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# Synchrony and Conflict: The Relationships Among Eating Disordered Attitudes, Gender Role Orientation, and Dating Styles

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*College students were surveyed to explore the relationship between eating disordered attitudes, gender role, and dating style. Specifically, two theories regarding gender role were examined: femininity theory and discrepancy theory. The premise of femininity theory was supported in that feminine-typed individuals were more likely to report eating disordered behaviors. In addition, a new measure of dating attitudes was created to provide an assessment of nontraditional dating attitudes; surprisingly not only did those scoring high on eating disordered behaviors also score low on nontraditional dating attitudes, but so did both feminine and androgynous individuals. The results underscore the complexity of the issues and provide even greater impetus for more fine-tuned studies of gender orientation.*

Eating disorders among college students have grown to epidemic proportions in recent decades. The National Association of Anorexia Nervosa and Associated Disorders (1998) reported a minimum of 8,000,000 eating disorder victims of all ages in the United States alone, and an increase of eating disorder reports among the eight-to-eleven-year-old age bracket. In an attempt to further explain the escalating numbers of eating disorder cases in the United States, researchers have examined the relation among eating disordered behaviors and numerous facets of everyday college life, including interpersonal peer relationships (Rosen, Orosan-Weine, & Tang, 1997) and sexuality (Raciti & Hendrick, 1992). However, although research has examined the relationship between eating disorders and sexuality, there has been almost no investigation of the relation between eating disorders and dating attitudes. In addition, researchers

have investigated the relationship between eating disorders and gender role orientation among college students, but the studies have yielded inconclusive findings. Thus further research on gender role orientation and dating style might help reveal their relationship with eating disordered behaviors.

As noted, the relation between gender role orientation and eating disorders has generally presented inconclusive and even contradictory results. Specifically, researchers have described two major, but conflicting, theories: femininity theory and discrepancy theory. Femininity theory describes women with eating disorders as subscribing to the traditionally feminine roles of passivity, dependence, and approval-seeking from others (Boskind-Lodahl, 1976). Several researchers have reported a significant relation among increased eating disordered behaviors and greater self-reported levels of both

desired and perceived traditionally feminine characteristics (Chaiken & Pliner, 1987; Snyder & Hasbrouck, 1996; Squires & Kagan, 1985). Discrepancy theory, in contrast, links eating disordered behaviors with concerns relating to masculinity rather than femininity (Lancelot & Kaslow, 1994; Murnen & Smolak, 1997). Specifically, discrepancy theory asserts that women with eating disorders do not adhere to traditionally masculine qualities and subsequently face conflict with current societal demands placed upon women to possess both masculine and feminine characteristics (Steiner-Adair, 1986). In fact, research has indicated that eating disordered behavior may be related to a desire for success in multiple roles (Johnson & Petrie, 1996; Hart & Kenny, 1997). Women who work to achieve in multiple arenas are more likely to endorse both masculine and feminine characteristics, a characteristic of androgyny (Bem, 1978).

Thus, there has been support for both femininity and discrepancy theories. Perhaps some of the women who develop eating disorders endorse traditionally feminine traits and also experience internal conflict caused by societal demands to exhibit traditionally masculine characteristics. Conversely, it is also possible that other women may possess traditionally masculine traits, but lack traditionally feminine characteristics, and feel compelled to diet or exhibit eating disordered behaviors in order to be perceived as feminine by others. These conflicting perspectives indicate that women who desire masculine characteristics, women who desire feminine characteristics, women who endorse traditionally feminine characteristics, and women who endorse traditionally masculine characteristics are all at risk for developing eating disorders. Clearly, further research is needed to tease apart the relationship of gender orientation to eating disorders.

Additionally, although researchers have formed and substantiated theoretical links among sexual attitudes and eating disordered behaviors (e.g., Dykens & Gerrard, 1986; Leon, Lucas, Ferinand, Mangelsdorf, & Colligan, 1987; Morgan, Wiederman, & Pryor, 1995; Wiederman, 1996), personal dating styles have not received much attention. Yet the issue of dating styles seems to be a particularly relevant aspect of college life, a time during which styles and roles are often questioned and revised. Times of tran-

sition, such as going to college and experimenting with different dating styles, may be particularly critical in the development of eating disorders. Smolak, Levine, and Galen (1993) indicated that the concurrent experiences of pubertal development, onset of dating, and school adjustment among middle school girls was indicative of eating disordered behaviors. Like Smolak et al.'s sample, many college students are also adjusting to a new school. College students may also face a synchrony of different life-changing personal beliefs and values, such as nontraditional and new attitudes towards gender role orientation and dating. Thus, the synchrony and cumulative stress resulting from adjusting to college and the experimentation with nontraditional attitudes towards dating may contribute to the development of eating disordered behaviors. In fact, the co-occurrence of eating disordered attitudes and behaviors with synchronous nontraditional sexual and love attitudes within eating disordered individuals has been supported in the research literature (Raciti & Hendrick, 1992; Worobey, 1999).

Thus, the present study focused on college students' eating disordered behaviors, gender role orientation and dating roles. Although many college students are undoubtedly planning futures which include combining family life with a career (and the stress resulting from balancing different, and sometimes conflicting, roles may be manifested through high levels of eating disordered behavior), there are equally compelling data suggesting that stereotypical feminine responses are more clearly manifested in body image distortion. Thus, we wanted to examine the conflicting theories of discrepancy (that expectations for success in multiple roles, as indicated by self-reports of androgyny, would yield the highest levels of self-reported eating disordered behaviors) and femininity (that disordered eating would be more strongly associated with a feminine gender role orientation). We also created the Dating Attitudes Inventory as an exploratory measure intended to assess possible relations between eating disordered behaviors and diverse aspects of dating beliefs. We wanted to explore whether eating disordered behaviors and gender role orientation would be related to active dating attitudes, a more masculine sex-typed characteristic.

## METHOD

### *Participants*

We recruited participants for the study from student residence halls and a variety of undergraduate psychology classes at a small liberal arts college and a large public university on the East Coast. We provided extra course credit, free candy, and a raffle of cash prizes to encourage student participation. None of the analyses for the present study showed significant differences between the two locations; thus, they were combined for the analyses. Our final sample consisted of 308 participants who provided complete data.

Participants' ages ranged from 17 to 23 years ( $M = 18.70$  years,  $SD = 1.03$ ). Our sample consisted of 70.1% females and 29.9% males, representing a variety of racial ethnic backgrounds (66.2% White, 15.9% African American, 8.8% Asian American, 4.2% Hispanic, 4.2% Multiracial, and .6% classifying themselves as Other). Additionally, 59.1% of the participants were first year students, comprising the majority of our sample. Sophomores, juniors, seniors, and one graduate student constituted 22.1%, 15.6%, 2.9%, and .3%, respectively.

### *Measures*

Eating Disorder Inventory-2 (EDI-2). The EDI-2 (Garner, 1991) is a 91-item self-report measure used to assess cognitive and behavioral eating disordered symptoms, using a 6-point Likert scale (1 = never; 6 = always). There are eight established subscales including: Bulimia, Body Dissatisfaction, Drive for Thinness, Ineffectiveness, Perfectionism, Interpersonal Distrust, Fear of Maturity, and Interoceptive Awareness. The first three subscales are intended to measure attitudes and behaviors related to weight, eating, and body shape while the last five are directed toward other cognitive and behavioral traits related to eating disorders. While the asymptotic scoring procedure described in the manual may be efficient for diagnosis in a clinical sample, the three least symptomatic responses are more likely to be endorsed by an individual who manifests some eating disordered symptoms but remains unlikely to be diagnosed with a clinical eating disorder. Thus, some researchers have modified the original scoring procedure by eliminating the asymptotic scoring of the least symptomatic responses (Raciti & Hendrick, 1992; Siever, 1994).

Reported alphas have ranged between .83 and .93 for the original EDI (Garner & Olmstead, 1984). Reported internal consistency for non-patient female comparison groups range from .72 to .92 across all of the eight original subscales (Garner & Olmstead, 1984), and test-retest reliability for non-patient samples ranged from .41 to .72 after one year (Crowther, Lilly, Crawford, Shepherd, & Oliver, 1990). Sanftner, Barlow, Marschall, and Tangney (1995) describe the evidence of validity for the EDI-2 as "demonstrated by sufficient correlations of each item to its subscale, by its ability to discriminate between eating disordered and non-eating disordered groups, and by its correlations with predicted constructs" (p. 318).

Bem Sex-Role Inventory (BSRI). The BSRI (Bem, 1978) is a 60-item self-report measure used to assess adherence to gender role orientation. Individuals are placed into one of four categories upon scoring of the measure: Masculine (individualistic, forceful, athletic), Feminine (caring, passive, nurturing), Androgynous (possessing both masculine and feminine characteristics), or Undifferentiated (possessing a significant amount of neither masculine nor feminine characteristics). A 7-point Likert response scale is used for each participant to indicate how accurately each characteristic describes her or himself, with responses ranging from 1 = "never or almost never true" to 7 = "always or almost always true." Reported alphas range from .75 to .87 and test-retest reliabilities range from .76 to .94 for the original BSRI form (Bem, 1978). The validity of the BSRI is demonstrated by its frequent employment by psychological researchers who wish to examine constructs of gender-role orientation and identity (see Harris, 1994 for a current evaluation).

Dating Attitudes Inventory (DAI). The DAI is a 33-item self-report questionnaire created for the present study to measure different attitudes toward dating. This inventory utilizes a 5-point Likert scale ranging from 1 = "strongly disagree" to 5 = "strongly agree." The 33-item version of the DAI used in the present study had been revised based on the results of pilot work. Factor analysis revealed four subscales, each measuring a different facet of individual dating attitudes and practices: Active dating attitudes, Dating avoidance, Dating commitment, and Dating rules. We chose to focus on the active dat-

ing attitudes subscale of the DAI (Cronbach's alpha = .73) for the current analyses, given our focus on attitudes as opposed to dating practices.

#### Procedure

The investigators used the psychology subject pools at two institutions and also collected data in the student residence halls. The primary investigator or a research assistant was always present to verbally recruit participants, answer questions, and distribute and collect materials. The participants were informed of their right to withdraw from the study at any time and were reassured that their responses would remain entirely anonymous as no names were included anywhere on the questionnaire packets.

Each packet contained a demographic information sheet and the questionnaires (EDI-2, BSRI, and DAI), counterbalanced to control for context effects (Council, 1993). After the return of the packets, participants received a raffle ticket, a debriefing sheet describing the purpose of the study, and completed a course credit sheet (when participants were part of a subject pool). The debriefing sheet contained campus counseling center information and phone numbers for students who wanted to seek assistance with any issues raised by the questionnaires.

## RESULTS

Descriptive data, including the means, standard deviations, and percentages for each of the measures, are located in Tables 1 and 2. To test whether self-reported androgyny or femininity would be associated with the highest levels of self-reported eating disordered behavior, we conducted a MANOVA of the four categorical variables of the BSRI and the eight established EDI-2 subscales. Initial MANOVA results were significant, indicating a relation among self-reported gender role orientation and particular eating disordered subscales; Bulimia  $F(3,297) = 3.956$ ,  $p < .01$ , Body Dissatisfaction  $F(3,297) = 4.411$ ,  $p < .01$ , Interpersonal Distrust  $F(3,297) = 3.730$ ,  $p < .01$ , Ineffectiveness  $F(3,297) = 2.708$ ,  $p < .001$ , Perfectionism  $F(3,297) = 13.237$ ,  $p < .001$ . We then conducted Scheffé post hoc tests and examined the EDI-2 means for each gender role category that significantly differed from another. The femininity ratings, not the androgyny ratings, consistently presented the greatest mean values on the EDI total scores. The

femininity scores were also significantly greater than one or more of the other gender role orientations on the Bulimia, Body Dissatisfaction, and Ineffectiveness subscales ( $M = 2.14, 3.44, \text{ and } 2.63$ , respectively).

We also examined whether individuals who reported high levels of eating disordered behaviors would be less likely to possess active attitudes towards dating. In particular, the present study focused on dating attitudes as a possible uninvestigated correlate to eating disordered symptoms. We found that the EDI-2 composite scores were significantly negatively correlated with active dating attitudes ( $r = -.19$ ,  $p < .01$ ). In addition, a MANOVA indicated a significant relation between gender role orientation and the DAI subscale of active dating attitudes,  $F(3,298) = 14.63$ ,  $p < .01$ . Upon examination of the Scheffé post hoc test results, we found that both individuals with feminine and with androgynous gender role orientations presented the least agreement with active dating attitudes ( $M = 2.62$ ;  $M = 2.72$  respectively). They differed significantly from participants who adhered to masculine and undifferentiated gender roles ( $M = 3.34$  and  $3.04$ , respectively).

## DISCUSSION

We set out to clarify the conflicting theoretical positions supporting femininity theory (e.g., Snyder & Hasbrouk, 1996) and discrepancy theory (e.g., Johnson & Petrie, 1996). However, our results may raise more questions than expected. Specifically, we found support for femininity theory in that femininity was more strongly associated with eating disordered behaviors than was androgyny, a finding consistent with much of the previous research (see Chaiken & Pliner, 1987; Snyder & Hasbrouk, 1996; Squires & Kagan, 1985). However, both feminine and androgynous individuals were less likely to endorse active dating styles than masculine or undifferentiated types. It seems surprising that androgynous individuals, in particular, would be reluctant to endorse active dating views.

Our findings indicated that the relation among particular dating attitudes, eating disordered symptoms, and gender role orientation is complex. Future research should elaborate on other non-traditional synchronous and conflicting beliefs that may be significantly related to eating disordered attitudes. For example, the

relation among eating disordered attitudes and other aspects of interpersonal relationships such as friendships and intimacy levels, deserve further investigation. In addition, consistent with Smolak et al.'s (1993) hypothesis that eating disordered attitudes are related to synchronous significant life events including the adjustment to new scholastic situations, future research should clarify the relation between eating disordered attitudes and college students' adjustment to college, particularly for first year students. Forty-four percent of the participants in the current study were first year female students, perhaps experiencing emotions identical to or even more intense than Smolak et al.'s middle school sample. For example, Leal, Wershe, and Dodd (1995) investigated the relation among gender, stress and bulimia in college women. They noted that women who were experiencing their first year on campus reported significantly more bulimic symptoms than women who had already completed their first year. Also, different factors associated with eating disordered symptoms, such as emphasis on physical appearance or pressure to dress in a certain style, may vary based on whether the campus presents a liberal or conservative atmosphere (Kashubeck, Walsh, & Crowl, 1994). Some variables that are synchronous with college adjustment that warrant examination include the relation between eating disordered attitudes and significant life events such as leaving a romantic relationship from home, leaving home to go to school, and general satisfaction with the college experience.

We should acknowledge several limitations of the present study. First, despite the fact that using college students increased our ability to generalize our results to the larger population, we may not have been able to find true differences that existed among individuals who presented the most eating disordered attitudes. That is, because of the relatively small portion that demonstrated extreme eating disordered behaviors, some differences among the variables may have gone undetected. In addition to college student participants, future research warrants the assessment of a clinically diagnosed eating disordered sample. Furthermore, the DAI is a new measure that has not yet demonstrated widespread reliability and validity. Although our preliminary assessments revealed adequate reliability among our college student sample, future

research should investigate the use of the DAI with several diverse populations in order to establish its validity as a measure of contemporary dating attitudes. Future research may indicate the direction for possible revisions to the DAI to make it a more accurate measure of the attitudes assessed by each of the four subscales.

By choosing to examine the relation among participants' eating disordered attitudes, gender role orientation, and dating attitudes, we were hoping to assess some of the real-life issues with which American college students are faced. We hope that future research will eventually reveal a clearer picture of the emotional and psychological relationship among these attitudes. Undoubtedly, many victims of eating disorders experience severe physical suffering and emotional anguish. It is imperative that psychological research continues in this area in order to prevent the onset of eating disordered behaviors as well as to guide professionals' efforts to combat the development eating disorders.

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**Table 1***Descriptive data for the EDI-2 and DAI*

<i>Measure and Subscale</i>	<i>M</i>	<i>SD</i>
<b>Eating Disorder Inventory (EDI-2)</b>		
Bulimia	1.96	0.80
Drive for Thinness	2.61	1.20
Ineffectiveness	2.46	0.82
Interceptive Awareness	2.59	0.75
Interpersonal Distrust	2.74	0.83
Maturity Fears	2.96	0.81
Body Dissatisfaction	3.28	1.34
Perfectionism	3.78	0.90
<b>Dating Attitudes Inventory (DAI)</b>		
Active Dating Attitudes	2.88	0.76
Dating Avoidance	2.45	0.77
Dating Commitment	3.67	0.76
Dating Rules	2.32	0.55

*Note: The EDI-2 is scored from 1 = never to 6 = always; The DAI is scored from 1 = strongly disagree to 5 = strongly agree.*

**Table 2***Descriptive data for the Bem Sex Role Inventory (BSRI)*

<b><u>BSRI Subscales</u></b>	<b>%</b>
Androgynous	23.1
Masculine	17.2
Feminine	34.4
Undifferentiated	24.4
Missing data	1.0