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## The Role of Fraternity/Sorority Affiliation in Supporting College Student Mental Health and Wellness

Meghan M. Grace  
*Plaid, LLC.*

Amanda E. Assalone  
*University of Tennessee, Knoxville*

Hannah M. Johnson  
*University of Tennessee, Knoxville*

Britta L. Svoboda  
*University of Tennessee, Knoxville*

J. Patrick Biddix  
*University of Tennessee, Knoxville*

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Grace et al.: The Role of Fraternity/Sorority Affiliation in Supporting College  
THE ROLE OF FRATERNITY/SORORITY AFFILIATION IN SUPPORTING  
COLLEGE STUDENT MENTAL HEALTH AND WELLNESS

MEGHAN M. GRACE, ED.D., AMANDA E. ASSALONE, PH.D., HANNAH M. JOHNSON PH.D.,  
BRITTA L. SVOBODA, M.ED., J. PATRICK BIDDIX, PH.D.

*Mental health is a growing concern in the United States, even more exacerbated by the recent COVID-19 pandemic. Mental health among youth and young adult populations has also received attention in recent years. However, prior research suggests a higher sense of social support among active members of the fraternity/sorority community is associated with lower depression levels. The extent to which fraternity/sorority involvement helps address mental health among members is theorized but not demonstrated in the research. Using large-scale data, this study examined mental health experiences and behaviors of the fraternity/sorority community and compared results with unaffiliated students. Findings suggest students in the fraternity/sorority community report higher levels of positive mental health.*

*Keywords: Mental health, wellbeing, fraternity/sorority members, student involvement*

Receiving considerable attention in recent years, mental health has become a growing concern in the United States. Issues such as anxiety, depression, stress, and loneliness are particularly prevalent among college students. Over the past decade, college counseling centers have reported an increase in the number of students seeking counseling services and those with serious psychological problems (Center for Collegiate Mental Health, 2017). According to the 2016 Annual Report published by the Center for Collegiate Mental Health, which collects data from over 500 institutions nationwide, students with “threat to self” characteristics and students with diagnosed anxiety and depression both increased for the sixth year in a row (Center for Collegiate Mental Health, 2017, p. 1).

Astin’s (1984) theory of student involvement suggests that student involvement, conceptualized as the investment of psychosocial and physical energy, in

the higher education setting correlates to student development, as well as potential success and satisfaction. According to this theory, the amount a student develops from being involved is proportional to the extent of their involvement (Astin, 1984). Furthermore, academic performance is directly correlated with involvement which suggests that extracurricular or academic involvement may be correlated to mental health (Astin, 1984).

Fraternities and sororities provide opportunities for such involvement focused on growth and development, including personal and professional support and meaningful connections. Research suggests a higher sense of social support among fraternity and sorority members is associated with lower depression levels (Chartoff, 2017). The extent to which fraternity and sorority involvement helps address mental health among active members is theorized but not demonstrated in the research. Furthermore, there are mixed findings regard-

ing mental health help-seeking behaviors and stigma regarding gender identity (Vidourek et al., 2014), and little research that compares the differences in mental health experiences and behaviors among fraternity and sorority members to students who are not affiliated with the organizations.

### Significance and Purpose of Study

College presents a time when many students go through various forms of identity development. They also face substantial academic, parental, social, financial, and cultural pressures, both internally in post-secondary institutions and externally in society (Kadison & DiGeronimo, 2004). Current trends show that college student mental health needs are increasing exponentially (Oswalt et al., 2020), and higher education administrators must learn how to best support the mental health needs that exist within an increasingly diverse student population (Center for Collegiate Mental Health, 2019). Research shows that involvement in college increases social support and sense of belonging to an institution (Braxton et al., 2014), which affect the overall mental health of a student (Gopalan & Brady, 2019). This study investigates the mental health experiences among active undergraduate fraternity and sorority members in relation to unaffiliated undergraduate students.<sup>1</sup>

This study aims to:

1. Understand the mental health experiences of the undergraduate fraternity/sorority community, including issues such as anxiety, depression, stress, and loneliness;
2. Explore the help-seeking behaviors of the undergraduate fraternity/sorority community, including the assessment, awareness of, and use of mental health resources; and
3. Compare the mental health experiences and behaviors of the undergraduate

fraternity/sorority community and their unaffiliated peers.

The purpose of the study is to better understand possible correlations between mental health issues and involvement in the fraternity/sorority community. Specifically, the study aims to understand if any correlations exist between involvement in the fraternity/sorority community and mental health concerns for college students.

### Literature Review

Trends in college student mental health data show an increasing presence of anxiety, depression, and suicide ideation in the college student population (Oswalt et al., 2020). Congruently, many individuals experience the first onset of mental health issues or substance abuse problems while attending college (Pedrelli et al., 2015). One-third of college counseling centers report an increased use in services by an average of 30-40% and a four-year growth trend is seen in students presenting or reporting signs of anxiety and depression (Center for Collegiate Mental Health, 2020). While it seems more students are struggling with mental health, more students are also seeking help for mental health concerns. The Center for Collegiate Mental Health (2017) noted that “Rapidly rising demand, paired with risk and flat funding, seem to be making it increasingly difficult for counseling centers to maintain treatment capacity for students who need it” (p. 5).

The World Health Organization (WHO) data notes the most prevalent disorders among college students are anxiety disorders (Auerbach et al., 2016). Additionally, the American College Health Association (ACHA) surveys conducted from 2009 to 2015 demonstrate a major increase in the diagnosis and treatment for anxiety, ADHD, depression, insomnia, OCD and panic attacks at college counseling centers (Oswalt et al., 2020). Students who enter

<sup>1</sup> The analysis conducted for this study was financially sponsored by a grant provided by the Foundation for Fraternal Excellence.

higher education with mental health disorders are associated with reduced odds of graduating from higher education, and only a small percentage of students receive adequate care for mental health disorders during their time in college (Auerbach et al., 2016). The data also show a 4.9% increase in mental health service utilization (Oswalt et al., 2020). Studies show that 50-80% of college students who report struggling with mental health issues do not seek treatment (Oswalt et al., 2020). This highlights a concerning gap that exists between students who experience mental health concerns, increased demand for services, and those who are seeking services for mental health support.

Mental health issues impact students by influencing academic performance, well-being, and quality of life (Prince, 2015; Oswalt et al., 2020). However, student mental health concerns also impact the campus community at large (Prince, 2015). Large-scale crises, such as suicide, can be traumatic for the campus community and impact an institution's reputation (Prince, 2015). Due to the rise in mental health concerns among college students, many campuses have implemented behavioral intervention committees to support distressed students (Prince, 2015). Practitioners, counseling staff, and other systems of support come together to develop the best methods of support and promote academic success for students who are struggling with mental health issues. The Center for Collegiate Mental Health annual report indicates that students with a higher sense of belonging or who are involved in campus activities visit college counseling centers less frequently than students who are less involved (Center for Collegiate Mental Health, 2019). Further, research on student persistence finds that students who are academically motivated are likely to report greater levels of social integration, which not only supports coping with stress, but also increases the likelihood of persistence (Braxton et al., 2014). This research

suggests that students who are involved with campus tend to have greater sense of belonging, social support, and academic success, which promotes a positive mental health environment.

Offering an opportunity for student involvement, around 800 institutions across the United States and Canada have fraternities and sororities on campus (North American Interfraternity Conference, 2021). The missions of these organizations often include promoting leadership, encouraging personal and social development, and facilitating academic success, yet the organizations frequently receive negative attention from student affairs staff, faculty, and the media (DeSantis, 2007). Additionally, increased feelings of academic success are associated with decreased mental health symptoms, and first-year students involved in the fraternity/sorority community have a statistically significant higher GPA than students who are not involved in this community (DeBard & Sacks, 2011; Sasso, Biddix, & Miranda, 2020). Regardless, involvement in the fraternity and sorority community is generally associated with positive outcomes, such as higher self-esteem, greater sense of belonging, and increased sense of autonomy (Paxton & Moody, 2003). Involvement in fraternities and sororities is associated with increased student engagement and increased satisfaction with the college experience (Pike, 2020), both of which have grounds for supporting student retention and graduation.

The positive benefits of fraternity and sorority membership do not occur by accident due to the innately social nature of these organizations. The responsibility of supporting and committing to caring for fellow members is a common focus of fraternities and sororities, in which promoting brotherhood and sisterhood is a hallmark of the experience of many fraternal organizations. For example, a qualitative study exploring the role of peer educators in sororities found that serving as a resource,

support system, and role model for fellow members is an important and often welcomed identity chapter members assume, especially through leadership positions (Elam-Geuting, 2016). Focused attention on social support is central to fraternity and sorority membership, which provides opportunities for students to seek and experience social support that can facilitate positive benefits related to student development and mental health.

To date, little research has been conducted on the influence of participation in fraternity and sorority communities on mental health concerns in college students. Existing literature indicates increased social support and sense of belonging to an institution (Gopalan & Brady, 2019), both aspects of fraternity and sorority membership (Biddix, Matney, Norman, & Martin, (2014), lead to positive impacts on a student's mental health. Therefore, it is hypothesized that fraternity and sorority membership will be associated with more positive mental health, such as lower rates of diagnosis, increased rates of help-seeking behaviors, and higher awareness and more positive assessment of mental health support on campus.

### Methodology

For this study, statistical analyses were employed to examine large-scale data related to the current status of mental health experiences and behaviors of fraternity and sorority members and provide a comparison with unaffiliated students. The data insights presented in the results are generated from analysis conducted on the 2018-2019 Healthy Minds Study, which is an annual survey that explores mental health, service utilization, and other issues related to student mental health (Healthy Minds Network, 2021). The Healthy Minds Study dataset was chosen for this study due to the content, construct, and criterion validity the instrument presents. The data gathered in this survey provide details about the mental health experiences of students using

psychological health screening tools developed and used by medical professionals along with items allowing for self-reported experiences. The primary instrument scales utilized in analysis--the Flourishing Scale, General Anxiety Disorder Scale, and Patient Health Questionnaire Scale--present ample validity as they are commonly utilized in other health instruments and clinical settings.

The 2018-2019 sample initially included 78 participating institutions. Because four-year colleges and universities comprise host institutions for fraternal organizations, the sample was narrowed to include only students who were pursuing a bachelor's degree. This sample was narrowed by filtering the dataset using the degree program demographic variable to identify students pursuing bachelor's degrees. The focus on bachelor's degree-seeking students is intended to align with most fraternal organizations in which the majority of members join during their undergraduate studies. The total number of student respondents included in the analysis was 41,302. The number of students responding to each item varied due to institutions including optional question blocks or students opting to not respond. Specific response totals are included in Appendix A.

This study involved one-way analysis of variance (ANOVA), t-tests, and cross-tabulation analysis. An initial significance level of 95% ( $p > 0.05$ ) was utilized to conduct analyses. A Bonferroni correction was utilized to minimize Type I errors, in which an adjusted p-value of 0.007 was utilized to determine significance.

### Measures

#### *Fraternity or Sorority Affiliation*

The Healthy Minds Study instrument asks students to indicate which extracurricular activities they participate in at their school and provides an opportunity for respondents to select all that apply. For the purposes of this study, affiliation with a fraternity or sorority organization was

determined if a respondent selected the fraternity or sorority option from the extra-curricular involvement list. This variable was the only identifier available related to fraternity and sorority affiliation and the instrument does not allow for further understanding of the type of fraternity or sorority of which respondents are members. Due to this constraint, further deducing affiliation of a fraternity or sorority organization to a specific council (i.e., the National Pan-Hellenic Council, North American Interfraternity Conference, National Panhellenic Conference, or National Multicultural Greek Council) was not possible.

**Gender Identity**

As fraternity and sorority organizations were founded to provide community and environments for brotherhood and sisterhood, understanding gender identity in the college experience was an important part of this study. For this study, gender identity was constructed using the instrument variable “What is your gender identity?” Within the Healthy Minds instrument, respondents were able select their gender identity from the following options: Male, Female, Trans Male/Trans Man, Trans Female/Trans Man, Gender queer/Gender non-conforming, or self-identify with an open-ended option for specification.

To ensure alignment with membership policies of fraternities and sororities, which often state membership is open to eligible students who identify as a man or

a woman, students who identified as male or female, regardless of cisgender or transgender identity, were included in those respective variable groups (See Table 1). For this study, a non-binary gender identity category was created to be inclusive of respondents who identify as genderqueer, gender non-conforming, or who self-identified another gender identity.

**Positive Mental Health**

Positive mental health is categorized and measured in the Healthy Minds Study utilizing the Flourishing scale, an 8-item summary measure of self-perceived success in areas of relationships, self-esteem, purpose, and optimism and is used as a psychological well-being score (Diener et al., 2009). Respondents scored each item with a 7-point agreement scale with 1 indicating “strongly disagree” and 7 indicating “strongly agree”. The Flourishing positive mental health score has a maximum composite score of 56, in which the higher the score indicates more positive mental health reported by respondents. The composite positive mental scores provided by respondents are the basis of analysis of understanding positive mental health experiences for students in this study. The Flourishing scale composite scores are generated and calculated by the Healthy Minds Study. In comparison with other psychological well-being scores, the Flourishing Scale has shown high reliability and ample validity when used as an assessment

**Table 1**  
*Gender Identity and Affiliation*

	Affiliated		Unaffiliated		Full Sample	
	n	%	n	%	n	%
Men	1977	34.2	11357	31.9	13334	32.3%
Women	3765	65.2	23445	66	27210	65.9%
Non-Binary	26	0.4	701	1.9	727	1.8%



of self-reported psychological well-being among college students (Deiner et al., 2009). The reliability and validity of the Flourishing Scale supports the strength of the Healthy Minds Study instrument.

### **Depression**

Depression is categorized and assessed in the Healthy Minds Study using the Patient Health Questionnaire (PHQ-9), which is a self-administered diagnostic instrument for mental disorders that categorizes depression from minimal to severe (Kroenke et al., 2001). The PHQ-9 included in the Healthy Minds Study dataset creates a composite score from nine questions, in which respondents report frequency of depression-related experiences in the prior two weeks on a 4-point scale ranging from “Not at all” to “Nearly every day”. The responses to these nine questions create a composite score with a total of 27, in which a higher score represents more severity in depression. The PHQ-9 categorizes depression in the following composite score scale: 0-4=minimal depression, 5-9=mild depression, 10-14=moderate depression, 15-19=moderately severe depression, 20-27=severe depression. The PHQ-9 composite scores are generated and calculated by the Healthy Minds Study. The reliability and validity of the PHQ-9 as a diagnostic tool was tested and confirmed in multiple clinical studies (American Psychological Association, 2020). The reliability and validity of the PHQ-9 scale supports the strength of the Healthy Minds Study instrument.

### **Anxiety**

Anxiety is categorized in the Healthy Minds Study using the Generalized Anxiety Disorder scale (GAD-7), which is used to diagnose and assess the severity of anxiety disorder (Jordan et al., 2017). Similar to the PHQ-9, the GAD-7 creates a composite score, but uses scores from seven items that focus on frequency of anxiety related experiences in the prior two weeks. The GAD-7 also uses a 4-point scale for

frequency ranging from “Not at all” to “Nearly every day”. The responses to these seven questions create a composite score with a total of 21, in which a higher score represents more severity in anxiety. The GAD-7 categorizes anxiety in the following score scale: 0-4=no signs of anxiety, 5-9=mild anxiety, 10-14=moderate anxiety, 15-21=severe anxiety. The GAD-7 composite scores are generated and calculated by the Healthy Minds Study. The GAD-7 also presents good validity and reliability as an instrument to screen for anxiety disorders (Spitzer et al., 2006). The validity and reliability of the GAD-7 supports the rationale for the use of the Healthy Minds Study as the basis of understanding student experiences with anxiety.

### **Knowledge of Campus Resources and Perception of Campus Resources**

The variables of knowledge of campus resources and perception of campus resources were measured using a 6-point agreement Likert scale. Knowledge of campus resources was measured with one question asking if students knew where to find resources on campus if they were experiencing a mental health concern. Perception of campus resources was measured by asking students if they agreed that there was a good support system on campus for students experiencing a mental health concern. A higher means score indicates greater knowledge of resources or a more positive perception of campus resources.

## **Results**

Through comparison with unaffiliated students, the following findings highlight the mental health experiences and perspectives of students in the fraternity/sorority community, as well as the differences in mental health experiences when considering gender identity. All analysis was conducted utilizing an adjusted critical p-value of 0.007 to make assumptions of significant findings. The Healthy Minds Study instrument was developed in collaboration

with mental health and substance abuse experts and includes previously validated instruments, such as the Patient Health Questionnaire and the Generalized Anxiety Disorder scale (Healthy Minds Study, 2019). The widely used nature of the Healthy Minds Study instrument, coupled with its design guided by previously validated instruments, provides rationale for the validity of the findings in this study.

Students indicating membership in the fraternity/sorority community reported higher positive mental health scores. These students also reported lower mean scores related to depression and anxiety. Significant differences were not observed for mean anxiety scores when considering affiliation and gender. Students involved in the fraternity/sorority community have lower lifetime diagnosis of depression by a medical professional, but higher lifetime diagnosis of anxiety. Interestingly, students involved in the fraternity/sorority community have higher rates of lifetime use of therapy or counseling but had lower rates of current use of therapy or counseling. Students involved in the fraternity/sorority community had a higher positive rating of campus support systems but lower knowledge of where to go to access mental health services if needed. This was consistent for affiliated men and affiliated women in comparison to their unaffiliated peers of similar gender identities but was not consistent for affiliated non-binary students. Significant differences were not observed for mean anxiety scores when considering affiliation and gender.

### Positive Mental Health

A one-way analysis of variance (ANOVA) of respondent scores on the Flourishing scale showed significant differences in mean psychological well-being scores between gender identities among the full student population,  $F(2,39465)=210.279$ ,  $p < .001$  (Appendix A-Table 1). Post-hoc analysis through Tukey HSD conducted on the full undergraduate student population in the sample indicate women have statistical-

ly significantly higher mean psychological well-being scores ( $M=44.270$ ,  $SD=8.177$ ) than men ( $M=43.520$ ,  $SD=8.816$ ) and non-binary students ( $M=37.980$ ,  $SD=9.308$ ).

Students who indicated affiliation with a fraternity or sorority had a statistically significant *higher mean psychological well-being score* ( $M=45.56$ ,  $SD=7.66$ ) than unaffiliated students ( $M=43.64$ ,  $SD=8.54$ ),  $t(8096)=17.015$ ,  $p < .001$  (Appendix A-Table 2). When considering fraternity or sorority affiliation and gender identity (Appendix A-Table 3), independent sample t-tests indicate fraternity-affiliated men reported statistically significantly higher mean psychological well-being scores ( $M=45.22$ ,  $SD=8.052$ ) than unaffiliated men ( $M=43.22$ ,  $SD=8.912$ ). Similarly, sorority-affiliated women reported statistically significantly higher mean psychological well-being scores ( $M=45.770$ ,  $SD=7.421$ ) than their unaffiliated women peers ( $M=44.020$ ,  $SD=8.268$ ). There was no statistically observable difference in the mean psychological well-being scores between affiliated ( $M=41.240$ ,  $SD=9.917$ ) and unaffiliated non-binary students ( $M=37.980$ ,  $SD=8.546$ ).

### Depression

A one-way ANOVA showed significant differences in mean depression scores between gender identities among the full undergraduate student population in the dataset,  $F(2,29323)=292.19$ ,  $p < .001$  (Appendix A-Table 4). Post-hoc analysis through Tukey HSD conducted on the full undergraduate student population indicate undergraduate women reported statistically significantly higher mean depression scores ( $M=8.89$ ,  $SD=6.244$ ) than undergraduate men ( $M=7.69$ ,  $SD=6.117$ ). However, non-binary students ( $M=13.54$ ,  $SD=6.949$ ) reported statistically significantly higher mean depression scores than women ( $M=8.89$ ,  $SD=6.244$ ) and men ( $M=7.69$ ,  $SD=6.117$ ).

Students who indicated affiliation with a fraternity or sorority had a statistically significant *lower mean depression score*



( $M=7.97$ ,  $SD=5.756$ ) than students who reported being unaffiliated ( $M=8.70$ ,  $SD=6.353$ ),  $t(5657.213)=7.29$ ,  $p < .001$  (Appendix A-Table 5). When considering fraternity or sorority affiliation and gender (Appendix A-Table 6), independent sample t-tests indicate sorority-affiliated women reported statistically significantly *lower mean depression scores* ( $M=8.27$ ,  $SD=.115$ ) than their unaffiliated women peers ( $M=8.99$ ,  $SD=.6308$ ). There were *no statistically observable differences* in the mean depression scores between affiliated men ( $M=7.40$ ,  $SD=5.66$ ) and unaffiliated men ( $M=7.75$ ,  $SD=6.197$ ). Statistically observable differences were *not observed* between affiliated ( $M=13.56$ ,  $SD=7.905$ ) and unaffiliated non-binary students ( $M=13.54$ ,  $SD=6.923$ ). However, the mean scores of non-binary students, regardless of affiliation, falls within the moderate depression (scores between 10-14) category using the PHQ-9 scale. Whereas, mean depression scores among men and women, regardless of affiliation, fell within the mild depression range (scores between 5-9).

Additionally, cross-tabulation analysis indicates a smaller portion of students affiliated with fraternities and sororities (18.9%) have been diagnosed with depression by a medical professional than unaffiliated students (20.6%) (Appendix A-Table 7). When considering the intersection of gender identity and affiliation, a smaller portion of affiliated students have been diagnosed with depression by a medical professional.

### Anxiety

One-way ANOVA showed significant differences in mean anxiety scores between gender identities among the full undergraduate student population in the dataset,  $F(2,29011)=519.351$ ,  $p < .001$  (Appendix A-Table 8). Post-hoc analysis through Tukey HSD conducted on the full undergraduate student population indicate undergraduate women reported statistically significant higher mean anxiety scores ( $M=8.040$ ,  $SD=5.73$ ) than undergraduate

men ( $M=5.97$ ,  $SD=5.28$ ). However, non-binary students ( $M=10.70$ ,  $SD=5.96$ ) reported statistically significant higher mean anxiety scores than both women ( $M=8.04$ ,  $SD=5.73$ ) and men ( $M=5.97$ ,  $SD=5.28$ ).

Students who indicated affiliation with a fraternity or sorority had a statistically significant *lower mean anxiety score* ( $M=7.21$ ,  $SD=5.51$ ) than students who reported being unaffiliated ( $M=7.47$ ,  $SD=5.72$ ),  $t(5394.379)=2.78$ ,  $p=.005$  (Appendix A-Table 9). However, independent sample t-tests indicate no statistically significant observable differences in mean anxiety scores exist between affiliated and unaffiliated students when gender identity is considered (Appendix A-Table 10). Additionally, the mean scores of non-binary students, regardless of affiliation, falls within the moderate anxiety (scores between 10-14) category using the GAD-7 scale. Whereas, mean anxiety scores among men and women, regardless of affiliation, fell within the mild anxiety range (scores between 5-9).

Further, cross-tabulation analysis indicates a *larger* portion of students affiliated with fraternities and sororities (25.7%) were diagnosed with anxiety by a medical professional at some point in their life than unaffiliated students (24.5%) (Appendix A-Table 11). When considering the intersection of gender identity and affiliation, a slightly larger portion of affiliated men and women were diagnosed with anxiety by a medical professional, while a slightly lower portion of affiliated non-binary students were diagnosed with anxiety compared to unaffiliated non-binary peers.

### Perception and Use of Services

#### Use of Services

Cross-tabulation analysis found that a *larger* portion of students affiliated with fraternities and sororities (47.9%) report having used therapy or counseling services at some point in their lifetime than unaffiliated students (45.4%) (Appendix A-Table 12). However, among those who reported

ever using therapy or counseling, a *smaller* portion of students affiliated with fraternities and sororities are currently doing so (42.3%) compared to unaffiliated students with prior use of therapy or counseling (46.9%) (Appendix A-Table 13). This equates to roughly 13% of all students affiliated with fraternities and sororities and 14% of unaffiliated students currently using therapy or counseling. The findings of current use of counseling or therapy are drawn from analysis of students who reported having used counseling or therapy at some point in their lives.

### ***Perceived Need for Help with Emotional or Mental Health Problems***

A one-way ANOVA showed significant differences in perceived need for help with emotional or mental health problems between gender identities among the full undergraduate student population in the dataset,  $F(2,37730)=851.513$ ,  $p < .001$  (Appendix A-Table 14). Post-hoc analysis through Tukey HSD conducted on the full undergraduate student population indicate undergraduate women reported a statistically significantly higher perceived need for help for emotional and mental health problems ( $M=4.06$ ,  $SD=1.788$ ) than men ( $M=3.31$ ,  $SD=1.839$ ). However, non-binary students ( $M=4.98$ ,  $SD=1.470$ ) reported statistically significant higher mean anxiety scores than women ( $M=4.06$ ,  $SD=1.788$ ) and men ( $M=3.31$ ,  $SD=1.839$ ).

There was *not a statistically significant difference* observed between fraternity and sorority affiliated students ( $M=3.86$ ,  $SD=1.81$ ) and unaffiliated students ( $M=3.83$ ,  $SD=1.84$ ) in regard to perceived need for help with emotional or mental health concerns in the last 12 months,  $t(37756)=.931$ ,  $p=.352$  (Appendix A-Table 15). Additionally, independent sample t-tests indicate no statistically significant observable differences in perceived need for professional help for emotional or mental health issues between affiliated and unaffiliated students when considering gender identity. While fraternity and sorority af-

iliation does not appear to influence a significant difference between gender identity peer groups (i.e., affiliated vs. unaffiliated women) in terms of perceived need for professional help for emotional or mental health concerns, the significant differences among students of different gender identities in the full population related to perceived need for help should be noted and of concern.

### ***Knowledge of Campus Support Resources***

A one-way ANOVA showed significant differences in knowing where to go for mental or emotional help on campus between gender identities among the full undergraduate student population in this study dataset,  $F(2,37010)=53.21$ ,  $p < .001$  (Appendix A-Table 16). Further analysis using independent sample t-tests conducted on the full undergraduate student population indicate undergraduate men reported statistically significant higher means in knowing where to go for mental or emotional help on campus ( $M=2.570$ ,  $SD=1.448$ ) than women ( $M=2.400$ ,  $SD=1.395$ ) and non-binary students ( $M=2.43$ ,  $SD=1.484$ ). No statistically significant difference was observed between women ( $M=2.400$ ,  $SD=1.395$ ) and non-binary students ( $M=2.43$ ,  $SD=1.484$ ) regarding knowing where to go on campus to get help for emotional or mental health concerns.

When considering affiliation, there are statistically significant differences between fraternity and sorority affiliated students and unaffiliated students with *unaffiliated students reporting higher mean scores* ( $M=2.5$ ,  $SD=1.43$ ) of knowing where to go to seek professional help on campus than members of fraternities and sororities ( $M=2.18$ ,  $SD=1.25$ ),  $t(76732.37)=16.18$ ,  $p < .001$  (Appendix A-Table 17). Further, when considering the affiliation and gender identity, independent t-tests indicate (Appendix A-Table 18) affiliated men reported statistically significant lower means ( $M=2.26$ ,  $SD=1.30$ ) than unaffiliated men ( $M=2.62$ ,  $SD=1.46$ ) regarding knowing where to go on campus to get help for emo-

tional or mental health concerns. Affiliated women reported statistically significant lower means ( $M=2.14$ ,  $SD=1.22$ ) than unaffiliated women ( $M=2.45$ ,  $SD=1.41$ ). There was no statistically observable difference in the mean anxiety scores between affiliated ( $M=2.090$ ,  $SD=1.342$ ) and unaffiliated non-binary students ( $M=2.440$ ,  $SD=1.488$ ) regarding knowing where to go on campus to get help for emotional or mental health concerns.

### **Perception of Campus Support System**

A one-way ANOVA showed significant differences in belief that good support systems exist on campus for students going through a tough time between gender identities among the full undergraduate student population in the dataset,  $F(2,17708)=51.41$ ,  $p < .001$  (Appendix A-Table 19). Further analysis using independent sample t-tests conducted on the full undergraduate student population indicate undergraduate men reported statistically significant higher agreement that good support systems exist on their campus ( $M=4.22$ ,  $SD=1.14$ ) than women ( $M=4.15$ ,  $SD=1.16$ ) and non-binary students ( $M=3.58$ ,  $SD=1.25$ ). Women reported statistically significant higher agreement that good support systems exist on their campus ( $M=4.15$ ,  $SD=1.16$ ) than non-binary students ( $M=3.58$ ,  $SD=1.255$ ). When considering fraternity and sorority affiliation, there is a statistically significant difference among affiliated and unaffiliated students in their beliefs that their campus has a good support system for students going through difficult times (Appendix A-Table 20). Fraternity and sorority members reported *higher means in their agreement* that a good support system exists on their campus ( $M=4.26$ ,  $SD=1.13$ ) compared to unaffiliated students ( $M=4.15$ ,  $SD=1.16$ ),  $t(17,723)=4.00$ ,  $p < .001$ . Further, when considering the affiliation and gender identity (Appendix A-Table 21), independent t-tests indicate affiliated men reported statistically significantly higher agreement ( $M=4.36$ ,  $SD=1.14$ ) than unaffiliated men

( $M=4.21$ ,  $SD=1.14$ ) that good support systems exist on their campus. There was no statistically observable difference in agreement that good support systems exist between affiliated ( $M=4.22$ ,  $SD=1.12$ ) and unaffiliated ( $M=4.14$ ,  $SD=1.11$ ) women as well as affiliated ( $M=4.00$ ,  $SD=1.09$ ) and unaffiliated non-binary students ( $M=3.57$ ,  $SD=1.25$ ).

### **Discussion**

Regarding experiences with mental health, fraternity and sorority affiliated students report higher levels of positive mental health along with lower rates of depression and anxiety. It is important to make the distinction that the lower levels of depression and anxiety among fraternity and sorority members reported using the screening constructs (i.e., PHQ-9 and GAD-7) are reflective of the experiences of students at the time of their response to the study. When considering lifetime diagnoses, there is a smaller portion of fraternity and sorority members with prior depression diagnoses, but a larger portion with prior anxiety diagnoses compared to unaffiliated members. It is necessary to note the difference between reported levels of current anxiety and depression as categorized by health screening constructs and reported lifetime diagnoses. The two methods are not interchangeable and aim to measure different components of mental health. One focuses on current attitudes and perspectives, and another focuses on lifetime history. However, when used in conjunction, these two methods help paint a fuller picture of mental health among college students in which students in the fraternity/sorority community experience and are diagnosed with depression at lower rates. Students in the fraternity/sorority community also experience anxiety at lower rates, but a larger portion have lifetime diagnoses, compared to their unaffiliated peers.

Further, there is a larger portion of fraternity and sorority members than unaffiliated students who have used therapy

or counseling at some point in their lives, but fewer were currently utilizing therapy or counseling at their time of response to the study. This suggests that fraternity and sorority members have prior experiences with counseling or therapy, but they may not feel the need to seek counseling or therapy. This study did not explore the reason or motivation for current use of therapy or counseling, but future research could explore a hypothesis that fraternity/sorority organizations provide adequate social and emotional support for students that can assist in coping with mental health concerns.

Among students in the sample, the mean score of where to go on campus if experiencing a mental health concern falls within general disagreement. With most students disagreeing that they know where to go on campus for mental health support, there is a clear need to increase awareness of campus resources related to mental health to ensure students know how to access support if needed. And while fraternity and sorority members have a more positive view of the support system on their campus, knowledge of where to go on campus for professional help for mental health concerns among fraternity and sorority affiliated students is lower compared to unaffiliated students. This may stem from lower rates of current use of counseling and therapy among affiliated students, in which a lower rate of use provides less of an opportunity to truly assess or critique the quality of mental health services provided on campus. Again, further research into the decision-making and perspectives of seeking mental health care by affiliated students while on campus warrants further inquiry.

Finally, the majority of the findings related to the role of affiliation (i.e., all affiliated students compared to all unaffiliated students) remain consistent when considering the role of gender and affiliation (i.e., affiliated women compared to unaffiliated women) for students who identify as a

man or woman. However, the role of affiliation plays less of a role for non-binary students as significant differences were not observed between affiliated non-binary students and unaffiliated non-binary students. Additionally, there were significant differences found between binary-identifying students and non-binary students that suggest non-binary students experience mental health concerns at higher rates than binary-identifying college men and women, which warrants further investigation and discussion.

Prior research indicating the prominence of mental health concerns among college students is well supported in this study in that many students, regardless of affiliation with a fraternity or sorority, are experiencing mental health concerns, such as anxiety and depression. The findings of this study regarding positive mental health among fraternity and sorority affiliated students also provides a starting place to build upon literature that supports the position that fraternity and sorority organizations can be valuable experiences for students by providing support in coping with mental health. However, it is important to recognize the unexplored role of socioeconomic status and privilege in this study and how this may factor in the different mental health experiences of fraternity and sorority members. Fraternal organizations have financial dues that are required of members, which can serve as a barrier to entry for some students. Prior reports have identified and reported campus-based scenarios of a clear distinction between the high-income backgrounds of students affiliated with fraternities and sororities and those who are not (Mendelson, 2017; Chang, 2014). Additionally, prior studies have found that fraternity and sorority communities emulate a social class on campus that is perpetuated not only by financial factors, but a sense of belonging and likeness among members (Bureau et al., 2021). The social class that exists within fraternity and sorority communities is built on social

capital that may indicate that the positive mental health experiences of fraternity and sorority members could stem from a community of students who come from more privileged backgrounds. The role that privilege plays in the mental health experiences among fraternity and sorority members was not explored in this study, but presents grounds for future study.

The findings of this study begin to pave the way for better understanding the connection between the involvement opportunity and social support provided by fraternities and sororities and the promotion of positive mental health among affiliated students. While this study did not provide conclusive evidence that the social support within fraternities and sororities leads to more positive mental health among members, the findings serve as preliminary building blocks to bridge prior research on student involvement and social support to the mental health experiences of today's fraternity and sorority affiliated students.

### Implications

While this study cannot fully assert that fraternity and sorority membership is causal to more positive mental health experiences among college students, the differences between affiliated and unaffiliated students regarding positive mental health, anxiety, and depression is noteworthy. As organizations founded with specific intention to create social connections among like-minded peers, this study begins to narrow in on the role the social support provided by fraternity/sorority organizations can play in supporting the mental health of college students. If fraternity/sorority organizations provide meaningful social support, involvement with these organizations may be one piece of the puzzle to addressing college student mental health concerns. For these organizations, this research should serve as a value proposition for continued focus on providing meaningful relationship-building opportunities. For institutional leadership, this points to the

value that fraternity/sorority organizations can provide to the campus population in supporting positive mental health.

Despite the lower rates of anxiety and depression among affiliated undergraduate students, there is still ample opportunity to better support students in fraternities and sororities regarding mental health. As affiliated students report lower knowledge rates of where to find professional help on campus if needed, increasing awareness or encouraging the use of campus mental health services could benefit affiliated students. This is an effort that should be a priority among fraternity/sorority national organizations and institutions of higher education alike.

Finally, the results of the study consistently showed that non-binary students, both affiliated and unaffiliated, have different mental health experiences than binary-identifying college men and women. Beyond further investigation, national organizations and campus leadership should work to identify equitable, effective, and inclusive mental health support for non-binary students, such as support programming and counseling resources.

### Conclusion

Prior research related to fraternity and sorority affiliation highlights the academic and social benefits experienced by members of fraternity/sorority organizations. The prior health-related research on fraternity and sorority affiliation often focuses on risky behaviors, such as substance use or hazing. However, the findings of this study provide evidence of the differences in mental health experiences of affiliated students and identify areas in which fraternity and sorority affiliation may have positive relationships to student mental health. This study also highlights the difference in mental health experiences of fraternity and sorority affiliated students, as well as unaffiliated undergraduates, when considering gender identity. Further, this study creates a foundation for future research to explore



in greater detail the causes for the differences that emerged in this study between affiliated and unaffiliated students.

## References

- American Psychological Association. (2020). *Patient Health Questionnaire (PHQ-9 & PHQ-2)*. Retrieved from <https://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health>
- Astin, A. (1984). Student involvement: A development theory for higher education. *Journal of College Student Development*, 25(4), 297-308.
- Auerbach, R., Alonso, J. Axinn, W., Cujipers, P., Ebert, D., Green, J., Hwang, I., Kessler, R.C., Liu, H., Mortier, P., Nock, M. K., Pinder-Amaker, S., Sampson, N. A., Aguilar-Gaxiola, S., Al-Hamzawi, A., Andrade, L. H., Benjet, C., Caldas-de-Almeida, J. M., Demyttenaere, K., Florescu, S., ... Bruffaerts, R. (2016). Mental disorders among college students in the World Health Organization mental health surveys. *Psychological Medicine*, 46(14), 2955-2970. doi:10.1017/S0033291716001665
- Biddix, P., Matney, M., Norman, E., & Martin, G. (2014). The influence of fraternity and sorority involvement: A critical analysis of research (1996-2013). *ASHE Higher Education Report*, 39(6), 1-156. 10.1002/aehe.20012
- Billingsley, J. T., & Hurd, N. M. (2019). Discrimination, mental health and academic performance among underrepresented college students: The role of extracurricular activities at predominantly white institutions. *Social Psychology of Education*, 22(2), 421-426. <https://doi.org/10.1007/s11218-019-09484-8>
- Braxton, J. M., Doyle, W. R., Hartley, H. V. I., Hirschy, A. S., Jones, W. A., McLendon, M. K., & Hartley, H. V. I. (2013). *Rethinking college student retention*.
- Bureau, D. A. et al. (2021). Contextualizing Social Class and Leadership in Fraternity and Sorority Communities. *New directions for student leadership* 2021.169, 85-92.
- Center for Collegiate Mental Health. (2017). *CCMH 2016 annual report*. [https://ccmh.psu.edu/assets/docs/2016-Annual-Report-FINAL\\_2016\\_01\\_09-1gc2hj6.pdf](https://ccmh.psu.edu/assets/docs/2016-Annual-Report-FINAL_2016_01_09-1gc2hj6.pdf)
- Center for Collegiate Mental Health. (2019). *CCMH 2019 annual report*. <https://ccmh.psu.edu/assets/docs/2018-Annual-Report-9.27.19-FINAL.pdf>
- Chang, C. (2014). Separate but unequal in college greek life. Retrieved from <https://tcf.org/content/commentary/separate-but-unequal-in-college-greek-life/?session=1>
- Chartoff, B. (2017). *Does social support diminish depression in students? Evidence from athletes and Greek life* [Undergraduate thesis, Eastern Kentucky University]. Eastern Kentucky University. <http://encompass.eku.edu/ugra/2017/2017/9>
- DeBard, R., & Sacks, C. (2011). Greek membership: The relationship with first-year academic performance. *Journal of College Student Retention: Research, Theory & Practice*, 13(1), 109-126. <https://doi.org/10.2190/CS.13.1.f>
- DeSantis, A. D. (2007). *Inside Greek U: Fraternities, sororities, and the pursuit of pleasure, power, and prestige*. The University Press of Kentucky. [https://uknowledge.uky.edu/upk\\_higher\\_education/16](https://uknowledge.uky.edu/upk_higher_education/16)
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto,



- C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research*, 39, 247-266. Retrieved from <https://eddiener.com/scales/9>.
- Gopalan, M., & Brady, S. T. (2019). College students' sense of belonging: A national perspective. *Educational Researcher*, 49(2), 134-137.
- Healthy Minds Network. (2021). *Home*. Retrieved from <https://healthymindsnetwork.org/>.
- Healthy Minds Study. (2019). Research design. Retrieved from <https://healthymindsnetwork.org/wp-content/uploads/2019/08/Research-Design-Protocol.pdf>
- Jordan, P., Shedden-Mora, M. C., & Löwe, B. (2017). Psychometric analysis of the Generalized Anxiety Disorder scale (GAD-7) in primary care using modern item response theory. *PLoS one*, 12(8), e0182162. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5542568/>
- Kadison, R., & Digeronimo, T. F. (2004). *College of the overwhelmed* (1st, ed.). Jossey-Bass.
- Kim, J., & Bastedo, M. N. (2017). Athletics clubs or music? The influence of college extracurricular activities on job prestige and satisfaction. *Journal of Education and Work*, 30(3), 249-269. <https://doi.org/10.1080/13639080.2016.1165341>
- Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606-613. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1495268/>
- Kuh, G. D., & Pike, G. R. (2005). A typology of student engagement for American colleges and universities. *Research in Higher Education*, 46(2), 185-209. <https://doi.org/10.1007/s11162-004-1599-0>
- Mendelson, J. (2017). Vanderbilt Greek Life's money problem. <https://vanderbiltpoliticalreview.com/5563/campus/vanderbilt-greek-lifes-money-problem/>
- North American Interfraternity Conference. (2021). *Fraternity stats at a glance*. North American Interfraternity Conference. <https://nicfraternity.org/fraternity-stats-at-a-glance/>
- Oswalt, S. B., Lederer, A. M., Chestnut-Steich, K., Halbritter, A., & Ortiz, D. (2020). Trends in college students' mental health diagnoses and utilization of services, 2009-2015. *Journal of American College Health*, 68(1), 41-51. <https://doi.org/10.1080/07448481.2018.1515748>
- Paxton, P., & Moody, J. (2003). Structure and sentiment: Explaining emotional attachment to group. *Social Psychology Quarterly*, 66(1), 34-47. <https://www.jstor.org/stable/3090139>
- Pedrelli, P., Nyer, M., Yueng, A., Zaluf, C., & Wilens, T. (2015). College students: Mental health problems and treatment considerations. *Academic Psychiatry*, 39, 503-511. <https://doi.org/10.1007/s40596-014-0205-9>
- Pike, G. (2020). *The Greek experience revisited: The relationship between fraternity/sorority membership and student engagement, learning outcomes, grades, and satisfaction with college*. Research report prepared for the North American Interfraternity Conference. Retrieved from [https://drive.google.com/filed/1VO32qZdHh9tu7nWbbFudAvLVMJ\\_uT5lj/view](https://drive.google.com/filed/1VO32qZdHh9tu7nWbbFudAvLVMJ_uT5lj/view)
- Prince, J. (2015). University student counseling and mental health in the United States: Trends and challenges. *Mental Health and Prevention*, 3(1-2), 5-10. <https://doi.org/10.1016/j.mhp.2015.03.001>
- Sasso, P. A., Biddix, J. P., & Miranda, M. L. (Eds.) (2020). Foundations, research, and assessment on fraternities and sororities: Retrospective and future considerations. Gorham, ME: Myers Education Press.

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- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, 166(10), 1092–1097.
- Vidourek, R. A., King, K. A., Nabors, L. A., & Merianos, A. L. (2014). Students' benefits and barriers to mental health help-seeking. *Health Psychology and Behavioral Medicine*, 2(1), 1009-1022, DOI: 10.1080/21642850.2014.963586
- Woolsey, S. A., & Miller, A. L. (2009). Integration and institutional commitment as predictors of college student transition: Are third week indicators significant? *College Student Journal*, 43(4), 1260-1272.
- Xiao, H., Carney, D. M., Youn, S. J., Janis, R. A., Castonguay, L. G., Hayes, J. A., & Locke, B. D. (2017). Are we in crisis? National mental health and treatment trends in college counseling centers. *Psychological Services*, 14(4), 407-415. <https://doi.org/10.1037/ser0000130>

### Author Biographies

**Meghan M. Grace, Ed.D.**, (she/her) is a Consultant with Plaid, LLC. and affiliate researcher for the Postsecondary Education Research Center (PERC) at the University of Tennessee in Knoxville. Her research focuses on student life, campus and organization climate, and Generation Z. Meghan is a member of Phi Sigma Sigma Sorority.

**Amanda E. Assalone, Ph.D.**, (she/her) is the Research Manager for the Postsecondary Education Research Center (PERC) and Adjunct Assistant Professor in the College of Education, Health, and Human Sciences at the University of Tennessee in Knoxville. Much of her work centers around higher education research and policy initiatives that aim to address postsecondary access and equity barriers

for low-income students and Students of Color. Amanda is a member of Chi Omega Fraternity.

**Hannah M. Johnson Ph.D.**, (she/her) is a staff member in housing and residence life at The University of Tennessee, Knoxville. Her research focuses on student-athlete leadership development and college student mental health.

**Britta L. Svoboda, M.Ed.**, (she/her) is a doctoral candidate pursuing her PhD in Educational Policy and Leadership Studies at the University of Tennessee, Knoxville. As a Program Manager for Graduate and Executive Education at the University of Tennessee, her primary research interests are online learning and adult education.

**J. Patrick Biddix, Ph.D.**, (he/his) is Professor Higher Education at the University of Tennessee. His research and teaching focus on research design and assessment, student engagement and involvement, and postsecondary outcomes. He has authored numerous books, articles, and research reports related to fraternity/sorority life and is a former editor and associate editor of Oracle. Patrick is a member of Beta Theta Pi Fraternity.

### Appendix A

To review Appendix A, please see the supplemental files located at <https://scholarworks.wm.edu/cgi/viewcontent.cgi?filename=0&article=1192&context=oracle&type=additional>