Examining Disordered Eating Amongst Sorority Women

Andrea Joy Kirk

Old Dominion University

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EXAMINING DISORDERED EATING AMONGST SORORITY WOMEN

by

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ABSTRACT

EXAMINING DISORDERED EATING AMONGST SORORITY WOMEN

Andrea Joy Kirk
Old Dominion University, 2015
Director: Dr. Danica G. Hays

Eating disorders have the capability of causing significant effects on a person’s psychological and physical health. The average onset of anorexia nervosa and bulimia nervosa is 19 and 20 years, respectively, making college students a vulnerable population (National Institute of Mental Health, n.d.). Female college students choosing to participate in Greek life are at an even greater risk for disordered eating (Basow, Foran, & Bookwala, 2007). Using semi-structured interviews and photography, this phenomenological study examined the overall experiences of 10 sorority members’ lived experiences with various disordered eating behaviors as well as how these women perceived their sorority sisters’ eating behaviors. The primary researcher collected data using individual interviews and photography. The results of this study identified two structural codes: sorority culture and influence, as well as nine textural codes. The findings of this study may be beneficial for college counselors working with this population to understand the sorority culture as well as the possible influences and pressure these women experience with respect to eating behaviors.

Keywords: sorority members, eating behaviors, disordered eating
This dissertation is dedicated to the participants of the study. Thank you for sharing your story with me.
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CHAPTER ONE

Statement of the Problem

This chapter provides a definition and an overview of eating disorders while discussing the various demographics of the population most affected. This chapter outlines the rationale of the study, research questions, and the delimitations. Definitions of terms used throughout the study are also articulated. Additionally, this chapter reviews the potential contributions of the study for sorority members, college age women, college counselors, student affairs, Greek advisors and universities.

Introduction

Twenty million women and 10 million men in the United States suffer from an eating disorder at some time in their life (Wade, Keski-Rahkonen, & Hudson, 2011). Eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder (APA, 2013). While each diagnosis has varying criteria, some people may exhibit disordered eating behaviors, yet do not meet the diagnostic criteria for an eating disorder. Eating disorder behaviors can include calorie restriction, binging and purging, or excessive exercising, to name a few. According to the National Association of Anorexia Nervosa and Associated Disorders (ANAD, 2014), eating disorders have the highest mortality rate of any mental health disorder, making it one of the nation’s deadliest psychological conditions. Research has found that eating disorders in general are similar across various ethnicities. However, anorexia nervosa is more prevalent in non-Hispanic Whites than any other ethnic group. (Hudson, Hirip, Pope, & Kessler, 2007; Wade et al., 2011).
According to the National Institute of Mental Health (NIMH), the average age of onset of anorexia nervosa and bulimia nervosa is 19 and 20 years old, respectively. Anorexia nervosa currently affects 0.9% of females and 0.3% of males over their lifetime. Bulimia currently affects 1.5% of females over the course of 12 months and 0.5% of females over their lifetime. Males are affected at a rate of 0.5% over the course of 12 months and 0.1% over their lifetime. The average age of onset of binge eating disorder is 25 years old and currently affects 1.2% over the course of 12 months and 2.8% of adults over their lifetime. It currently affects 3.5% of females and 2% of males over their lifetime (Hudson, Hiripi, Pope, & Kessler, 2007).

Eating disorders are potentially life threatening and can affect all aspects of a person's life including their physical and emotional health as well as engagement with others and daily life activities. According to the University of Maryland Medical Center (2013), potential long-term physical effects are as follows: irregular menstrual periods, low potassium levels, abdominal bloating, tooth erosion, esophagus damage, electrolyte imbalance, fertility problems, anemia, neurological problems, heart problems, and hormonal changes. Further, eating disorders have high co-morbidity with other psychiatric disorders such as obsessive-compulsive disorder, anxiety, depression, narcissistic personality disorder, and avoidant personality disorder (Simon & Zieve, 2013). Hudson et al. (2007) found that 94.5% of participants with bulimia nervosa, 56.2% with anorexia nervosa, and 78.9% with binge eating disorder met the criteria for at least one additional DSM-IV disorder. Similarly, Milos, Spindler, and Schnyder (2004) found that participants with eating disorders had psychiatric comorbidity on both axes, 74% for Axis I and 68% for Axis II, respectively. However, Swanson, Crow, Le Grange, and
Merikangas (2011) found that bulimia nervosa was associated with suicidal ideation while binge eating disorders and bulimia nervosa were associated with suicide attempts. Swanson et al. also found that those with a diagnosis of anorexia nervosa did not have any evidence of comorbidity with any psychiatric diagnosis except oppositional defiant disorder.

Eating disorders can also impact a person’s academics, career, and economic functioning due to missed time at school or work for symptom manifestation or treatment (Hillege, Beale, & McMaster, 2006). With respect to interpersonal impact, those with eating disorders commonly report feeling ashamed, guilty, and embarrassed (National Eating Disorders, n.d.), causing some to isolate from others. Eldredge, Locke, and Horowitz (1998) researched interpersonal characteristics and treatment outcomes for people who have binge eating disorder (BED) and found that participants displayed a higher level of interpersonal difficulties compared to those who did not have a BED diagnosis.

While some suffer in private, some people report feeling pressure to look a certain way due to television, magazines, and the Internet. On the Internet there are multiple “support groups” to encourage women to develop eating disorders. These websites are usually searched under the key phrase “pro-ana” or “pro-mia.” These sites promote unhealthy eating behaviors and oftentimes provide “tips” on how to be more successful at having an eating disorder and encourage people to join their exclusive group. A majority of these websites appear to be aimed towards women as evidenced by the usernames, profiles, as well as pictures of their ideal body that they are striving for. People may post photos of their ideal body on their inspiration boards, also, often called “thinspiration.”
While a large amount of research regarding eating disorders has been geared towards adolescents and early adulthood, as well as females, certain sub-populations have not been explored in as great as detail. Quick and Byrd-Bredbenner (2013) surveyed eating behaviors among 2,604 college students and found that one-fifth of men and one-quarter of women had participated in some type of food restrictive behavior or diet. One-third of the participants abused medicine, exercised excessively, or self-induced vomiting in order to control their weight. One in seven participants reported binge eating on a regular basis. Quick and Byrd-Bredbenner stated that this transitional life stage could put students at an increased risk of experiencing societal pressure related to body image.

Arigo, Schumacher and Martin (2014) examined comparing a person's appearance to others with risk factors for eating pathology among 454 college females. Researchers used the Eating Disorder Examination Questionnaire (EDE-Q; Cooper, Cooper, & Fairburn, 1989), the Body Image Disturbance Questionnaire (BIDQ; Cash, Phillips, Santos, & Hrabosky, 2004), the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegan, 1988), and the Upward Appearance Comparison Scale (UPACS; O'Brien et al., 2009). Researchers found that 24% of females during the semester experienced significant pathology while 61% did not experience significant pathology of disordered eating. Significant pathology was determined by the EDE-Q cutoff for disordered eating symptoms.

Although there are advantages and disadvantages of membership in a national panehellenic sorority, because of the age of the average college women, it is considered a vulnerable timeframe for their development (NIMH, n.d.). Another population with college women that could be considered vulnerable is college athletes. College female
athletes are a population that maybe considered high risk for engaging in disordered
eating behaviors or developing an eating disorder (Greenleaf, Petrie, Carter, & Reel,
2009). Greenleaf et al. (2009) surveyed 204 female college athletes using a demographic
survey, the Bulimia Test Revised (Thelen, Mintz, & Vander Wal, 1996), and the
Questionnaire for Eating Disorders Diagnoses (QEDD; Mintz, O'Halloran, Mulholland,
& Schneider, 1997). Despite the high risk for female athletes, 72.5% of participants had
healthy eating behaviors, over 25% identified as displaying disordered eating behaviors
and 2% as having an eating disorder.

Another exclusive club or organization that a female may seek membership is
sororities. The intended functions of a sorority are to offer friendship, camaraderie,
leadership opportunities, philanthropy, and mentoring (National Panhellenic Conference,
n.d.). Currently, according to the National Panhellenic Conference Members
Organization (n.d.) there are 26 sorority organizations that make up the conference. In the
beginning of the creation of these organizations, many sororities were called women’s
fraternities. A meeting was held between various sororities in 1891 to discuss common
goals as well as guidelines of the sorority process (National Panhellenic Conference).
They were originally called the inter-sorority conference in 1902, however, received their
current name of National Panhellenic Conference in 1945. Presently, there are 3,127
undergraduate sorority chapters on 666 campuses in the United States and Canada. These
chapters are comprised of 325,772 undergraduate members and 127,696 new members
(National Panhellenic Conference, 2014).

Within each sorority, there are chapters, which are the local organizations that are
on each college campus. The amount of chapters that make up a sorority can vary greatly
from sorority to sorority. Chapters can continually be added to the growing demand of campuses as well as be suspended on campuses for numerous reasons, making them inactive. Despite the initial reason for joining, sorority members may report an increase in grades due to the assistance and mentorship from older sisters as well as the opportunity to give back to the community through multiple philanthropic events. Additionally, alumna may benefit from being a part of an organization during the job search process through previous connections established (National Panhellenic Conference, n.d).

Due to the amount of women involved in Greek life, multiple studies have been conducted to understand the sorority sub-culture. Basow, Foran and Bookwala (2007) examined the link between peer pressure on disordered eating behavior. They surveyed 265 women (86 first year, 99 sorority, and 80 nonsorority) and found that sorority women and women who intended to rush a sorority reported significantly more social pressure than women who were not affiliated with a sorority. Rolnik, Maddox, and Miller (2010) surveyed 127 first year undergraduate women, of which 59 were participating in a sorority rush, and found that women who went through the sorority rush process exhibited significantly higher on the bulimia and food preoccupation subscale (Eating Attitudes Test EAT-26; Garner, Olmstead, Bohr, & Garkinel, 1982) than those who did not participate in the rush process.

Unlike Rolnik et al. (2010), who noticed a significant difference in eating disordered behaviors during the rush process, Allison and Park (2003) surveyed disordered eating among 102 sorority and nonsorority women and found no significant difference for these two groups regarding prevalence of eating disorders. However, over
time the researchers found that sorority membership encouraged the women to become cognizant of dieting and the thinness ideal. Additionally, they found that two years after sorority members joined their sorority they reported a significantly higher drive for thinness then women who did not join a sorority as indicated by the Eating Disorder Inventory-2 (Garner, 1991).

Previous research on eating disorders and sororities has been primarily quantitative in nature. The quantitative studies use various survey instruments such as the Eating Disorder Inventory-2 (Garner, 1991), The Eating Attitudes Test-26 (Garner, Olmstead, Bohr & Garfinkel, 1982), and The Body Shape Questionnaire (Cooper, Taylor, Cooper, & Fairburn, 1987). Many of the studies looked at whether sorority members experienced more disordered eating, body image issues and pressure compared to nonsorority women. While these instruments have been useful in identifying disordered eating behaviors, they do not allow the participants the opportunity to tell their story and elaborate on their experiences.

**Purpose of Study**

The purpose of this phenomenological study is to understand what factors contribute and prevent sorority women from engaging in disordered eating. The researcher is looking to build upon the previous quantitative research to see how sorority members describe their experiences of their own eating behaviors and how they perceive eating behaviors of their sisters. The researcher included sorority women exhibiting disordered eating behaviors as well as those who do not identify as having an eating disorder. Participants were asked to report on their own experiences within their sorority as well as their observations of their sorority sisters’ behaviors, which included other
women’s disordered eating activities.

**Research Questions**

Three primary research questions guided this study: (1) What are the overall experiences of the participants within their sorority?; (2) What are sorority member’s experiences with disordered eating behaviors?; and (3) What perceived factors influence disordered eating behaviors among participants?

**Definition of Terms**

**Alumni Members**

Alumni members will be defined as sorority women who have graduated from their college or university.

**Big Sisters**

Big sisters are categorized as women who have been assigned a little sister within their sorority. Big sisters must be initiated members and a minimum of one pledge class older than the little sister they are taking. The responsibility of a big sister is to guide the younger sister through her sorority experience and act as a role model and mentor.

**Current Members**

Current members will be defined as initiated sorority women who are active within their chapter. Active members should be considered in good standing and current on their dues. Only women who are undergraduates currently enrolled in classes at a university or college may be considered current members.
**Disordered Eating Behaviors**

Disordered eating behaviors are defined for the purpose of this study as behaviors regarding food that may be categorized as unhealthy. Examples include restricting food intake to lose weight, binging and/ or purging. Participants do not need to meet all of the criteria outlined in the DSM-5 (APA, 2013) regarding eating disorders. According to the National Association of Anorexia Nervosa and Associated Disorders (2014), eating disorders are defined as an unhealthy relationship with weight and food that impacts many areas of the person’s life such as social, emotional, physically and financially.

**Eating Experiences**

For the study, eating experiences will be operationalized by thoughts, behaviors, and feelings in relation to food and body image, which may or may not be perceived as positive or negative by the participants due to the cultural norms within the sorority. Examples would include restricting, compensatory behaviors, and focusing self-worth on body image and physical appearance.

**Legacy**

A female family member, usually a mother, sister, or grandmother who was a member of the same sorority. The relationship requirements to be considered a legacy may vary from chapter to chapter. For example, some sororities consider an aunt or a cousin relationship a legacy, while others may not.

**Little Sisters**

Little sisters are assigned their big sisters prior to becoming an initiated member into a sorority.
New Members

New members will be defined as women who have received and signed a bid from a sorority, however, are not yet initiated members. A bid from a sorority is an invitation for the person to join their organization. Previous studies may refer to new members as pledges.

Potential New Member (PNM)

Potential New Members are categorized as women who are interested in joining a sorority and are planning to participate in recruitment. Previous studies may refer to PNMs as rushees.

Sorority Members/Sorority Sisters/Sorority Women (National Panhellenic)

Sorority members are defined as women who are part of a Greek organization under the National Panhellenic Conference (NPC). According to the NPC Member Organizations, the NPC that was established in 1995 is comprised of 26 sororities with which 3.7 million women are affiliated. NPC provides advocacy, guidance and support to the various organizations while promoting values and ethics (National Panhellenic Conference, 2013).

Significance of the Study

This study has the potential to contribute to the mental health field and further examine the culture of Greek organizations. The study examines the experiences women face within the organization related to various eating behaviors, if at all. Findings could be useful for participants in identifying an issue that could require medical and mental health intervention. By determining possible factors that influence the eating behaviors, preventive treatment plans could be developed as well as treatment plans for people
currently experiencing eating disorder symptoms. Findings could then be used to reduce the stigma associated with eating disorders and sorority women by normalizing the act of seeking treatment. One way this could be done is to have open workshops and training within the sororities to educate members on healthy versus non-healthy eating behaviors and habits. In addition, each sorority chapter could provide a resource list for students who are interested in seeking treatment. Lastly, the data collected from this study could assist college counselors understanding of the sorority sub-culture as well as the possible influences and pressure these women experience while opening the lines of communication regarding this phenomenon.

**Delimitations**

A delimitation of this study is that the researchers are looking at females only, excluding fraternity members and male college students. In addition, the researcher chose to only study sorority women to gain a better understanding of the sorority sub-culture, as opposed to other college women in an organization such as athletes. However, the researchers will not exclude a sorority member who is also an athlete.

Another delimitation of this study is that the participants selected will be a current sister or a recent alumna. Alumnae who have been out of the sorority for more than five years are not as directly relevant to the study due to the researcher seeking the narrative of more recent experiences. The researchers are seeking to examine eating behaviors as they relate to the context of sorority activities.

Another delimitation is the exclusion of women who have either dropped out of the sorority, are on probation, or who have been asked to leave the organization. Women may be placed on probation or expelled for a multitude of reasons including but not
limited to grades and academics, financial reasons, and misconduct. The purpose of the exclusion is to attempt to reduce possible inaccurate portrayals of experiences due to women seeking revenge or retaliation on the various organizations.

Additionally, the researcher is completing this study over the course of a year. The researcher team believes that a thorough data collection and analyses can be conducted within this time frame. Lastly, while all colleges and universities with Greek life affiliation will be considered, only national panhellenic sorority members will be interviewed. Currently, the national panhellenic conference governing body consists of 26 sororities (National Panhellenic Conference, 2013) which has the largest affiliation.
CHAPTER TWO

Literature Review

This chapter defines the various eating disorders in the DSM-5 (APA, 2013) including anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder, as well as noting the changes in the diagnostic criteria from the DSM-IV (APA, 2000) to the DSM-5 (APA, 2013). This chapter also outlines the current literature on eating disorders, focusing on the college population and more specifically, sorority members. Additionally, this chapter outlines the findings from a pilot study on eating behaviors of sorority women. Lastly, various interventions and programs along with assessments used in previous eating disorder studies are presented.

Eating Disorders

Eating disorders have been linked to a multitude of developmental, biological, psychological, and socio-cultural factors (Rikani et al., 2013). Developmental factors look at certain aspects of a person's early adolescence including the onset of dating, academic demands and weight gain related to puberty (Levine, Smolak, Moodey, Shuman, & Hessen, 1994). Rikani et al. (2013) reported that developmentally, people who experience trauma might be at an increased risk of developing an eating disorder. Currently, the research is mixed on whether child sexual abuse is a risk factor for eating disorders (Kent, & Waller, 2000). Biological factors are defined as a person's genetic makeup including a person's appetite and hormone levels (Polivy & Herman, 2002). These factors were supported after numerous twin studies were conducted; some of the twins were living in the same environment while some were not. The findings suggested a genetic link as it pertains to eating disorders (Klump, McGue, & Iacono, 2000).
Psychological factors include a person's interpersonal experiences and personality traits (Polivy & Herman, 2002). Several studies have been conducted that have found certain personality traits displayed by eating disorder patients which include the following: perfectionism, impulsivity, stress reactivity, novelty seeking and harm avoidance (Fernandez-Aranda et al., 2008; Groth-Marnat, & Michel, 2000; Sansone & Sansone, 2011). Socio-cultural factors include exposure to Western culture and the pressure to look a certain way as identified by society (Rikani et al., 2013). Recently, there have been reports of increasing numbers of people developing eating disorders in countries such as Japan and Singapore and Western cultural norms are becoming increasingly popular there, which may suggest a possible link (Rikani et al., 2013).

Polivy and Herman (2002) also attributed the family's influence on eating disorder reinforcement. Stating that families often compliment the person with an eating disorder on the amount of self-control they are able to exhibit while also commenting on the person's slenderness (Polivy & Herman, 2002).

**Anorexia Nervosa**

Anorexia nervosa is defined as excessive dieting and self-induced starvation that leads to low body weight. People with anorexia nervosa will in most cases have a distorted body image as well as an intense fear of gaining weight or being overweight despite being usually, underweight. Additionally, they may refuse to maintain an appropriate body weight for their age and height and may be in denial about the seriousness of their current low body weight and condition (APA, 2013).

According to the University of Maryland Medical Center (2013), medical problems may include but are not limited to neurological problems, bone density loss,
fertility problems, electrolyte imbalance, anemia, heart problems, and hormone changes. According to Arcelus, Mitchell, Wales, and Nielsen (2011), anorexia nervosa has the highest mortality rate of any other mental illness. Those with anorexia nervosa have the highest suicide rates of any psychiatric condition (Novotney, 2009).

**Bulimia Nervosa**

Bulimia nervosa is defined as binge eating followed by inappropriate compensatory behaviors to avoid weight gain such as self-induced vomiting, excessive exercise, or the misuse of laxatives, diuretics, enemas or other medications (APA, 2013). A binge is defined as consuming excessive amounts of food (more than normal) within a two-hour time period. Some people experience non-purging bulimia, which is when after a binge, they will either fast and/or exercise. For diagnostic purposes, a person must binge and purge at a minimum of twice a week for three months to meet the criteria for bulimia nervosa (APA, 2013). People with bulimia nervosa will also describe a lack of control over eating during a binging episode (APA, 2013).

Bulimia is often associated with many medical problems due to the compensatory nature of the disorder. According to the University of Maryland Medical Center (2013), medical problems may include but are not limited to esophagus damage and swallowing problems, irregular menstrual periods, low potassium levels, tooth erosion, cavities and gum problems, water retention, swelling and abdominal bloating, as well as drug and alcohol abuse.

**Binge Eating Disorder**

Binge eating disorder (BED) is defined as eating large quantities of food within a short time frame (usually two hours), reoccurring at least once a week over the course of
three months usually accompanied with feeling of not being in control. According to APA (2013), binge eating episodes are associated with multiple criteria including: eating until feeling uncomfortably full; eat eating much faster than normal; feeling disgusted with oneself, very guilty or depression after overeating; eating large amounts of food even when not feeling physically hungry; and eating alone because of feelings embarrassment over the quantity of how much they are eating. A person must experience three or more of these criteria.

A person with BED will often experience feelings of distress related to the binge eating and will not participate in compensatory behaviors such as purging or excessive exercise. It is common for people who have binge eating disorder, to binge alone due to the guilt, shame and embarrassment that accompanies the behavior. According to Swanson et al. (2011) BED is the most common eating disorder in the United States.

Avoidant/Restrictive Food Intake Disorder (ARFID)

People with this disorder experience significant struggles related to food and eating due to multiple factors such as sensory characteristics of food, lack of interest, or fear of consequences of eating. People with ARFID do not typically experience disturbances with their body image nor is their lack of consumption due to a previously determined medical condition or illness (APA, 2013). In order to be diagnosed with ARFID, a person must exhibit one or more of the following: marked interference with psychosocial functioning, dependence on oral nutritional supplements or enteral feeding (feeding tube), significant nutritional deficiency, and significant weight loss or failure to achieve expected weight gain in children (APA, 2013).
DSM-5 Changes

Previously within the DSM-IV (American Psychiatric Association, 2000), eating disorders consisted of anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified. According to the American Psychiatric Association (2013), adaptations have been made for the DSM-5. The first major change was the addition of binge eating as its own category as opposed to eating disorder not otherwise specified (NOS) as it was defined in the DSM-IV (APA, 2000). Another category addition that was not in the DSM-IV is Avoidant/Restrictive Food Intake Disorder (ARFID). The category of ARFID has more specific diagnostic criteria and is more inclusive than previously when people would fall under eating disorder NOS (APA, 2013).

The anorexia nervosa diagnosis also had a few changes. The first change was the term refusal was removed when describing a person’s ability to maintain his or her body weight. This was to assist clinicians in making a more accurate diagnosis due to the fact that assessing a patient’s intention could be difficult. Another change was removing amenorrhea, as it was not as generalizable and did not apply to males, pre-menstrual females, post-menstrual females, and females taking various medications such as oral contraceptives. For bulimia nervosa, The DSM-5 (APA, 2013) updated the frequency of behaviors a person must exhibit in order to be diagnosed, reducing it from twice weekly to once a week.

Disordered Eating Correlates and Outcomes

College Population

With the average onset of eating disorders as late adolescence to early twenties (NIMH, n.d.), the college population is considered vulnerable. Previous research focuses
on the prevalence and effects of eating disorders during this developmental time period. Forney and Ward (2013) examined social norms related to body dissatisfaction and disorder eating among college students using a cross-sectional design. The researchers provided participants with the Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987), the Eating Attitudes Test-26 (EAT-26; Garner, Olmstead, Bohr, & Garfinkel, 1982) and the Peer Norms Scales (Giles, Helme, & Kremar, 2007). For college men, the researchers found that there was a significant association between body dissatisfaction and disordered eating. Thinness and disordered eating was not found to be statistically significant despite the social norms. Regarding college women, the researchers found that women were significantly more at risk for developing an eating disorder if they perceived that there was a value of thinness and an approval of disordered eating within their social environment.

Tiggemann and Boundy (2008) also examined the association between college students' social environment and compliments on their appearances on college women's mood, body shame, self-objectification and cognitive performance. The experimental study looked at 96 female college students in South Australia. Participants were provided with modified versions of assessments including the Twenty Statements Test (Fredrickson et al., 1998), the Brief Mood Introspection Scale (Mayer & Gaschke, 1988), the Objected Body Consciousness Scale (McKinley & Hyde, 1996), the Self-Objectification Questionnaire (Noll & Fredrickson, 1998), as well as various cognitive tests. Results significantly indicated that participants who received a compliment regarding their appearance had a lower negative mood than participants who did not receive any type of comment regarding their appearance. However, women who received
a compliment reported a significantly higher level of body shame as well as high self-objectification.

Forney, Holland, and Keel (2012) conducted a longitudinal study over 30 years that examined body dissatisfaction and eating pathology in women and men while taking into account peer influences. The 2,060 participants completed a self-report demographic survey and certain questions from various subscales of assessments. The researchers found that in both males and females, a peer’s comment and body dissatisfaction, were independent predictors of eating pathology. For females, the study found that women with high body dissatisfaction as well as friends who commented more frequently on their weight and eating had significantly high levels of eating pathology. Inversely, for women with low body dissatisfaction, there were minimal effects on disordered eating. Additionally in men, body dissatisfaction and peer comments had a significant positive relationship in men, while in women, there was a significant negative relationship.

Similar to Forney et al. (2012), Morris, Parra, and Stender (2011) conducted a cross-sectional study on 306 female undergraduate psychology students, focusing on risk factors such as self-esteem, weight related attitudes, and depression. Researchers utilized the EAT-26 (Garner et al., 1982), the RSE (Rosenberg, 1965), and the Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) over the course of two semesters. Findings suggested that attitudes toward eating and body shape significantly contributed to disordered eating behaviors.

While Morris et al. (2011) focused on risk factors, Prouty, Protinsky and Canady (2002) examined eating behaviors and help-seeking preferences among 578 college women using the EAT-26 (Garner et al., 1982). Using chi square tests, researchers found
that younger women between the ages of 18-21 were significantly more likely than older women to have an eating disorder. There was no statistical significance between eating disorders, race, current religion affiliations, participation in organized athletics, one’s own relationship status, one’s parent’s relationship status, and residence (on-campus vs. off campus). The variables that were statistically significant regarding disordered eating included religious background or upbringing, sorority affiliation and age. Seventeen percent of the participants in this study were found to have disordered eating. The researchers found that women conceptualized their eating habits and difficulties with weight as a medical problem and stated they would confer with dietitians and physicians for treatment; however, all women said they would seek help from a friend first.

Quick and Byrd-Bredbenner (2013) studied psychographic characteristics and disturbed eating behaviors for 2,604 college students utilizing an online survey. The researchers found that one-fifth of men and one-quarter of women had participated in some type of food restrictive behavior or diet. One-third of participants abused medicine, exercised excessively or self-induced vomiting in order to control their weight. One in seven participants reported binge eating on a regular basis. Regarding the psychographic characteristics, the study found that half of the participants exhibited at least one obsessive-compulsive disorder type behavior and one-fifth experienced moderate levels of anxiety and depression. The researchers stated that this transitional life stage while being in college could put students at an increased risk of experiencing societal pressure related to body image.
Sorority Women

College women are at an increased risk of experiencing issues regarding body image and disordered eating (Basow, Foran, & Bookwala, 2007). The sorority subculture which is comprised of college women places females involved in Greek life at an even greater risk. Basow et al. (2007), examined the association of peer pressure on disordered eating behavior. The researchers conducted a quantitative study used the EDI-2 (Garner, 1991), the Objectified Body Consciousness Scale (McKinley & Hyde, 1996) and a measure of peer social pressure scale that was developed for their study. These measurements were distributed and completed by 86 first year women, 99 sorority women, and 80 nonsorority women who were past their first year. They found that sorority women and women who intended to rush the sorority reported significantly more social pressure than women who were not affiliated with a sorority. Additionally, the researchers found that sorority women and women that intended to rush had scored significantly higher on body dissatisfaction and drive for thinness, however, there was not a statistical significance for the bulimia subscale. Basow et al. found that women who decided to rush a sorority had significantly higher levers of body shame, body dissatisfaction, drive for thinness, and body surveillance. The researchers proposed that women with eating disorders were found to be more attracted to the sorority lifestyle, and stated that living in a sorority house can be risky for women with predisposing factors of disordered eating. The finding that members of the sorority who had lived in the sorority house for a year demonstrated significantly higher scores on the Bulimia and Body Dissatisfaction subscales supported this conclusion. Additionally, sorority members reported significantly more social pressure then non-sorority members. However, there
was not a significant difference with perceived pressure from sorority sisters while living in the sorority house.

Rolnik, Maddox, and Miller (2010) looked at factors such as self-objectification and body image disturbance within the sorority rush process for 127 participants at four points: five days before sorority rush, four days into the week-long sorority rush process, seven days into rush which is the day the rushes received bids, and one month after sorority rush. The researchers found mixed results. First, they found that women who went through the rush process exhibited significantly more eating disordered behavior and attitudes. At one month after joining a sorority as compared with those who did not join. The researchers also found that women with a higher BMI reported having a significantly more negative rush experience and more incidents of dropping out of the rushing process compared to those with a normal BMI.

Allison and Park (2003) were also interested in comparing sorority women to nonsorority women. They conducted a quantitative study on 115 college women over the course of three years. During that time, the research showed that women who joined sororities as compared to those who did not join a sorority were initially similar regarding the prevalence of eating disorders. Comparing members to non-members within the first semester of college, there was no difference on any Eating Disorders Inventory-2 subscales (Garner, 1991), levels of depression, ideal weight or self-esteem. The researchers found that sorority membership over time encouraged the women to become cognizant of dieting and the thinness ideal. Additionally, it was found that two years after sorority members joined their sorority they reported a higher drive for thinness than women who did not join a sorority. Furthermore, after three years, women who had
joined a sorority had gained significantly more weight compared to those who did not join.

Crandall (1988) examined binge eating among 163 sorority women, specifically, the frequency and function of binge eating in two sororities. He found that in one sorority, that the most popular person within the sorority binged a moderate amount. In a different sorority, he discovered that the more a person binged, the more popular she would be. Popularity was determined by a survey where all participants were asked to rank their top ten best friends in order. The most popular people were the women on the most lists and with the highest rankings. In summary, the researcher found through cluster analysis that sorority members binge eating behavior could be predicted by looking at her friendship network and how often those friends engage in binge eating.

Landa and Bybee (2007) examined sorority membership and eating behaviors across the lifespan. Participants consisted of 52 undergraduate women and 34 alumnae women from the same sorority. Participants were provided with the Multidimensional Perfectionism Scale (Frost et al., 1990), the EDI (Garner & Olmstead, 1984) and a self-image score. Multiple regressions were used to analyze the data. The researchers compared eating pathology levels for undergraduates and alumna from the same sorority. They found that the alumna members were significantly better adjusted and had lower scores on every index of eating pathology; most worth noting were the anorexia and bulimia scores. In addition, alumna members had reportedly significantly lower levels of perfectionism as well as self-image discrepancy.

Krendel, Magoon, Hull, and Heatherton (2011) do not use any formal instruments. In this study, sorority members were provided with pictures of women at
their University who were interested in joining their sororities. After the sorority members reviewed the potential new members' photos, they were asked to report the likelihood the woman would be offered a bid. The researchers found that a person's level of attractiveness as indicated by the current sorority member was predictive of the likelihood they would be offered a bid for a "high-status" house compared to a "low-status house."

According to Quick and Byrd-Bredbenner (2013), one quarter of the college women surveyed had participated in some type of diet or food restrictive behavior. They stated that it was the transitional life stage of being in college that could potentially put students at an increased risk of having issues with their body image due to societal pressure. Forney and Ward (2013) found that college women who believed there was a value on thinness in their social environment had a greater risk of developing an eating disorder. Societal pressure and body image issues were also identified themes in studies examining sorority members. Basow, Foran and Bookwala (2007) found that sorority women and women who intended to rush a sorority reported significantly more social pressure than women who were not affiliated with a sorority. While college females are found to be of a higher risk of developing an eating disorder, certain interventions were developed to assist in the treatment of these disorders.

Interventions

Because college students are an at risk population for developing an eating disorder, researchers and clinicians have developed and implemented various intervention programs. Intervention programs vary in duration, method and delivery. Becker, Jilka, and Polvere (2002) conducted a pilot study of a prevention program to reduce eating
disorder risk factors through the utilization of two interventions in sorority women. Twenty-four new members were randomly assigned to either a cognitive dissonance intervention or media advocacy intervention, which was both conducted over two sessions. Media advocacy content was similar to cognitive dissonance, however, the activities differed. Cognitive dissonance utilized role playing while media advocacy utilized videos such as commercials that identified the role of the media regarding body image and the thin-ideal. Participants in the cognitive dissonance group had homework assignments that consisted of looking at their bodies in a mirror in the privacy of their home and noticing the positives. Participants were invited to discuss their positive attributes in the following meeting. In addition, group members participated in role-playing exercises as well as self-affirmation exercises. The researchers found that both interventions were significantly effective in reducing body dissatisfaction, eating pathology, and restraint. However, cognitive dissonance was found to be significantly more effective then media advocacy in reducing thin-ideal internalization as well as dissatisfaction.

Becker, Smith, and Ciao (2006) conducted similar research to Becker et al. (2002) on a larger scale. The study was conducted over the course of member orientation where 80 participants were randomly assigned to groups with peer facilitators. The cognitive dissonance and media advocacy interventions were conducted over two sessions, which lasted two hours each. For example, participants in the media advocacy group watched advertisements and then had a discussion. Eight months later, participants that received the cognitive dissonance intervention experienced significant reductions in eating pathology, thin-ideal internalization and body dissatisfaction and restraints. Participants
who received the media advocacy intervention showed a significant reduction in bulimic pathology however, no significant change was present for thin-ideal internalization, restraint, and body dissatisfaction.

Shaw, Stice, and Becker (2009) reviewed 51 eating disorder prevention programs and their effectiveness. They found that the most successful programs were geared towards a population that was at high-risk as opposed to targeting everyone. The age of the participants played a factor in a program's effectiveness, finding that the most successful programs had participants age 15 years and older. They found the most successful programs to be the following: The Body Project, Sorority Body Image Program, Healthy Weight Intervention, Girl Talk, Student Bodies, and Weigh to Eat.

The Body Project (Shaw & Stice, 2008) is brief prevention program that can be done over three to four, one-hour sessions by a trained group facilitator. The program utilizes cognitive dissonance to shift the participants belief system by encouraging them to argue against current cultural norms that promote a thin-ideal. This is done through different written, verbal and behavioral exercises where participants critique the thin-ideal and societal pressure. Researchers reported that this intervention resulted in significantly improved psychosocial functioning and significantly reduced the risk of obesity and future eating disorder symptoms.

The Sorority Body Image Program (Becker, Smith, & Ciao, 2005) utilized the previously mentioned body project, which uses dissonance intervention by applying it specifically to sorority women over the course of two sessions. The sessions were the same as in The Body Project; however, they were observing the sorority population. No other differences between the two programs were noted except that the sorority women
only attended two sessions. At one-month follow-up, significantly greater reductions in body dissatisfaction, thin-ideal internalization and dieting were found in sorority members compared to a control group. During an eight-month follow up, significant effects were present and reduced dieting, body dissatisfaction and thin-ideal internalization (Shaw et al., 2009).

The Healthy Weight intervention (Stice, Shaw, Burton, & Wade, 2006) is an obesity prevention program that utilizes a six-session intervention of motivational interviewing, social psychological principles, and public commitment to change. This program's psychoeducational approach focuses on diet and exercise by making small changes in hopes to teach participants how to achieve and maintain a healthy weight over the course of their life. The goal of the program is to encourage participants to take control of their lifestyle choices and have them set their own healthy goals they would like to achieve. After a three-year follow up, it was found to significantly reduce the onset of eating disorders and unhealthy weight gain. Additionally, the study found that participants who completed the program had a 60% reduction in eating disorder onset and a 50% reduction in obesity onset after a three year follow up, compared to a control group (Shaw et al., 2009).

Girl Talk (McVey & Davis, 2002) is an interactive peer support group that meets over six sessions. The group promotes body acceptance, healthy weight control behaviors, stress management skills, and media use. A public health nurse trained from the program manual, from one of the schools delivered a 10-session trial. Middle school girls reported after a three month follow up a decrease in dieting and an increase in weight-related esteem compared to a control group after 10-sessions. However, after
repeating the study at different schools, the findings were not replicated. (Shaw et al., 2009).

Student Bodies (Winzelberg et al., 2000) utilizes a cognitive-behavioral body dissatisfaction intervention that is administered on a computer over eight weeks for participants who are considered at risk for developing an eating disorder however, the program never states the at risk population they are specifically referring to. The intervention provides information through psychoeducational readings on: nutrition, healthy weight control behaviors, and eating disorders. Participants are provided a body image journal where they can write down their thoughts and feelings as well as an email support as outlet for their emotional expressions on the intervention. The program has adapted over time. One of the changes was the addition of a moderator, who would collect one-page reflection papers weekly from the participants. The Student Body program significantly reduced the onset of eating disorders in participants with baseline compensatory behaviors and elevated BMI. Additionally, it significantly reduced various eating disorder risk factors such as shape and weight concerns (Shaw et al., 2009).

Weigh to Eat (Neumark-Sztainer, Butler, & Palti, 1995) is a 10- session intervention school based psychodeducational program. The program utilizes social-cognitive principles to educate the students and change their attitudes and behaviors related to weight control and nutrition. The program also seeks to promote greater self-efficacy in social pressures students may experience such as excessive dieting and eating as well as aiming to improve the students body and self-image. At a six month follow up, there was significant improvements in binge eating, dieting, healthy weight control
behaviors, and knowledge; however, at a two year follow up, only binge eating remained significant (Shaw et al., 2009).

Intervention programs are currently being utilized on college campuses to assist in identifying and reducing eating disorder risk factors. The effectiveness of the programs varied based on a multitude of factors such as demographics, duration of the intervention, method, as well as the delivery. The most successful programs had participants over the age of 15 years and older (Shaw et al., 2009).

**Eating Disorder Assessments**

Interventions are developed for the purpose of prevention and treatment of eating disorders. Multiple different instruments are used to assess for eating disorder symptoms. The most commonly cited assessments in the literature include but are not limited to the following: The Eating Disorder Inventory (EDI; Garner et al., 1983) and the Eating Disorder Inventory-2 (EDI-2; Garner, 1991), the Eating Attitudes Test (EAT; Garner, & Garfinkel, 1979), and the BULIT-R (Thelen, Farmer, Wonderlich, & Smith, 1991). Other instruments that have been utilized are the Sociocultural Attitudes towards Appearance Questionnaire (SATAQ; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004), the Body Image Avoidance Questionnaire (BIAQ; Rosen, Srebnik, Saltzberg, & Wendt, 1991), the Multidimensional Body Self-Relations Questionnaire (MBSRQ; Brown, Cash, & Mikulka, 1990), the Physical Appearance State and Trait Anxiety Scale (PASTAS; Reed, Thompson, Brannick, & Sacco, 1991), and the Body Shape Questionnaire (BSQ; Cooper, Taylor, Cooper, & Fairburn, 1987). Reliability estimates range from .73-.91 (Allison & Park, 2003).
The EDI-2 is the revised version of the EDI (Garner, 1991). While the original assessment contained 64 items (EDI; Garner et al., 1983), the EDI-2 contains 91 items with 11 subscales. Eight of the subscales are from the original EDI. The original eight subscales are as follows: Drive for Thinness, Bulimia, Body Dissatisfaction, Ineffectiveness, Perfectionism, Interpersonal Distrust, Interoceptive Awareness, and Maturity Fears. The three additional subscales are Asceticism, Impulse Regulation, and Social Insecurity. The purpose of the instrument is to measure both anorexia nervosa and bulimia nervosa while identifying behavioral and psychological components of the disorders. This assessment can be used on males and females over the age of 12 (Garner, 1991). Thiel and Paul (2006) conducted a study looking at the test-retest reliability of the EDI-2. The EDI-2 was administered to 536 patients at the beginning of inpatient therapy and again seven days later. Two hundred and nine patients had a diagnosis of depression, anxiety disorder, somatoform disorder or obsessive-compulsive disorder. The remaining 327 patients met the criteria for eating disorders. The reliability estimates ranged from .81 to .89 for the eating disorder group and .74 to .94 for the group with other diagnoses.

Garner and Garfinkel (1979) designed the Eating Attitudes Test (EAT) to assess symptoms on anorexia nervosa by identifying thoughts and behaviors related to the disorder. The original version of this assessment consisted of 40 items, which clients ranked on a 6 point likert scale which is then reversed scored. Garner, Olmstead, Bohr, and Garfinkel (1982) adapted the assessment to 26 items (EAT-26). The EAT-26 has three subscales: Dieting, Bulimia and Food Preoccupation, and Oral Control (Garner et al., 1982). Garner et al., (1982) surveyed 160 females with anorexia nervosa and 140 females in a comparison group. The group with anorexia nervosa’s reliability was .90.
Validity was .93 with dieting, .64 with bulimia and food preoccupation, and .98 with oral control.

Smith and Thelen (1984) created the original Bulimia Test (BULIT), which was a 32-item, multiple choice assessment to measure symptoms of bulimia nervosa. Thelen, Farmer, Wonderlich and Smith (1991) revised the assessment (i.e., Bulimia Test-Revised; BULIT-R) to contain 28 items on a 5 point scale with higher scores indicating eating disturbances. Scores range from 29 to 140 with scores higher than 104 being indicative of bulimia nervosa. There are five factors for the BULIT-R: binging and control, radical weight loss and body image, laxative and diuretic use, self-induced vomiting, and exercise. Brelsford, Hummel, and Barrios (1992) surveyed 39 college women. Reliability of the instrument was .92 during the first administration of the survey, .93 during the second administration and .83 during the test-retest six weeks later. Validity was .65 with binge eating and .60 for purging.

It is important to note that many of these assessments may not be congruent with the DSM-5 criteria due to the recent change. However, most of these tools state that they are to be used to assist in identifying a person who is at risk of developing a possible eating disorder and that the assessments themselves do not diagnose. Self-assessments to gauge a person’s eating disorder symptoms can be completed for free online through various websites and are often the first place people may turn to when seeking help (NEDA, n.d.). Once the screening is completed, recommendations for further assessment and treatment can be provided through the specific websites.
Summary of Previous Research

With eating disorders being the deadliest psychological condition in the United States (ANAD, n.d.), and the average age of onset of between 19 and 20 years old (NIMH, n.d.), college females are considered at an increased risk of developing an eating disorder. Arigo, Schumacher and Martin (2014) found that 24% of college females during the semester experienced significant pathology related to disordered eating. Other people who are considered higher risk of developing an eating disorder are college aged females as well as college athletes. Greenleaf et al. (2009) found that over 25% of female college athletes identified disordered eating behaviors and 2% identified as having an actual eating disorder. Despite the amount of research done in the field of eating disorders and specific populations such as sorority women, there are still gaps present. According to Alexander (1998), sorority members in particular are at a high risk for eating disorders due to age and socioeconomic status. While sorority members being at an increased risk due to their age (NIMH, n.d.) is supported, Rogers, Resnick, Mitchell, and Blum (1997) stated that females are not at an increased risk due to their socioeconomic status. Basow Foran, and Bookwala (2007) found that “it appears that sororities appeal to a certain type of young woman, one already high in drive for thinness and in body dissatisfaction” (p. 398). When working with a unique population, it is vital to find what interventions are most successful.

In the literature, the studies surrounding eating disorders and the college population, specifically females, have been predominantly quantitative in nature. Quantitative studies pertaining to sorority women have discussed the prevalence and onset of eating disorders as well as possible interventions and treatment programs
effectiveness. The popularity of quantitative research with regards to eating disorders could be potentially due to multiple factors such as the ability to gain a large array of participants in a short time period or the high reliability and validity of some of the assessments. A limitation of the quantitative studies is the lack of understanding of the participants behaviors as it relates to their experiences with eating and body image. By conducting a qualitative study, the research team seeks to explore the participants voice and share her story through her narrative.

Another limitation of quantitative research related to eating disorders can be found in studies examining assessments and treatments. Anderson, Lundgren, Shapiro, and Paulosky (2004) discussed the limitations of current quantitative eating disorder assessments that are used in research as well as assisting in diagnosing. Currently, a form of treatment for eating disorders is cognitive-behavioral therapy (CBT); however, only 19% of studies discussed the data on all of the components of this model.

Additionally, body image disturbance is only assessed in one third of studies related to CBT; however, it is an important component of eating disorders (Rosen, 1996). The lack of information leads to lack of knowledge in our understanding of the effectiveness of certain interventions and treatments. Anderson et al. (2004) also stated that relying on quantitative data, we might possibly miss important data due to certain questions not being phrased properly on the instrument.

As mentioned previously, while qualitative research is lacking, there are a few studies that are current as it relates to eating disorders among college students (Bennett, Greene, & Schwartz-Barcott, 2013; Piazza-Gardner, A.K., & Barry, A.E., 2014). LaCaille, Dauner, Krambeer and Pedersen (2011) conducted a qualitative study
examining college student's perceptions of physical activity levels, weight change and healthy and unhealthy eating patterns. Participants consisted of 49 college students, 18 to 22 year old, interview in six focus groups. LaCaille et al. found gender differences regarding weight goals. Additionally, the researchers found that the unique social and physical environment of college played a factor in the participants physical activity and eating, as well as the participants motivation and self-regulatory skills.

Schoen et al. (2012) conducted a grounded theory study, interviewing 14 college-age women who were diagnosed with bulimia nervosa, anorexia nervosa, or eating disorder NOS. The study examined the internal process that women experience when seeking help and treatment for an eating disorder. The researchers identified denial and awareness, interpersonal feedback, critical incidents, emotions, attitudes toward help seeking, and perceptions of treatment as the supporting themes.

A few articles on college athletes with eating disorders are available. Arthur-Cameselle and Quatromoni (2014) looked at factors that assist the recovery of eating disorders in collegiate female athletes. Factors included support from others, shifts in values and beliefs as well as the desire to be healthy enough to perform. Kroshus, Goldman, Kubzansky, and Austin (2014) also studied how college teams assist female athletes who are experiencing an eating disorder. The researchers looked at two cross-country running teams and found different experiences. One team was described as doing nothing for athletes exhibiting disordered eating behaviors, while the other team was direct, positive and collaborative with the female suffering.
Pilot Study

While college students and collegiate athletes have had recent qualitative studies regarding eating disorders, qualitative research on sorority members with eating disorders is truly lacking. Due to the need for qualitative data and to finalize the design for the dissertation, the researcher conducted a pilot study. The purpose of the phenomenological pilot study was to determine how sorority members experience eating behaviors and what factors influence disordered eating. Research questions were as follows: (1) What were sorority member’s experiences with disordered eating behaviors?; and (2) What perceived factors influenced disordered eating behavior? Main themes identified through individual interviews and observations were pressure, support system, appearance, socializing, similarities, traditions, and hierarchy. Two women who were active in the same sorority and were alumni were interviewed for the pilot study. In addition, participants were instructed to choose two to three photos that represent for them, (1) their relationship with their sisters during college and now; (2) any specific and meaningful memories related to their sorority; and (3) photos that represented various types of eating experiences. Finally, the researcher conducted an observation of seven sorority members of “tables” in the school cafeteria. “Tables” are a time where all of the members of the fraternity and sororities eat lunch together twice a week on Tuesdays and Thursdays. Only four out of the seven members were eating, although the observation was during the lunch break.

The identified themes along the pilot data were as follows:
Research Question 1

There appeared to be a wide range of experiences in the sorority member’s eating behaviors. In addition, there were multiple discrepancies within participants’ interviews. This was evidenced by participant two (P2) stating she “remembers eating nothing” and “I was always one of those girls who ordered a salad,” then stating, “I ate well, I ate whatever I wanted to.” Other possible subcodes that emerged included restricting behaviors, such as P2 stating, “she ate nothing but oatmeal and diet coke.” P1 discussed her experiences with eating meals with her sisters and having large quantities of food:

From day one we ate together almost every meal. You know you are bonding with your sisters, you all live in the same dorm, making friends because you don’t know anyone there and your starting eating out every meal with these girls and you aren’t thinking about the food. You are thinking about socializing with these girls, having fun and hanging out, but then you eat a ton.

P2 had a similar experience of having food as the central aspect of socialization. P2 reported, “Once you join a sorority um you have this new group of friends that you go out to eat with, you go out to do this with and so you know food was kind of, you I said earlier that I don’t think, I don’t remember us eating. But not that I think of it I remember having these new group of friends, so food became relation with social interactions.”

She later further explained:

On my campus, you, everything, all of the celebrations I guess included food, the gatherings included good. Um so it was kind of, so it was a walking oxy-moron. Like you are expected to look a certain way. Um and you know, um present
yourself uh a certain way. And yet, here you were kind of being presented with opportunities to put that in jeopardy.

Although there was a spectrum of responses given by the two participants related to research question one, they seemed to have similar experiences with associating food and socializing together.

**Research Question 2**

Five main factors influencing disordered eating behaviors were identified: pressure, appearance, support systems, socializing, and hierarchy. Pressure was operationalized by the described experiences in relation to perceptions of pressure from other members and/or the organization. Appearance was defined as how members described themselves or other members or physical attributes. Support systems were operationalized as the experiences of emotional, professional and academic support from other members. Socializing was conceptualized as the interpersonal relationships amongst members. Lastly, hierarchy was defined as the ranking system within the chapter and/or the organization. The first theme *pressure* was discussed multiple times throughout both interviews. P2 stated, “When I was in the chapter there was also um pressure from the organization as a whole just to live up to the standards that they had set.” In addition, P2 shared the following about her experiences of unhealthy eating behaviors within her sorority either her own behaviors or witnessed behaviors.

Um, I think when you are part of an organization that is so identified um on campus whether you do there is a pressure to look a certain way or fit within a certain spectrum of uh, umm the accepted norm and its noticed when an individual or a group of individuals falls outside that norm. Um, so you will see, I,
I remember seeing girls who did, who you know, who did engage in um interesting eating habits to try to fit into that mold.

P1 shared this about her self-esteem in college.

You know I think college, I think college it’s a real vulnerable age you know. You are worried about what guys thinking about you, everyone wants to look cute. Especially in my sorority, everyone always looks put together. You want to make sure you fit in and are with the times. So I think its easier to get a little self-conscious and to worry about self-esteem. Um I don’t, I definitely see that it would happen in college regardless. But probably I would say escalated around sorority life. You know in the classroom you are with a group of guys and girls, younger people and older people and you are just able to be yourself completely and not worry about it. When you get around a group of girls, of 50 women just like you and you start to compare yours to the group and start to worry about fitting in.

The theme appearance was a structural code. While the term appearance was mentioned occasionally, adjectives that describe a person’s appearance were mentioned numerous times. Participants described how a person’s appearance could affect their “ranking” within the chapter. For example, P2 explained:

I remember there being a certain girl who actually lived with her grandparents for the summer. I mean everybody knows what happens when you live with your grandparents for a certain period of time and the girl was almost, like, blacklisted. In a way, because she had come back like 20 pounds heavier then when she had
left. And um it was almost like her appearance was a measure of her self-worth and um her of her worth to the organization.

P1 shared that she believed “in college I never could have been skinny enough.” When discussing social norms with P2, which could be tied to appearance, she shared this observation.

I remember looking at group shots of the organization...uh, if you look at the center of the pictures, that’s where all of your pretty girls are or all of the girls that are within that norm. The further you go, if you ever look at them the further you get away from the center of the picture. That’s where your chubby girls or you um not girly-girls are in the picture. And that’s the same way it is as an organization. I mean I definitely saw it, its if you are not put together and no um what would be considered a poster child for the organization, your, you were not um uh an integral part of the organization itself.

Another perceived factor that assisted was support systems. When asked by the researcher about the advantages of being in a sorority, P2 replied:

I would say that the advantages are the networking it provide you, the security, kinda the school with a school it provides. It makes a very small, I mean a very large campus feel a little smaller. It provides you with a support system in a time that you are probably far away from family and any life I guess circumstances that you are used to.

The researcher then requested P2 to elaborate more on the term support system, which she used to describe her opinion of one of the advantages of being in a sorority. She went on to say, “Uh, well within the organization you are given like your big sister, so you end
up becoming part of a family unit and having um connections with members um on the
local level so you um, you just start to depend on people um that you are interacting with
on a daily basis.” PI described the support system as a bond she has with her sisters
“lifelong friends that you met and spend quite a bit of time with, bond with.”

In order to develop that bond and support system, sorority members may spend a
large amount of their time socializing with one another (NPC, n.d.), which became a
theme during the pilot study. PI discussed being an active member with her sorority. She
explained:

I think it was a huge part of your life, not only do you want to participate in all the
activities and meet people, but they also a little bit require you to be involved in it.
There is definitely an influence, you are hanging out with the same people quite a
bit. Ya, I mean it definitely is a big part of your life.

P2 used the same phrase “big part of my life” to describe how important the sorority
membership and being with her sisters was to her. She was also able to make a
connection between socializing with her sisters and eating. She stated that food became
“part of social gatherings.”

When socializing in a group setting within the sorority, a theme of hierarchy emerged. During the researcher’s observation, it was noted that one girl in particular
appeared to be the center of everyone’s attention as evidenced by when she started
talking, all of the side conversations seemed to stop and focus their attention on her. She
was animated and personable. P2 explained the connection between the previous theme
pressure and hierarchy:
I think a lot of the pressure comes from the hierarchy within the chapter. From day one, I mean you walk in, all of the new women coming into a chapter walk in and have these preconceived notions that I mean many of them are stereotypes and they are not all false. But they would come in and there was a concept of respecting your older sisters and she’s been in the chapter for a long time so she has the authority. Uh, but so the pressure is kind of to earn that nod of approval from those older sisters.

Participant two also discussed the idea of being “the low man on the totem pole” and working your way up within the chapter. She stated, “I definitely felt that I needed to have a position so that I wasn’t a nobody.”

**Pilot Study Strengths and Challenges**

A strength of the pilot study was the prolonged engagement within the sorority subculture population, having been involved for nine years. Another strength of the pilot study was the multiple strategies of trustworthiness including using research teams, bracketing, peer debriefing, member checking, keeping field notes, reflexive journaling, triangulating data sources, and keeping an audit trail. Additionally, the research team consisted of both a sorority member and a nonsorority member, which assisted with reviewing our personal assumptions and biases.

Multiple limitations were present while conducting the pilot study. The first limitation was the selection and number of participants. Only two interviews were conducted due to time constraints and the participants were members of the same sorority. In addition, both participants are alumni and have been out of the collegiate chapter for a few years. Due to having limited exposure with the sorority setting and with
their sisters over the past few years, participants might have possibly forgotten information that could have been beneficial to the pilot study.

Another limitation of the study was the close relationship the researcher had to the participants. This could have caused a bias in the participants’ responses. The researcher was also a member of the same sorority as the participants. This potentially could have resulted in certain things not being explicitly stated under the assumption that they were understood. An example of this was P1 continuously stating “you know” throughout the interview, inferring that what she was discussing did not need further explanation to the researcher.

An additional limitation that was present was the participants’ reactions to the questions asked and the research topic. P2 stated after the interview was finished that she did not feel like she could be completely honest because she believed she needed to keep the organization in a good light due to being the president of an alumni chapter which supports the fear of negative exposure.

This dissertation is an extension of the pilot study, which further examined the experiences women faced within the organization related to various eating behaviors. This proposed extension included gathering more participants as well as diversifying the geographical locations of the participant’s colleges or universities. An additional limitation from the pilot study that was addressed is the relationship with the participants. For the proposed study, the researcher did not have an existing long-term relationship with the participants.

Furthermore, in my limited interviews, both women discussed afterwards the underlying theme of exposure and keeping the organization in a good light, which could
become a potential concern related to the validity and reliability of the study. It was evident through certain questions that asked the women about their personal eating behaviors that there was underlying resistance. Therefore, in future research, it will be vital to discuss the hesitancy of women in the organization to share about their experiences of various eating behaviors so that we can ensure as researchers that this population has a voice.
CHAPTER THREE

Methodology

This chapter provides an outline of the study’s methodology, research design, and data analysis strategies. This chapter also reviews the research team members’ background in research, biases, and assumptions, as well as how trustworthiness was maximized.

Research Design

Qualitative research is used to explore a phenomenon that is either lacking information due to not having been explored or is seeking to explore the phenomenon from a new angle (Hays & Singh, 2012). Using a qualitative approach allows the participants the opportunity to discuss their story and share meaning through the use of their words. This approach could be particularly useful to understand participant’s eating behaviors as it allows them to describe their experiences in detail.

A qualitative research design was used to examine what factors relate to sorority women’s engagement in disordered eating. I was looking to see how sorority members described their sorority culture in general, their eating behaviors and how they perceived eating behaviors of their sisters. By researching factors that influence eating behaviors through a qualitative design, the researcher hopes to contribute to the understanding of eating behaviors and disordered eating in the context of Greek life. The qualitative approach is intended to expand the current literature and research on eating disorders among the sorority population, which has been predominately studied through quantitative methods.
The study intended to explore women's experiences within the sorority culture. The researcher took a phenomenological approach to further examine the participants' experiences with eating behaviors. A phenomenological approach utilizes the knowledge of the participants and considers them co-researchers since they are the experts on their experiences (Hays & Singh, 2012). I bracketed my experiences and knowledge from the literature about disordered eating behaviors to explore participants' stories of their experiences. Additionally, I sought to understand the "life-world" of my participants and will be looking for themes that are common among the participants to better understand the sorority phenomenon (Hays & Singh, 2012, p. 50). My goal for my dissertation was to keep with the phenomenological approach by ensuring that my writing is a correct representation of the experience of my participants. One way I ensured this was through member checking on three separate occasions, including after the interview with the participant, during the data analysis as well as once the report was completed.

A feminism paradigm lens was utilized to examine how the relationships among women in sororities affect their eating behaviors and experiences. According to Hays and Singh (2012), a feminism paradigm looks at gender as an "organizing principle in understanding and reporting research findings" (p. 41). Additionally, both research team members are female as well as all of the participants in the study. I was interested in how the relationship between the research team and the participants influenced the research process. We utilized a feminist lens to see how sorority subculture influenced or discouraged disordered eating. I believe that using a feminist paradigm assisted the research team in exploring the possible influences of gender on the relationships within the sorority culture as well as how it possibly influenced eating behaviors. Additionally,
the feminism paradigm assisted my research team and me in developing our research questions, shaping our interview protocol and as well as how we viewed the data during analysis.

The philosophies of science pertinent to this study included: ontology, epistemology, axiology, rhetoric, and methodology. Ontology looks at universal truth. For this study, I believed that, while there may be some similarities and possible overlaps in experiences, overall, participants would all report varying experiences. Keeping with a feminism lens, the researcher was interested in identifying the similarities as well as differences as it pertained to gender.

Axiology takes into consideration the researchers values and assumptions. I bracketed my assumptions and utilized a research team to address any influence on the research questions and design. Additionally, I viewed the participants as co-researchers and envisioned the research process as collaborative.

Epistemology is supported by the interactions among the participants and the research team members. Because I used a feminist paradigm, I noted the influence gender potentially had on the relationships as well as the research process. In particular, I was interested in how being a woman and interviewing women impacted the data collection process. Additionally, because my research team member is also a woman, we explored how our gender may have influenced the data analysis.

Rhetoric allows the researcher to present data in various formats. For the study, I included more narratives, which highlights the participant voice, rather than the researcher taking an expert stance (Hays & Singh, 2012). The participants were given a voice to explain the essence of their experiences of eating behaviors and how they believe
other women within their sorority have influenced them. As stated previously, the methodology utilized throughout this study was a phenomenological tradition with a feminism paradigm.

**Participants and Procedures**

Participants consisted of 10 women who identified themselves as either a current member ($n=6$) or an alumna ($n=4$) of a National Panhellenic Sorority. To participate, individuals had to have been an initiated member into the organization, therefore, new members or potential new members were excluded from this study. The participant must have been in good standing with her current chapter and should not have had her membership revoked at any time. Good standing criteria will vary from chapter to chapter but usually consists of being in good financial standing (being current on dues), being in good academic standing (maintaining the grade point average set forth by the chapter), and being active at all required events such as initiation and weekly chapter meetings.

Participants were chosen from various geographical regions. My goal was to diversify the sample as much as possible regarding, race/ethnicity, religion, sexual identity, and other multicultural factors. A mix of current as well as alumna members of the sorority were included in the study. Criterion and snowball sampling were used to gain participants while the researcher sought maximum variation. Participants were interviewed either in person ($n=2$) or over video-conferencing ($n=8$) due to geographical locations. The duration of the entire study lasted approximately one year. The chart below depicts the type of university the participant attended, the geographical region of the school, the number of sororities on that particular campus, the student population of
undergraduates, the percentage of the student population that is involved in Greek life, as well as if the school had official sorority houses on campus.

Table 1
*Participant University Demographics*

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Public vs Private</th>
<th>Geographical Region</th>
<th>Sororities on Campus</th>
<th>Student Population (Undergraduates)</th>
<th>Student Population % Greek</th>
<th>Sorority Housing on Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>Public-Research</td>
<td>South East</td>
<td>6</td>
<td>19,819</td>
<td>11%</td>
<td>No</td>
</tr>
<tr>
<td>P2</td>
<td>Public-Research</td>
<td>South East</td>
<td>6</td>
<td>19,819</td>
<td>11%</td>
<td>No</td>
</tr>
<tr>
<td>P3</td>
<td>Private</td>
<td>North-East</td>
<td>4</td>
<td>4,409</td>
<td>19%</td>
<td>No</td>
</tr>
<tr>
<td>P4</td>
<td>Private</td>
<td>North-East</td>
<td>5</td>
<td>2,448</td>
<td>42%</td>
<td>No</td>
</tr>
<tr>
<td>P5</td>
<td>Public-Research</td>
<td>Mid-West</td>
<td>20</td>
<td>29,440</td>
<td>20%</td>
<td>Yes</td>
</tr>
<tr>
<td>P6</td>
<td>Public</td>
<td>North-East</td>
<td>11</td>
<td>12,471</td>
<td>13%</td>
<td>No</td>
</tr>
<tr>
<td>P7</td>
<td>Private</td>
<td>North-East</td>
<td>4</td>
<td>4,419</td>
<td>14%</td>
<td>Yes</td>
</tr>
<tr>
<td>P8</td>
<td>Public</td>
<td>South-East</td>
<td>7</td>
<td>8,913</td>
<td>21%</td>
<td>No</td>
</tr>
<tr>
<td>P9</td>
<td>Public-Research</td>
<td>Mid-West</td>
<td>20</td>
<td>29,440</td>
<td>20%</td>
<td>Yes</td>
</tr>
<tr>
<td>P10</td>
<td>Public-Research</td>
<td>North-West</td>
<td>14</td>
<td>23,070</td>
<td>34%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Participants' ages ranged from 20 to 26 years old ($M=22.60; SD=2.12$). All participants identified as Caucasian females. Seven participants identified as single, two identified as partnered and one identified as separated. When looking at the educational level, six stated the highest degree they completed was high school, three held bachelor's degree, and one held a masters degree. Six of the participants were currently working towards their bachelors while two were working towards their master's degrees.

The range of semesters involved with their sorority was three to eight ($M=6.10; SD=1.85$). Four participants stated they lived in a sorority house. (Six of the participants attended schools where there was not an official sorority house present that was recognized by their national council.) However, nine of the participants stated they lived with their sorority sisters for a minimum of one year, and only one participant had never lived with her sorority sisters. Participants were asked how many hours on average in a
typical week they spent participating in sorority events currently. Alumna participants were asked to reflect back on their participation in a typical week. Two participants stated 1-5 hours, two participants stated 6-10 hours, two participants stated 11-15 hours, two participants stated 16-20 hours and two participants stated more than 20 hours. Nine of the participants held leadership roles within their sorority. One participant was a first generation college student, five were first generation sorority women, one participant was a second generation sorority woman, and four were third generation sorority women. Two participants also identified themselves as legacies.

Two participants identified as having a nutritionist, doctor and counselor assist them with their eating, while one participant stated she just had a nutritionist assist her. When asked if they had ever been diagnosed or treated for an eating disorder, all participants responded “no” and not a single person thought that they currently have a problem in regards to their eating. Of the ten women interviewed, everyone had checked multiple dieting behaviors, thoughts and experiences. The most common behaviors and thoughts checked were as follows: I think about burning calories when I exercise (n=9), I engage in dieting behavior such as counting calories (n=8), I avoid food with high carbohydrates (n=6), I feel better about myself when my weight is under control (n=9), I am terrified about being overweight (n=5), I like to have my stomach empty (n=5), and I enjoy trying new rich foods (n=5).

**Entering the Field**

I utilized previously made connections through networking to enter the field. In addition, I utilized connections with family members within various universities to assist in contacting people to begin snowball sampling. Potential participants were contacted by
the main researcher through email with a description of the study, including potential risks and benefits. Once contact had been made with the participants, an interview was scheduled at an agreed upon time at the earliest convenience of the participant and myself. I anticipated the duration of the individual interviews to last for approximately 45 minutes to an hour. The interviews ranged from 29 to 73 minutes ($M=42.39; SD=12.07$). Individual interviews followed a semi-structured interview format.

**Exiting the Field**

Once all of the data had been collected, the research team then exited the field. One way this was done was through creating a mutually agreed upon timeline with both researchers and participants for when the participants could expect the results of the study. Another way the researchers planned to exit the field was through self-reflection on the researcher-participant relationship as suggested in Hays and Singh (2012). I also reviewed and discussed reciprocity and positionality when examining the relationships between the researchers and the participants (Hays & Singh, 2012).

**Data Collection Methods**

The informed consent document (Appendix A) outlines a description of the study, the researchers involved, the exclusionary criteria for being a participant as well as possible risks and benefits associated with participating. Confidentiality and the limitations are also discussed as well as informing the participants that they are free to withdraw from the study at anytime without penalty. In the informed consent, the responsible principal investigator's (RPI) information is included, as well as the co-investigators. Additionally, the University's IRB chair's information was also provided in the event a participant has questions or feels uncomfortable. All participants were
required sign a copy of the informed consent prior to any form of data collection. Participants were also given a copy for their records. For participants completing the study via video-conferencing, informed consent documents were collected via email.

**Demographic Questionnaire**

A demographic questionnaire (Appendix B) was provided to all participants prior to data collection. The demographic questionnaire was utilized to gain more pertinent information from the participants including their background and involvement within their sorority. Participants were asked questions regarding their age, race/ethnicity, relationship status, number of semesters in a sorority house, whether they lived with their sisters, level of involvement in their sorority, positions they have or currently hold and family sorority affiliation. The portion of the demographic questionnaire that assessed for eating behaviors was adapted from the EAT-26 (Garner et al., 1982). Normalizing statements were added to assist in participate comfort. An example of this was “Normally people use strategies to manage their weight at different times in their life. Below is a list of common strategies. Please check any strategy that you have personally used to manage your weight.” Another example of a normalizing statement used was “Often people have thoughts or concerns about their body shape or weight. Please check any of the following that have seemed true for you at some point.”

The demographic questionnaire was distributed with the informed consent to the participants prior to their interview being conducted. It also ensured the participant met the inclusion criteria for the study. Furthermore, it provided the researcher with information that could have altered the interview protocol to better be able to personalize the interview based on the participants’ background. For example, if a participant stated
on their demographic questionnaire that they held multiple leadership roles, I asked questions related to the roles she held to learn more about the participant’s experiences.

**Interviews**

A semi-structured interview protocol (Appendix C) was utilized to guide the interviews. Hays and Singh (2012) stated that the use of a semi-structured interview protocol allows for richer data by including more of the participants experiences to balance out the researchers voice. Through the use of the protocol, the interviewer probed further questions and encouraged the participants to elaborate if they had more information to add. The interview protocol was a living document, which was discussed and revised among the research team after the interviews, as we deemed necessary.

After the interview, participants were provided a timeframe of when they could expect to receive a copy of their transcript for member checking. If participants chose to participate in the member checking, they were asked to review the transcript to ensure it is an accurate portrayal of what they were trying to convey. Participants were able to add to or edit the transcript, as they deemed necessary. Only one participant made any changes to their original transcript. Participants were also provided with a copy of codes during data analysis for member checking and the report at the conclusion of the study to review and provide feedback, which is another form of member checking. Lastly, they were also reminded of the researcher’s contact information in case any questions or concerns came up regarding the study.

Individual interviews are congruent with a phenomenological tradition as the researcher was seeking the participant’s narrative (Hays & Singh, 2012). The use of the interviews provided the participants the ability to share their story in their words. It also
provided the participants the ability to bring up certain additional commentary that the researchers may not have thought to ask (Hays & Singh, 2012).

**Photography**

Utilizing photography allowed the participants the creative freedom to express themselves and showcase a visual example of their descriptions of their experiences. Adding visual methods in a study such as photography can intensify the data analysis (Hays & Singh, 2012). Harrison (2002) stated that adding the component of photography could assist with a participant telling their story and providing insight.

Participants were requested to submit two to three photos that represent for them: (1) their relationship with their sisters during college and now; (2) any specific and meaningful memories related to their sorority; and (3) photos that represented various types of eating experiences. Eight of the participants contributed in the photography component of the study. Two of participants had an additional interview in person with the main researcher to discuss their photos. Six of the participants submitted a typed write up of a response to the prompts with the accompanying photos. The responses included a description of what was going on in the photo, who was present as well as why they chose that particular photo to represent the prompt provided.

Participants submitted 45 individual photos and a collage. The collage was comprised of 10 separate photos into one, for a total of 55 photos.

- P1 submitted seven photos, she was in six of them. Her little sister was also in all six of the same photos with her. The participant wore matching or coordinating outfits in two of the photos. She was the only participant
who included a non-Greek member in one of her photos. Additionally, P1 was not photographed with any food present, just alcohol.

- P2 submitted seven photos, she was in four of them. The participant wore matching or coordinating outfits in two of the photos and submitted an additional photo where everyone was matching but she was not present in. Her little sister was in two of the photos with her and a picture of extended sorority family was another photo she submitted. She was also not photographed with any form of food or drinks.

- P3 submitted eight photos, she was in seven of them. The participant wore matching or coordinating outfits in four of the photos. Her little sister was in two of the photos with her. She was not photographed with any food, just alcohol present. She also included a pledge of her sorority’s philanthropy.

- P4 submitted five photos and one collage with 10 photos. She was in three of the photos. One of the photos had all of her sorority sisters in coordinating outfits. She was not photographed with any form of food or drinks.

- P5 submitted five photos and was in four of them. She was matching or in coordinating outfits in three of the photos submitted. Her little sister was in one photo and her pledge sisters were in two of the photos. She was present in one photo with food.
- P7 submitted six photos and was in five of them. She was matching in three photos. Her big sister was in one of her photos. She was present in one photo with food.

- P9 submitted seven photos, she was in six of them and another sorority sister was only present in one. The other photos were pictures by herself and one stock image of her favorite TV show that she felt represented her sisterhood. She was present in one photo with food and one photo with alcohol.

- P10 submitted six photos and was present in all six of them. She was matching or in coordinating outfits in three of them. No photos of food or drinks were submitted.

- P6 and P8 did not submit any photos for the photography portion of the study.

**Research Team**

The research team consisted of two female doctoral students studying counselor education at Old Dominion University in Norfolk, Virginia. I am a White female from the East Coast in my late-twenties who was an active member in a National Panhellenic Sorority for four years. As an active collegiate member, I took on multiple roles on the Executive Council Board over the course of my membership including president, treasurer, and academic chair. These opportunities allowed me to travel to national conventions where I was privy to meeting over 1,000 sorority women and hearing stories about their experiences. I also disaffiliated from my sorority for a few months to become a recruitment counselor, otherwise known as a Rho Gamma, to assist women in the new
member process of being matched with their sorority. I am not currently active in my local alumni chapter due to time constraints. However, I currently serve as the faculty advisor for a National Panhellenic Sorority on campus.

The research team member is also a White female from the East Coast in her late twenties. She has never been a member of a national panhellenic sorority. Both researchers have master’s degrees in counseling and are Nationally Certified Counselors. I have worked with the eating disorder population, consider it an area of research interest and have counseled clients with various eating disorder diagnoses in an outpatient setting for two years. Additionally, both research members have served on other various projects together over the past two years.

I am currently working on my qualitative certificate and have taken four qualitative courses while in my doctoral program. I have also been a teaching assistant for a qualitative course. This study is my fifth qualitative study over the past two years. The second research team member has taken two qualitative courses and has been on four qualitative projects over the past two years.

The research team acted as collaborating peers throughout the study. Through the utilization of a research team, various beliefs, and perspectives were considered. I was responsible for contacting participants, setting up and conducting individual interviews, transcribing the interviews and providing the transcriptions to both the participants for member checking and my research team member for coding. Additionally, I was responsible for organizing the photography component of the study. Together, the research team was responsible for consensus coding and creating the codebook as well as
consulting for biases and assumptions as they arose. In addition, both research members were responsible for ensuring the study was ethical at all times.

**Researcher Reflexivity**

The researchers expected that participants would report to some extent criteria related to disordered eating, although they may not label it as such. The researcher was unable to anticipate whether a participant had eating disorder symptoms prior to joining a sorority or if joining a sorority contributed to eating disorder behaviors. The primary researcher assumed that women would mimic other behaviors within their sorority to assimilate themselves. This could be either positive or negative depending on the type of behavior described.

The researcher assumed that there would be a level of fear about possible negative exposure regarding speaking about their sorority in a negative way. Potential underlying resistance may have affected the data’s accurate portrayal of women’s experiences within their organization. The researcher also expected that certain participants may be in recovery from an eating disorder and would report feeling supported by her sorority sisters.

According to Hays and Singh (2012), when conducting a phenomenological study, bracketing is a critical component of the pre-data analysis procedures. Through the use of bracketing, researchers were able to vocalize their assumptions and bias regarding the topic of their study. The research team and I bracketed our assumptions and biases prior to collecting any data for the pilot study. Additionally, another round of bracketing was conducted prior to the study without any major changes.
Bracketing was done through journaling the personal thoughts and expectations of the study. Ongoing reflections by both research team members were journalled throughout the entire study. The research team and I expected to find mixed results of participant's experiences. My assumption was that, while there would be evidence of disordered eating behaviors occurring, the women will not label it as such. Additionally, I believed that sorority women unintentionally might have encouraged unhealthy eating behaviors as well as healthy eating behaviors and positive body image.

**Main Researcher's Own Experiences**

I have had mixed experiences regarding eating behaviors while I was an active member of my sorority. I experienced sisters restricting their eating behaviors and excessive exercising, especially during certain times of year such as spring break or before an event such as formal. At other times during the semester, excessive amount of food would be consumed under the label of stress for exams or a girl's night.

While at a national convention in 2006, I had the opportunity to network with over 1,000 sisters all across the country and to hear about their unique experiences. Some sisters shared their chapters promoted positive body image while other sister's did not have as positive of experiences. One woman shared that in her chapter they were required to log "gym hours" in a notebook that was checked once a week at chapter meetings. She explained that if a sorority member appeared to be overweight, she would be required to log more gym hours then somebody who would be considered average weight.

**Data Analysis**

I was responsible for transcribing each interview individually. Prior to transcribing, I bracketed all of my assumptions again, noting possible biases and the
influences they may have with the coding process. I discussed these biases and assumptions with my research team. Once the bracketing and discussion was complete, I transcribed the 10 individual interviews. I then provided a copy of the first transcript to the research team members. Participants were emailed a copy of their transcript for member checking prior to the research team member receiving it to code.

Research team members coded the first two transcripts independently, then met to consensus code prior to the next transcript coding. An initial codebook was created at this time. The consensus coding meeting was held to discuss similarities and differences that came up for the team with regards to codes and themes. Horizontalization was used to identify direct quotes from the interviews that could potentially answer the research questions or provide insight regarding the research questions for non-overlapping themes. Next, the research team identified textural descriptions, which was used to generate quotes. Throughout the data analysis, the research team was consistently meeting to consensus code and collapse themes.

I then provided my research team with the next individual interview to code independently (P3). We then met after independent coding to consensus code and update the codebook. This pattern of consensus coding and processing continued throughout the entire data analysis process (P4-P10).

Once all 10 individual interviews had been coded, I then provided the research team with the photography portion of the study. The research team member was provided a copy of all of the photographs submitted by the participants with the corresponding interview or written response to the assigned prompts, which were a separate component
from the original transcripts. Each research team member coded both the photographs as well as the participant’s response.

The research team then met to identify codes to answer the research questions. Next, the research team recoded transcripts for P1-P10. An additional consensus coding meeting took place once all transcripts were recoded to discuss, condense and collapse the final codebook. The research team then identified a structural description, which were the larger codes to assist in developing in patterns and answer the research questions. Textural themes were also re-organized at this time.
Strategies of Trustworthiness

Multiple strategies were used to maximize trustworthiness. The first strategy was that the primary researcher kept a reflexive journal throughout the entire study to assist in bracketing any biases that arose and to process her personal feelings throughout the process. Field notes were also recorded and reviewed by the research team. Another method that was utilized while striving for trustworthiness was member checking. The
researcher clarified participants’ responses through the use of probes while collecting
data during the individual interviews. In addition, copies of the transcripts were emailed
to participants to check for accuracy and to see if there was anything that they would like
elaborate on, add or clarify in the transcript in order to ensure confirmability. Participants
were also provided with a copy of codes during the data analysis for member checking
and the report at the conclusion of the study to review and provide feedback, which is
another form of member checking.

Coherence was achieved by ensuring the phenomenological tradition was carried
out consistently through the research design and study. The researchers also used
triangulation by conducting individual interviews and collecting photographs for an
unobtrusive method. Lastly, the main researcher demonstrated prolonged engagement
through her connections and relationships within the sorority community.
CHAPTER FOUR

Results

This phenomenological study aimed to understand and explore the experiences of sorority women, with particular attention to their experiences with disordered eating behaviors. Further, the researchers investigated perceived factors that influence disordered eating behaviors for the participants. The researchers found two structural codes that best represented the experiences portrayed by the sorority women: Sorority Culture and Sorority Influence. Eight textural themes were identified: academics, leadership, philanthropy, judicials, commitment, exclusivity, hierarchy, hazing, physical, emotional, and interpersonal.

Sorority Culture

Sorority Culture was operationalized as the various components that assist in defining the society and the environment of the Greek organization. The researchers identified both overlapping and unique experiences of the various sorority members. Every participant described contextually the makeup of their sorority from personality traits of their sisters, dynamics within their sorority chapter, what was considered normal and appropriate behavior within their respective house, philanthropic affiliations, the Greek community on their campus in general, and stereotypes they have encountered from both non-Greek members as well as other Greeks.

Academics. Education and the affiliation with the college or university were discussed as the reason that all of the sorority women could be in a sorority in the first place. Many women acknowledged the importance of academics within their sororities and the standards set forth by the chapter such as a required minimum GPA in order to
remain in good standing. P5 stated, “if you are below a certain grade point [average], you are on academic watch in the house. So you can’t go to parties during the week.”

Participants discussed the effect of their sorority membership on their grades. Some participants stated that their grades improved due to required study hours, peer mentorship and tutoring through the sorority. P8 explained that she believed she was held to “higher academic standards” than non-Greek members. P7 stated, “we did have required study hours so that actually helped a lot and it did motivate me to do my homework and get a good GPA.” P10, an alumna, discussed how impressed that many of her sisters were working towards and achieving advanced degrees.

However, while all participants discussed the academic emphasis, some participants noticed a decrease in their grades based on the stress, demand and time commitment they experienced within their sorority. P7 discussed a noticeable difference for the semesters that she did not have required study hours. She reported, “My GPA for my last semester wasn’t as good as it could have been. I think a lot of it was I didn’t care and I just hung out with sisters instead of getting work done when I needed to.” Some participants discussed the impact of living in the house on their academics due to the distraction of having a large amount of sisters present to socialize with. P10 stated, “I think we were really focused on the social that other things fell to the back burner. Probably could have done a little better at grades.”

Leadership. Many participants discussed leadership opportunities that being a sorority member afforded them. P6 attributed her membership in her sorority to providing her the opportunity to travel to national conventions while becoming president of her chapter. She reported that she believed the set of skills she learned while managing her
chapter organization was instrumental when she enters the workforce. P10 shared that she served on her university’s panhellenic council, where she learned leadership skills and assisted in the development and implementation of an anti-hazing initiative. P2 shared how the connections she has made as a leader in her alumni group has opened doors for her both academically in graduate school as well as professionally. P4 stated that her leadership and time management skills have improved since becoming vice president of her sorority and overseeing the planning council for her chapter. Nine participants, while acknowledging the time commitment, discussed multiple positive experiences and learned skill sets from taking on leadership roles within their sororities.

**Philanthropy.** Philanthropy was operationalized as contributing to the charitable organization attached to a particular sorority. Some of the sororities own specific trademarks related to their philanthropy such as “Think Pink.” All participants discussed the importance of philanthropy as well as supporting other sorority and fraternity philanthropic efforts. Many participants discussed specific events they participated in and the charities they were able to raise money towards because of those events. P7 stated that her sorority “raised over $14,000” at their most recent philanthropy event. The women also discussed the personal impact it had on their lives. For example, P6 stated,

> I love being a part of a group of girls that are so passionate and who really stand for something. As much as people talk negatively about Greek life and all our stereotypes, I know it’s the complete opposite. I know I am in an organization that’s the complete opposite. I can say, hey, I helped raised $3,000 a few weeks ago when we were canning for the Salvation Army.
P10 stated “I did really like the philanthropy; philanthropy is an important part in my life.” Participant 3 felt connected to her philanthropy, which promoted positive body image and stated she has truly taken her philanthropy’s motto to heart. P8 stated, “I just love our philanthropy!” P6 discussed the importance of supporting other chapters as well, saying, “We really like to be involved on campus; we try to participate in a lot of other chapters’ philanthropies.” P5 discussed all of the philanthropic events that her sorority hosts themselves, co-hosts with fraternity chapters, as well as attends. Some examples she discussed were a lip-syncing contest, dance marathon, a three week-basketball tournament, as well as “floating for a cause”, which is an inner tube water polo match.

Judicials. A large component that makes up all sororities is the standards and rules implemented by the national organization that act as guidelines for the sorority members’ behaviors. If a sorority member does not follow the set rules, they are brought up on judicials. The sorority member will oftentimes face their accuser in a set proceedings, similar to court hearing. A judicial proceeding usually consists of a pre-determined committee of sorority members who will listen to both sides and then provide sanctions or consequences for the offending sorority member. Sorority members can be brought up on judicials for a multitude of different offenses. Some examples may include but are not limited to: missing mandatory events without an excused absence, failure to keep up the required GPA, failure to pay dues on time, unsisterly like conduct, and hazing.

During the interviews of the participants, a majority of the participants brought up their sorority rules and regulations both within their sorority homes as well as their standards when out in the community representing their organization. P5 explained, “for
us, standards is kind of a slap on the wrist. A don’t do it again!” P2 discussed feeling pressured to behave in a certain manner: “pressure from the organization as a whole just to live up to the standards that they had set, behavior related. The organization set forth its expectation of its membership.”

All of the participants discussed that they found the amount or type of rules such as the time commitment surprising when they first joined a sorority. P3 explained,

If you miss one event, what happens now is that you get a strike. So if the strikes build up you get written up. Which means, well I don’t know if it’s like this for every chapter to chapter but you get brought up on standards. You are then given some kind of punishment so you need to be there.

P3 also recalled being surprised about how stringent the rules could be. She reported “a lot of girls get in trouble for little, like the smallest thing. You wouldn’t think if you weren’t in this organization like acting like you do, but it reflects back on everybody else.”

P5 explained that her chapter would bring people up on judiciales if their grades were low. While being brought up, they would have a meeting with the executive council. During that meeting, a plan is developed with the assistance of the advisor to assist the member in increasing her grades. P3 had a similar understanding of her chapter’s stance on grades, stating, “I have to keep mine up because of the scholarship but I can see how for other people who are on the borderline, it’s like, do this or you are kicked out, so that’s challenging.”

Participants explained that the punishment would depend on the type and severity of the offense. Anything from a verbal warning, to being fined, not being allowed to
attend social events to being put on probation. While none of the participants interviewed had been expelled from their chapters, some did acknowledge that they know of sorority sisters who have been kicked out of the sorority because of their grades, their behavior or for financial reasons such as not paying their dues.

**Commitment.** When discussing some of the more challenging aspects regarding sorority membership, participants often reported they were surprised by the time commitment requirements. P1 explained,

I mean there really is a huge time commitment. I mean you really can't choose, you can't, you don't have complete freedom of how much you do. You really do have to participate at least a certain amount to stay in good standing with the chapter. That can be difficult if you are really studious, or if you have to work or commute.

P4 also discussed needing to be at certain mandatory events despite having homework due. She stated, “I was a junior and had a huge paper. I really didn’t want to go but they said we need all of you to be there, its super important we will get in trouble if you don’t go.”

Some participants discussed not wanting to devote as much of their time to their sorority as they previously had. For example, P8 discussed when she was a new member and a younger sister, she wanted to be as active as possible, at every event and a part of various committees. As time progressed in her college career, she found herself getting “more comfortable with not doing everything” and allowing the younger sisters to take over tasks that she would have volunteered for in the past such as chairing a committee.

Some participants discussed the time commitment as a positive aspect since another
part of sorority members’ routine is socializing and interacting with one another on a
daily basis. P4 was surprised by the amount of time the sorority took up but reported it as
a positive surprise. “It was definitely more time intensive that I thought it would, but not
in a bad way. I spent much more time with the girls than I thought I would!” P6 had a
similar experience as P4. She reported that it kept her busy and stopped her from
“missing home so much.” She stated that she enjoyed immersing herself into all of the
sorority activities such as meetings and leadership events as well as the social functions
such as mixers, formals and date-nights.

Every collegiate participant stated that she saw her sister’s everyday while one of
the alumna participants stated she also saw her sister’s everyday. Participants highlighted
the daily, common interactions of going to classes together, eating dinner together, going
to the gym and just being able to relax while watching movies or during homework. They
also highlighted the social aspect of attending mixers, formals and socials. The
participants discussed that some of the social were centered around food while others
were centered around drinking. P1 shared,

We would have parties and you would stay up till [sic] three in the morning
drinking. I mean there was beer bongs, flip cups and drinking games that
encouraged a large amount of drinking in a short amount of time. You had people
taking shots and then you are completely hammered at three in the morning.

**Exclusivity.** Being a member of a sorority was often considered an exclusive
affiliation with specific criteria for selecting members. Often women discussed how,
unless you are part of a sorority, it can be difficult to understand the culture. People not
associated with the Greek community were often called “outsiders” by the participants.
P7 stated,

You don’t know what it’s like unless you are inside of it and it’s very hard to explain that to others. I think that’s one thing that’s challenging is trying to handle the stereotypes and not get offended by it either.

When discussing the recruitment process, participants shared potential challenges sorority members face when they have different opinions from other members regarding selecting and voting in new members. P2 shared a story about a woman getting in although she was not what other members were looking for in a new member. She then discussed the rift it put in the chapter as well as the disagreements it caused. P8 stated, “I think being in a sorority in nature is elitist.” While all sororities systems are different, participants did discuss the various components of the ranking system within their recruitment process. Sororities will often complete the ranking of new members based on points. Women may be assigned points based on various categories such as appearance, personality, GPA, leadership, and how well she fit in with the current sorority sisters. The women are then ranked in order from first to last choice. The lists of the sororities are then compared to the list of the potential new members to complete matches.

In the photography portion of the study, only 1 participant out of 10 included someone in their photos that was not affiliated with their sorority. P1 chose a photo with five sisters and one non-Greek friend while socializing. While discussing the photo with the researcher, the participant stated the non-Greek friend was almost like an “honorary member” because she hung around so often.

Hierarchy. Hierarchy relates to the overt and covert ranking system within the sorority. Four main ranking systems were found to be present: (1) pledge class order or
initiation order; (2) big sister/little sister relationships; (3) leadership positions; and (4) cliques. The first ranking system involves the order in which members entered the sorority. The older sisters are considered to have “higher” rankings than younger sisters and new members. P4 stated,

When I was in the chapter it was definitely older sisters had more power then younger sisters. Like we had a sitting area and it was known, always let the initiated and older sisters sit there. As far as seniors and juniors they were always on the same page. It was either you are a new member or you are a sister.

P6 discussed a similar experience, reporting,

In the past my chapter has had like the senior mentality and that, the seniors can get away with whatever. They are allowed to treat the new members however and that we should fear them. We should be scared of them. We need to cry because that’s how we will learn to be a [sorority name].

P2 shared her experience between the different levels of older sisters versus younger sisters and being worthy of being a sorority sister. She explained,

You need to show that you are worthy of wearing the same letters that [older sisters] are. That you are worthy of calling yourself um a member of that organization. So I mean I think a lot of it comes from just the older members of the organization. But, I don’t think a lot of it is spoken out loud. I mean there is, there’s always women who like to uh exert their authority as older sisters but most of it comes from uh the much harder pressure comes from the people who can say everything without saying anything at all.
While hierarchy can have a possible negative impact on relationships due to placing pressure on the new members, other participants saw it as a bonding experience with their big sisters. While, P6 discussed the hierarchy in her chapter between senior members and new members; however, she also shared the impact her relationship with her big sister had as well in that situation. She stated “Luckily, I had a great big sister who got me through it.” P7 also shared that while she was close to most of the women in the chapter, that she felt the closest and most bonded with her big and her little sister. P4 described the hierarchy as a mentorship. She reported, “I never had an older sister, so someone who is older, who is great and my own big [sister] was just awesome! They [the older sisters] wanted to be your friend as well as your mentor.”

Hierarchy was also evident in the relationships between big sisters and little sisters, which was emphasized in the photography portion of the study. Seven of the eight participants who submitted photos chose photos of herself with her sorority family to include either her big sister and/or her little sister. In order to be a big sister, one must be at least one pledge class older than the little sister she would like to have. Within the photos, there was a noticeable difference in the placement of sisters in various participants’ photos. An example of this would be P3’s versus P1’s photo selection. P3 submitted two photos with her little sister. In both of the photos her little sister is kneeling/squatting below her, in front of her, while she stands behind her, representing that she is higher and older. This stance is a commonly taken photo within the Greek community to represent and symbolize a sorority member’s family tree. P1 submitted five photos with her little sister present, all of which have them side-by-side at the same height, embracing one another.
Another ranking system present was through the use of leadership positions such as President, Vice President 1, Vice President 2, etc. P4 shared how she felt much more “in the know” by holding an executive position in her sorority compared to sisters who were not in leadership roles. She also highlighted this in her photo choices at an event she threw for her planning council while she was vice-president. In the photo, everyone is sitting and wearing what appears to be comfortable, relaxed clothing. P4 is standing in the center of everyone, dressed up in a nice skirt, top and sandals. P6 discussed her excitement when people suggested she run for an executive council position and she was elected president. She also discussed having to play the political “game” of getting along with everyone and keeping her opinions more reserved until she was elected. She stated she was extremely relieved to be recently elected as president as she is hoping to intact change, especially as it relates to her sororities current hazing issues.

The final ranking system was based on popularity or what clique you identified with in the sorority house. P7 stated that, while there were cliques in her sorority house, everyone was still able to enjoy each other’s company, go out to parties, and eat together whether they are considered a part of that particular clique or not. P6 discussed the struggle of not easily falling into a clique within her sorority. She explained,

I was very close to my big [sister] and a couple of people. It is sometimes hard for me to branch out. So even though I have been in for over two years now, I am still getting to know sisters at different levels. Sometimes I feel bad that I haven’t gotten to know them sooner.

P5 shared her personal struggles of not feeling like she fit into any specific clique. She stated,
For me specifically, that's really hard because I'm not a cliquey person. I would talk to every single group in the house and that kind of left me with no group specifically. Um, and so I know um a friend of mine is [fraternity name.] He mentioned to me one time, you know I realized you don’t always go out with the sisters. There will be nights you want to go do something, all of your sisters are out and you weren’t invited. And I will be like ya, it’s because I’m not in that small group or that particular group so it may not be that they necessarily think to invite me right away.

In the photography portion of the study, the cliques were best represented with pictures of the same select sorority women, usually within in the same family or the same pledge class. The family photos would depict big sister and little sister relationships along with aunts and cousins, which are other branches of the family tree. For example, a sorority woman may start a new family called the “Bunny Family.” That sorority member may take two little sorority sisters. The next semester, each of the little sisters takes her own little sister in the sorority. This would make the head of the Bunny family a “grandbig.” The new little sorority sisters who share the same grandbig would be cousins. Other participants chose photos with their pledge sisters with whom they were initiated. Unless it was a group shot of the entire sorority before a recruitment event, for example, most of the participants appeared to be exclusive with a limited amount of other females.

**Hazing.** Hazing was brought up by all participants but often not discussed in detail. Hazing was operationalized as undesired behaviors that sisters made other sisters or new members participate in. Some of the participants discussed known hazing practices in other sororities’ oftentimes as it related to eating and weight management. It is important
to note that while everyone discussed hazing, some of the sister discussed the transition
their chapters have experienced in the recent years where they no longer haze due to new
program initiatives.

P3 discussed her hazing experience as making her feel embarrassed about her
appearance. She disclosed that for three weeks prior to her initiation, all she was allowed
to wear from head to toe was white, wherever she went. She discussed the emotional
effect it had on her while pledging her sorority. She also discussed the cycle that it
caus[ed]. While her sorority was trying to phase out hazing, older sisters who had been
hazed had a more difficult time letting go of those “practices or traditions” because it is
what they had to do to “earn their letters.”

While P6 did not report any ritualistic hazing like P3, she did report constantly
“being screamed at” and struggling to get through her pledging process. She also reported
that it was a bonding experience for her and her big sister because she knew she was able
to lean on her and rely on her during a difficult time. Ritualistic hazing is described as
hazing practices that are considered traditional to that particular chapter. An example of
this would be P3 being required to wear white for a period of time prior to her initiation.

Other members such as P5 highlighted how relieved they were that their sorority
did not support hazing, as it was something they had anticipated going through. A
majority of the participants denied hazing being present within their own sorority but
acknowledged that other sororities on their campus participated in hazing behaviors
related to weight and body image. P4 shared the story about new members in a different
sorority, being forced to eat large quantities of food in one sitting, multiple times over
their new member process until they gained weight. The women were supposedly then
required to lose the weight quickly before they could be initiated. P9 discussed women in other sororities on her campus having to constantly “make weight” and if they didn’t hit a certain goal weight, they would need to go on group runs nightly throughout campus.

Due to the sorority culture, it is not uncommon for women to feel pressure and normalize their experiences because it is a learned behavior and what they are exposed to on a daily basis. All participants mentioned some form of pressure in their interviews. P3, P7, P8 and P9 stated, while they did not have required gym hours, they felt pressured from their sisters to work out. Often the pressure would be to work out together by attending classes at the gym, participating in intramural sports, or going for a run. P5 shared that her sorority had required gym hours. By having groups of women who go to the gym together, they are normalizing the act of going to the gym by making it a part of their daily routine.
Table 2
Frequency of Codes

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Sorority Influence

| Physical                |    |    |    |    |    |    |    |    |    |     |
| Interview               | X  | X  | X  | X  | X  | X  | X  | X  | X  | X   |
| Photo                   | X  | X  | X  | X  | X  | N/A| X  | N/A| X  |     |
| Emotional               |    |    |    |    |    |    |    |    |    |     |
| Interview               | X  | X  | X  | X  | X  | X  | X  | X  | X  | X   |
| Photo                   | X  | X  | X  | X  | X  | N/A| X  | N/A| X  |     |
| Interpersonal           |    |    |    |    |    |    |    |    |    |     |
| Interview               | X  | X  | X  | X  | X  | X  | X  | X  | X  | X   |
| Photo                   | X  | X  | X  | X  | X  | N/A| X  | N/A| X  | X   |

Note. X = participants response supported the corresponding code. Blank space = code not depicted by that participant. N/A = participant did not submit photos.
Sorority Influence

Sorority influence was operationalized as the perceived effect that sorority membership had on the women's lives: physically, emotionally, and interpersonally.

Physical. Physically, participants described their appearance and the influence it had on their membership, their need for control of their eating as well as their behaviors related to exercising. Behaviorally, women discussed engaging in healthy and unhealthy eating behaviors as well as working out, sometimes excessively. Two participants indicated they had disordered eating behaviors prior to entering their sorority, although they did not label it as such. P3 discussed binging and purging as well as using laxatives in high school to assist in controlling her weight. She reported that she was able to get things "more under control" once she got into college.

When discussing appearance, P1 shared, "I think that probably throughout all of college everyone in our sorority was on some sort of diet." She also shared that "in college I could have never been skinny enough. Not that I put an unrealistic pressure on myself to keep getting skinner, but I never looked in the mirror and said I am the skinniest I want to be, no."

Some participants discussed the concept of the need to control what they are eating and their diets. P10 highlighted that at certain times of the year sorority members participated in more crash dieting than other times. P1 had a similar experience and said one would notice a change in eating habits and "cracking down" as it came closer to formals, spring break, or the summer semester.

P2 explained,

I think that some girls really succumb to that pressure to fit in and probably did
some damage physically in the process. I know there were also some girls that were very strong even before they came into the chapter and were very adamant that they weren’t going to change and this is who they were and if you didn’t like it, it was your problem.

When asked to describe what they see in the mirror, most participants highlighted something that they felt needed to be improved. Some would add something they liked about themselves or their bodies. Most of the participants discussed wanting to lose weight or tone certain parts of their bodies. The most common complaint was their thighs and stomachs.

All participants discussed a desire to eat healthy foods and live a healthy lifestyle. Some participants appeared to take the healthy eating to the extreme. P4 discussed constant meal prepping and calorie counting. In the photography portion, P4 submitted a photo of some of her food plans that she likes to follow. P9 discussed also being on a food plan and following a regimented book to keep her “weight under control.” P5 shared that she has a food diary where she inputs all of her calories on a daily basis as well as wears a technology device to assist in accurately calculating her calories burned while exercising. P1 shared that if she ate a food that was deemed as unhealthy such as pizza, she would stay up late to exercise until she believed she had successfully burned those calories. For the participants who had chefs in their house, they often complained that sometimes the food was not as healthy as they would have liked. Some participants such as P5 would try to cut out certain food groups at certain times. P1 also shared a similar example of often cutting out all refined sugars for months at times before a big event such as a wedding or formal.
Participants (n= 4) discussed the transitional period from having their parents or guardians make their lunch, cook them dinner every night, and be the person responsible for purchasing groceries. A majority of the participants stated that they felt surprised when they went off to college and had to make these choices for themselves as far as what to purchase, how to cook the meal etc. Some females may struggle with making choices regarding their food at home now that they are responsible. P7 stated, “I had no idea how much food to purchase. The first few months I realized how much I was over buying and wasting.”

Besides healthy eating, participants discussed exercise. P8 discussed that her sisters motivated her to the gym with them everyday. P4 shared that she prefers to workout on her own and while go to the gym with others but will also come home to complete some more exercise. P9 said that her sorority encourages gym hours, which is how you get more points, but they also push intramural sports. She stated that some sporting events are required for sorority members to participate. P5 shared that her sorority also has required gym hours that women were supposed to log. Additionally, she reported that she is required to work out for her academic classes as she is a healthy and safety education major and logged a minimum of 15 hours a week at the gym.

**Emotional.** Emotionally, participants reported an array of feelings and thoughts that they had experienced while in their sorority, in particular related to their body image, dependency and eating experiences. P2 discussed the pressure she felt to look a certain way and the concern she experienced if her weight fluctuated. P1 shared that she never could have been skinny enough. P10 reported that body image was a concern for most of her sisters, especially during specific times of the year such as before a formal or spring
Additionally, all participants discussed feeling connected and close with their sisters. P4 discussed initially joining a sorority so that she would have someone to eat lunch with. P2 shared that she wanted to "feel at home" somewhere, as did P6.

Many of the women elaborated on not ever wanting to be by themselves and becoming dependent on their sisters and their relationship with these women. P4 stated,

I liked having a group of people to be with on campus. Whether it be in class or at dinner, I felt like I always had people to be with no matter what I was doing. I was never lonely essentially.

P5 shared how difficult a transition it was for her to go from living in a sorority house with more than 50 women to only living with a few sisters in an apartment together. P10 who is an alumna still lives with four other sorority sisters despite being over five hours away from their alma mater. She stated that if she gets home and no one is home she panics for a moment and wonders where everyone is. P7 shared, "I like just always having people there and once you go on break, I’m going to have separation anxiety."

Multiple discrepancies were noted throughout the interview process. In the photography portion, the researcher team noted that for the first two prompts, the participants were almost always in each photo. For prompt number three regarding the eating experiences, the participants rarely picked photos with food that they were actually in that contained food. Two participants were not in any of the photos for prompt three. The sorority women picked pictures where other sorority sisters were seen either eating or posing with food. Of the eight participants who submitted photos, two participants did
not pick photos for the food prompt that they were photographed in. When participants
did pick a photo that they were in, four photos just had alcohol present instead of food.
P1's food photo that she was present in was a group shot of sorority sisters and their
partners at a birthday party with just alcoholic drinks. P2 picked photos for the
photography prompt related to eating, that she was not in. The first photo was a group of
sorority sisters with just alcoholic drinks while the other picture had sorority sisters at a
restaurant, some with pizza while others had salads. When explaining the first photo that
she was not in, she stated

This photo was of a sister's 21st birthday. We started off by going out to dinner.
As you can see in the photo, nothing to eat but heavy handed with alcohol drinks
and tortilla chips. At least that's what I remember from the evening. Some people
had eaten, but not everybody. Some of the girl who did order food would just pick
and move their food around on the plate but never ate anything of substance.

While describing the picture with food present, P2 stated that they were eating
"typical college food, pizza and beer. Somebody had a salad, probably the skinny girl."
P4 was in every photo for prompts one and two, but not in either photo for prompt three.
Her first photo to depict food was a copy of nutritious meal preparation that she has
hanging in her office to assist her in staying regimented and controlled. The second photo
the participant picked was three of her sisters with a large pizza. She stated, "This is a
photo of my friends celebrating the ends of finals. We had no shame in eating this entire
pie in less than 20 minutes. We definitely associate food with happiness." The researcher
notes a possible discrepancy between having "no shame" and not choosing a photo with
food where she was present.
P10 submitted two photos to represent her eating experiences, both of which did not have any food present. The first photo was of her and six other sisters all in bikinis on a vacation together. The other picture was during Halloween where the ladies were wearing revealing costumes. In her response to the photos, she stated that “pre-Halloween and spring break were always times where there was a lot of working out and crash dieting.”

P8 had multiple discrepancies in her interview. She often would say that she felt supported and never felt pressured to look or act a certain way. However, in the next sentence she described,

We had sisterhood lunches and at those sisterhood lunches every girl would always get a salad. Even if I felt like eating pizza that day, I would always still get a salad instead. That could just be a personal thing since I am a little insecure in general. So it could be a personal thing because nobody actually ever said anything. But I did I always feel like oh everyone is always only getting a salad, I need to go get a salad.

**Interpersonal.** Participants described how family systems and support systems were influenced by their sorority membership. Many of the participants discussed the influence their family, in particular other women such as their mothers and biological sisters, had on their body image as well as eating behaviors. The relationship and influence of women on the sorority members aligns with the feminism lens the researchers were using throughout the study. Multiple participants discussed their mothers encouraging dieting and healthy eating.

Family systems were categorized as the influence a person’s biological or adoptive
family had on them both prior to their entry into a sorority, during, as well as after. Many of the participant’s family members have personal connections with participants that encouraged their entrance into the Greek community. This is also referred to as being a second or third generation sorority woman as well as a legacy. When discussing P5’s interest in joining a sorority, she shared that her grandmother, mother, and aunt were all members of a sorority, while her father and grandfather were members of a fraternity. “Growing up and seeing the benefits I saw through my family was something that I wanted to be a part of.” Three participants also discussed the desire to go Greek based on male figures in their life who had a positive Greek experience. P3 reported, “my dad was in a fraternity when he went to college. So he kind of found brother that and he wanted the same experience for me.”

Many of the participants discussed the influence their family, in particular other women such as their mothers and biological sisters had on their body image as well as eating behaviors. Multiple participants discussed their mothers encouraging dieting and healthy eating. P7 stated, “I think I do eat more when I am school than when I am at home, just because I guess the atmosphere. My mom would yell at me if I eat past 9 or take a little snack.” When discussing P6’s relationship with her mother she reported,

My mom, she pushed me to be healthy; she didn’t push me to lose weight, but to just be healthy. So through that I kind of started my weight loss journey on accident, it wasn’t on purpose. Now I got to my high school weight again, so it feels really awesome.

P10’s parents supported their daughter having elective weight loss surgery because they themselves had struggled with weight and body image. She stated,
my parents were also chronic dieters. So I would say if there was anything that
influenced my nutrition and body image habits, it's my parents. I love them to
death but it's an area they still struggle in so I'm not surprised that I do as well.
She also stated she was able to convince her parents because "when you see your child
struggling so much you probably want to do anything you can to help."

While family influence played a large role for some participants, others attributed
their desire to join a sorority for the connection and friendships. Often-times throughout
the interviews when discussing the appeal of sorority life, the reason they joined and why
they stay, participants simply stated, "my sisters." A majority of the participants
discussed the encouragement and loyalty they feel throughout the sisterhood and the
impact it has on them as a person as well as in their everyday life. P2 shared that being in
a sorority makes a large campus feel smaller and "provides you with a support system in
a time that you are probably far away from your family." P3 stated,

if something were to happen, I could go to anyone of my 61 sisters in the chapter
and be like, hey, I need help with this, can you help me out? They would have no
problem doing it. It's a home away from home. I know my college experience
wouldn't have been the same if I hadn't found myself here.

P5 had a similar experience to P3, explaining that her sisters are "loyal for sure. If one
thing happens to one of us, we will defend each other beyond reason." P5 later explained
how impactful her sisters were to her staying in school. She reported,

My time in college has not been easy and there are a lot of times I wanted to leave
and go back home. My sisters are just like, no you are staying, we love you, we
are not letting you leave. We will help you through it.
P8 also shared going through a challenging time due to a medical issue while being a new member and having the support of all of the sisters, even one's she hadn’t meet or had gotten to know yet. When describing that experience she stated, “I think that exemplifies what I was looking for. I was looking for that type of security and that type of family and friendship from people I didn’t even know yet.” P10 discussed her struggle with body image and unhealthy eating behaviors. She credited her sisters for helping her through that difficult time in her life.

“My sorority sisters were really supportive and proud of me for taking that risk and for wanting to get healthy on my own terms.” P6 also discussed body image and appearance in her sorority.

“It doesn’t matter what you look like or what you weigh. That’s why we are all very different and that really nice to come into. Ya know, we all look very different and that’s okay. We are okay with it and we support each other.”

Out of the 10 participants, four of the sorority members were alumna with one of the members having just graduated a few weeks prior to her interview. These participants highlighted the support system and the connections they made that go beyond their collegiate experience. For example, P2 discussed networking as a professional and being in contact with other sorority sisters in various job opportunities. She also reported that sorority women would often reach out to their local alumni chapter when relocating to assist with either job placements or purely for the social aspect.

The Sorority Experience and Disordered Eating

This phenomenological study aimed to answer three research questions. The first research question related to the overall experiences of the participants within their
sorority. The second research question was intended to understand sorority member’s experiences with disordered eating behaviors. The third research question looked at the perceived factors that influenced disordered eating behaviors among the participants.

Two identified structural themes (i.e., sorority culture and sorority influence) correspond with the three research questions. Multiple textural codes were identified to support the structural codes as well as assist the researcher in answering the research questions.

**Sorority Experiences**

For research question one, the research team was interested in understanding the dynamics of the sorority as it related to the participants’ lived experiences. The research team identified the two structural codes of sorority culture and sorority influence as well as textural codes of academics, leadership, philanthropy, judiciais, commitment, exclusivity, hierarchy, hazing, physical, emotional, and interpersonal. The participants discussed their sorority subculture and provided examples of what life is like within their sorority. Participants discussed multiple opportunities they were provided to develop their leadership skills ($n=9$) as well as give back to the community through philanthropic events ($n=9$). They also shared a deeper understanding of the amount of commitment that goes into being a sorority member ($n=10$) as well as abiding by the standards set forth by the organization ($n=8$). Lastly, participants ($n=7$) discussed feelings of dependency on their sorority sisters as well as how their biological family influenced them to join a Greek organization.

**Disordered Eating Behaviors**

The second research question was intended to understand sorority member’s experiences with disordered eating behaviors. The textural codes that assisted in
answering the research questions include: hazing, hierarchy, normalizing behaviors/pressure, socializing, family systems, emotional influence as it pertains to their thoughts regarding their body image, pressure and eating experiences, and discrepancies.

All of the participants discussed in some aspect hazing, as well as the various levels of hierarchy that found in their chapters. In particular, sorority members discussed hierarchy by pledge classes, big sister/little sister relationships, leadership of executive positions as well as cliques.

All participants discussed the importance of socializing, how events were usually based around eating or drinking and the pressure to always look your best. Throughout the interviews, sorority members were consistently normalizing their behaviors by comparing them to other sorority women, especially as it pertained to dieting and exercise. Additionally, participants highlighted multiple discrepancies throughout their interviews, photography portion and demographic information sheet.

Factors Related to Disordered Eating Behaviors

The research team was interested in discovering what perceived factors influenced disordered eating behaviors among sorority women. The textural codes that assisted in answering the research questions include: normalizing behaviors/pressure, the physical influence such as behavioral and control, accompanied by the emotional impact of body image. All participants emphasized the physical and emotional influence they experienced in college such as worrying about body image, and trying to look a certain way. In order to look a certain way participants shared various methods they used to control their weight such as different type of dieting (i.e., working with a nutritionist, putting themselves on strict food plans, avoiding certain food groups etc.) as well as
exercising. Participants shared that they often would work out together to motivate one another, while others stated that they were required to log a certain amount of gym hours in order to remain in good standing with their chapters.

**Conclusion**

As expected, the research team found mixed results in the study. Positive factors such as leadership opportunities, academic assistance, philanthropic contributions, support systems and socializing opportunities were present through participant’s interviews and descriptions. All participants indicated passion about their sorority and stated that it made their college experience memorable and impactful. Despite the positive aspects, the research team also found areas of concern including hazing, hierarchies, judicials, and pressure. Thus, the participants have been positively and negatively influenced by their sorority membership physically, emotionally and interpersonally.
CHAPTER FIVE

Discussion

This chapter provides a summary of the findings of the study as it relates to previous literature on the topic of eating behaviors among sorority women. Implications for practice and training, limitations of the study as well as proposed future research directions are also identified. Additionally, social desirability, assessment, prevention and treatment implications as well as addressing sorority culture are highlighted throughout the chapter.

Study Findings

The researchers found that while participants had a unique story and experience, there was a collective experience or essence, despite the location of their university or chapter affiliation. Participants reported strengths of their sorority membership such as having a positive influence on them interpersonally and emotionally. Additionally, participants stated that being in a sorority allowed them opportunities to serve the community through philanthropic events, become leaders, maintain their GPA’s and feel included within an exclusive organization that hold members to a certain level of standards. Participants also shared that within their sororities they had experienced some negative aspects of membership including hazing, hierarchy among members, pressure to appear a certain way, as well as an emotional and physical influence.

The sorority culture lends a role in sending mixed messages. For example, all participants when discussing their sorority described their sisters as unique, different, diverse and “not cookie-cutter.” However, for the photography component of the study, 19 of the 45 photographs provided had the sorority sisters were wearing either completely
matching or coordinated outfits. The photographs represent the participants described experiences of pressure to appear a certain way, the hierarchy instilled within the chapter as well as traditions. These highlighted experiences have the potential of facilitating disordered eating behaviors due to the often covert and sometimes overt pressure placed on members.

When examining the experiences of the participants, we discovered consistencies in the findings from this study with existing research. Due to the age of a typical sorority woman, the researchers expected and found the participants to be at an increased risk of exhibiting disordered eating behaviors. This is consistent with Prouty et al. (2002), who stated that younger women between the ages of 18-21 were significantly more likely than older women to have an eating disorder.

Participants also discussed pressure to be thin and appear a certain way. Additionally, they often normalized their behaviors by comparing themselves to their sorority sisters around them. An example of this was P8 stating she would always eat a salad because she believed she had to since her sorority sisters only ever ate salad. Also, participants discussed encouraging each other to go to the gym together as well as following certain dietary meal plans. These experiences align with Forney and Ward (2013), who found that college women were significantly more at risk for developing an eating disorder if they perceived that there was a value of thinness and an approval of disordered eating within their social environment. Similarly, Allison and Park (2003) also noted that sorority membership over time encouraged women to become cognizant of dieting and the thinness ideal.
Another consistency between previous literature and the current study was the biological family influence on the sorority women. In the current study, participants discussed their mothers encouraging them to diet at home, not eat after 9pm and avoiding certain foods that are high in fat or calories. Polivy and Herman (2002), also found that family’s influence eating disorder reinforcement. Stating that families often compliment the person with an eating disorder on the amount of self-control they are able to exhibit while also commenting on the person’s slenderness.

Despite the consistency of findings with previous research, some inconsistencies between previous research and the current study were present. Basow et al. (2007), reported that women who decided to rush a sorority had significantly higher levels of body shame, body dissatisfaction, drive for thinness, and body surveillance. In this study, only two participants reported having any eating concerns, body image issues or reported disordered eating behaviors prior to entering college or rushing a sorority. Additionally, Basow et al. (2007), found that there was not a significant difference with perceived pressure from sorority sisters while living in the sorority house. While all participants (n=10) in the current study discussed pressure, some participants (n=5) shared experiencing more pressure while living in the sorority house. This was discussed through being encouraged to attend group workouts, participate in intramurals as well as pressure during meal times.

Another inconsistency between the current study and previous research was the concept of weight gain. Allison and Park (2003), indicated that women who had joined a sorority had gained significantly more weight compared to those who did not join after three years. In the current study, six participants, three of whom were alumna, had
reported losing weight since joining a sorority. Three participants reported staying around
the same weight while one participant reported putting on some weight once she
graduated from college.

Participants partook in disordered eating behaviors without either knowing it or
labeling it as such. This could be due to a multitude of factors such as denial, lack of
knowledge/education, or normalizing behaviors. Some sorority women may be aware that
they have a problem with their eating however they deny the issue to others and often
times, themselves. This could be due to possibly not wanting to deal with the problem.
Additionally, the participants may favor the outcome of their eating behaviors such as
improved body image or self-esteem. Other females may lack the knowledge or the
education to understand the difference between healthy eating behaviors versus non-
healthy eating behaviors as well as an appropriate amount of exercise and over-
exercising.

Some sorority women may normalize their behaviors by comparing themselves to
others around them. Most of the participants (n=9) brought up constantly comparing
themselves to both other members of the sorority as well as to outside non-Greek
members. Despite the discussion about comparison, every participant that brought this
behavior up stated that she believed it was normal and that she would be participating in
that behavior even if she were not in a sorority. It was stated, “all 20 year old women
compare themselves to others, that’s normal.” By observing other people participate in
unhealthy behaviors such as excessive exercising, binging/purging, utilizing diuretics for
the purpose of dropping weight quickly, they may believe that these behaviors are
normal. Of the ten women interviewed, everyone had checked multiple dieting behaviors,
thoughts and experiences, however, not a single person stated that they have/had an eating disorder or thought that they currently have a problem in regards to their eating. Additionally, three participants reported that they have received guidance related to their eating from a nutritionist, medical doctor as well as a therapist. The items endorsed on the demographic sheet may be consistent with eating disorder symptomology.

Limitations

Multiple limitations were present in this study, involving the sample composition, sampling methods, and data collection sources.

Sampling Composition

The first obstacle with sample composition was obtaining participants of a diverse background. All of the women interviewed were Caucasian which is a major limitation regarding diversity factors. The researcher utilized snowball sampling to gain participants through people with which she had a previous connection. The researcher specifically requested a diverse sample; however, multiple participants explained that their sorority lacked racial/ethnic diversity. Five of women were in the same sorority as the researcher; however, they were at different chapters in different universities. Despite being at different universities, in different chapters, it is a limitation because they fall under the same national organization.

Another limitation of the sample was the geographical locations of the participants. Three participants went to school in the Southeast, two attended school in the Midwest, four attended school in the Northeast and one attended school in the North West. The study did not have any representation for the Southwest region nor the West region. Furthermore, the Pacific North West only had one participant.
Additionally, there was a possible power differential between the primary researcher and the participant. From a demographic standpoint, I was older than 8 of the 10 participants. Five of the participants were in the same sorority as the main researcher but in a different chapter. This could have potentially caused some of the women to feel obligated to participate despite having informed consent. All participants were contacted through the use of snowball sampling and maximum variation. Although I did not personally know all of the participants, I was connected to the participant through a mutual friend, family member or acquaintance. This could have potentially have made the participants feel obligated to participate or to provide certain answers to satisfy me.

I tried to minimize the power differential but explaining the process of qualitative research and the role of the participant as a co-researcher. Additionally, while I utilized a semi-structured interview protocol, she still allowed the participant to guide the interview with the points and topic they felt were most important to describing the essence of their experience as well as utilized member checking. Lastly, the researcher reviewed confidentiality multiple times throughout the process.

**Sampling Methods**

Along with sampling composition limitations, several sampling method limitations were present. The first was the order of the interview protocol. The demographic questionnaire was distributed before the interview in order to provide the researcher more background information about each participant in order to better guide and personalize the individual interviews. Due to this, some participants may not have felt comfortable fully disclosing their eating behaviors on the questionnaire. The items on the demographic questionnaire could have potentially encouraged a socially desirable
response, in turn, making them an inaccurate portrayal of the participant’s true experiences. An example of this is P5 did not check the item stating that she exercises more than 60 minutes on any given day. However, in her interview she disclosed that she works out at minimum 15 hours per week. The researcher attributes this discrepancy to the possibility of either the participant overlooking certain items on the demographic questionnaire or the participant feeling more comfortable once she began speaking with and getting to know the researcher.

Another sampling method limitation was that a majority of the interviews (n=8) was conducted over video conferencing such as Skype, Facetime or Adobe Connect due to geographical location challenges. This caused for occasional technical difficulties, which disturbed the flow of the interviews such as having a sound delay, echo, or the picture freezing up. Additionally, multiple participants were currently living either in their sorority house or apartments with multiple roommates. Occasionally, sisters entering or walking through the room interrupted the interviews. Due to some of the participants not having complete privacy, they may have felt influenced or pressured to answer the questions in a specific manner.

An additional limitation for sampling methods was that the interview process only had one interview scheduled for participants who were completing the study via video-conferencing. The researcher was mindful of the amount of time the interview portion of the study would take and did not want to lose potential participants by having a second follow-up interview. Reflecting back, a second interview after the coding process was completed would have been extremely beneficial and something that should be considered in future research. Additionally, the researcher team believes it would have
been helpful to have a scheduled interview regarding the photography portion to include more questions as opposed to prompts participants respond to. P1 and P2 both participated in two separate in-person interviews and had richer data as it pertained to the photography portion.

**Data Sources**

Along with the sampling composition and methods limitation, multiple limitations were present with the various data sources used including the demographic questionnaire, the interview questions, the photography component as well as the participants eagerness to provide socially desirable answers. While the demographic questionnaire was helpful in gather vital information regarding the participant’s backgrounds, several limitations were present.

**Demographic questionnaire.** The first limitation of the demographic questionnaire was that durations of symptoms and behaviors were not assessed and therefore could not measure comprehensively the scope of an eating disorder. Additionally, the questionnaire did not include any physical components such as the participant’s height and weight to calculate their body mass index (BMI). Having a self-report of their BMI could have potentially brought up discrepancies regarding their body image. Lastly, the demographic questionnaire did not assess for other mental health concerns and therefore could not determine if there were any co-occurring disorders present.

**Interview questions.** Along with the demographic questionnaire, there were also limitations in the interview questions. One of the limitations was that researcher did not adapt the interview protocol between participants and therefore was unable to probe
about certain codes or experiences. Additionally, the researcher asked multiple questions about participant recruitment experiences. While those questions assisted the researcher in gaining a deeper understanding of the experiences of the participants, the research team did not feel like those questions in particular added a great deal of depth to the study.

**Photography.** While utilizing photography has the potential to provide richer data, there were certain limitations present. The first limitation was that the researcher did not conduct a second interview with all the participants to discuss the photos with them. Specifically, two of the participants did have a second follow-up interview regarding their photos. The other eight participants were instructed to submit their photographs with typed written responses. Some of the participants submitted a minimum of a paragraph per photograph with a detailed description, while other participants submitted only a brief sentence or two. This caused for not only a lack of information but also required me to follow-up with the participants for clarification questions. Lastly, I was only able to secure photos from 8 of the 10 participants, therefore, not fully representing the sample.

**Social desirability.** Another limitation was the potential of social desirability. One way this may have been evident was through the photography portion of the study. In the data collection process, I was often met with some resistance to being provided photos by the participants, although not outright. For example, all participants agreed to provide photos however most participants had to be followed up with and reminded of the photos, some on numerous occasions. Additionally, the main researcher explained the purpose of the photos and assured the participants that they would be not be published anywhere or seen by members outside of the research team. Some participants discussed
hesitation about putting other people out there and not wanting to upset their sisters. One participant stated that she had a hard time choosing photos because she felt like she had to support her claim that everyone looked different and was a different size. It was not until she searched for photos that she stated how similar she felt like they did look (when referencing body size and shape.) I reassured the participant that whatever photo she chose would be just fine and that it was okay if there was a discrepancy.

Present throughout multiple interviews \((n=4)\) was the participants need to be helpful, to make sure they were answering the questions appropriately as well as occasionally being self-deprecating. P8 would often say throughout the interview “I feel I am being useless to you” and “was that an okay answer?” The researcher found herself balancing a fine line of being encouraging without leading while still supporting the participant through some of the more personal questions. Other participants discussed not only the importance of the study but their personal desire to help another “sister” in her research. A majority \((n=7)\) of the participants appeared to take an invested interest in the study as evidenced by checking in a few weeks later to see if any additional information was needed, how the findings were going as well as requesting a copy of the final manuscript. This could potentially go back the previous discussed finding of dependency and wanting to please others, especially women who are considered “older sisters.”

**Future Research Directions**

Recommendations for future research would be to improve and expand on the current study’s research design. This would include studying a larger amount of females at more geographically diverse universities. In addition, it may be interesting to interview 2-3 females per sorority chapter at each University to note the similarities and differences
within their experiences and their perspectives. Further, it may be useful to interview females from the same university in similar programs of study and year to compare and contrast their experiences and possible sorority influence. Additionally, another extension of the study could be to interview female athletes on the same college campus of the sorority members to understand their experiences and perspectives regarding eating behaviors, body image and self-esteem. This might allow for a unique perspective and to examine if there are any overlaps of themes found in both sub-cultures at the same school.

Future research could also benefit by adding a section to the demographic questionnaire that not only assessed for the presence of various eating behaviors but duration of symptoms. Furthermore, other assessments for eating disorders often request physical components such as the participant’s height and weight to calculate their BMI. By asking for this information, the researchers may be better able to differentiate between perception and reality. For example, the research team member stated that she was surprised when coding the participant’s photography. She indicated that by the way that some of the women spoke, such as labeling themselves “heavy” or “could definitely stand to lose weight,” she was not expecting them to be that small or thin. By utilizing the participants’ BMI, researchers may be able to compare their perceptions of their bodies with whether they are considered underweight, normal weight, overweight or obese by the medical definition. Additionally, distributing certain portions of the demographic questionnaire at different points in time may assist in more accurate reporting once rapport between the researcher and the participant has been better established.
Another future research recommendation would be to conduct a longitudinal study to examine the effects of sorority membership on a female beginning at recruitment through the new member process, becoming a sister and graduating to alumna status. This would allow the researchers to collect data while the women are having the experiences and it is fresh in their memory as opposed to reporting on their experiences retroactively. Also, it would be beneficial to get a baseline of eating behaviors prior to the women entering the sorority and living with their sorority sisters.

Furthermore, future studies could look at specific textural descriptions from the current study to guide future research. For example, dependency on sisters was a theme that was found throughout the current study when members shared their experiences. Often members would discuss wanting to join to fit in, so they had an instant group of friends, so they would not have to eat alone and would always have guaranteed roommates. Some participants went as far as to say that they would have “separation anxiety” when they would go home for breaks or if they came home and their sorority sisters were not home at their shared apartment. This finding could be further examined by utilizing both a qualitative and quantitative research design. The qualitative portion could assist in creating an interview protocol that asks questions pertaining to the participant’s personality traits regarding their feelings about being accepted, needing to fit in and overall dependence on other people. A quantitative design could include various assessments to accompany the qualitative portion such as a personality inventory. Additionally, researchers could determine if there are co-occurring disorders.

Another finding that was prevalent among all participants was the hierarchy in their chapters and hazing. Although not all participants disclosed hazing in their own
sorority, they all discussed it in some capacity by either hearing about it in other chapters or what prevention methods they were using to combat the issue. Future research could use a qualitative design to guide questions regarding participants’ experiences with their eating and the effect, if any, chapter hierarchy and hazing had on their experiences.

Assessment, Prevention and Treatment Implications

It is important to normalize issues with eating and body image for college age females. By normalizing their experiences, we may be able to better assess and treat their unhealthy eating behaviors. All while taking into consideration that prevention is a key component.

Greek Life

One of the most important steps is to be in touch with the organizations at a national level to establish preventative measures. The organization seems to have a personal investment in their members and takes initiatives to promote wellness and safety within their organization. An example of this would be the “Something of Value” program which encourage sorority members to identify risk behaviors such as eating disorders, hazing, substance abuse and personal safety concerns. This program is implemented by the National Panhellenic Council and supported by all 26 of their affiliated chapters (National Panhellenic Conference, 2014). All 26 chapters have their own creed, philanthropy and standards, which in turn highlight the organizations personal stance on various risky behaviors.

The national organizations are acknowledging the need for the specific programs such as the “Something to Value” initiative to combat the risky behaviors that members may face. Further, the individual chapters need to integrate a revised national policy that
promotes positive body image. Despite the implementation of programs at the national level, there needs to be an increase in knowledge about disordered eating at the chapter and university level. Prevention programs could be in the form of workshops as well as participating in positive body promotion initiatives on campus. Additionally, recruitment was categorized as a high stress time regarding appearance by all of the participants. It would be helpful to brainstorm and implement various prevention programs during the week of recruitment.

The prevention, assessments, and conversations to increase awareness needs to take place in the sorority house, chapter rooms, meetings and workshops hosted by the individual chapters of the sororities. This is where the comradery, trust, relationships and support may take place. By having these open conversations, we normalize the stigma of admitting that there is possibly a problem either individually or in the organization as a whole. By acknowledging the issue, society may reduce the stigma of receiving treatment.

Interventions when someone suspects that a sorority member maybe suffering from an eating disorder can occur on multiple different levels by different people such as other sorority members, house mothers, professors, college counselors, as well as Greek advisors. While sorority members may not feel equipped to handle disordered eating properly, researchers how found that college aged women are more likely to go to a close friend first for help if they believe they have a problem (Prouty et al., 2002). P6 shared that she watched her big sister struggle with an eating disorder throughout college and just did not know how to help her, what resource were available and who to reach out to without negatively impacting her relationship with her sister and her trust. P10 shared a
similar example except she was the sister struggling with eating disorder behaviors. She reported that on a few occasions sisters approached her, concerned for the amount of binging and purging she was doing on a daily basis. Despite the sisters voicing their concerns, P10 said she was able to "brush it off" and it was not discussed again. If additional training was provided for members that discussed warning signs and resources, women may feel more comfortable not only confronting the behaviors but following through with actions as well, even if it is just making the appropriate referrals. Many sororities have a health and wellness chair or similar position. This specific person could receive additional training on the topic of eating disorders and interventions.

While the participants were able to identify areas of concern and speak about them with their sisters, nobody reported reaching out for professional help on behalf of a sister or for herself. It may be beneficial for a person who holds a leadership position in wellness to reach out to the college-counseling center to learn about their resources as well as act as a liaison between the university and the sorority chapter. Additionally, a counselor could be invited once a semester into the individual chapter houses to meet with the sisters and host a workshop. Not only would this educate the sorority women but may also increase the likelihood of sorority women reaching out for counseling due to having met a counselor in a relaxed and more personal setting.

Additionally, the large chapter houses have house mothers, home managers etc. which are usually older women hired by the sorority to run the everyday operations, enforce the house rules and look after the members. This could be another place were education, early detection and intervention could be a helpful component. Having an
additional eating disorder prevention and awareness training for the women hired for this position could be an additional line of defense.

Another point of intervention would be the Greek advisors and professors that work with the students on a daily basis. An extra level of training offered within the college community could assist them in feeling more confident in identifying and intervening with students of concern. Additionally, having an open door policy could encourage students to come voice their concerns about either their own behaviors or behaviors of their sorority sisters in a safe place.

One final area for implications regarding Greek life is addressing sorority culture. Stigma has been a theme from the beginning of this study when the pilot first took place and could play a role in the likelihood of a sorority member seeking treatment for eating behaviors of concern. All participants brought up and discussed stereotypes that they encounter as a sorority woman. Some believed what others were saying was completely inaccurate while others claimed that certain stereotypes had some merit. Regardless, the participants discussed the struggle they encountered to refute negative stereotypes. Some sorority women described wanting to "protect" their sorority's name and reputation. Participants discussed wanting to showcase all of the strengths and positives that their sorority and Greek life has.

While conducting the interviews every participant described her sisters in various characteristics such as unique, different, and that their chapter had the most variety and diversity when it came to personalities and appearance compared to other sororities on their campus. When describing their chapter as a whole, seven participants used the same term, stating they are not "cookie-cutter." When reviewing the photographs the
participants submitted, the research team did find it interesting that a lot of the sorority members did appear similar to one another in both attire as well as physical appearance.

Some participants highlighted positive experiences in their own sorority while discussing negative aspects in other sororities on their campus. An example of this would be P9 reporting that although her sorority did not participate in this behavior but other chapters on her campus force their members to get weighed in and if they don’t make weight (which is dictated by the chapter) then they have to run together every day outside. P4 shared that other sororities on her campus forced women to gain weight during their new member period then lose it rapidly by excessive exercising prior to being initiated. Some other women whose mothers were in sororities shared that their moms had to stand in their bra and underwear while fraternity men would come over to circle their fat. The women were then required to lose the weight prior to initiation. These appeared to be common stories shared within the Greek community that assist in the continuance of the stigma against Greek life. It was interesting to note that all of the women easily came up with stories about other chapters participating in this type of negative behaviors however, none of them shared a story that pertained to their chapter in particular.

While there was a sense of protection and guardedness while speaking with the women, it was only apparent if the topic was something that they deemed could be harmful to their reputation or thought of as “bad” or “negative.” For example, two women in different sororities but at the same university discussed mandatory and suggested gym hours. Some women may have required gym hours where they need to log in and work out a certain amount of hours of the week. Another member described
working out as being incentive based. In the researcher’s experience, many sororities work on a points based system with attendance and such, whether they have an official house. Some of the members of the sororities interviewed (P5 and P9) stated that you receive points for going to the gym. Each hour at the gym gave you an additional point. The more points you have total, the better/higher the ranking in your chapter. Chapter members get a multitude of privileges based on how high your ranking is, according to P5. For example, the pick of bedrooms and parking spaces in the sorority house goes by ranking as does outside events that members may like to participate in within the Greek community. Additionally, if there is something that two sisters are both interested in doing and only one is allowed, the sister with the highest ranking automatically wins. This behavior seems to be encouraging excessive exercising while also reinforcing the hierarchy.

While hierarchy could be a deterrent, it is important to acknowledge its place within the sorority culture as well as possibly trying to highlight the positives of the positions of hierarchy. An example of this would be the big sister and little sister relationships. The big sister can act as a mentor and role model to their little sister as discussed by multiple participants (P2, P3, P4, P6, & P7.) Through these relationships, we can possibly encourage sorority sisters to hold each other accountable for practicing healthy lifestyle choices as well as being a support system to one another when someone may feel like they are struggling with their eating behaviors, or body image. By having multiple layers in place with an educational component through both the Greek organization and the university (workshops, seminars programs etc.), we may be better
able to identify earlier sorority women who may need the professional assistance of medical personnel, counselors, and nutritionists.

Counseling and Health Centers

An additional point of intervention on the college campus would be a college counselor. It would be beneficial from a university’s standpoint to have a college counselor on staff that is trained in the specialty of eating disorders as well as having an understanding of proper assessments used to assess for eating disorders. This would be valuable since college age women may not come in to counseling with that as a chief complaint or realize that their eating behaviors are an area of concern. College counselors can be proactive in increasing their knowledge of eating disorders by attending workshops, as well as belonging to professional organizations such as The National Eating Disorders Association to remain updated on the current research and literature.

Another professional that can assist the college counselors is a university liaison. The liaison would be beneficial for women to ensure that their academics, social, physical and mental health etc. are all being balanced and taken care of. This would be especially helpful if the person needs to seek outside treatment such as more long-term counseling or to attend an eating disorder treatment program.

While the mental health is of concern, eating disorders also have a physical impact on a person’s health (NEDA, n.d.). College health centers should be equipped to properly assess for disordered eating behaviors, especially since a student may not be coming into the center with eating as one of her voiced complaints. Medical personnel should feel comfortable broaching the topic of healthy eating as well as comfortable making appropriate referrals. Referrals to not only a counselor but also a nutritionist
should be considered. Medical professionals at the university should work collaboratively with nutritionists and counselors to ensure the highest level of care for the students.

Nutritionists could also make contact with the sororities on an individualized basis. Through these contacts, nutritionists could host workshops about proper nutrition and healthy lifestyles. Additionally, nutritionists could be of assistance in developing meal plans for the sorority women as well as acting as a consultant to the house chefs, if applicable.

**Institutional Leaders**

Throughout the study, textural codes of academics as well as leadership were identified in better understanding the sorority culture. These findings align with the mission of both academic affairs programs as well as institutional leaders. By focusing on the academic piece, universities can set pre-determined guidelines for academic requirements if their institution does not currently have them currently set in place. Additionally, academic assistance programs can be developed and implemented to support Greek members that may be struggling to maintain or improve their grades. Some suggestions may include tutoring, required library hours, mandatory workshops, as well as stricter penalties for not maintaining a certain GPA.

Additionally, institutional leaders should be encouraging leadership among members of the Greek community. Leadership positions should not just focus on executive positions within their sorority or fraternity but in the university as well. Sorority members should be encouraged to expand their leadership skills and knowledge to others areas of the university such as student government, extracurricular clubs and organizations as well as intramural sports.
Counselor Preparation

In order to be able to intervene, professionals need to have a certain amount of training. Counseling and student affairs programs should begin by training their counselors and students in their academic classes prior to them entering the field. While mental health counselors may expect to come across eating disorders, it is vital that college, community and school counselors are also taking the necessary diagnosing and treatment planning courses to feel comfortable working with this population. While student affair programs may not have as detailed classes in the assessment and treatment of eating disorders, it is still important for them to have a basic understanding of the disorders to be able to identify warning signs associated with the illness. Additionally, student affair programs would benefit from courses that discuss the Greek life culture as well as reviewing proper protocol should certain situations arise. College counselors would also benefit from taking a course in student affair's that focuses on the college age population and various sub-cultures that may exist on campuses.

On top of their coursework, having an internship or practicum experience in their field such as counseling and student affairs would be valuable. This would allow the students to gain hands on experience while still being supervised by their professors. Students and professionals can also attend workshops and possible open invitation meetings to different clubs and organizations to better understand the different groups on the campus that they plan to work with.
Assessment and Diagnosis

Currently, eating disorders are diagnosed utilizing the criteria outlined in the DSM-5 (APA, 2013). Schwitzer and Choate (2015) discussed the limitations of the changes of the new diagnostic criteria in the DSM-5, stating that it may not be descriptive enough to be used every day for the college population. In this study, duration of symptoms were not assessed therefore, diagnostic inferences were not able to be made. However, women reported experiencing disordered eating behaviors even if they were not labeled as such. An example is P5 who reported exercising for a minimum of 15 hours per week. Despite the participants’ use of excessive exercise, she may not meet the diagnostic criteria for an eating disorder as outlined in the DSM-5.

Multiple textural codes that were found in this study closely aligned with the college women eating disorder diagnostic profile (Schwitzer & Choate, 2015). The overlap between this model and the study’s findings validates the experiences of the participants in a more generalizable manner. It also assists in supporting the use of this diagnostic profile in both a college counseling setting as well as a university health center as it identifies factors that otherwise may go undetected or under reported.

This model highlights cognitive, psychoemotional and behavioral features that young women may experience in regards to their eating practices (Schwitzer, 2012). In particular, this study supported the model’s discussion of school and academic pressures, family history and dynamics, interpersonal dependency, perfectionism as well as cognitive, psychoemotional, and behavioral features. Participants discussed pressure to maintain a certain GPA to remain in good standing in their sorority. Additionally, family dynamics were discussed as it related to the interpersonal influence sorority women
experienced. Similar to this model, P10 discussed both her parents' history with excessive dieting and disordered eating. While participants may not have outwardly discussed relationship difficulties with their parents, they did discuss the influence their parents had on their eating behaviors. As stated previously, P7 discussed her mother not letting her eat after 9pm so that she would not gain weight.

Interpersonal dependency was also supported as it related to the emotional influence of being in a sorority. P7 reported that she would have “separation anxiety” from her sorority sisters when she would go home for breaks. P10 who is an alumna and still lives with other sorority women, discussed the anxiety she feels if she gets home and no one is there. Along with dependency, participants also discussed perfectionism and in particular, pressure. Pressure was discussed through not only appearance but also pressure to maintain a certain set of standards in their behavior and academics. If these standards were not met, consequences would be enforced through judiciais.

Cognitive, psychoemotional, and behavioral features were also identified in the study through the use of the demographic sheets. Some examples of this include: I feel better about myself when my weight is under control (n=9), I am terrified about being overweight (n=5), I think about burning calories when I exercise (n=9), I engage in dieting behavior such as counting calories (n=8), I avoid food with high carbohydrates (n=6), and I like to have my stomach empty (n=5).

College females may not be diagnosed or properly treated if college health and counseling centers are relying solely on the DSM-5. The use of the college women eating disorder diagnostic profile can be an additional approach used to assist in assessing the eating and body image concerns of the college students. Practitioners would benefit from
using this type of model as a guideline for what behaviors and cognitions are important to identify when working with this population.
CHAPTER SIX

A Phenomenological Investigation of Sorority Culture and Disordered Eating Experiences

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Abstract

This phenomenological study examined sorority members’ (N= 10) lived experiences with various disordered eating behaviors within the sorority culture. Data from individual interviews and photographs indicated two structural themes and seven textural themes related to factors associated with disordered eating behaviors for participants.

Keywords: sorority members, eating behaviors, disordered eating
Eating disorders have the highest mortality rate of any mental health disorder (Crow, Peterson, Swanson, Raymond, Specker, Eckert, & Mitchell, 2009; National Association of Anorexia Nervosa and Associated Disorders [ANAD], 2014; Smink, van Hoeken, & Hoek, 2012; Papadopoulos, Ekbam, Brandt, & Ekselius, 2008) and are characterized by significant physical, psychological, and academic or occupational dysfunction (Hillege, Beale, & McMaster, 2006; Smink et al., 2012). Further, eating disorders have high co-morbidity with other psychiatric conditions such as obsessive-compulsive disorder, anxiety, depression and suicidality, narcissistic personality disorder, and avoidant personality disorder (Hudson, Hiripi, Pope, & Kessler, 2007; Simon & Zieve, 2013; Swanson, Crow, LeGrange, & Merikangas, 2011).

Eating disorders, which include anorexia nervosa, bulimia nervosa, binge eating disorder, and avoidant/restrictive food intake disorder classifications (American Psychiatric Association, 2013), tend to be first diagnosed in individuals in later adolescence and early adulthood. According to the National Institute of Mental Health (NIMH, 2015), the average age of onset of anorexia nervosa, bulimia nervosa, and binge eating disorder, is 19, 20, and 25 years old, respectively. However, Smink et al. (2012) noted increasing rates in eating disorders among 15 to 19 year olds. Disordered eating, which includes eating disorder diagnoses and any abnormal eating patterns that do not meet the threshold for a formal diagnosis (Schwitzer, 2012), is a phenomenon gaining attention among college health as well as mental health professionals (Schwitzer & Choate, 2015).
Eating disorder prevalence rates remain higher for females at 0.9% to 3.5% of females depending on the formal diagnosis (Hudson et al., 2007); however, these rates are likely underestimated due to reported challenges of early detection and stricter criteria for eating disorders in earlier versions of the *Diagnostic and Statistical Manual* (i.e., DSM IV; American Psychiatric Association, 2000). For example, scholars have found among college samples that females and males exhibit disordered eating patterns at approximately 25% and 20%, respectively (Arigo, Schumacher, & Martin, 2014; Greenleaf, Petrie, Carter, & Reel, 2009; Quick & Byrd-Bredbrenner, 2013). Further, specific to sorority females as compared to non-Greek college females, there is significantly greater peer pressure to engage in disordered eating behaviors (Basow, Foran, & Bookwalta, 2007; Rolnik, Maddow, & Miller, 2010), particularly with involvement in sororities over time (Allison & Park, 2003).

Additional research on disordered eating on sorority women is warranted given that women in late adolescence and young adulthood are particularly vulnerable to disordered eating, and research indicates that those within college and Greek organizations may be especially susceptible. Available research for this population has primarily involved comparing eating disorder symptoms between sorority women and non-Greek members, using formal eating disorder assessments. Further, there are 26 sorority organizations, approximately 3,100 undergraduate sorority chapters on over 650 U.S. and Canadian campuses, and over 325,000 undergraduate members and 127,000 new members who are going through the recruitment process but whom are not yet initiated (National Panhellenic Conference, 2013). Given the prominence of sororities, it
is useful to explore in depth disordered eating experiences beyond a cursory understanding of the presence of symptoms.

A qualitative research design was used to examine sorority women’s eating behaviors- with particular attention to disordered eating- within the sorority culture. We employed a phenomenological approach and infused a feminist paradigm to address the following research questions: (1) What are the overall experiences within sorority culture among current and alumni members; (2) What are their experiences with disordered eating; and (3) What perceived factors influence disordered eating behaviors among participants? Our theoretical framework involved identifying the essence of the lived experiences of those who had directly engaged in disordered eating practices within a sorority culture. This framework infused feminist principles, with particular attention to gender as an organizing principle and an emphasis on egalitarian researcher-participant relationships (Hays & Singh, 2012).

Method

Participants and Procedures

We employed criterion and snowball sampling methods (Hays & Singh, 2012) over one year to identify participants who represented diversity in terms of geographical region, education level, and age. Potential participants were contacted through email and provided a description of the study, including potential risks and benefits. The 10 participants identified as either current (n=6) or alumna (n=4) members of a National Panhellenic Sorority, ranged in age between 20 to 26 years (Mean = 22.60, SD = 2.12), and completed varying education levels (6 high school, 3 bachelor’s degree, 1 master’s degree).
With respect to experiences within their sorority, participants had engaged 3 to 8 semesters with their respective sorority ($M=6.10$, $SD=1.85$), had spent a varying amount of hours per week at sorority events (i.e., 2 each at 1-5, 6-10, 11-15, 16-20, and 20+ hours), nine had lived with their sorority sisters for a minimum of one year, and nine had held leadership roles within their sorority. In addition, one participant was a first generation college student, five were first generation sorority women, one was a second generation sorority woman, and four were third generation sorority women; two participants also identified as legacies.

Two participants identified as having a nutritionist, doctor, and counselor assist them with their eating, while one participant stated she just had a nutritionist assist her. When asked if they had ever been diagnosed or treated for an eating disorder, and all participants responded “no” denied having current problems with eating. However, all participants endorsed at least one demographic questionnaire item that related to disordered eating behaviors: “I think about burning calories when I exercise” ($n=9$), “I engage in dieting behavior such as counting calories” ($n=8$), “I avoid food with high carbohydrates” ($n=6$), “I feel better about myself when my weight is under control” ($n=9$), “I am terrified about being overweight” ($n=5$), “I like to have my stomach empty” ($n=5$), and “I enjoy trying new rich foods” ($n=5$).

**Data Collection Methods**

Demographic questionnaire. We asked participants about their age, race, relationship status, number of semesters in a sorority house, whether they lived with their sisters, their level of involvement in their sorority, leadership positions, and family
sorority affiliation. In addition, we included some items adapted from the EAT-26 (Garner, Olmstead, Bohr, & Garkinel, 1982) to assess eating behaviors.

**Interviews.** Semi-structured interviews occurred in person \( (n=2) \) or via Skype \( (n=8) \) due to geographic restrictions; they ranged from 29 to 73 minutes \( (M=42.39, SD=12.07) \). Upon transcription, the transcript was provided for member checking (only 1 participant gave feedback). Sample interview questions were as follows: (1) How much of a role does your sorority membership play in your life, if any?; (2) How did your expectations of what you thought it would be like, compared to when you joined?; (3) For you individually, can you please describe your eating behaviors prior to joining a sorority?; (4) How would you describe your body image and self-esteem?; and (5) How do you believe sororities influence a woman’s body image, if any, positively or negatively?

**Photography.** Adding visual methods such as photography can intensify the data collection process (Harrison, 2002; Hays & Singh, 2012), providing interviewing cues and additional context for data interpretation. We requested that participants submit 2 to 3 photographs that represented for them (1) their relationship with their sisters during college and now, (2) any specific and meaningful memories related to their sorority, and (3) various types of eating experiences. Eight of the participants contributed in the photography component of the study. Two of participants had an additional interview in person with the main researcher to discuss their photos while six of the participants submitted a written response to the prompts with the accompanying photographs. Collectively, participants submitted 45 photographs and a collage of 10 photographs.
Research Team

The research team consisted of two female doctoral students studying counselor education at a southeastern U.S. university. The main researcher (first author) was a White female who had been an active member in a National Panhellenic Sorority for four years and most recently served as a faculty advisor for a National Panhellenic Sorority on the campus where she was completing her doctoral studies. The research team member was also a White female, but had never been a member of a National Panhellenic Sorority. Both researchers have master’s degrees in counseling and are Nationally Certified Counselors. The main researcher has had clinical and research experience working with clients with disordered eating.

The research team engaged in bracketing at the onset of the study, prior to transcribing, as well as throughout data analysis (Hays & Singh, 2012). It was expected that participants would report to some extent criteria related to disordered eating, although they may not label it as such. In addition, it was assumed that participants would mimic positive and negative behaviors within their sorority to assimilate themselves, and would be hesitant to speak about their sorority in a negative way. It was also expected that certain participants may be in recovery from an eating disorder and would report feeling supported by their sorority sisters.

Data Analysis

After two initial rounds of bracketing and submission of a verbatim transcript to participants for member checking, the research team coded independently each transcript, engaged in horizontalization, and then in consensus participated in constant comparison and revised codebooks and the overall textural-structural description of the phenomenon.
Once all 10 individual interviews had been coded, the first author provided a copy of the photographs and corresponding interviews or written responses to the assigned prompts. The research team coded independently and in consensus the materials, integrating within the final codebook.

Strategies of Trustworthiness

Several criteria of trustworthiness (i.e., credibility, dependability, transferability, confirmability) were addressed in the study. Specifically, multiple strategies were used including use of a reflexive journal and field notes to assist with bracketing, member checking during and immediately after the interviews as well as toward the end of data analysis, use of thick description, triangulation of data sources and methods and investigators, and prolonged engagement with the sorority culture for the first author.

Results

Two identified structural themes (i.e., sorority culture and sorority influence) and multiple textural descriptions correspond with the three research questions. Table 1 outlines each textural description, its definition, and sample participant quotes and/or photography examples.

Sorority Experiences

Sorority culture is characterized by the context of sorority membership and includes the textural codes of academics, leadership, philanthropy, judicials, commitment, exclusivity, hierarchy, hazing, physical influences, emotional influences, and interpersonal influences. For research question 1, participants discussed multiple opportunities they were provided to develop their leadership skills ($n=9$) as well as giving back to the community through philanthropic events ($n=9$). They also shared a
deeper understanding of the amount of commitment that goes into being a sorority member \((n=10)\) as well as abiding by the standards set forth by the organization \((n=8)\). Lastly, participants \((n=8)\) discussed feelings of dependency on their sorority sisters as well as how their biological family influenced them to join a Greek organization.

**Disordered Eating Behaviors**

The textural codes that corresponded with research question 2 were, *hierarchy*, *hazing*, *physical influences*, *emotional influences* and *interpersonal influences*; these codes were identified within both structural codes. All participants discussed in some aspect hazing, as well as the various levels of hierarchy that found in their chapters. In particular, participants \((n=10)\) discussed hierarchy by pledge classes, big sister/little sister relationships, leadership of executive positions as well as cliques.

All participants discussed the importance of socializing, how events were usually based around eating or drinking and the pressure to always look your best. Throughout the interviews, they consistently normalized their behaviors by comparing them to other sorority women, especially as it pertained to dieting and exercise. Additionally, multiple discrepancies were evident throughout their interviews, photography portion and demographic questionnaire.

**Factors Related to Disordered Eating Behaviors**

The textural codes that assisted in answering research question 3 were *judicials*, *hierarchy*, *hazing*, *physical influences*, *emotional influences* and *interpersonal influences*; these codes were identified within both structural codes. All participants emphasized the physical and emotional influence they experienced in college such as worrying about body image, and trying to look a certain way. In order to look a certain way participants
($n=10$) shared various methods they used to control their weight such as different type of dieting (e.g., working with a nutritionist, putting themselves on strict food plans, avoiding certain food groups) as well as exercising. Participants ($n=7$) shared that they often would work out together to motivate one another, while others stated that they were required to log a certain amount of gym hours in order to remain in good standing with their chapters.

**Discussion**

Participants reported strengths of their sorority membership and noted that being in a sorority allowed them opportunities to serve the community through philanthropic events, become leaders, maintain their grade point averages, and feel included within an exclusive organization that holds members to a certain level of standards. Participants also shared that within their sororities they had experienced some negative aspects of membership including hazing, hierarchy among members, pressure to appear a certain way, as well as an emotional and physical influence.

Participants are partaking in disordered eating behaviors without either knowing it or labeling it as such, even though they described examples within the interviews and written responses as well as endorsed items on the demographic questionnaire that correspond with disordered eating. They discussed pressure to be thin and appear a certain way, often normalizing their behaviors by comparing themselves to their sorority sisters. Examples include eating similar foods, going to the gym together, participating in intramurals, and following certain dietary meal plans. These experiences align with Forney and Ward (2013), who found that college women were significantly more at risk for developing an eating disorder if they perceived that there was a value of thinness and
an approval of disordered eating within their social environment. Similarly, Allison and Park (2003) noted that sorority membership over time encouraged women to become cognizant of dieting and the thinness ideal. Also consistent with previous literature (Polivy & Hennan, 2002), biological family influence was integral to most participants’ experiences.

Basow et al. (2007) found that women who decided to rush a sorority had significantly higher levels of body shame, body dissatisfaction, drive for thinness, and body surveillance. In this study, however, only two participants reported having any eating concerns or body image issues prior to entering college or rushing a sorority. Additionally, Basow et al. (2007) found that perceived pressure from sorority sisters was not significantly linked to living in a sorority house; however, all participants in the current study discussed pressure, especially while living in a sorority house. Allison and Park (2003) found that women who had joined a sorority had gained significantly more weight compared to those who did not join after three years. Inconsistent with their research, we found that six participants, three of whom were alumna, reported losing weight since joining a sorority. Three participants reported staying around the same weight while one participant reported putting on some weight once she graduated from college.

**Limitations**

Multiple limitations were present in this study. With respect to the sample composition, all participants interviewed were White, and there lacked geographical representation of the Southwest region of the United States. A second limitation was that a majority of the interviews (n=8) were conducted over video conferencing due to
geographical location challenges; this limited the participant pool to those comfortable to those methods as well as limited the quality of the interview process due to technical concerns. Further, there was only one interview scheduled for participants who were interviewed via video-conferencing; this led to a reliance on limited written responses to prompts. Another limitation was that the demographic questionnaire was distributed before the interview and thus some participants may not have felt comfortable fully disclosing their eating behaviors on the questionnaire or in the subsequent interview. In addition, the limited content of the questionnaire did not allow for a comprehensive understanding of eating disorders or potential co-morbidity. Finally, only one participant provided member checking, limiting the confirmability of the findings.

**Future Research Directions**

Future research could expand the current design by increasing the sample size using geographically diverse universities, interviewing 2 to 3 females per sorority chapter at each university and/or those studying similar disciplines, and interviewing other student groups (e.g., student-athletes) for potential disordered eating experiences. Future research could also involve a longitudinal study to examine disordered eating behaviors from prior to recruitment through alumna status to obtain a baseline of eating behaviors prior to the women entering the sorority; this would also allow researchers to assess changes in disordered eating behaviors over time.

Furthermore, future studies could look at specific textural descriptions from the current study to guide future research. For example, dependency on sisters and the impact of hierarchy and hazing were salient themes that warrant further investigation. Additional qualitative research could be useful for refining the interview protocol, building
assessments specific to sorority women, and developing prevention and intervention strategies.

Implications

Given the potential prominence of disordered eating behaviors among sorority women, college counselors are to work with various stakeholders across university offices, including Greek life offices, health centers, and other institutional offices. For all university sources, having an open door policy could encourage students to come voice their concerns about either their own behaviors or behaviors of their sorority sisters in a safe place. College counselors should have training in disordered eating, including understanding proper assessments that detect symptomology within sorority culture, as well as effective prevention and interventions initiatives. They can be proactive in increasing their knowledge of eating disorders by attending workshops, as well as belonging to professional organizations such as the National Eating Disorders Association to remain updated on the current research and literature.

Assessment and Diagnosis

Currently, eating disorders are diagnosed utilizing the criteria outlined in the DSM-5 (APA, 2013). Schwitzer and Choate (2015) discussed the limitations of the changes of the new diagnostic criteria in the DSM-5, stating that it may not be descriptive enough to be used every day for the college population. Further, women reported experiencing disordered eating behaviors even if they were not labeled as such. An example is P5 who reported exercising for a minimum of 15 hours per week. Despite the participants’ use of excessive exercise, she may not meet the diagnostic criteria for an eating disorder as outlined in the DSM-5.
Multiple textural codes in this study closely aligned with the college women eating disorder diagnostic profile (see Schwitzer & Choate, 2015). This model highlights cognitive, psychoemotional and behavioral features that young women may experience in regards to their eating practices (Schwitzer, 2012). In particular, this study supported the model's discussion of school and academic pressures, family history and dynamics, interpersonal dependency, perfectionism as well as cognitive, psychoemotional, and behavioral features.

Thus, college females may not be diagnosed or properly treated if college health and counseling centers are relying solely on the DSM-5. The use of the college women eating disorder diagnostic profile can be an additional approach used to assist in assessing the eating and body image concerns of the college students. College counselors and other practitioners could benefit from using this model as a guideline for what behaviors and cognitions are important to identify when working with this population.

University Stakeholder Involvement

Within Greek organizations, college counselors can help Greek life offices and individual chapters to increase their knowledge about disordered eating and conduct prevention workshops that promote positive body image initiatives, particularly during the recruitment process. Because college aged women are more likely to disclose personal issues to a close friend first (Prouty et al., 2002), it may be useful for college counselors to discuss specific warning signs and outline ways to assist their peers and provide resources. College counselors can train leaders within Greek life, who can facilitate annual workshops and liaison with college counseling centers. They can also facilitate learning for other sources of intervention within Greek life. For example, they
can provide targeted training to house mothers or home managers as well as Greek advisors and professors that work with the students on a daily basis.

Further, sorority culture should be addressed as all participants discussed stereotypes they encounter as a sorority woman. Some sorority women described wanting to “protect” their sorority’s name and reputation, and negative experiences did occur—particularly around disordered eating. These reported experiences included other chapters forcing their members to get weighed in and exercise if they did not make a weight threshold, and describing members’ mothers who were in sororities who had to stand in their undergarments while fraternity men circled their fat. These stories shared within the Greek community can foster stigma and pressure for disordered eating, creating a desire to further protect sorority reputation.

Further, while hierarchy could be a determent, it is important to acknowledge its place within the sorority culture as well as possibly trying to highlight the positives of the positions of hierarchy. An example of this would be the big sister and little sister relationships. The big sister can act as a mentor and role model to their little sister as discussed by multiple participants. Through these relationships, sorority sisters can hold each other accountable for practicing healthy lifestyle choices as well as being a support system to one another when someone may feel like they are struggling with their eating behaviors, or body image. By having multiple layers in place with an educational component through both the Greek organization and the university, college counselors can better identify earlier sorority women who may need the professional assistance.

Due to the physical impact of disordered eating (NEDA, n.d.), college health centers should be equipped to properly assess for disordered eating behaviors, especially
since a student may not be coming into the center with eating as one of her voiced complaints. Medical personnel should feel comfortable broaching the topic of healthy eating as well as comfortable making appropriate referrals. Referrals to not only a counselor but also a nutritionist could be considered. Medical professionals at the university should work collaboratively with nutritionists and counselors to ensure the highest level of care for the students. Nutritionists could also make contact with the sororities on an individualized basis. Through these contacts, nutritionists could host workshops about proper nutrition and healthy lifestyles. Additionally, nutritionists could be of assistance in developing meal plans for the sorority women as well as acting as a consultant to the house chefs, if applicable.

A final stakeholder group to consider is institutional offices across the university. Throughout this study, the textural codes of academics as well as leadership were identified as part of sorority culture. By focusing on academics, universities can set predetermined guidelines for academic requirements if their institution does not currently have them currently set in place. Additionally, academic assistance programs (e.g., tutoring, required library hours, mandatory workshops) can be developed and implemented to support Greek members that may be struggling to maintain or improve their grades. Additionally, institutional leaders should encourage leadership among Greek members. Leadership positions should not just focus on executive positions within their sorority or fraternity but in the university as well. Sorority members should be encouraged to expand their leadership skills and knowledge to others areas of the university such as student government, extracurricular clubs and organizations as well as intramural sports.
References


Table 1

A Structural-Textural Description of Sorority Culture and Sorority Influence on Disordered Eating Behaviors

<table>
<thead>
<tr>
<th>Structural Code: Sorority Culture</th>
<th>Definition</th>
<th>Research Question Addressed</th>
<th>Participant Quotes &amp; Photography Examples</th>
</tr>
</thead>
</table>
| Academics                         | The affiliation with the university and the standards set forth by the chapter such as a required minimum GPA. | 1 | “We did have required study hours so that actually helped a lot and it did motivate me to do my homework and get a good GPA.” P7

“I think we were really focused on the social that other things fell to the back burner. Probably could have done a little better at grades.” P10

“My GPA for my last semester wasn’t as good as it could have been. I think a lot of it was I didn’t care and I just hung out with sisters instead of getting work done when I needed to.” P7
| Leadership | Opportunities awarded sorority members to grow and to develop leadership skills both within and outside of the organization. | 1 | “There was a lot of opportunity for leadership. I think it’s definitely something that helped me in my career being on panhellenic and think it definitely has benefited me after graduation.” P10

“I was VP1 while I was a senior, so I think it really helped me learn how to manage and work with people better after I graduated.” P2

“I’m learning so many life lessons by being president. Like how to work with people I don’t necessarily always like, how to manage, how to be in charge of things.” P6 |

| Philanthropy | The charitable organization attached to a particular sorority as well as the philanthropic efforts to support other charities and the community. | 1 | “I love being a part of a group of girls that are so passionate and who really stand for something. As much as people talk negatively about Greek life and all our stereotypes, I know it’s the complete opposite. I know I am in an organization that’s the complete opposite. I can say, hey, I helped raised $3,000 a few weeks ago when we were canning for the Salvation Army.” P6

“My sorority raised over $14,000 last week” P7

“I did really like the philanthropy; philanthropy is an important part in my life.” P10 |
| Judicia ls | The standards and rules implemented by the national organization that act as guidelines for the sorority members' behaviors. | 1, 3 | “A lot of girls get in trouble for little, like the smallest thing. You wouldn't think if you weren't in this organization like acting like you do, but it reflects back on everybody else.” P3

“If you miss one event, what happens now is that you get a strike. So if the strikes build up you get written up. Which means, you get brought up on standards. You are then given some kind of punishment.”P4

“There is pressure from the organization as a whole just to live up to the standards that they had set, behavior related. The organization set forth its expectation of its membership.” P2 |

| Commitment | The amount of time required to remain an active member of a sorority. | 1 | “I mean there really is a huge time commitment. You really can’t choose, you can’t, you don’t have complete freedom of how much you do. You really do have to participate at least a certain amount to stay in good standing with the chapter. That can be difficult if you are really studious or if you have to work or commute.” P1

“It was definitely more time intensive that I thought it would, but not in a bad way. I spent much more time with the girls than I thought I would!” P4 |
| Exclusivity | The selectiveness of the organization. | 1, 3 | “You don’t know what it’s like unless you are inside of it and it’s very hard to explain that to others. I think that’s one thing that’s challenging is trying to handle the stereotypes and not get offended by it either.” P7

“I think being in a sorority in nature is elitist.” P8

In the photography portion of the study, only 1 participant (P1) out of 10 included someone in their photos that was not affiliated with their sorority. |

| Hierarchy | The overt and covert ranking system within the sorority. | 1, 2, 3 | “When I was in the chapter it was definitely older sisters had more power then younger sisters. Like we had a sitting area and it was known, always let the initiated and older sisters sit there. As far as seniors and juniors they were always on the same page. It was either you are a new member or you are a sister.” P4

“You need to show that you are worthy of wearing the same letters that [older sisters] are. That you are worthy of calling yourself a member of that organization. So I think a lot of it comes from just the older members of the organization. But, I don’t think a lot of it is spoken out loud. I mean there is, there’s always women who like to exert their authority as older sisters but most of it comes from the, much harder pressure, comes from the people who can say everything without saying anything at all.” P2 |
In the photography portion, P3 submitted two photographs with her little sister, both with her as the big sister standing up while her little sister kneeled in front of her. P1 submitted six photographs with her little sister; all six of them had the big sister and little sister standing side by side.

<table>
<thead>
<tr>
<th>Hazing</th>
<th>The undesired behaviors that sisters made other sisters or new members participate in. Eating and exercise was a large component of the hazing.</th>
<th>1, 2, 3</th>
<th>“I was constantly being screamed at and struggled to get through my pledging process.” P6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>“A few events get rougher and rougher. It’s all kind of shaped to make your pledge class one.” P3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Earn your letters” P2, P3, P6</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>“Some of the houses during recruitment will make them go on groups runs, group gym things and really make them work out.” P9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&quot;We have required gym hours&quot; P5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Structural Code: Sorority Influence | Physical Influences | Participants appearance and the influence it had on their membership, their need for control of their eating as well as their behaviors related to exercising. | 1, 2, 3 | “I think that probably throughout all of college everyone in our sorority was on some sort of diet.” P1

“All the girls in the house are really skinny. So you always feel pressure to be that, to be just as skinny. They enforce it.” P9

| Emotional Influences | The feelings and thoughts participants experienced while in their sorority. In particular, related to body image, dependency and eating experiences. | 1, 2, 3 | “I liked having a group of people to be with on campus. Whether it be in class or at dinner, I felt like I always had people to be with no matter what I was doing. I was never lonely essentially.” P4

“I like just always having people there and once you go on break, I’m going to have separation anxiety” P7

“We had sisterhood lunches and at those sisterhood lunches every girl would always get a salad. Even if I felt like eating pizza that day, I would always still get a salad instead. That could just be a personal thing since I am a little insecure in general. So it could be a personal thing because nobody actually ever said anything. But I did I always feel like oh everyone is always only getting a salad, I need to go get a salad.” P8
<table>
<thead>
<tr>
<th>Interpersonal Influences</th>
<th>Referred to family systems and support systems.</th>
<th>1, 2, 3</th>
<th>“I think I do eat more when I am school than when I am at home, just because I guess the atmosphere. My mom would yell at me if I eat past 9 or take a little snack.” P7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>“My parents were also chronic dieters. So I would say if there was anything that influenced my nutrition and body image habits, it’s my parents. I love them to death but it’s an area they still struggle in so I’m not surprised that I do as well.” P10</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“My time in college has not been easy and there are a lot of times I wanted to leave and go back home. My sisters are just like, no you are staying, we love you, we are not letting you leave. We will help you through it.” P5</td>
</tr>
</tbody>
</table>
REFERENCES


doi:10.1300/J069v23n03_06


National Eating Disorders (NEDA). (n.d.). *Factors that may contribute to eating disorders*. Retrieved from
http://www.nationaleatingdisorders.org/factors-may-contribute-eating-disorders


doi:10.1016/j.bodyim.2009.03.003


doi:10.1080/10640266.2012.635560


PROJECT TITLE: Examining eating behaviors amongst sorority women.

INTRODUCTION
The purposes of this form is to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES. The title of this study is examining disordered eating amongst sorority women. The research study will be conducted at Old Dominion University.

RESEARCHERS

Responsible Principal Investigator:
Danica G. Hays, Ph.D., LPC, NCC
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Darden School of Education
Department of Counseling and Human Services
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Norfolk, VA 23529

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Graduate Research Assistant
Darden School of Education
Department of Counseling and Human Services
Old Dominion University
Norfolk, VA 23529

DESCRIPTION OF RESEARCH STUDY
Several studies have been conducted looking into the subject of women with disordered eating. Only a few of them have researched disordered eating amongst the specific population of sorority women. This study is looking to determine to what degree do sorority women engage in disordered eating. Also, we will be examining what factors contribute and prevent this phenomenon.
If you decide to participate, then you will join a study involving research of your experiences within a sorority and your relationship with food. This research study will be conducted through individual interviews and the use of photography. If you say YES, then your participation will last for approximately 60 minutes at either the location of your choice or through the use of video-conferencing. Approximately 10 people who are also affiliated with a sorority will be participating in this study.

EXCLUSIONARY CRITERIA
You should be an initiated member of a national panhellenic sorority. To the best of your knowledge, you should not have been terminated from a sorority, which would keep you from participating in this study.

RISKS AND BENEFITS
RISKS: If you decide to participate in this study, then you may face a risk of feelings of discomfort related to disclosing personal information. The researcher tried to reduce these risks by the volunteer nature of the study as well as having the option to withdraw the study at anytime. And, as with any research, there is some possibility that you may be subject to risks that have not yet been identified. Please see the attached referral information for your review.

BENEFITS: The main benefit to you for participating in this study is for self-growth and reflection that can come from disclosing and processing your thoughts and feelings. Others may benefit from the continued research on disordered eating. Participants will be provided a copy and summary of the final manuscript.

COSTS AND PAYMENTS
The researchers are unable to give you any payment for participating in this study. There is no cost for participating in the study.

NEW INFORMATION
If the researchers find new information during this study that would reasonably change your decision about participating, then they will give it to you. You are free to withdraw from the study at any time.

CONFIDENTIALITY
The researchers will take all reasonable measure to keep private information, such as recordings and interview transcripts confidential. Only the researchers listed above will have access to your data. The researcher will remove any identifiers of the data, destroy all tapes and store information in a locked filing cabinet prior to its processing. The results of this study may be used in reports, presentations, and publications; but the researcher will not identify you. Of course, your records may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE
It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study at any time. Your decision will not affect your relationship with Old Dominion University, or otherwise cause a loss of benefits to which you might otherwise be entitled. The researchers reserve the right to withdraw you participation in this study, at any time if they observe potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY
If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Dr. Danica Hays, the responsible principal investigator, at 757-683-6692, Dr. George Maihafer the current IRB chair at 757-683 4520 at Old Dominion University, or the Old Dominion University Office of Research at 757-683-3460 who will be glad to review the matter with you.

VOLUNTARY CONSENT
By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them or you can contact Dr. Danica G. Hays directly at 757-683-6692.

If at any time you feel pressured to participate, or if you have any questions about your rights or this form, then you should call Dr. George Maihafer, the current IRB chair, at 757 683 4520, or the Old Dominion University Office of Research, at 757 683 3460.

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Subject's Printed Name & Signature

Date

Researcher’s Printed Name & Signature

Date

INVESTIGATOR’S STATEMENT
I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the
rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws, and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study. I have witnessed the above signature(s) on this consent form.
APPENDIX B
Demographic Sheet Current Members

Age: __________

Gender: Female Male Transgender

Race/Ethnicity: African American Asian Hispanic Native American Caucasian Biracial/Multiracial Other not specified: _________________

Relationship Status: Single Partnered Separated Divorced Widowed

Highest Degree Completed: High School Bachelors Masters Educational Specialist Doctorate

Current Educational Status: Bachelors Masters Educational Specialist Doctorate N/A

Number of semesters in a sorority: 1 2 3 4 5 6 7 8 9 10

Have you ever lived in the sorority house (if applicable): yes no

Have you ever lived with a sorority sister: yes no

Please check all positions you have had or currently hold:

<table>
<thead>
<tr>
<th>President</th>
<th>Panhellenic Delegate</th>
<th>Ritual Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President of Programming (VP1)</td>
<td>Vice President of New Members – Pledge Mom (VP2)</td>
<td>Vice President of Recruitment and Membership (VP3)</td>
</tr>
<tr>
<td>Secretary</td>
<td>Treasurer</td>
<td>Historian</td>
</tr>
<tr>
<td>Scholastic/Academic Achievement Chair</td>
<td>Fraternity/Sorority Education Chair</td>
<td>Standards/Risk Management Chair</td>
</tr>
<tr>
<td>Judicial Board Chair</td>
<td>Communications/PR Chair</td>
<td>Community Service Chair</td>
</tr>
<tr>
<td>Philanthropy Chair</td>
<td>Member Enrichment</td>
<td>Social Chair</td>
</tr>
<tr>
<td>Traveling Sorority Leadership Consultant (TLC)</td>
<td>Panhellenic Executive Board Position</td>
<td>T-Shirt Chair</td>
</tr>
</tbody>
</table>

If other not mentioned, please list: ________________________________

Please estimate how many hours per average week you are involved with your sorority (including anything sorority related events, position obligations etc.):

1-5, 6-10, 11-15, 16-20, 20+
Are you considered to be in good standing with your chapter:  Yes  No

Please check the following if applicable:

| First Generation College Student |  |
| First Generation Sorority Member |  |
| Second Generation Sorority Member |  |
| Third Generation Sorority Member |  |
| A Legacy |  |

Normally people use strategies to manage their weight at different times in their life. Below is a list of common strategies. Please check any strategy that you have personally used to manage your weight:

| Avoid eating when hungry | Eat diet foods |
| Cut my food into small pieces | Display self-control around food |
| Avoid food with high carbohydrates | Engage in dieting behavior (counting calories etc.) |
| Think about burning calories when I exercise | Lost 20 pounds or more in the past 6 months |
| Take longer than others to eat my meals | Skip meals |
| Avoid foods with sugar in them | Vomit after I have eaten |
| Exercised more than 60 minutes a day to control your weight | Ever used laxatives, diet pills, enemas, or diuretics (water pills) |

Often people have thoughts or concerns about their body shape or weight. Please check any of the following that have seemed true for you at some point:

| I am terrified about being overweight | Others think I am too thin |
| I find myself preoccupied with food | I feel extremely guilty after eating |
| I have gone on eating binges where I feel that I may not be able to stop | I am preoccupied with the thought of having fat on my body |
| I like to have my stomach be empty | I enjoy trying new rich foods |
| I feel that others pressure me to eat and/or would prefer I ate more | I have the impulse to vomit after meals |
| I feel food controls my life | I give too much time/thought to food |
| I feel better about myself when my weight is under control | I don’t think I have an eating disorder but I think about food or my body often |

Have anyone of the following professionals helped you with your eating:

| Nutritionist | Doctor (Gynecologist or PCP) |
| Spiritual Advisor | Counselor/Therapist |

Have you ever been diagnosed or treated for an eating disorder: Yes  No
APPENDIX C
Interview Protocol

- Sororities are very different from chapter to chapter, what is your chapter like?
  - What are your sorority sisters like?

- What appealed to you about being in a sorority?
  - How did you choose this particular sorority?

- Tell me about your recruitment experience.
  - How about your experience as a new member?
  - Reflecting on the shift from new member to sister, can you please elaborate on your experience, if any?

- How much of a role does your sorority membership play in your life, if any?
  - What do you like about being a member of your sorority?
  - What is challenging about being a member of your sorority?

- Switching gears a bit, I’m thinking about the media portrayal of sorority women. In the movies and such there seems to be a stereotype of what “a typical” sorority woman looks like. I want to ask you a little about that.

- I am interested in hearing about your experiences and opinion on eating behaviors within your sorority.
  - What have you noticed about eating and weight management in your sorority?
  - How did your expectations of what you thought it would be like, compared to when you joined?

- For you individually, can you please describe your eating behaviors prior to joining a sorority?
  - On the demographic sheet you indicted ________. Can you please tell me more about your eating behaviors now?
  - Did your eating behaviors change while you were a member of a sorority?

- How would you describe your body image and self-esteem?
  - Please describe for me what you see when you look in the mirror.
  - How do you believe sororities influence a woman’s body image, if any, positively or negatively?
APPENDIX D
Photography Prompts

(1) Your relationship with your sisters
(2) Any specific and meaningful memories related to your sorority experience
(3) Photos that represent various types of eating experiences.
APPENDIX E
IRB Approval Letter

July 13, 2013
Approved Application Number 201302061

Dr. Danica Hays
Department of Counseling and Human Services

Dear Dr. Hays:

Your application for Exempt Research with Andrea J. Kirk and Gina B. Polychronopoulous entitled, “Examining Disordered Eating Experiences Across the Lifespan Among Sorority Members,” has been found to be EXEMPT from IRB review by the Human Subjects Review Committee of the Darden College of Education, and you may begin your research project when you are ready. You will receive a signed copy of this letter in the campus mail.

The determination that this study is EXEMPT from IRB review is for an indefinite period of time provided no significant changes are made to your study. If any significant changes occur, notify me or the chair of this committee at that time and provide complete information regarding such changes.

In the future, if this research project is funded externally, you must submit an application to the University IRB for approval to continue the study.

Best wishes in completing your study.

Sincerely,

Theodore P. Remley, Jr., J.D., Ph.D.
Professor and Batten Endowed Chair in Counseling
Department of Counseling and Human Services
ED 110
Norfolk, VA 23529

Chair
Darden College of Education Human Subjects Review Committee
Old Dominion University

tremley@odu.edu
**APPENDIX F**
**Codebook**

<table>
<thead>
<tr>
<th><strong>Sorority Culture</strong></th>
<th>The various components that assist in defining the society and the environment of the Greek organization.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academics</strong></td>
<td>The affiliation with the university and the standards set forth by the chapter such as a required minimum GPA.</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td>Opportunities awarded sorority members to grow and to develop leadership skills both within and outside of the organization.</td>
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</tr>
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<td>The overt and covert ranking system within the sorority.</td>
</tr>
<tr>
<td><strong>Hazing</strong></td>
<td>The undesired behaviors that sisters made other sisters or new members participate in. Eating and exercise was a large component of the hazing.</td>
</tr>
<tr>
<td><strong>Sorority Influence</strong></td>
<td>The perceived effect that sorority membership had on the women’s lives: physically, emotionally, and interpersonally.</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Participants appearance and the influence it had on their membership, their need for control of their eating as well as their behaviors related to exercising.</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>The feelings and thoughts participants experienced while in their sorority. In particular, related to body image, dependency and eating experiences.</td>
</tr>
<tr>
<td><strong>Interpersonal</strong></td>
<td>Referred to family systems and support systems.</td>
</tr>
</tbody>
</table>
VITA

Andrea J. Kirk graduated from Old Dominion University in 2009 with a Bachelor of Science degree in Psychology and a minor in Communication. She continued her education at Old Dominion University and graduated with a Master of Education degree in Counseling with a concentration in mental health counseling in 2011. She is a Nationally Certified Counselor.

While pursuing her doctoral studies at Old Dominion University, Andrea worked as a graduate research and teaching assistant. She was involved in various research and clinical program initiatives advocating for an underserved population. During the past two years, she has actively focused her research agenda on eating disorders, children and families impacted by homelessness, resiliency factors in children who are residing in an urban setting, addictions, supervision, and intimate partner violence. She has co-authored a publication in the Journal of Counseling and Development as well as three published articles in the Journal of Human Services. Currently, she has a publication under review in the Journal of Mental Health Counseling. Additionally, Andrea was awarded the Darden College of Education Dissertation Fellowship.

Over the past five years, Andrea has gained clinical experience working in a variety of settings including outpatient clinics, a local university, in-home, and inpatient. She also volunteer’s her time as an on-call crisis counselor in a community agency as well as a clinical supervisor for a domestic violence and sexual assault center.

Andrea is a member of several national professional organizations including the American Counseling Association and the American Counselor Education and Supervision Association. She has presented at national, regional and state conferences.