An Examination of Drunkorexia, Greek Affiliation, and Alcohol Consumption

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ABSTRACT

The purpose of this study is to examine the relation between Greek affiliation, the College Life Alcohol Salience Scale, alcohol consumption, disordered eating, and drunkorexia (i.e., using disordered eating practices as compensation for calories consumed through alcohol). A total of 349 college students (254 females, 89 males) participated in the online survey. Greek affiliation and alcohol salience predicted alcohol consumption levels, disordered eating, and drunkorexia. How central alcohol is to a student's collegiate experience predicts his or her drunkorexia level. It seems that those who embrace the Greek environment and think alcohol is central to their experience are more likely to consume alcohol, have disordered eating tendencies, and embrace eating restriction on alcohol consumption days.

Keywords: Drunkorexia; Alcohol; Disordered Eating; Greek; Alcohol Salience

College student alcohol consumption is involved in an estimated 599,000 injuries, 646,000 assaults by intoxicated students, sexual assaults of 97,000 people, and 1,800 college student deaths from alcohol-related incidents per year (Hingson, Zha, & Weitzman, 2009). The 18 to 24 year old age range is considered to be the peak age of an individual's alcohol consumption behavior (Chen, Dufour, & Yi, 2004/2005) and recent evidence suggests that excessive alcohol consumption in this age group is increasing (Hingson et al., 2009). This phenomenon is most pronounced in 18-24 year old college students, who consume more alcohol than their non-college attending peers (White & Hingson, 2014). Moreover, four out of five college students consume alcohol, and about half of those who drink report heavy episodic drinking (Wechsler, Lee, Kuo, & Lee, 2000; Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). These high rates of alcohol consumption lead to a wide range of negative outcomes. more

College students report a variety of alcohol-related negative consequences, including legal trouble, violent behavior, injury, unsafe sex, sexual assault (Park, 2004; White & Hingson, 2014), academic underachievement, driving while intoxicated, doing something they later regretted, alcohol dependence, or a combination of several consequences within the same occasion (Hingson, Heeren, Winter, & Wechsler, 2005; Hingson et al., 2009; White & Hingson, 2014). However, the risk of experiencing negative consequences does not seem to deter college students from engaging in excessive alcohol consumption (Colby, Colby, & Raymond, 2009). Furthermore, most students do not view their alcohol consumption as a problem (Perkins, 2002).

Students continue to consume alcohol despite these detrimental outcomes due to a combination of factors. Both male and female students report positive consequences that may outweigh the negative; these include feeling relaxed, escaping from school problems, and enhancing social interactions (Park & Grant, 2005). In addition, the unique social environment of a traditional four-year college offers students less mandated class time and more unstructured time, easy access to alcohol, inadequate enforcement of underage drinking laws and limited interaction with parents (Slutske et al., 2004; Weitzman, Nelson, & Wechsler, 2003). These enabling factors contribute to the pervasiveness of alcohol abuse among college students (Crawford & Novak, 2006; Colby et al., 2009). Therefore the purpose of this study is to status in a high-risk group (i.e., Greek affiliation), beliefs about the role of alcohol consumption and alcohol-related disordered eating practices.

Perhaps the most influential factor of student drinking is acceptance of alcohol consumption and heavy episodic drinking as prominent features of university culture. Many students consider heavy alcohol consumption a "rite of passage" for young adults before assuming more restrictive respon-

sibilities of adulthood (Crawford & Novak, 2006; Task Force of the National Advisory Council on Alcohol Abuse and Alcoholism, 2002). College students who drink heavily expect alcohol to enhance their college experience and are more likely to view alcohol consumption as acceptable within the college culture (Crawford & Novak, 2006; Wolburg, 2001). Greater freedom and a social environment that allows and encourages drinking leads students to view alcohol as necessary for an optimal college experience (Crawford & Novak, 2006; Wolburg, 2001).

The College Life Alcohol Salience Scale (CLASS), developed by Osberg and colleagues (2010), measures the extent to which college students believe that alcohol consumption is a central part of the college experience. University students who view drinking as an integral part of college life are more likely to have friends who are heavy drinkers, to be heavy drinkers themselves, and to be at risk for developing alcohol-related problems (Crawford & Novak, 2006). Furthermore, students who enter college with the belief that alcohol will be central to their college experiences are more likely to select social environments that encourage heavy drinking (Osberg, Insana, Eggaert, & Billingsley, 2011).

These characteristics seem to fit the description of social Greek organizations. Greek organization members tend to view alcohol consumption as more important to the college experience than nonmembers and seek out the Greek system due to its association with heavy drinking (Ham & Hope, 2003). Members of the Greek community drink more heavily and more frequently compared to the non-Greek student body (Barry, 2007; Ham & Hope, 2003; Huchting et al., 2011; McCabe et al., 2005; Routon & Walker, 2014). Sorority members consistently participate in heavy episodic drinking and fraternity members increase their heavy episodic drinking throughout their college careers (McCabe et al., 2005). Moreover, members of Greek organizations are considered "high-risk students" for engaging in heavy episodic drinking (Mallett et al., 2013).

Greek organization members seem to be a unique population vulnerable to high levels of alcohol consumption, including binge drinking. Fraternity and sorority members who binge drink are significantly more likely to experience negative consequences than their non-Greek binge drinker counterparts; these consequences include physical fights, being injured or sexually assaulted and driving under the influence (Ragsdale et al., 2012). Despite this, Greeks are less likely to acknowledge the negative consequences of alcohol consumption (Mallett, Bachrach, & Turrisi, 2008). This lack of recognition paired with views of alcohol as salient in college may increase susceptibility to heavy drinking

and other unhealthy behavior patterns. One particular unhealthy behavior pattern frequently associated with alcohol is disordered eating.

There is a long-standing co-morbidity between alcohol consumption and disordered eating patterns prevalent in the literature (Bulik et al., 2004, Corte & Stein, 2000; Dunn, Larimer, & Neighbors, 2001; Goldbloom, 1993; Lundholm, 1989). Although the clinical diagnoses of Alcohol Use Disorder and Eating Disorders (Anorexia and Bulimia Nervosa) are co-morbid, there is still a pronounced relationship between alcohol use and disordered eating at the sub-clinical level (Barry & Piazza-Gardner, 2012; Bulik et al., 2004; Goldbloom, 1993). These behavior patterns are often related despite which behavior pattern precedes the other (Bulik et al., 2004) and does not only occur in those who drink heavily (Corte & Stein, 2000). Greek membership has been identified as a potential correlate of disordered eating (Giles, Champion, Sutfin, McCoy, & Wagoner, 2009); given the high rate of alcohol consumption among Greek members, it is likely that members may also use disordered eating practices.

College-aged females are more susceptible to high body dissatisfaction and the development of disordered eating (Grossbard, Lee, Neighbors, & Larimer, 2009). In addition, sorority members have a higher incidence of eating disorders than non-members (Allison & Park, 2004; Prouty, Protinsky, & Canady, 2002). Basow, Foran, and Bookwala (2007) found that higher levels of disordered eating were seen in sorority members as a result of social pressure. Although there are no known studies examining fraternity affiliation and disordered eating, dieting and purging increase among male college students after their freshman year of college (Striegel-Moore, Silberstein, Frensch, & Rodin, 1988). Furthermore, males who participate in heavy drinking show a higher drive for masculinity and self-esteem contingent upon weight-related factors (Grossbard et al., 2009). These findings indicate that college students and Greek members may be under a high amount of pressure both to conform to an ideal body shape and engage in heavy alcohol consumption to enhance the college experience. Given these pressures, the Greek population may be extremely susceptible to the combination of disordered eating and alcohol consumption.

A behavioral pattern that combines disordered eating practices with alcohol consumption has recently evolved among the college student population. This behavior, labeled *drunkorexia* (CBS News, 2008), represents using disordered eating practices as compensation for calories consumed through alcohol (Giles et al., 2009; Rahal, Bryant, Darkes, Menzel, & Thompson, 2012). Drunkorexia not only includes purging and restricting calories in anticipation of a drinking event, but can also include exercise as a compensation modality (Barry &

Piazza-Gardner, 2012; Burke, Cremeens, Vail-Smith, & Woolsey, 2010; Giles et al., 2009; Rahal et al., 2012). Compensation can also entail meal alteration in the form of skipping meals or eating foods with lower calories/fat than normal (Peralta, 2002). This is used either to prevent alcohol-related weight gain or to become intoxicated more quickly (Burke et al., 2010). Recent research indicates that students are contemplating reduction of the alcoholic calories before, during and after an alcoholic event (Ward & Galante, 2015).

Drunkorexia appears to have serious negative consequences. Giles and colleagues (2009) found individuals who restricted calories on drinking days drank less alcohol but experienced more alcohol-related negative consequences. The women who restricted calories were more likely to be taken advantage of sexually, have unprotected sex and experience memory loss and injury; males who restricted had significantly higher occurrences of physical fighting. Furthermore, restricting calories increases chances of males and females becoming intoxicated by 99% and 137%, respectively (Giles et al., 2009). Given the high level of drinking among Greek members, the relationship between alcohol and drunkorexia might be more pronounced. Thus, the present study aims to examine the relationship among disordered eating practices, alcohol consumption, alcohol salience and membership in a Greek society.

Although the relationship between alcohol and Greek membership is clear in the literature, research concerning the association between Greek affiliation and drunkorexia is limited. Giles et al. (2009) found that drunkorexia was significantly pronounced in Greek pledges and members. However, Giles and colleagues (2009) did not control for alcohol consumption in their analyses. Barry and Piazza-Gardner (2012) also controlled for Greek affiliation as a covariate of their study sample. However, they measured drunkorexia solely through alcohol use and disordered eating instead of specific questions addressing the overlap between the two behaviors. Furthermore, neither study measures the centrality of alcohol to the college experience in order to examine the relationship between drunkorexia and alcohol salience in students. The use of the CLASS will provide insight as to the drinking culture that promotes alcohol consumption. The indication that Greek affiliation precedes high drinking levels and disordered eating may place Greeks at risk for developing drunkorexia (see Danielson, Taylor, & Hartford, 2001 for a discussion of how joining a Greek society increases alcohol consumption). Therefore the purpose of this study is to examine the relation between Greek affiliation, the CLASS, alcohol consumption, disordered eating and drunkorexia.

METHODS

Participants

A total of 349 college students (254 females, 89 males) participated in the anonymous online survey. Students had an average age of 20.71 years (*SD* = 3.79, range 18-22) and encompassed all academic years (freshman, *n* = 69, 19.8%; sophomore, *n* = 82, 23.5%; junior, *n* = 82, 23.5%; senior, *n* = 92, 26.4%; 5th year senior, *n* = 7, 2.0%; graduate student, *n* = 12, 3.4%). Participants reported being Caucasian (*n* = 305, 87.4%), completely heterosexual (*n* = 316, 90.5%), and not married (*n* = 320, 91.7%). About one third of the population was a member of a fraternity or sorority (*n* = 127, 36.4%) and 2.3% of the sample plans to pledge a Greek organization (*n* = 8).

Procedures

All procedures were pre-approved by the university Institutional Review Board. Students from a mid-sized Midwestern university were recruited for an online survey through Prezza Checkbox; the survey was housed behind the university firewall. Investigators recruited through a snowball method and sent student emails through classes and organization listservs. Upon completion of the survey, participants were entered into a drawing to receive one of four $50 gift cards to local establishments.

Measures

Alcohol Consumption. After the definition of a standard drink, three items were used to measure alcohol consumption. The item assessing frequency of alcohol consumption asked, "In a typical week, how many days do you have at least one drink containing alcohol?" The other two items assessed number of drinks consumed in one occasion. The questions asked, "How many drinks do you have on a typical day when you are drinking?" and "During the last 30 days, what was the highest number of drinks that you drank on any one occasion?"

Drunkorexia Measure (Burke, Cremeens, Vail-Smith, & Woolsey, 2010). Drunkorexia behaviors were measured with nine items adapted from Burke and colleagues (2010). To extend the construct, items were adapted to also examine the restriction of calories and fat prior to the drinking event. Six of the nine items were related to motivation for eating restriction when drinking. Examples of these items include, "How often do you restrict eating food before drinking in order to avoid gaining weight?" and "How often do you restrict eating food before drinking in order to feel the effects of alcohol better

or more?" Answers to these questions were coded on a 5-point Likert Scale (1 = "Never," 2 = "Seldom," 3 = "Sometimes," 4 = "Often," and 5 = "Very Often"). Within the current sample, the Cronbach's alpha was .89. Participants also responded to three items prompting them to consider the scenario "It is a typical Saturday during the school year. You know that you are going to a party tonight and that you will be drinking. Which of the following best describes how you would most likely eat that day?" Response options included: 1) "I would eat the same amount as I normally eat on any Saturday. The fact that I knew I would be drinking that night wouldn't change my eating behavior"; 2) "I would eat less than I normally eat if I knew I was going to be drinking that night"; and 3) "I would eat more that I normally eat if I knew I was going to be drinking that night." The same scenario was used to describe how students would/would not change the amount of fat intake and the amount of caloric intake in compensation for drinking alcohol.

College Life Alcohol Salience Scale (CLASS; Osberg et al., 2010). The CLASS assessed participants' beliefs regarding the centrality of alcohol consumption within the college context (Osberg et al., 2010). The CLASS consists of 15 items; each item includes the prompt "To what extent do you agree with the following statements based on alcohol use during college?" followed by statements such as "To become drunk is a college rite of passage" and "College is a time for experimentation with alcohol." Participants responded to items using a 5-point Likert scale with options including, "Strongly Disagree," "Disagree," "Neither Agree nor Disagree," "Agree," and "Strongly Agree." Internal consistency within the current sample was .90 ($M = 42.26$, $SD = 10.50$, range = 15.00 - 75.00).

Eating Attitudes Test (EAT; Garner, Olmsted, Bohr & Garfinkel, 1982). The EAT is a 26-item questionnaire used to measure abnormal eating habits and concerns about weight. The directions have the participants rate their intensity of attitudes toward food and weight concerns. The EAT is scored for a total score across all of the items (example items: "I am terrified about being overweight," "I vomit after I have eaten," and "Other people think I am too thin"). In addition, the EAT has three subscales: Dieting, Bulimia and Food Preoccupation and Oral Control. The EAT is scored with the responses involving never, rarely, or sometimes scored as zero, with responses of often, very often and always scored as 1, 2, and 3 respectively. A score exceeding 20 is considered an indicator of an eating disorder problem. In the present sample, Cronbach's alpha for the total scale was .93, with a mean and standard deviation of 8.45 and 9.61, respectively. The Cronbach's alpha, mean and standard deviation for the Dieting, Bulimia and Food Preoccupation and Oral Control subscales are in Table 1.

RESULTS

Eating and Alcohol Behaviors

Of those surveyed, 8.60% (n = 30) were completely unhappy with their weight, 35.24% (n = 123) were somewhat unhappy with their weight, 28.37% (n = 99) were somewhat happy with their weight, 14.61% (n = 51) were completely happy with their weight and 10.88% (n = 38) were neither happy nor unhappy with their weight. In addition, 24 participants met the criteria for a potential eating disorder (i.e., EAT $\geq$ 20).

Approximately, 88.3% (n = 308) of the sample reported consuming alcohol; participants' average age for their first alcoholic drink was 16.06 (SD = 2.35) years. In a typical week, participants reported drinking an average of 1.77 (SD = 1.41) days per week, consuming 4.01 (SD = 3.01) drinks in a typical day of drinking and consuming an average of 6.31 (SD = 5.33) drinks in a peak drinking occasion. The days of the week with the highest frequency of alcohol consumption were Thursday (n = 125, 35.8% of participants drank on this day), Friday (n = 219, 62.8% of participants drank on this day) and Saturday (n = 226, 64.8% of participants drank on this day). Correlations between the alcohol behaviors and other variables are in Table 1.

Examining Gender Differences and Differences across Greek Affiliation

Independent t-tests examined the study variables for gender differences. Male students typically consumed more alcohol and had a higher peak drinking occasion in the past 30 days than female students. Independent t-tests also examined the study variables for differences between Greek members and non-members. Greek members reported higher levels of alcohol consumption and CLASS. However, Greeks and non-Greeks did not differ across the scales of the EAT nor the drunkorexia measure. See Table 2 for mean, standard deviations, and t-tests.

Predicting Drunkorexia from the CLASS and Greek Affiliation

Several plausible models were examined due to the cross-sectional nature of the data. The relationships between the study constructs were assessed within a structural equation modeling framework using Mplus version 7.11 (Muthen & Muthen, 1998–2014). Models were examined using the following criteria: (1) theoretical salience, (2) global fit indices (chi-square goodness of fit, Comparative Fit Index, & Tucker-Lewis Index), (3) microfit indices (parameter estimates, Root Mean Squared Error of Approximation, and residuals), and (4) parsimony. Initial models examined the CLASS predicting

Greek affiliation and subsequently predicting alcohol use, EAT subscales and drunkorexia. These models did not fit the data as well as the model presented in Figure 1. In addition, the EAT Oral control was not correlated with any of the other constructs and was therefore excluded from the final model. The final model fit the data, $\chi^2(n = 344, 13) = 29.05$, CFI = .99, TLI = .98, RMSEA = .06. See Figure 1 for the parameter estimates.

DISCUSSION

Affiliation with a Greek society predicted embracing alcohol consumption and drunkorexia. Specifically, Greek affiliation and alcohol salience were related to higher levels of disordered eating and higher levels of drunkorexia. Heavy drinkers in high school are more likely to affiliate with Greek communities in college (Ham & Hope, 2003). Therefore, Greek communities may not cultivate these behaviors. Rather, it is possible heavier drinkers are attracted to these communities.

The CLASS (Osberg et al., 2010) and social Greek affiliation predicted the practice of restricting calorie consumption on drinking days even after accounting for alcohol consumption and aspect of disordered eating. Similar to previous research, some aspects of alcohol consumption relates to drunkorexia bivariately (Burke et al., 2010; Giles et al., 2012) and to the CLASS bivariately (Osberg et al. 2010). However peak alcohol consumption and drunkorexia were weakly related in the current sample. In contrast to previous studies (e.g., Burke et al., 2010; Giles et al., 2012), the current model controlled for levels of disordered eating separate from drunkorexia. Although drunkorexia is not a medical term (e.g., Chambers, 2008; Piazza-Gardner, & Burke, 2013), the relationship between drunkorexia and disordered eating is supported by one qualitative study (Peralta, 2002). When students were drinking, they discussed the calories of beer and fat intake and of controlling calories before drinking to avoid weight gain. In addition, Peralta (2002) found themes of friends' attempts to conform to weight norms by controlling food intake before drinking, so as to consume fewer calories.

Similar to previous research (e.g., Barry, 2007; Borsari et al., 2007), Greek affiliation was a strong predictor of alcohol consumption. Whether or not a student was part of a Greek organization predicted the CLASS or how central alcohol is to their college experience. Similar to Osberg and colleagues (2010), higher scores on the CLASS were bivariately related to alcohol consumption. Therefore, those who feel that alcohol is important or central to their collegiate experience also report higher drinking levels. However, this bivariate relationship disappears in the model. It is possible the relationship between

the CLASS and drunkorexia suppresses the impact of alcohol consumption. Further research is warranted to examine this effect.

Of particular interest is the relation between the CLASS and drunkorexia. Given the relative paucity of literature examining the CLASS, more research is needed to further examine how these concepts relate. It is plausible that drunkorexia and the relevance of alcohol to the college experience both assess an aspect of peer pressure or social conformity. Recent research has examined the motivation for drunkorexic behaviors (e.g., Roosen & Mills, 2015; Ward & Galante, 2015). Ward and Galante (2015) developed a measure of drunkorexia motives modeled after Cooper's (1994) drinking motives. After the measurement development process, aspects of conformity drinking motives were well-represented in the drunkorexia motives measure. It is possible that these conformity motives for the drunkorexia behavior also predict alcohol's salience to the college experience.

It is important to acknowledge limitations of the current study. Since the development of the study, more comprehensive measures of drunkorexia are now available (e.g., Rahal et al., 2012; Ward & Galante, 2015). These measures may be more sensitive to the entire range of behaviors included in the drunkorexia phenomenon (e.g., exercise, meal alteration). In addition, it is possible that Greek affiliation might be more appropriate as a moderator of the relationship between the CLASS and drunkorexia. Given the limited research examining these variables, this study suggests that further research is necessary to more fully examine this possibility. The sample is also cross-sectional which precludes causal inferences. Finally, the measures utilized in the current study were self-report. It is plausible participants may have tempered their answers to provide more socially desirable responses.

This study has several implications for college based intervention and prevention efforts. Specifically, the results seem to identify those who affiliate with Greek organizations or believe that alcohol is central to their college experience as particularly at risk for practicing drunkorexia behaviors. As mentioned above, drunkorexia behaviors in itself are high-risk practices, but are linked to a number of alcohol-related consequences. Given that students in Greek societies are considered a high-risk subgroup (Mallett et al., 2013), intervention efforts aimed at reducing drunkorexia behaviors (e.g., restriction of food intake prior to alcohol events) with these groups should be recommended. Brown-Rice et al. (2015) indicates that alcohol education interventions with members of Greek societies can change their perception.

In sum, the present findings suggest that Greek affiliation, alcohol's salience to the college experience, and restriction of food on drinking days are

related. It is plausible the subpopulation of college students involved in Greek societies embrace not only alcohol's role in their experience, but also methods for potentially reducing alcohol consumption's caloric impact. However, the practice of restricting alcohol consumption on drinking days is linked to higher levels of negative consequences (Giles et al., 2009). Therefore it is imperative that intervention and prevention efforts educate students and possibly target students in Greek associations about the deleterious effects of these practices.

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TABLE 1

Correlations, Means, Standard Deviations, and Cronbach's Alpha for Drunkorexia, CLASS, EAT, and Alcohol Items

	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Drunkorexia	-								
2. CLASS	.33[a]	-							
3. EAT – Dieting	.23[a]	.04	-						
4. EAT – Bulimia	.24[a]	-.03	.70[a]	-					
5. EAT – Oral Control	-.07	-.11	.53[a]	.49[a]	-				
6. EAT – Total	.19[a]	-.03	.95[a]	.83[a]	.72[a]	-			
7. Days per wk drinking	.12	.52[a]	-.16[b]	-.18[a]	-.11	-.18[a]	-		
8. Typical # of drinks	.02	.49[a]	-.07	-.10	-.09	-.09	.63[a]	-	
9. Peak Drinking	.14[b]	.52[a]	-.07	-.08	-.04	-.07	.73[a]	.85[a]	-
M	10.79	42.26	5.59	1.23	1.50	8.45	1.77	4.01	6.31
SD	5.58	10.50	5.90	2.54	2.44	9.61	1.41	3.02	5.33
Cronbach's Alpha	.89	.90	.92	.75	.77	.93	-	-	-

Note. [a] = $p < .01$ [b] = $p < .05$; CLASS = College Life Alcohol Salience Scale; EAT = Eating Attitudes Test

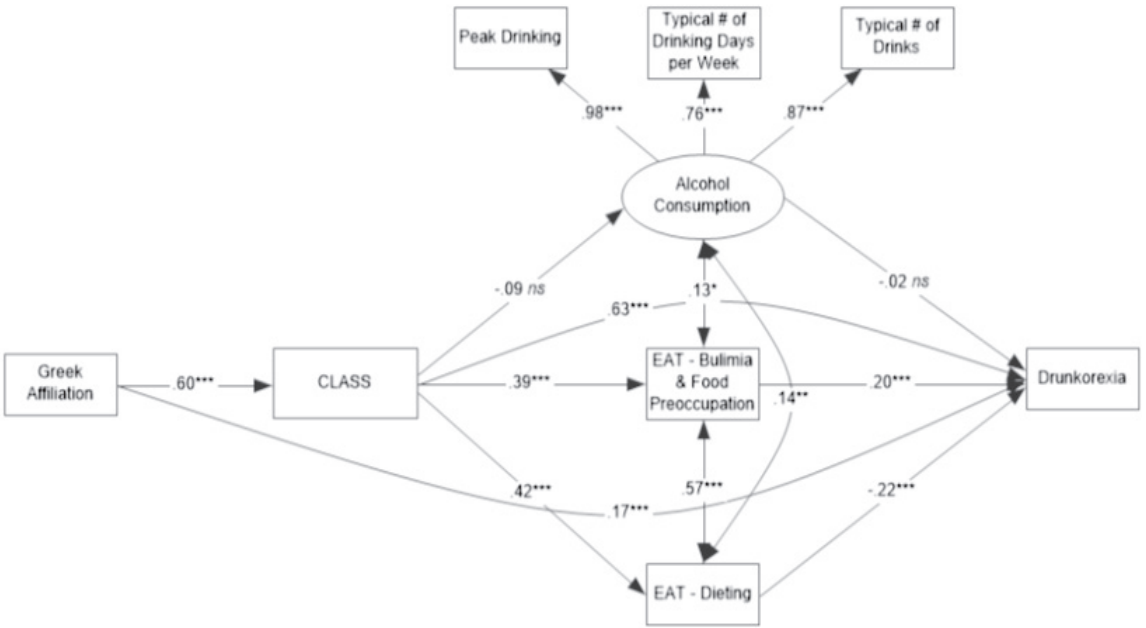
TABLE 2

Examining Gender Differences and Differences across Greek Affiliation

	Male	Female	t test
Number of Drinking Days per week	1.92 (1.61)	1.71 (1.33)	$t(330) = 1.15$, $p = .25$
Typical number of Drinks	5.21 (4.09)	3.57 (2.39)	$t(329) = 4.48$, $p < .001$
Peak Drinking Occasion	8.97 (7.66)	5.33 (3.79)	$t(328) = 5.70$, $p < .001$
CLASS	43.81 (10.83)	41.68 (10.34)	$t(231) = 1.34$, $p = .18$
EAT – Total	6.43 (6.63)	9.09 (10.36)	$t(214) = 1.75$, $p = .08$
EAT – Dieting	4.22 (3.76)	6.01 (6.40)	$t(221) = 1.97$, $p = .05$
EAT – Bulimia	.81 (1.85)	1.37 (2.72)	$t(228) = 1.45$, $p = .15$
EAT – Oral Control	1.33 (2.06)	1.57 (2.56)	$t(225) = .63$, $p = .53$
Drunkorexia	11.00 (5.75)	10.73 (5.54)	$t(214) = .31$, $p = .76$
	Greek	**Not Greek**	**t test**
Number of Drinking Days per week	2.51 (1.07)	1.33 (1.42)	$t(323) = 7.96$, $p < .001$
Typical number of Drinks	5.27 (2.58)	3.23 (3.02)	$t(322) = 6.23$, $p < .001$
Peak Drinking Occasion	8.57 (5.03)	4.92 (5.07)	$t(321) = 6.30$, $p < .001$
CLASS	46.73 (9.11)	40.15 (10.33)	$t(230) = 4.75$, $p < .001$
EAT – Total	7.97 (7.19)	8.78 (10.65)	$t(213) = .58$, $p = .57$
EAT – Dieting	5.74 (5.14)	5.57 (6.27)	$t(220) = .20$, $p = .84$
EAT – Bulimia	.89 (1.74)	1.40 (2.84)	$t(227) = 1.42$, $p = .16$
EAT – Oral Control	1.36 (1.60)	1.59 (2.76)	$t(224) = .66$, $p = .51$
Drunkorexia	11.32 (5.73)	10.51 (5.51)	$t(212) = 1.01$, $p = .31$

Note. CLASS = College Life Alcohol Salience Scale; EAT = Eating Attitudes Test

FIGURE 1



Note. * $p < .05$; ** $p < .01$; *** $p < .001$; *ns* = non-significant; EAT = Eating Attitudes Test; CLASS = College Life Alcohol Salience Scale