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Exploring Eating Disorders Among College Students

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Abstract

Around 5% of the United States population, more than 17 million people, have been diagnosed with an eating disorder. College students alone make up 17% of this number. This quantity reflects only students who are professionally diagnosed, which is approximately 2%. The purpose of the quantitative research was to create a better understanding of eating disorders among college students enrolled at a small southern university. For this study, demographics included classification, race, and sex at birth. In total, 150 ($N = 150$) students participated in this study. Non-directional hypotheses were formulated for each independent variable that significant differences would be detected concerning eating disorder behaviors and body satisfaction. Numerous significant results were found between sex at birth and race, but none were shown by student classification.

Keywords: Eating disorders, bulimia, anorexia

Introduction

Eating disorders impact many people across the world. These disorders don't just damage the individual body, but they also damage the mind and physical well-being as well. Many people see these disorders as a way to improve themselves and don't recognize the true danger related to eating disorders. Beauty standards and other social requirements often influence eating disorders among college students by pressuring them to look and feel a certain way. Eating disorders are a silent epidemic amongst students.

According to the DSM-5 (American Psychological Association [APA], 2013), the main 6 different types of eating disorders include Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Pica, Rumination disorder, and Avoidant/Restrictive Food Intake Disorder (ARFID). Anorexia Nervosa, Bulimia Nervosa, and Rumination disorder are all considered "purging" disorders. These disorders involve the patient either giving up food completely for as long as possible or getting rid of food that has already been eaten, but before it's been completely digested. Binge Eating Disorder is the opposite, with the patient having "binge episodes" causing them to eat much more

than the typical amount, until they are far past full, making them feel sick. Pica involves the patient eating and craving non-edible items, such as rocks, paper, and powders, including ash, talcum powder, and corn starch. ARFID is similar to Anorexia Nervosa, however, the patient is not deliberately avoiding food to lose weight. People with this disorder are typically seen as seen picky eaters avoiding any kind of foods that look, smell, or feel unappealing to them.

Around 5% of the United States population have been diagnosed as having one of the diagnosable eating disorders. This is around 17,063,006 people. College students alone make up 17% of this number, which is approximately 2,900,711 individuals. This number only includes students who have been professionally diagnosed (Claydon & Zullig, 2018). Since students make up a significant amount of this number, academic performance amongst these students is typically impacted as well. The majority of students diagnosed with an eating disorder are female and are considered a normal weight for their age. Females with eating disorders typically report having higher grade point averages (GPA) than males with eating disorders. Less than 2% of all students who would qualify for an eating disorder diagnosis receive professional help (Claydon & Zullig, 2018). Once receiving treatment, females with anorexia nervosa report having an increased GPA while females with bulimia nervosa report having lower GPAs. Males with anorexia and bulimia report having higher GPAs with no treatment. It's common and expected for students with eating disorders, and have not been treated, to have a decrease in academic performance. (Claydon & Zullig, 2018).

Even though it's not considered an official eating disorder by the DSM-5, Night Eating Syndrome (NES) is another eating illness that affects many college students around the world. Night Eating Syndrome gained popularity in the 1950s, but has been found to still be prevalent amongst students today. NES is characterized by an individual who consumes at least 25% of their daily caloric intake after they've already had dinner (Abreu, Silva, Paiva, Figueiredo, & Souto, 2023). Students who suffer with this syndrome typically report that they also suffer from insomnia and have an imbalance with their circadian rhythms. This syndrome ranges in percentages across the world, with approximately 1.5% of college students living in the United States, and up to 16.8% of reported college students living in Brazil (Abreu et al., 2023). Many students who suffer from this syndrome frequently report they don't have time to eat during the day due to school or work. To note, it seems academic performance is not heavily influenced by NES (Abreu et al., 2023).

Eating disorders affect more than just academic performance. These disorders also decrease students' motivational goals. One framework that identifies the influence of eating disorders on motivational goals is known as the Achievement Goal Theory (AGT). This framework suggests that a task-oriented individual will create a motivated goal and will focus on performance in order to achieve mastery on tasks (Wahl, Harris, Langdon, Riggs, & Meyer, 2019). AGT is commonly seen in student athletes. Many athletes must maintain a specific body type in order to be able to continue playing and practicing their sport. For example, a ballerina must typically maintain a thinner figure in order to be able to dance and move the way that is needed for ballet performances. Many ballet dancers develop eating disorders from trying to maintain this desired thin body type. This is when AGT

comes into play. Many student athletes will overdo this part of their training for their particular sport. The athletes may attempt to achieve a level of perfectionism that is desired by their coaches, or even their own selves (Wahl et al., 2019).

Eating disorders are commonly diagnosed with other mental illnesses. College students that took the Eating Attitudes Test (EAT-26), Bulimic Inventory Test, Edinburgh (BITE), and the Beck Depression Inventory-II (BDI-II), all had scores on each test that correlated with one another. Students who were diagnosed with bulimia nervosa as having disordered eating habits also scored high on the BDI-II (Okamoto, Miyake, Nagasawa, & Yoshihara, 2018). Because the scores of these tests correlated with each other, other tests that relate with these also often indicate the presence of an eating disorder. For example, many college students who have been diagnosed with depression also have an anxiety disorder. It's been reported that many students develop an eating disorder because of an anxiety/depression disorder. Students with these mental illnesses often go undiagnosed for an eating disorder because these symptoms are not tested by depression and anxiety tests (Okamoto et al., 2018).

Societal standards play the biggest part in the development of an eating disorder. Many people who develop an eating disorder feel as though they must conform to the society standards for beauty. New fad diets and exercise routines are common for becoming popular amongst a large audience, especially among college students due to social media (Wick & Keel, 2020). Millions of pictures and videos of a specific body type are posted daily. Around 26% of college students reported using their phones to edit pictures of their bodies before posting them to social media (Wick & Keel, 2020). There was not a huge difference in participation between males and females. These students also reported being diagnosed with anxiety and depression (Wick & Keel, 2020). Often, the start of an eating disorder, according to Wick and Keel (2020), typically begins from pictures on social media.

Many college students also develop eating disorders because of the desired sense of control. College is a new stage of life for students (Sarra & Abar, 2020). For many, life feels more stable when they have a sense of control. One of the most common things to control is what someone puts in their body. People can control what they do and don't eat. For college students, controlling their food intake seems like such a simple and harmless thing to do (Sarra & Abar, 2020). Males reported developing an eating disorder more for the sense of control than did females. Students who scored higher on tests measuring the perception of control were also found to score high on depression tests (Sarra & Abar, 2020).

Method

Participants

Participants in this study consisted of undergraduate college students attending a small southern university in south Arkansas. In total, there were 150 ($N = 150$) students who were participant in the current study.

Regarding the sample demographics, 92 (61.3%) of the participants identified themselves as female and 58 (38.7%) identified themselves as male. The two largest racial groups consisted of Caucasians and African Americans, with Caucasians representing 102 (68%) of the students and African Americans representing 33 (22%) of the students. The remaining racial groups consisted of 3 (2%) Asian students, 10 (6.7%) Hispanic/Latino students, and 2 (1.3%) students who identified themselves as Native American.

The classifications consisted of 76 (50.7%) students who were in their 1st year of college, 42 (28%) students who were in their 2nd year of college, 21 (14%) students who were in their 3rd year of college, 8 (5.3%) students who were in their 4th year of college, and 3 (2%) students who were in the 4th + year of college.

Procedure

The researcher collected data from undergraduate courses at the university. Voluntary participation was explained to the potential participants. The study participants were informed about the purpose of the study, and signed an informed consent form. The participants then completed the research surveys. After completion of the data collection, the consent forms and surveys were stored in a manner in order to ensure that confidentiality was maintained. Data was then analyzed for the 150 ($N = 150$) surveys using statistical software, SPSS.

Results

The researcher first hypothesized that there would be a significant difference between sex at birth and eating disorders. When running a chi-square analysis for the question of, “*Compared your body to someone else’s*,” it was discovered that females ($n=34$) were significantly more likely to often compare their body to someone else’s, having a p-value of 0.009. After running a chi-square analysis for the question, “*Felt dissatisfied with the shape of your body*,” it was found that females ($n=46$) were significantly more likely to often feel dissatisfied with the shape of their body, with a p-value of 0.003. When running a chi-square analysis for the question of, “*Worn certain clothes to hide your body*,” it was discovered that females ($n=37$) were significantly more likely to often wear certain clothes to hide their body, having a p-value of <0.001. After running a chi-square analysis for the question, “*Skipped a meal in fear of gaining weight*,” it was found that females ($n=29$) were significantly more likely to often skip a meal in fear of gaining weight, with a p-value of <0.001. The last question the researcher ran using chi-square under sex at birth was, “*Vomited or used laxatives after eating*.” It was discovered that females ($n=16$) were significantly more likely to sometimes vomit or use laxatives after eating, having a p-value of 0.008.

When running an independent sample t-test on the question, “*I feel pressured to have a certain body type*,” it was revealed that females ($N=92$) were significantly more likely to feel pressured to have a certain body type, with the p-value being <0.001 and the difference between male and females being 0.73. After running an independent sample t-test on the question, “*I am afraid to gain weight*,” it was revealed that females ($N=92$) were significantly more likely to be afraid to gain weight, with the p-value being 0.017 and the difference between male and females being 0.85. After running an independent sample t-test on the question, “*I feel I am physically fit*,” it was revealed that males ($N=58$) were significantly more likely to feel like they were physically fit, with the p-value being <0.001 and the difference between male and females being 0.63. After running an independent sample t-test on the question, “*I think about my weight/body frequently*,” it was revealed that females ($N=92$) were significantly more likely to think about their weight and body, with the p-value being 0.004 and the difference between male and females being 1.19. After running an independent sample t-test on the question, “*I feel I have a healthy relationship with food*,” it was revealed that males ($N=58$) were significantly more likely to have a healthy relationship with food, with the p-value being 0.022 and the

difference between male and females being 0.38. After running an independent sample t-test on the question, “*I feel guilty after eating a meal*,” it was revealed that females ($N=92$) were significantly more likely to feel guilty after eating a meal, with the p-value being <0.001 and the difference between male and females being 0.87. This hypothesis can be supported with the statistics provided.

Secondly, the researcher hypothesized that there would be a significant difference between race and eating disorders. When running a chi-square analysis for the question of, “*Compared your body to someone else’s*,” it was discovered that Caucasians ($n=59$) were significantly more likely to often compare their body to someone else’s, having a p-value of <0.001. After running a chi-square analysis for the question of, “*Worn certain clothes to hide your body*,” it was discovered that Caucasians ($n=40$) were significantly more likely to often wear certain clothes to hide their body, having a p-value of 0.034. When running a chi-square analysis for the question of, “*Felt embarrassed about how you look*,” it was discovered that Caucasians ($n=55$) were significantly more likely to feel embarrassed about how they look, having a p-value of 0.015. When running a chi-square analysis for the question of, “*Counted your calorie intake*” it was discovered that Caucasians ($n=30$) were significantly more likely to count their calorie intake, having a p-value of 0.012. After running a chi-square analysis for the question of, “*Vomited or used laxatives after eating*” it was discovered that Caucasians ($n=14$) were significantly more likely to vomit or use laxatives after eating, having a p-value of 0.003. When running a chi-square analysis for the question of, “*Stuck to a strict diet*” it was discovered that Caucasians ($n=21$) were significantly more likely to stick to a strict diet, having a p-value of 0.002.

When running an independent sample t-test on the question, “*I am very critical of my body*,” it was revealed that Caucasians ($N=102$) were significantly more likely to be critical of their body, with the p-value being 0.017 and the difference between African American and Caucasians being 0.74. After running an independent sample t-test on the question, “*I feel pressured to have a certain body type*,” it was revealed that Caucasians ($N=102$) were significantly more likely to feel pressured to have a certain body type, with the p-value being <0.001 and the difference between African American and Caucasians being 0.56. When running an independent sample t-test on the question, “*I am afraid to gain weight*,” it was revealed that Caucasians ($N=102$) were significantly more likely to be afraid to gain weight, with the p-value being <0.001 and the difference between African American and Caucasians being 1.43. After running an independent sample t-test on the question, “*I feel comfortable with my body*,” it was revealed that African Americans ($N=33$) were significantly more likely to feel comfortable with their body, with the p-value being 0.003 and the difference between African American and Caucasians being 0.67. When running an independent sample t-test on the question, “*I think about my weight/body frequently*,” it was revealed that Caucasians ($N=102$) were significantly more likely to think about their weight/body, with the p-value being 0.037 and the difference between African American and Caucasians being 1.15. After running an independent sample t-test on the question, “*I feel I have a healthy relationship with food*” it was revealed that Caucasians ($N=102$) were significantly more likely to have a healthy relationship with food, with the p-value being 0.012 and the difference between African American and Caucasians being 0.17. When running an independent sample t-test on the question, “*I feel guilty after eating a meal*,” it was revealed that Caucasians

(N=102) were significantly more likely to feel guilty after eating a meal, with the p-value being 0.032 and the difference between African American and Caucasians being 0.76. After running an independent sample t-test on the question, “I only eat food that are considered to be healthy,” it was revealed that Caucasians (N=102) were significantly more likely to eat healthy foods, with the p-value being 0.48 and the difference between African American and Caucasians being 0.16. This hypothesis can be supported with the statistics provided.

Lastly, the researcher hypothesized that there would be a significant difference between classification and eating disorders. After running a chi-square analysis on every question, there were no significant differences to be found. After running a one-way ANOVA analysis on every question, there were no significant differences to be found. The results prove this hypothesis to be incorrect.

Discussion

The findings of this research seem to be consistent with previous literature regarding eating disorders in college students. Sex at birth was the biggest source of data from studies in the literature review as they almost all explain or show proof that females were going to develop an eating disorders. This research also found that Caucasian students seemed to have much more prevalent dangerous thoughts and habits when it came to their body and relationship with food. On the contrary, it was discovered that African Americans seemed to have a much healthier relationship with food and view regarding their body and self-esteem.

The results of this study were predicted to give valuable insight on college student eating disorder habits and behaviors, and how the health of the college campus might be affected as a result of disordered eating. However, there are some limitations to consider. One limitation to note is that the individual demographics lacked diversity in racial distribution. For instance, this study only had 33 African American participants as opposed to 102 Caucasians participants, thus there was a lack of sufficient data from African Americans to analyze and properly compare to Caucasians. Additionally, there were only 58 males surveyed in this study compared to 92 females. There was a lack of sufficient data from males to analyze and properly compare to females as well.

Regardless of limitations, the results continue to indicate that eating disorders are still present on college campuses. Most participants surveyed agreed to having similar eating habits as someone who had been diagnosed with an eating disorder. This poses an issue in which colleges may want to address the prevalence of eating disorders in order to help protect student mental and physical health.

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