the body and appearance?
8. From your experience, what influence do your religious beliefs regarding the body have on the way in which you view your own body?
9. Broadly speaking, how do you think your mom feels about her own body?
10. To what extent do you have contact with the non-religious world, for example do you have non-religious friends? Did you go to a non-religious school? Do you watch movies and/or television? Do you read secular magazines?
11. From any exposure that you have had with the non-religious world, what do you believe is their perception of beauty and the body?