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The Malnourished University Student:
Health from the Student Perspective


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DEDICATION

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ABSTRACT OF THE DISSERTATION

The Malnourished University Student:
Health from the Student Perspective

by

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Dr. John Levin, Chairperson

Over the first four years of college, students' self-ratings on writing ability and motivation to perform well increase, while self-reports of physical and emotional health decrease during that same period (Astin, 1997). This qualitative investigation identifies and explains the environmental and cultural forces that shape and are shaped by health and wellness perspectives of students. Research questions for this investigation addressed students' understandings of health and wellness and their influences. Two components of social reproduction theory, cultural capital and social capital, as well as culture theory, were utilized to understand the cultural and social origins of students' perspectives on their ability to lead healthful lifestyles at their university. This investigation was undertaken at two large public universities in southern California where a combined total of 55 students and one staff member participated.

Findings suggest that both social and environmental factors play a significant role in students' health behaviors. First, while educational practitioners and faculty can be a source of social capital for students (Winkle-Wagner, 2010), students at both campuses reported that campus resources associated with health and wellness, inclusive of administrative units, communications from administrative units, and campus-sponsored programs were of limited influence on students, if not completely ineffective. Second, in the absence of guidance from their universities, peer norms, which were perpetuated by social media, were influenced by and influenced student behavior. Third, the university environment (both physical and social), peer culture, and academic demands at both CRU and CCU pose significant challenges to student attempts to "get fit," thereby resulting in a lack of agency in students' ability to lead healthy lifestyles. Fourth, the word "health," as conceived by students in this investigation, can more accurately be described as the ability to obtain a "fit" appearance or achieve an ideal body figure. The discourse of the body as a perpetual project was present in student conceptions of health in the university context.

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CHAPTER ONE:

INTRODUCTION

The recent policy emphasis on improving the health and well-being of people in

the United States has placed the onus on institutions of higher education to take

responsibility for students' well-being and cultivate healthy learning communities on

campus  (American College Health Association, n.d.; Higgins, et al., 2009; Keeling,

2013; Kulinna, Warfield, Jonaitis, Dean, & Corbin, 2009; National Association of

Student Personnel Administrators, 2004; Pearman III et al.; United States Department of

Health and Human Services, 2010; Waldron & Dieser, 2010; Wing Kwan, Bray, &

Martin Ginis, 2009).   Authored by the United States Department of Health and Human

Services, a December 2, 2010 report entitled "Healthy People 2020" proposes nearly 600

national health objectives spanning 42 topic areas with the goal of improving the health

of all Americans over the subsequent ten years (United States Department of Health and

Human Services, n.d.). Subsequently, the American College Health Association

convened a multidisciplinary team to identify the Healthy People objectives and tools

most relevant to the campus community (American College Health Association, 2012).

The culmination of this effort was "Healthy Campus 2020," a report that provides higher

education researchers and practitioners with a national data set for benchmarking and a

comprehensive set of tools and resources for institutions and researchers to utilize to meet

the national objective of improvement in the health of Americans (American College

Health Association, n.d.).  While institutions of higher education are not directly

responsible for college student health outcomes, they are indeed held to certain standards,

offerings, and programs inside and outside of the classroom that aim in an effort to improve health in college and beyond.

The cause of educating the whole student is a tradition long held by national higher education organizations. The American Council on Education Studies convened an Executive Committee on April 17, 1937 to clarify fundamental concepts of student personnel work. In a document titled *The Student Personnel Point of View* (American Council on Education Studies, 1949), the purpose of higher education was declared: to assist students in making a contribution to society, which required focus on "development of the student as a person rather than upon his educational training alone" (American Council on Education Studies, 1949, p. 3). In 1949, *The Student Personnel Point of View* was updated to reflect the responsibilities of student personnel staff, which are "to include attention to the student's well-rounded development—physically, socially, emotionally, and spiritually—as well as intellectually" (p. 17). The document also specifically called for "physical and mental health services whose orientation is not only the treatment of illness but also, even primarily, an educational program of preventative medicine and personal hygiene counseling" (American Council on Education Studies, 1949, p. 28). In 1996, the American College Health Association (ACHA) appointed the Task Force on Health Promotion in Higher Education to "study the scope and practice of health promotion in a higher education setting and develop professional standards of practice" (American College Health Association, 2012, p. 1). Since then, the ACHA has produced three editions of the *Standards of Practice for Health Promotion in Higher Education*, with the most recent edition published in 2012. These standards are both

comprehensive and rigorous. For example, Standard 3 (Cultural Competency) requires

that institutions of higher education "create opportunities to further understanding of the

connections between culture, identity, and social justice as determinants of health"

(American College Health Association, p. 2). Additionally, the National Association of

Student Personnel Administrators (NASPA) sponsors the Wellness and Health Promotion

Knowledge Committee, which defines wellness in the higher education context and

encourages institutions of higher education to conform to standards as outlined in the

2006 edition of the *CAS Book of Professional Standards and Guidelines* (National

Association of Student Personnel Administrators, n.d.). In sum, the higher education

professional community has both assumed responsibility for college student health and

well-being and set standards for health education to extend beyond the provision of basic

health-related resources for students who elect to use them.

In line with both policy efforts on a national level and standards set by student

affairs organizations, colleges have begun to re-direct resources toward improvement of

student health and wellness. For example, on its Department of Wellness home page,

Oklahoma State University announced its intention to be "America's Healthiest

Campus," and highlights nutrition counseling, health risk assessments, cooking classes,

and group fitness instructions, among other programs (Oklahoma State University, n.d.).

In an effort to "create a healthier campus culture" (Oklahoma State University, n.d.), the

University includes staff and faculty in its wellness initiatives by the provision of

membership to the campus recreation facility as a part of its employee benefit package

and encouragement of campus departments to apply to become a Certified Healthy

Department (Oklahoma State University, n.d.). While some institutions may view campus health and wellness programs as a way to improve campus climate and enhance productivity, other campuses view these as a mechanism to produce healthy alumni. On November 12, 2012, Spelman College, a historically black liberal arts college in Atlanta, announced its intentions to eliminate its intercollegiate athletic program to re-direct one million dollars of funds to a campus-wide fitness and wellness program (Grasgreen, 2012). The campus president, Beverly Daniel Tatum, justified her decision, stating, "We want [students] to live long and healthy lives so they can get that return on the investment they've made in higher education. We really see this as a life-saving activity we are engaging in" (Grasgreen, 2012, para. 5).

## Problem Statement

Students report deteriorating health as they progress through college (Astin, 1997), and both researchers and practitioners have not paid adequate attention to—if not largely ignored—the role of the college experience in health declines. There is accumulating evidence that higher education's emphasis on intellectual achievement and academic skill development has overshadowed the importance of self-care. Over time in college, students' self-ratings on writing ability and motivation to perform well in college increase, while self-reports of physical and emotional health show a decrease in these areas during that same period (Astin, 1997). This evidence presents a concern not only for student well-being but also for academic performance. Health issues, such as excessive stress and inadequate sleep, influence academic performance negatively (Gaultney, 2010; Pettit & DeBarr, 2011). In spite of evidence that suggests that college

students express feelings of reduced healthiness each year that they attend college, higher education scholars have not determined the role of the college experience in these declines (Astin, 1997; Wing Kwan, Bray, & Martin Ginis, 2009). For example, in a comprehensive review of the literature on the effects of college, Pascarella and Terenzini (2005) discuss the positive effects of college on health after graduation but make no mention of the effects of college on students' health during college. Students' understandings of health in college have implications not only for college students themselves but also can influence general societal health.

### Significance of the Problem

People in the United States suffer from a host of preventable diseases. In 2008, over 616,000 people died of heart disease, rendering it the leading cause of death in men and women in the United States (Miniño, Murphy, Xu, & Kochanek, 2011). Indeed, heart disease caused almost 25 percent of deaths in the United States alone (Miniño et al., 2011) and cost the United States $108.9 billion in health care costs, medication costs, and lost productivity (Heidenreich, Trogdon, & Khaviou, 2011). In the years 2005-2008, over half of adults in the United States were physically inactive, 34 percent were obese, 32 percent had high blood pressure, and 21 percent smoked cigarettes, all of which are risk factors for coronary disease (National Center for Health Statistics, 2010). Diabetes rates are also increasing—1.9 million new cases of diabetes were diagnosed in 2010 (Diabetes.org, 2013). This is problematic because adults with diabetes have heart disease death rates of about two to four times higher than adults without diabetes (Diabetes.org, 2013).

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Current childhood obesity rates suggest that the problem may become worse. According to the National Institute of Health, the percentage of overweight children and teens has more than doubled in the past 30 years (National Institute of Health, n.d.). A total of 17% of American children ages two to nineteen are overweight or at risk of becoming overweight (National Institute of Health, n.d.). In a report issued by the American Heart Association, behaviors such as increased propensity for families to dine outside the home, coupled with a reduction in exercise and physical activity levels of students in grades 9-12, have been connected with childhood obesity. The American Heart Association recommends that schools maintain quality physical education through grade 12. However, according to the American Heart Association, only four percent of elementary schools, seven percent of middle schools, and two percent of high schools have daily physical education classes for the entire school year (as cited in Reed, 2013). Similar to adults, overweight children and adolescents are at risk for a variety of health consequences, including type 2 diabetes, high blood pressure, high blood cholesterol, cardiovascular disease, and asthma (National Institute of Health, n.d.). Given eating and exercise habits that have formed by late adolescence tend to correspond to those in early and later adulthood, it is critical to identify and explain factors that contribute to unhealthy eating habits and a sedentary lifestyle, which may ultimately lead to health problems after college (LaCaille, Dauner, Krambeer, & Pedersen, 2011).

## Research on College Student Health

Much of the literature on college student health is based upon quantitative methodologies, which is arguably congruent with the biomedical perspective on health in

the United States. These investigations provide a valuable broad stroke analysis of relationships between various behaviors and student characteristics that influence college student health and wellness. Findings from these studies suggest that common college experiences such as negative peer interactions, binge-eating, poor sleep, and physical inactivity are linked to stress (Edwards, Hershberger, Russel, & Markert, 2010). Indeed, students report stress as the primary negative influence on their academic performance (Pettit & DeBarr, 2011). Survey data suggest that students are concerned with how sleep affects their academic performance. Poor sleep habits are associated with health problems, interactions with friends, and social expectations in college (Orzech, Salafsky, & Hamilton, 2011). Issues such as binge drinking are of concern to researchers given this activity is associated with injuries, arrests, and sexual assault (Wechsler, Lee, Kuo, Seibring, Nelson, & Lee, 2002). The scholarly literature, however, portrays students' meanings of moderate drinking as distinctly different from researchers' and practioners' meanings (Barry & Goodson, 2011). For example, in an investigation of student meanings of alcohol-related behaviors, students' definitions of moderate drinking ranged from "'to get a buzz'" (Barry & Goodson, 2011, p. 307) to "'enough where you are not throwing up' or 'not blacking out'" (Barry & Goodson, 2011, p. 307). As a result, students may engage unknowingly in high-risk behaviors associated with alcohol consumption when they assume they are behaving responsibly. Thus, the qualitative research on college student health illuminates that the meaning associated with behaviors may explain the causes and reasons for the behaviors.

Other differences in perceptions include the "Freshman 15," a reference to a presumed 15 pound weight gain in the first year of college, and a commonly expressed concern of students. Current research suggests that the weight gain experienced in the first year is less than a third of that amount (Vella-Zarb & Elgar, 2009). Misunderstandings or different understandings from scholarly sources that students have about health may be related to students' reliance on untrustworthy sources, such as the internet and peers, for health-related information (Percheski & Hargittai, 2011; Wing Kwan, Arbur-Nicitopoulos, Lowe, Taman, & Faulkner, 2010).

Although much can be learned from the existing investigations of college student health, cumulatively, the body of scholarly literature on the topic of college student health fails to capture if and the extent to which the cultural norms and social mores of the college experience shape and are shaped by student perspectives on health. The scholarly literature on college student health is imbalanced toward quantitative approaches. As quantitative studies often rely on pre-established characteristics, behaviors, and other established significant variables, that body of research does not take into consideration student perspectives on college student health, such as the ways in which students define a healthy college student. Furthermore, while students' perceptions are present in studies with secondary school populations, existing college student health research fails to take into account students' perceptions of their bodies and the relationships between those perceptions and their health-related perspectives, notwithstanding the innate relationship between the body and bodily health. In short, existing research on college student health illuminates the need for more qualitative

research on socially constructed meanings and interpretations of health-related issues, which may explain, in part, why college students give themselves high marks in academic development and failing grades in personal health maintenance (Astin, 1997). Finally, the body of college health research lacks investigations of student representations of health, such as how student definitions of health and wellness are influenced by how students make sense of their college experiences. Scholarly understandings of illness and threats to health are viewed as seminal to addressing health problems. "Meaning is central to the experience of illness. In order to examine what illness is, there must be an exploration that goes beyond exploration of disease, looking at, for example, its impact on everyday living and the body" (Thomas-MacLean, 2000, p. 50). Yet, meaning is what is missing in the understanding of college and university student health. The body of literature on the topic of college student health and wellness is predominately atheoretical, and thus does not contribute to or benefit from the numerous social and cultural theories that explain human behavior (Bourdieu, 1977; Coleman; 1998; Geertz, 1973; McDermott & Varenne, 2006; Ortner, 2006). The result of the dearth of the sociocultural perspective on the college student health literature is that it is insufficient in explaining the social phenomenon that underlies the various "unhealthy" behaviors researchers outline in existing college student health research.

## Purpose

The purpose of this investigation is the identification and explanation of the social norms, informational networks, and forms of cultural capital students draw upon as they develop their health-related and body-related perceptions, as well as if and the extent to

which students use their individual agency to devise and execute health-related plans at two large public institutions in southwest United States. I rely upon theories of social capital (Coleman, 1988), cultural capital (Bourdieu, 1984), and agency (Ortner, 2006) to identify socially constructed meanings of health (and its lack), and explain the ways in which students adapt to or resist perceived social forces that pull them toward or away from their individual health-related goals.

Cultural capital is related to socialization of culturally relevant skills, abilities, tastes, preferences, or norms that act as a form of social currency (Winkle-Wagner, 2010). The concept of cultural capital elucidates the way in which behaviors and choices maintain social stratification (Winkle-Wagner, 2010). Although cultural capital can be attained through education, it is more difficult to attain cultural capital by education alone (Winkle-Wagner, 2010). This investigation also paid attention to the ways in which students of color, for example, bring cultural wealth to college, and how these forms of capital facilitate advantages in college (Yosso, 2005). Thus, in this investigation, cultural capital is defined by the interactions students had with their parents and families on health-related activities and values.

The concept of cultural capital may also clarify students' health-related perceptions and representations. In the college context, cultural capital is embedded in student perceptions of how to be healthy in college and shapes approaches to stress management, nutrition, sleep, self-care, alcohol and other drug consumption, and healthy relationships, as well as other health issues that are important to this population. The

amount and types of cultural capital students possess may also shape the behaviors of institutions, including how and whether resources are utilized.

The concept of social capital refers to the network that places other forms of capital into action (Tierney, 2013). Relationships and the networks acquired in college facilitate coordination and cooperation for mutual benefit, which may take the form of provision of tips or advice. In the college environment, students achieve social mobility through their informal social resources in relationships among persons (Coleman, 1998), such as faculty, staff, and fellow students. Students' relationships within the college allow them to garner valuable information about health, sustain vital support networks that improve wellness and life balance, and maintain social norms of what is healthy, all of which have the potential to influence their health-related knowledge and behaviors both positively and negatively.

**Research Questions**

Thus, the research questions for this investigation address students' understandings of health and their self-representations: What does "wellness," "health," and "being healthy" mean to undergraduate college students? In what ways do students perceive their body-related identities and to what extent have those identities framed their health-related attitudes? What environmental, institutional, and political messages are received by students regarding health and their bodies, and how do students validate or resist these messages? These research questions are broad so that they can capture students' health-related perceptions and representations without pushing them toward a particular health issue that may not be of concern to this population.

## Study Design

This investigation is particularly concerned with the extent to which and in what ways the university environment shapes and is shaped by student meanings of health—it does not aim to determine whether or not college students are indeed "healthy." Instead, the investigation is focused on the ways in which individual students, groups of students, peer groups, and institutions construct meanings and conditions of health and with what effects (Wright, 2004). Given that the research questions focus on students' perspective of the meaning of health and the ways in which students represent their health-related behaviors, qualitative field methods were employed for this investigation. The discussion of qualitative methods is introduced here with a brief explanation of differences between quantitative research and qualitative research. In quantitative studies, it is common for a researcher to divorce a variable of interest from its context, or "control for it" (Yin, 2003, p. 13), so that the study may be replicated and tested. Meaning-perspectives are not included in quantitative studies because they are either considered peripheral or a part of the subjectivity that is to be eliminated for researcher objectivity (Erickson, 1986). Objects are investigated and relationships are determined for the purpose of developing a law that can be used to predict future outcomes (Erickson, 1986).

To a qualitative researcher, humans, by nature, are influenced by a variety of variables of interest, only some of which can be captured by data points. Erickson (1986) argues that social science research deals with humans as wholes, not sums of their parts. Although the positivist approach emphasizes replication, qualitative research does not

presume any investigation can be repeated, nor does it suggest that similar results would be acquired in a different time period.

> Positivist research on teaching assumes that history repeats itself; that what can be learned from past events can generalize to future events—in the same setting and in different settings. Interpretive researchers are more cautious in their assumptions. They see, as do experienced teachers, that yesterday's reading group was not quite the same as today's. (Erickson, 1986, p. 129)

Qualitative research endeavors to offer a thorough understanding of a phenomenon or phenomena and allows the researcher to distinguish differences in similar human behaviors and actions with different meanings and generate comparative understandings of local meanings in the context of different social settings (Erickson, 1986). In short, qualitative inquiry "tells us everything survey data does [*sic*] not tell us" (Erickson, 1986, p. 125). Qualitative methods contributed to this investigation and allowed students to define their health and body-related perceptions for themselves and to use their own words, which maintained the focus on student perspectives rather than the researcher's perspective.

Given the need for research into student perceptions of health, an interpretative study was initiated utilizing ethnographic field methods. Field methods enabled the observation, reflection upon, and description of the social dimensions of selected research sites by observing actions and accounts from everyday contexts (Erickson, 1986). Interpretive research is not defined by its data collection methods, but is a "matter of

substantive focus and intent, rather than the procedure of data collection" (Erickson, 1986, p. 120).

The research design of this investigation was influenced by Holland and Eisenhart's (1990) qualitative study of the career development of African American and White college women, where the researchers spent three semesters in the field and followed 22 female students' career paths to understand the dearth of women, particularly minority women, in the academic fields of Engineering and Science. In the course of spending time with women in the sorority house, and interviewing collegiate women nine times over the course of three semesters, Holland and Eisenhart (1990) discovered that careers and academics were far less important than romance. Holland and Eisenhart's (1990) research revealed that these women invested their time both in their physical appearance in order to make themselves desirable partners to males and in their time in social activities to meet suitable partners (or even just to attract men for whom they had no intention of dating). Their behaviors were enacted to achieve a higher social status, self-esteem, and peer approval—activities that were more highly regarded by participants than their academic endeavors. As a result of their intense focus on romance, dating, and social life, many of these women steered away from lucrative fields of study. By investing time into relationships with their informants and engaging in extensive participant observations in natural settings, Holland and Eisenhart (1990) were able to describe and explain career paths in a way that would have been difficult to achieve without substantive time in the field. Similarly, in this research, I spent four months in the field observing, interviewing, and leading focus groups of college students to be able

to garner rich data that provided valid answers to the research questions posed in this investigation.

In order to obtain the student perspective on health in the college context, semi-structured interviews of students on two public California universities, California Research University (CRU) and California Comprehensive University (CCU), were conducted, along with student focus groups, participant-observations of students, and document collection and analysis. A total of 55 students and one staff member participated in this investigation (28 each from CRU and CCU). Students were, for the most part, divided evenly among years in at their university; however, females were overrepresented at approximately 64 percent. Racial composition roughly mirrored the racial make-up at each institution.

Data were analyzed both during data collection through memos and field notes and upon completion of data collection. Discourse analysis (Ayers, 2009; Rogers, 2011) served as the analytical method for this investigation. Discourses are a system of meaning that defines problems, legitimizes solutions, and constructs identities, and is illustrated in language (Ayers, 2009). As such, student accounts in my research served as a mechanism to identify a system of values that guide student behavior and illuminate what is valued and privileged by students as a collective.

Interviews and field notes taken during the data collection period were transcribed and open coded on descriptive, analytical, and theoretical levels and inputted into Atlas.ti software (Richards, 2009). Atlas.ti software enabled open codes to be grouped into code families that pertained to each research question. A simple frequency table illustrated the

groundedness (how often the code was used) and representativeness (frequency of interviews and focus groups where the code was present) of each code. Codes that were within one standard deviation of the most grounded and representative code were established, which reduced the data down to the concepts that were most salient to students in this investigation. Each interview was then concept mapped with the salient concepts to illustrate patterns, linkages, and relationships between concepts. Review of the reduced information revealed four important findings from this investigation with regard to social and cultural capital and college student health: (1) Parents had limited influence on the health-related cultural capital of their college-going offspring, even when students commute from home; (2) the university environment and peer constructions of health in college fostered unhealthy lifestyles from the students' perspective; (3) health-related goals were narrowed to activities that improve aesthetic appearance such as dieting and exercise; and, (4) students who had been exposed to health- and body image-related curriculum demonstrated agency in their health-related goals.

## Significance of the Study

As previously noted, although there are numerous quantitative studies of college student health, the body of scholarly literature lacks qualitative research that addresses the issue of college student literature from a sociocultural perspective. Existing qualitative studies that address issues of college student health perspectives utilize interview data alone, while the present study employs a variety of ethnographic field methods (interviews, observations, and focus groups) and lengthy time in the field at two

different university campuses, one of which is a campus at which I am employed and thus have a significant understanding of the campus culture. This allowed me to have an experience as both an insider and an outsider within the same study. Also, as I am a 34-year-old researcher who can "pass" as a college student or recent graduate, in part because of my age and in part because of my physical appearance (e.g., height, weight, and youthful visage), I was able to break through the common distance between the researcher and participant and achieve greater internal validity of respondent data than other researchers with different personal characteristics. The most significant part of this study is that it provides an in-depth account of what health and wellness mean to college students and how students explain their self-reported declines in physical and emotional health during college.

The body of theoretical literature on college students explains how students balance their own needs with the needs of others (Kegan 1994, Kroger 2004), communicates the importance of students' interactions with people from different backgrounds to construct personal identity (Jones, 1997), outlines how social, academic, and physical environments affect student development (Chickering, 1969, Astin, 1997); and addresses identity based on race (Cross & Vandiver, 2001; Helms 1990), class (Hooks, 2000), gender (Downing & Roush, 1985; O'Neil, Egan, Owen, & Murray, 1993; Ossana, Helms, & Eatonnard, 1992), and sexual orientation (Brown, 1989; Fassinger & Miller, 1996). There are, however, two deficiencies in the student developmental and identity literature: (1) these theories areincomplete in developmental tasks relating to student wellness and self-care, and (2) there is insufficient educational literature on body-

related identities, which include body size, height, and other physical characteristics students report as both central to identity and also as signals of status in the college context. The present study investigates both student wellness perspectives and body-related identities from the student perspective, and this investigation informs the theoretical literature on college student development and identity development.

The existing literature on college student health is outdated. With emerging technologies such as social media and the internet, cultural and social meanings of college student health are communicated in seconds to millions of users and thus subject to minute-by-minute re-constructions and new developments. In addition to interviews, observations, and focus groups conducted in "real time," this investigation includes social media analysis, where student Facebook status updates, Instagram posts, and other social media productions by students are collected and analyzed as representations of student perspectives on health and wellness. These activities both brought the research methods up-to-date with existing technology and provided a view into student constructions and discussions of health-related topics with minimal researcher interference.

Finally, this investigation has significant implications for educational policy, research, and practice. The ways in which students conceive of health within the college context and draw resources from their peers and environments can provide researchers, practitioners, and policy-makers with an understanding of the extent to which and in what ways students' healthy or unhealthy behaviors shape and are shaped by their local, family, and larger United States cultures, and, furthermore, why an educated nation continues to suffer from preventable diseases.

In summary, this investigation is significant in four ways: (1) its methods allow for a rich description of student health and wellness from the student perspective; (2) it contributes to the building blocks for developmental theories on college student well-being and body-related identities; (3) it provides an update to the existing literature on college student health; and, (4) it informs practitioners and policy-makers on student factors that may inhibit or promote students' health-related development in college.

## Dissertation Overview

The next chapter (Chapter Two) includes a review of the relevant literature and theory applied in the design and construction of the study. Specifically, it includes a summary of the existing college student health research, followed by a critique of the predominance of the biomedical perspective on health research. The sociocultural perspective on health is then presented, followed by how social capital, cultural capital, and agency theories may contribute to our understanding of college student health. Chapter Three focuses on study design and methods, which include information regarding site selection, methods, the use of social media in data collection, how data were coded and analyzed, and my perspective as a researcher. Findings are presented in Chapter Four and Chapter Five. Chapter Six contains a summary, discussion, conclusions, and recommendations for policy, practice, and future research. Together, these chapters form the final report of this study on student meanings of health and the body in the college context.

CHAPTER TWO:

REVIEW OF RELEVENT LITERATURE AND THEORY

In this chapter literature relevant to the college experience is explored and theories are presented. This review of relevant literature and theory is divided into four sections. First, there is a review of scholarly literature that deals with how health and wellness are defined in the college context, as well as health issues as documented in the higher education literature, many of which are quantitative empirical studies drawn from nation-wide or single institution data sets. The review then transitions to a discussion of health and wellness from the sociocultural perspective, which is absent from the college student health scholarly literature, as compared to the biomedical perspective, which is the dominant perspective in the literature. Next, there is a review of the contributions of culture theory (specifically, agency) and social reproduction theory (specifically, cultural capital, social capital, and bodily capital) to the discussion of health and the body. The review concludes with a summary of the literature on the topic of college student health, education, and the body and an outline of where additional scholarly work is needed.

**Health and Wellness in the College and University Context**

Traditionally, the biomedical community defined health in purely physical terms, and "to be healthy" was predicated on the absence of illness (Ross, 2002). Presently, public health organizations characterize health as an amalgamation of a variety of factors that influence a person's wellness and well-being. The definition of health has been shaped by societal influences, such as war, divorce statistics, the economy, and changing values (Ross, 2002). In 1948, the World Health Organization (WHO) defined health as a

"state of physical, mental, and societal well-being, and not merely the absence of disease"

(World Health Organization, 1948, p. 29). Currently, the National Association of College

Student Personnel Administrators (NASPA) cites this definition on its Wellness and

Health Promotion knowledge community website, along with additional statements that

health is also "the capacity to work, study, and love" (National Association of Student

Personnel Administrators, n.d.) and "a state of well-being and dignity" (National

Association of Student Personnel Administrators, n.d.).

While the definition of health established by the World Health Organization is

highly influential and has remained unaltered over time, the scholarly interpretation of

wellness has evolved in recent decades. Dunn's (1961) definition of wellness challenged

the health field to look at wellness as an integrated method of functioning—that wellness

can best be achieved when the body is in balance or equilibrium (as cited in Ross, 2002).

In the early 1980s, scholars retained the holistic view of wellness and began to look at

individual daily decisions along six dimensions: intellectual, emotional, physical, social,

occupational, and spiritual (Ross, 2002). Dossey and Kegan (1988) devised a similar set

of dimensions (mental self, emotions, spirituality, relationships, and choices) and

affirmed that people must develop in all of these aspects to be fulfilled (as cited in Ross,

2002). In the college context, wellness is defined by NASPA as the following:

> A dimension of health that goes beyond the absence of disease or infirmity and
>
> includes the integration of social, mental, emotional, spiritual, and physical
>
> aspects of health. The concept of wellness was first introduced in the United

States in the 1970s as an expanding experience of purposeful and enjoyable

living.   (National Association of Student Personnel Administrators, n.d.)

For college-level educational practitioners, the task at hand is to support college student

health in a variety of dimensions such that students can enjoy a purposeful and

meaningful life.

Although the definitions of health and wellness presented here represent how

"authorities" define health and wellness, these definitions do not necessarily reflect the

understandings of the lived experiences and perspectives of health that occur through

individual experience.  It remains unclear if college students would define health and

wellness in the same way.  In spite of the abundance the scholarly literature on the topic

of health and wellness, there appears to be a lack of rigorous qualitative investigation that

brings the student voice into the definitions of health and wellness.

**Student Development Theory**

Several theories address the role of experiences, involvement, and personal

growth during college (Astin, 1984; Chickering, 1969). Astin's (1984) model of student

development refers to the quality and quantity of physical and psychological energy that

the student invests in the college experience, including participation in extracurricular

activities and interaction with faculty and other personnel (Astin, 1984).  Central to the

critique of this theory is its focus on the student and lack of institutional responsibility for

student achievement.  For example, if a student departs, this theory would suggest that it

was due to lack of energy invested by the student and not necessarily be categorized as a

failure of the institution.

Chickering's (1969) research supports Astin's (1984) student development theory by outlining seven vectors of development.  Growth along these vectors requires stimulation, which is often provided by the environment.  The five vectors most relevant to this study include developing competence, managing emotions, establishing identity, moving through autonomy toward interdependence, and developing integrity.  When students develop competence, they learn how to integrate multiple points of view to make sense of their observations and experiences, which relate to students' abilities to weigh medical evidence regarding living a healthy lifestyle.  More specifically, Chickering (1969) addresses physical competence in this vector, which can include athletic, strength, fitness, and self-discipline development.  The competency of managing emotions refers to both the ability express oneself freely, as well as one's ability to exercise self-regulation and self-control.  The ability to communicate freely and effectively is a valuable asset for mental and emotional well-being.  When students move through autonomy toward interdependence, they not only take individual responsibility for actions that help or hinder their health but also understand that they are a member of a community.  Through this understanding, they can seek out ways to build healthy communities.  Identity is formed through clarification of self-concept, development of self-esteem and self-acceptance, and comfort with body and appearance.  Integrity is formed when students define a set of values that guide their actions; this process assists students as they evaluate trade-offs associated with certain health-related choices.  The tasks central to students' developmental change include interaction with diverse individuals and ideas.  Although student development theory provides an understanding

of what enhances or hinders persistence in institutions of higher education, these theories are do not address directly the challenges associated with health behaviors and perspectives of students in college.

**Current Issues in College and University Student Health.**

There are a variety of health issues associated with the college student experience found in the scholarly literature; the vast majority of which are empirical investigations analyzed using quantitative methods. Of these, the most prevalent issues include stress and psychological distress (Hartley, 2011; Hirsch & Barton, 2011; Pettit & DeBarr, 2011; Roberts & Danoff-Burg, 2010); sleep, or its lack (Orzech et al., 2011); alcohol and other drug use, or abuse (Bell, Wechsler, & Johnston, 1997; Bingham et al., 2010; Cox & Bates, 2011; McCabe, Knight, Teter, & Wechsler, 2005; Wechsler et al., 2002); weight management (Boyle, Mattern, Lassiter, & Ritzler, 2011; Racette, Deusinger, Strube, Highstein, & Deusinger, 2005; Smith-Jackson, & Reel, 2012; Vella-Zarb & Elgar, 2009); and, health knowledge, or its lack (Gieck & Olsen, 2010; Pearman III et al, 1991; Percheski & Hargittai, 2011; Rich & Thomas, 2010; Wing Kwan, Arbur-Nicitopoulos, Lowe, Taman, & Faulkner, 2010; Wing Kwan et al., 2009). Many of these studies draw upon nation-wide data sets, which provide a wide lens through which to view the health-related challenges students face while in college.

**Stress.** The stresses associated with the college transition may contribute to the reduced well-being and academic performance of students in college. As cited in Pettit and DeBarr (2011), the National College Health Assessment listed stress, sleep disturbances, anxiety, and depression as the most pervasive threats to academic

performance among college students.  Negative interactions with peers can cause more physical health problems than other types of stress, such as those caused by life-events, daily hassles, or social support.  In fact, the effects of negative social encounters are so pervasive that positive social support cannot counteract the negative effects of negative social interactions (Edwards, Hershberger, Russel, & Markert, 2010).

A variety of factors contribute to students' stress.  Perceived health issues and health-related activity restriction, as well as some health-related behaviors (e.g., binge-eating, poor sleep quality, and physical activity) are linked to stress (Roberts & Danoff-Burg, 2010).  Scholars have also found a positive correlation between perceived stress and energy drink consumption, with freshmen and sophomores consuming lower numbers of energy drinks than upperclassmen and males consuming more than females (Pettit & DeBarr, 2011).  Similar to the association between perceived stress and substance abuse, students may use energy drinks as an unhealthy coping mechanism (Pettit & DeBarr, 2011).

The scholarly literature suggests that the effects of stress on academic performance and development of unhealthy coping mechanisms can be mediated by student psychological factors and acquired skills.  Using data from a questionnaire given at two large land-grant Midwestern universities, Hartley (2011) found that tenacity (e.g., working hard toward goals or not giving up even when goals appear hopeless), tolerance of stress (e.g., handling unpleasant conditions or situations), and spirituality (e.g., believing there is a reason for all phenomena) contributed to variance in GPA.  There are also behavioral mechanisms for students to manage the stress of college, such as time-

management skills (George, Dixon, Stansal, Gelb, & Pheri, 2008) and intentional instruction of mindfulness-based interventions and techniques (Roberts & Danoff-Burg, 2010).

**Sleep.**  Inadequate sleep is a health factor of concern for college practitioners, not only for students' personal health but also for their academic performance.  According to the National College Health Assessment conducted in 2009, 20 percent of college students reported sleep difficulties as a factor behind their individual academic performance, ranking them second behind perceived stress (Orzech et al., 2011).  Specific activities, health problems, interactions with friends, and social expectations shape the sleep of students in the college environment (Orzech et al., 2011).  Sleep disorders are also partially to blame for inadequate rest among this population.  In a recent study, 27 percent of students were at risk for at least one sleep disorder, with White and Latino students reporting poorer sleep practices than their Asian and African American counterparts (Gaultney, 2010).  Also, students who were at risk for sleep disorders were overrepresented among students in academic jeopardy (Gaultney, 2010).  Female, African American, and White students had the greatest connection between risk for a sleep disorder and lowered grade point average (Gaultney, 2010).

**Alcohol Abuse and Other Drug Use.**  Frequent binge drinking in college is on the rise (Wechsler et al., 2002).  Utilizing data from 119 four year colleges (both private and public) collected in 1993, 1997, 1999 and 2001, the Harvard School of Public Health Alcohol Study aimed to determine trends in heavy alcohol use, alcohol-related problems, and encounters with college and community prevention efforts (Wechsler et al., 2002).

There was little change in overall binge drinking in the study (approximately 40 percent reported binge drinking); however, percentages of abstainers and frequent binge drinking increased over the eight year period, particularly at all-women's colleges (Wechsler et al., 2002). Additionally, students who binge drank more than ten times per month reported drinking to become intoxicated as a reason for drinking and drunkenness more than three times in the past month (Wechsler et al., 2002).

Increased frequency of binge drinking, if unresolved, can place the student at risk for non-completion of college. Frequent binge drinkers reported problems associated with drinking, such as arrests and injury (Wechsler et al., 2002). Women who consume alcohol are more vulnerable to sexual assault. In a survey administered to random sample of 5,446 undergraduate women, 20 percent of undergraduate women had experienced some type of sexual assault since entering college, and most events occurred after alcohol consumption (Krebs, Lindquist, Warner, Fisher, & Martin, 2009). Behavioral interventions have been shown to be effective in lowering tolerance of drinking and driving, reducing the number of reasons to drink, and the implementation of strategies to avoid alcohol-related risk (Bingham et al., 2010). Although interventions that focus on decision-making and skill-building in alcohol management can be effective, the scholarly literature suggests that students who obtain only information about alcohol do not change drinking behaviors significantly (White, Park, & Cordero, 2010).

Students' perceptions of drinking alcohol explain, in part, the potentially dangerous drinking behaviors documented in the scholarly literature. In a mixed methods study at a large public university in Texas, students associated seven distinct themes with

drinking responsibility, many of which were potentially harmful (Barry & Goodson, 2011).  For example, students stated that even "designated drivers should be able to have a drink or two so they are not 'punished' for designated driving" (Barry & Goodson, 2011, p. 306), and the definition of moderate drinking ranged from "'starting to get buzzed'" (Barry & Goodson, 2011, p. 307) to "'enough where you are not throwing up' or 'not blacking out'" (Barry & Goodson, 2011, p. 307).  Also, student perceptions of close peer groups' use of alcohol have been shown to be correlated with personal alcohol use (Cox & Bates, 2011), which illustrates the importance of perceptions and norms in the examination of students' drinking behaviors.

Research suggests that students use illegal drugs, such as marijuana, and misuse prescription drugs, during their time in college (McCabe et al. 2005).  McCabe et al. (2005) performed a quantitative investigation of non-medical use of prescription stimulants among college students from 119 nationally representative four-year colleges in the United States and found that non-medical use of prescription stimulants (e.g., Adderall) was nearly seven percent.  Misuse of drugs such as Adderall is more prevalent at campuses with higher admission standards, as well as among students who were male, White, and members of a fraternity, and as those with low grade point average (McCabe et al., 2005), which suggests that its misuse may be linked to the intent to increase academic performance.  Prescription drug misuse among college students was also associated with increased likelihood of use of illegal drugs such as marijuana, ecstasy, and cocaine (McCabe et al., 2005).  In a similar nationwide quantitative investigation of marijuana use among a representative sample of 17,592 college students, Bell, Wechsler,

and Johnston (1997) found that approximately one in four college students reported use of marijuana over a one year period. Student usage of marijuana was higher among students at colleges with large residential populations, as well as among students who are single and White, as well as those who spent more time at parties and less time studying than their peers (Bell et al., 1997). Marijuana use was also associated with high risk behaviors such as drinking, cigarette smoking, and having multiple sexual partners (Bell et al., 1997).

**Weight Gain and Management.** An issue that is not found commonly in higher education scholarly literature is weight gain in college. While the typically used term to describe college weight gain, "the freshman fifteen," is not an accurate measure of first-year weight gain, on average students indeed gain weight during their time in college. Freshman weight gain in single-institution studies averaged a mere four pounds (Vella-Zarb & Elgar, 2009). However, over the first two years of college, student weight gain has been shown to be as much as nine pounds in the first two years (Racette, Deusinger, Strube, Highstein, & Deusinger, 2005). From a biomedical perspective, weight gain alone is not problematic until it results in a classification as overweight or obese. Although obesity is not inherently indicative of ill health, it is a commonly used health indicator in biomedical research and practice (Saguy, 2013). According to the National College Health Risk Behavior Survey, 35 percent of college-aged students may be overweight or obese (Boyle, Mattern, Lassiter, & Ritzler, 2011). Aside from the physical effects of excess body fat, weight gain can cause emotional distress for college students

because it is highly stigmatized as a moral failure in society (Hancock et al., 2000; Saguy, 2013; Smith-Jackson, & Reel, 2012).

Physical activity plays an important role in the prevention of obesity (Kemper & Welsh, 2010). However, scholarly investigations of the health-related habits of college students have found low levels of physical activity and poor nutritional habits (Waldron & Dieser, 2010), particularly in Historically Black Colleges and Universities (Kemper & Welsh, 2010). Environmental factors may play a role in students' exercise habits. For example, due to proximity to health equipment by their on-campus living arrangements, freshmen and sophomores engage in physical activity more often than their junior and senior counterparts who are more likely to live off-campus (Reed & Philips, 2005). Personal factors, such as parenting while in college, are also associated with low levels of physical activity (Sabourin & Irwin, 2008). It follows that nontraditional students who commute, have children, or are unaccustomed to an active lifestyle may not reap the benefits of the health-related resources available to them in college.

The motivations for the engagement in physical activity while in college are varied. Overall, students report that they exercise to address general health issues (Egli, Bland, Melton, & Czech, 2011), appearance (Egli et al., 2011; Jung & Heald, 2009), strength and endurance (Egli et al., 2011), and weight management (Egli et al., 2011); however, it is unclear whether or not these student reports are consistent with students' motivations. For example, research on college student exercise habits suggests that men are more likely to be motivated to exercise for intrinsic factors, such as building strength, whereas females are more likely to be motivated by extrinsic factors, such as thinness

(Egli et al., 2011); however, research outside of higher education suggests that it is more appropriate for women than for males to show concern for their aesthetic appearance (Pope, Phillips, & Olivardia, 2000). Thus, motivations for exercise, which include both intent of a fit physique and strength, may be the same regardless of sexual or gender identity.

Environmental and cultural factors play a role in students' weight management strategies. In a qualitative study of the psychosocial and environmental determinants of eating behaviors, physical activity, and weight change, LaCaille, et al. (2011) found that factors such as adjustment to college, cost of healthier foods, availability of food options and exercise, competing time demands and time management skills, access to cooking facilities, and an intimidating fitness facility environment contribute to weight gain. Although their study introduced additional environmental variables that may have effects on the health of college students, the scholarly literature on this topic does not address the assumptions, taken-for-granted expectations, and orientations of eating and exercise adequately (LaCaille et al., 2011).

Dieting and eating disorders in the college-age population are also prevalent in the college-age population, particularly among females. In an investigation of 345 college women who met "normal" Body Mass Index levels, results indicated that dieting frequency was associated with an eating disorder, particularly when they experienced problems such as body dissatisfaction, body size perception, depression, exercise preoccupation, and feelings of insecurity (Ackard, Croll, & Kearney-Cooke, 2002). Bulimia and other forms of disordered eating are issues for both males and females in

college. In a quantitative investigation of 546 males and 406 females, participants were issued a questionnaire at two points during their freshman year regarding disordered eating (Striegel-Moore, Silberstein, Frensch, & Rodin, 1989). In that investigation, prevalence of bulimia nervosa was 3.8 percent for females and .2 percent for males (Striegel-Moore et al., 1989). Disordered eating was more prevalent among students with body dysmorphic disorder, self-perceptions of low levels of attractiveness, high self-perceived stress, and increased weight dissatisfaction (Striegel-Moore et al., 1989). However, additional research on the transition from high school to college suggests that body-related perceptions that lead to disordered eating are formed prior to college (Vohs, Healtherton, & Herrin, 2001).

**Health Knowledge.** How students receive health-related information also relates to why college students demonstrate unhealthy behaviors in college. The scholarly literature suggests that students' self-reported sources of health information are not trustworthy (Wing Kwan et al., 2010). Although the Internet is the most common source of health-related information among college students, it is the least trustworthy source (Wing Kwan et al., 2010). Family and friends also are influential for university students, with the scholarly literature showing between 33 percent and 89 percent reporting that they obtain health information from this group, notwithstanding the self-reported poor credibility of these sources (Percheski & Hargittai, 2011; Wing Kwan et al., 2010). There are gender differences in health information-seeking as well. Women are much more likely than men to seek health information (Percheski & Hargittai, 2011). Also,

African American females receive more nutritional information from professionals than do White women (Rich & Thomas, 2010).

Some universities have attempted to provide students with health knowledge through academic courses (Lipka, 2010).  The effects of college wellness courses have been well-documented (Mack & Shaddox, 2004).  When students are exposed to health-related curriculum, students experience reductions in body fat (Gieck & Olsen, 2010), increased self-efficacy (Gieck & Olsen, 2010), improved attitude toward physical activity (Mack & Shaddox, 2004) and increased activity (Gieck & Olsen, 2010).  In a study using a sample of 2,000 alumni who took a diet and exercise course in college, alumni who took the course were more likely to know their blood pressure, blood cholesterol, and fat intake than a comparison group (Pearman III et. al, 1991).  Attitudes toward exercise, eating, and smoking were significantly different than the comparison group as well (Pearman III et al, 1991).  Years after college graduation, the students were more likely to engage in aerobic exercise and less likely to smoke, in addition to having a lower intake of dietary fat and cholesterol (Pearman III et al, 1991).  However, most institutions do not require courses dedicated to personal health (Lipka, 2010).

**Summary**

Although there is a wealth of information on discrete variables that influence college student health, there exist several issues with the body of existing literature on college student health.  First, quantitative studies represent a disproportionate amount of the body of the literature on college student health, and, as a result, they do not offer cultural information on exactly how certain student characteristics, behaviors, attitudes,

and environments produce healthier or unhealthier outcomes.  Second, the vast amount of research—both qualitative and quantitative—on college student health is atheoretical, which leaves researchers and practitioners little information about how to conceptualize, and thus attempt to resolve, the challenges associated with college student health and well-being.  Third, the body of literature fails to capture student perceptions of the role of health maintenance in college fully, and, more specifically, how their perceptions of their bodies influence their health-related representations, perceptions, and behaviors.  Finally, and perhaps most importantly, the popular discourse on health is heavily influenced by the biomedical perspective on health, which assumes that individuals are largely responsible for their own health and impervious to structural constraints and cultures (Rich, Holroyd, & Evans, 2004).

## Sociocultural Perspectives on Health

The biomedical perspective of health and wellness is the predominant perspective found in the college student health literature.  The biomedical perspective treats the body and health as fundamentally a biological or scientific process (Wakewich, 2000), and thus management of health is performed by the individual under the guidance of a trained professional doctor (Saguy, 2013).  The significance and influence of "authoritative visions of science" (Wakewich, 2000, p. 238) on health is that the body is seen as homogenous.  Critics argue that there are many aspects of health and the body that are more than biological (Hancock et al., 2000; Wakewich, 2000).  "The central limitation of biomedicine is biological reductionism…Human existence is, simultaneously, biological, psychosocial, and social.  A healthy life suggests not only a healthy body, but also a

healthy mind and a safe environment" (Hancock et al., p. 16, 2000). Conversely, a sociocultural perspective contributes to the study of college health through the identification of social structures and the explanation of cultural influences on individual behaviors and perceptions.

**Overview of Sociocultural Perspective**

The sociocultural perspective allows for exploration of the topic of the body and education through critical examinations of health as defined by contemporary United States culture, and identifies ways in which these representations are legitimized and reinforced in education. From a sociocultural perspective, communities, groups, and institutions are viewed as socializing structures that influence the intellectual, social, and emotional development of young people (Evans & Davies, 2004). Evans and Davies (2004) provide a useful sociocultural definition of health in the educational context.

Any discussion of 'health' issues within and/or beyond schools, in our view, would of necessity embrace analyses of the relationships between individuals' sense of value, status, and embodied self and the ways in which success, failure, achievement, and 'ability' are socially constructed (produced, reproduced, and defined) by teachers and pupils in schools. It would also explore how parents and guardians are implicated in processes, investing in, working upon and endorsing particular versions of corporeal 'ability' and 'health.' Amongst other things, this requires that we look afresh at how educational (including 'health') knowledge is selected, organized, differently valued, transmitted and defined. (Evans & Davies, 2004, p. 5)

Although this definition of health was conceived for students in elementary and secondary educational settings, the sociocultural perspective on health nonetheless shifts focus on from the individual to social structures that shape student behaviors and perceptions. In this way, the sociocultural perspective takes a dramatic departure from the biomedical perspective, where health is seen as an individual responsibility.

Community and educational institutions are viewed as socializing structures for student perceptions of health (Rich et al., 2004). Although educational institutions may not be responsible directly for students' health perceptions and behaviors, the curricula and dialogues about health shapes student perceptions of health and their behaviors (Rich et al., 2004). In an investigation of secondary school student perceptions of health, Rich et al. (2004) found that students receive messages both inside and outside of class that being healthy is "doing the 'right' things and making the 'right' choices and one's 'right' size is an indicator of having made the 'right' choices" (p. 179). An effect of this phenomenon is that those with slender body sizes are preferred over larger sizes in contemporary Western cultures (Kirk, 2004), notwithstanding the weak association between body size and health-related behaviors (Saguy, 2013).

**Nutrition**

Nutrition is not only a mechanism by which individuals nourish themselves but it is also a social tie between people (Ikeda, 2004). Although food is used to establish and strengthen friendships and family relationships in all cultures, health professionals rarely acknowledge the role that food plays in building and maintaining social relationship (Ikeda, 2004).

The challenge for health professionals is the help patients change their diets in ways that do not undermine the sociocultural functions of food. If health professionals are cognizant of the role food plays in helping people retain their cultural identity, they are more likely to propose a variety of food options for improving diet. (Ikeda, 2004, p. 296)

Nutrition can also be a form of self-expression and a demonstration of individual agency (Germov & Williams, 2004).

People in Western societies are presented with a large number of consumption choices, which can be used to construct their self-identity. People can seek to differentiate themselves from others, or alternatively, convey membership of a particular social group through their food consumption (among other things). Ordering a vegetarian meal, eating a meat pie, dining at a trendy café, and eating an exotic cuisine may be used an interpreted as social 'markers' of an individual's social status or group membership. (Germov & Williams, 2004, p. 18).

Thus, food choices are not only a demonstration of self-identity but also used to reinforce social group membership (Germov & Williams, 2004).

**Disordered Eating**

From a sociocultural perspective, the causes of eating disorders are far more complicated than a desire to be attractive. Popular discourse on eating disorders does not allow for an understanding of the "complexities of gendered, embodied experiences, or the ways in which power is enacted in social relations, or the sense of distinction that can be derived from such 'deviant' posturing as an 'anorexic'" (Rich et al., 2004, p. 176).

Rich et al. (2004) argue that much of the potentially unhealthy behaviors exhibited by students may be explained as an intersection of deeply rooted cultural capital and social norms in conjunction with varied and cross-sectional identities and lived experiences. Those who come from different backgrounds may be exposed to different forms of cultural knowledge, credentials, and perceptions of body image (Evans & Davies, 2004), and these differences explain why some people have eating disorders and some do not. Identity is formed from unique configurations of culture, class, sexual orientation, religion, genetics, family, age, and gender, for example (Bordo, 1993), and these intersections of identity have a large effect on, for example, the development of an eating disorder.

Students also develop embodied identities that are influenced by perceptions of their own body, as well as their health-related behaviors and habits. Anorexia, for example, can be a way of differentiating oneself from others and creating an identity (Rich et al., 2004). One of the issues of conflating the body with identity is that biological and genetic factors may not allow for certain identities to be achieved (Kirk, 2004). Furthermore, when women, in particular, receive a message that they are "internally responsible" (Rich et al., 2004, p. 186) for their health and simultaneously experience social pressures to be thin, weight loss becomes a mechanism to both develop an identity of a responsible woman and to achieve a socially accepted body type, rather than for reasons associated with health promotion.

Educational institutions are often the setting in which students develop perceptions of their bodies and establish acceptable behaviors to manage their external

appearance (Rich et al., 2004).  For example, results from a qualitative study of the interplay between secondary school education, the body, power, knowledge, and (ill) health in relation to the causes and development of eating disorders suggest that educational environment can validate cultural notions of restraint and discipline demonstrated through eating (Rich et al., 2004).  Students in this investigation also reported using food and diet as a mechanism with which to comfort themselves in a stressful environment (Rich et al., 2004).   Indeed, the pressure to do well academically overshadowed the importance of health and self-care and built pressure for bodily perfection and performance, often in forms that were "undesirable or impossible to achieve" (Rich et al., 2004, p. 187).  Students in this study also reported that "control, virtue and goodness are to be found in slenderness and the process of becoming thin" (Rich et al., 2004, p. 180), which suggests that efforts to manage body size—even if a desired body shape is not achieved—are viewed as noble pursuits.  Some of the motivations to be thin include social status acquisition, enhanced attractiveness, and a socially accepted identity (Rich et al., 2004).

**Body Size and Obesity**

Saguy (2013) argues that framing, which is a sociological term for "definitions of situations" (p. 4), is a useful theoretical tool for the identification and explanation of dominant discourses on body size.  Saguy (2013) argues that by the middle of the twentieth century, physicians began to treat corpulence, resulting in a "medical frame" (Saguy, 2013, p. 42) for the problem of obesity.  Beginning in the mid-1990s, fatness was framed increasingly as not only a medical problem of concern for individuals and their

doctors, but also a public health crisis that was of concern to the public as a whole, in part due to the financial costs of obesity-related problems (Saguy, 2013).

Saguy (2013) argues that there is a series of blame frames that are perpetuated in the discussion of the obesity epidemic. These blame frames range from personal responsibility (e.g., bad personal choices), sociocultural (e.g., toxic food environment, poverty, and cultural attitudes and practices), and biological (e.g., biological or genetic factors) [Saguy, 2013]. The personal responsibility frame is consistent with tenants of neoliberalism—that obesity is a personal problem, which should be resolved through self-discipline without government interference (Saguy, 2013). The sociocultural frame suggests that individual choices are shaped or constrained by social factors such as poverty, culture, business, and local communities, and that obesity is a manifestation of corrupt food production and distribution practices that place profits over the health and welfare of consumers (Saguy, 2013). The biological frame suggests that genetic factors explain variances in body size (Saguy, 2013).

There are numerous negative effects of framing on the discussion of body size. In Saguy's (2013) review of the media coverage of obesity, she found that news articles often focused on extreme cases of severe obesity (e.g., toddlers who weigh more than 100 pounds). As a result, people who read news reports that find obesity to be dangerous medically are more likely to express antifat prejudice. However, those who read news articles that state that one can be fat and fit are less likely to express antifat prejudice (Saguy, 2013).

The medical and public health framing of obesity has a disproportionate effect on both women and people of color. Aside from the social and psychological stress associated with the burden of weight management, these populations can also suffer from undue bodily harm. For example, companies that sell potentially harmful and dangerous weight-loss drugs and eating programs successfully target and acquire women and people of color as customers (Saguy, 2013). Saguy (2013) argues that body size is an important, yet understudied, social justice issue, "shaping one's life chances and perspective" (Saguy, 2013, p. 167).

From the sociocultural perspective, there are several problems with the popular discourse on obesity. First, similar to the critique of the scholarly literature on eating disorders, obesity is often viewed as an individual problem rather than a larger societal issue, which is counter to what is known about the relationship between socioeconomic background and health. For example, if health were purely an individual phenomenon, we would not see a disproportionally large representation among those from historically disadvantaged backgrounds with disease and ill health (Gard, 2004). Second, the media sensationalizes the so-called "obesity epidemic" (Burrows & Wright, 2004, p. 83) and creates panic, which in the context of elementary and high school education, "constructs particular ways of looking at and acting upon children" (Burrows & Wright, 2004, p. 83). Indeed, some of the ways children may be acted upon include forced participation in exercises that may be dull and boring and sometimes humiliating for obese children, resulting in both counterproductive and destructive effects to the development of a healthy body identity (Gard, 2004). Third and finally, according to Burrows and Wright

(2004), "A 'health' imperative is added to the 'beauty' imperative so that the requirement for young people to assess their bodies, to change shape to fit the norms of contemporary society seems even greater" (p. 91). In sum, individual choices regarding health may be more of a reflection of societal expectations of beauty and intent to achieve a socially acceptable body type than they are a reflection of health-orientation.

**Body Image and Gender**

According to Connell (2002), body image is a "process that can be referred to as 'social embodiment,' whereby the body is both an object and a reflective agent" (as cited in Germov & Williams, 2004, p. 19). From a sociocultural perspective, body image is not an individual issue; rather, it is a reflection of social expectations of what the body (as an object) should look like.

> Attempts to regulate the body are gendered through the social construction of the thin ideal for women. While external pressures from the media and corporate interests play a key role in the construction and maintenance of such discourses, they are also internalized and reproduced by individuals—an example of what Elias termed 'civilizing processes,' whereby social regulation of individual behavior is not only achieved through coercion but through moral self-regulation. (Germov & Williams, 2004, p. 19)

Thus, maintenance of a socially accepted body type is not simply shaped by external pressures; individuals also regulate their own behaviors to perform in a way that is both socially acceptable and virtuous.

Preferred body types have changed over the course of the twentieth century; however, the intent to achieve a certain body shape has remained constant. The inception of popular media promulgated certain body ideals, particularly for women. From the late 1800s to the early 1900s, the female body ideal was the "Gibson Girl," who boasted a slender waistline with a large bust line and hips (La France, Zivian, & Myers, 2000). In the 1920s, advertising became a mechanism to promote cultural values, creating new markets for goods (Hancock et al., 2000). "It attached images of youth, beauty, luxury and romance to even the most mundane of produces, making them desirable to the general population" (Hancock et al., p. 49, 2000). Advertisements were designed to attract a particular type of consumer—one who was subject to ridicule—and thus were designed to promote shame and embarrassment (Hancock, 2000). After a brief period where an athletic body was preferred in the 1920s, a curvy female physique was preferred in beauty competitions and movie castings (La France et al., 2000). Following the late 1960s to present day, fashion norms shifted and the slender and athletic body types prevailed (La France et al., 2000).

Burr (2011) argues that in the 1980s media representations—including those promoted by female celebrities—promoted a body ideal that was "slim, taut, and toned" (p.220). This new body ideal was a departure from the more gaunt shapes celebrated in the 1970s. Neoliberal ideals of self-determination and self-discipline have been both reflected by and promoted by popular media. "According to the dominant cultural ideals of the feminine body operating in Reagan's America, a woman can have an ideal body if she worked hard enough, cared for her body, and fine-tuned it with beauty products or

even cosmetic surgery" (Burr, 2011, p. 220). The fitness, health, and dieting booms of the 1970s and 1980s supported the advertising and marketing of commodities and techniques for bodily enhancement such as fitness programs, nutrition plans, and diet supplements (Hancock et al., 2000). In the late 1980s, aerobics was perceived by the feminist scholarly community as "selling slenderness and colorful leotards of women" (Ellison, 2011, p. 196). However, not all scholars agree that fitness programs in the 1980s were antagonistic toward body acceptance. In a historical investigation of the meaning of an exercise group titled "Large as Lifers," a fitness group exclusively for overweight women, Ellison (2011) argues that such groups were not another attempt to manage women's body shapes, but rather a mechanism to "solidify group identity and rearticulate the meaning of the fat body" (p. 209).

Presently, media representations of the female body remain influential on female body image. La France et al. (2000) found that among middle-class, educated women, a woman's desire to lose weight is influenced primarily by the media's standard of beauty and not by her age or cohort. Capanec and Payne (2000) argue that advertisements are designed to make women feel inadequate in order sell a particular product. "Women are bombarded with images that the majority can never attain, which perpetuates the consumption of products and services to construct and maintain a desirable appearance" (Capanec & Payne, 2000, p. 122).

Health and body image are intimately interlinked (Wakewich, 2000). Wakewich (2000) explored concepts of how ideas about health and the body are shaped over time, and how other identities (e.g., gender, class, sexuality, culture, and region) are constituted

within and through discourses of the body. Class differences were apparent in women's discourses of health (Wakewich, 2000). Middle-class women identified with discourses that emphasize health as an individual phenomenon, while working-class women evaluated health in relation to their self-sufficiency and ability to serve others (Wakewich, 2000). Women in this investigation perceived body image to be fluid and contextual; it changed as they moved through different spaces and when in the company of different people (Wakewich, 2000). Wakewich (2000) also assessed the effects of the media on representations of the female body and health, and found that women rejected the body ideals in popular magazines and instead favored medical information and advice columns in magazines.

The scholarly literature suggests that women who face social stigma for their body size are uncomfortable with their bodies regardless of their size (La France et al., 2000). This discomfort is due to difficulty in meeting societal expectations of what constitutes the perfect body (La France et al., 2000); Marchessault, 2000). In a cultural study using a feminist methodology, Marchessault (2000) sought to reveal the ways in which self-esteem and human dignity are preserved within a societal structure of unattainable beauty standards. Women in the investigation cited friends, boyfriends, and the media to be primary influences on their attitudes toward weight; however, noticeably absent was the influence exerted by family (Marchessault, 2000). In the college context, in a qualitative investigation of body image among female university students, La France et al. (2000) found that college women reported dissatisfaction with body appearance and found their bodies to be larger than the body ideal they perceive is attractive to men (La

France et al., 2000).  This general phenomenon of dissatisfaction has been labeled  as normative discontentment (La France et al., 2000) by researchers.

Narratives present the language of the person (Thomas-MacLean, 2000).  Kate Rossiter (2000) created an autobiographical narrative of the effects of self-image as recorded by a second-year university woman.  Rossiter (2000) recounts the process of joining Weight Watchers at fifteen, where she found that the more weight she lost, the more critical and unaccepting she became of her body.  "To me, living in a fat body felt like living with a chronic disease: it was both distressing and debilitating" (Rossiter, 2000, p. 196).  Rossiter (2000) questioned why no one noticed when she became obsessed with her food intake, or lack thereof, and surmised it was because they were "proud and envious" (p. 196) of her due to her new slender physique.  In coming to terms with her full-fledged eating disorder in the twelfth grade, she notes that her identity as a thin person was a false one.  "I had the world convinced I was indeed a good, thin girl but somewhere inside I knew this was a scam" (Rossiter, 2000, p. 197).  Even after she had recovered from the eating disorder and gained acceptance of her less slender figure, she could not let go the perception that not dieting had additional meanings such as laziness, or that she was "letting herself go" (Rossiter, 2000, p. 199).  She also notes that fat-phobia and fat jokes are more socially appropriate than racist or sexist jokes due to the social norm of disdain of fatness.  She recommends the development of more social support groups for body acceptance (Rossiter, 2000).

While the body may be burdensome for women in several ways, a woman's appearance can also be a canvas for self-expression (Bordo, 1993; Capenec & Payne,

2000). Bordo (1993) argues that there is a creative and subversive nature to practices such as make-up and high heels. Capenec and Payne (2000) investigated female identity and body image among Canadian women who had undergone plastic surgery and found that women in this investigation were not victims of the cultural beauty imperative, but rather "competent and knowledgeable subjects who act upon conditions which are not of their own making" (Capenec & Payne, 2000, p. 131). Identity is an important concept in women's decisions, particularly those decisions that involve alteration of the body (Capenec & Payne, 2000). Decisions to dress the body in a specific way (Bordo, 1993), or alter the body, can be seen as a way to renegotiate identity (Capenec & Payne, 2000) for both men and women, and are not simply acts of conformity to a prescribed body ideal.

Men also renegotiate identity through both engagement in body-related activities and achievement of an ideal body shape. While in the late eighteenth century, Western European representations of the male figure in both art and science were limited to images of youthful elites with "strong, muscular, and proportionate bodies unmarred by fat" (Forth, 2008, p. 74), by the early twentieth century, interest in efficiency allowed for the predominance of discourses of the male body to be likened to the "well-functioning machine" (Forth, 2008, p. 171). During the industrial utopianism of the early 1920s, the machine became an emblem of "progress, harmony, and control" (Forth, 2008, p. 174). Throughout the early twentieth century, the embodiment of the concept of a mechanistic male body was found in the body of automobiles (Forth, 2008). One's care for the body acted as a means of achieving "machine-like strength, efficiency, and precision" (Forth,

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2008, p. 182). "Streamlined bodies" (Forth, 2008, p. 184), figures that could move easily without resistance, became the preferred body type in the 1920s and 1930s. Advertising in the early twentieth century reflected the importance of a lean and muscular physique among men, and fashion trends, such as trends in beachwear, began to shift to reveal more flesh (Forth, 2008).

Twentieth century wartime in the United States brought awareness that the male body was no longer required to be combat ready, as the primary tools of war were machine-operated, which altered representations of the male body ideal. Further "softening" (Forth, 2008, p. 210) of men in the 1950s was the new identity of the middle class businessman, who spent much more time behind the office desk than engaged in physical labor of any kind. It was not until the 1960s that the male body ideal "bulk[ed] up" (Forth, 2008, p. 220) from its previously streamlined figure. Action figures such as G.I. Joe boasted hyper-muscular bodies that appeared to be a result of chemical performance enhancers (Forth, 2008). The result of these more recent media representations of a muscular male physique has been an enduring media promulgation of unrealistic and unattainable body types (Dworkin & Wachs, 2009; Forth, 2008; Pope et al., 2000).

> Aimed at the upwardly-mobile, college-educated, politically-conservative, heterosexual carnivore, mass-circulation magazines like *Men's Health,* which is published in foreign language editions across the West, confirm the business world's view of the ideal make body as sporting rock-hard abs, bulging biceps, and pectorals. (Forth, 2008, p. 224)

The male desire to be masculine plays a role in the preferred body types and level of body acceptance among men (O'Donoghue, 2007). Bourdieu (2001) claims that "manliness must be validated by other men...and certified by recognition of membership of the group of real men" (as cited in O'Donoghue, 2007, p. 52). As Bourdieu (2001) argues, manliness is an eminently relational notion, constructed in front of and for other men and against femininity, in a kind of fear of the female, firstly in oneself (as cited in O'Donoghue, 2007). Although a spectrum of masculinities will continue to be present in everyday life, Forth (2008) posits that the history of masculinities and media influence on the male body ideal suggests that hyper-masculine images of manhood may be entrenched and thus difficult to change.

**Summary**

From a sociocultural perspective, there are alternate ways to conceive of student health issues as a cultural phenomenon, rather than an individual problem to be corrected by individuals and education; however, cultural investigations of college student health are nearly absent from the literature. Also, while there is scholarly literature on elementary, intermediate, and high school student perceptions of health and the body, there is decidedly a lack of literature on college student perceptions of health and the body.

> From the [student's] perspective, health looks and feels very different than the
> visions upheld by teachers, parents and other health promoters, yet rarely are
> health promoters either cognizant of this or prepared to engage young people

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themselves in the identification of health issues that are important to them.

(Burrows & Wright, 2004, p. 92)

Additional literature on college student health and wellness from the student perspective has the potential to not only inform the scholarly literature but also engage students in the process of contributing to their own health and well-being.

Choices regarding what to eat, and how much to eat, are linked to both self-identity and social group membership (Germov & Williams, 2004; Ikeda, 2004, p. 296). Young adult peer culture also influences students' perceptions of and behaviors regarding eating (Rich et al., 2004). In spite of the volume of popular and mainstream sociological interest in the body in recent years, little attention has been given to the development of eating disorders in the educational context (Rich et al., 2004).

The so-called "obesity epidemic" (Burrows & Wright, 2004, p. 83) has created a panic around the issue of childhood and adult obesity. The media sensationalizes obesity by its focus on a small sample of severely obese people, which leads the public to construct an inaccurate view of obesity (Saguy, 2013). The result of wide-spread misconceptions about obesity is an antifat prejudice among populations that have not been exposed to the concept that good health can occur at every size (Saguy, 2013).

The media has also had an effect on perpetuation of unrealistic and unattainable body ideals (Forth, 2008). Women articulate pressure to achieve a slender body type (La France et al., 2000); Marchessault, 2000), while men report expectations of achievement of hyper-muscular body types to prove their masculinity (Forth, 2008). Among teenagers and young adults, the construction and reconstruction of ideal body types should be of

concern to educators, as these perceptions demonstrate what young people believe to be valued and appropriate "body work" (Rich et al., 2004, p. 184).

This review of relevant literature highlighted examples of where, in these cases, women use their bodies to express themselves and embody an identity (Bordo, 1993; Capenec & Payne, 2000). Also, Rossiter's (2000) narrative on her challenges, and ultimate acceptance, of her body illustrates an example of female resistance to established body ideals. The scholarly literature on college student health would benefit from counter narratives on body acceptance and, specifically, cultural investigations of how students, largely in their own words, construct an image of health in college (Waldron & Dieser, 2010), including how students use their individual agency to combat social- and self-regulation of their bodies.

## Theoretical Framework

There are a variety of theories drawn from sociology that can contribute to the scholarly literature on discourses of health and the body in college. Culture theory provides a useful framework for researchers to examine college student health due to its central focus on meaning and the perspectives of the population studied. Also, concepts drawn from social reproduction theory, specifically cultural capital, social capital and bodily capital have particular relevance to college student health perceptions. Students form identities and orientations toward health-related concepts, some of which may be generated from their home communities and others acquired while they are in college. In this section, each of these theories and their applications to health and wellness is identified.

**Culture or Practice Theory**

From the perspective of culture or practice theory, culture can be defined as a manuscript of shaped behavior, or a way to view behavior as a manifestation of culture (Geertz, 1973). Culture can also be articulated as "the very grounds for human communication and interaction" (Swartz, 1997, p. 1), or the common ground that allows people to relate to one another. Culture includes the taken-for-granted assumptions of everyday life (Ortner, 2006). In this view of culture, individuals appropriate cultural norms from socio-historical resources and apply them to particular contexts, even if they do not recognize how cultural resources, processes, and institutions result in individual and group reproductions of patterns of domination (Swartz, 1997).

A primary difference between culture theory and other social theories is culture theory's emphasis on interpretations (McDermott & Varenne, 2006). From this view, shared interpretations of behavior are just as important as factual accounts of behaviors themselves (McDermott & Varenne, 2006). Interpretative sociologists are concerned with the actor's subjective interpretation (or meaning) of events (Bellack, 1978). However, the importance of social structures to the participants is what sets interpretive researchers apart (Bellack, 1978).

Culture theory, as defined by Ortner (1997), posits that behavior is shaped in part by larger social structures, but not determined by them. In this theory, phenomena are mediated by "cultural fixing" (Ortner, 1997, p. 78) or by commitments, motives, assumptions, and orientations that are consistent with an individual's culture and class. From Ortner's (1997) perspective, culture theory acknowledges that social structures

shape opportunities; however, this approach also acknowledges that individuals, groups, and societies possess the ability to chart their own pathways, establish authority, and maintain control through their own agency.

Cultural and social forces exist alongside agency or "that which is made or denied, expanded or contracted, in the exercise of power" (Ortner, 1997, p.146).  Germov and Williams (2004) suggest that agency is defined as the human ability to make choices within a given social context.

> The term agency refers to the potential of individuals to independently exercise choice in and influence over their social world and their daily lives.  While we are born into a world that is not of our making and must learn the 'social rules' to survive and prosper, we are not simply automans responding to some preordained social program.  Human agency produces the scope for difference, diversity, and social change.  (Germov & Williams, 2004, p. 10)

Although early practice theorists did not ignore power and resistance to power, these concepts are not discussed explicitly (Ortner, 1997).  However, discussions of power certainly fit within a meaning-centered approach to social science research (Ortner, 1997).  Ortner (1997) brought back power, resistance, and, perhaps most importantly, agency into the understanding of social phenomena from a cultural perspective.

> [Agency] is the (sense of) authority to act, or of lack authority and lack of empowerment to act.  It is that dimension of power that is located in the actor's subjective sense of authorization, control, and effectiveness, in the world. Within the framework of questions of meaning, on the other hand, agency represents the

pressures of desires and understandings and intentions on cultural constructions. (Ortner, 1997, p. 146)

Higher education scholars who have conducted investigations from a cultural perspective identified and explained challenges of students' adjustment to college (Kuh & Love, 2000; Moffatt, 1989; Museus, 2009; Nathan, 2005; Tierney, 2000). Culture theory has contributed to the scholarly literature on college student health by taking inventory of the cultural resources students draw upon to move through college. One example of a cultural study of college student health undertaken by Waldron and Dieser (2010) distinguished gender-specific health perspectives. Results indicated that women perceived fitness as an assessment of the activities they can perform, as well as whether people matched the ideal body image promoted by the media (Waldron & Dieser, 2010). Similarly, men conflated female beauty with health but cited fathers specifically as socializing agents for their perspectives (Waldron & Dieser, 2010).

The cultural perspective is a useful tool to reveal social norms and individual student perceptions of health in college. However, several aspects of the methods utilized in Waldron and Dieser's (2010) investigation were problematic. First, the sample was limited to students in health-related majors who are likely more health-conscious than their peers. Second, the investigation relied on interview data alone. Identification and explanation of college student health perspectives from a cultural perspective requires observations of student attitudes as students move through different social spaces (Hammersley & Atkinson, 2007), which is best achieved with supplemental ethnographic field methods such as observations.

**Social Reproduction Theory**

From the perspective of social reproduction theory, people develop different dispositions and preferences that are in line with their class. According to Bourdieu (1977), distinct class-related 'tastes' in art, film, literature, fashion, and food are the means by which class is produced and reproduced (as cited in Crotty & Germov, 2004). Class positionalities engender certain representations of the privileges and limits of these positions, "a habitus of both external practices and internal sense of boundaries and/or possibilities" (Ortner, 2006, p.78). These dispositions incline students to act, think, and feel in ways consistent with their class (Ortner, 2006), which has implications for their health-related behaviors, goals, and perceptions. Three components of social reproduction theory—cultural capital, social capital, and bodily capital—help to explain why students' perceptions of their own personal health tend to decline as they progress through college.

**Cultural Capital.** Culture theory addresses cultural meaning of phenomena that shape individual behaviors and perceptions. Cultural capital, in some distinction, is related to the "class-based socialization of culturally relevant skills, abilities, tastes, preferences, or norms that act as a form of social currency" (Winkle-Wagner, 2010, p. 5). Cultural capital is comprised of culturally based resources such as educational institutions, credentials, aesthetic preferences, skills, abilities, and mannerisms (Winkle-Wagner, 2010). These tastes or preferences serve as signifiers of class, and allow individuals access to privileges of that class that translate into other forms of capital, such as access to high-level employment opportunities under the guise of organizational fit

(Winkle-Wagner, 2010).  Cultural capital explains "the subtle way in which people's seemingly 'normal' behaviors or 'choices' [help] maintain social stratification" (Winkle-Wagner, 2010, p. 4).  Cultural capital is acquired through the family and schooling (Bourdieu, 1979/1984) [as cited in Winkle-Wagner, 2010].  Although cultural capital can be attained through education, scholars have found that the process of acquiring cultural capital requires more than what educational institutions can provide (Winkle-Wagner, 2010).

In the context of health, taste in cultural goods operates as a "social marker of class identity" (Crotty & Germov, 2004, p. 251).  Taste in art, film, literature, fashion, and food are produced and reproduced as these Markers of social class pass from one generation to the next (Crotty & Germov, 2004).  Because consumption choices require discriminatory judgments, taste acts as a classifier (Hancock et al., 2000; Crotty & Germov, 2004).  Crotty and Germov (2004) argue that the dining habits of upper-class people are a form of cultural capital.

> The upper and middle classes use food consumption, among other things, as a symbolic way of differentiating themselves from the working class through an appreciation of etiquette, modest serves, and aesthetic factors, as reflected in common notions of 'good' and 'bad' taste (Crotty & Germov, 2004, p. 251).

Germov and Williams (2004) argue that the ability to define good taste by the consumption of products that are more expensive reinforces and legitimizes class distinctions.

Those who have more capital—that is, those groups who are better able to create notions of "good taste"—can legitimate forms of consumption to which they have more access. They are able to define their bodies as, their lifestyles, and their preferred food habits as superior, worthy of respect, and classier. Thus, Indian and Thai takeaway are better than McDonald's hamburgers and fish and chips from the corner store; what is more, they are chosen by better-educated and better-paid people. (Germov & Williams, 2004, p. 252)

In addition to differences in food selections between classes, an individual from the working class may perform different rituals than their upper-class peers (Bourdieu, 1984). In *Distinction,* Bourdieu (1984) outlines in detail various working-class rituals performed during meals, such as leaving food on the table during a meal, an emphasis on the abundance of food and encouragement of men to eat plentifully, and lack of concern for the appearance of food. Bourdieu (1984) then contrasts a similar meal carried on by an upper class family, where smaller, more visually appealing courses are served, and then removed from the table after the course is complete. These rituals and patterns in eating and sharing meals become second-nature, and serve to differentiate people by their class. In sum, while tastes in food and meal-time rituals may appear on their surface as "natural" (Hancock et al., 2000, p. 51), from this perspective they are, in fact, socialized markers of class.

A lack of financial resources can influence health outcomes; however, social class is not deterministic of nutritional intake. Germov and Williams (2004) found that financial problems have a negative effect on body fat, muscle mass, iron deficiency, and

frequency of eating breakfast among older women.  Bourdieu (1979/1984) argues that poor nutrition choices of a low-income population can be explained by class socialization of taste.  Those who are low-income, and who also consume cheaper and fattier food, will nonetheless crave this food even if they have achieved upward mobility (Winkle-Wagner, 2010).  However, the notion that lower class people eat poorly may be more of a stereotype than an undisputed fact. A study of occupational status and conformity to governmental dietary guidelines revealed that the practice of following recommended nutritional guidelines is rare in every occupational category (Crotty & Germov, 2004).

There are several critiques of cultural capital as an appropriate construct that explains social inequality and reproduction of class.  One of the critiques central to cultural capital's standing as a valid construct in the United States is that tastes and preferences transcend class lines due to universal access to cultural goods (Winkle-Wagner, 2010).  For example, people from varied socioeconomic backgrounds share common interests and values.  They participate in the same sports events; they frequent many of the same restaurants; and, they value the same material objects (e.g., automobiles).  Class in these practices is not a divider or demarcation.  However, both economic and cultural "norming" is nonetheless present in tastes associated with health and wellness, and cultural capital in the form of taste can indeed be acquired through experiences and interactions.  Furthermore, symbolic capital, or emblem of prestige, can be attained by excellence in sport regardless of social class.  However, this form of capital may not transcend social spaces beyond the field of sport (Thorpe, 2009).  Finally, there are practical considerations that cultural capital may not necessarily be passed on

easily from one generation to the next (Winkle-Wagner, 2010).  For example, parents

who both have demanding professions may not have the ability to spend adequate time

with their children.  Cultural capital, then, becomes difficult both to define and measure

in a research setting, particularly for quantitative researchers.  In qualitative

investigations, however, researchers can remedy inaccurate presumptions regarding

cultural capital by delving into participants' access to cultural resources and information

to determine quantity and type of cultural capital possessed.

      **Social Capital.**  The accumulation of cultural capital is insufficient without the

network to put those pieces into action (Tierney, 2013).  Social capital, according to

Coleman (1990), is a resource that stems from relationships that allow individuals to

achieve specific goals (as cited in Sampson, 2003).  These relationships, and the social

networks they belong to, facilitate coordination and cooperation for mutual benefit,

facilitate distribution of tips or advice, beneficial comparison groups, and "voluntary

associations that indirectly or directly breed constructive action" (Sampson, 2003, p.

136).  Social capital can be segmented by its type.  Kawachi, Subramanian, and Kim

(2008) differentiate "bonding social capital" (p. 6), which refers to strong ties within a

community that allow people to "get by" (p. 6), from "bridging social capital" (Harpham,

2008, p. 52), which refers to social ties that allow people to advance socially. In the

college environment, "bonding social capital" refers to students' peer networks where

they may elect to cook, exercise, or dine out with one another.  However, students

achieve mobility through their "informal social resources" (Coleman, 1998, p. S102),

such as faculty, staff, and fellow students.   The college environment can be a fruitful

place for students to acquire "bridging social capital" both formally, through educative

processes, and informally, through personal relationships (Coleman, 1998).

Certain forms of cultural and social capital are valuable in some settings but not

valuable in others (Winkle-Wagner, 2010). The space in which cultural competence, or

knowledge of particular tastes, dispositions, or norms, is labeled by social reproduction

theorists as "the field" (Winkle-Wagner, 2010, p. 7). The field determines which

attributes, properties, economic goods, or cultural goods are valid, and furthermore,

which ones are important (Winkle-Wagner, 2010). In the context of higher education, the

field can be defined as a particular academic institution or associated group of

institutions, or more specifically a community within a given educational setting.

**Bodily Capital.** Bourdieu has shown that social and cultural capital are

embodied, in that they shape mannerisms, posture, and what is generally thought of as

personal style (Hancock, 2000; Saguy, 2013). Hancock et al. (2000) explain that cultural

capital not only exists in the cognitive realm but also is displayed through the medium of

the body.

> For Bourdieu, the body is a materialization of class taste. The body bears the
>
> imprint of the consumption practices of various social classes…*Habitus* does not
>
> simply operate at the level of everyday knowledgability or competences, but,
>
> according to Bourdieu, is embodied—literally. That is, it is made manifest in
>
> body size, shape and weight, posture, demeanor, ways of walking, eating and
>
> drinking, and a sense of ease with one's body; even the amount of social space a
>
> person feels entitled to occupy. (Hancock et al., p. 53, 2000)

O'Donoghue (2007) also argues that Bourdieu conceptualized the body as a form of physical capital as a bearer of symbolic value, produced, presented, and managed to achieve status and distinction across social fields. Different classes produce distinct bodily forms, and such forms are interpreted and valued differently in and across different social fields and social classes (O'Donoghue, 2007). However, O'Donoghue (2007) maintains that the symbolic value attached to specific body forms is not fixed. "The body is always an unfinished entity which develops in conjunction with various social forces" (O'Donoghue, 2007, p. 95).

Specifically, body shape and size function as a significant form of bodily capital. Saguy (2013) offers examples of how bodily forms act as social credentials.

> More generally, in many societies, being tall, especially for men, confers status, whereas being short is discrediting. Similarly, being very thin—the proverbial 90 pound weakling—can be discrediting for men. In contemporary United States and Europe, however, a thin, for women, and a muscularly toned, for men, body confers credibility. Hard bodies are seen as evidence of a disciplined character. Thin women are more likely to 'marry up' and attain a high paying job, compared to heavier women, thereby converting bodily capital into economic capital. (Saguy, 2013, p. 34)

For Bourdieu, the body is a form of physical capital that can also be converted to attain other forms of capital, such as economic, social, and cultural (Hancock 2000; Saguy, 2013). From this point of view, the body is not only a physical manifestation of social and cultural capital, it is also a mechanism to attain other forms of capital. Saguy (2013)

offers examples of this conversion of bodily capital into economic capital, such as a boxer who trains his body to win prize fights or a model who cultivates a thin body to display for monetary gain. These examples explain why men and women, including those who are currently in college, see a social, cultural, and sometimes monetary value in maintaining a socially acceptable body size. However, investigations into how cultural capital, social capital, and bodily capital contribute to perceptions of health within the college context are not found in the higher education literature.

**Summary**

Culture can be viewed as the very grounds for human communication and interaction (Swartz, 1997). "It is also a source of domination…Whether in the form of dispositions, objects, systems, or institutions, culture embodies power relations" (Swartz, 1997, p. 1). Specifically, agency, or the ability to resist social structures, norms, and expectations, is a useful theoretical tool for the investigation of college health and wellness perceptions and behaviors. While one cultural investigation of college student health and wellness was identified, its methods failed to produce a representative and comprehensive illustration of health and wellness from the student perspective. Sociological theories of cultural capital, social capital, and bodily capital and their implications for health and the body were identified; however, the body of literature on college student health and wellness lacks theoretical or empirical work that draws from these theories to identify and explain college student perceptions of health and wellness and students' body-related identities.

**Conclusions**

Overall, there is insufficient literature on the topic of health in education where student perspectives are incorporated. In particular, there is a lack of investigations into the ways in which practices in educational institutions shape individuals' sense of identity in relation to the body (Evans & Davies, 2004). The body of scholarly literature on college student health does not provide a comprehensive view of college students' lived experiences with health. Specifically, existing investigations of health from the college student perspective do not rely upon ethnographic field methods, which include life histories, extensive observations, and document analysis of students, particularly students who do not necessarily study, associate with, or identify with health promotion or disease prevention activities at the institution in which they are enrolled.

The biomedical model, which explains college student health from an individual perspective, is neither sufficient to explain the problem of declining health in college nor adequate to address the challenge of moving people in healthful directions (Doherty, 1988). The biomedical model eliminates psychological and social dimensions from the practice of medicine (Doherty, 1988). While psychological, social, and environmental influences on health are not absent completely in the biomedical model, "the interpersonal aspects of health care remain in the background, outside the realm of science" (Doherty, 1988, p. 12).

The sociocultural perspective challenges the notion that individuals alone are to blame for their health problems and points to the role educational institutions play in constructing the meaning of health for students (Rich et al., 2004). Students form their

identities as they progress through the educational system (Rich et al., 2004). Educational institutions play important roles in the socialization of values, norms, and expectations for students. However, the sociocultural literature on the topic of student health and the body is incomplete. First, it deals with Kindergarten through twelfth grade and is imperceptible in the higher education literature, perhaps because formal health education rarely continues past childhood. Second, the body of sociological literature on health and education does not pay adequate attention to individual action and agency. Social structures are often described as ingrained, impermeable, and pervasive, and thus devoid of individual agency, even though individuals are indeed empowered to shape their own health and body perceptions, identities, and behaviors (Evans & Davies, 2004). Finally, there is insufficient scholarly literature on the topic of college student health and the body from a sociocultural perspective. More literature on the topic of the "embodied self" (Evans & Davies, 2004, p. 4) in college would benefit scholars and practitioners alike by providing researchers with an "understanding of how the various 'medical,' 'social,' and 'spiritual' understandings of the body, and the emaciated body, are appropriated, fused, and legitimated" (Rich et al., 2004, p. 187).

Culture theory, however, takes inventory of the various social, cultural, and environmental structures that shape behavior and takes into consideration that individuals possess the agency to resist these forces. Culture theory has the potential to capture student perspectives on college student health; however, investigations directed by culture theory are nearly absent in the literature. There are few investigations that address college student health from the student perspective. In the college context, forms

of cultural capital, social capital, and bodily capital are embedded in student perceptions of how to be healthy in college and shapes perceptions of stress management, nutrition, sleep, self-care, alcohol consumption, and healthy relationships, as well as other health issues that are important to this population.  However, the body of literature on college student health and wellness fails to utilize these theories to address health-related perceptions, behaviors, and identities. The amount and types of capital students possess may also shape the behaviors of institutions, including how and whether resources are utilized.  Investigations that use concepts drawn from social reproduction theory can provide an important contribution to theory.  Germov and Williams (2004) suggest that Bourdieu's articulation of the influence of class and social stratification is too deterministic and does not adequately address individual agency to overcome social structures.

> While Bourdieu's ideas are insightful, they should not be adopted uncritically…Bourdieu himself acknowledged that all theorizing is culturally and historically contingent.  Therefore, how well his ideas apply today, particularly in countries such as Australia, the USA and the UK, requires empirical investigation. Despite his attempt to provide an explanation that integrated structure and agency, Bourdieu appears to accord habitus as a particularly fixed and determining quality that belies the internal differentiation among the working class, not to mention the other identity-forming characteristics, such as ethnicity and gender. (Germov & Williams, 2004, p. 253)

Additional scholarly work that investigates the different types and amounts of cultural, social, and bodily capital utilized by students, as well as how they enact their individual agency to achieve their health-related goals, may explain students' health-related perceptions, representations, and identities, and specifically, the ways in which the college experience contributes to health (or ill health) and well-being (or its lack) and shapes their opinions about their bodies.

CHAPTER 3:

METHODOLOGY AND METHODS

**Methodology**

Through examination of student representations of health, wellness, and the body,

the purpose of this investigation is to document and explain essential components of the

student experience in college and its influence on students' health. Due to the project's

aim to explore student perceptions of health, qualitative methods were employed.

Qualitative research is conducted in what is called a "field," or a setting, which is

reflective of everyday life (Miles, Huberman, & Saldaña, 2014). In this research

methodology, the researcher aims to identify a contextual, encompassing, and integrated

overview of a phenomenon and explain the ways people come to understand, account for,

and manage their day-to-day situations (Miles et al., 2014). Student accounts of their

own perceptions of health in the college context are essential to answer the research

questions in this investigation, which aim to identify and explain students' meaning of

health, health-related identities, and contextual factors that influence their perspectives.

**Researcher's Perspective**

In qualitative research, research is reflexive, meaning the researcher's

interpretation is embedded in the data collection and analysis (McDermott & Varenne,

2006). Reflexivity requires that the researcher acknowledge his or her role as an

instrument of research as opposed to an attempt to constrain, eliminate, or control for

biases (McDermott & Varenne, 2006). I am a contributor to the culture I study. Thus, in

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this section, I share personal experiences, perspectives, and personal values that have contributed to the lens through which I observed the phenomena.

I approached this research from the perspective of a middle class female who was raised by two divorced parents who shared joint custody of my sister and me. My mother worked the evening shift at her job, and, on nights she worked, my sister and I went to our father's home. He was a computer analyst for the Navy as his career, but he was active in semi-professional body-building outside of his job. My father's hobby influenced our home life. Our coffee table was cluttered with bodybuilding magazines and our meals were composed of skinless chicken breasts served with microwaved broccoli on the side. My mother, on the other hand, thought food should taste good. Dinner was dictated by our preferences—I should say—my preferences, as I was a picky eater in the family. My sister, on the other hand, was, as my mom would often say, "a good eater," which was a double-edged sword. While she gained favor from my parents for not wasting food, she was also ridiculed for her larger body size. My mother did not address her weight directly and instead found ways to flatter her for the parts of her that were small ("Becky, you have such a tiny waist"). My father was more critical and direct in noting her larger physical size, calling her "Thunder Thighs." I was much smaller than my sister, and my slender body size worried both my parents. My mother often served Kraft macaroni and cheese and canned corn for dinner (two foods I loved the most) almost every night in hopes I would, in her words, "fill out." I learned that body size matters at an early age, and that for me, as a woman, there is virtue in forming a body shape that is slender without being "too skinny."

As an undergraduate student at the University of California, Los Angeles, I questioned how I should eat in its buffet-style dining halls. Even though I have a small frame, before I arrived, I had already begun a diet and exercise program to avoid gaining the "freshman fifteen," or what I perceived to be traditional college weight gain. Although I did not think I had disordered eating—defined for me as bulimia or anorexia—at times, I knew my strategies were unhealthy. I drank alcohol most evenings, exercised to "burn it off," and dieted—a strategy that allowed me to stay "in shape" while sustaining my participation in college social life. Weight was of particular concern for me as a collegiate cheerleader, as the cheerleading culture affirms and validates the importance of weight management, and the larger United States culture expects female cheerleaders to be small and athletic-looking. In consideration of these larger cultural factors and my own personal experience, health, to me, meant not hurting myself in the process of staying thin and going to the doctor when I was sick. In college, when I gained more than a few pounds, I restricted my diet and increased my cardiovascular exercise. I have continued to manage my weight since then, in part to maintain my identity as a thin and disciplined woman.

In the twelve years that have passed since I graduated from UCLA, I have served as an administrator in student affairs at two large research universities in the Southwest region of the United States, while also a co-owner of a CrossFit gym, which emphasizes functional fitness and natural eating. As a result, I have been the "healthy lady" to over 400 student employees of mine, and who often asked me for advice on what they should eat and how they should exercise. In my time at these two college campuses, I have

encountered sporadic events and passive educational displays on topics related to student wellness; however, as a whole, I have not seen campus cultures that emphasize the importance of healthy living. Instead, I have seen academic environments that applaud only cognitive development. Students with whom I have worked acknowledge that they lead unhealthy lifestyles and knowingly participate in behaviors that comprise their personal health and well-being (e.g., "pulling all-nighters," using energy drinks, caffeine pills, eating fast food, relying upon compulsive dieting and exercise, resorting to binge drinking, and adopting poor stress management strategies). I have also been asked for diet advice by students who I perceive to be lean by many standards. As a result, I have seen numerous dutiful students graduate college with their brains nourished and their bodies malnourished. While I would like to see college-aged students construct a definition of health that leads them to engage in healthier behaviors without respect to weight management or achievement of ideal body types, I believe that the first step toward constructing a campus culture that emphasizes healthy behaviors and acceptance of all body identities is to understand students' perspectives on health and their bodies.

As I report my findings, I continue to reveal my perspective. I identify the role I played in collecting and analyzing the data by including information on the relationships formed, personal reactions and perspectives of the data collected, and my overall experience in the research journey. Behar (1996) reflected on her experience personally by identifying with a life story of Esperanza, a Mexican street peddler, and how this experience contributed to the authenticity of the book, *Translated Woman*.

Since I have put myself in the ethnographic picture, readers feel they have come to know me. They have poured their own feelings into their construction of me and in this way have come to identify with me, or at least their fictional image of who I am. Their responses have taught me that when readers take the voyage through anthropology's tunnel it is themselves they must be able to see in the observer who is serving as their guide. (Behar, 1996, p. 16)

As I report my findings, I attempt to strike an appropriate balance between sharing enough of myself and ensuring that what I share is essential to the argument and "not a decorative flourish [or] exposure for its own sake" (Behar, 1996, p. 14).

**Field Relations**

When the researcher conducts ethnographic fieldwork, a practical understanding of how one will enter the research sites and engage with participants must be established before entering the field (Hammersley & Atkinson, 2007). An example of how field relations can pose a challenge to collecting high-quality data appears in Nathan's (2005) account of college student culture from the freshman perspective. Nathan (2005) collected her data by spending one year in the residential halls, representing herself falsely as a freshman; however, because she was much older than her peers, she was unable to establish the relationships and rapport with students necessary to carry out her ethnographic field research methods. Conversely, Moffatt (1989), who had a youthful appearance, lived as a freshman in the residential community of Rutgers University in his ethnographic account of college student culture in the 1980s and took a different approach to field relations. As a young professor who broke away from the traditional

researcher distance and established genuine relationships with his informants, Moffatt (1989) was able to detail the numerous complex relationships, meanings, and interpretations of college from the viewpoint of his informants, which allowed him to answer his research question in a complete and compelling way.

For the purposes of this investigation, my relationship with participants in my research was, to use a simile, like a "friend." Although I was straightforward with my identity as a young graduate student, my goal was to allow relationships to transcend the researcher-student distance that is common in the field. I selected this position because if I approached this investigation as a distanced observer, it would have been difficult to establish the strong trust and rapport required to garner an insider's view of a phenomenon, which is a critique that can be aimed at Nathan's (2005) ethnographic study in the residential halls. The relative age of the interviewer can influence the type of relationship that develops between interviewer and participant (Seidman, 2006). As a 34-year-old female, it was easier for me to interact casually with students without drawing attention to myself as a non-student and engage in casual conversations and observations. This identity allowed me to observe and document more naturalistic accounts from students, as was obtained by Moffatt (1989), who also positioned himself as a friend and peer of students in his ethnographic account of the undergraduate experience at Rutgers University in the 1980s.

## Methods

### Site Selection, Design, and Methods

**Site Selection.** This investigation was undertaken at two large public universities in southern California, which were given the pseudonyms California Research University (CRU) and California Comprehensive University (CCU). Site selection was limited to public universities due to their mission to serve the public interest by "educat[ing] future generations of enlightened, capable state leaders and citizens" (Thelin, 2011, p. 139). These two campuses are both large public four-year universities with variations in student status. While CCU and CRU have similar populations of full-time students (24,627 and 21,712, respectively), part-time populations are quite different. CCU has 4,664 part-time students, while CRU has 338 part-time students. Although there are differences in racial composition at both institutions, both are relatively diverse compared to other research and comprehensive universities. My investigating at these two diverse institutions allowed me to achieve a goal of this research: to identify and explain varying types and amounts of cultural and social capital and students' health perceptions, given that race and ethnicity are related to cultural and social capital (Coleman, 1988) [see Table 1 for more information on institutional demography].

These specific sites were selected as well for reasons of access. I worked at CRU for seven years in the division of Student Affairs, where my colleagues included the Director of Dining and Hospitality, the Director of Housing, and the Director of Campus Recreation, and we enjoyed social relationships outside of work. The relationships I

established produced for me access to private spaces such as dining halls, residential

halls, and exercise facilities at CRU that may be difficult to attain by other researchers.

**Table 1**

**Fall/Winter 2012 Undergraduate Enrollment by Ethnicity**

|  | CCU | | CRU | |
|---|---|---|---|---|
| **African-American/Black** | 1,188 | 4.1% | 554 | 2.6% |
| **Asian-American/Pac. Islander** | 6,888 | 23.5% | 10,999 | 51.4% |
| **Caucasian** | 7,410 | 25.3% | 4,274 | 20.0% |
| **Latino/Latina** | 9,544 | 32.6% | 3,831 | 17.9% |
| **Native Amer./Alaskan Nat.** | 194 | 0.7% | 105 | 0.5% |
| **2 or more races** | 821 | 2.8% | - | - |
| **Unknown** | 1,928 | 6.6% | 880 | 4.1% |
| **Visa/Non-U.S. Citizen** | 1,318 | 4.5% | 753 | 3.5% |
| **Total** | 29,291 | 100.0% | 21,396 | 100% |

*Note:* There are no available data for students of two races at CRU

Also, knowledge of this institution allowed me to enter one of my research sites with relevant cultural knowledge of the institution, which informed the research.

There are features of these institutions that [may differentiate them from] other universities. Both CRU and CCU are viewed by students as "commuter schools" due to their large populations of students who live off-campus. In addition, neither CRU nor CCU have a National Collegiate Athletic Association (NCAA) Division I football team (although both have NCAA Division I basketball teams and NCAA Division I baseball teams).

These intuitions are only representative of public universities in California. I excluded community colleges because their mission and goals, as well as their student populations, are too different from that of the state university system, which would have limited opportunities for generalization and comparison among the institutions. Additionally, I excluded private institutions from my site selection because private institutions are not necessarily designed to serve the public at large. One of the premises of this investigation is that public universities have the potential, and perhaps obligation, to influence the health and well-being of the public; thus, it was appropriate to perform my research at only public universities.

This investigation of health from the college student perspective as conducted at two campuses allowed me to compare "local meanings" (Erickson, 1986, p. 121) that extended beyond the immediate circumstances of the social setting, such as "learned and shared standards for perceiving, believing, acting, and evaluating the actions of others"

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(Erickson, 1986, p. 129). The limited number of institutions enabled me to devote considerable time as a researcher to the sites and study them intensely (Hammersley & Atkinson, 2007). In sum, the benefits of investigating this topic at two institutions (e.g., the ability to establish strong relationships with participants, vast amount of institutional knowledge, and in-depth understanding of individual student context) outweighed the drawbacks of including more institutions (e.g., less institutional knowledge, limited understanding of institutions, and less depth in representation of individual student context).

**Design.** This investigation relied heavily upon ethnographic field methods (Erikson, 1986; Hammersley & Atkinson, 2007; Holland & Eisenhart, 1990; Maxwell, 2005; Wolcott, 1990). This method of data collection was founded upon the existence of cultural differences and the value in identification of social processes (Hammersley & Atkinson, 2007). "Ethnography exploits the capacity that any social actor possesses for learning new cultures, and the objectivity to which this process gives rise" (Hammersley & Atkinson, 2007, p. 9). Although ethnography has its own characteristics and intent, which are oriented toward cultural analysis (Wolcott, 1987), ethnographic field methods are its techniques, which can be employed in association with a variety of theoretical and analytical frameworks.

**Data Collection.** Methods for data collection included the following: semi-structured interviews (including life histories), focus groups, participant-observations, and document analysis, which are consistent with those found in scholarly literature (e.g.,

Holland & Eisenhart, 1990; Rich et al., 2004).   See Table 2 for a summary of research

methods performed at each site.

**Table 2**

**Research Methods by Site**

| Data collection method | CRU | CCU |
|---|---|---|
| Student interviews (22 total) | Once each 60-90 minutes (3 Males and 7 Females) | Once each 60-90 minutes (5 Males and 7 Females) |
| Staff interviews (1 total) | 1 (health education) | (observation only) |
| Focus groups (8 total) | 4 groups (4-6 students each) | 4 groups (4-6 students each) |
| Participant-observation sites | Varied (inclusive of on-campus site observations of interest to students, recreation centers, residential and dining hall observations) | Varied (inclusive of on-campus site observations of interest to students, recreation centers, residential and dining hall observations) |
| Document analysis | Varied (inclusive of student newspapers, websites, Facebook profiles and status updates, Twitter, and institutional documentation and websites) | Varied (inclusive of inclusive of student newspapers, websites, Facebook profiles and status updates, Twitter, and institutional documentation and websites) |

A combined total of 55 students and one staff member participated from the two

campuses combined (28 participants from CCU and 28 participants from CRU).  Racial

composition of the interview and focus group participant pool was diverse and roughly

mirrored their respective proportions of students at each campus; however, females were

overrepresented at approximately 64 percent.

I spent four months of physical time in the field of study to engage in extensive observation, where I documented behaviors and events at the research site with field notes (Erickson, 1986), which were word processed and coded upon completion. These methods provided the "concrete details" (Erickson, 1986, p. 121) required to understand phenomena, especially as I sought to understand the points of view of the actors involved.

*Interviews.* After I obtained approval from the Instructional Review Boards at both research sites, I conducted semi-structured interviews with 12 students from CCU and 10 students from CRU regarding their daily habits, behaviors, and thoughts relating to health. I also interviewed one health education officer from CCU and observed the staff at CRU to capture broad college student health issues present at each campus beyond my sample. These interviews served as conversations with a purpose (Seidman, 1991). To some extent, sampling took place in order to ensure various categories were met, such as gender, race, ethnicity, and year in school (Hammersley & Atkinson, 2007). All 22 interview respondents were interviewed once for 60 to 90 minutes, which was enough time to explore important topics, while also not too long where interviews were difficult to schedule (Seidman, 1991).

All interviews began with a life history of the student, as they provided me with an understanding of the personal experiences that have shaped students' perceptions (Holland & Eisenhart, 1990). Conducting life histories provoked questions and ideas about "how that individual lives his or her life and makes sense of it" (Tierney, 2013, p. 260). For the participants, it offered an opportunity for reflection, and served as a vehicle by which to "step back and verbalize what they may be thinking about the

experiences they are having or would like to have" (Tierney, 2013, p. 216).  Once the life history was complete, students were directed to answer questions about their perceptions of health while in college (see Appendix A for interview protocol).  Although a loose interview protocol was established before the interview, the interview when conducted followed the participant's natural train of thought (Yin, 2003).  Non-directive interviewing allowed the interviewee to "talk at length in his or her own terms" (Hammersley & Atkinson, 2007 p. 101), which allowed me to capture what was important to the participant and contributed to the validity of the data.  Interview data were not interpreted as factual accounts from informants, but rather served collectively as a vehicle to learn about the phenomena from the participant's perspective (Hammersley & Atkinson, 2007).  All interviews and focus groups were audio recorded and later transcribed.  Field notes of observations were also written at each interview and word-processed later that same day as to ensure location descriptions, personal impressions; analytical notes were retained for later review and analysis (Emerson, Fretz, & Shaw, 1995; Hammersley & Atkinson, 2007).

*Focus Groups.*  Focus groups produced data and led to insights that would have been less accessible without the interaction found in a group (Morgan, 1997).  The advantage of this form of interviewing is that participants' interactions among themselves replaced the interaction with me, leading to a greater emphasis on the students' point of view (Morgan, 1997).  Focus groups were comprised of students who fell into one of the following groups:  commuter, on-campus housing, fraternity, and sorority.  While a small portion of the fraternity and sorority focus group participants lived in University-

sponsored on-campus housing units, the on-campus housing and commuter focus groups were comprised only of non-Greek-affiliated students. Fraternity and sorority members were placed into specific focus groups because the theoretical perspectives in this investigation require evaluation of peer networks in health-related perceptions, and these tight-knit social groups provide a mechanism by which to conduct a focus group comprised of students who knew each other well. I contacted college administrators on campus to assist me in recruiting participants for each session. Due to the small size of these groups and difficulty in finding overlapping student availability, I was unable to achieve gender or racial balance in the focus groups. Each focus group session aimed to achieve the recommended size of four to six respondents (Morgan, 1997).

Each focus group session began with open-ended prompts and questions regarding various health topics that emerged from interviews and observations. Focus groups served to clarify information received from informal interviews and participant-observations that were unclear or incongruent (Morgan, 1997). Similar to interviews, focus groups were loosely structured to allow me to pay attention to what participants found interesting and important (Morgan, 1997), while also serving as a venue for recruitment for on-going participant-observation where I could see how students interact with one another as they discussed the topic of health. The significance of this technique is that students were able to, as a group, construct and reflect upon their health-related identities and representations (Morgan, 1997). Similar to interviews, focus groups were audio recorded and transcribed and field notes were written and word processed as to

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document and store all forms of data gathered at these sessions (Emerson, Fretz, & Shaw, 1995; Hammersley & Atkinson, 2007).

 *Participant-observation.*  Interview and focus group data served to alert me to spaces, priorities, and relationships that are most important to students (Holland & Eisenhart, 1990).  Participant-observations served four purposes in this investigation: (1) to engage in activities relevant to informants (Spradley, 1980), (2) to observe the activities, people, and physical aspects of the situation (Spradley, 1980), (3) to have an opportunity to come across elements of college student health of which I was unaware and would not otherwise been able to clarify with research participants (Agar, 1980), and (4) to obtain rich points of data with context, which contributed to coherence of findings (Agar, 1980).  Participant-observations served as an important information source for this qualitative investigation, where spontaneous accounts are seen as more valid than those that are solicited (Hammersley & Atkinson, 2007).  While conducting participant-observation, I paid attention to unsolicited and solicited oral accounts of students—their actions, moods, and attitudes (Hammersley & Atkinson, 2007).

During the four months I conducted fieldwork, I employed extensive participant-observation in areas of importance to students (Holland & Eisenhart, 1990), which varied at each campus.  Cultural and social spaces included campus dining halls, retail dining locations, as well as local eateries.  In addition, I conducted participant-observations in the student union, student health center, and the campus recreation center during hours where students advised me "are the best times to go and see people" to observe student interactions and dialogues on the topic of health and wellness.  For example, students in

my sorority focus group told me to go to the campus gym in the evening on a weeknight

so that I could see for myself how fraternity men behaved in the weight room. I dressed

in workout clothing and worked out in that space with them (and repeated this activity at

the second research site upon the same recommendation from a separate sorority focus

group). I also participated in a student-led campus tour at each campus, which allowed

me to view how the campus advertised itself to prospective students (in addition to

gaining student perspectives through their answers to parent and prospective student

questions during and after the tour). I also utilized interviews and focus groups as

opportunities for participant-observation. For example, in one interview, a student could

not help himself from yawning. We took a break from the interview to discuss his late-

night argument with his girlfriend that led to his fatigue.

  ***Document Collection and Analysis.*** I gathered and analyzed a variety of

documents, in both hard copy and virtual formats, to augment interview, participant-

observation, and focus group data. Document collection and analysis is important to the

present investigation because of the theoretical framework: culture theory presumes that

people are both contributing to and influenced by constructions of the world around them.

This methodology was informed by a similar project performed by Wright (2004), where

document review was utilized as one of the tools to understand influences on the

perspective of one of his participants, Karin. In qualitative research, one way to use

documents is to corroborate and augment information from other sources. Documents

were not relied upon as more important than other data (Hammersley & Atkinson, 2007;

Yin, 1993). Furthermore, informal documents were not viewed as any more biased than

formal documentation and were treated appropriately as a social product (Hammersley & Atkinson, 2007).

In the present investigation, document collection included items that may illuminate the student perspective, as well as university populations that may also influence the student perspective, which included student newspapers, flyers, posters, and digital publications such as websites of importance to participants in the research (e.g., Facebook.com, Instagram.com, Reddit.com, and Tumblr.com). Digital technology has transformed qualitative research, as "there are issues of identity, community, and of social control that are vibrantly relevant to virtual worlds just as they are to any kind" (Hammersley & Atkinson, 2007, p. 138). Students spend numerous hours on social networking websites such as Facebook and Twitter, as well as visiting websites that cater to the youth culture. As such, document analysis followed suit and included review and analysis of Facebook profiles (I invited students to be "friends" with me on Facebook after interviews, which allowed me to see their posts, photos, and "likes") and Instagram accounts (I asked students for permission to "follow them" on social media and also followed what they follow), which were the two most important social media outlets as reported by student participants in this investigation. Also, I reviewed departmental mission statements, websites, and campus newspapers that provided information on college context; however, such documents were less important than other student-generated documents that are direct representations of the student perspective. When analyzing the documents, I asked myself questions similar to those posed by Wright

(2004) in his work with adolescents in understanding the meaning of health from the perspective of his participants.

> What meanings of health are constructed in these texts? Which is the relationship between body/identity/self? What messages are produced as to how people are to live their lives? (Wright, 2004, p. 25)

Thus, documents were not treated as factual accounts of events and perspectives, but rather as social constructions that display cultural norms and values.

## Data Analysis

My investigation was hermeneutic in nature, meaning that individual student interpretations of college experiences were treated as social and cultural constructions and representations of what health means to students, not as universal truths about their health or the representation of health at the institution. I used student accounts as my unit of analysis for two reasons. First, capturing student perspectives allowed me to identify the beliefs, interpretations, and social actions that construct what health means to the college student population. Second, student representations of health in college offered insight into how peer cultures and individual contexts shape, and are shaped by, both an institutional culture and larger social and cultural forces. The two primary analytical frameworks employed in this investigation were cultural analysis and discourse analysis.

This investigation aimed to interpret the ways in which college students understand health and wellness, and if the ways in which that understanding then conditioned, or shaped, the health-related possibilities they see for themselves. I used two theoretical frameworks: culture theory (specifically, agency) and social reproduction

theory (specifically, theories of cultural and social capital). The former addresses the ways in which students use their individual agency to manage the "difficult negotiation" (Tierney, 2000, p. 215) between the interpretation of education and the reconstructions of that interpretation over time. The latter attends to larger cultural and social structures, specifically the ways in which students are socialized into certain types of tastes, identities, goals, and interests, as well as certain views of money, culture, and education (Winkle-Wagner, 2010). The use of these two frameworks allowed me to explore the link between individual agency and culturally established meanings, interpretations, and representations of behaviors and activities, particularly those that lead students to construct the meaning of a "healthy college student," as well as illuminate mechanisms employed to embody this construction. This investigation not only illuminated the challenges students face in acquisition of the social and cultural capital to navigate various health-related issues while in college but also showed how students use their individual agency to overcome these challenges and construct pathways to solve problems and achieve their health-related goals.

In my investigation, I utilized culture theory to identify ways in which student perceptions of health are conditioned through both shared interpretations and individual perceptions. I also examined how students perceive their own agency, specifically the ways that students "formulate needs and desires, plans and schemes, modes of working" (Ortner, 1997, p. 158) in their attempts to embody their perceptions of a healthy college student, as well as how they perceive "authorization, control, and effectiveness" (Ortner, 1997, p. 146) in the college environment, particularly in their attempts to maintain a

healthy lifestyle.  In keeping with the cultural perspective, this project highlighted the forms or patterns in social relations, internalized constraints, and practical adaptations, and utilizations of available resources, rather than only the social structures as seen in structuralist or functionalist research (Beardsworth, 1997).

This investigation utilized theories of social capital (i.e., access to information and social norming) and cultural capital (i.e., culturally relevant skills, abilities, tastes, preferences or norms) to gather data on the cultural resources students bring to campus and develop during their time in college.  In data analysis, I paid attention to the ways in which students of color, for example, bring cultural wealth to college, and how these forms of capital facilitate advantages in building positive health-related perceptions and behaviors in college.  Yosso (2005) argues that traditional forms of cultural capital do not take into consideration the valuable forms of cultural wealth that students of color may bring to college, such as the ability to speak multiple languages (linguistic capital), strong social networks (social capital), and the ability to maneuver around the constraints of the educational system and persevere (navigational capital).

Through discourse analysis, special attention was paid to behaviors and conversations, particularly when those data points show how students align themselves with a particular way of thinking about college and of seeing themselves.  Locke (2004) defines ideology as an "elaborate story told about the ideal conduct of some aspect of human affairs" (p.33).  A discourse is not a single statement, but rather a series of statements performed by a population that form a chorus (Locke, 2004), or language for talking about a particular kind of knowledge about a topic (Lehtonen, 2000).  Lehtonen

(2000) uses a definition of discourse that "contains the question of why certain meanings are experienced right at certain times whole others are considered to be wrong, how these meanings considered correct are born, and how they come to prevail" (p. 42).  Locke (2004) suggests that discourses can be likened to lenses through which individuals see the world.

> Discourses are naturalized for individual subjects, who, viewing the world through their own discursive lenses, regard their own position as 'common sense' rather than a particular construction of reality.  Revelation occurs when these 'common sense' positions are…exposed as discursive constructions. (Locke, 2004, p. 32)

Thus, language emerges from a set of interpretations that is nested in societal understandings of phenomena.  Sociocultural practice requires a focus on the immediate situation that has given rise to its production and various sociocultural practices and discursive conditions that provide contextual relevance (Locke, 2004).  This analytical posture allowed me to examine power in a way that extends from the individual to the organization as a whole and to link discourse to social groups (Rhoades, 1990). I looked at the way participants talk (Rogers, 2011) to establish a style, pattern, and theme in the discourse.  I viewed participants' individual stories as they relate to larger social processes (Rogers, 2011) and "public symbols" (Eisenhart, 2001, p. 21) and ideologies. According to Geertz (1973), the analysis of data works both to uncover what is said in social discourse and to construct a system of analysis where terms are generic to those structures.

Data analysis began as soon as data collection began.  I looked at individuals and how they behaved while also paying attention to how they interact with one another at the social level (McDermott & Varenne, 2006).  I then took inventory of the generalizations made about what occurs on a social level and performed an analysis of "the social structures that shape and are shaped by individuals, contexts, social arrangements, and hierarchies, as well the instruments used to by individuals and groups to successfully navigate problems" (McDermott & Varenne, 2006, p. 9).  On-going analysis was performed during the data collection period in the form of analytical notes and memoranda.  During the four month period of data collection, I left the site after six hours, which provided me time to drive home and type field notes, re-read existing field notes, as well as write personal analytical notes, questions, and reflections that shaped areas of focus for future field visits (Emerson, Fretz, & Shaw, 1995).  The amount of time spent observing and interviewing on campus was limited to six hours each day to leave enough time for reflection (Hammersley & Atkinson, 2007).

My formal analysis of data began with transcribing, reading, and coding interviews.  I coded data first at the descriptive and thematic levels (preliminary coding), then, upon further review, at the analytical level (secondary coding) [Richards, 2009].  This iterative process required what Hammersley and Atkinson (2007) call a "dialectical interaction" (p. 158), which necessitated re-reading, re-interpreting, and re-coding interviews upon uncovering emergent themes and testing revisions to existing theories.

Codes were entered into Atlas.ti software, which allowed me to access my code library.  After all data were coded, I downloaded frequency counts for all codes.  When a

code was used less than ten times, it was reviewed for redundancy with other codes and merged where appropriate. For example, I had used the both "Peer to Peer Information Sharing," and "Peer Health Education" codes, which, while they could have taken on a different meaning, were used interchangeably and, thus, could be merged into one code. Codes that occurred within one standard deviation from the mean frequency of occurrence or greater than the mean, and in at least half of all interviews and focus groups were included for further analysis.

Once data were been coded and organized into code families in Atlas.ti, I found concepts (e.g., identities, orientations, strategies, and practices) that helped me "make sense of what is going on in the case or cases documented by the data" (Hammersley & Atkinson, 2007, p. 162). I then organized concepts from each interview into theoretical categories from the literature on social capital theory (i.e., access to information and social norming), cultural capital theory (i.e., culturally relevant skills, abilities, tastes, preferences or norms), and culture theory (i.e., needs and desires, plans and schemes, modes of working, authorization, control, and effectiveness) [see Appendix B for the template]. Norms and preferences that were established in a student's family environment were coded as cultural capital, whereas norms and preferences established by peers were coded as social norming. When I organized the data in this way, it was clear that the data that I collected that referenced cultural capital were under-coded. I then re-coded the data where students referenced cultural capital so that I could capture this element of my theoretical framework in my findings. Also, social norming was further differentiated as referenced social norms (e.g., student reports that a specific

behavior or preference was common among their social network) and social norms established by the researcher (e.g., a preponderance of individual accounts where the same norm or preference was represented).

The second analysis activity was the display of data, or an organized, compressed representation of data (Miles et al., 2014). Patterns in data and relationships between concepts across all interviews, focus groups, participant-observations, and documents were then organized and displayed in concept maps, or visual representations of knowledge in a hierarchical order where broad concepts are placed at the top of the map with specific concepts below (Novak, 2010). In concept maps, two concepts are connected by a linking phrase that states their relationship, which makes them different from mind-maps, where such relationships are not necessarily identified (Correia, Cicuto, & Aguiar, 2013).

Concept maps are a technique developed in the 1970s by Joseph D. Novak to represent the understanding of information (Hanewald & Ifenthaler, 2013). Novakain Concept maps (N-Cmaps) meet the challenge of managing a substantial amount of information in the study of complex issues in higher education (Correia et al., 2013). Furthermore, concept maps ensure that explanations about an organization are generated in a systematic step-by-step approach and contain a manageable quantity of concepts (Correia et al., 2013). For many years, N-Cmaps were drawn by hand; however, existing technology, such as CmapTools software, has enhanced the efficiency of the creation of concept maps (Correia et al., 2013). These concept maps were constructed in a way that allowed me to generate a theory that depicts discourses among college students regarding

health and wellness, and illustrates the pathways, barriers, and challenges students face as they attempt to embody a healthy lifestyle in college.  An example of part of a concept map drawn from an interview can be found in Figure 1.

**Figure 1**

**Sample Concept Map**
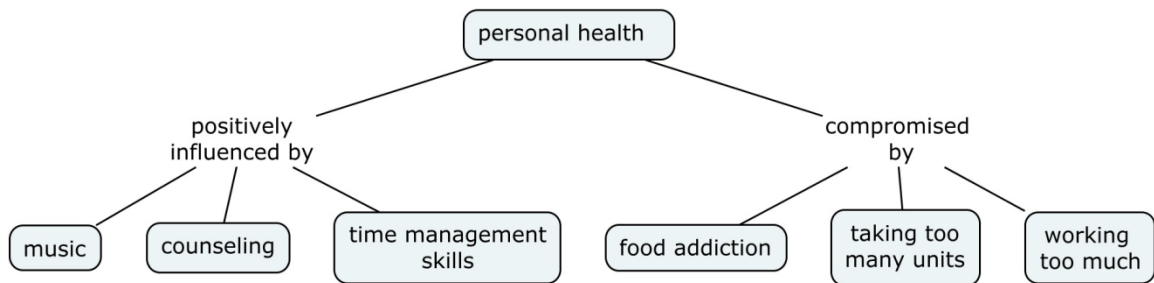


The final element of data analysis was conclusion drawing and verification (Miles et al., 2014).  While conclusions were drawn throughout the data collection and coding process, they were held lightly and amenable to alteration (Miles et al., 2014) before they became more explicit and grounded at the completion of the data analysis period.  One of the most important considerations in establishing conclusions is validity, which, in qualitative research, is established in a variety of ways that differ from the drawing of conclusions in quantitative research.

**Validity**

When employing ethnographic field methods, I ensured that validity was achieved in ways that are considerably different from quantitative research. Those unfamiliar with field methods may misinterpret qualitative data as invalid because data are translated by a researcher, and thus are subjective accounts of phenomena.  Behar (1996) addresses the

issue of subjectivity in using field methods in anthropological research, finding the issue to be an unavoidable element of any investigation where ethnographic field methods are utilized.

> An anthropologist's conversations and interactions in the field can never again be reproduced.  They are unique, unrecoverable, gone before they happen, always in the past, even when written up in the present tense.  The ethnography serves only as proof of the anthropologist's voyage, and the success of the enterprise hinges on how gracefully the anthropologist shoulders what Geertz calls the "burden of authorship." (Behar, 1996, p. 7)

Thus, data were collected in "real time," and thus, to some extent, became outdated as soon as the moment passed.  The "burden of authorship" (Behar, 1996, p. 7) for me was to capture a moment in time, and stay true to the goal of interpretive research, which is to understand phenomena from the perspective of the person(s) studied.  Interpretive research is grounded in the assumption that removing the researcher's perspective from data collection is impossible.  Interpretivists do not operate with an objectivist epistemology, and instead assume that human beings cannot collect or describe data neutrally.  From this viewpoint, no matter what form of research is conducted—qualitative or quantitative—the decisions regarding the data to collect already represent a theoretical or normative judgment regarding what counts as important data.  However, rather than seeing human beings as problematical instruments of research, interpretivist researchers may be viewed alternately as intelligent, adaptable, tactful, and sensitive collectors and analyzers of data (Seidman, 2006).

In qualitative research, validity can be achieved in a variety of ways. One way I worked toward validity was to ask questions in a way that made me appear "a bit dense" (Wolcott, 1990, p. 128) or naive (Maxwell, 2005). This demeanor positioned the student as the expert—not me—and allowed me to understand the meaning of particular phrases or behaviors from the perspective of the participants in the investigation. In addition to collecting valid data, there were methods of achieving validity in the product of my research. I included large amounts of direct quotations from informants to allow readers to see phenomena for themselves (Wolcott, 1990). I also strove to achieve balance in writing so that it was both accurate and congruent with what was observed in the research setting, which required a word-by-word review of accuracy of how the story is told (Wolcott, 1990). Also, when I came across an outlier, or unpattern (Miles et al., 2014), I discussed the aberrant perspective with my dissertation advisor to establish the meaning of it to determine whether it should be investigated further or not. Finally, data triangulation was employed. By collecting data from multiple data sources, external validity or trustworthiness of the data was enhanced (Maxwell, 2005; Miles et al., 2014).

Although it is sometimes suggested that the researcher check-in with the participant to see if the ethnographer's account is an accurate representation of his or her point of view (Wolcott, 1990; Maxwell, 2005), performing a check for validity of results with informants does not necessarily make the data more valid or factual; instead, it produces a new set of data for a new interpretation (Richards, 2009). The primary challenge to checking data with informants is that they may be unable to see their interactions as social constructions.

Cultural analysts are interested in individuals and their interactions, of course, but

they are driven to focus, first, on the collective constructions all actors must deal

with—whether they personally accept, understand, or even know much about

these constructions—and second, on what others will do, in the future, with what

the original actors did selves.  (McDermott & Varenne, 2006, p. 10)

In other words, there is an "invisibility of everyday life" (Erickson, 1986, p. 121).  We do

not realize the patterns in our actions as we perform them; thus, the participants'

knowledge or lack of knowledge could not dictate or prove the validity of my

interpretation.

This investigation took place in institutions of higher education, one in which I

am employed, which may have posed a threat to validity.  One of the most important

ways to test validity of data is to provide a vivid—and most importantly—credible

account.  Given my experience on college campuses both as a student and an

administrator, in this investigation, I had to, to some extent, examine myself.  This

problem is similar to that faced by Moffatt (1989) in his ethnographic account of college

student culture in the 1980s.  "How do you write ethnographically for audiences that may

already know a great deal about the 'exotic' culture you are describing?  How do you

achieve the distancing that anthropologists strive for in describing a culture very close to

the one in which you yourself have grown up?" (Moffatt, 1989, p. 19).  One way to

overcome this challenge, as recommended by Moffatt (1989), was to perform qualitative

research in foreign settings to develop my skills in observation of culturally relevant

behaviors that may otherwise occur unnoticed.  In this investigation, I purposefully

selected both a site in which I am familiar (CRU) and one where I am unfamiliar (CCU) so that I could view each site and setting with fresh eyes.

## Conclusions

The research questions in this investigation aim to identify and explain student perspectives on health and wellness within the context of the college experience; thus, qualitative methods were employed. As noted previously, the scholarly literature on the topic of college student health is replete with quantitative studies that have demonstrated relationships between various populations, indicators, characteristics, and college student health. However, the body of literature on this topic is nearly void of qualitative investigations. Furthermore, methods are often limited to interviewing alone, which is less effective at capturing the perspective of participants as ethnographic field methods. This investigation employed a qualitative approach to the topic of college student health and wellness and included a variety of ethnographic field methods designed to capture the student perspective on health and wellness.

The qualitative investigations that exist on college student health and wellness rarely employ theoretical frameworks or utilize analytical frameworks, and thus fail to achieve theoretical significance. Theories of cultural and social capital contributed to this investigation by outlining the cultural resources students draw upon to generate their health-related representations. One of the primary critiques of Bourdieu's (1984) work is that these theories are not operationalized into concepts that can be easily understood and applied in research settings (Tierney, 2013). Also, Bourdieu's work is seen as overly deterministic because of its emphasis on social structures (Tierney, 2013). "What we

need, instead, is some sort of data to consider how structures function to enable or disable individuals from acquiring various forms of capital that Bourdieu (1983/1986) has so elegantly outlined" (Tierney, 2013, p. 160). This investigation considered the ways in which students activate their cultural and social capital to design plans to achieve their health-related goals and outcomes, which contributes to both the scholarly literature on topic of college student health and sociocultural theories of health.

Concept mapping is a well-established and powerful technique for the graphical representation of data (Correia et al., 2013). Concept maps not only contribute to the proper analysis of data, they can also display patterns and relationships that can be useful for collaborative self-study performed by practitioners in institutions of higher education. "These organizers can make all resources consistently visible to all the people who need it to contend with a given complex problem, fostering collaboration through discussions from the same starting point" (Correia et al., 2013, p. 197). Concept maps also allow for a visual representation of how current findings connect with pre-existing knowledge about a topic (Correia et al., 2013). In the present investigation, concept maps took inventory of the existing knowledge about health-related issues and theoretical concepts of cultural and social capital found in the sociocultural literature on health and advanced them through the insights and perspectives garnered from student representations of health in the college context.

Validity was achieved through utilization of a variety of methods found in the literature (Behar, 1996; Erikson, 1986; Maxwell, 2005; McDermott & Varenne, 2006; Miles et al., 2014; Moffatt, 1989; Wolcott, 1990). First, I ensured validity in the

collection of data by conducting interviews in a way that allowed the student to be the

expert in the room.  Second, I ensured validity in the reporting of data by inclusion of

large numbers of direct quotations that were grounded in the body of perspectives

students shared with me in the investigation.  Third, I employed triangulation of data,

which meant that data were collected from a variety of sources.  Finally, I conducted the

research at two different research sites, which allowed me to compare and contrast

student norms and perspectives within different institutional contexts.

CHAPTER 4:

FINDINGS ON CULTURAL AND ENVIRONMENTAL INFLUENCES

Student perspectives on the university environment, both physical and social, and students' perceived barriers to and agency in attainment of a healthy lifestyle, are presented here. This chapter is divided into four sections, each of which represents a category of findings that respond to one or more of the research questions in this investigation, which include following: What does "wellness," "health," and "being healthy" mean to undergraduate university students? In what ways do students perceive their body-related identities and to what extent have those identities framed their health-related attitudes? What environmental, institutional, and political messages are received by students regarding health and their bodies, and what are the ways in which students validate or resist these messages?

The first section, titled "Family Constructions of Health," includes the familial and situational aspects of student health perspectives, in which participants' interact with and respond to conditions associated with the concept of health in their home environment. In this section, I identify and explain the parental influence—or lack thereof—on student participants' perceptions of what it means to be healthy and the ways in which health is achieved. This section attends to the types and quantities of health-related cultural capital garnered from the home environment that students bring with them to university in the form of health education, including norms, rituals, preferences, tastes, and values associated with diet and exercise.

The following section, titled "Nourished Minds, Malnourished Bodies," presents

the ways in which students, individually and collectively, define what it means to be a healthy university student. The university environment, both geographical and social, has an influence (both positively and negatively) on students' ability to shape a culture of health or its lack on campus; thus, students' accounts of influences of campus geography, culture, and environment on their personal health and wellness are also included in this section. Sociocultural norms and socialized routines and rituals among students coupled with peer-enforced conceptions of health give meaning and inform lived experience to discussions of student health on campus and are thus included in this section.

### Family Constructions of Health

Students' perceptions of health are indeed influenced by family constructions of health. Health-related cultural capital is transmitted from parents to their children both indirectly through transmission of norms, expectations, and values associated with health (e.g., a parent conveys exercise importance by running each day), and directly through health-related directives, provision of meals, and enrollment of their children in recreational activities (Bourdieu, 1984). Parents also pass along elements of taste that reflect their social class (Bourdieu, 1984); thus, this investigation delved into student participants' childhood experiences, family values, and traditions.

In order to take inventory of the types and quantities of cultural capital possessed by students in this investigation, participant-interviews began with an inquiry into participants' life histories, where students were asked to describe their families and communities (e.g., family values and educational experiences). I then directed conversation about the ways in which health was addressed in their home environments,

inclusive of family, friend, educational, and community influences on health. I was

unable to observe students' interactions with and dialogues on health in the household;

thus, family influence on health is limited to student interviews. Analysis of data

collected suggests that family influence on health-related values is limited largely due to

financial constraints (economic capital) or lack of family knowledge of proper health

(cultural capital). Students who had acquired health-related cultural capital on campus

developed their health-related values, norms, information-gathering, and expectations

from sources outside of the family environment, particularly among peers.

**"Trying" to be Healthy in the Home**

In participant interviews, I asked students questions regarding the ways in which

their parents or guardians "kept them healthy" as they grew up from children to adults.

With only two exceptions, students reported that their parents "tried" to keep them

healthy, but for the large majority of students, economic and cultural influences rendered

parental efforts unsuccessful. A common definition of health in the home relied upon the

importance of three meals each day and lacked sophistication on the quality of food

consumed. For students whose parents immigrated to the United States from

impoverished communities, health was defined at its most baseline standard: sufficient

food as to avoid starvation.

> They always provided me food in terms of they always tried not to get me hungry
>
> at any point. In the Philippines it's kind of [a] thing where it's like people do get
>
> hungry. And that's one thing my parents made sure does not happen. (Kenny,
>
> Pacific Islander and male senior, CCU)

Juanita, a Latina female and CCU senior, was one of six children born to her parents who live in the United States without legal documentation from Mexico (and the only one of her siblings who was born a legally documented citizen). In Juanita's view, Mexican food is fried and thus unhealthy, which contrasts with her parents' view that health is achieved by a full stomach regardless of food quality.

> I don't know that they have a concept of health in that you should eat your vegetables and things like that. To them, keeping me healthy was keeping me fed. So in their mentality, I was healthy all the time. Being Mexican, our cuisine is very heavy and very rich in fried foods that are extremely delicious, but not what I think what a nutritionist would consider healthy when taking into consideration that I'm eating that every day.

Juanita presented the home as a counterexample of a healthy household, and, thus, a non-contributor to health-related cultural capital. Conversely, Zack differentiated between Korean cultural norms for food, which he found to be healthy, and U.S. cultural norms, which he asserted were unhealthy.

> [M]y mom was super big on healthy food, so we always try to eat things kind of bland. And I am used to that. When I go to restaurants sometimes things are kind of salty. And when my friends come over, and my family members [cook for them, they say], 'Oh, your mom's cooking needs more salt.'

From Zack's point of view, healthy food is dull and bland, and, intuitively, he deems his native food as healthier than that which he consumes in the United States. Zack volunteers at his church near his parents' house each weekend. During visits home, he

receives food cooked by his mother, which he eats throughout the week. He eats his mother's food and attempts to replicate his health-related habits formed in his household (e.g., three meals each day) in the household environment.

> If I go home, my mom makes me food, so that I don't have to cook, because I don't have time…I try to eat veggies and some kind of protein meat; some kind of carb base. Yep, I eat three meals a day. I try not to eat at night.

In addition to his parents' transmission of norms and values associated with health (e.g., meat and a "carb base"), Zack's regular and frequent meals with his family result in continued influences on his health beyond childhood and while at CRU. Thus, the potential for the campus environment to influence Zack's health-related norms, preferences, and values is more constrained than what can be accomplished for students who reside on campus.

In this investigation, students from low income homes perceived health to be unattainable due to insufficient funds for healthy food, which is presumed to be too expensive. Adam, a White male junior who commutes from home to CCU, suggested that his family's financial circumstances have not always allowed for his mother to act on her health knowledge.

> [My mom] understands what it means to be healthy, I think, but, you know, we couldn't afford that much health food or anything like that. And especially we couldn't now. So it was a lot of microwave meals and a lot of boxed mac and cheese and stuff like that. But she also made me eat my fruits and veggies.

For other students, health was simply not considered to be of value by parents and thus

they did not promote health in the home environment.

>My dad didn't really try to keep me healthy. He let me eat whatever I want. I used to eat at a lot at fast food restaurants when I was a kid...It was really bad. And Slurpees: It was really bad...I'm the healthiest one in our family. (Chrissy, Asian American and White female sophomore, CCU)

Chrissy perceived herself as the most informed about health among other members of her family; thus, the onus is on her to develop her own healthy norms, values, and behaviors while at the university.

**The Body as a Reflection of Health**

Students in this investigation discussed diet and exercise regularly in association with their body shape or size, but did not see value in engagement in health-promotion practices beyond weight management. Students with a socially acceptable body size reasoned that a healthy diet or exercise regimen was unnecessary for them in their childhood, in part due to parental influences. Parents of students who self-identified as "not overweight" oftentimes encouraged their children to increase caloric intake and discouraged exercise. One of the reasons Xyla explained that she did not exercise as a child is that she had no need to due to her small body frame. "I am still kind of a small person, so I didn't have a problem with getting fat or anything like that. Actually, [My parents] were always trying to make me eat more so I would gain weight." Xyla's family values indicate a discourse that maintenance of an intentional diet and exercise regimen is reserved for those who are overweight. Similar to Xyla's narrative, Yu, an Asian American female sophomore at CCU, reported that her extended family pressured her

parents to offer her more food to avoid being "so skinny."

> My parents would always hear from our relatives that I was too skinny and they
> were like, 'What are you feeding her or are you feeding her at all? She's going to
> die because she's so skinny. She looks like she'll topple over.'

Grant, Latino and Asian male sophomore at CCU, defined health as receipt of sufficient
food, particularly because, as he reasoned, he did not have a weight problem. "In terms
of healthy…I guess part of it is my metabolism has helped me… I don't have a weight
[problem]. We ate well and we ate enough, so I guess…healthy." Not a single student in
this investigation offered an example of how parents instilled health in the home beyond
diet and exercise (e.g., adequate sleep, stress management, or other healthy behaviors that
do not have aesthetic benefits such as diet and exercise). Thus, students' perceptions that
personal health is synonymous with weight management stems, at least in part, from their
family and parental influences.

Although the previous discourses of "the body as a reflection of health" in the
home environment were not oriented explicitly toward weight management, in some
households, parents established a norm that health-consciousness simultaneously means
weight consciousness. Dakota, a White female sophomore at CRU, reported that as a
child, she followed her mother's workout videos and tried a diet shake because she had
seen her mother perform these activities to lose weight.

> My mom did a lot of exercising at home. Because…she was so busy with work,
> she would [exercise] at night, and I would do her tapes before she got home. And
> I would drink her SlimFast [diet shake], and I had no idea what it was and I

thought it tasted disgusting. But, because my best friends were all super thin and I

matured really fast, too, and I had thighs and I had a butt.  And I thought, 'Nope,

this is bad,' so I would do those things where you would lay flat and you'd kick

your legs up like this. I had no idea what they did but I just knew that my mom

did them, so I was doing them, and I picked up her weights and I drank her

SlimFast before she got home.  And so it started really young for me, and I've

always been weight conscious.

Although Dakota's mother did not tell her explicitly to drink a diet shake and perform

certain exercises to lose weight, she modeled the behavior and imprinted diet and

exercise strategies on her daughter at a young age.  Reia, a Pacific Islander and White

female freshman, as well as a participant in an on-campus focus group at CRU, stated

that her mother was indeed explicit in the importance she placed on exercise as a tool for

weight management.

Last time I went home, my mom was like, 'It looks like you gained weight. Did

you gain weight?' I said, 'Maybe,' and then I told her I went to a Zumba thing,

and she was like, 'Oh, you'll lose weight really fast.' I'm like, 'Okay, Mom.' My

mom is really, really, really fit, and she used to be really overweight…I don't

know. She felt something in her, and she just shed off all extra weight, and now

she's really healthy.

In this portion of the on-campus focus group at CCU, Reia stated that she was told to

exercise by her mother because of her body size.  As well, Reia noted that when her

mother lost weight she became "healthy."  Reia's articulations of her home environment

reveal a dominant discourse that the physical state of being overweight acts as an invitation for others to offer recommendations for engagement in "healthy" behaviors that can be categorized more appropriately as weight management practices. The discourse of health through weight management is salient particularly when families have diseases such as type 2 diabetes and hypertension, which are associated with poor diet and weight gain.

> They always try to keep me healthy because my mom has diabetes. High blood pressure [runs] in my family, so my mom and my grandma [are] constantly on my case about being healthy. They actually made me join Weight Watchers last year, and I was actually going to Weight Watchers. It is the only diet I can really stay on. I was actually coming [to the campus recreation center] working out every day. I actually lost some weight. Then when I met my boyfriend, things just changed and the school got in the way again. I just stopped completely. (Sierra, African American female and senior at CCU)

In Sierra's experience, she is "made" to diet by her mother and grandmother because she is overweight and they fear she will have health problems if she sustains her current weight. From this perspective, eating healthfully and exercise are a consequence for being overweight rather than an integrated and taken-for-granted element of daily life, as articulated by students who come from healthy homes.

**Healthy Homes**

A small proportion of students described homes where there were intentional health-related interventions, and, in those cases, students perceived health-maintenance

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efforts as a vital element of their upbringing. For example, Traci, a White female senior at CCU, noted that health was promoted in Traci's household through encouragement to participate in sports and a "well-rounded diet." When finances constrained her parents' ability to pay for sports (her mother did not work and, according to Traci, her father controlled the finances), her mother took initiative to ensure that she could provide sport activities for her children.

> My mom growing up she never did sports. She's first generation…from Cuba. So, when my sisters and I were growing up, my mom wanted us to do sports, and we were already really active growing up. I remember—I think maybe having to do with the money thing—we ate at home a lot so a lot of home-cooked meals…like broccoli, white rice, and steak…We never had soda in the house…That was another thing that my mom wanted us to have a well-rounded diet. When we started playing club soccer, [my dad] tried to get us to quit because of financial reasons. So my mom got a job secretly behind my dad's back to pay for us to pursue soccer.

Traci's mother understood the value of a healthy diet and exercise regimen and implemented healthy practices in her household; thus, she was able to transmit health-related cultural capital to Traci, notwithstanding limited economic capital. Although successful transmission of cultural capital could not necessarily be verified in this investigation, Traci indicated a high level of physical activity (e.g., participates in yoga classes) and conveyed thoughtfulness about her nutritional intake.

While uncommon for this student sample, educational and community

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experiences contributed to health-related cultural capital in a few instances. Sara, a White female freshman at CRU, was raised in an environment where health and proper nutrition are important, not only within the household but also in her elementary school experiences.

> The elementary school I went to, we had rules about what kind of snacks we could bring. We would have a 10 o'clock snack or something every day, and [it] had to be either a fruit or a vegetable. So [school] was always a healthy environment. And also, being in San Diego, I think it's a healthy place. Never really, we never went to McDonald's or fast food or anything. We always had snacks in the house. There were always cookies and ships, but it was not what we always had.

Health-related cultural capital was acquired both at home and at school, and made accessible by her middle class neighborhood where healthy eating was the norm. Sara reflected behavior congruent with her upbringing through her decision to enroll in a nutrition class, as well as regular attendance of yoga and dance recreation classes while at CRU.

Although only two students noted their religion's influence on health and the body, spirituality has a positive influence on self-care (Hartley, 2011). For example, Zack, an international student from Korea and sophomore at CRU, explained that his Christian faith promoted body acceptance through the concept of God's unconditional love. "You don't have to be a specific body, especially from a Christian perspective…I think that helps a lot of people. Just the fact that God just loves you for who you are."

According to Yu, an Asian American commuter senior from CCU, family values, which include spiritual values, have had a significant influence on her perceptions and knowledge of health.

> I think what makes me a little healthier is because I'm a Seventh-day Adventist. It's Christianity, and we're very health-conscious people. We have, you know, foods we should eat, foods we shouldn't eat … and how we can have a good diet and stuff because our body is the temple of God.

From Yu's point of view, Christianity contributed to her establishment of an identity of being health-conscious and shaped her perspectives on maintenance of her health. Yu attempted to eat a healthy diet in college, evidenced by her interview articulations and regular Facebook posts with photos of meals she identified as healthy in her comments. For Yu, her family's influence on her health is reaffirmed by a larger spiritual context of health-consciousness.

> While rare, student's explanations of health in the household revealed that parents transmitted valuable health-related cultural capital acquired through education and experience to their offspring. For example, Lisa, a female Latina and White senior at CCU, articulated that her mother has taken nutrition coursework, and thus viewed by Lisa as a competent health mentor.

> My mom was always very health-conscious and I don't know quite know where she got that from. I know when she was in college she always made a point to take nutrition classes and she took psychology classes. She liked that stuff too and she told me things that to this day I hold true.

Due to Lisa's mother's re-marriage and relocation hundreds of miles away from CCU, Lisa currently lives with her grandmother. However, her mother's nutritional advice acts as valuable health-related cultural capital, and continues to have an influence on Lisa's perceptions, even if Lisa finds it difficult to behave congruently with her mother's instructions. When Lisa spoke about her unsuccessful attempts to be healthy while enrolled at CCU, she referenced her mother. "As my mom would say, [don't eat] breads and grains. I'm like, 'I know but it's so good.'"

**Summary**

Student discourses on the meaning of health in the home environment were associated with the types of cultural capital in the household and almost exclusively limited to proper nutrition and exercise. Although students reported that their parents made efforts to promote health within the home, the vast majority of families lacked sufficient educational capital, economic capital, or cultural capital to be able to provide their children norms and values of health beyond the provision of "enough" food. In other homes, healthy lifestyles were promoted by students' parents through the provision of three home-cooked meals each day. In this investigation, the majority of students received a message from their parents that proper diet, or nutritional intake, and exercise are important only in relationship to weight management, a discourse that suggests that thin people are healthy and have less of a responsibility to engage in health-related practices, while overweight people are in a state of ill health and have a responsibility to "manage" their weight through diet and exercise. In some cases, parents instilled a norm that health requires weight-consciousness by participation in and encouragement of diet

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and exercise regimes to lose weight.  As a whole, students at both CRU and CCU reported limited health-related cultural capital acquired in the household.  Particularly lacking were health-related values and norms that were not linked to diet and exercise strategies.  Those values and norms established at home comprise only a small portion of what students define as healthy in the university milieu.  Student discourses on health at the university are identified and explained in the following section, "Nourished Minds, Malnourished Bodies."

### Nourished Minds, Malnourished Bodies

Evidence presented in the previous section, "Family Constructions of Health," suggests that students, particularly students from households who lack relevant health-related cultural capital, seek resources outside of the home for their health- and wellness-related needs.  University administrators and faculty have the potential to act as sources of social capital for students and transmit health-related cultural capital to students (Winkle-Wagner, 2010); however, students found the vast majority of institutional efforts to be of little use to them in their daily lives.  Indeed, students in this investigation found the university environment as a whole to be unhealthy largely due to the poor quality of food in the dining halls and the abundance of fast food restaurants on campus.

This section outlines the ways in which the campus environments at CRU and CCU—through their meal options, recreational resources, and administrative units— shape students' individual and group agency in health-maintenance activities.  The student culture of health, such as norms and rituals associated with sleep, nutrition, exercise, and alcohol intake, is also identified in this section, with particular attention

paid to the social and academic pressures that prevent students from the achievement of their health-related goals.

**The Malnourished University**

CRU boasts health and wellness programs that, traditionally, are found on college campuses across the nation, as well additional "boutique" programs specific to the campus, such as programs that utilize film and theater to address issues of student mental health. In 2010, the division of Student Affairs at CRU underwent a departmental re-organization designed to enhance the collaboration between various health and wellness units on campus, which involved consolidation of the campus recreation center, health center, health education center, disability services, counseling center, and campus assault resources all into a single health and wellness unit. This unit's value that health is to be attained only in relationship to the academic goals of the campus is made clear in the first sentence of its mission statement: "The mission of [CRU's health and wellness cluster] is to support the campus' goal of achieving greater levels of academic excellence" (CRU, April 6, 2015). The mission statement notes that the goal of the unit is not only to provide treatment plans for students but also to set "the expectation that students will play an active role in developing strategies on their own behalf" (CRU, April 6, 2015), which further signals to students that health and wellness are individual pursuits for which students individually are responsible.

CCU offers standard health promotion programs similar to CRU; however, the health and wellness-related programs are separate reporting units to the division of Student Affairs. Two noteworthy exceptions include a wellness center within the campus

recreation center, which offers nutrition support, body fat screening, and bio feedback services and the student health center, which has an educational unit in the same building (even though a staff participant from the health education area in this investigation indicated that the two units do not work well with one another). The Student Affairs division's mission statement begins with its main charge, which is to "assist students in achieving their academic goals and enhancing their personal, intellectual, and social development," and references health only as its contribution to a "healthy, safe, and orderly campus environment that is responsible to the needs of a diverse student body" (CCU, April 6, 2015). Residential halls at CCU are touted on the housing website as "living-learning communities" that "foster student health and wellness" (CCU, April 14, 2015).

Although both CRU and CCU indeed have a variety of programs and services dedicated to the improvement of student health and wellness, the majority of students in this investigation reported that they did not receive intentional messaging on health from campus administration. According to Jenny, an Asian American female and junior at CRU, the institution as a whole does not provide an intentional health perspective for students to follow.

Health-wise…I don't see people [out at booths talking] about anything health-related…I feel CRU doesn't consciously say 'Let us teach you about health and eating.'…People will just look around them and [say], 'Hey, that person went to gym. Hey, that person's eating healthy. They're drinking kombucha or whatever and they're going to Nektar [juice bar] and they're doing cold pressed juices and

yadda yadda.' So, I feel like CRU provides a means of getting healthy but it doesn't necessarily consciously…say...anything about it.

Jenny's statement illustrates that peers are highly influential in the establishment of student norms for health at CRU, and the institution's efforts to intervene are unacknowledged by students because they do not penetrate students' visible day-to-day representations of health. There is a dominant institutional discourse at both CRU and CCU that health maintenance is unimportant as compared to more worthy enterprises, particularly academics.

What our schools are promoting [is] education; [we receive messages such as] 'You need to do this to get your classes and your units.' And I feel like the health aspect of students has never even been addressed, or at least what I've seen by the higher [level] people in the school. It's always by peers, but it's never anything from emails…that say, 'Oh, try to get healthy by doing this.' (Meredith, White female freshman, CRU)

Similarly, Katie, a White female sophomore at CRU, affirmed that CRU does not provide an explicit stance on health and wellness for students, and thus there is an absence of a culture of health on campus. "At CRU, I feel like the focus of [CRU] is research and academics, not really personal wellness… [I]f you're looking for it, it's there, but I don't think it's just blatantly a huge part of CRU culture." According to John, a White male senior at CRU, campus health resources are relatively unimportant, in part due to student definitions of health that are outside of campus conceptions of health. "I have pretty much ignored [campus communications on the topic of health]. And…when I [was]

thinking [about] health, I was thinking more sports instead of overall health. So, I wasn't really thinking of, like, mental health or emotional health." Students' definitions of health have an influence on the messages they acknowledge, and, thus, receive from the administration.

One of the ways in which students receive messages from the institution about what is important is through interactions with their faculty and course curriculum. Lisa, a Latina and White female senior at CCU, reported that both peers and her Psychology coursework have had a positive influence on her attainment of health-related capital, from her perspective, in a way that is not accessible in administrative services and programs outside of the classroom.

> I know the administration tries…but it's not with us every day. Our friends are with us every day; our classmates are with us every day. The shows we watch. If people watch TV, the stupid commercials; that's what's there every day giving us messages. So as much as the school will try to send [e-mails that read] 'There's a workshop on this,' it's really not going to get out to the mass media…People [who] aren't a Psychology, or Nutrition, or Health major…how would you even hear about stuff like that in your classes if you're an Accounting major?

Students in this investigation were largely unaware of campus health-related resources, and view them as places one only go if one "needs" to participate, which evidences a disconnection between the health-maintenance and prevention strategies employed by CRU and CCU as well as students. Students reported that conversations about health occur among peers alone and not with administration and faculty. Thus,

opportunities for transmission of health-related cultural capital on campus at CRU and CCU are limited. Although a small proportion of students expressed examples of health promotion services at their universities, such as the counseling center, health education center, and the student health center, students were largely unaware of the health-related services at CRU and CCU.

> I feel like we have a lot of resources. [CRU] provides a lot of resources [that]…are not really well known among the general [student] population. Some people will know about a couple of resources, and I'm sure I don't even know about all the resources. (Traci, White female senior, CRU)

Campus communication efforts on the topic of health are sparse, and when they do occur, they are misaligned with how students prefer to receive information about health and wellness. For example, Kay, an Asian American female freshman at CRU, noted that health promotion units are advertised only once each year, and their form of outreach led to embarrassing situations for students.

> Sometimes I see their tables but it's usually at the beginning of the year. You don't really get a lot of information. And I think that a lot of people are too intimidated to actually go to the table and be like, 'Oh, you guys do STD screening?' No one really wants to go up there 'cause like everybody is going to think you have STDs.

Chris, a White male and senior at CCU, explained that institutional efforts to advertise to students are futile unless students repeat the message to their friends.

> [Health] is mentioned in the email or two during the semester. There's a

newsletter that they send out every week from the rec center, but that's pretty

much it. There's no real source to go to or actually that's going to go to you,

that's going to remind you. It's pretty much going to come down to your peers

reminding you.

Even if the campus were to communicate its health-related services fully, students

do not have an interest in campus resources as a whole, which include resources related

to student health.

Students do not ever make use of the resources or what the college provides. You

know, the teacher is like, 'Please go to office hours, please,' and no one goes.

And still no one goes—even a class of like 500 people no one will go. So that's

just [an example of] someone begging you to come to their office hours and

there's [no students there]. I've never been to the health education center; this is

my first time here. (On-campus focus group participant, CRU)

In addition to general student apathy that prevents students from usage of campus

resources associated with personal health and wellness, students described a lack of

student culture of health on campus, in part because it is at odds with the "college

experience," from their perspective. As Kay noted in the on-campus focus group at

CRU, "[The] priority is…enjoyment of college experience; to hang out with friends and

everything. That's why a lot of people don't invest their time in learning more about their

health."

Given that student definitions of health are associated with activities that promote

a healthy physique, institutional resources are not relevant to students who seek to

improve health and wellness.  Thus, through their numerous services, course offerings, and faculty expertise, CRU and CCU have the potential to influence the types and quantities of health-related cultural capital acquired by students; yet, students do not receive a message from the campus that health is important.  Indeed, students in this investigation viewed their campuses predominantly as counterexamples of healthy environments.

**The "Cost" of Fast Food on Campus**

With few exceptions, the vast majority student participants at both CRU and CCU reported that their transition to their university led to deteriorating health.  Healthy campus dining options were cited by students as an important element in their belief that they could live healthfully on campus; however, with the exception of dining halls in the residential areas and a single health-themed campus restaurant at both CRU and CCU, on-campus eateries are comprised predominately of fast food restaurants.  For example, at CCU, the on-campus dining options on campus are viewed as unhealthy to the extent that Kenny, a Pacific Islander and male senior at CCU, defined a healthy college student by a lack of consumption of the food on campus.  "[A healthy college student] probably doesn't eat the food in here every day…Not just the Student Union but yeah the Student Union and [the campus pub]—basically, all the food around here."

Not only does the existence of fast food on campus influence students meal choices, and thus perceived health, it also influences their perceptions about the institution's commitment to student health and well-being.  Haley, a female African American senior at CCU, explained that student health and wellness are not promoted

with intentionality in part due to the existence of fast food chains on campus.

> I don't think that [CCU does] that much [to promote student health], honestly. I think the only thing is the student rec center. If I weren't a Health Science major, I would say that the school, they don't really do that much to promote [student health]. You see, we have all of this stuff like Carl's Junior and Subway and Domino's. We don't really have that many healthy eating opportunities here so I don't feel like they really do anything to regulate eating healthy. Of course, they make a profit from these fast food places.

Haley's account suggests that the existence of fast food restaurants on campus overshadows campus efforts to promote health through its resources, and, further, causes her to question the values of a campus administration that allows fast food establishments onto campus. Similarly, according to Lisa, a female Latina and White senior student at CCU, the presence of fast food on campus sends students the message that it is acceptable to eat poorly as a college student because the food accommodates students' low income status. "What do you have here for us to eat? Oh! Junk? Because it's cheaper for [us]?" From the point of view of students in this investigation, the provision of fast food at the university endorses the prioritization of academic pursuits over self-care.

> I don't think colleges…do a good job [at] teaching people what's healthy if they only have choices like Wendy's and fast food…It's almost like they encourage you to eat unhealthy. Like during finals week, they'll put out baskets of snacks for people to eat because they know they're going to be studying for 12 hours. And I just think that's completely unhealthy. (Katherine, White female senior, CRU)

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Scholarly research on college student health suggests that the cost of healthy food presents a barrier for students to live a healthy lifestyle as they pursue higher education (LaCaille et al., 2011); however, in this investigation, students' perceptions of the cost of healthy menu items were the primary barrier to their belief that they could eat healthfully on campus. Reia, a Pacific Islander and White female and freshman at CRU, expressed a lack of agency in her ability to maintain a healthy diet while dining on campus. "There are healthy options [on campus], but they're so expensive. If you want to buy good food that's good for you, then you're paying ten dollars for lunch, which I just can't afford every day on campus." Similarly, the women in the CRU sorority focus group discussed a restaurant on campus that serves made-to-order organic salads. Although they could not agree on the actual cost of the salad, the relative cost of the salad as compared to chicken wings was indisputable.

Robin:          That is an expensive place.

Katherine:     I think it's like seven dollars for a salad.

Traci:          Now it's down to six dollars.

Katherine:     Really?

Traci:          Yeah.

Katie:          You know what? I actually get the Chinese Chicken Salad there for
                five dollars.

Interviewer:    Are you guys getting hungry for lunch?

Katherine:     Yeah.

Group:          [laughter]

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> Katherine:     But it's still more expensive than, like, fifty cent chicken wings
>
>     from Micky D's.

Also evident in Katherine's comment about McDonald's "fifty cent chicken wings," students cited attraction to food items included prices in the name, such as a "$5 foot long sandwich" or the "$1 menu at Wendy's," an effective advertising tool among fast food restaurants that reduced uncertainty about cost. Kay, an Asian American female freshman at CRU, explained, "Realistically speaking, if you don't have enough money, are you gonna go for the six dollar salad or are you gonna go for the one dollar burger at Wendy's?" Thus, the relative cost of healthy food as compared to less healthy food—rather than the actual cost of healthy food—was the primary psychological barrier for students to eat healthfully.

**"I'm Not Going to Eat Alone"**

Students at both CRU and CCU described highly socialized environments where student relationships were of utmost importance to students. Dining out was cited as one of the ways in which students forge and reinforce relationships. Given that students eat meals outside of the home and residential halls as a large proportion of their food intake, rituals, norms, and protocols for dining out have a substantial influence on students' meal selections and, thus, perceived health. According to students in this investigation, when students eat out in groups, they tend to select menu items that are less healthy than they would be had they eaten alone. Kenny, a Pacific Islander and male senior at CCU, noted that social pressures are a forceful predictor of how healthfully a student will eat when dining among friends. "Eating out is a social thing, so I give in. Whenever, I hang out

with people I eat unhealthy food, but then, when I'm alone or when I'm eating at home, I

tried to eat as healthy as possible." Similarly, in the sorority focus group held at CRU,

Sandra, a Latina female and junior at CCU, described a lack of agency in her ability to

make an independent choice about where to eat when she is in a group setting,

particularly if she is interested in a healthy meal. "When you're by yourself, then, you

know, it's your decision, but when you're with a bunch of people and everyone wants

Chipotle, you don't want to be the naysayer, like, 'Let's just eat kale here.'" In sum,

students in this investigation suggest that dining in groups outside of the home is not an

individual choice in isolation, but rather one that is rooted in cultural and group norms,

expectations, and preferences.

Internet-based messaging and social media have transformed how students engage

in dialogues and develop social norms, including, but not limited to, their preferences in

food. Traci, a South Asian American female sophomore at CRU, stated that she is a part

of an internet-based "group chat" that she calls a "Food Family," which is a social group

established on the foundation of group dining.

> I have a chat with a bunch of my friends. Literally, we call ourselves 'Food Fam.'
>
> It's literally just people [who go] out to eat and they're like, 'Oh, I'm going out to
>
> here at this time, who wants to come?' And I usually don't go, because I don't
>
> have time, but, I'm always really, really tempted. And I feel like if I did have
>
> more time, I would go. I know that they're going a lot.

Social media shapes student norms by transcending the requirement of human contact to

influence university student behavior and disseminating information widely about

students' meal choices in "real time."  For example, according to Skylar, an Asian American female freshman at CRU, students use social media as a tool used to drive student consumption and establish trends and norms of gluttonous indulgences in the college environment.

> I think a really big part of why we like to eat out a lot is because [of] Instagram. People like to take pictures of their food and show off to everyone what they're eating. So if you're eating good food, you show other people how good your food is and other people are like, 'Oh my God, I want to go.' Especially really fatty food is so popular at Instragram…[E]verybody has to post pictures of cookies, ice cream sandwiches, [and] donut ice cream sandwiches.

In sum, according to students in this investigation, indulgences in unhealthy food are a trend that contributes to, and is influenced by, university student rituals and norms of dining out and their use of social media.

**Dining Hall Food is "Disgusting"**

It is evident at both CRU and CCU that students as a whole have determined that the dining commons do not meet baseline standards for an appropriate dining location on campus.  As a result, students demonstrate resistance—a form of agency—by avoidance of use of the dining halls both individually and in groups.  For example, even though Pete, a White male freshman at CRU, lives on campus and has access to residential hall food, he dines at campus fast food locations for lunch in order to socialize with his friends.  "The people I'm in class with don't want to eat [in the dining halls].  They want to eat at the salad place or go to Panda [Express] or something and I'm not going to say

'no' and go eat alone."

Even with recent remodeling of the dining halls at CCU, students who live on campus repeatedly discussed that their dining hall food was dull, bland, repetitive, and of poor quality, which led to poorer decision-making among campus dining alternatives.

> Oh my gosh! I am definitely not as healthy as I was when I was growing up at home. I eat so much junk food. I eat Chipotle almost every other day, in and out—all these processed foods because the dining hall food is just so disgusting. (Haley, African American female senior, CCU)

Mere provision of poor-quality healthy food by a university campus does little to alter student consumption in the dining halls. In a commuter focus group at CCU, two of the students had lived on campus previously and found the food on campus to be unappetizing and unhealthy. Kenny, a Pacific Islander and senior at CCU, articulated that before they remodeled the main dining hall at CCU, "it was pretty much like homeless shelter food." James, an Asian American male senior at CCU, added that "everything used to be fried…like fried patties, fried chicken, fried everything." Yu, an Asian American female senior at CCU, added, "Fried beans!" Jackson, an Asian American male senior, noted that the food "looked messy," and that they "scooped [the food] on your plate." As a result of the poor food quality, it is common among students to avoid use of meal plans and instead opt for fast food. Robin described a ritual in her residential hall at CCU that has a name, "rack," where students go to fast food restaurants at late hours to avoid the on-campus meal options available at late hours.

> Christy: Well, my personal dorm, we have this thing called 'rack,' which is

basically like, at 12:00 midnight or later we just go out to Taco

Bell or any other fast food joint, and just get food, and then eat.

Interviewer:     Why do you call it rack?

Christy:          Oh, we just do. It's just rack. [Laughs] They started because they

hated having to walk all the way over to [the commons] for food. I

know that they started going to Buffalo Wild Wings for dinner,

instead of having to eat at terrible [dining commons], because [it]

is just quite worse in these hours.

According to Christy, the poor quality of dining hall food and inconvenient location of

late night options for on-campus students at CCU incited a motivation to create—and

name—a protest of on-campus dining in the form of a ritualized late-night fast food run.

One of the ways students to exhibit agency in their meal selections within the

dining halls at CRU and CCU is to eat items that are less healthy, but more palpable.

Kay, an Asian American female freshman at CRU, explained that students passed over

the healthy options available for students in favor of the less healthy options such as

hamburgers. "You have the regular salad bar, which is there all the time. But if you, you

try the longest line is always for the chicken sandwich or the burger place." Robin, a

White freshman at CRU, stated that while she was open to other options, she often

defaulted to the hamburger station in the dining hall because it was a "safe" option.

According to Amy, a White female sophomore at CCU, although there are healthy

options in residential dining areas, students often select the less healthy options because

they are more enticing.

There's a salad bar and there's a vegan option, which is all very nice, but they also have cookies, and they have pizza. And they have good—okay, good is a stretch—but they have decent food too, and it's hard to be like, 'Hmm. [Do] I really want this kale salad, or this pepperoni pizza?' I mean it's like I'm not in love with our food… I'd rather not have it, but it's better than rabbit food.

Although students in this investigation were aware that dining options on campus are less healthy than food prepared at home, they provided compelling reasons why it is difficult for them to cook or bring food to campus.

**Lack of Cooking on Campus**

Although nearly every student, both those who live on- and off-campus, had an intention to cook "more" often, the university environment produces barriers, both real and perceived, that result in lack of agency in most students' ability to cook and bring nutritious food to campus. Students cited the numerous demands of the university environment as a primary reason for their lack of agency in their ability to cook or prepare their own meals (LaCaille et al., 2011).

People just focus so much on academics that they forget to take care of themselves. They'll be stuck at the library all day, or they won't have enough time to cook themselves a decent meal, so they tend to go either to the food court and pick up fast food. (Chrissy, Asian American and White junior, CRU)

John, a White male senior at CRU, cited his work schedule as a barrier to meal preparation. "This is the first year I started working, so that's like 16 more hours gone. So it's kinda just like, 'Well, am I going to cook for an hour and then eat for 30 minutes?

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Or just eat for 30 minutes overall?'" Yu, an Asian American female and senior at CCU, explained that her early morning classes do not allow for enough time to eat a full meal, especially when she has stayed up staying the night prior. "By the time I wake up, I have a class at 9:30 [A.M.] and I'm not going to have time to have anything to eat in the morning, so I just grab a banana or something." Indeed, meals consumed while students were in transit to university and to their classes or study environments were a social norm among participants in this investigation, conveyed in both interview and observation data.

> It's also the time, especially me, I'm always so busy. I'm always on the go. It's
> hard to find myself just being able to sit down for 10 minutes and enjoy a meal. I
> have to pick up chips and candy and go to my class or study for something or go
> to meetings. (Haley, African American female senior, CCU)

One student admitted that she brought food to campus that she could "drink" during class.

> I don't really like breakfast, but recently I have been having breakfast to go
> shakes, I don't know, Kellogg's makes them. I don't know, I got them at Costco.
> And I also have two Go-Gurts. So I eat that in class—or I drink them in class.
> And lunch, it varies, depends, but it is probably campus because I am not cooking,
> so it is either Subway, that pasta place, or somewhere in [the shopping center
> across the street from campus]. (Xyla, Asian American female, sophomore at
> CRU)

Campus dining locations conform to consumer demand and enable students, conveniently, to purchase food that is transportable to class. Yet, most of the food

options are not healthy, according to Lisa, a Latina and White female and senior at CCU. "The convenience store on campus has sandwiches or whatever but it's the same gist. It's not something that is all natural. I'm sure [the food is] very processed."

Although both CRU and CCU provide student residential units with kitchens with the expectation they may be used to prepare healthy meals, these resources were not suitable and thus did not serve their intended purpose. Lack of cleanliness of kitchen facilities or inadequate space to store food was a common complaint among students who expressed the motivation to cook more often. For example, Chrissy, a White and Asian American female and senior at CRU, described her kitchen as "disgusting" and unworkable. "My roommates are very messy, and they kind of destroy the kitchen, so it's really disgusting. It's not a good kitchen or living space to be in. I feel like that effects my health a lot." At both CRU and CCU, residential areas have shared kitchen facilities; however, from the students' perspective, these facilities are impractical and unworkable to the students in this investigation. According to Robin, a White female junior at CRU, the ratio of students to kitchen facilities can be as high as thirty-two to one. "It's thirty-two people and one stove…It makes it really hard if you want to cook something, and then someone's down [in the kitchen] cooking something, and then you have to wait, and then other things come up."

From the students' perspective, they lack sufficient economic capital to cook while enrolled at the university. For example, the start-up cost to build supplies to cook is a barrier for students in their goals to cook more often according to Traci, a White female senior at CCU.

Not everyone can even afford [to cook healthfully]. I mean they say eating

healthy is cheap, but I feel like initially there really is an investment. You've got

to invest in how you're going to carry your food. Sometimes even buying in bulk

essentially saves you money in the long run, but who can afford that?

In a sorority focus group, students raised similar concerns about the inability to purchase

and store items in bulk, which would provide an economic incentive for students to cook

frequently.

You can keep [maybe] one to two weeks' worth of food here and that's about it.

So, for me, personally, it gets expensive because I would prefer to shop at Costco

and save money, especially for things that I know I'm going to eat, but I don't

have a place to store it, so I have to buy in smaller quantities which is more

expensive overall. So that's a problem.

Similarly, in a fraternity focus group held at CCU, students expressed frustration that

some ingredients are impossible to purchase in small quantities, which would otherwise

allow students to avoid waste and save money.

It's hard to go grocery shopping also for time but also when you buy all those

stuff, most of the groceries that you buy will probably end up going bad like fresh

fruits and fresh vegetables. It's one person trying to eat, but the grocery is

[portioned] for a family. It's hard to buy small-scale produce and vegetables.

(Chris, White male and senior at CCU)

The costs and time, as well as the experience, to set up a kitchen prevent students from

cooking when they leave the residential halls.

I knew how to cook a couple meals, but I just always had massive amounts of

ingredients at home [because of] Costco, and having all those spices, because I'd

lived in the same house for like, twenty years. So, I had garlic powder, I had

paprika, and I had minced garlic if I needed it. And those type of things you don't

just like, go to the store and [say to youself] like, 'Oh, I [may] need this later.'

Right now, it's been like a year [since I have cooked], so I'm kind of getting into

it, but it was so much easier in the dorms. You could just like, pick up a plate, and

magically food would appear. (Traci, Indian and sophomore, CRU)

Zack, male sophomore at CRU and international student from Korea, stated that he is less

inclined to cook due to his lack of transportation method to go to and from the grocery

store, even with a grocery store located one-third of a mile from campus.  "Going to

Albertson's is tough, unless I get one of my friends to drive me.  Sometimes our

schedules don't work out.  I mean, it would be nice to have a car."  In sum, there was a

disconnection between an institutional intention to provide a resource for students who

want to cook or prepare meals and student requirements to be able to execute their goals

to cook, such as a clean kitchen, a dedicated timeslot, adequate food storage, and access

to ingredients such as spices and oils.

One of the ways in which students expressed agency in meal preparation was

when they had roommates or romantic partners with whom to cook.

We'll make something like a sandwich or, but we actually get more creative than

that 'cause we have access to a microwave and can actually reheat things. On

Sunday, I'll make a big pot of soup—something that's just a bunch of randomly

diced vegetables—usually a vegetarian soup.  [I will] have enough of that to last

us for a couple of days.  (Juanita, a Latina female senior, CCU)

Similarly, Judith, a White female and junior at CCU, cooks with her boyfriend and packs

lunches for school.  "I have a boyfriend now. We've been together for a year and a half

now. We wake up and make lunches for the day. We pack our lunches, and we make

dinner together every day."  Women in the sorority focus group at CRU discussed their

sorority house, which had a kitchen where women cooked healthy meals with one

another.  "You buy your own food and you have your own cabinet and section of the

fridge and stuff. I mean, some girls, they do cook with each other, which is really good

because a lot of the time it's really healthy stuff."

For health-conscious students, meal planning, along with exercise, is the norm

within their segment of the student population.  Betsy, a White female senior at CCU

who works at the campus recreation center, discussed the ways in which the student

employees leverage their social ties at the recreation center and discuss exercise and

nutrition strategies.

They'll talk to each other about what they did for their workout.  What they're

planning for their work out tomorrow.  What they ate.  What they're planning on

eating.  A lot of the talk that goes on here has a lot to do with food, believe it or

not.  It's all food.  We're sitting in the back room sometimes.  It's like, 'Oh yeah,

I made myself this for dinner, but I can't decide what to make tomorrow.  What

should I make?'  Or, 'Oh, let me try that.  You got this recipe?'  It's all about

food.

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The recreation center at CCU provides a physical location for a healthy cultural enclave where students can increase their access to information and build social ties to support their efforts. While this population cannot be characterized as typical among the undergraduate student population, it is a noteworthy exception.

**Party Rituals**

According to students in this investigation, neither CRU nor CCU is a "party school;" however, there are indeed parties at both institutions where it is common to see consumptions of both alcohol and marijuana. Parties are commonly comprised of small groups of students who knew one another well—a far cry from the boisterous and uncontrolled parties as portrayed in movies. These casual parties are called "kick backs" among students and often occur in student apartments and on- and off-campus residential halls.

It's not a full-on party, where people large amounts of people are there. It's more like you invite your friends and you just kick back. Hence the name. I don't go but from what I understand, there's a lot of drinking that will happen. And a lot of smoking [marijuana]. (Juanita, Latina female senior, CCU)

Student norms at kick backs include alcohol service to students regardless of their age; indeed, kick backs occur more frequently in the residential halls. Haley, an African American female and senior at CCU, indicates that kick backs occur on campus in the residential halls at least twice each week.

The dorms, the party culture...Now that I'm a senior and I don't live in [the residential halls] so I don't see as much of it but when I did live in [the residential

halls]. It's ridiculous. Literally, on Fridays and Thursdays there'll be a party...I

wouldn't say a party, but maybe like a kick back and every other suite, [and] there

will be alcohol.

Kick backs are considered by students in this investigation to be a safe alternative to large

open parties because students know and take care of one another, according to Adam, a

White male and junior at CCU.

Basically, it's like any other college party where you go and you get drunk and

you have a good time. But… the good side is…that…the people in my fraternity

and my friends, we all take care of each other, so nobody gets taken advantaged

of or nobody gets left [at the party] or anything like that. So, we don't do huge

parties. We either have like small, kick back style things, or moderately sized

parties, but it never is huge, like an international [fraternity] house party or

something like that.

From the students' perspective, kick backs allow students to socialize without the fear of

drinking-related safety issues as seen at open parties such as those hosted by Greek letter

organizations.

According to students in this investigation, the Greek letter fraternity and sorority

houses were "hubs" for parties and alcohol at both CRU and CCU. Although both CCU

and CRU both have fraternity and sorority systems and a portion of these organizations

have houses on or near campus, the campus geography shapes party behavior among

students. For example, Reia, a Filipina and White freshman at CCU, explained that

students do not roam the street looking for parties as they do where fraternities are

located close to one another, but rather attend parties where they know one another.

>All [of] the frats are off campus. So if you want to go to a frat party, you have to drive there, or take a bus or a cab. I think there's only one frat that's walking distance. It's not like other schools where there's a frat row, where like, everyone just walks outside and goes. It's more like you have to know somebody that knows about the party, and then you have to drive there.

Conversely, the fraternity and sorority houses at CRU are located next to one another on-campus and thus are monitored by the campus administration. However, given that student residences are close to one another, when police or campus authorities require participants to disperse, students exhibit resistance to the intervention by creation of a party schedule for the evening. According to Lee, an Asian American male freshman at CRU, "We definitely have a back-up plan or a few back-up plans for when the cops come." At CCU, fraternities are off-campus, less consolidated, and dispersed at different locations across the city. CRU fraternities also adapted to restrictive campus party policies through the relocation of fraternity parties to local bars and use of shuttle busses for transport. Although provision of shuttles to and from bars operates as a safety measure to reduce incidences of driving under the influence of alcohol, according to Xyla, an Asian American female and sophomore at CCU, students participated in "pre-gaming" regularly or they consumed large quantities of alcohol before the event and on the shuttle, both before the event and on the bus to the event. The primary goal of pre-gaming is to avoid a sober arrival at a party.

Basically, 8:30 [P.M.] start drinking, [then] get real dressed up for whatever

theme it is.  It's one of the best parts…So you're dressed up hanging out with

your friends, drinking, and then usually the shuttles get there at like 9:30 [P.M.].

So, at 9:00 you start drinking really heavily to make sure that you'll survive the

bus ride over so that you don't sober up by the time you get there.  (John, White

male senior, CCU).

Even though sobriety from alcohol is acceptable in fraternities, due to the norms

of numerous fraternities, it is difficult for students to avoid alcohol consumption due to

the social nature of drinking, particularly for new members.  Ryan, a White male

freshman at CRU, described a social sanction for lack of participation in drinking-related

pledge activities.  "Drinking for the pledges was strongly encouraged so we had a choice,

but it was, like, frowned upon if we didn't and no one wants to be that guy who wouldn't

drink."  For men in other fraternities, participation in drinking rituals is important to the

gaining of membership in the fraternity.  Lee, an Asian American freshman at CRU,

described a situation he had experienced where he and his fellow pledges were given

directives to participate in fraternity rituals, and when the directives were not followed,

he was penalized.  The result was that he consumed a large quantity of liquor as his

penalty.

If you're the upperclassman in the fraternity, they can demand you to do whatever

they want and you kind of just have to take the order.  If you're a [lowerclassman

pledge] and they say 'scroll,' then you have to do whatever they say.  So I walked

around the house, all my [fellow] pledges were dead.  And they were doing some

secret ritual of some initiation, and I was the only one who was standing on my

feet. I was like, 'I'm sorry sir. All the pledges are unable to drink right now,' and

then he was just angry and he was like, 'Okay, you know what? I'm going to drop

you guys tomorrow.' [I replied], 'I'll drink with you, sir.' I ended up taking a 25-

second [drink of hard alcohol].

Institutions have the capability to influence student norms of alcohol consumption

through educational programs; however, how information is disseminated to students has

an influence on whether or not they will participate and, thus, benefit from the

information provided. For example, one of the ways in which CRU educates students

about alcohol is through an online training system administered to students prior to their

arrival to campus that emphasized social norms associated with alcohol consumption.

However, in the fraternity focus group held at CRU, the men reported that the

information contained in the training did not resonate with their experiences, and thus did

not have an effect on their consumption strategies.

| | |
|---|---|
| Pete: | All that stuff can't be real. I remember the, I remember little thing |
| | we had to do online before coming here. It's like 60 percent of |
| | students only drink one drink at a party and that's not [possible]. |
| Martin: | I feel, like, you can't do that. |
| Interviewer: | That may be valid depending on [whether it includes] the total |
| | population but not necessarily the groups you are in. |
| Pete: | We had to do that when we started [at CRU]. |
| Martin: | I didn't go to the class, I just skipped it. |

Although Pete took the course and did not accept the validity of the data that were provided to him (i.e., it was impossible to drink only one drink at a party), Martin did not receive any information because he avoided the course altogether. Conversely, Ryan, a White male freshman at CRU and participant in the fraternity focus group, had been cited for alcohol in the dorms and was required to take an in-person educational course on techniques to manage alcohol consumption, which he found to be informative because the facilitator addressed alcohol in a manner that was relatable to students.

> [The alcohol educational session] was far more educational and personal than I [thought]. It was just a small focus group like this that we had in our conference center. [There was a] lady with a slideshow, [who told] us about drinking stuff. I don't remember exactly how it went because it was two quarters ago, but I still remember she said straight up, like, 'We know you're going to drink, we just want you to be safe,' and she gave us tips for drinking [water] before you drink. She said, 'if you're going to drink a lot, drink with water, stay hydrated, and drink over a long period of time if you're going to drink a lot.' Because it's all about alcohol recovery.

Ryan explains that the course was "educational" because it provided practical adaptations that students can make to participate in the social milieu of the university, while simultaneously avoid some of the negative consequences of overconsumption. In sum, the course Ryan described met students' conditions for receipt of health-related cultural capital.

**The Prestige of Pulling "All-Nighters"**

Late-night interactions with friends and social expectations shape the sleep habits of students in the college environment (Orzech, Salafsky, & Hamilton, 2011). Although sleep would normally be considered an individual undertaking, given students' close associations with one another, peer norms shaped the ways in which students viewed and thus engaged in sleep at both CRU and CCU. In focus groups, I asked students to rank, in order of importance to students, various items such as academic commitments, friends, family, and self-care, and the question was consistently met with a chorus of lists with sleep and self-care located at the bottom of the list. Students at both CRU and CCU reported that they constrain their sleep in order to pursue more worthwhile activities, such parties, homework, and time spent on the internet. Betsy, a White female and senior at CCU, explained that sleep deprivation is a common characteristic among university students.

> Well, college students don't sleep. Me, personally, I have to sleep. I have to get
> seven hours of sleep; otherwise, I can't function. But I know people who will
> stay up until three in the morning studying, [and then] wake up at five so they can
> get here on time and workout before class. A lot of students just don't believe in
> sleep because there's no time for sleep. There are priorities. Right?

Students at both CRU and CCU found that their sleep was most compromised during midterms and finals because academic tasks take precedence over self-care during these periods. For example, Sierra, an African American senior at CRU, sleeps only two to three hours during peak academic periods. "If I'm studying or whatever, [bedtime] will

probably be one or two in the morning, and [I will] probably sleep for two or three hours and jump back up and study again. It really depends." The social environment in the residential halls can also influence sleep negatively, as discussed in the CRU on-campus focus group.

Kay:　　　　　[Students go to bed] definitely at two in the morning, three in the morning. Personally I try to get to sleep at least at midnight or one max, but my roommate stay up till four in the morning, just eating. Or they watch movies together and stuff.

Remirez:　　　I think that's a bit interesting too. I feel like everyone in my hall is up till two [A.M.], like some about I guess one to three [A.M.] or four [A.M.] and some are like super loud...

Interviewer:　And they're up studying?

Josie:　　　　No, it's just hanging out and everything. And they'd say, 'Oh, we're studying,' but, obviously, they're not studying.

According to Josie, although the residential halls at CCU are, according to the CRU website, "living-learning communities" designed to enhance the "health and wellness of students," in practice, more aptly, residential halls create opportunities for students to socialize into early hours in the morning under the guise of participation in group, late-night study sessions.

The vast majority of students in this investigation lauded those who could function on fewer than eight hours of rest, as abstention from sleep illustrated superior discipline coupled with a presumption that one is engaged in important work during the

day and night. Xyla, an Asian American female and sophomore at CRU, lamented that she "can't" do "all-nighters," which suggests that the inability to function on a complete lack of sleep is a deficit. "I have been staying up, the latest at two. Last week was midterms and I stayed up till 3:30 [A.M.]. I can't do all-nighters. And then I wake up pretty early for class. I wake up at 8:00 [A.M.]." At CCU, students' ability to function on as little sleep as possible can be a competition among theater students according to Dakota, a White female and sophomore at the University.

> For my major, we don't have a lot of outside homework, but we have a lot of outside activities. There are two sets of rehearsals for theater majors—one is run by teachers and one is run by students. For the one that is run by students, rehearsal doesn't start until 10:30 at night and you can be there until god knows when—[sometimes until] two in the morning. And I just thought [about] this the other day. It's weird that the theater department has a competition to see who can get the least amount of sleep.

**Culture of the Campus Gym**

At both CRU and CCU, students view the campus recreation center as the primary resource that students view as the main mechanism utilized to promote health and wellness on campus. When students work out at the gym regularly, they associate that behavior with "being healthy;" conversely, students who do not have time to maintain a regular exercise schedule do not perceive that they are healthy. For example, Xyla, a female Asian American sophomore at CRU, reasoned that her health declines were due to a sedentary lifestyle coupled with a decline in gym attendance.

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I've become a lot more sedentary, I think. And I know that and I recognize that, which is why I've been trying to go to the gym more. But I'm just been getting busier so it's hard to find time. I try to eat better. My first two years, I did not [exercise] at all. The freshman 15 happened to me. But I was already in pretty decent shape, so it's not kind of a huge toll.

Similarly, when John, a White male senior at CRU, discussed his health since his arrival at CRU, he gave an account of the degradation of his workout regimen. "Yeah, I worked out freshman year, didn't really work out too much my sophomore year. And then kinda got back at it this year again. Just in the beginning it was like, 'I got to do it.'"

Although working out is predominantly described as an individual endeavor ("I work out"), when students in this investigation worked out at the campus gym, they often went in small groups of students, which suggested that the activity has a meaningful social component. Katie, a White female sophomore at CRU, explained that the residence halls, coupled with associated social media groups, provided students with a support team and a social network utilized to find work out partners or groups on short notice.

In my experience, living in the hall with my residence, they do kind of go together, and I think they find the support from each other to go. If someone's going they'll post on our home Facebook page to see if anyone wants to go with them. I've even situations seen where if no one would go with them, they actually don't go. But I have a core group that goes a couple times a week together.

Given that students' perceptions of health often hinge on their frequency of gym use, work out groups, or friends who make plans to work out together, serve as vehicles for students to gain confidence in their ability to execute their exercise regimens. Luis, a Latino male senior at CCU, explains that working out as a group increases motivation to work out on a regular basis to "keep up" with them. "[Students] work out with friends, so they want to work out. Not just workout just by themselves, and [to] have somebody to be there, like, a friend to support you, so you can actually keep up and workout all the time." On the other hand, when students move out of the residential halls, they lose contact with groups of previous workout partners, and ultimately fall out of the habit of working out. Xyla, a Vietnamese sophomore at CRU, articulated why she did not attend the gym as much as she did previously; she explained that it was due to her move out of the residential halls. "Well, I am not around the same people who went to the gym with me every day freshman year."

Students from low-income backgrounds expressed compulsion to use the recreational facilities because students at both CRU and CCU pay for a membership whether or not they use it. Similar to other students who referred to forced membership to the campus recreation center, Xyla explained, "We have the gym, and it is in our fees, so you want to go to make it worth it." The campus recreation center at CCU created a program that rewards students who visit the facility at least 29 times in an academic term, and it is a well-known, well-utilized, and highly regarded program on campus according to students in this investigation. Betsy, a White female and senior at CCU and a student employee at the CRU recreational center, explained the reward program's success.

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The program is successful because it gives the students a reason to come in and

work out. They're basically having free tuition dangled in front of their face

saying, 'Hey, come work out. You have a chance to win this.' Obviously, not all

the people are going to complete it so they realize that their chances of actually

winning the tuition are a lot bigger and a lot better than what most people

understand…[The students who work] at the front [desk], we really try to boost it

up and pump it up and make it seem really exciting. We give out incentives for it,

too, so once you've completed 10 workouts you get a stress ball. Once you've

completed 20 workouts you would get a drawstring bag. Once you complete the

whole thing, you get a t-shirt…Also, even if you don't complete it, at the end

when we announce the winner, we have this huge finale event where we also have

other drawings. Not only is there a drawing for just one tuition, but even if you

don't complete it, you're entered into a drawing for—sometimes there's an $800

surfboard, and sometimes there's exercise equipment, heart rate monitors, free

summer memberships—just a bunch of different stuff. That really gets people

pumped up to even join in the first place.

Although CRU does not have the same incentive program as CCU, according to Jenny,

the gym is nonetheless a major institutional place for health due to its advertising and

outreach successes.

I think [the campus recreation center] is the biggest thing [the campus does to

promote health]. [The campus recreation center] is what CRU is known for, as

one of the best fitness facilities out of most of [its sister] campuses. I feel like

they reach to me through emails and stuff... like [they say], 'hey, new classes for next quarter.'

Even though students in this investigation found the campus recreation center to be an attractive place for students to exercise, they also reported that the use of the gym can result in intimidation and discomfort for students who do not perceive themselves as physically fit. At both CCU and CRU, campus recreation centers have weight rooms that are, according to students, dominated by muscular and physically fit males (particularly men who are affiliated with Greek letter organizations). Chris, a White male senior at CCU, explained that student understandings are that there are separate sections for men and women in the campus gym. "Women always upstairs elliptical machines mostly and all the men are in the free weights. It's usually all men—maybe a couple of women as we go down there—but it's usually all men downstairs except for the treadmills."

As a whole, the campus gym at both CCU and CRU was described as a highly sexualized and male dominated space, where females and male students who are less confident about their strength or appearance are relegated to the periphery of the building. Male and female students who do not feel comfortable in the primary weight room reported that they designed their workout routines to avoid the area. In a sorority focus group held at CCU, Dakota, a White female sophomore at CCU, offered a narrative of ways in which she experienced intimidation when she neared the "male" free weight area of the campus gym, in part because she did not have confidence in her ability to use the equipment in the appropriate way, and in part because of the unwanted male attention she would receive if she went into the weight room. Dakota's sorority sister, Victoria, a

junior Latina at CCU, commented further that her lack of knowledge of weightlifting can result in unsolicited attempts by men to "teach" her training methods, which augments her discomfort in the weight room further.

Dakota: [The first floor weight room] is very intimidating and you have to go in with confidence. You have to walk in and you know what you're doing; you have to have a game plan. When I go in and I want to hit here, here, here and here and [then] I want to get out of here. And I don't even go near the free weights because that's where all the guys are. I don't use free weights, I just use the machines because I don't want to go up to [the men] and I'm not as strong as them, but they're going to be looking at me [as if to say], 'Oh, do you need some help with that, honey, like lifting up a weight.' So, I don't go near them. I stay away from them and I keep my ear phones in and I keep my head down so that they don't talk to me.

Victoria: Yeah, when you know what you're doing, and you don't want a guy to take it as a reason to hit on you. Just because I'm a female and I'm using weights, doesn't give you the opportunity to try to teach me something…You don't get to tell me that I'm doing it wrong. That doesn't give you the opportunity to do that.

Betsy, a White female senior at CCU and student employee at the campus recreation center at CCU, reported that women in particular feel judged or "checked out" when they

exercise at the campus recreation center and use similar equipment in another area to avoid feelings of discomfort.

> Especially females can be intimidated by [the campus recreation center weight room] because they feel that they're being judged when they're down there.  The majority of the people that are usually down there are always guys—not always— but most of the time, guys.  And so [women] feel that they're just like either being checked out or people are judging them for what they're doing so they feel uncomfortable sometimes.  That's why it's really nice we have equipment upstairs, too, so you're not forced to be downstairs working out.  You can go upstairs and there's machines, [and] there's cardio equipment up there, as well, so you can get away from that.

Betsy referred to sections of the recreational center at CCU that are gendered, both in type of equipment in each area and by the individuals who use it.  As a result, the social structure of the gym produces unequal access for women to participate in all physical domains and skills, such as strength development.  Instead, according to Betsy, popular choices for women include classes that focus on female physique, such as "Butts and Guts."

> Male participants from CCU in this investigation reported feelings of intimidation in the weight room because of the competitive environment.  Jackson, an Asian American male senior at CCU, said he felt intimidated due to his inability to lift weights that were as heavy as the other men in the weight room.

> I felt like that in the beginning because, you know, I would lift, you know, 20

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pounds, or 30 pounds, while those guys are lifting 80 pounds …I started not

caring like, about, you know, others' eyes. So, I guess it's the experience you

have to overcome.

Jackson's experience suggests that although the gym is accessible to the student body,

social stratification of the space benefits physically fit males who have sufficient bodily

capital to perceive that they belong in areas such as the weight room.

The campus recreation center at CRU is similarly divided by sex, where

cardiovascular equipment is gendered as the female section of the fitness center, and the

weight room is dominated by males.  According to Chrissy, a White and Asian American

junior at CRU, the "male" area of the gym is called the "Big Boy gym" and "female" area

of the gym has a nickname of "the Weenie Gym."

It's really funny, because my friend, he calls it the 'Big-Boy Gym' and the

'Weenie Gym.'  So the Big-Boy Gym is where all the muscle-builders go. It's

where you'll see more men.  So it's a very intense culture in that gym.  It's the

one directly to the right.  And then the Weenie Gym is all the way down [the

hallway].  That's where a lot more girls go, and it's a lot more relaxed.  It's just a

completely different environment.

In the sorority focus group, Katie, a White female sophomore at CRU, stated that the

front gym area is where the "really buffed dudes go, and girls too."  She admitted she was

"scared" to go to that area.  Katherine agreed with her, and further stated that females opt

for the areas of the gym with cardiovascular equipment.  "You usually see the girls on the

cardio machines more than the guys and then you see the guys in the lifting [area] more."

Skylar, an Asian American female freshman at CRU, stated that the fact that women are, it seems to her, not "allowed" in the weight room is "demoralizing."

> There is a 'no girls on that side of the gym' [mentality] that's pretty demoralizing and there is one girl, [and] she's super big. Or there are just girls watching their boyfriends. So I say [to myself], 'Okay, I don't have all those [requirements] so I won't step over there.'

One's physical appearance, particularly in the sense of contemporary Western standards of attractiveness, can also have an influence on usage of the recreation facility altogether. Katherine further goes on to say that she experiences discomfort at the campus recreation center such that she avoids the building altogether.

> I feel this really weird social anxiety about going to the [campus recreation center] because I will always see people I know there, and I'm not usually looking so good when I'm working out. So, I work out off campus…I need to work out with a personal trainer in Newport.

> Lifestyle is displayed visually through clothing, hairstyle, and other physical markers (Bourdieu, 1984), and the campus recreation centers at CRU and CCU are venues to display a sporty, fit, active, and to an extent, elite lifestyle. According to Skylar, an Asian American female freshman and CRU, brand-name attire worn to the gym can act as a sign of privilege, and further, whether or not a woman has the identity of being an athlete. "Well I always see girls here wearing…Nike [shoes], they have their yoga pants, they have their hair up in, in a ponytail, and they have a headband and they look totally sporty." Students who do not own socially acceptable recreational clothing

may be intimidated from the use of the facility to improve physical wellness, and, further, to establish an identity as an athlete, according to Skylar, an Asian American female from CRU.

> I feel like you can tell who goes to the gym a lot and who doesn't go to the gym by just what they are wearing sometimes. Because I just probably wear a t-shirt [or] whatever, [and] because my shoes aren't Nike.

Skylar's account of the appropriate attire for the gym suggests that the fitness center at CRU is perceived as accessible to students who are unable to maintain the appropriate image of fitness as evidenced by specific name-brand attire. In addition, the building itself, coupled with its inhabitants, can be intimidating for new students.

> I went there just to see what it was during that week zero thing and there were these hands scanning things that seemed really futuristic and then there were these stalls like you had to get through them and I don't really know why in my head it all sort of equated to like you have to pass a test to get in or like only certain people can come in, or something along those lines. But in all it sort of did [feel that way], and then the fact that everybody is treating the gym is this social area, and that there's this idea that everybody has to go to the [campus gym] and do these things but at the same time, when I remember the [campus gym] and those little walls that reminds me of the popular clichés of, 'Oh, everybody has to do "x" to be popular,' but only a certain few people can be popular. (Robin, White female and freshman at CRU)

Robin's narrative reveals that the gym represents a form of conformation of social norms

and a solidification of the status for the social elite. These student interpretations of the gym environment, including ways in which the facility is used, which parts, and by whom, structure students' ability to improve their personal health and achieve what they deem to be a healthy lifestyle at CCU and CRU.

**Summary**

Cultural capital refers to the "cultural skills, knowledge competencies, or abilities" students possessed coming to the university. With a few exceptions, parental attempts at cultivation of a healthy home involved preparation of meals at home and provision of sufficient food, which, while important, did not have an influence that was sustained through students' matriculation into the university environment. Instead, health-related social capital, or the "relationships and interactions" (Winkle-Wagner, 2010, p. 89) students had on health, was much more salient to students in their development of health-related norms and behaviors.

Educational practitioners and faculty can be a source of social capital for students (Winkle-Wagner, 2010). Nonetheless, students at both CRU and CCU reported that campus resources associated with health and wellness, inclusive of administrative units, communications from administrative units, and campus-sponsored programs were of limited influence on students, if not completely ineffective. Both CRU and CCU boast large and impressive fitness and recreation centers, functional student health centers, and health education programs—all designed to sustain student health and wellness on campus; however, for a variety of reasons explained in this chapter, these organizational entities for student health and wellness receive inadequate attention from students to

produce significant effects on their lifestyles.  Although some students could name a few administrative units or programs dedicated to health and wellness, all students interviewed reported that the student population as a whole is largely unaware of campus services.  Student participants explained that even if more students were aware of campus services related to health and wellness, they would be unlikely to use them unless such resources were necessary.  Instead, students looked to their peers, social media, and popular culture icons for cues of what is healthy or unhealthy.

In the absence of guidance from their universities, students at CRU and CCU established norms among each other, which were perpetuated by social media and influenced student behavior.  Students' schedules also offered little time to prepare and eat fresh food, and thus student norms dictated that individual meals were to be consumed in transit and group meals were consumed at fast food restaurants on and near campus.  Limited time, money, and adequate facilities to prepare food resulted in infrequent home-prepared meals by students, even though the overwhelming majority of students expressed the motivation or intent to cook more often.  Instead, students opted for processed meals that could be brought with them and consumed "on the road," such as shakes, smoothies, bars, a piece of fruit, and other snack-like meals.

The university environment, peer culture, and material and physical environment pose significant challenges to student attempts to "be healthy," thereby resulting in lack of agency in students' ability to lead a healthy lifestyle.  Students in this investigation found it challenging to make healthy choices on campus due to the food options on and near campus.  Students at both CRU and CCU reported that dining hall food is

distasteful, monotonous, and difficult to access, and thus students opted to eat fast food instead.  Students reported that on-campus eating options on and near campus at CRU and CCU were unhealthy (e.g., fast food and convenience store food).  Students in this investigation indicated that they gravitated towards less expensive meal options, which they knew were unhealthy, primarily because of their relatively low prices.  Although students showed interest in meal preparation at home, they cited a variety of compelling reasons why it is difficult for them to do so (e.g., lack of access to a refrigerator, lack of transportation to the grocery store, inadequate funds to buy ingredients, and lack of time). Students exhibited agency in their ability to overcome the difficulties through preparation of large batches of food with the assistance of their friends or romantic partners; however, such strategies were uncommon among students due to limited access to a refrigerator, spices, and cost, among other issues.

While alcohol and binge drinking behaviors were present at both CRU and CCU, according students, neither CRU nor CCU was a "party school," in part due to the campus geography, and also due to the interests of the student population at both schools. Social events at both CRU and CCU varied in type.  At CCU, students predominately hosted and participated in "kick backs," or informal gatherings of friends where alcohol and marijuana, periodically, were consumed, but at moderate intake levels.  Even when campus administration attempted to regulate parties held on-campus, students adapted by the creation of back-up plans to attend a party at an alternate location afterward.  At CRU, parties often occurred in a privately owned on-campus apartment complex where students may or may not know all of the attendees or at off-campus fraternity parties at

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local bars. Students were aware of the danger involved in the decision to go to open off-campus parties where they do not know all of the guests, which rendered these parties as less desirable than controlled parties with friends. In sum, although binge drinking was acceptable at both CRU and CCU, students exercised, in their view, good judgment by the establishment of norms and protocols to contribute toward their personal safety. On the other hand, restrictive campus policies on on-campus parties resulted in attendance of off-campus parties or the need to transition to a new location while students were intoxicated. Institutional efforts to educate students on student alcohol intake had limited influence. However, students were engaged in the instruction when interventions were directed to drug and alcohol effects on students' bodies. For example, students who were cited by campus authorizes for illicit parties were required to attend an alcohol management course, which offered students scientific information about alcohol absorption and practical strategies for safe alcohol consumption that they found useful. This judgment was in contrast with student perceptions of the online alcohol education offered before matriculation that provided statistics on alcohol consumption.

Students compromised sleep in order to resolve the problem of lack of time and sustain academic performance. Students' willingness to forgo sleep, or the ability to "pull an all-nighter," was lauded by their peers as an exhibition of discipline and willpower. The highly social atmosphere in the residential halls also influenced students' bed times and, thus, their ability to acquire adequate sleep to keep up their harried work, academic, and social schedules.

With few exceptions, students at both CRU and CCU found the campus

recreation center and gymnasium to be the primary institutional place for health and wellness where students were more aware of their services and program offerings than campus offices dedicated to health and wellness, such as health education units and counseling centers. However, students reported that the gym culture at both CRU and CCU intimidates students from utilization of spaces such as the weight room, or visitation of the facility altogether. According to students in this investigation, the weight rooms, which are where the heavy dumbbell and barbells are located, are reserved for strong and muscular men. Women and "weak" men are relegated to areas of the facility with weightlifting machines and cardiovascular equipment. Men attributed their discomfort at the gym to inferior strength; women reported that they did not use the weight room because they assumed that they did not belong and did not know enough about weightlifting. As well, they did not want to be "checked out" while they exercised. Students were aware of personal training and educational resources to understand proper use of the equipment, but these resources were not often utilized. Instead, students use peer networks to learn about what to eat and do to obtain a fit physique.

Given the lack of institutional influence on body image issues, the onus is on informed students to influence their peers' body image and self-esteem positively. From this investigation into university student health perspectives, external manifestations of health (e.g., a "toned" or muscular physique) are more important to students than health characteristics not associated with a desired physical characteristic (e.g., stress management). Students' association of health and a fit physique are outlined in the following Chapter titled "Findings on Health and the Body."

The next chapter offers perspectives on the ways in which students strive to be healthy and achieve a socially acceptable body shape.  In that chapter, student representations of the value and virtue found in body control and management and their association with increased social status are presented.   The chapter concludes with a counterbalance to the discourse that the body is an imperfect and unfinished project. There, I present the ways in which students demonstrate agency and conceive of their body in ways that fall outside of normative discontentment (La France et al., 2000).  The chapter presents both theoretical and practical considerations for the ways in which institutions may implement student health interventions and achievement of national health objectives among the university student population.

CHAPTER 5:

FINDINGS ON HEALTH AND THE BODY

In this section, students' associations between health and the body are presented. Student representations of health in this investigation were defined aesthetically (e.g., a "fit" physique); thus, the vast majority of students engaged primarily in health-related behaviors that led to the appearance of better body (e.g., diet and exercise). The motivations to engage in appearance-oriented healthful activities were to enhance their social capital. From the students' perspective, in the university context, a "fit" body, as evidenced by a "lean" and "toned" (for women) or muscular (for men) physique, signals success, self-control, and the ability to earn the affection of potential friends and romantic partners. Conversely, students conveyed negative associations with obesity that included character judgments such as laziness and lack of self-discipline. Students applied perspectives on the meaning of body types to their own bodies when they reasoned that their flawed body shape was due to lack of self-control in their habits and behaviors and not to overarching structural and cultural constraints. The overwhelming majority of students at CRU and CCU who participated in this investigation displayed normative discontentment (La France et al., 2000) with their bodies. Even those students who met socially accepted body forms articulated areas of their bodies that they found to be unattractive and in need of alteration. Students who had been exposed to body image curriculum resisted the discourse of the "body as an unending project" in favor of body acceptance, yet they lamented that their personal experiences fell outside of the student norm.

**Health is "Looking Healthy"**

In this investigation, health-related behaviors among students often were associated with an appearance of health, but not necessarily to achieve health for its medical benefits. For example, according to Betsy, a White female senior at CCU who works at the campus recreation center, the vast majority of students exercise only for aesthetic purposes. "Most girls come in here to look good; some [have] body image issues." In a fraternity focus group held at CRU, men also stated that health is achieved purely for aesthetic reasons. For example, Taylor, a White male freshman, explained that he lacked interest in participation in activities for the sake of personal health and welfare. "I just want to look strong or look like I'm healthy." His friend, Pete, also a male freshman at CRU, agreed. "For me it's just physique. That's it."

Students in this investigation reported that health interventions are necessary only when either there is a legitimate health concern or when health status is apparent aesthetically.

> We're young, [so] nothing is going to happen. People who get type 2 diabetes, that's not going to happen to me. It doesn't look like I've been gaining or losing any weight, so nothing is changing. (Yu, Asian female senior, CCU)

Similarly, Haley, an African American female senior at CRU, conveyed that healthy behaviors such as exercise are reserved for students who desire an alteration in body shape.

I would describe [my physical health] as… moderate. I take a self-defense class twice a week but I don't really exercise as much I used to because I don't want to lose weight because I'm already tiny. I don't want to get tinier.

Similarly, Yu, an Asian American female and senior at CCU, admitted that others are unconcerned about her health because her body meets a socially accepted body size. "It looks like I'm doing something right, so people don't worry too much. It's not like I'm obese or anything."

Conversely, the condition of obesity is viewed as synonymous for a state of ill health among students in this investigation. For example, Juanita, a Latina senior at CCU noted that although her family conceived of her as healthy, she saw herself as overweight and, thus, unhealthy. She noted, "I was overweight as a child. In that sense, I wasn't very healthy. But to my parents I was." According to Juanita, thin people can claim a "pass" as healthy, even though if they do not engage in health-related behaviors. "I think it's a lot easier to make assumptions about people that are overweight as opposed to people that are slim. Because slim is more what's okay. That's more of the desired look. So even if they were unhealthy, you [wouldn't] really know."

The discourses of "thin is healthy" and "overweight people are unhealthy" also arose from a student in an on-campus focus group at CRU.

If someone is fat that means that they are unhealthy, but that's not necessarily true. I think in our society, [if] you look skinny then you, probably work out, even if you don't [work out]; even if you're naturally skinny. People are just going to assume that you're doing something right.

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Indeed, this investigation suggests that students perceive that a fit physique breeds associations beyond health to include superior morality, status, and character.

## Bodily Capital Conversion to Social Capital

To students in this investigation, body size was a significant determinant in the establishment of social relationships, which suggests that achievement of a socially acceptable body type contributes to valuable social capital for university students at both CRU and CCU. According to Chris, a White male senior at CCU, exercise is used predominately by students to convert bodily capital into his social capital in the university environment.

> A lot of the social aspect is how you look at the university. No one really cares about how much money you're making or where you're studying really. It's pretty much still what they can really see is how you look and then that's how it gets the ball rolling.

Kenny, a Pacific Islander and male senior at CCU, noted that a person's body type is a significant determinant of whether or not a student will be considered for friendship. "They look at you and what's the first thing that they see? [It] is your body type, basically. And that's the first thing you want to change."

Students repeated discussion of the importance of a "fit" physique revealed a common discourse among students: A healthy appearance acts as the embodiment of success. In an on-campus focus group held at CCU, Mariana, a Latina female sophomore at CCU, explained that a "fit" physique suggests not only that one is in control of their body appearance but also in control of his or her life. "I think it's just this socially

constructed ideal that if you were and healthy and you look fit, then you have your whole life together, and you're successful, somehow." A similar discussion of how an athletic physique breeds positive associations occurred in a fraternity focus group at CCU. For Chris, a White male senior at CCU, an athletic body signifies an ability to manage time well and live an ideal life, even though, in his experience, this is not always the case.

> If you see someone that's muscular, [you think], 'Okay, well, they make time for themselves, so that means they make time for themselves and everything else that they do.' And that's usually not the case. I know a lot of people that just go to the gym but are failing their classes, so they kind of are not using their time wisely. But it's coming down to the social aspect…If somebody looks good, they must be good.

From Chris's perspective, a fit physique extends to moral character—that the ability to achieve a superior physique suggests that one is a good person. Similarly, Eaton, a Latino male sophomore at CCU articulated in the fraternity focus group that a fit physique breeds positive associations such as the ability to perform academically and manage time well.

> I think that a lot more fit people have higher G.P.A.s and they are more responsible for things because they have the discipline to maintain a good schedule where they manage their time right. They have time for the gym, time for [their] studies, time for work, and [time for] school. I think that with being fit comes being a good student and staying healthy.

According to Katherine, a White female junior at CRU, a "fit" physique signals emotional health and likelihood of engagement in "exciting" activities.

> When I see someone who looks fit…that says that they probably live an active lifestyle…I make a lot of assumptions based on the physical appearance... [I think to myself], 'They probably don't watch Netflix all weekend. They probably go hiking and they're probably very exciting and… make healthy choices and are emotionally stable.'

In sum, students' social status rises when they improve their physiques, and this improvement also offers them opportunities to leverage their appearance toward romance with a mate of equal or higher social status.

### Fit For Romance

Men in this investigation described a desire to both be lean, or lose body fat, and gain more muscle, all in an effort to attract women and increase social status among other men. In a commuter focus group held at CCU, Jackson, an Asian American male senior at CCU, reasoned that he could not win the affection of a woman and he concluded that this was due to his body shape. "I realized I felt like I was getting too fat and skinny at the same time…Then I got turned down by a girl. And then…I got super conscious about my body type after that and I started hitting gym." Kenny, a Pacific Islander and male senior at CCU, affirmed Jackson's perception that bodily capital can be transferred into enhanced social capital. "It's true too. I've seen some people who have a better physique…they're popular and…people would talk to them a lot easier than an average guy." Similarly, in a fraternity focus group conducted at CCU, the expressed reason for

male engagement in health-related behaviors was to achieve a body ideal that attracts women. When men are considered attractive to other females, it enhances their social capital because men prefer to associate with other men who will assist them in their ability to attract high status females. Chris, a White male senior at CCU, explained that the reason men work to improve their bodies is primarily so that they can attract romantic partners.

> It's girls. It's pretty much what it comes down to…If you're the big strong, tough-looking guy it's a lot easier to get a girl's attention than if you're the scrawny little guy that just sits around and doesn't really do much.

A fellow fraternity member, Oscar, a Latino male senior at CCU, agreed with Chris that a muscular physique attracts women, and added that attractiveness reduces the amount of effort men have to put into solicitation of discussion.

> When you go to a party if you go with that [athletic] type of friend, girls will want to come and…talk to him rather than you. [He doesn't] really have to do anything. Girls are going to come and talk to him.

> Similarly to men, females experienced pressure to achieve a thin or "toned" body ideal to attract romantic partners and increase social status. According to Josie, a Latina freshman at CRU, the purpose of "body work" at the university is to attract a romantic partner. "We are all convinced that being skinny is…what males want and what they find attractive, so we try to go through that [process of weight loss]." Similarly, according to Mariana, a Latina and sophomore at CCU, the reward for achievement of the female body ideal is the ability to attract men. "As girls, you see attractive guys and you look at the

type of girls that they surround themselves with and it's like, 'Okay, so I need to look like that in order to get attention from that guy.'" According to Jenny, an Asian American female junior at CRU, engagement in health-related behaviors improves self-confidence and self-esteem from the surge in attention from potential romantic partners. "It does increase the chance of other people looking at them and finding them attractive and it makes that person feel good."

## Undisciplined Bodies

Although a thin or athletic physique connotes positive characteristics of a person, conversely, an overweight or obese appearance is associated with negative characteristics. The vast majority of students made at least one derogatory remark about overweight people in their responses. Examples of negative stereotypes about overweight people include that they "do not care about themselves," have low self-esteem, and are sedentary, gluttonous, undisciplined, "lazy," unmotivated, unintelligent, and "not normal." One student extended the cause of negative body characteristics to parents, that students are overweight "because their parents didn't take care of them." Indeed, blame is attributed to personal failings, as noted by Meredith, a White female freshman at CRU, "[T]o me, if you're overweight, you're not taking care of yourself, and…if you eat properly, you will get down to a healthy weight and you will be healthy."

The discourse that an overweight or obese condition implies negative character qualities was also conveyed by Haley, an African American female senior at CRU, who explained that "really obese" people are less accomplished and motivated than those with "healthy bodies."

[S]ome people…don't take care of their bodies, and that's the people [who] are
…obese.  I would say those people don't really stick through with stuff and
maybe they're not as motivated as the people who do have healthy bodies…[I]t
tells [me something] about their personality.

Zack demonstrated a significant lack of empathy for obese people because they require
special accommodations due to their body size.

Obviously, if you are too big, you need to get in control of your life, you know.
For those people who need…one more seat to accommodate them on airplanes.
You can't let your body grow like that…You don't need a six pack and be all
leaned out, but…at least just be normal.

The discourse that the condition of obesity suggests that one is lazy, slothful, or
"[ab]normal" is not only conveyed by students behind closed doors but also displayed
publicly and directly.  For example, Lisa, a Latina and White female senior at CCU, was
confronted about how her activity level did not match her external appearance.

I have had people say like…'I just didn't think you were that active.' I'm like,
'What? Because I'm fat?'  Yeah, it takes me a little longer to move around but I
get there.  I think…if you see someone who's a little bit larger, you definitely
attach…'lazy,' sometimes even 'not intelligent…not motivated, no self-control,'
[to them]...but not all of us.  I've met some people that look bigger and I'm like,
'Okay, you're healthier than most people.' That's just...how their body is built.

Although a small proportion of students understood that body size is not correlated
inherently with flawed character, a large proportion of students' comments reflected a

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dominant discourse that body shape is one of the ways that people illustrate their habits, and, thus, those who allow their weight to increase beyond "normal" must lack the virtue of self-control.

There are social sanctions for increases in body size in the university environment. Students conveyed the view that if they were to become overweight they may lose potential and earned social capital.

> People should be healthy for their own sake. But as a college-aged student, with college-aged friends, no one really wants to be chubby. No one wants to be overweight…[O]ne of the first things that you see on a person is their image and their body, and everything else [that] could be a deciding factor comes afterwards. (Jenny, Asian American female junior, CRU)

Similarly, Eaton, a Latino male sophomore at CRU, indicated that he considers weight when he is recruiting for his fraternity. Specifically, he assumes overweight students to be unfit for his fraternity due to their presumed inactivity and poor academic performance, and thus unfit for his social group.

> When you see someone that's not as fit or [a] little more obese than the average person you think that they're lazy or that they don't take the time or the effort to go to the gym or do anything like that. Sometimes it is associated with the G.P.A.s too. It comes to a [fraternity] recruiting aspect too. If you see a guy that's a little more overweight, he's going to have a lower G.P.A. The guy that's a little more fit has a higher G.P.A. It just all comes [together] with your actions and your discipline that you have.

Given that discipline is a laudable virtue in the university environment among university students, students who gained weight in college or otherwise failed to meet the collegiate body ideal conceived of their weight gain as a failure in self-control and self-constraint. Xyla, an Asian American female and sophomore at CRU, explained that her skin was "breaking out" because she was not "controlling herself" with regard to sugar-laden beverages. "I have been drinking a lot of sugary drinks this quarter. I have been having boba [milk tea], having Starbucks, having Jamba [Juice], whatever I want. And I am not controlling myself, I know that. I can tell because I am breaking out." "It's a personal thing. I know that I've gained 12 pounds because I have been less strict with myself," explained Juanita, a Latina senior at CCU. Juanita went on to describe her previous overweight body as an undisciplined body.

> [W]hen I was younger, I was quite a bit heavier. At my heaviest, I weighed 150 [pounds]. One [hundred] fifty [pounds] on a four [foot] eleven [inch] frame is very, very big. And I got down to 112 [pounds]. I was very proud of myself and then I got back up to 124 [pounds]. It doesn't say I have no discipline. I've just let it slip from where I was before.

Juanita's concern about her recent weight gain is evidence of a student norm of discontentment with the college body.

### Normative Discontentment with the College Body

Normative discontentment with the body (La France et al., 2000), or a lack of body acceptance, was a common thread in participant-interviews and focus groups at both CRU and CCU. In each participant-interview, I asked students what they would

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change about their bodies, if anything, and with the exception of two students, students

noted at least one body characteristic they would change if given the opportunity.

Women responded to this question with a dominant pattern of weight loss or areas for

size reduction. For example, Judith, a White female junior at CRU, remarked, "A lot of

times I find myself wishing that I was thinner. But then there's the days when I'm like,

'No, I have a good body. I'm not… a stick.'" According to Betsy, a female White senior

at CCU, critical judgment of one's body is the norm.

> You look in the mirror, you see your body, you pick out what you like and you
>
> don't like, and you judge yourself…If you have a body type that isn't considered
>
> sexy in someone's eyes, then they're not going to look at it the same way. It's
>
> definitely a reason why people want to look better.

Similarly, Serena, a Latina freshman at CCU, would prefer to lose weight and be more
"toned."

> Yeah, I'd probably lose like five or ten pounds, but it's not crucial…My highest
>
> weight was in like eleventh grade before I started exercising again and I was
>
> about like 140 pounds, and I was very uncomfortable. And then right now I'm
>
> like 120 pounds. That's like average, I think that's healthy. I didn't know if
>
> you're like, looking for numbers, but it's not so much like the number…I want to
>
> like be toned and…not worry about…your shirt being too tight.

Students' perceptions of satisfaction of their body did not necessarily correlate with

actual body size, but rather with how they compared to others whom they deemed to be

important in their social circles. For example, Chrissy, an attractive and petite White and

Asian American female junior at CRU, expressed that she compared her physique to

magazine models and conveyed feelings of self-consciousness over her body on a daily

basis.

> Chrissy:       [I would prefer to] probably just shave off any excess weight and
>
>                   be fit.  I don't want to be as skinny as Victoria's Secret models.
>
> Interviewer:   But close?
>
> Chrissy:      Yes, close.
>
> Interviewer:   Have you ever felt self-conscious about your body in any way?
>
> Chrissy:      Every day.
>
> Interviewer:   What makes you feel more self-conscious in particular times or
>
>                   situations?
>
> Chrissy:      Sometimes it's just like there's no reason.  I just feel ugly for some
>
>                   reason…I don't know why.  I just look up and I look in the mirror,
>
>                   and I'm like, 'Oh, god.'

For students of color, entrance into the university environment can cause increased

awareness of constructions of an ideal body at the university that fall outside their

culture's body ideal. Chrissy reported that her body did not meet socially acceptable

norms as compared to other Asian American women.

> I've been reading a lot of self-help articles.  They say you should be really
>
> comfortable within your body.  And you're never going to have this body again at
>
> such a young age, and you should really take care of it.  But growing up with a lot
>
> of Asian American females, a lot of them are very petite and very skinny, and
>
> they have perfect hair [and] they wear a lot of makeup, so their face looks very

even. So it's kind of hard for me. So I kind of struggled growing up, because I felt like my body was not up to par with theirs, because I'm a little...I'm a little thicker, and I wasn't as skinny as them.

According to Alexis, a Latina at CRU, her body acceptance has decreased since she started at CRU because her body is "curvier" than non-Latinas at CRU.

I wish I was more fit. And I think that was something that I didn't think about until I got here to college 'cause back in L.A. I was used to being, just, Latina. Everybody's curvy or on the heavier side, but then I get here and everybody has so many different body types.

Juanita, a Latina senior at CRU, describes herself as a "chunk" or a "blob" due to her voluptuous figure.

I know I'm being irrational, [but] sometimes I'll think that because I'm so short and I'm very voluptuous…on both ends. So sometimes I think that I look like…a chunk to people…I just look like this round blob everywhere…But then I'm like, 'Nobody cares that much about what you look like,' and then I just have to kind of step aside.

In its most extreme state, normative discontentment with the body influences self-esteem negatively, and can extend to discontent with one's self.

I think I've translated a body-hatred into a self-hatred. And I think from the time that I was very young I was always a little bit bigger...[In]our culture, that's not really a good thing… I was sort of poked fun when I was younger. (Lisa, a Latina and White female and senior at CCU)

Similarly, Sierra, an African American female and senior at CCU, called herself "big fat walrus," and explained that her weight causes severe emotional states, such as depression.

> I don't like my body at all…Now, I look at myself in the mirror and… 'Oh my God. I don't like how I look.' I see everybody else beside me and they're smaller than me. I'm just so depressed about it and I want to be able to work on it, but I'm constantly eating snacks and eating stuff because I'm frustrated. I'm stressed out with school, so that's the only thing that will make me happy is just…eating…I just feel ugly right now and big like a fat walrus.

One of the elements of normative discontentment is that there are better bodies for which one can strive, and with better bodies comes both internal happiness and external evidence of virtue. The discourse that the body is a continual project perpetuates the intent for on-going weight management, particularly among women.

> I think there's a difference between trying to accept yourself, and then if you want to change maybe for health reasons, okay. But the reasons that people have if they're bigger and they want to lose weight [are] not because of health. It's because they want to look better and then [expect] that will make themselves feel better… I don't want it to be about that; I do want it to be about health, [but] how do I do that when I'm constantly getting berated with messages that I should want to change: 'Don't you want to be better? Because you're not good enough now.' Every woman gets told that for a slew of reasons. (Lisa, Latina and White female, CCU)

Social norms for dress can also influence student perceptions of the body. When designers create fashion trends, they are often oriented toward tall and thin body types; thus, in order for women to be "in fashion," they experience pressure to achieve a body type that allows them to dress in conformity to the fashion standards of their peers. One of the reasons women in this investigation reported dissatisfaction about their bodies was due to fashion trends that are not flattering to imperfect body shapes. Chrissy, an Asian American and White female and junior at CRU, noted that she admires petite women who "can" wear fashionable clothes.

> Every day, when [I] walk by someone, [I say to myself], 'Oh, my God, that girl is gorgeous;' or, 'Oh, my gosh, I like that girl's outfit;' or, 'Oh, I can't pull that look off, because…she's so petite that the clothes look so good on her.'

Judith, a White female and junior at CRU, further explains that fashion trends cater to thin body frames and, thus, she cannot follow female norms for appropriate dress. "I think a lot of it has to do with the fashion trends. I don't know why, but lately everyone thinks tighter and shorter [is better]. I'm just like, eh, I'll wear my flowy shirt and my long pants." Similarly, Victoria, a Latina junior at CRU, holds a position in her sorority that is dedicated to development of a positive body image; however, she admits that she is self-conscious of her body and dresses to cover parts of her body that she deems unattractive.

> I do remember [in my childhood] thinking I have huge arms…No one would know because I've never shown my arms. I don't wear tank tops…unless I have a cardigan over it. I think I started noticing that in middle school.

Dress requirements for participation in activities can create body consciousness among women who do not intend to reveal their body shape.  Subsequent to her disclosure of self-consciousness of her body, Victoria noted that she rejects participation in any activities at CCU where she would have to reveal her arms. "You can't wear a cardigan when you are running track, so…I had to quit track for the first year…I'm still like that now...[E]ven for Greek week, if we have to wear the sleeveless tops, I'm not participating."  Thus, body size can exclude students from participation in activities where appropriate attire would require an exposure of unattractive elements of their bodies to their peers.  This includes activities connected to the beach.

> I wouldn't go to the beach and have a bikini on because I'm so intimidated by my stomach… [M]y mom is constantly like, 'You don't see how you look? You look terrible. Why would you wear something that inappropriate? Nobody wants to see your fat.' I'm just embarrassed about it. I would never wear a bikini like my friends. Most of my friends are small and thin. They have their bikinis and… I would never wear that.  I would never wear a low shirt [or] a shirt that's showing my stomach…because I can't stand my stomach. I can't stand my thighs either. That's another thing I can't stand on myself. I wear shorts sometimes, but then sometimes I don't want to wear [them] because I look so fat. (Sierra, African American female senior, CCU)

Sara, a White freshman at CRU, says she has never been comfortable in her body, and that this affects her ability to select clothes within her own wardrobe to wear.

I don't think I've ever been at peace with my body. I try to not to…obsess too much. We live in a society where there's so much pressure…I'm always, like, 'Oh, these jeans don't look good today,' or like, 'Oh, I'm not going to wear this shirt,' [or] like, 'I don't want to see my arms today,' or something. So I guess I've always had problems with how I look, especially after I stopped dancing, because I lost my natural leg muscle.

**"Toned" is the New Skinny for Women**

Participants' emphasis on health for aesthetic reasons prompted me to request descriptions of their intended body shape. The reoccurring response to the female body ideal was "fit" or "toned," and, although less popular, also "thin." Even though achievement of a fit or toned physique was perceived as desirable to female students in this investigation, they reported as well that they did not want to be "too skinny." For example, Haley, a female African American senior, avoided physical activity because she worried it would cause her to fall out of the acceptable body size range for a female. "I don't really exercise as much I used to. One, because I don't want to lose weight because I'm already tiny. [And two,] I don't want to get tinier."

While a "fit" body does require muscle "tone," females also reported a lack of interest development of increased muscle mass. Indeed, when I inquired about the trend of muscular physiques among women, I was corrected by Chrissy, an Asian American and White female junior at CRU. "Actually, I think the trend is to become toned, not buff." One element of a fit body for a woman, from the students' perspective, often included a "six pack," or where abdominal muscles protrude from a lean stomach and a

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"thigh gap," or an extreme body fat reduction such that a woman's thighs do not touch when she stands with her feet together, according to Chrissy.

> Interviewer: And what does toned look like?
>
> Chrissy: Toned is [having] obliques, you know, [a] six-pack…And thigh gap.
>
> Interviewer: Okay, tell me about the thigh gap.
>
> Chrissy: Thigh gap [has] become a phenomenon in which girls think they're fat if their thighs touch, and they gauge their skinniness on the gap, how big the gap is between their thighs when they stand.

However, Dakota, a White female and sophomore at CCU, resisted the notion that a thigh gap is evidence of a healthy physique.

> Everyone thinks that looking fit is being healthy, which [it] is not…What people think is fit is not; it's not actually fit, it's just skinny. There's a difference between fit and skinny, and I feel like so many people are looking to be skinny. They're not looking to be fit…For some reason, in the fall semester, I've seen things about this thigh gap and they're like the thigh gap is everything and that's not fit. That's skinny.

According to Dakota, a lean and muscular body for women is eschewed, in part, because such a physique would challenge adopted standards of femininity, particularly with respect a woman's role in reproduction.

> There is a point where…being muscular is great, but once you start the leaning process, women need a certain percentage of fat to try to have a baby…Not now,

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obviously, but you can't have a baby without a certain percentage of fat or it's not

healthy…They will, like, stop having their period once they are down to what?

Ten percent fat or something?

For Katherine, a White female junior at CRU, a "toned" body is better than a "thin" body

because the behaviors associated with it are also associated with personal achievement,

such as the ability to live an "active lifestyle" and "make good choices," while thin

people are presumed to be anorexic.

I know that I'm never going to be thin, because that's not my body type, but I

definitely want to be toned and make an effort to live an active lifestyle. Maybe I

didn't pay attention before, but I know from what I see on Instagram, being fit

and having six-pack [abdominal muscles] seems to be way cooler than showing

your hip bones, which I think is a good thing. I think that is the better thing to

strive for. It's probably healthier, and if people are focusing on being fit, then

they'll probably make good choices, which I think is better than not eating

anything.

Haley, who was formerly employed as a model, explained that she does not eat healthy

food, yet her associates nonetheless laud her efforts due to her small body size. "I've

been told by multiple people, 'You have the perfect body. I wish I had your body. What

do you do?' I'm like, 'I don't even do anything. I just eat junk food.'"

Strategies for achievement of an ideal body type for women were primarily in the

form of short-term starvation diets in preparation for an upcoming event, rather than a

long-term modification of diet to include healthier food items. The discourse of the

virtue in self-restraint and pain for aesthetic purposes was evident in their descriptions of short-term dieting at the university.

> Especially being in the sorority, there will be an event coming up in two weeks or something. A few weeks ago people were like, 'Oh, I'm going to get ready for Coachella.'…Or like, 'Oh, I'm going to get ready for Vegas.'  So for two weeks they'll like suffer and be miserable because they're not letting themselves eat…They're going to the gym and they're just cranky because it's not the healthy way to go about it. And I'm guilty of this to sometimes.  [I will say,] 'Oh, I have this in two weeks [so] I'm going to really restrict myself for a few weeks.' But then after that, it's like, 'Oh, I'm done, like let me go back to my unhealthy ways.'  I can't really think of anyone who I know…in our age group who successfully balances exercise throughout the whole year.  (Meredith, White female freshman, CRU)

Similarly, in an on-campus focus group, Donna, a Latina and junior at CRU, discussed that diets are only undertaken when the body is on display, during summer beach season. "In winter no one cares."  Sorority women at CCU described the ways in which women embark on weight loss tactics without much consideration as to whether or not they are indeed effective or healthy.

> Especially in my own department, in the theater department, when I see people wanting to be healthy, they'll go on these juice cleanse things…This girl just did this terrible cleanse, where she drank lemon juice with maple syrup for ten days. She only made it to day five before she had to eat.  I feel like there are things that

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people do...They will just juice everything and then, go work out in the gym

without an aim for what they're doing. They'll just go on the elliptical for an hour

and leave and I think that we have those false sense of security that that's what

healthy is. (Dakota, White female sophomore, CCU)

While females perform body work to achieve a "fit" or "toned" body ideal that allow

them to appear to be healthy while also maintaining their femininity, male behaviors are

directed toward a muscular to demonstrate masculinity, maintain or achieve higher social

status, and attract attention from females.

**The Masculine Body**

According to students in this investigation, the male body ideal was a tall

Herculean male with broad shoulders, protruding pectoral muscles, a wide back, a small

stomach with "six pack abs," and large bicep muscles. It is no surprise, then, that

superheroes were a dominant influencer in male development of body ideas in the

fraternity focus group held at CRU.

| | |
|---|---|
| Ryan: | For me? I like Captain America's body type man, like six [foot] three [inches and] 240 [pounds]. Well, actually 240 is a little bit big. I'd say like 220. Six [foot] three, 220 [pounds], [or] six [feet] two [inches] and 215 [pounds], somewhere around there but not over six [foot] three [inches]. That's a little too tall for me. |
| Lee: | It's definitely nice to be over six foot three [inches]. |
| Pete: | I'd say Hulk's physique is pretty good, 25 feet tall, 75 tons. |

A muscular physique signals masculinity, according to Ryan, a White male freshman at CRU. "I feel less manly than a buffer guy. Honestly." Similarly, according to Zack, a Korean male international student and sophomore at CRU, explained that in his culture, narrow shoulders signify femininity and broad shoulders illustrate masculinity. "Maybe it is a cultural thing, for Asian American people, [but] if you, as a guy, have really narrow shoulders that means you are kind of feminine…and really sensitive. And the manly man is broad shoulders and a big person."

The desire for hyper-masculine bodies breeds diet and exercise strategies that produce a large and muscular, yet also lean, physique. Men role modeled and instructed each other in ways which they can supplement their diets with protein shakes. For example, students in this investigation noted that men in the residential halls associated established social norms of diet and exercise within their dorm rooms in an effort to increase body size.

> [In] my hall, the guys have an obsession with getting bulkier…[A]t first there was only one or two [men] who were actually muscley, but now everybody has the Muscle Milk, protein shakes, and lifting in the rooms…It's like a party. (Maria, Latina female junior, CRU)

The social aspect of male body work was also evident from reported exercise rituals among men. For example, fraternity men and sorority women from CCU noted that at least one fraternity has "mandatory gym hours" for members to increase the muscularity of their membership.

Nutrition strategies for males were oriented toward an accumulation of muscle mass and a reduction in body fat. In the on-campus focus group at CRU, Josie pointed out the large quantities of food collegiate men ingest to achieve their body-related goals. "Every guy has this giant disgusting protein thing. They always like to eat three plates of food. Oh, and chicken. Oh my gosh, they're obsessed with chicken." Men in this investigation noted that they purchase and take nutritional supplements to achieve an ideal body. The ritual of drinking protein shakes both before and after exercise was indeed an element of popular culture among male students at CRU and CCU. One of the most popular protein shakes at CCU was the Grizzly Bear shake, which was noted as one of the items men used in their goal to increase their body size. The offerings at the juice bar on campus are considered "healthy" by students because they contain fruits, vegetables, and supplements (as well as less healthy items such as sherbet and sugar-laden snacks).

> They offer a shake there called Grizzly Bear, and I know it's mostly for the guys who are really into fitness and gaining muscle. After [men] work out, they will come and get the Grizzly Bear because it replenishes all your calories. There's so much protein in it to help build your muscles…It's really good for after you work out—well, for the guys who are burning a lot of calories during their workout. If you go get one of those and you don't burn that many calories, you're going to get [fat]. It's probably not the smartest idea. (Betsy, White female senior, CCU)

Eaton, a Latino male sophomore and participant in the fraternity focus group, noted that the Grizzly Bear shake was not healthy, and should be consumed less than once a week.

"Because it's a lot of sugar and its chocolate and peanut butter and everything, it's a very heavy drink." Socialization of demonstrations of masculinity via mass protein shake consumption also occurred through viral social media posts. For example, John, a White male senior at CCU, indicated that students used You Tube to challenge each other to "chug" protein shakes, similar to the way in which they "chugged" beer. "Some of my friends took the beer challenge and instead made it a protein challenge, and they had to take 100 grams of protein within however many minutes." John's example of the You Tube Challenge also illustrates that social norms are established both inside and outside of the university walls at CRU and CCU.

**Influences on Students' Body Ideals**

With the popularity of Internet-based social media websites and their corresponding smart phone applications, students are exposed regularly to a variety of messages outside of the university that promote unrealistic body shapes. The messages conveyed in Internet blog posts, digital publications, and advertisements are particularly pervasive because they promote the female ideal body form and introduce that ideal to female consumers as the "norm." Social media enables social norming among university students to extend beyond the university walls and includes the influences of popular culture, encompassing models, actors, and celebrities as normative. According to women in this investigation, when women see other women who are have a large frame achieve significant weight loss, they assume that they can achieve the same, regardless of the difference in circumstances between students and celebrities. "I see these things like if Beyoncé has a thigh gap, I can have a thigh gap," noted Dakota, a White female

sophomore at CCU.  I asked Judith, a White female and junior at CRU, a question

regarding the origin of students' body ideas.  She responded with television and media

references.  "TV. Movies. Mainly. Also magazines. Or even if you follow a celebrity on

Facebook or Instagram or Twitter, just seeing that person's body every time you scroll

through that news feed, really has an impact, whether it be positive or negative."

Print magazines also play a critical role in the visual constructions of the body in

relationship to health.

> Those health magazines, like *Runner's Digest*, *Men's Health*, *Women's Fitness*,
> the cover is never anything but a model with abs…I think that also comes back to
> where did we get this idea—you see a big word that says 'health' and then 'abs.'
> (Sandra, Latina junior at CRU)

Similarly, according to Sara, a White female freshman at CRU, magazines and other

media can create unrealistic expectations of students' ability to influence and change their

bodies.

> [We get our body image from] magazines and pictures of super toned [and] fit
> looking people on the cover saying…'I did this for a few weeks, you can do it
> too.' And it's those…empty promises, where [it reads], 'Oh, if you eat this one
> thing every day, you'll lose 10 pounds.'  And I think a lot of us get fooled by
> that—me included. …[Y]ou just see something [and say to yourself], 'I'm going
> to try that,' and then it doesn't work.

Men are not immune from the effects on the media on body consciousness.  According to

Marcus, an Asian American male senior at CRU, the media representation of the body is

a powerful force in the construction of an unattainable male body ideal.

> [In] the media, you'll see athletes [who] have strong core or abs that show. [They have a] strong back, a well-defined back, and a thick neck. You see that in football. You see that movies. It's funny because there are some friends that [are] always working out, and they say, [I am working out] 'to get that back.'

Lisa, a Latina and White female and senior at CCU, reported that she has struggled to maintain a positive body image, in part due to the influence of media and advertisers, and also because she has internalized the discourse that one has to be thin to be beautiful.

> I think as I got older it got worse because you start to be more receptive to the media, to culture, and to your peers. When a lot of people don't look like you, you start to think 'Okay, something is wrong and it's probably bad,' especially when people would make jokes…I think for a long time [I thought I was] just disgusting. I hate that about me. I like everything about myself except for the way I look...[I]t was mostly always targeted towards the fat part of it—that I'm fat. And so now I'm trying to work that out and trying to change that image of myself. As I've gotten older it's nice because I'll hear and see more about a movement to kind of do a body acceptance kind of thing. You definitely see that a lot more but it's small relative to what you see generally speaking day-to-day…With advertising it's like, 'Don't you want to be thin and beautiful?' because those go together…[F]at doesn't go with beautiful.

Although educational institutions may attempt to influence students' body image and promote body acceptance, according to Lisa, peers and the media are the primary influencers on students' perceptions of the body.

> I know the administration tries [but they are] not with us every day. Our friends are with us every day; our classmates are with us every day. The shows we watch. If people watch TV, the stupid commercials—that's what's there every day giving us messages…Maybe the school will…send [a message to us stating that], 'there's a workshop on this.'

Students perceive that the university ascribes to dominant ideals that "fit" is the same as thin, and "fit" is healthy. For example, in the sorority focus group at CCU, one of the women questioned a photograph of "fit-looking" woman as an appropriate representation of fitness on campus.

> [The recreation center] has…this giant poster of this woman stretching and she's super fit…and it kind of imprints in your brain. 'If you come here and you work out, you'll be like this woman,' who's doing this leg stretch thing. And it's like, 'Okay, if I come here, I'll look like that?' They're trying to [encourage] you to be healthy, but it's not in a positive way.

Social media is a powerful tool in the construction of an ideal body type and in the creation of an image of health. According to Katherine, a White female junior at CRU, students take gym "selfies," or self-portraits of themselves at the gym, and then post the photo on social media websites; however, students are aware that the "gym selfie" phenomena are not necessarily evidence of an accurate representation of their

physical activity. "I think people, in terms of that kind of stuff, they try to put their best foot forward via social media too…They take these gym selfies, and it's like, you're not working out, you realize, you're taking pictures at the gym." Similarly, according to Jenny, an Asian American junior at CRU, while both men and women outside of the university who publicize their bodies on social media, university men advertise their efforts on social media more often.

> I feel like girls around me are less concerned about [the advertisement of their athleticism on social media], but guys are like, 'Oh yeah, I'm hitting the gym or like, look at these kicks or whatever.' I feel like maybe it's a need to like impress male peers as well as female peers…There's also like Instagrams of other people who I don't personally know, people who actually have a lot of followers, and like they're girls and they're taking pictures of themselves in sports bras and yoga pants.

> Social media can also be a mechanism for the promotion of body transformations. According to Alexis, a Latina junior at CRU, there are a hashtags (or categories of photos) on Instagram that people use to advertise their bodily transformations (i.e., "Before" and "After" photos). "And I think social media just puts it more out there. There's people who are like '#fitspiration' and hashtag it or...#Transformation Tuesday.'"

> Students follow social media bloggers outside of the university population, which tend to construct and reinforce a thin body ideal.

> I use Instagram a lot…I don't really follow fitness blogs, but…you can see what people like, or pictures [from] the fitness blogs. And I feel like it's kind of a

motivator to become more fit in that sense…Oh, and Tumblr, too, actually.  I

forgot to mention Tumblr.  Tumblr is a little harsher on women, because

everything that's re-blogged are models…You don't see thick girls, and if you do

then it's an article saying that you're beautiful just the way you are.  Those are

kind of nice, but those are very rare.  Mostly what you see are skinny, gorgeous

girls.  But, I'm sure they have a lot of makeup on…If you feel like you're not as

good as the person you're looking at, then that'll lower your self-esteem.

(Chrissy, White and Asian female junior, CRU)

According to Sara, a White female freshman at CRU, social media is a major influencer

on university student body perspectives not only in its user-generated content but also in

the advertisements it serves to consumers.  "On Tumbler, Facebook, or like Buzz Feed,

there [are] always ads… targeting you to follow a weight loss program.  Or [a] Victoria's

Secret swimsuit ad."

## Reclamation of the Healthy Body

The influences of the family, friends, print media, digital media, and social media

on body image can be overwhelming, in negative ways, to students who reside in a

physical and digital environment that breeds body consciousness.  However, students

who enrolled in courses with curriculum on body image and media influence were

informed about the pervasive effects of the media on self-esteem and thus could use their

individual agency to reject messages that did not resonate with their values.  Mariana, a

Latina and sophomore at CCU, who had recently constructed an academic paper on the

topic of media influence, was able to identify the unseen, unacknowledged, and taken-

for-granted ways in which the media, social media, friends, and peers promote body consciousness.

> I wrote a paper on this. Actually…I feel like there's three separate spheres that we get [body ideals] from. You get the media, your friends, and your parents. And your parents don't do it on purpose. They don't mean to put this image in your head but they're like, 'Oh, you need to eat your vegetables so you'll lose weight.' With the media, you're bombarded with it all the time, even if you don't watch television. You see it on ads. You see it in movies. You see it in magazines— everywhere…You're bombarded with them all the time; your friends are bombarded with them all the time; and, your parents are bombarded with them all the time. So you get it in your head. And then you're talking to your friends and your parents and it's reinforcing the ideas that you're bombarded with. So it's just integrated them even more. And now they are no longer ideas, they're facts, you know? This is what healthy looks like; this is what being good looks like, and everyone's reinforcing it on everyone else.

In one students' experience, exposure to a documentary on media influence played a powerful role in her understanding of health as not associated with a particular body size.

> [I watched] *America the Beautiful* and this was dealing specifically weight, and it was talking about how people think that fit is thin, and if you're thin, you don't have to worry about if you're fit, because you look good. If you are naturally thin, then you don't have to worry about it because you're good. [The movie] had this girl who was considered morbidly obese on the BMI spectrum, but she could

run miles in record time, she worked out twenty-plus hours a week, and she had a

great heart. But the doctors were telling her that she was unfit because she was

overweight. And she felt that was not only unfair to her, but unfair to thin, [yet]

unfit, people because that's doing them an injustice by telling them not to worry

about it, not to worry about having to work out because they are just thin. That's

not healthy either. (Dakota, White female sophomore, CCU)

Lisa, a Latina and White senior at CCU, is aware of the influence of media on body from

her coursework. Instead of maintaining negative self-views, she now expresses her anger

at advertisements.

So [my body image] has been very negative for a long time and I'm trying to

unravel all of that and have a more positive view. And now I get a lot angrier at

ads than I used to. I used to not even pay attention to them. Well, thought I

wasn't paying attention to them [laughs]. Obviously I was. I internalized all of

the messages. But now I get sort of like, 'excuse me?' I get angry. I just wish

more women...would realize a lot of it. Because a lot of it I learned from the

classes that I took.

In one student's experience, health-related social and cultural capital was acquired

through seeking consultation with trained mental health professionals.

[The therapist] talked about an article…about people who had lost a really

significant amount of weight, like, a hundred more…Because they didn't deal

with the issues; they just [focused on] the surface. They found not only did they

have the same issues that they still had with body image, it was worse because

people treated them differently now that they were thinner. And they would get

angry like, 'Okay, so I wasn't [the same person] before?' (Lisa, Latina and White

female senior, CCU)

Lisa's interactions with her therapist also led her to a book-based resource designed to

improve body image.

I think it's called the Body Image Workbook…I don't really think it focuses

much on change but just acceptance. And that no matter what your body is, no

matter the reasons for the way that it is, just to learn to love that and accept that. [I

am] going to be working on it with my therapist.

Students with majors that include coursework on media influence on the body are

able to exhibit agency within a structure that makes women self-conscious about their

bodies. Traci, a White female senior and a Gender Studies major at CCU, discussed the

positive influence of her coursework on her feelings about her body.

Now today at the university I feel really happy with myself—[I am] healthy

physically, emotionally, spiritually, just overall health[y] and I feel like that has to

do with to practicing a lot of self-love. Because I can't always work out as much

as I'd want especially working two jobs, going to school, and other parts of my

life. It's just at this moment right now I can't do what I know makes me better,

makes me feel all around good…I practice accepting that and knowing that it's

not always going to be one way…It will always be shifting throughout my life

and so I feel really good [and healthy] right now…Through these past couple of

years in my classes for my major we talk a lot about health and but we kind of

change...from the standard ideas of health, having to do with skinniness or what

not. We kind of shift it to 'What is actual health? How do we measure that and

how is it comparable?' It's really only comparable to ourselves. I can't compare

myself to you and you can't compare yourself to me.

Conscious reflections on the relationship between the body and perceived health and

rejection of unrealistic body ideals, as portrayed by Traci, were rare among students in

this investigation. Thus, body acceptance language and behavior is outside of normative

discontentment where students actively impart judgment their own bodies and the bodies

of others. According to Traci, the discussion of body acceptance with her peers is

"weird" and "awkward."

If I'm in a new group, and people were talking about it and if I don't participate it

makes people feel uncomfortable because it almost…even though I'm not saying

you shouldn't be doing that…people feel judged. I don't really feel bad that I

want people to feel more aware, but sometimes I just feel like people think I'm

weird, or sometimes I feel weird.

Traci's education on body image has also created a challenge for her to sustain

relationships with women who complain about their weight.

I have my best friend, one of them, lives in Boise and she's seriously depressed

and she always complains about her body and her weight and it's just really hard.

I see her in that cycle where, to me, it's unhealthy…[S]he's trying to achieve

health and it's like 'health' in quotes because to her health equals skinny. That's

not really me now.

However, Gender Studies classes, for example, can act as cultural enclaves for students who want to talk about body image in a supportive environment. Traci reflected on her experience as a discussion leader for a Woman and their Bodies class at CCU and explained how this experience has helped her have conversations about healthy body image outside of class.

> [I]'ve been, for the past three years, facilitating [a discussion group] every semester with a small group of eight to ten freshmen or sophomores and one of the topics is body image and I just facilitated on this two weeks ago…That helps me talk about things. It's good practice. But it's hard because in that environment we've created a safe environment where we can share things and talk about them and not get defensive, or if you do get defensive, [I learned ways in which I can] address it. That's really helped me have the conversations.

**Summary**

Normative discontentment (La France et al., 2000), or a condition of perpetual dissatisfaction with the body, was a common thread in all participant-interviews, focus groups, and observational data. With only a few exceptions, female students preferred thin or "toned" body types, while men longed for lean and muscular physiques. The overwhelming majority of students in this investigation were dissatisfied with their bodies, even students who, from my perspective, had physiques that mirrored students' descriptions of ideal body types. Given the significant influence of social media in the university student culture and the emergence of "fitsperation" posts (people who have achieved a fit physique post photos of their body with inspirational or instructional

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narratives), the attainment of an ideal body type, for students, is conveyed as both desirable and achievable. Students, particularly female students, who described themselves as overweight or above their ideal body weight described their weight as a demonstration of their inability to be disciplined. Male students also expressed the aspiration to attain a male body ideal that that matched what they saw among celebrities in superhero movies.

At CRU and CCU, student health-related norms included attempts to change diet, increase exercise, and perform other relevant "body work" (Rich et al., 2004, p. 184) to generate a better body to display, rather than improve personal health and wellness. From the student perspective, students' body work led to an ability to attract and attain a partner of a higher social status, which was perceived as important as traditional status symbols such as their education attainment and income level. In other words, students viewed health practices as mechanisms to enhance their bodily capital and social capital, and thus were concerned primarily with behaviors that would lead to an acceptable body form. A minority of students in this investigation demonstrated individual agency to resist the cultural norms and social mores associated with body management and control when they were equipped with education on health, body image, and media influence on body consciousness.

CHAPTER 6:

SUMMARY, DISCUSSION, RECOMMONDATIONS, AND CONCLUSIONS

In this section, findings of my research are presented, as well as their implications for policy, practice, theory, and future research. The section begins with a summary of key findings of this investigation integrated with literature, which serves to demonstrate parallels and illuminate differences in the scholarly discourse on college student health. The next section, titled "Implications for Policy," introduces the ways in which this research may inform existing policies for health education in both the postsecondary and secondary educational environments. The next section, titled "Implications for Practice," provides a summary of the ways in which student affairs practitioners, faculty, and administrative deans may construct vibrant living and learning environments where students, staff, and faculty may collaborate to establish strategies for health promotion on campus. "Implications for Theory," "Implications for Methods," and "Implications for Future Research" are presented subsequently, and the latter touches on the ways in which the theory, methods, and topic of this investigation may inform future investigations on college student health. Concluding remarks address the significance of this investigation to the public health in the United States, the existing research on college student health, and perhaps most importantly, the practices of colleges and universities across the nation in their efforts to nourish both the minds and bodies of students.

**Summary and Discussion of Findings**

Drawing upon culture theory, as well as theories of cultural and social capital drawn from the sociocultural literature on health, this investigation explored, identified,

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and explained why students perceive a decline in personal health and wellness for each year of matriculation. Qualitative methods contributed to this investigation in that they generated the "thick description" (Geertz, 1973) that was lacking in understandings of student health and well-being in higher education. In this section, answers to the research questions for this investigation are provided, which include the following: What do "wellness," "health," and "being healthy" mean to undergraduate college students? In what ways do students perceive their body-related identities and to what extent have those identities framed their health-related attitudes? What environmental, institutional, and political messages are received by students regarding health and their bodies, and how do students validate or resist these messages? Dominant discourses are also presented in specific sections, which include information on the ways in which student language reflects or stands in a counter-relationship to a particular social practice, current condition, or theory (Locke, 2004).

**What Health Means to University Students**

The word "health," as conceived by students in this investigation, can be described more accurately as the ability to obtain a healthy appearance or achieve an ideal body figure. With body form in mind, efforts and goals to improve health were limited to the performance of "body work" (Rich et al., 2004, p. 184), or diet and exercise strategies designed to improve aesthetic appearance. College student health-related goals were limited to an array of body-related activities performed for a short duration, in part due to how students defined "being healthy" and its relative importance to other more worthwhile pursuits.

Students cared more about effects of health practices on their bodies than about an actual commitment to healthy habits for the sake of personal well-being. This perception among university students is consistent with existing sociological literature about the purpose of health and its relationship to social status in the United States. "The appearance of a fit body, rather than the reality of fitness, has become a critical determinant of social status and a factor that is self-policed by individuals as they negotiate social positions." (Dworkin & Wachs, 2009, p. 12).

Students' focus on the physical characteristics of the body, coupled with the academically rigorous demands of the university environment, also alters how students view and prioritize health-related activities that do not relate to physical appearance or academic performance. When students were asked to rank their involvements at the university by importance, health and wellness were consistently located at the bottom of the list, which included items such as academic obligations, work, and relationships with peers. It was clear that CRU and CCU students did not receive a message that personal health is as valuable as academic productivity at their universities; and, thus, health-related social and cultural mores are instead shaped by peers, the media, and other internet-based social networking websites.

**Influences on Student Health and Wellness**

Cultural capital is defined as class-based socialization of tastes, norms, preferences, and skills that are primarily habitual and thus may or may not be noticed consciously (Bourdieu, 1986; Winkle-Wagner, 2010). Although cultural capital is transmitted predominately through the family by parents to their children, it can be

acquired through education as well (Winkle-Wagner, 2010). Existing empirical research

suggests that it is common for college students to seek out parents for health-related

information (Wing-Kwan et al., 2000); however, the present investigation suggests that

particularly among low-income and first generation minority students in this

investigation, health, self-care, and positive body-image were not discussed, role-

modeled, or intentionally fostered in the home environments beyond the provision of

home-cooked meals and occasional encouragement to eat fruits or vegetables.

Furthermore, students did not look to their parents or families for health-related

information, in part because many students did not perceive their home environments to

be "healthy." Thus, this investigation suggests that a substantial portion of the realization

of "Healthy People 2020" hinges on the outcomes of the provision of educational and

cultural resources for young people to live well and thrive, particularly in the university

environment. Indeed, in their mission statements, both CRU and CCU cited an

institutional commitment to student health and well-being (albeit, in the case of CRU,

only in relationship to its association with academic success). However, students

described little, if any, influence rendered by their institutions on health and well-being.

From the students' perspective, the university physical and social environment did

not contribute to their understandings of health. First, students at both CRU and CCU

could not describe more than a few campus resources for student health and wellness,

which suggests that campus resources are either not advertised adequately to students or

irrelevant to this population. Second, and perhaps most importantly, students reported

that their institutions did not convey a message that health is a value at the university;

instead, students understood only the importance of their academic pursuits. Students

cited numerous examples of ways in which CRU and CCU are at odds with healthy

living. For example, although campus dining locations offer for purchase pre-packaged

food that can be consumed in transit between activities, student participants also

lamented that the items available at these locations were often processed "junk."

Furthermore, at both CRU and CCU, students reported that dining halls are open at

inconvenient times and contain unsavory menu items, which are factors that contribute to

consumption of fast food. Although kitchens were provided as resources to students in

residences, they are unsuitable for regular meal preparation. In sum, students conveyed a

lack of agency in their ability to lead a healthy lifestyle on campus because CRU and

CCU were viewed as "unhealthy" spaces. Given the lack of family and university

influence on student perceptions of the meaning of health, peer- and media-constructed

orientations, meanings, and norms associated with health dominated the student milieu at

CCU and CRU.

In campus environments that lacked influence on health and wellness, students at

CRU and CCU relied almost exclusively on their peers and internet-based resources for

norms, information, and resources for health and wellness, a finding consistent with

existing research on students (Wing Kwan et al., 2010). Thus, the predominant

mechanism of construction and transmission of health-related values to students was

health-related social capital in the form of social norms and information sharing.

Findings from this investigation suggest that non-aesthetic determinants of health, such as

sleep, alcohol moderation, and stress management were not prioritized by students to the

same extent as, for example, fitness-oriented practices such as diet and exercise. In times where academic demands were deemed extreme (e.g., midterm and final exam periods), all health efforts, regardless of their value outside of these periods, were terminated. For example, students reported that they often compromised sleep in order to meet academic obligations, which is, according to the literature, paradoxically a threat to academic performance (Gaultney, 2010; Petit & DeBarr, 2011). Indeed, students' willingness to forgo sleep, or the ability to "pull an all-nighter," was a norm among students that was lauded by their peers as an exhibition of discipline and willpower.

A prime example of the significance of the influence on peer norming and resistance to campus intervention in health-related behaviors can be found in alcohol consumption and socializing behaviors. In this investigation, alcohol and binge drinking behaviors were present at both CRU and CCU. At both CCU and CRU, students hosted and participated predominantly in "kick backs," or informal gatherings of friends where alcohol (and sometimes marijuana) were consumed, but at moderate levels. Institutional efforts to re-direct student behavior were met with resistance; for example, at CRU apartment parties, when police or campus authorities required participants to disperse, students simply moved to predetermined neighboring apartments. Fraternities avoided campus intervention through the provision of "party shuttles," which routed students to off-campus venues for social events. Although this strategy contributed to student wellness through the provision of sober transport to and from parties, students participated regularly in "pre-gaming" (consuming large amounts of alcohol before the event) both before the event and on the bus to the event, particularly if they were

underage and could not legally purchase alcohol at the venue.  Thus, although binge

drinking was acceptable at both CRU and CCU, as corroborated in the literature for

United States higher education university undergraduates (Barry & Goodson, 2011),

students established social norms and protocols that, in some ways, contributed toward

their personal safety, and, in other ways, jeopardized the safety of themselves and others.

According to students, the only effective method of institutional influence over student

perceptions of alcohol consumption at CRU was through its alcohol education class.  This

mandatory course assigned to students who violated campus alcohol policies instructed

students on the effects of alcohol on their bodies and offered practical solutions to the

negative externalities of alcohol consumption.  In sum, university efforts to curb

"unhealthy" behaviors were met with resistance when they were not in line with students'

practical needs to participate in campus life and or with rituals associated with social

activities.

The vast majority of students at both CRU and CCU found the campus

recreation center and gymnasium to be the primary institutional place for health and

wellness.  These facilities, however, influenced student health and wellness in both

constructive and subversive ways.  First, students were more aware of the services and

program offerings at campus recreation centers than they were of other campus offices

dedicated to health and wellness, such as student health services areas, health education

units, and counseling centers.  However, the vast majority of students in this investigation

reported that the gym culture at both CRU and CCU intimidates students away from

utilization of spaces such as the weight room or visitation of the facility altogether, a

finding consistent with existing research (LaCaille et al., 2011). For example, according to students in this investigation, the weight rooms at both CRU and CCU, where the heavy dumbbells and barbells are located, are reserved for "big boys" (particularly men who are affiliated with Greek letter organizations). Women and "weenie" men are relegated to areas of the facility with weightlifting machines and cardiovascular equipment. Men in this investigation attributed their discomfort at the gym to inferior strength; however, they were more inclined to continue to use all of the areas of the campus gym, notwithstanding their discomfort. Conversely, women reported that they did not use the weight room because of perceptions that they did not belong, did not know enough about weightlifting, or did not want to be "checked out" while they exercised. As a result, the recreation center space was divided on the basis of sex and gender by students' perceptions of masculine and feminine exercises.

Although individual goals varied, the intent to achieve a gender-appropriate body ideal was consistent across race, gender, and body sizes. The type of work students performed was directly related to its potential to shape the body in ways that met social standards for masculinity and femininity. Men intended to construct a healthful-looking physique, which, from male students' perspective, was a masculine image of a "supermale" (Pope et al., 2000), or a man with a superhero-style physique (Forth, 2008). Men predominantly used the weight room when they wanted to exercise in an effort to build a bigger—and thus better—physique. Nutritional strategies, such as consumption of large quantities of protein, followed suit. Popular recreational selections for women were those that were perceived to contribute to their desired "toned" body ideal and not a

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masculine "buff" physique; thus, they limited equipment use to cardiovascular equipment, such as treadmills, and attended fitness classes with female-targeted body-related titles such as "Butts and Guts." In sum, male and female students' behaviors were designed and prioritized by the capacity of those behaviors to sculpt a feminine or masculine physique.

**Body-related Identities and Resistance**

Students' perceptions of inadequacy about their bodies (La France et al., 2000), coupled with their belief that an ideal body could be achieved if they worked hard enough (Burrows & Wright, 2004), incited motivation to engage in body work. The discourses of normative discontentment with the body (La France et al., 2000), as well as a conception of the body as an unending project, were present in student representations of health in the university context. Even when students self-reported that they met social standards for a "healthy weight" or appropriate size, they nonetheless communicated goals to lose weight or achieve a physically fit physique, which is consistent with research on college females (La France et al., 2000) and college males (Pope et al., 2000). Female norms associated with weight management included "dance/formal diets" and binge-style exercise strategies in anticipation of events where their body would be on display. Social media was often used to self-promote this behavior and establish it as a social norm (e.g., Instagram.com hashtags such as #roadtoformal). Women followed a short-term rigorous diet and exercise plan routinely in anticipation of a particular event, only to resume their usual behaviors after the event or season or when academic obligations thwarted their weight management efforts. In sum, students' motivations for

the engagement in health-related activities were not tied to a consistent value of health; instead, these efforts were associated with discontentment with their bodies. Thus, health was viewed as a short-term "fix it" project that was picked up in times when they needed to put their bodies on display and dropped when it was no longer necessary, a finding consistent with the sociological literature on health perceptions. "The concomitant practices necessary to rectify this inevitable failure/lack [of health] are focused on historically variable functions of bodily appearance rather than health or body functioning" (Dworkin & Wachs, 2009, p. 23).

As a whole, students' efforts to alter the body to achieve health were conveyed in language associated with discourses of control, discipline, and body surveillance. Print media, television and movies, and social media affirmed students' cultural use of the body to illustrate character qualities of "discipline" and "self-control." This finding is supported by existing research that among females control and virtue are expressed both in the process to achieve, and the production of a slender body ideal (Rich et al., 2004); however, this investigation suggests the same can be said about male achievement of a lean and muscular body ideal. Although agency can indeed be achieved through the establishment of an intended body-related identity, the process to achieve it is anything but liberating or empowering.

The body served as a vehicle for establishment of identity (Capenec & Payne) for students in this investigation. Students expressed interest in the contours of their bodies–especially shape, size, and muscle tone—because the body is viewed as "the ultimate expression of self" (Brumberg, 1997, p. 97). This investigation demonstrated that,

among university students, the body can serve as an agentic mechanism for the enhancement of social status and the achievement of social mobility. In some ways, re-design of the body can be empowering (Dworkin & Wachs, 2009), a way to demonstrate agency and construction of an identity. Indeed, students conveyed that, through body work "fluid identity can be established" (Dworkin & Wachs, 2009, p. 18). Both male and female students conveyed that the fit body signaled success, power, and worthiness in the university environment. Although the ability to "shape" an identity by sculpting an ideal physique may be empowering to university students to some extent, it has serious implications for both the physical limitations of the body where certain identities cannot be achieved (Kirk, 2004) and for students whose bodies fall outside of the slender, "toned," or muscular ideals.

Students conveyed negative views of students who were overweight, such as presumptions of "laziness" and "lack of self-control," a finding that is supported in research (Hancock et al., 2000). These perspectives on weight gain also extended to themselves: students attributed their own personal weight gain to an inability to control themselves and their behaviors, notwithstanding the many social, environmental, and cultural influences on their ability to sustain their weight maintenance strategies. Students understood that behaviors that are viewed as "normal" among students in the university environment (e.g., alcohol and fast food meal consumption) are deviant from practices they know to be healthy. In response, they sought "redemption" (Dworkin & Wachs, 2009, p. 13) through health practices outlined in media representations of health, such as "cutting calories" (Dworkin & Wachs, 2009, p. 13) or decrease in sugar consumption.

Students' perceptions of the meaning of weight gain are congruent with broader societal norms associated with excess body fat. Dworkin and Wachs (2008) argue that men and women fear being viewed as overweight because of its character implications. "It is a sign of one's failure to demonstrate a proper 'work ethic'" (Dworkin & Wachs, 2009, p. 35). Despite evidence that suggests a fat-free form is both unrealistic and unhealthy, consumer culture suggests it is venerable and laudatory (Dworkin & Wachs, 2009).

Students' attraction to "body work" activities, such as diet and exercise, even when the vast majority of students appeared to match student descriptions of a socially acceptable body size, provoked further inquiry into the meaning of a "fit" physique to students. From the perspective of students, attainment of a socially acceptable body size evidences superior taste, an embodied form of cultural capital (Hancock et al., 2000) that is accessible to anyone who can put in the work. Bodily capital (Saguy, 2013) can be defined as either the physical manifestation of cultural capital (e.g., a style or preference for a slender physique that is representative of class norms), or literally as physical attributes that can be leveraged to enhance social status and thus a direct contributor to students' peer network expansion. For females, the primary motivation to engage in health-related behaviors was to achieve a body that would attract a romantic partner of a higher social rank because, to a large degree, women's power and sense of self is predicated on their ability to meet culturally accepted body ideals (Dworkin & Wachs, 2009). Thus, women's power comes from being the "'right' kind of subject" (Dworkin & Wachs, 2009, p. 31). Conversely, men achieve power by the accumulation of body size to the extent to which they can dominate women physically. Dworkin and Wachs (2009)

argue that since women have achieved parity in nearly every formerly male domain, it has caused "body panic" (p. 9) in men who seek to differentiate themselves, at least in body form, from women (Dworkin & Wachs, 2009; Pope et al., 2000). Body panic must be understood not as "part of the larger tapestry of changing gender, race, class, and sexuality relations and as part of the broader structure of contemporary socioeconomic structures" (Dworkin & Wachs, 2009, p. 9).

This investigation suggests that an ideal body is perceived to be a valued status marker, equivalent to educational credentials and income level. These findings build upon those of Holland and Eisenhart's (1990) ethnographic research on the academic and career aspirations of sorority women. In a similar ethnographic investigation of the career aspirations of collegiate women, Holland and Eisenhart (1990) discovered that collegiate women invested far more time and energy on their appearance than they did on academic work, all performed in an effort to attract suitable romantic partners. This present investigation furthers Holland and Eisenhart's (1990) argument through its introduction of theories of cultural capital, social capital, and bodily capital that explain why aesthetic work is worthwhile in their social and romantic pursuits. Students conveyed that they strived to embody a physical form that evidences their superior taste, status, and, thus, worthiness as a romantic partner. "Taste is a match-maker, it marries colors and also people, who make 'well-matched couples,' initially in regard to taste" (Bourdieu, 1986, p. 243). The present investigation serves as an updated account of the importance male and female university students place on romance, and, perhaps more importantly, the value students hold on the construction of bodies "fit" for romance.

In both students' responses and document analysis, it was clear that both CRU and CCU officials, through co-curricular program offerings, services, mission statements, and campus advertisements, made attempts to connect with the student population. However, from the students' perspective, CRU and CCU have limited influence on students' health-related perspectives other than through curriculum in the courses dedicated to health or healthy body image. Indeed, the sub-set of students who received curriculum designed to promote a positive body image and non-aesthetic constructions of health were equipped to negotiate the omnipresent and pervasive effects of popular media, social media, and peers' constructions of health in the university environment.

### Implications for Policy

The ways in which students conceive of health within the university context, as well as the ways in which they draw resources from their peers and environments, can provide policy-makers with information on the ways and the extent to which and in what ways students' healthy or unhealthy behaviors shape and are shaped by their local, familial, and national cultures. Current educational policy reflects United States cultural notions of health as an individual responsibility, and, thus, health failures are viewed as individual acts, omissions, and moral failures (Dworkin & Wachs, 2009; Hancock et al., 2000), notwithstanding the numerous situational, cultural, and environmental influences on individuals that shape their health-related behaviors.

The experiences and perspectives of these students provide relevant information for the ways in which institutions can fulfill their responsibilities as outlined by "Healthy People 2020" (United States Department of Health and Human Services, n.d.) and

"Healthy Campus 2020" (American College Health Association, n.d.).   Developed by

the American College Health Association, "Healthy Campus 2020" responded to the

national challenge, as set forth by "Healthy People 2020," of meeting the health-related

goals for the college and university student segment of the United States population.

"Healthy Campus 2020" both established a nationwide data set for institutions seeking

benchmarks for quantitative measures of health, and facilitated development of

benchmarks and a widely used framework for institutions of higher education to improve

on established health indicators included in the survey.  Benchmarks in the "Student

Objectives" portion of "Healthy Campus 2020," in the subsection titled "Nutrition and

Weight Status," include the following three items: (1) "Increase the proportion of

students who are at a healthy weight" (American College Health Association, n.d., p. 8);

(2) "Reduce the proportion of students who are obese (American College Health

Association, n.d., p. 8); and (3) "Increase the proportion of students who report eating

five or more servings of fruits and vegetables per day" (American College Health

Association, n.d., p. 9).  Also included in the "Student Objectives" section is a subsection

titled "Physical Activity and Fitness," which includes the following two benchmarks:  (1)

"Increase the proportion of students who report meeting current federal guidelines for

aerobic activity" (American College Health Association, n.d., p. 9) and (2) "Increase the

proportion of students who report meeting federal guidelines for muscle-strengthening

activity" (American College Health Association, n.d., p. 10).

The primary problems associated with the "Student Outcomes" section of

"Healthy Campus 2020" are that it: (1) perpetuates the discourse that thin is healthy; (2)

omits attention to discussion of the development of a positive body image; (3) does not take into consideration students' aesthetic motivations for exercise because of its fitness orientation; and, (4) reinforces the discourse that health is an individual decision that is impervious to social and cultural forces.  Even in its title, the Nutrition and Weight Status section is designed to promote use of weight as a valid measure of health for college students.   Health policies that focus on maintenance of a "healthy weight" (American College Health Association, n.d., p. 8) only exasperate students' existing preoccupation with weight management as a strategy for health promotion and do little to motivate students to behave in healthy ways. Use of weight as a measure of health is also problematical because it perpetuates the inaccurate view that health can be achieved only at a small size (Saguy, 2014).  This conception of health can lead students to enact weight management strategies that may be more damaging to students' body image and well-being than helpful.  Thus, student reports of body acceptance as a standard of wellness can motivate administrators and researchers to develop and improve upon existing educational efforts in this area.  Finally, standards for physical activity in the "Physical Activity and Fitness" subsection do not take into consideration students' meanings of exercise, which is to improve physical appearance.  In sum, "Healthy Campus 2020" may contribute to conflation of a health directive with a "beauty imperative" (Burrows & Wright, 2004, p. 91) that suggests that there is an ideal body shape for which college students should strive.

This investigation suggests that students would also benefit from early education on health and body image in order to enter the university equipped with tools to sustain

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their health and well-being.  There are indeed health education standards in place for California schools.  In October 2005, Assembly Bill (AB) 689 was signed into law by Governor Arnold Schwarzenegger, which adopted health education standards for California public schools (California State Board of Education, 2009).  The associated governing document, *Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve*, establishes eight overarching standards and provides appropriate curricula along six areas of focus for each grade level (California State Board of Education, 2009).  This document is the primary standards document to which California public schools are held accountable in order to receive funds from tobacco taxes.

Health Education Content Standards for California Public Schools: Kindergarten *through Grade Twelve* sets a standard of health that includes an expectation that young people can measure their health by their weight.  For example, in the section titled "Standard 1:  Essential Concepts for Grades Nine through Twelve," students are expected to "evaluate various approaches to maintaining a healthy weight" (p. 45), to "describe the amount and types of physical activity recommended for teenagers' overall health and for maintenance of a healthy body weight" (p. 45), and also to "identify the causes, symptoms, and harmful effects of eating disorders" (p. 45) and "explain why people with eating disorders need professional help" (p. 45).  In sum, this set of standards lauds weight management and then problematizes disordered eating strategies to achieve it. This is problematical once again because it suggests that institutions should use weight as

a valid measurement of health, which can, in its worst form, exacerbate the identical disordered eating strategies this section of the policy aims to resolve.

Policies as outlined in "Healthy Campus 2020" and *Health Education Content Standards for California Public Schools: Kindergarten through Grade Twelve*, which establish bodily benchmarks for individual student behaviors, only further reinforce "healthism" (Dworkin & Wachs, 2009, p. 104), or "the idea that the individual is responsible for the health to the self and the nation." (Dworkin & Wachs, 2009, p. 104). Maintenance of a fit body is at once no longer viewed as a personal choice, but rather as an "obligation to the public good and a requirement for good citizenry" (Dworkin & Wachs, 2009, p. 35). Given the many influences on health that reflect socioeconomic conditions outside of individual control (Davies, 2001), enactment of policies that focus on achievement of a certain weight or ability to exercise a certain number of minutes further stigmatizes behaviors of low-income, and underrepresented minority student populations. "While middle-class bodies are able to…produce pleasurable and fulfilling identities, those unable to fully participate in the consumption necessary to attain redemption are stigmatized" (Dworkin & Wachs, 2009, p. 14). Dworkin and Wachs (2009) argue that the process of achievement of the male body ideal reinforces and legitimizes the bodies of the privileged. "This is because the right kind of bodily object—the cumulative effect of one's purchases, social practices, and the ensuing surfaces of the flesh—is always out of reach by some and attainable by others" (Dworkin & Wachs, 2000, p. 11). Public policy can provide an opportunity to shift the discourse of health promotion from an individualistic to a community responsibility by the establishment of

protocols aimed at government institutions and not at student outcomes. Educational

institutions can elevate students' cultural capital through education on topics associated

with health and positive body image without the requirement to track and measure

students' individual and bodily responses to the instruction.

## Implications for Practice

University communities provide a unique environment for health promotion, risk

reduction, and primary intervention (Smith, 2010). The evidence that the United States is

in need of a shift in culture with regard to health and wellness is irrefutable (National

Consortium for Building Healthy Academic Communities, n.d.). For example,

cardiovascular disease is responsible for the most deaths in the United States, and yet it is

largely preventable. Behaviors such as diet, smoking, alcohol and drug use, and a

sedentary lifestyle are largely established in late adolescence and early adulthood

(LaCaille et al., 2011). Furthermore, these behaviors are linked to a wide variety of

diseases that may arise later in students' lives. Although individuals often receive the

blame for making unhealthy choices, individuals interact with social groups, institutions,

community groups, and policies that shape their behaviors (McLeroy, Steckler, Bibeau,

& Glanz, 1988).

Institutions of higher learning are in a unique position to set the national agenda

for health and wellness both by setting an example of a healthy community and through

the generation and the dissemination of research on health and wellness (National

Consortium for Building Healthy Academic Communities, n.d.). Colleges and

universities that intend to improve health and wellness on campus should marry their

educational mission with a commitment to helping students enjoy a purposeful and meaningful life (Davies, 2001). The intent of institutions may be to establish healthy living and learning communities for students as conveyed in their mission statements; however, students may not perceive that their health and well-being are important to their university beyond what is necessary for them to fulfill their academic obligations. Health and wellness programs, services, and messages are not viewed as necessary and vital to students' lives when they are not presented to students as an important value to the institution. However, institutions that choose to elevate self-care, positive body image, and creation of healthy communities to the same level (or higher) as academic development may see changes in student behaviors, such as establishment of health-related social norms beyond diet and exercise.

**Health Services and Education**

Educational practitioners can be a source of social capital for students (Winkle-Wagner, 2010). While most institutions of higher education have numerous programs and services associated with health and wellness available to students, they are positioned at best as peripheral, and, at worst, antagonistic to achievement of the "college experience." For example, in this investigation, an online educational program designed to downplay the importance of consumption of alcohol to students was perhaps a missed educational opportunity to educate students on the biological effects of alcohol so that they could make an informed decision. Given that health-related coursework can influence body composition (Gieck & Olsen, 2010), self-efficacy (Giek & Olsen), and attitudes toward self-efficacy (Mack & Shaddox, 2004) positively, health education

courses taken for credit, if offered in ways that meet students' needs, are a way to influence the health and wellness of the population.  Health education on campus may be viewed as more valuable to students if faculty and administration were to take inventory of the issues that matter to students so that they may become better healthcare consumers, decision-makers, and leaders.

Students who were exposed to healthy body-image oriented curricula were positioned to resist negative media influences on health and the body; however, only those students in Women's Studies enrolled in classes that dealt with these topics. Placement of body image coursework in women's studies programs denies male experiences with body consciousness and body dysmorphic disorder.  Indeed, in a study of undergraduate students, McCaulay and her colleagues found that 52 percent of men admit to thinking about their weight or appearance constantly (as cited in Pope et al., 2000).  Pope et al. (2000) developed a tool practitioners can use to guide men toward establishment of a healthy body image titled "Adonis Complex Questionnaire" (Pope et al. p. 77).  Ideally, institutions would establish breadth and general education course requirements for both men and women that deal with health and the body and provide students with the tools to both resist body shaming and sizism that occurs in print, television, and digital media.  Practical courses on personal health and self-care can educate students about the trade-offs associated with making healthy or unhealthy choices in the university environment and can contribute to students' agency in their ability to design and carry out health promotion plans for themselves, their families, and their communities.  An example of a practical health education intervention can be found

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at Centre College in Danville, Kentucky, where students participated in a course titled "The Art of Walking," where they learned about the social, physical, and psychological effects of going on walks while walking around various locations near campus (Bartlett, 2003). Even if such courses are not required, institutions that offer attractive health and body image coursework options are likely to send a message to their students that health is indeed a value of the modern university.

Students look for tangible, visual, and consistent communication of the health-related values and opportunities. Through their thorough review of campus mission statements, publications, and programs, colleges and universities can assess their efforts to establish a value of self-care on campus, notwithstanding the many academic demands they place on students, while also contributing to students' development of a positive body image while in college. For example, images of health on campus could include students with a variety of body sizes and features to refute the assumption that excess body fat means that one cannot be healthy (Dworkin & Wachs, 2009). Given students' use of social media to connect with friends and obtain information about campus resources ("College Students' Reasons for Using Social Media," 2012), health-related programs and services would benefit from on-going outreach in the form of social media campaigns. Such methods would allow campus departments to penetrate student networks where peer-to-peer information sharing is present.

**The Built Environment and Student Health and Wellness**

The built environment is one of the areas institutions can influence health and wellness without "saying" anything. When fast food restaurants are able to lease real

estate on campus, students are given mixed messages with regard to institutional commitment to health and well-being. The existence of numerous fast food restaurants, convenience stores, and vending machines on campus, where opportunities to consume natural, unprocessed, whole food items are limited, sends a message to students that eating healthfully in college is unimportant. The end result is that, as evidenced by numerous students in this investigation, they consume, from their perspective, unhealthy and processed food on a daily basis, which compromises both their perception of their ability to achieve health in college, and, arguably, their actual biological health.

While this investigation suggests there is indeed student demand for convenient and inexpensive meals, students would benefit from opportunities to eat healthfully on campus. This may require campus subsidies to offer high-quality food to affordable prices for students. When dining hall food does not meet students' standards, students are motivated to seek out less healthy options on- and near-campus. Thus, access to healthy, fresh, and appealing options in the campus dining halls is an important component to promotion of student health at colleges and universities (LaCaille et al., 2011). Also, given the propensity for students to eat meals in transit to class and other on-campus obligations, campus convenience stores could carry packaged meals that meet students' intentions to eat healthfully, notwithstanding students' full personal schedules.

One of the ways students can avoid the lure of fast food restaurants on and near campus is through preparation of home cooked meals. Students in this investigation conveyed interest in cooking while they reside on-campus; however, numerous students reported that their resources for preparation of such meals were not satisfactory, a finding

consistent with existing research on environmental determinants of health and wellness

on college campuses (LaCaille et al., 2011).  The provision of basic items for cooking

such as spices, condiments, oils, and other commonly used ingredients for students may

be useful for students who do not have sufficient funds to stock a kitchen for meal

preparation.  On-campus food pantries, where students are provided access to groceries

free of charge, are way to support students who would not otherwise be able to purchase

the items necessary to cook a meal (Sandoval, 2012).

Recreation centers can operate as bastions for student health and wellness on

campus, particularly if they can re-imagine and re-design the spaces in these facilities to

be inclusive of and empowering to all students.  In this investigation, students described

highly stratified sections in recreation centers where "manly" men lift weights and

women are relegated to peripheral areas for cardiovascular work on treadmills, elliptical

machines, and stair climbing machines.  This social norm not only sends a message to

women that their activities are less important but also establishes weightlifting as "men's

work."   Campus recreation centers are, at minimum uncomfortable but, at their worst

inaccessible for students without the appropriate sex, body, masculinity, knowledge, or

social status to use them.  Also, male avoidance of cardiovascular equipment areas

because they are "female" spaces is equally problematical.  Scholarly research suggests

that in the case of fitness, working on the lower body, cardiovascular exercise, and

stretching all carry a stigma (Dworkin & Wachs, 2009); thus, they are downplayed or

removed from male routines.  Although students may not be concerned about preventable

diseases while they are at the university, students' gym use patterns have the effect on

their health and wellness both in the present time and long after they graduate (LaCaille et al., 2011). For example, weight training among women can decrease spinal bone loss and risk of osteoporosis (Sutton, 2011). Campus recreation centers might be re-conceptualized as opportunities for democratization of health and wellness among all students, regardless of their sex, appearance, or ability.

**Enhanced Institutional Collaboration**

The National Association of Student Personnel Administrators (NASPA) is the primary professional association for Student Affairs entities for institutions of higher education. The NASPA definition of wellness includes the integration of social, mental, emotional, spiritual, and physical aspects of health (National Association of Student Personnel Administrators, n.d.). In this investigation, on-campus departments, services, and student organizations, coupled with off-campus fraternity houses, off-campus residential halls, local fast food restaurants, and inadequate transportation, all contributed as barriers for students' health and well-being. A campus dedicated to health and wellness would implement health and wellness initiatives in all areas of the campus that touch students' lives, not just in its health and wellness themed units. To successfully address the health of today's college students, the focus must move beyond individuals and their behaviors to establishing a healthy community. Campus health concerns need to expand from the student health center to integration throughout the institution's various systems. (The National Association for Student Personnel Administrators, 2004, p. 5).

An example of a well-run and comprehensive wellness program is at the

University of California, Los Angeles (UCLA), established in part as a result of a private

grant from the Semel Charitable Foundation (University of California-Los Angeles, n.d.).

Creation of work groups led by faculty experts in health and wellness fields are

responsible for campus health and wellness initiatives such as improvements in the health

of meal options on campus, transportation improvements (e.g., improved bike paths),

promotion of physical activity, and the creation of web-based mobile application to track

fitness programs (Kendall, 2013).  Campus collaborations that include faculty and

administrators are effective ways to ensure campus decision-making is interdisciplinary,

rigorous, and inclusive (American College Health Association, 2012).

Collaborations between institutions with similar challenges can also be a useful

tool for institutions that intend to improve student health and wellness; however, such

collaborations are rare.  Independent organizations, such as the National Consortium for

Building Healthy Academic Communities, bring together academic institutions for the

purpose of the promotion of a framework for a comprehensive health and wellness

program that targets staff, faculty, administration, students, and the community (National

Association for Building Healthy Academic Communities, n.d.).  Expansion of

institutional membership into organizations such as this one can assist institutions of

higher education as a collective in the achievement of policy objectives that promote best

practices in college and university student health across institutions.

**Institutional Learning**

Institutional researchers would benefit from the inclusion of qualitative techniques for data collection. In a document titled *Leadership for a Healthy Campus*, NASPA outlines a series of steps an institution can take to improve campus health and wellness. Step three, titled "Assessing Student Health Data," recommends qualitative assessment of institutional student health data. "Most campuses rarely gather qualitative data on student health, however, due to the time consuming nature of data collection, transcription, and analysis" (National Association of Student Personnel Administrators, 2004, p. 18). The present investigation illustrates that much can be learned from talking to students about their perspectives on health in the campus environment.

The "Healthy Campus 2020" website recommends an ecological approach to improvement of health and wellness in colleges and universities across the nation. In an ecological model, health outcomes are viewed as outcomes of a system of public policies (e.g., taxes and other laws that influence smoking or alcohol), community stakeholders (e.g., the built environment, local housing, local restaurants, and transportation agencies), institutional factors (e.g., campus climate, finances, availability of study space, and dining hall conditions), interpersonal processes and primary groups (e.g., roommates, resident advisors, rituals, customs, and Greek letter organizations), and interpersonal factors (e.g., goals, values, time management skills, and resiliency) [McLeroy et al., 1988]. Campus ecology identifies environmental factors and influences that interact with and influence individual behaviors (see Figure 6.1); thus, health-related interventions are most likely to be effective when they address determinants at all levels.

**Figure 2**

**Ecological Approach**
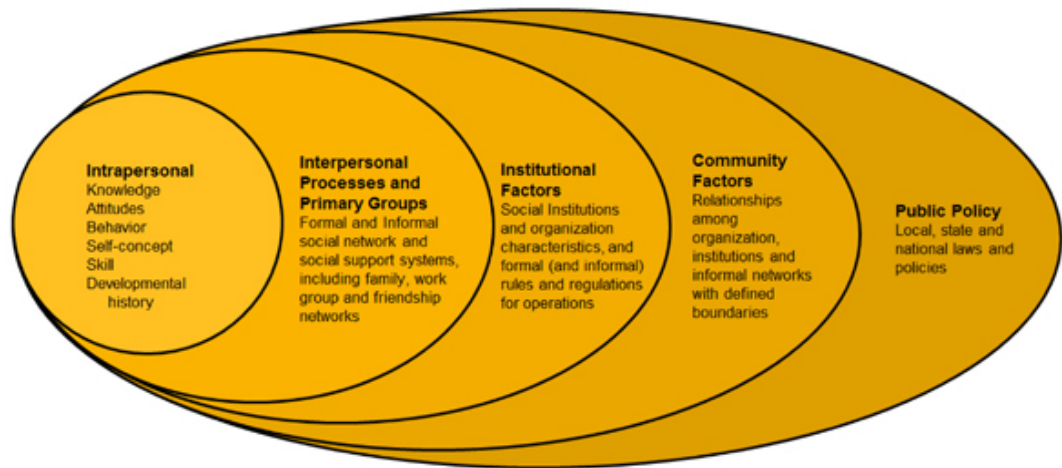


(McLeroy et al., 1988)

A socioecological-based model is a useful tool for administrators who intend to implement a health- or wellness-related intervention to analyze or solve a problem, as this approach examines health at the intrapersonal, interpersonal, institutional, community, and public policy levels.

## Implications for Theory and Research

### Implications for Theory

The implications for theoretical and research projects that utilize concepts of cultural and social capital are numerous. The vast majority of investigations of college student health are atheoretical, and those that utilize theory are limited to the eating disorder literature and emphasize psychosocial determinants over environmental factors

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(LaCaille, et al., 2011). New knowledge about college student health and new statements about the world will not come necessarily from replication of existing research but rather from "the struggle to demonstrate the relevance of the new research to the fields it addressed" (McDermott & Varenne, 2006, p. 25). This necessitates like use of theories that have both social and cultural origins.

This investigation advances theories of social capital, particularly with regard to social norming and information sharing through social media. "The Internet makes it necessary to redefine our understanding of what social capital is." (Quan-Haase & Wellman, 2004, p. 126). Social norming was present among students not only within the university setting but also beyond the campus walls via student use of social networking sites such as Instagram.com, Tumblr.com, and Facebook.com. These social media outlets transmit narratives that a fit body is a symbol of success from their celebrity idols, bloggers, and acquaintances, as well as targeted advertisements (Dworkin & Wachs, 2009). In turn, students experience "proximity" to, for example, celebrities, models, and actors who release status updates delivered directly to their fans' phones. Thus, people who, at least in part, make a living off of their bodily capital remain highly influential in establishment of social norms in the university environment. Furthermore, the existence of social media suggests that assessment of students' bonding and bridging social capital would need to contend with extensive non-human contact with peers and institutional support programs through this vehicle. Has social media established a new form of social capital and currency that lacks any boundaries, or is human interaction still vital to garnering the advantages of social ties? Given the prevalence of smart phone use among

students, the influence of social media should not be overlooked in any investigation that seeks to interpret social norming behaviors among students on university campuses, particularly those investigations that address health, wellness, and body-related identities. Although this investigation brings existing research on social capital and social media up to the present date, it must be replicated as meanings, usage, and interpretations of social media and the Internet change rapidly and re-create themselves (Quan-Haase & Wellman, 2004).

This investigation considered agency in the context of structural influences on students' health and well-being, while also acknowledging the cultural and structural tides that pull students in healthy and unhealthy directions. Utilization of agency as a construct enables individuals to consider the ways in which they can create cracks in even the most oppressive of structures (Ortner, 2006). McNay (2000) argues that Bourdieu's work is not overly deterministic given that the concept of *habitus* and how it has different meaning in different fields (or social spaces) renders *habitus* a temporal and generative concept. In the same way, the body can be viewed as a constructed, and thus changeable, entity. According to McNay (2000), the temporal nature of *habitus* leaves open the door for agency. "By drawing out certain temporal aspects to the process of embodiment, the idea of habitus and the performative open up a theoretical space for agency and for an explanation of the elements of variability and potential creativity immanent to even the most routine reproduction of gender identity" (McNay, 2000, p. 44). Students' consideration of the body as a malleable object capable of change is indeed an empowering concept in theory (Bordo, 1993; Capenec & Payne, 2000); however, in

practice, this investigation identified ways in which cultural and environmental pressures constrained the possibilities students viewed for their health and their bodies.

Finally, this investigation revealed an understudied form of capital, which is not discussed traditionally in higher education: bodily capital (Saguy, 2014). Bodily capital, or attainment of human physical characteristics that have value in social groups, was a prized form of capital among students in this investigation. Bodily capital is distinct among other forms of capital because it can be converted into enhanced bridging social capital via friendships or romantic relationships, or increased financial capital through modeling or prize fighting (Saguy, 2014). This form of capital, from the students' perspective, offered a democratic method of achievement of social status because students assumed that such a body was available to everyone who was willing to put in the effort. More work must be done to understand the concept of bodily capital and its relationship to financial and social capital acquisition.

**Implications for Methods**

Health research has much to gain from similar investigations that use qualitative methods, which offer in-depth insight into a smaller number of cases (Doherty, 1988). Existing research on the health of young adults at colleges and universities is largely quantitative, whereas qualitative studies—which are a small proportion in the scholarly literature on this topic—allow the researcher to capture and retain context in data analysis to be able to understand a phenomenon (Maxwell, 2005). For example, in this investigation, participant-interviews began with an inquiry into students' life histories (Tierney, 2013), which included intimate details on their family dynamics, cultural

resources, financial situations, and community influences, among more directed inquiries into the ways in which health was addressed (or not addressed) in the household. The nuances of living arrangements, strong and weak ties within the home environment, and student representations of socioeconomic status were revealed through these intimate conversations in ways that survey data alone cannot capture. Quantitative investigations, in contrast, are limited in their ability to capture cultural capital of students because cultural capital research requires an understanding of family dynamics (Winkle-Wagoner, 2010).

This investigation relied upon qualitative field methods, inclusive of participant-interviews, focus groups, participant-observations, as well as standard qualitative techniques such as interviews and document analysis. One of the primary advantages to the use of ethnographic field methods in educational research is that the researcher is immersed in the field for a long duration and engages in extensive participant-observations at the research site (Hammersley & Atkinson, 2007). This investigation illustrates the advantages of incorporation of ethnographic field methods to enhance qualitative research. Interviews were used as opportunities for participant-observation, that is, attention was paid not only to the content of what was discussed but also to the social construction of the dialogue, inclusive of the relationship between a researcher and a student on a college campus. Focus groups offered additional opportunities for participant-observation because attention could be given to participants' interactions between each other (Morgan, 1997). Observational data supplemented students'

responses by allowing the researcher to view student interactions in their natural habitat (Hammersley & Atkinson, 2007).

There is a need for more higher education research projects on student health that rely upon ethnographic field methods. Knowledge gained from serendipitous statements and impulsive actions of a population can be garnered from experience with an existing site (Levin, 2014). In *Educated in romance*, Holland and Eisenhart (1990) sought to understand why female students did not pursue majors and fields of study that led to more lucrative careers. Only through the researchers' regular and frequent interactions with sorority women did they learn that these students' behaviors were due to their focus on romance—evidence that the researchers would not have collected had they relied upon structured interview or survey data alone. Similarly, in this investigation, observational opportunities included visits to campus recreation center to exercise alongside students, meals consumed on campus, "hang outs" at sorority houses, and participation in campus tours, all of which contributed to my ability to investigate student interpretations of health on campus to reveal university students' cultural norms and associations with health that had little to do with health promotion and much to do with social and romantic relationships. However, researcher reflexivity is an important consideration in qualitative investigations. In this investigation, I had to be self-reflexive, or "be aware of the ideological imperatives or epistemological presuppositions that inform their research, as well as their own subjective, inter subjective, and normative reference claims" (Locke, 2004, p. 35).

Qualitative methodologists must decide ahead of time the persona they are to

adopt when they enter the field. The decision the researcher makes has implications for the internal validity of the data collected. In the ethnography *My freshman year,* Nathan (2005) sought to break the boundary between researcher and subject when she moved into the residential halls, but she was unable to establish rapport with her "peers" given the fact she was a middle-aged professor who could not blend in enough to act as an unobtrusive observer. Conversely, in *Coming of age in New Jersey,* as a young professor who could "pass" for an undergraduate, Moffatt (1989) elected to use deception for a short period of time while he lived in the residential halls. In this investigation, I adopted the persona of a contemporary, young, relatable graduate student—not too far from my genuine identity—and thus was able to perform the same activities as Nathan and Moffatt without the downside of lack of fit, as was the issue with Nathan's (2005) investigation, or the need for deception, as in Moffat's (1985) research.

Access to research sites in qualitative research can be a difficult task. Researchers can be perceived by institutional gate-keepers as a threat to their professional reputations should unflattering information arise during data collection. Lack of access or poor access to key campus spaces results in barriers to data collection for the researcher. In this investigation, I was able to conduct research at an institution at which I had worked for five years prior to my commencement of fieldwork. This allowed me unrestricted access to student e-mail lists for recruitment of participants, approval to observe in spaces that are traditionally inappropriate for "outsiders," and a private campus space to conduct interviews. In addition, my experience at one of the institutions offered me vast amounts of cultural knowledge that could be brought interviews, focus groups, and observations

and used to ascertain what "rings true" (Levin, 2014).  Thus, research conducted at the

researcher's "home" institution should be viewed as an asset—not a liability—to validity

in qualitative research.

Data collection and methods for analysis were rigorous in this research project,

inclusive of software use, coding strategies, data analysis techniques (e.g., discourse

analysis), and presentation of data (e.g., concept maps).  The benefit to making explicit

data storage tools, coding strategies, data analysis, and data presentation methods

provides the following advantages to qualitative research:  (1) it can be replicated by

other researchers in additional settings; (2) it exposes methodological biases or

limitations, which is important for the proper understanding of the applications of the

research; and, (3) it enhances trustworthiness that the concepts discussed in the report of

findings are an accurate representation of what was revealed in the course of data

collection.  This investigation illustrates that the body of qualitative research would

benefit from provision of detailed information on both data collection and data analysis

techniques.

Discourse analysis served as a beneficial analytical framework for this

sociocultural investigation because of its focus on cultural meanings and understandings

of phenomena.  "[Discourse] contains the question of why certain meanings are

experienced right at certain times whole others are considered to be wrong, how these

meanings considered correct are born, and how they come to prevail" (Lehtonen, 2000, p.

42).  Use of discourse theory in this investigation allowed for analysis of construction of

meanings that were not only specific to participants' individual experiences but also

representations of values that are reflected in their language.   However, in my extensive review of the literature, I could not identify a single qualitative investigation of student health in higher education that employed an explicit analytical framework, let alone one that used discourse analysis.

**Implications for Future Research**

This investigation, framed by culture theory, explained college students' health and wellness from the student perspective.  This investigation revealed that the college environment, both built and social, facilitates extreme, daily behavioral patterns that support the academic mission of universities over personal wellness and self-care. Although this research took a major step in explaining why college students report health declines as they progress through college, more scholarly work must be accomplished to explain college and university student health perceptions, and, further, why students perceive health declines each year spent on campus.

Culture theory provides a distinctive "thick description" (Geertz, 1973, p. 6) of student representations and meanings of health that guide their behaviors.  Indeed, investigations that utilize culture theory provide valuable perspectives on college student lifestyles, motivations, habits, preferences, and values.  Additional cultural investigations of health on college and university campuses would contribute to the scholarly discourse of college student health and wellness.

There are a variety of ways to replicate this investigation to address limitations such as site location, institutional type, lack of student segmentation, and exploration of topical foci.  Site selection was limited to two institutions in southern California; thus, the

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sentiments reflected in the findings cannot be extended beyond this population and region, except where the literature is congruent with findings.  Thus, future research should include replications of this investigation in the South, Northeast, and Midwest regions of the United States, which may reveal the different cultural values of those regions.  Additionally, segments of the student population in each of these regions could be viewed separately to discover patterns along lines of race, sex, gender, and age, among other relevant demographic characteristics.  Furthermore, given the cultural norms associated with the ways in which people eat, exercise, consume alcohol and other drugs, and sleep, more investigations could extend beyond the United States to allow for international comparisons between college students' health perceptions in the United States and those abroad, particularly in non-Western countries.  The present investigation focused on class representations of health in the university context, but only included low-income and middle class students at public institutions; thus, a complete investigation of college student representations of health and wellness could include a variety of institutional types, inclusive of private and community college institutions, which may offer findings that include more diversity of subjects based upon class, income, age, and personal experiences, such as students with children.  Furthermore, an investigation into graduate student populations could reveal the ways in which academic identity and expectations, age, social patterns, and social norms dictate differences in health-related perceptions and behaviors.  Given this investigation's findings that sexual attractiveness is a motivator for participation in health-related "body work," sexual orientation and the embodiment of gender identity and other intersectional identities

among college and university students warrant further investigation. Finally, it is noted in this investigation that few scholarly works analyze how public health and fitness conflate the meaning of gendered body ideals with a state of health (Dworkin & Wachs, 2009). Thus, additional thematic foci could include the role of masculinities in collegiate male "body work," collegiate women's views of femininity and the threat of increase in muscle mass as a barrier to strength training.

## Conclusions

Higher education researchers and practitioners have not paid adequate attention to students' declines in health as they progress through their higher education experience. One of the key contributions of higher education is to prepare students to be skilled, savvy, economical healthcare consumers (Keeling, 2002), which includes, but is not limited to, ways to pursue diet plans, fitness regimens, make informed decisions regarding drugs and alcohol, and evaluate methods to enhance their sleep. However, universities endorse neoliberal notions of health as an individual responsibility that should be resolved without government interference (Saguy, 2013), and thus, students' unempirical constructions of health are the primary influences university-educated students may receive upon graduation. Thus, this investigation, which addressed university students' health perspectives and behaviors, has considerable implications for public health nationally.

The view that health is an individual phenomenon is problematical in that it has given rise to interventions (e.g., vitamins, exercise machines, and diet drinks) that have done little to contribute to our nation's health (Pope et al., 2000). In the absence of

university education on consumption strategies for health promotion, students receive messages that an ideal body is available to them if they are willing spend the necessary time and money. In the absence of direction provided by institutions of higher education, advertisers may be the primary instructors for how people in the United States understand health and their bodies (Dworkin & Wachs, 2009; Pope et al., 2000).

If institutions of higher education do not reject the existing discourses on university student health that associate health with an ideal body form or weight, they are tacitly lauding certain populations for their individual health achievements, even when these achievements can be attributed more appropriately to a privileged background.

All of this compels us to think what some still believe unthinkable: that for a great many people, particularly those from working class homes, girls and young women, 'non-mainstream' cultural groups and people with disabilit[ies], the content and conventional organization of education…and sport may be neither worthwhile, nor empowering (Evans & Davies, 2002, p. 8).

Further contributing to the problem, educational institutions exert academic pressure on students, which can cause students—particularly those students who are uneducated on the importance of self-care—to exhibit unhealthy coping mechanisms to resolve their health-related dilemmas. As Evans and Davies (2004) assert, "knowledge of and about health has become an inherent and inseparable mechanism of 'body control'" (p. 39), where students view their bodies as a malleable expression of worthiness. The confluence of health with the ability to attain a fit physique is an emblem of United States cultural norms and presumptions about what it means to be healthy (Dworkin & Wachs,

2009). Educational institutions can be highly influential in students' abilities to resist the discourse that a healthy identity can be achieved through dieting and exercise, and furthermore that the notion that those who are overweight cannot embody a healthy identity.

Arguably, by addressing college and university students' health perspectives and behaviors, institutions of higher education may have considerable effects on public health nationally (Pearman III et al., 1991). At a minimum, institutions of higher education have the potential to enhance the population health of 33 million faculty, staff and students who live and work in higher educational settings National Association for Building Healthy Academic Communities, n.d.) . Although academic institutions have instituted various wellness programs for students and employees, few have implemented a comprehensive and integrated approach to health and wellness.

This investigation, directed by culture theory, explains university students' health and wellness from the student perspective. The campus environment, both physical and social, facilitates entrenched daily behavioral patterns that support the academic mission of universities, but do not necessarily support personal health. This investigation takes a major step in explaining why college and university students report health declines as they progress through their academic experience; certainly, the malnourished university is a contributor.

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APPENDIX A

**Interview Protocol**

| Research Question | Data collection methods Utilized | Questions |
|---|---|---|
| What does "wellness," "health," and "being healthy" mean to undergraduate college students? | Student Interviews<br><br>Focus Groups<br><br>Student-produced documents | 1. Define a "healthy college student." [follow up: how is this different or the same as a "healthy person?"]<br>2. Tell me about your health since you came to college. [follow up: Do you think you are healthy?]<br>3. How would you describe your mental or emotional health?<br>4. How would you describe your physical health?<br>5. What are some of the healthy things you do?<br>6. What are some of the unhealthy things you do?<br>7. What do your typical breakfasts, lunches, and dinners look like? [follow up: How do you decide what to eat? How do you decide what not to eat? Is there anything that is "off limits?"]<br>8. Describe for me your sleep habits here. [follow up: How do you decide when to go to bed? Are you sleepy during the day? What do you do when you are sleepy?]<br>9. Do students here do drugs or drink alcohol? [follow up: If so, in what settings? Tell me about how a typical night of going out.]<br>10. What physical activities do you enjoy? [follow up: When and where do you do them, if at all?] |
| How do students perceive their | Student | 1. How do you feel about your body? [follow up: Has how you felt about your body |

| | | changed since coming to college] |
|---|---|---|
| body-related identities and how have those identities framed their health-related attitudes? | Interviews<br><br>Focus Groups | 2. How do you think others perceive your body? [follow up: is that different or the same than how you perceive it?]<br>3. Is there anything you would want to change about your body, if you could?<br>4. Have you ever felt limited in any way, due to your perception of your body? [follow up: how so?]<br>5. Do you think peoples' bodies tell us something about who they are? How so/why not? [follow up: Do you think people's bodies tell us anything about their health? How so/why not?] |
| What environmental, institutional, and political messages are received by students regarding health and their bodies, and how do students validate or resist these messages? | Participant-observation sites (residential, off-campus, Greek-affiliated housing)<br><br>Document Analysis (institutional and student-produced)<br><br>Focus Groups | 1. How are the topics of health and the body addressed at the institution?<br>2. What is the language on the topics of health and the body in college?<br>3. What constitutes a "good" body in college?<br>4. In what contexts and places do students construct, receive, and share information about health and the body?<br>5. How are health and the body portrayed in college documents?<br>6. How and to what extent do students attempt to embody a "healthy body," or a "healthy lifestyle" in college?<br>7. How do students resist messaging regarding health and the body in college?<br>8. How are alternative frameworks for considering health in college constructed and utilized to resolve health-related dilemmas? |

APPENDIX B

**Theoretical Framework**

| Social Reproduction Theory: Social Capital | | Social Reproduction Theory: Cultural Capital | Culture Theory:  Agency | |
|---|---|---|---|---|
| Access to information (Coleman, 1998) | Social Norming (Coleman, 1998) | Culturally relevant skills, abilities, tastes, preferences, or norms (Winkle-Wagner, 2010) | Needs and desires; plans and schemes; modes of working (Ortner, 1997) | Authorization, Control, effectiveness (Ortner, 1997) |