

Stress and Coping Among College Sorority Women

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Abstract

College students cope with a variety of stressors that affect their physical and mental health, including financial insecurity, academic performance, and post-graduation plans. Women report higher levels of stress than men in certain areas, particularly body image, academics, and self-esteem. Relationships with peers are an important source of support, exhibiting physical and psychological benefits as students cope with stress while in college. Greek organizations can provide a network of supportive relationships to college women, so it is no surprise that many female students join a social sorority in order to gain that sense of security and familial connection needed to succeed. As the semester progresses the sources of stress for sorority women change, as well, which calls for different coping strategies. Recognizing when members will be more stressed and how they cope can help chapter leaders to offer support to their members. The purpose of this study is to document sources of stress and coping mechanisms within sorority members.

Introduction

The transition from high school to college life is difficult for most students, especially when the move to college also involves leaving family behind, which cuts off a major source of support (Buote, Pancer, Pratt, Adams, Birnie-Lefcovitch, Polivy, & Wintre, 2007; Friedlander et al., 2007). In a survey of over 50,000 current college students, the ACHA National College Health Assessment (2019) found that 56.6% of students reported “more than average” or “tremendous” levels of stress. Among women in the sample, that proportion was even higher, with 61.5% reporting greater than average levels of stress. The effects of stress likely have implications for students’ overall health, including mental health challenges. The ACHA (2019) data indicate that 27.9% of female students had been diagnosed or treated by a professional for anxiety, 22.4% for depression, 19% for both depression and anxiety, and 14.8% for panic attacks. To combat the constant stress, support from a social network is crucial. Social support is defined as communication that makes a recipient feel loved and cared for, esteemed and valued, and gives them a sense of belonging (Cobb, 1976). Social support benefits physical and psychological health, and support from friends and romantic partners might be particularly protective for psychological health in college students (Lee & Dik, 2017). In search of the social support that they need to succeed, students may look to clubs and organizations on campus, including Greek organizations. Throughout the course of the semester, the sources of stress for college women is likely to change, and with these changes, their coping mechanisms will adapt, as well. This leads to three research questions:

RQ1: What stressors do sorority members report over the course of an academic semester?

RQ2: What coping strategies do sorority members report over the course of an academic semester?

RQ3: How do coping strategies correlate with health and well-being variables over the course of an academic semester?

Methods & Measures

Procedures

Data for this study were collected as part of a longitudinal project investigating three social sororities on the campus of a small liberal arts university in the Midwest. All data collection procedures and instruments were approved by University IRB. Interested participants were instructed to email an address created for the study and were given a participant code and password to use once the surveys were opened. From there, participants received emails with a link to the online survey, and reminder emails were sent on the fourth, eighth, and twelfth day, with a final invitation to complete the survey on the fourteenth day. After completing the questionnaire, participants emailed a completion code to the survey email address to document their participation. Sorority members received service hour credits with their organization for each phase of participation.

Participants

Seventy sorority members participated in phase 1, 51 participated in phase 2, and 42 participated in phase 3. The age range of the sample was 18-22 years ($M = 19.96$, $SD = .96$). Participants reported their race as Caucasian/White (91.4%), Hispanic/Latina (5.7%), Asian American/Asian (4.3%), African American/Black (2.9%), Greek (1.4%), or other (1.4%). When asked if involved in a romantic relationship, 48.6% were single, 37.1% were in a serious dating relationship, 11.4% were in a casual dating relationship, and 2.9% indicated Other. In terms of sexual orientation, 61.4% identified as Straight/Heterosexual, 11.5% identified as Bisexual, 1.4% identified as Demi-Sexual, 1.4% identified as Lesbian, and 1.4% identified as Queer.

Measures

Participants responded to several open- and closed-ended measures. In these analyses, we consider open-ended reports of stressors, quantitative assessments of severity of stressors, and responses to established scales of coping (Carver et al., 1989), stress (Cohen, Kamarck, & Mermelstein, 1994), resilience (Smith et al., 2008), relational load (Afifi, Zamanzadeh, Harrison, Torrez, 2020, overall health (Hays, Sherbourne, & Mazel, 1993), and mental health (Kroenke, Spitzer, Williams, & Löwe, 2009).

Results

Table 1
Frequency, percentages, and mean severity of each stressor

	Phase 1			Phase 2			Phase 3		
	Frequency	Percent	Mean Severity	Frequency	Percent	Mean Severity	Frequency	Percent	Mean Severity
1.Academics	87	24.9	3.12 (1.17)	60	24.7	3.41 (1.34)	55	27.6	3.45 (1.32)
2.Family	32	9.1	2.22 (1.32)	15	6.2	2.67 (1.74)	27	13.6	2.02 (1.20)
3.Professional	18	5.1	2.21 (1.21)	11	4.5	2.22 (0.87)	8	4.0	3.25 (0.80)
4.Future	25	7.1	2.64 (1.67)	17	7.0	3.00 (1.48)	14	7.0	2.61 (1.54)
5.Romantic Relationships	18	5.1	2.91 (1.36)	11	4.5	3.91 (1.22)	5	2.5	2.87 (1.84)
6.Social	45	12.9	2.50 (1.43)	37	15.2	2.22 (1.32)	32	16.1	2.36 (1.38)
7.Health	47	13.4	2.92 (1.38)	36	14.8	2.90 (1.19)	26	13.1	3.00 (1.18)
8.Financial	18	5.1	2.50 (1.48)	14	5.8	3.38 (0.83)	14	7.0	3.36 (1.10)
9.Balance	51	14.6	2.75 (1.25)	37	15.2	3.19 (1.37)	17	8.5	2.82 (1.55)
10.Society	2	.6	2.25 (0.35)	3	1.2	1.83 (0.29)	0	0.0	-
11.Spiritual	1	.3	3.00 (n = 1)	2	.8	1.75 (0.35)	1	.5	2.00 (n = 1)

Figure 1

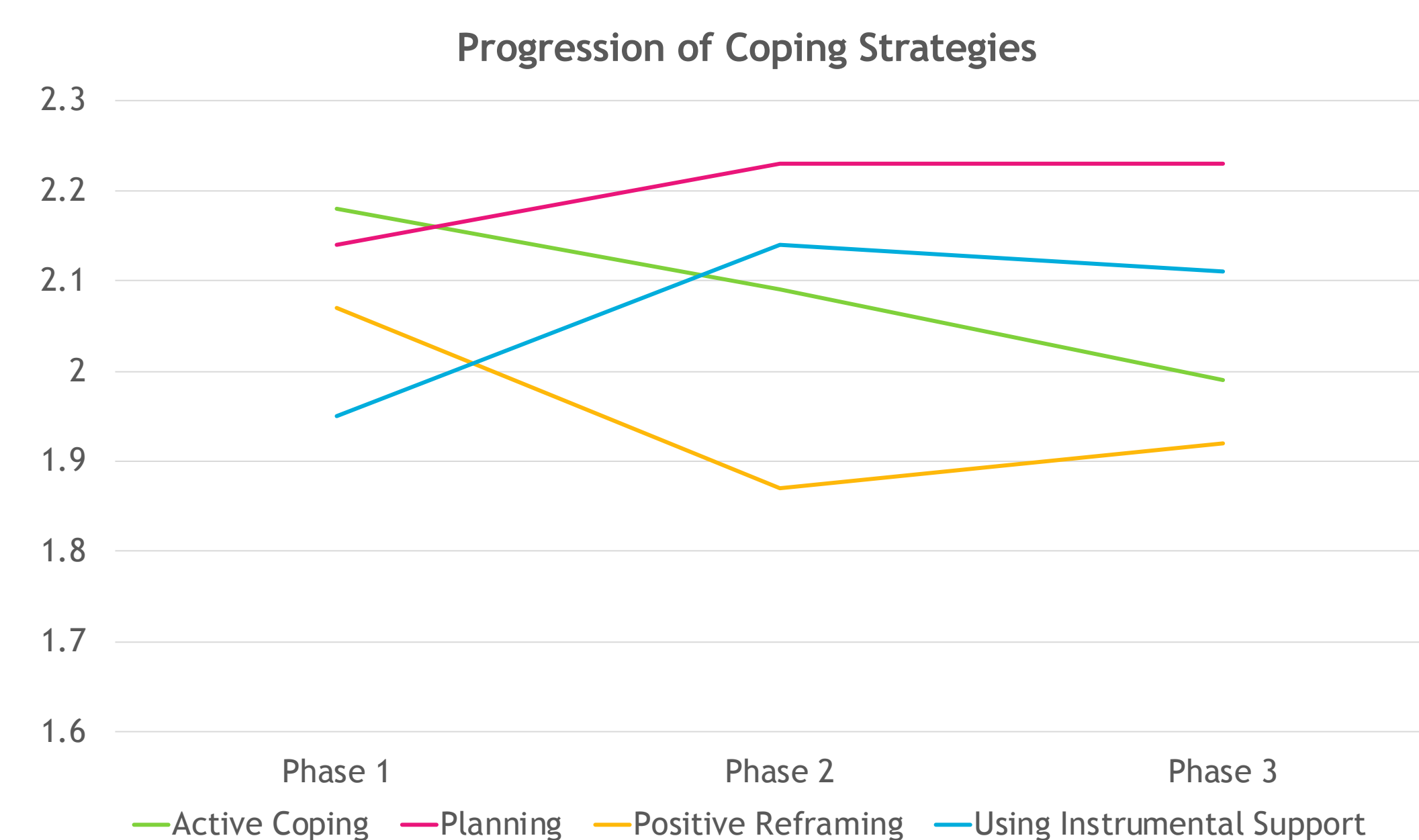


Table 2

Correlations between coping items and stress, resilience (T1/T3), relational load (T1/T3), overall health, mental health

Item	DV	T1	T2	T3
Active Coping				
I've been concentrating my efforts on doing something about the situation I'm in	Stress			-.36*
	Mental Health			.33*
I've been taking action to try to make the situation better.	Stress	-.25*		
	Resilience	.27*		
Positive Reframing				
I've been looking for something good in what is happening.	Stress		.29*	
	Relational Load	-.25*		
	Overall Health		.46**	
	Mental Health	.24*	.45**	.32*

Discussion

RQ1: What stressors do sorority members report over the course of an academic semester?

- The stressors that participants listed at each point of the study were coded into 11 categories (Krippendorff's alpha across three phases: .91-.96) that are shown in Table 1.
- Over the course of the three phases, these 11 categories consistently appeared as sources of stress, with the frequency and severity varying over time.
- The most frequently reported source of stress was academics.

RQ2: What coping strategies do sorority members report over the course of an academic semester?

- The brief COPE scale (Carver et al., 1989) measured how participants coped with stress. The measure includes 28 items which consists of 14 coping strategies with two items for each category.
- Out of the 14 categories, some were more frequently used, such as those shown in Figure 1.
- As shown in Figure 1, coping strategies fluctuated over the course of the semester, possibly due to levels of stress, or because different sources of stress called for different coping mechanisms.

RQ3: How do coping strategies correlate with health and well-being variables over the course of an academic semester?

- Correlations exist between coping strategies used by participants and the well-being variables of stress, resilience, relational load, overall health, and mental health.
- For example, Active Coping proved to have a negative correlation to levels of stress and a positive correlation to mental health. Similar correlations can be seen in other categories, such as with Denial, where there is a positive correlation to stress.
- From these data we can assert that the category of coping strategy does correlate to certain health and wellness variables.

Coping strategies used by sorority women correlate to their levels of stress, resilience, relational load, overall health and mental health. Through these data we can clearly see the kinds of stressors that sorority women are currently coping with and how those stressors change in frequency and severity over the course of a semester. We can also see what coping strategies sorority women employ to deal with their sources of stress and how these coping mechanisms correlate to certain aspects of their health and well-being as the semester progressed. If sorority leadership were to explore these data, it may help them to formulate programming that is tailored around the coping strategies that are correlated with higher levels of mental and physical health in order to help women maintain their overall well-being.

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