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Problematic eating behaviors among college women: suggesting a subgroup

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**PROBLEMATIC EATING BEHAVIORS AMONG COLLEGE WOMEN:
SUGGESTING A SUBGROUP**

by
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A Thesis

Submitted to the
Department of Psychology
College of Science and Mathematics
In partial fulfillment of the requirement
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Thesis Chair: Roberta Dihoff, Ph.D.

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Abstract

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PROBLEMATIC EATING BEHAVIORS AMONG COLLEGE WOMEN:
SUGGESTING A SUBGROUP

2013/14

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Master of Arts in School Psychology

Problematic eating behaviors and attitudes are a major problem for men and especially women across the country. A particularly vulnerable group of women to eating disorders and skewed perception of their bodies are college women with 86% of women reporting onset of their eating disorder by the age of twenty (ANAD, 2000). Previous research suggests that women in sororities report higher insurances and experiences with eating behaviors and attitudes associated with eating disorders. The current study hypothesized that sorority women will have higher reported levels of problematic eating behaviors and attitudes associated with eating disorders than non-sorority women. The participants were split into two groups of sorority women or non-sorority women, and were asked to complete the Eating Disorder Inventory-3 (2004). An independent samples t-test was used to compare the means on the Eating Disorder Inventory-3 between the sorority and non-sorority women. A significant difference was found between the sorority women's and non-sorority women's score on the eating disorder risk composite. Interpretation of the findings is discussed in light of limitations in the research design. Implications for more and extensive research of the at-risk subgroup of sorority women are discussed.

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Chapter 1: Introduction

Need for Study

Problematic eating behaviors and attitudes are a major problem for many men and women across the country. Even though men can be affected with eating disorders, women are affected with an eating disorder or associated problems more often in their lifetime. A particularly vulnerable group of women to eating disorders and skewed perception of their bodies are college women with 86% of women reporting onset of their eating disorder by the age of twenty (ANAD, 2000). However, there seems to be another subculture among college women who have been thought to experience a higher than normal frequency of problematic eating behaviors and attitudes, and that are women in sororities. Sororities are collections of anywhere between 20 to over 100 women where eating behaviors and attitudes can be effected by the other members. In 2011, there were 285,543 undergraduate women comprising the 26 major sororities that make up the National Panhellenic Conference (National Panhellenic Conference, 2011). With a large amount of women in these sororities nationwide, research must focus on determining and, ultimately, helping possible problematic eating behaviors and attitudes. A handful of studies have looked at the eating trends, behaviors, and attitudes of sorority women, with a majority of researchers finding significant or in the direction of significant levels of problematic eating behaviors and attitudes (Schulken & Pinciario, 1997; Alexander, 1998; Basow, Foran, & Bookwala, 2007; Rolnik & Engeln-Maddox, 2010). This study aims to add to and update research on a possible link between problematic eating behaviors and attitudes and sorority organization members. If sorority women were to be found to be a different at-risk subgroup to college women, sorority organizations or college campuses

could focus resources towards prevention programs and awareness. Exposure to the issue and knowledge of the topic could be a positive step in reducing the problematic eating patterns usually found among sorority women.

Purpose. As stated above, there are some studies and research on the negative impact sorority membership has on body image and problematic eating behaviors and attitudes. The purpose of current study was to examine if there was a difference between sorority women's reported eating behaviors and attitudes associated with disordered eating than non-sorority women. The present study looks to increase the research and awareness of the eating behaviors and attitudes among sorority women.

Hypothesis

Sorority women will have higher reported levels of problematic eating behaviors and attitudes associated with eating disorders than non-sorority women.

Definitions

Sorority: a chiefly social organization of women students at a college or university, usually designated by Greek letters (*Freedictionary.com*, 2013)

Eating Disorder Inventory-3: a structured self-report that yields information on disordered eating patterns and ideations through 12-subscales: Drive for Thinness, Bulimia, Body Dissatisfaction, Low Self-Esteem, Personal Alienation, Interpersonal Insecurity, Interpersonal Alienation, Interoceptive Deficits, Emotional Dysregulation, Perfectionism, Asceticism, and Maturity Fears (Garner, 2004).

Anorexia Nervosa: refusal to maintain a minimally normal body weight, with weight loss leading to a body weight of less than 85% of the normal weight to be expected for a person's age and height; characterized by intense fear of gaining weight, disturbances in

weight or body perceptions, and amenorrhea (absence of at least 3 consecutive menstrual cycles). Includes two subtypes: restricting type or binge eating/purging type (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000).

Bulimia Nervosa: recurring episodes of binge eating followed by inappropriate compensatory behaviors, which include self-induced vomiting; misuse of laxatives, diuretics, or other medications; fasting; or excessive exercise. Includes two subtypes: purging type or nonpurging type (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000).

Binge Eating: eating in a discrete period of time (usually less than two hours) an amount of food that is larger than most individuals would eat under similar circumstances (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000).

Assumptions. The present study assumed that the scales used to measure problematic eating behavior and attitudes can assess the subculture of sorority women properly. It was also assumed that the non-sorority women did not currently have or sought sorority membership. To minimize this potential problem, participants were asked if they are currently in or want to be in a sorority. Participants were presumed to be honest and accurately reported their sorority membership.

Limitations. As with all research, this study had some limitations to work through. This study had a small sample size of participants that lack diversity with a primarily Caucasian sample. Participants were females from one college, including two different sororities and non-sorority members, which may not be representative of the bigger population of all sorority women. There were also limitations based on the method of data collection, which was self-report.

Summary. In chapter two, there is an extensive review of the literature and what previous research has found in accordance to eating disorders and ideations, body dissatisfaction, and their effects on college women in sororities. Previous research has stated those college women with or wanting sorority membership have higher disordered eating behaviors, tendencies, and attitudes. However, there was limited or outdated research regarding the certainty of sorority women, in fact, being their own at-risk subgroup for problematic eating behaviors and attitudes. The present study looked to increase the relevant research regarding possible problematic eating behaviors and attitudes in sorority women. The current study anticipated to find that sorority women will score higher on reported eating behaviors and attitudes associated with disordered eating than non-sorority women of the same institution.

Chapter 2: Literature Review

Introduction

The topic of eating disorders has been a highly researched and studied across multiple variables, which consist of gender, age, race, possible causes, risk factors, or any combination of them. Extensive research has shown that women struggle more with eating disorders or eating disorder-like symptoms and the associated thoughts and attitudes (Calogero, Davis, & Thompson, 2005; Piran, & Cormier, 2005). In regards to these types of behaviors and attitudes and age, research has also shown that adolescent and college-aged females will more likely struggle with problematic eating behaviors and attitudes during that time period (Cashel, Cunningham, Landeros, Cokley, & Muhammad, 2003; Cooley, & Toray, 2001; Kurth, Krahn, Nairn, & Drewnowski, 1995; Morris, Parra, & Stender, 2011; Tylka, & Hill, 2004). For many women, college is a time to join groups and make lifelong and meaningful connections, such as joining or forming a club or interest group, playing for a sports team, or joining a sorority. However, there seems to be a deficit in research that examines these groups of women who may be at a higher risk for developing or promoting problematic eating behaviors and attitudes. Identifying possible at-risk subgroups of women in college, like sorority women, is critical due to the complex influence of group dynamics, systems theory, norms, and social influence on an individual, which include their behaviors and attitudes on eating.

Group Dynamics

In 1947, Kurt Lewin coined the term “group dynamics” in his research article that examined many social situations and people in groups. This pioneering research observed the formation of groups, and gave way to some of the factors known today that coincide

with groups. These factors include group purpose, communication patterns, power, control issues, and member roles. There are two major components when speaking of group dynamics, which are group content and group process. Group content is the information and ideas exchanged between members, and the purpose of the group. On the other hand, the group process is the interactions and relationships among members (Gladding, 2012). Being primarily social groups, group processes or interactions are important and quite relevant to sororities. Donigian and Malnati (1997) found that there are seven common processes that occur in groups, which include contagion, conflict, anxiety, consensual validation, universality, family reenactment, and instillation of hope. Contagion refers to the process whereas an individual member's behavior prompts a reaction or interaction from the group. Another process of importance to the current study was consensual validation, which is when an individual checks or compares their own behavior with the group. To have a productive group, there must be a balance of group content and process, which can be better understood when thinking of a group as a system. The group system consists of the group leader, or leaders, the members, and the group as a whole that interact on one another constantly (Donigian & Malnati, 1997).

There have been many efforts to compile a list of factors that influence group dynamics (Argyris, 1976; Barsade, 2002; Chapman, Meuter, Toy, & Wright, 2006; Desanctis, & Gallupe, 1987; Lau, & Murnighan, 1998; Lucas, & Kline, 2008). These variables can be broken down into positive and negative group variables. Positive group variables include member commitment, readiness for group experiences, attractiveness of the group, a feeling of belonging, acceptance, security, and clear communication (Gladding, 2012). On the other hand, negative group variables can have repercussions to

any group. A major problem that arises from any particular group is avoiding conflict, which consists of silencing group members who point out the group's inadequacies or those who disagree with majority opinions within the group. Other negative variables that can occur within a group are narcissism, creating hatred to an "out-group", abandoning group responsibilities, and numbness to contradictions within the group. In addition to positive and negative variables, another key factor related to group dynamics is the group's commitment to taking or supporting risks, which may be dangerous depending on the group's goals (Gladding, 2012). Anne Reid (2004) identified factors or predictors of group behavior. Her research found that social identity and emotional attachment are the strongest predictors of group-related behavior such as group participation.

There are two common types of groups that affect group dynamics, which are heterogeneous groups and homogeneous groups. A heterogeneous group is made of individuals with different backgrounds. While a homogeneous group centers around an ideal shared or common vision, a heterogeneous group is composed of different backgrounds, such as a counseling group (Gladding, 2012). Sorority organizations fall somewhere between those two groups because most members have different backgrounds, but individuals gravitate to these organizations for similar reasons. For example, people join these organizations wanting a sense of belonging or they may be drawn to the mission or vision for that sorority.

Systems theory. Within System Theory, group members are continuously deciding between the need to differentiate themselves and their own needs, with integrating themselves with the group members by participating in tasks or activities (Matthews, 1992). Group leaders must help individual members and the group find a

balance between the two concepts. Under System Theory, all events, even ones deemed irrelevant, make a difference in the group, which puts a group in a constant stage of change (Gladding, 2012).

Social comparison theory. As a leader in modern social psychology, Leon Festinger (1954) originated Social Comparison Theory as a way to help explain the interactions between individuals and others. He believed people were motivated to make evaluations of their own abilities and attitudes based upon comparing oneself to others to ensure accuracy. Therefore, throughout this process, individuals tend to compare themselves to others they see as similar to themselves. Recently, Social Comparison Theory has been expanded by now knowing people compare themselves to others about many topics and events including emotions, personality, and prestige (Taylor, Peplau, & Sears, 1997).

As outlined by Napier and Gershenfeld (1993) there appear to be three major reasons people join groups. The first reason is if an individual likes the task or activity of the group. When a person is drawn to the usual activities of a group, it becomes much more likely that person will join or stay with the group. People also join groups based on liking the people in that group. An individual will join a group initially for activities, but he or she tends to make connects and relationships, which makes the group more enjoyable. Finally, people join groups as a means of satisfying an individual's needs.

Having members is the lifeline of any group because they are the key elements to the group formation. To increase membership, the group must be attractive to individuals. It begins with cohesiveness, which is the attraction a group has for its members. Accordingly, goals within a group are important to attractiveness because when an

individual's goals coincide with the goals of the group they are more likely to choose to be a member of that group. The final level of attractiveness in membership is the actual and perceived group climate. The more group members perceive other members as committed and compatible, the more attractive the group becomes. Accordingly, if there is a high level of interaction or better relationships among members, attractiveness of group membership increases (Napier & Gershenfeld, 1993).

Once a member, a person might make that group a reference group, which is a group the individual uses as a standard for assessing and comparing themselves including behaviors and attitudes (Schaefer & Lamm, 1992). For many people a reference group could be, but are not limited to, immediate family, church group, etc. This group is of such great importance to an individual that a person may choose to accept influence from group members or the group as a whole. The influence could be so strong that it could affect a person's attitudes towards themselves. Reference groups serve two functions for an individual. This group is used to compare themselves to, while setting norms for the person to conform to (Napier & Gershenfeld, 1993).

Norms

Social norms are the rules and expectations that a member of any group or society are expected to follow. These rules can influence a person's attitudes, beliefs, or behavior (Taylor, Peplau, & Sears, 1997). For an individual, group norms are ideals held by members about what should or should not be done by any one member in certain situations. Norms are not only just rules to follow, but also include ideations about patterns of behavior. Group norms are learned by its members, and provide a very

important tool for social control as norms act on our behavior (Napier & Gershenfeld, 1993).

Norms at the group level are more elusive and harder to explain. When a new member joins a group, they are forced to learn the group norms and how everything within the group works. New members try to fit into the group as quickly as possible, so they will look for clues or cues for what behaviors or attitudes are acceptable per the group. They are also trying to gain acceptance from existing members. However, when looking from the existing members perspective, they report that they believe there are no “rules” that members are following. Existing members consider their behaviors or attitudes to be just how they act normally. This phenomenon has been labeled cultural relativism (Napier & Gershenfeld, 1993). This is possible when norms become unconscious to us and are outside of our awareness. People will conform to the norms without even knowing they feel these pressures.

From a behaviorist standpoint, groups maintain norms through reinforcement and punishment. Group members will behave according to what behavior is being punished or rewarded. Behavior that is punished will decrease, and behavior that is reinforced will increase (Napier & Gershenfeld, 1993). Group norms set the precedent as to what the punishable and rewarded behavior should be. A group that has a goal or ideal in physical attractiveness will reinforce behavior that produces such a result.

Norms relative to the group can be seen within Christian Crandall’s (1988) research regarding problematic eating behaviors and attitudes in sorority women. Crandall found in one sorority that the more a member participated in binge eating, the more popular that individual was. In one sorority, popularity was based on the amount a

member participated in binge eating. In contrast, within the second sorority popularity was contingent on binge eating the “right” amount. This shows exactly how norms of any one group can vary so much from group to group.

Social Influence

Social influence is the process by which a group pressures its members to conform to their norms. Social influence can also be when a member or multiple members controls another member’s attitudes or behaviors. This influence can be overt or covert in nature through either direct communication or nonverbal signals or cues (Napier & Gershenfeld, 1993). An issue arises when the group has goals that they want to reach or maintain. The group will begin to pressure its members for uniformity to help achieve the group goals (Festinger, 1950). Members will feel pressure from within the group, consciously or subconsciously, to conform to ideas and behaviors exhibited in the group as a whole. Collusive behavior can develop in members as almost a defense mechanism. Conscious collusion is when an individual goes along with a behavior or opinion, that they disagree with, because of the unspoken norms which continues such thoughts or behaviors. As a result, the individual is suppressing their true feelings within the group, in order to continue group norms (Napier & Gershenfeld, 1993). Members will practice conscious collusion in order to suppress feelings or behaviors that would go against the norms of a group. This could lead to problems because self-silencing is a predictor of eating disorders (Piran & Cormier, 2005). Lisbeth Berbary (2012) found similar overt and covert means of social influence and behavior control within sorority organizations. Sororities have an overt discipline system with written standards for its members.

However, within sororities more covert social influence techniques are being used and are very effective, such as “girl-talk” among sorority members (Berbary, 2012).

Members are expected to adhere to norms to reach the group goal. For example, if a group has a goal of physical attractiveness it would lead to members maintaining norms by any means to achieve such a goal (Napier & Gershenfeld, 1993). Friendship cliques and groups will influence an individual’s behavior and attitudes (Paxton, Schutz, Wertheim, & Muir, 1999). Behavior associated with eating disorders can come from pressure within a group (models, athletes, etc.) (Alexander, 1998). For groups like these, there seemed to be functionality behind the problematic eating behaviors with emphasis and importance placed on a particular body image or thin ideal. However, there seems to be no practicality for problematic eating behaviors within social groups, so disordered eating behaviors were most likely psychologically driven. Alexander (1998) looked at the prevalence of problematic eating behaviors and attitudes in sorority women, the experimental group. Furthermore, comparison groups of women who participated on a sports team or a dance company, and an addition control group of college women not affiliated with any of the previously mentioned groups were also included. It was hypothesized that sorority women would report more problematic eating behaviors and attitudes than the control group, and would deviate from the comparison group in the psychological symptomology of eating disorders. Participants completed the Eating Disorder Inventory, the Eating Attitudes Test, and Bulimia Test-Revised. Alexander (1998) found a non-significant trend of sorority women scoring more clinically on all of the measures than the non-sorority women. Sorority women scored non-significantly lower on the ineffectiveness subscale than activity members, displaying that sorority

women showed more psychological indicators of problematic eating behaviors and attitudes. The study suffered a limitation in that only 17 females identified with just an activity group, so the researcher coded girls who were both sorority and activity members as only activity members. There was an uncertainty of how this changed the results. This study enhanced the body of knowledge on problematic eating behaviors and attitudes, but left readers with more questions than answers.

College Women

Approximately over the past 20 years, there has been a great deal of research and literature on the prevalence of disordered eating behaviors and attitudes among college women. Many researchers have indicated that women in college are at a higher risk for developing an eating disorder or experience problematic eating behaviors or attitudes (Hausenblas & Carron, 1998; Heilbrun Jr. & Friedberg, 1990). Mintz and Betz (1988) found that 61% of female participants had some form of intermediate disordered eating behaviors. Also, they found low self-esteem, negative body image, and the tendency to support sociocultural beliefs regarding a thin ideal for body type to be strongly correlated with problematic eating behaviors and attitudes. Berg, Frazier, and Sherr (2009) were able to look at the change in problematic eating behaviors and attitudes in college women over 2 months. 186 females in college were asked to complete the Eating Disorder Inventory, the Eating Disorder Diagnostic Scale, the Center for Epidemiological Studies-Depression Scale, and a Academic Stress Scale once, and then another time 2 months later. Berg et al. (2009) found that 49% of these women at Time 1 and 40% of women at Time 2 participated in binge eating at least once per week, and the most common behaviors reported included excessive exercising and fasting. Overall, college women's

problematic eating behaviors and attitudes remained stable over time. The researchers also looked at the relationships between disordered eating risk factors and symptoms, and found that bulimic attitudes were associated with the cognitive processes that link binge eating to mood states. The disconcerting finding of the possible stability of problematic eating behaviors and attitudes may also be from the relatively short gap in time between the two time periods. However, finding a connection between certain actions with specific attitudes helps future research discern what particular groups may struggle with problematic eating behaviors or attitudes.

Sorority women

There are countless clubs, activities, and groups to belong to on any given college campus in the United States. Not many people have looked at the possibility of there being other at-risk subgroups on college campuses or within women. Much of the data and research available on sorority membership and problematic eating behaviors and attitudes was somewhat outdated or lacks in statistical significance. In 1997, Schulken and Pinciario explored four attributes associated with problematic eating behaviors and attitudes: drive for thinness, body dissatisfaction, body size perceptions, and bulimic behavior. These researchers collected data using 3 subscales of the Eating Disorder Inventory (Drive for Thinness, Bulimia, and Body Dissatisfaction) and the Body Mass Index Silhouettes Survey from 629 women from 12 different sororities, along with comparing their data to data found in previous research on college women in hopes of establishing sorority women as a unique subgroup of at-risk college women. Schulken and Pinciario found that sorority women scored higher on the Eating Disorder Inventory's two subscales of Drive for Thinness and Body Dissatisfaction compared to college

women from the previous studies. They also found that 36.1% of sorority women who were classified as underweight, based on their calculated body mass index, chose a larger silhouette to describe themselves. The findings suggest that women in sororities have a greater fear of becoming fat, are more preoccupied with dieting than other college women, and seem to have distorted body-size perceptions, which are consistent for an at-risk population for disordered eating behaviors and attitudes (Schulken & Pinciario, 1997). This study suffers from limitations in that they did not collect their own data with non-sorority women, but offers updated and significant findings for distinguishing sorority women as an at-risk subgroup for problematic eating behaviors and attitudes.

Sororities may also be attracting people who are already at-risk for problematic eating behaviors and attitudes. Rolnik, Maddox, and Miller (2010) found that people who come out to rush a sorority scored higher in eating disordered behaviors and attitudes than first-year undergraduate women not participating in the rush process. Accordingly, Basow, Foran, and Bookwala's (2007) research suggested that sororities attracted at-risk women for disordered eating behaviors and attitudes, and living in the sorority house, in close proximity to other members, increased the chances of problematic eating behaviors and attitudes. Allison and Park (2003) hypothesized that belonging to a sorority would result in higher levels of disordered eating behaviors over a period of time. They found similar levels between sorority women and non-sorority women on most of the subscales of the Eating Disorder Inventory-3, except for the Drive for Thinness. Non-sorority women decreased on the Drive for Thinness scale, which suggests that women in sororities tend to have a stronger desire for thinness for a longer period of time.

Chapter 3: Methodology

Participants

The present study drew a sample of 66 female students. Participants were currently undergraduate students of Rowan University. Participants were divided into two groups of “sorority women” or “non-sorority” women. Non-sorority women were recruited from the Rowan University Subject Pool. Sorority women participants were recruited while attending a general meeting for sorority women volunteers. The majority of participants were between 18 and 20 years old.

Table 1
Descriptive Statistics: Sample Population

Variable	Descriptive Statistic
Sorority Membership	
Yes	33 (50%)
No	33 (50%)
Age	
18	10 (15.2%)
19	24 (36.4%)
20	20 (30.3%)
21	10 (15.2%)
22	2 (3.0%)
Year in School	
Freshman	23 (35%)
Sophomore	20 (30%)
Junior	19 (29%)
Senior	4 (6%)

Measures

Informational questionnaire. An informational questionnaire was used in the current study to ascertain additional information from the participant regarding current or future sorority membership. To keep sorority and non-sorority women separate, the questionnaire asked participants “if they were currently a member of a sorority on Rowan University’s campus?” On the questionnaire, if the participant stated no, they were asked “if they planned on pursuing a sorority membership in the future?” Furthermore, if the participant answered the first question yes, they were asked to indicate which sorority for compensation purposes only. The informational questionnaire ended with instructions for the first page of Eating Disorder Inventory-3 Survey, which stated, “where it asks for Occupation, instead please indicate your year in college.”

Eating disorder inventory-3. The Eating Disorder Inventory-3 (EDI-3) is a 91-item, self-report instrument consisting of 12 subscales: Drive for Thinness, Bulimia, Body Dissatisfaction, Low Self-Esteem, Personal Alienation, Interpersonal Insecurity, Interpersonal Alienation, Interoceptive Deficits, Emotional Dysregulation, Perfectionism, Asceticism, and Maturity Fears. These subscales yield 6 composites, with one being Eating Disorder Risk specific and the other five being general, integrative psychological constructs: Ineffectiveness, Interpersonal Problems, Affective Problems, Overcontrol, and General Psychological Maladjustment. The EDI-3 has been found to be both reliable and valid for use in nonclinical samples. Specifically, the Eating Disorder Risk Composite’s reliability ranged from .90 to .97 in three normative groups. Accordingly, the drive for thinness and body dissatisfaction scales had the highest correlations among the Eating Disorder Risk scales for the normative groups (Garner, 2004).

The Eating Disorder Inventory is a widely used measure in research regarding eating disorders. It has been found to be effective and useful in nonclinical populations, such as the sample being used in the current study (Garner, 2004). Klemchuk, Hutchinson, and Frank (1990) found similar results of the usefulness of the Eating Disorder Inventory in sampling nonclinical populations. For the purpose of this study, only 3 subscale (Drive for Thinness, Bulimia, and Body Dissatisfaction) scores were scored and converted into t-scores, and combined to obtain a sum of t-scores from the Eating Disorder Risk Composite score.

Procedure

Two slightly different procedures were used for the independent variable conditions of sorority and non-sorority women. The researcher attended a general meeting for the participating sorority volunteer women. Each participant was given a packet of information, which consisted of the consent form, additional information questionnaire, and the Eating Disorder Inventory-3 (see Appendix A & B). To begin, the researcher read aloud a copy of the consent form to the group. Participants then finished the additional information questionnaire, which included instructions for the EDI-3, and the Eating Disorder Inventory-3 survey. Once a participant completed their packet, they were asked to put the packet in a pile at the front of the room, and then returned to their seat. Non-sorority women participants were obtained by using the Rowan University Sample Pool. Undergraduate students were required to sign up to participate in studies in exchange for credit for their particular class, usually for introductory level psychology courses. Female students would sign up for one of multiple 30-minute timeslots available, and were instructed to come to the assigned room on campus to take the survey. During

their timeslot, participants were given a packet of information, which consisted of the consent form, additional information questionnaire, and the Eating Disorder Inventory-3. Participants were instructed to read and keep the consent form, and then begin with the additional information questionnaire. After completing the entire survey participants brought their completed packet to the front of the room, and were instructed to leave.

Statistical Analysis (Design)

An independent samples t-test was used to compare the means on the EDI-3 Eating Disorder Risk Composite score between the sorority and non-sorority women. For the current study, the independent variable was sorority membership, and the dependent variable was the Eating Disorder Risk Composite score.

Chapter 4: Results

Based on previous research, the current study hypothesized sorority women will have higher reported levels of problematic eating behaviors and attitudes associated with eating disorders than non-sorority women. An independent samples t-test was used to compare the means on the EDI-3 Eating Disorder Risk Composite score between the sorority and non-sorority women. The independent variable was sorority membership, and the dependent variable was the Eating Disorder Risk Composite score. The current study found a significant difference between the sorority women's and non-sorority women's score on the eating disorder risk composite ($t_{64} = -3.116$, $p = .003$). More specifically, sorority members reported higher levels of problematic eating behaviors and attitudes than non-sorority women.

Table 2
Independent Samples t-test Results

	Sorority Membership	N	Mean	Std. Deviation
Mean EDRC	No	33	32.3939	11.42349
	Yes	33	40.4242	9.41419

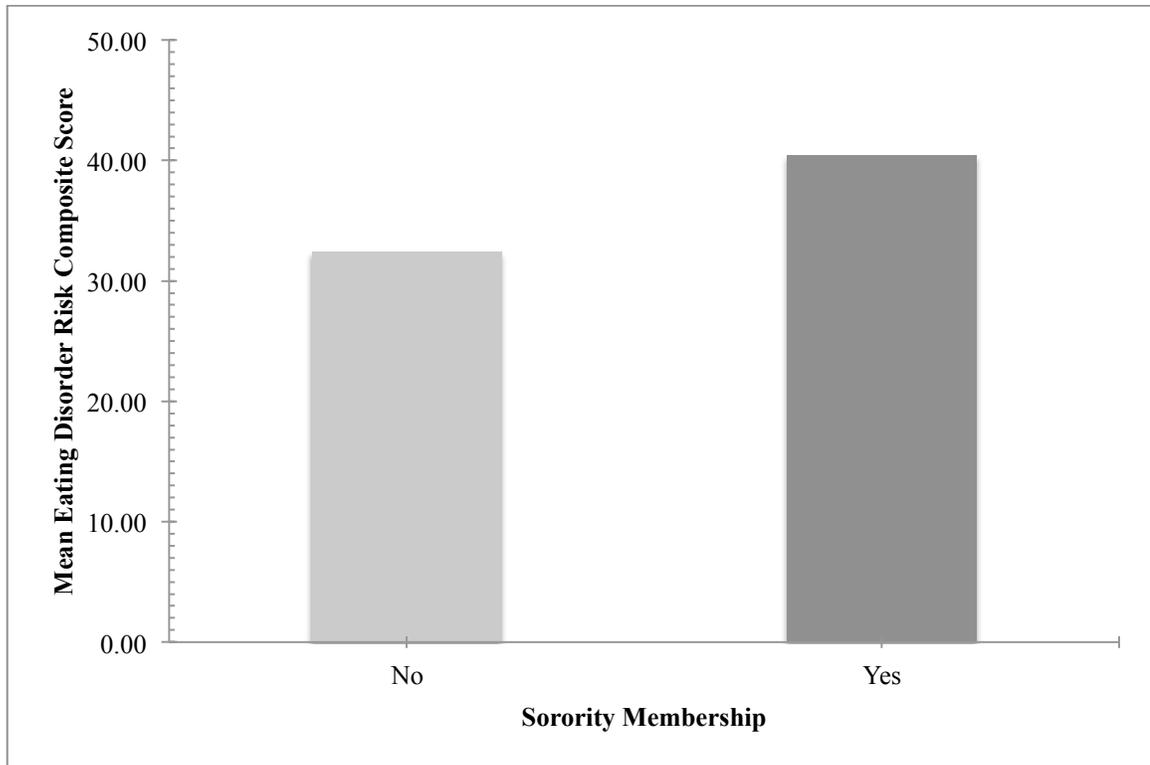


Figure 1. Comparing the mean scores on the Eating Disorder Risk Composite based upon the independent variable of sorority membership.

The previously stated results corroborate the current study's hypothesis. Sorority women did have higher reported levels of problematic eating behaviors and attitudes associated with eating disorders than non-sorority women. The implications of these results will be discussed in the following chapter.

Chapter 5: Discussion

Conclusions

The current study examined problematic eating behaviors among college women based on if the individual was in a sorority or not. This study assessed the difference in risk of developing an eating disorder among sorority and non-sorority women by looking at levels of problematic eating behaviors and attitudes exhibited in the eating disorder risk composite. This study found a significant difference between sorority women's and non-sorority women's score on the eating disorder risk composite. The current study enhanced upon other research (Alexander, 1998; Allison, & Park, 2004; Kashubeck, 1997; Meilman, von Hippel, & Gaylor, 1991; Schulken, & Pinciaro, 1997) by getting a more updated view and significant results of problematic eating behaviors and attitudes while using the Eating Disorder Inventory-3. Previous research by Alexander (1998) and Allison and Park (2004) were similar in design and procedure, yet were unable to find significant results indicating a difference in sorority and non-sorority women's problematic eating behaviors and attitudes. The current study may have been able to find significant results between the sorority and non-sorority women since more time has elapsed with little attention given to these groups of influential women in an individual's life. The findings of this study are consistent with previous research that has found that women in sororities show higher levels of problematic eating behaviors and attitudes than non-sorority women (Schulken & Pinciaro, 1997).

Limitations

The findings of the current study must be considered in the context of several limitations. The first major limitation this study had a small sample size (N=66). Also,

participants were selected using convenience sampling with using volunteer sorority women and the Rowan University subject pool. This limited sample may not be representative of all college women, whether they indicated sorority membership or not. Additionally, the outcome measures of the current study consisted of only self-report measures, which could reduce the construct validity of the results. The results of the current study also could have suffered because there were no freshmen participants in the sorority women group.

Future Directions

Given the limitations of the current study, future researchers should examine this special population of women by using a larger sample at multiple universities.

Researchers, in general, need more attention to the at-risk subgroup of sorority women, as it is an influential time and a very influential group membership. Future investigation should begin looking for specific factors that cause the problematic eating behaviors and attitudes in sorority women. A major question that kept surfacing when making conclusions about the results was, “does the sorority group promote problematic eating behaviors and attitudes, or do they attract women already at-risk for developing an eating disorder?” I believe there is a combination of these factors influencing the increased levels of problematic eating behaviors and attitudes. A couple of researchers (Keller, & Hart, 1982; Atlas, & Morier, 1994) have tried to discern these questions by examining problematic eating behaviors and attitudes in women participating in the “rush”, or selection process, for sorority membership.

Since there is evidence showing sorority women to be an at-risk subgroup of college women for eating disorders, universities’ faculty and Greek-life supervisors

should be knowledgeable of the topic and proactive with sorority women. Some researchers have begun examining the use and effectiveness of peer-led programs or interventions for eating disorders (Becker, Bull, Schaumberg, Cauble, & Franco, 2008; Black Becker, Bull, Smith, & Ciao, 2008; Stice, Rohde, Gau, & Shaw, 2009).

In closing, the investigator suggests further and more intensive research on and investigation of the at-risk subgroup of sorority women for problematic eating behaviors and attitudes because of the influence this group has over a woman, and because of the very harmful effect of these behaviors and attitudes can have on a person.

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Appendix A Informed Consent Form

I agree to participate in a study entitled "Problematic eating behaviors among college women: Suggesting a subgroup," which is being conducted by Danielle Genovese, of the Educational Services, Administration, and Higher Education Department, Rowan University, in partial fulfillment of her M.A. degree in School Psychology.

The purpose of this survey is to evaluate the problematic eating behaviors and attitudes associated with disordered eating in sorority women compared to non-sorority women. The data collected in this study will be combined with data from previous studies and will be submitted for publication in a research journal.

I am at least 18 years old or older while completing the attached survey.

I understand that I will be required to answer the Eating Disorder Inventory-3, and a few demographic questions. My participation in the study should not exceed 25-30 minutes.

I understand that my responses will be anonymous and that all the data gathered will be confidential. I agree that any information obtained from this study may be used in any way thought best for publication or education provided that I am in no way identified and my name is not used.

I understand that there are no physical or psychological risks involved in this study, and that I am free to withdraw my participation at any time without penalty.

I understand that my participation does not imply employment with the state of New Jersey, Rowan University, the principal investigator, or any other project facilitator.

By completing the attached survey, I affirm that I have read and agree to all of the terms of the consent form.

If I have any questions or problems concerning my participation in this study, I may contact Danielle Genovese at genove44@students.rowan.edu or at 609-868-7791, or her faculty advisor, Dr. Roberta Dihoff, dihoff@rowan.edu or at 856-256-4500 ext 3783.

Appendix B
Additional Information Questionnaire

Sorority Membership

Are you currently a member of a sorority on Rowan University's campus? (Circle One)

Yes

No

If "Yes", please indicate which sorority _____
(To be used only for compensation purposes only)

If "No", do you plan on pursuing sorority membership in the future?

Yes

No

On the following page (first page of the EDI-3 Survey), where it asks for Occupation, instead please indicate your year in college (Only report Age, Gender, Date, and Year in School).

Accordingly, on the next page **DO NOT report your NAME** (or on ANY PAGE) and **QUESTIONS A-L**.

