Mis(representations) of health on a college campus: A story of disturbed body image and excessive exercise

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(MIS)REPRESENTATIONS OF HEALTH ON A COLLEGE CAMPUS: A STORY OF DISTURBED BODY IMAGE AND EXCESSIVE EXERCISE

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
Communication, Technology, and Society

by
Emily Ferren
May 2016

Accepted by:
Dr. Stephanie M. Pangborn, Committee Chair
Dr. D. Travers Scott
Dr. Joseph P. Mazer
ABSTRACT

The American College Association has recognized the growing trend among college students of body image disturbance to be one in need of attention. Clemson University recently noticed a visible shift in student fitness culture in which excessive exercise is embraced, elevating university health and fitness professionals’ concern because excessive exercise is a dangerous disordered behavior associated with body image disturbance. In 2015, these two phenomena became top priority for campus health efforts as they directly impact students’ well-being and daily lives. In light of research related to health promotion, intervention, and campaigns, however, the need for formative research engaging the student population is necessary. In this study, I joined these efforts by conducting qualitative formative research using an ethnographically-inspired methodological design that coupled participant observation at a campus recreation facility with in-depth interviews with students and campus health and fitness professionals who specialize in the planning, organizing, and communication for Student Health Services. These efforts led to significant insight about the challenges specific to this time of life for students and the unique qualities of the social landscape of this place they call home. Practical implications of these findings suggest that university health and fitness professionals have much to gain by taking a dialogic approach in addressing these issues, acknowledging students as the experts of their lives, inviting them into meaningful conversations about these issues, and empowering them to take ownership of positive change on the Clemson University campus.

Keywords: body image disturbance, excessive exercise, university health, in-depth interviews, participant-observation
DEDICATION

This thesis was truly an important experience for not only myself, but for the students and campus health professionals that are a part of the Clemson University Community. By using this thesis as a catalyst for future dialogue surrounding body image disturbance and excessive exercise behaviors, we can see a future in which student health is collectively defined by the entire community, including students. By incorporating the powerful perspective that students possess, community change becomes deeply rooted and a representation of the values and beliefs that the Clemson student body holds. This thesis served as a bridge to share the stories of students, related to body image disturbance and excessive exercise, as well as the efforts and perspectives of campus health officials, and by connecting these two separate entities, we can begin to become a more inclusive and involved community. I dedicate this thesis to the students who were bold and trusting enough to share their stories in an effort to envision a future in which students are more involved and proactive in their health.
ACKNOWLEDGMENTS

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a higher standard of research. I have great respect for you and I want to thank you for helping me to aspire to a better project than I could have ever hoped for.

Morgan Holley and Jamie Testa, two extremely thoughtful and hard-working research team members, I want to sincerely thank you both for investing in this project and believing that it can make a difference for students in the future. Your dedication to this project was a consistent reminder to me that this thesis was about more than just writing a paper, but it is about the lives of students and the ability to contribute to a conversation in which a better future becomes possible. I hope that you both know that your genuine care and commitment to making a difference will propel you both into promising futures.

Mom, Dad & Will, without the unwavering support that you each provided, I would not be where I am today, nor would I be the person that I am. Thank you for believing in me and trusting in my capabilities and dreams, you all were the reason that I never gave up. I hope that this thesis makes you proud!
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CHAPTER ONE

THE DANGERS OF FITTING WITHIN A SOCIA LLY-CONSTRUCTED IDEAL

Obesity. America’s most recent weight-based obsession. A word that triggers a host of visceral responses – shame, fear, embarrassment, avoidance, disgust, pity, blame. Objectifying to its core, this label characterizes the shape of the human body as a primary definition of health. Since the condition was qualified as a national epidemic by United States health officials (National Medical Association, 1999), the term continues to generate enormous amounts of attention from a multitude fields. Fourteen years after being named an epidemic and one of the nation’s leading health concerns, more than thirty-five percent of adults in the country qualified as obese, convincing the American Medical Association to classify the condition as “a disease” (Jaslow, 2013). This shift in the rhetoric medicalized body shape and size, redefined the socioemotional experience of living with a publicly visible representation of “health,” reinforced negative connotations associated with the condition, and focused on individual medical interventions as solution to what was formerly defined as a social problem. In doing so, significant attention has been shifted from the myriad of social factors contributing to individuals’ well-being and has isolated body size and shape as a defining marker of health.

While this turn in attention likely has aided in developing support and intervention for those living with the corporeal effects of and health threats associated with obesity, the conversation has also evoked an unhealthy physical and psychological response from individuals trying to fit into a particular socially-acceptable body size. Paving the way to another real cultural epidemic, as Campos (2004) proposed, “the war
on fat” (p. xvii), the medical and public health establishment has managed to transform what has traditionally been considered a vice – physical vanity – into that most sacred of secular virtues: the pursuit of ‘health’” (p. xviii). In effect, “‘fat’ has become a four-letter word” (Brown, 2015) which fuels our “growing intolerance of even the mildest forms of body diversity” and a “pathological fear and loathing of fat” (Campos, 2004, p. xix).

Especially among young adults, the complex social phenomenon of body image disturbance has erupted as a norm with devastating consequences due to the accompanying disordered behaviors (e.g., extreme and frequent dieting, binge eating, and purging behaviors such as fasting, improper use of laxatives, vomiting, and extreme frequent exercising) (Berg, Frazier, & Sherr, 2009), in which it entices individuals to partake under the guise of a pursuit of health.

While there has been ample research that has uncovered and highlighted the very real psychological effects of social pressures on emerging adults and their relationships with their bodies (Basow, Foran & Bookwala, 2007; Duarte, Ferreira, Trindade, & Pinto-Gouveia, 2015; Myers & Crowther, 2009; Stice, Maxfield & Wells, 2003; Thompson & Stice, 2001) there is a true lack of attention focused on the biological, social, and emotional impacts of these external forces as well as the communicative construction of cultural norms in which this young and impressionable population engage in their pursuit of health and social acceptance. The most recent American College Health Association’s (2010) executive summary indicated, though, that this is an issue in need of attention; specifically, 13.7% of college-aged men and 26.0% of college-aged women described their personal appearance as being “traumatic or very difficult to handle” (p. 15). These
statistics have been witnessed in a very visible sense in the Clemson University community to the extent that university health (physical and mental) and fitness professionals have identified behaviors associated with body image disturbance to be a main priority in need of intervention.

In this qualitative research project, I aim to create space for college students to share their personal stories in an effort to better understand the personal, social, and cultural influences that reinforce the “drive for thinness and fear of fat” (Levitt, 2004). Further, I will seek insight from university professionals in effort to learn specific details from their perspectives as to why this issue has been prioritized on the Clemson University campus. Specifically, I approach the problems of body image disturbance and excessive exercise as a communicative issue that demands we attend to how these phenomena and the environment in which they arise are socially constructed through communication – simply put, communication is how meaning is created, shared, maintained and changed (Berger & Luckmann, 1966). This, of course, is an intentional move away from strict biomedical and psychological perspectives from which mental and physical health are often understood and from which interventions are designed. Missing from these approaches is a key aspect of human experience – the social and communicative environments in which individuals make sense of their lives, construct their values, and determine their behaviors. Therefore, throughout the remainder of this thesis, I situate communication as a fundamental component of college students’ experiences and understandings of this thing we call “health,” which too often is narrowly defined as body size and shape.
This thesis project serves as formative research for university partners (Counseling and Psychological Services, Fike Recreation, Healthy Campus, and the Public Health Department) who have prioritized excessive exercise and disturbed body image as issues with great exigency on campus. In order to address the phenomena of disturbed body image and excessive exercise, it is imperative that we begin by seeking to understand individuals’ experiences of these issues and the social environment in which these issues are evident. The insight gained from this project, centered around the time of life and unique place that students find themselves in, will contribute to future Clemson University efforts in which university professionals plan to focus first and foremost on the students’ lived experiences and articulated challenges, rather than relying upon general campaign messaging or top-down approaches to change. The aim of this overarching endeavor, in which this formative research serves a key first step, is that the university professionals have the opportunity engage with and learn from the students in order to ensure that efforts made to address this damaging social phenomenon are ethical, effective, and rooted in students’ lived realities as well as professionals’ knowledge about the issues. In the pages that follow, I provide a theoretical foundation focused primarily on the social construction of this damaging ideal, situating the thin/fit ideal in the college experience, and the possibilities that a humanistic approach guided by narrative sensibilities enables health researchers and practitioners to pursue.

The Construction of a Damaging Ideal

Body image has been an obsession of American culture for decades. Adornment of the human body has been celebrated throughout the world and throughout time, as the
ideals of beauty and masculinity are always changing, it becomes clear that these ideals are socially constructed and are not in any way intrinsic or natural (Reischer & Koo, 2004). Feminist scholars were the first to really interrogate these socially constructed ideals, bringing to light the factors and processes that create and perpetuate feminine and masculine ideals; this revolutionary stance has been the foundation for numerous fields of study (Sptizack, 1990; McKinley, 1995). Not only do individuals make sense of their self according to social standards, but within the social realm, they are continually categorized and objectified. They are not independent subjects; rather, each becomes a point of observation and judgment for others as well as the self (Foucault, 1982). The social categories that are created within this larger social structure are not arbitrary, but are driven by power and create a corresponding social system that reduces individuals to objectifying labels with significant personal and social consequences (Foucault, 1982). This system categorizes people according to false binaries (e.g., poor/wealthy; old/young, sick/healthy) without acknowledgement of the varied conditions that comprise human existence.

Of particular concern for this specific project are the binary categorizations of fat/skinny and fit/unfit. Individuals are not enabled to understand their body shape as ‘natural’ or ‘different,’ but rather are categorized within the social realm according to medicalized terms (Campos, 2004; Brown, 2015) and ideals perpetuated largely through media representations and social comparisons (Bordo, 2002; Fitzsimmons-Craft, 2011; Gallagher & Pecot-Herbert, 2007; Vandenbosch & Eggermont, 2012). For example, as Rothblum and Solovay (2009) explained, “Every person who lives in a fat-hating culture
inevitably absorbs anti-fat beliefs, assumptions, and stereotypes, and also inevitably comes to occupy a position in relation to power arrangements that are based on weight” (p. xi). The difference among human bodies is no longer seen as natural variation or biology, rather weight has become defined, categorized, and fixated on as … something that can be adapted, changed, and controlled (Gallagher & Pecot-Herbert, 2007). The dangerous implication therein: body size and shape can (and should) be controlled until it “fits” society’s construction of what “health” looks like. Unfortunately, as has been observed by university health professionals on campuses across the country, the control measures used by college students to be healthy are often clear signs of an obsession to alleviate the psychosocioemotional weight that accompanies body image disturbance.

Before taking a closer look at this phenomenon within the college culture, it serves us well to examine some of the ways that an ideal body size/shape have been communicatively constructed within our society. Rather than being an individual issue that can be addressed from a purely psychological perspective to shape health interventions, we must acknowledge the social conditions that invite individuals to form disturbed body image and engage in disordered behaviors. Specifically, medicalization of body size, exaggerated media representations, and socially-fueled objectification have contributed to a social construction of acceptable body sizes and shapes.

**Medically-Defined Preferred Body Size**

Harmful stereotypes are perpetuated by the frequency of medicalized news reports about the entire country, reducing millions of people down to percentages with no other lifestyle considerations other than their BMI (Wann, 2009). These medicalized forms of
communication perpetuate the idea that being ‘over-weight’ is not only a health concern, but it is something to fear and avoid by any means necessary (Wann, 2009). The fear of becoming overweight has been cited as one of the most common fears among children, adolescents, and adults (Jakul, 2005; Levitt, 2004). This medicalization of body variance attaches stigma to particular physical forms, which reinforces and condones unhealthy behaviors to avoid deviating from socially desirable body sizes (Conrad, 2007; Dubriwny, 2010; Scott & Bates, n.d.).

Human variation in body shape and size is one example of pathologization, or negatively framed medicalization (Ewen & Ewen, 2006; Gilman, 1985), which “mark[s] something as sick or sickening, simultaneously demarcating health and often drawing on and reinforcing social stereotypes” (Scott & Bates, n.d., p. 5). The differentiation between ideal-body size and ‘obesity’ is clearly distinguished and the condition of ‘obesity’ is translated from variation into an illness loaded with negative social connotations. This relationship between the individual and the larger social system suggests that the pathologization process may indicate that a particular disease or impairment signifies underlying cultural anxieties (Bartholomew & Wessley, 2002; Glassner, 1999; Sontag, 1978; Scott & Bates, n.d.). These anxieties perpetuate the thin/fit-ideal and the medicalization of weight larger than this ideal has established a social system that is “anti-fat” (Wann, 2009, p.xxi).

**Mediated Representations of Body**

To complicate the issues, media plays an active role in perpetuating this anti-fat obsession, “The mainstream media has gone from mentioning the term ‘obesity’ only 60
times per year in the early 1980s to five hundred times per year in 1990, to one thousand
mentions in 1995, three thousand mentions in 2000, and seven thousand panic-stricken
mentions of ‘obesity’ in 2003,” these numbers are not just a result of the booming media,
they are reflective of the media’s growing attention to obesity (Saguy & Riley, 2005;
Wann, 2009, p. xvii). While the actual rates of ‘over-weightness’ and ‘obesity’ have risen
to roughly 66% of the general population, the representation of weight within the media
suggests an opposite trend and perpetuates harmful stereotypes and stigmatization, all of
which can lead to psychological and biological hardships (Bordo, 2002; Fitzsimmons-
Craft, 2011; Gallagher & Pecot-Herbert, 2007; Garner, Garfinkel, Schwartz &
Thompson, 1980; National Center for Health Statistics, 2006; Wiseman, Gray, Mosimann
& Ahrens, 1992). This juxtaposition of media representation and real-world experience
places individuals in the middle of conflicting ideas from which they must make sense of
their own body and body-image.

The affective nature of media representation of weight is two-fold: media images
celebrate an ultra-thin idealized female figure, while also negatively representing
‘overweight’ individuals (Jakul, 2005). These negative representations ostracize and
stigmatize the over-weight body. Some of the most common stereotypes of ‘over-weight’
individuals, include a belief that these individuals are less active, intelligent,
hardworking, attractive, popular, successful, athletic, as well as more self-indulgent,
weak-willed, and immoral (Jakul, 2005). These stigmatized beliefs about individuals who
are ‘over-weight’ are over-generalized and erase the individual variation that makes each
of us unique.
Objectification of the Body

Within social contexts, individuals are identified as objects by one another and are used as methods for comparison. This process is called objectification and places the human body in position to be trapped by continual external, and subsequently internal, observation (Foucault, 1977). The internalization of objectification creates conditions in which the human body always perceives itself as something to be observed, judged, and disciplined by self and other. The dissociation from self that ensues reinforces the notion that the body is simply a performance of self and not a critical part of one’s being. As Goffman (1959) described, society has scripted for us the way we should exist within social spheres; deviation from these social scripts (i.e., not internalizing the thin/fit ideal and joining the anti-fat war) leads to even narrower definitions of the self and social stigmatization.

Objectification theory has long been a tenant of feminist theory and posits that, “the feminine body has been constructed as an object to be looked at” (Fredrickson & Roberts, 1997, p. 175; McKinley & Hyde, 1996) and sexually gazed upon (Fitzsimmons-Craft, 2011). This process by which the female body is objectified, by others and self, is encouraged by media representations of the female body being highly-sexualized and ultra-thin. Lead feminist researcher Jean Kilbourne (1995) described this destructive process of self-objectification:

A woman is conditioned to view her face as a mask and her body as an object, as things separate from and more important than her real self, constantly in need of alteration, improvement and disguise. She is made to feel dissatisfied with and
ashamed of herself, whether she tries to achieve “the look” or not. Objectified by
others, she learns to objectify herself. (p. 122)

Traditionally, this phenomenon of objectification has focused on the female body as the
‘object’ to be viewed, but media representations emphasize a particular form of the
attractive male body, too (Grogan & Richards, 2002). As Gill, Henwood, and McLean
(2005) articulated, men are “on display as never before” (p. 38), constantly visible and a
target of objectification. The representations of the male body are hyper-masculine with
an emphasis on muscularity and the cliché six-pack calling upon classic, traditional
paradigms of masculinity and the archetype of the hero, a figure that is not only to be
looked at but to be desired (Moore, 1988; Simpson, 1994; Solomon-Godeau, 1997). In
fact, this rise in the ‘muscular male body ideal’ has led to an increase in muscle
dysmorphia, “a disorder in which men become obsessed with muscularity. These
observations suggest that the cultural ideal of hypermesomorphy may be just as
dangerous to men as is the anorexic ideal to women” (Leit, Gray, Pope Jr., 2002, p. 345).

This steady increase in the ‘hypervisibility’ of the male body has not come
without concerns and anxieties about the impact this has on men and their body image,
some of the most common concerns include a decrease in overall health, lower self-
esteeem, lower self-worth, disturbed body image, and disordered behaviors (Gill,
Henwood, McLean, 2005; Grogan & Richards, 2002). Even if men do not struggle
overtly with disturbed body image and the related psychological effects, there has been a
concern that men “may be increasingly defining themselves through their bodies” and, in
turn, representing their masculinity and power through their physical characteristics and
attributes (Gill, Henwood & McLean, 2005, p. 39). From a social constructionist standpoint, we can understand medical messages about body size and overly-sexualized images of bodies in the media to contribute to individuals’ self-objectification, intentionally “treat[ing] their own bodies as objects to be looked at and evaluated” (Tylka & Hill, 2004, p. 719).

Overall, this perpetual internal and external objectification has led to a culture wide phenomenon in which there is greater emphasis placed on the appearance of the body rather than the capacities and capabilities of individuals (Fredrickson & Roberts, 1997; Mercurio & Rima, 2011). This echoes respected health researchers, Rutledge-Shields and Heinecken (2002), who argued that the individual is often “viewed as individual body parts unattached to a thinking human being” (p. 42). The disconnect that is described between mind and body is strikingly similar to arguments from health scholars who have proposed that purely biomedical understandings of the body as machine have detrimental effects and that society must learn to acknowledge the very real psychosocioemotional experiences of being human (Frank, 2004; Ricciardelli, McCabe & Holt, 2003; Suls & Rothman, 2004). For certainly, living in a body that does not align with the ideal can lead to a host of psychological, social, and emotional consequences.

**Disturbed Body Image and Excessive Exercise**

One of the ways that these consequences manifest is through body image disturbance, or the psychological strain of differing from the perceived ideal body type (Jakul, 2005; Moulding & Hepworth, 2001). Shame of self is often experienced, too, as
“people evaluate themselves relative to some internalized or cultural ideal and come up short” (Fredrickson & Roberts, 1997, p. 181). As result, individuals often engage in body surveillance, a term that describes the act of constant monitoring of physical appearance, “thinking of the body in terms of how it looks to outside observers rather than how it feels” (McKinley & Hyde, 1996; Tylka & Hill, 2004, p. 720).

Disturbed body image can spur on a constellation of behaviors. Disordered behaviors exist on a spectrum and include a variety of behaviors. Some of the defined disordered behaviors include extreme and frequent dieting, binge eating, and purging behaviors (e.g., fasting, improper use of laxatives, and vomiting), and extreme and frequent exercising (Berg, Frazier & Sherr, 2009). Excessive exercise behaviors are of major interest in the context of disturbed body image because exercise aligns with societal values like self-control, independence, focus, competition, and power (Havrilesky, 2014). Further, it challenges us to question our understandings of exercise as inherently good, as it has clearly turned into an unhealthy coping strategy in response to disturbed body image issues (Thome & Espelage, 2004). Media representations of excessive exercise serve to further support and perpetuate these values,

The whole notion of pushing your physical limits — popularized by early Nike ads, Navy SEAL myths and Lance Armstrong’s cult of personality — has attained a religiosity that’s as passionate as it is pervasive. The “extreme” version of anything is now widely assumed to be an improvement on the original rather than a perverse amplification of it. And as with most of sports culture, there is no gray
area. You win or you lose. You leave it all on the floor or you shamefully skulk off the floor with extra gas in your tank. (Havrilesky, 2014)

Although exercise is traditionally understood as a health behavior, recent studies have challenged this assumption by highlighting the strong relationship that exists between exercise and eating disorder symptomology (de Bruin, Woertman, Bakker, & Oudejans, 2009). Several studies have found that exercising, particularly at an elite or extreme level, is usually accompanied by more frequent dieting and other disordered eating symptoms (de Bruin et al., 2007; de Bruin, Woertman, Bakker, & Oudejans, 2009; Smolak et al., 2000; Sundgot-Borgen & Torstveit, 2004). While there are many reasons and motivations that individuals have to exercise, when exercise is used as a weight-loss behavior it is often linked to disturbed eating, body dissatisfaction, and lower self esteem (Cash et al., 1994; de Bruin, Woertman, Bakker & Oudejans, 2009; McDonald & Thompson, 1992; Silberstein et al., 1988; Smith et al. 1998; Strelan et al., 2003; Tiggemann & Williamson, 2000).

On college campuses, the embodied experiences of internalization of a socially-constructed ideal body size/shape, dissatisfaction with self, constant surveillance and discipline as manifested in excessive exercise can be extremely damaging. Not only are there physical, psychological, emotional, and social consequences for each individual, but the widespread demonstration and normalization of disordered behaviors create damaging social conditions. In the remainder of this chapter, I focus specifically on why it is imperative that we achieve a better understanding of college students’ experiences making sense of responding to the thin/fit ideal, especially if we are to address the
phenomenon of excessive exercise that has been identified as a key public health concern on college campuses.

**Situating the Ideal in the College Experience**

When college-aged individuals believe that the thin/fit ideal is preferable, attainable, and perhaps most importantly, the *only* socially acceptable condition, they situate themselves within a paradox where the pursuit of health and acceptance leads to damaging attitudes and behaviors. Once this ideal is internalized, an individual becomes exponentially susceptible to body-image disturbance and dissatisfaction along with a spectrum of disordered behaviors, both mental and physical. College should be a safe space that creates conditions for personal development, critical thinking, and confidence to succeed in life. However, body-image disturbance threatens to drastically challenge the everyday quality of life for a college student. For instance, low self-esteem, depression, suicidal ideation, emotional distress, depression, anxiety, and appearance rumination are not only effects of body image disturbance but also have been found to be widespread conditions associated with college life (Franko & Striegel-Moore, 2002; Jakul, 2005; Littleton & Ollendick, 2003; Mercurio & Rima, 2011; Stic & Shaw, 2002; Thompson & Heinberg, 1999; Wardle, Waller, & Fox, 2002). Dangerous implications ensue when these feelings compound, especially if the manifestation of disordered behaviors (e.g., excessive exercise) have been normalized in this particular social context.

Recent studies have discovered an increase in disordered behaviors on college campuses (Basow, Foran, & Bookwala, 2007; Berg, Frazier, & Sherr, 2009). For example, one study found that the dieting behavior of two-thirds of college women was
either “intense” or put them “at risk” for an eating disorder (Krahn, Kurth, Gomberg, & Drewnowski, 2005). Researchers believe that college environments introduce a unique set of circumstances – specifically, social and academic stressors – that put students at an increased risk for developing disordered behaviors (Basow, Foran, & Bookwala, 2007; Berg, Frazier & Sherr, 2009; Compas, Wagner, Slavin, & Vannatta, 1986). Further, researchers and clinicians have long recognized disordered behaviors as, in part, coping mechanisms used to manage stressful situations and uncomfortable emotions (Heilbrun & Harris, 1986; Slade, 1982; Soukup, Beiler, & Terrell, 1998), which we know to be common in the college experience (Ross, Niebling, Heckert, 1999; Von Ah, Ebert, Ngamvitrog, Park & Kang, 2004; Wichianson, Bughi, Unger, Spruijt-Metz, & Nguyen-Rodriguez, 2009).

In navigating the stressors and emotional complexity of college, students often rely on social networks for support and collective sense-making about social life. Social support has long been understood as an overtly positive facet of individuals’ lives providing an individual with all the benefits relationships have to offer. However, recent research has also focused on the fact that social networks have unhealthy consequences. One of the characteristics of social support that highlights this phenomenon is social undermining or peer pressure, “the process by which others express negative affect or criticism or hinder one’s attainment of goals” (Heaney & Israel, 2008, p. 191). This type of relationship not only causes distress in the individual, but it also pressures and motivates them to adapt their behavior to avoid the criticism and gain acceptance and support (Heaney & Israel, 2008). Criticism can spur unhealthy behavior – “there is
increasing evidence that negative interpersonal interactions, such as those characterized by mistrust, hassles, criticism, and domination are more strongly related to such factors as negative mood, depression, and risky health behaviors” (Cranford, 2004; Fleishman et al., 2000; Heaney & Israel, 2008, p. 191).

Social pressure and criticism can be powerful motivators for individuals to adapt their behaviors to seek acceptance instead of domination. This transformation of self into dominator of the body, at the expense of well-being, is a classic example of Foucault’s (1977) notion of surveillance and objectification. The profound impact that college social networks can have on individuals is exponentially greater than we often grant it credit; for college students, especially those who live on campus, this social environment is daily inescapable – it is where they sleep, wake, work, study, attend class, socialize, work out, and relax – and the reminders of the thin/fit ideal surround them.

It is not only physical social spaces where students find themselves surrounded by social pressures, in fact, there has been an exponential growth in the usage of online social networking sites like Facebook, Instagram, and Twitter all of which have over 200 million active users a majority of whom visit the sites multiple times a day (Fox & Rooney, 2014). These social networking sites have been widely adopted by users for their ability to connect with others and express themselves creatively; however, for many individuals this provides yet another platform for them to promote their self-presentation and appearance (Fox & Rooney, 2014). In fact, because of the prevalence of these sites and the visual nature of them, there has been a significant amount of research that points to a connection between social networking site use and self-objectification, again
pointing to the need for further attention and insight into the daily realities of college students. (Fox, Bailenson & Tricase, 2013; Fox, Ralston, Cooper & Jones, in press; De Vries & Peter, 2013; Fox & Rooney, 2014; Meier & Gray, 2013, Vandenbosch & Eggermont, 2012).

Acknowledgment and consideration of individuals’ experiences of body shame, image disturbance, surveillance, and objectification are essential when trying to gain deeper understanding of the social pressures that lead to disordered behaviors (i.e. extreme dieting, extreme exercise, binging, purging, inappropriate use of laxatives). While these factors do not necessarily indicate the inevitability of disordered behaviors developing, they certainly put college-aged individuals at a higher risk for developing such behaviors. Most of the current research looks at the relationship between these factors (e.g., body image disturbance, body shame, self-objectification, and body surveillance) and disordered eating, but this type of approach misses the mark in regard to understanding individuals’ subjective experiences with the social pressures that guide their behaviors (Basow, Foran, & Bookwala, 2007; Fitzsimmons-Craft, 2011; Jakul, 2005; Mercurio & Rima, 2011; Tylka & Hill, 2004).

Excessive exercise is a behavior that begs attention, especially in the context of college, because exercise is widely-accepted as healthy behavior and one that students often engage in together for socializing, support, and distraction from the pressures of college life (Bamber, Cockerill, Rodgers, & Carroll, 2000; Greaney et al., 2009). However, as suggested by Thome and Espelage (2004),
Exercise can become a compulsive behavior, which then might in turn limit its effectiveness in enhancing psychological states. This could be especially true for individuals with eating pathology and body image disturbance who might be exercising excessively and for externally oriented reasons. (p. 338)

Rather than approach this issue starting from the perspective of a professional outsider with guiding assumptions about the phenomenon, below I present an approach that is rooted first and foremost in college students’ experiences with the multiplicity of factors that lead to and result from disturbed body image and disordered behaviors.

Orienting Ourselves to a New Conversation

In response to its growing pervasiveness, numerous efforts have been made to describe and address the concern about disordered behaviors. Some of these efforts include studying contributing factors to disordered eating behaviors, creating interventions and communication campaigns for individuals with disordered eating, as well as providing medical resources for individuals who seek care. Many of these efforts utilize quantitative measures to identify prominent factors that contribute to disordered behaviors (e.g., the American College health Association’s executive summary cited in the introduction of this chapter which utilized self report measures to assess generalized health of college populations) and rely primarily upon social scientific theoretical understandings of the issue (e.g., an individual’s psychological assessment of costs and benefits associated with behavior they know to be dangerous). While partial in their ability to articulate the whole story of disturbed body image and disordered behaviors, these approaches have paved way to incredibly insightful social scientific health behavior
models that support the notion that social conditions of individuals’ environments contribute to their perceptions of self and subsequent behaviors.

**Social Scientific Public Health Theories**

One of the most well-established health behavior models is the health belief model, which is centered around explaining and changing individual health behaviors (Champion & Skinner, 2008). While this model does not convey the complexity of disordered behavior, one of its constructs, perceived threat – comprised of perceived susceptibility (beliefs about the likelihood of getting a disease or condition) and perceived severity (feelings about the seriousness of contracting illness or of leaving it untreated) – provides an important consideration in understanding why college students may engage in disordered behaviors. College-aged individuals who experience a high exposure to anti-obesity messages may perceive the threat associated with that physical condition to be more of a threat than it is in actuality. Further, individuals may perceive the threats related to disordered eating behaviors to be less than the health threats related to obesity, especially when there are perceived social benefits of being thin and/or fit, even when engaging in disordered behaviors to achieve this ideal.

The PRECEDE-PROCEED model is another comprehensive framework of social scientific health communication that guides many public health interventions. This model is understood as a “road map and behavior change theories as the specific directions to a destination” (Gielen, McDonald, Gary, & Bone, 2008, p. 408). This broad framework provides three important constructs, including predisposing factors (providing rationale or motivation for behavior), reinforcing factors (providing continuing reward or incentive
for persistence of behaviors), and enabling factors (social and environmental antecedents that allow behaviors) (Gielen, McDonald, Gary, & Bone, 2008; Green & Kreuter, 2005). These three factors are worthy of note when pursuing a well-informed understanding of college students’ experiences with disturbed body image and disordered behaviors. For instance, some factors we may need to consider in the student perspective are motivation to achieve the thin ideal, their knowledge about how to achieve the thin-ideal, their attitudes and beliefs about disordered eating behavior, the reinforcing factors that exist on the college campus that reward and perpetuate these behaviors.

One final theory that highlights important considerations when trying to understand disordered behavior is the construct of subjective norms, which is a part of the theory of reasoned action and theory of planned behavior (Fishbein, 1979; Montaño & Kasprzyk, 2008). Subjective norms are made up of two concepts, normative beliefs (beliefs about whether key people approve or disapprove of the behavior) and motivation to comply (motivation to behave in a way that gains their approval). Understanding subjective norms as evident in college students’ storied experiences might reveal the extent of influence of social pressures and the perceptions of others’ that motivate disturbed body image and disordered behaviors.

These health communication theories developed from a social scientific perspective are certainly informative and do uncover key components of health behavior that merit further investigation. However, solely social scientific approaches and quantified assessments of public health do not begin to encompass individuals’ lived experiences. What we need is to prioritize understanding how college students
experience, are affected by, make sense of, and respond to the lived realities of these complex factors driving their socially constructed understandings of self and subsequent behaviors.

**A Humanistic Narrative Approach**

My argument here is that we need to achieve a more holistic understanding of the phenomenon of body image disturbance and disordered behaviors that includes college students’ articulation of their personal experiences. Fortunately, I am not alone in this argument. Current interventions rooted in feminist sensibilities focus on empowerment and self-efficacy skills to alleviate social pressures influencing disordered behaviors (Kinsaul, Curtin, Bazzini, & Martz, 2014) and challenge the normative perceptions of the thin-ideal (Becker, Smith, & Ciao, 2005). These are important steps; however, there remains a true need for achieving a fresh perspective about body image disturbance and disordered behaviors that is grounded first in individuals’ experiences, responsive to their articulated struggles, and directly tied to the social environments in which they exist, rather than focused primarily on externally-initiated interventions.

In this study, I enter this disciplinary dialogue from a humanistic perspective of health communication guided by narrative theorizing, understanding experiences as plural, varied, complex and in need of more nuanced understandings of social conditions and shared personal experiences of the individuals who are living within this struggle. This approach responds meaningfully to Babrow and Mattson’s (2003) call for health communication scholars to delve deeply into the inherent tensions of personal health-related: the interplay of the body and communication, science and humanism,
idiosyncrasy and commonality, and (un)certainties, values, expectations and desires. The phenomena of focus in this study – body image disturbance and excessive exercise – are not issues widely discussed, actively considered, or even recognized in daily living. Pursuing an intimate understanding of these complex experiences requires that we open avenues for personal reflection and sense-making about these socially silenced topics.

Narrative approaches are appropriate in these contexts because people inherently make sense of life and experience in storied form (Fisher, 1987), situating themselves within a larger narrative comprised of influential settings, characters, and plots (Ricoeur, 1984). Specifically, narrative theory posits that storytelling is a legitimate form of reasoning and knowledge producing symbolic resources (Bruner, 1986). The capacities of stories, as described by Frank (2010), beg us to rely upon narrative sensibilities in our attempts to build a community dialogue for affective change; specifically, stories have the unique capacity to “deal with human troubles” (p. 28), to make “particular perspective[s] not only plausible but compelling” (p. 31), to “act in ways their tellers did not anticipate” (p. 35), to “inform people’s sense of what counts as good … and how to act” (p. 36), and to “shape-shift reality” and social conditions (p. 39). In reference to this specific study, storied accounts will bring to light the social influences at work as emerging adults label, categorize, and judge themselves in effort to fit within a perceived ideal and be healthy.

**Summary**

Health is not embodied in one size or one shape. Striving for this socially constructed ideal, one that has been created by a host of mediating factors, leads far too
many students to experience and normalize disturbed body image and disordered behaviors that they believe will help them achieve this ideal. Our universities across the nation, of which Clemson University is no exception, are silently facing a crisis resulting from the real psycho-socio-emotional health consequences experienced by these students. By learning from emerging adults who daily live facing the social pressures that often influence damaging health behaviors and attitudes, like excessive exercise and disturbed body image, we have the opportunity to realize the complexities and intricacies of these lived experiences that cannot be encompassed in a public health theory or intervention based solely in expert knowledge of the discipline.

In the chapter that follows, I articulate the methodological commitments that shape my approach to this research project. The guiding questions that motivated these efforts are: (1) How do college students narrate their experiences of body image disturbance, understanding of the thin ideal and/or fear of fatness, and their pursuit of health? (2) What social factors emerge in these stories as salient? (3) What representations of health/fitness exist in university social spaces that encourage/discourage disturbed body image and disordered behaviors? My ultimate aim is that, by inviting participants to share their own storied experiences and achieving a detailed portrait of the social contexts in which these experiences are lived, this research will situate students’ perspectives as central to addressing this prioritized health concern and enable university professionals to envision and pursue efforts that will make a personalized positive difference for Clemson University students.
CHAPTER TWO

METHODOLOGICAL PRACTICES

This complex phenomenon of disturbed body image and its relationship to excessive exercise and other weight-control behaviors is an important topic to me. As a young adult woman who has personally dealt with the social pressures related to conforming to a particular body size and a member of the Clemson University community who bears witness to students who display behaviors indicative of psychological distress, I know this issue is real and has powerful implications and consequence in individuals’ lives. While my personal connection to this phenomenon inspired my dedication to this topic, it is the knowledge I have gained as a graduate student related to health communication and disciplinary theories and methodologies that positioned me well to approach this project in a meaningful and sensitive way. Before detailing the specific methodological design of my thesis project, I must first articulate the scope of the larger research effort in which this project is embedded as situated specifically in the Clemson University campus community.

A Clemson University Initiative

Clemson University is home to more than 16,000 undergraduate students and 4,200 graduate students in the northwest corner of South Carolina (Clemson University, 2015a). The campus community is supported with numerous resources for the development of student health, well-being, and active lifestyles. In the past two years, a few of these institutional players have identified mutual and growing concern for the prevalence and negative consequences of extreme exercise. Through relationship-
building and networking related to my health communication and public health interests, this research project came to fruition with the help, support, and interest of the professional partners detailed below.

**Healthy Campus**

Healthy Campus, located in the division of student affairs, aims to create a healthy and safe environment and culture that supports the wellness of the students and faculty of Clemson University (Division of Student Affairs, 2014c). This organization is focused on sustaining the well-being of the Clemson University community through their Aspire program(s), which educates and empowers students and faculty to promote and support the well-being of their peers with population-level interventions (Division of Student Affairs, 2014c). With a strong connection to the student body, Healthy Campus is continually expanding and adapting their focus to ensure that Clemson University provides an environment where lifelong health and well-being is developed. Healthy Campus provides a comprehensive approach to health and well-being by focusing on topics such as alcohol/drugs, anxiety, body image, building social connections, depression, eating disorders, fitness, interpersonal violence, mental health, safety on social media, sexual health, stress, sleep, suicide, sustainability, and tobacco (Division of Student Affairs, 2014c). Each health topic is well-supported with helpful facts and information, as well as descriptions of available resources for students and faculty; however, as many students attested to, there is a growing number of individuals who engage in excessive exercise behaviors, Healthy Campus has expressed interest in learning more about this phenomenon from the student perspective in order to create a
meaningful health intervention that is adopted and sustained within the Clemson University student culture.

**Counseling and Psychological Services (CAPS)**

Clemson University’s facility for mental health related services provides students with numerous resources to fit their unique needs, these services include personal counseling and group counseling, psychological testing, outreach, and consultation (Clemson University, 2015b). Among the most popular services are group counseling sessions that are adapted to student need and demand each semester; one of the most prevalent topics of interest is eating disorders (Clemson University, 2015b). The high student interest in the topic of eating disorders provides evidence to suggest that dialogues is needed about other disordered behaviors, such as excessive exercise, which stem from similar underlying psychological disturbances with body image. When providing care to individuals who are coping with eating disorders, CAPS provides a specialized treatment approach including:

- medical doctors, psychologists, nutritionists and counselors who meet weekly to coordinate the care of all clients who present with eating disorders and consent to medical, psychological and/or nutritional treatment. Services include individual and group psychotherapy, nutritional counseling and regular medical evaluations from professionals who have interest and/or expertise in working with eating disorders. (Clemson University, 2015b)

CAPS provides a very well-informed medical perspective to this phenomenon and, as a staff, their voices need to be heard in the excessive exercise dialogue. Their sensitivity to
psychological and physical conditions, like excessive exercise and disturbed body image, will provide tremendous insight as how to approach participants safely and sensitively without triggering any psychological distress.

**Fike Recreation Center**

The center of fitness for Clemson University students and faculty provides state of the art facilities, including: The McHugh Natatorium, 30’ climbing wall, 1/10 mile indoor track, eight racquetball courts, six basketball courts, two group fitness studios, the Wellness Zone, and approximately 11,000 sq. ft. of modern fitness and cardio equipment (Division of Student Affairs, 2014a). With booming popularity, Fike Recreation Center offers a number of group fitness sessions to students ranging from low intensity (e.g., yoga, Pilates...etc.) to high intensity (e.g., power lifting, cycling, circuit training...etc.) (Division of Student Affairs, 2014a). To accommodate the wide range of students and members that utilize the Fike Recreation Center facilities, the staff have advanced training and fitness and wellness knowledge to ensure that students receive a great, safe workout experience (Division of Student Affairs, 2014a). Due to this knowledge of and care for the students, several Fike Recreation Center staff members have become very aware and sensitive to a frightening trend of excessive exercising behaviors that may be indicative of underlying psychological conditions, or accompanied by additional disordered eating behaviors (e.g., anorexia nervosa, bulimia nervosa, abuse of laxatives, purging, binging...etc.). Excessive exercising is publicly displayed on a daily basis at the recreation center, serving to normalize and even encourage the behavior which drastically challenges the tenets of Fike’s “Wellness Zone” that promotes the eight components of
the wellness wheel: emotional wellness, spiritual wellness, intellectual wellness, occupational wellness, physical wellness, environmental wellness, financial wellness, and social wellness (Division of Student Affairs, 2014b).

**Scope of Project**

While ample research has studied the phenomena of disturbed body image and excessive exercise as correlated with psychological and biological factors, much of the information that has been generated advances professional perspectives removed from lived experience of individuals (Cornwall & Jewkes, 1995; Tumwine, 1989). In fact, “inappropriate recommendations have frequently followed from a failure to take into account local priorities, processes, and perspectives” (Cornwall & Jewkes, 1995, p. 1667) and this is what Clemson University partners are trying to avoid in a renewed commitment to seeking student participation in community health efforts. By taking a qualitative approach to this topic in response to widespread university concerns, we were able to rely upon students’ lived experiences and the social conditions of the university community rather than on impersonal public health intervention models framed by cognitive processes and social scientific understandings of health-related experiences. In effect, the particularities of individuals’ experiences are prioritized in research design and position campus partners and students alike to pursue personal and affective approaches for attending to these community health concerns. Part of the appeal in utilizing this approach is that the conventional power dynamic present in traditional research methods is rejected turning the researcher from “director” into “facilitator and catalyst” (Cornwall & Jewkes, 1995, p. 1670). By involving participants in every step of the process our
efforts continue “affirming that people’s own knowledge is valuable…regard[ing] people as agents rather than objects; capable of analyzing their own situations and designing their own solutions” (Cornwall & Jewkes, 1995, p. 1670). Further, students will be empowered to take a critical look at the complexities of prioritized health issues and work with campus partners in pursuing positive social change that might lead to less damaging perceptions of self among the students and less harmful behaviors associated with students’ pursuits of health and fitness.

Although there is an urgency to do something to address these health concerns, university partners are seeking to make a lasting change, which often requires extensive time, energy, and the consideration of multiple perspectives. In initial discussions about how to address these problems, it became clear that the voice lacking in this dialogue was the students’ - a necessary and crucial component in pursuing an affective, appropriate, and effective strategy. Healthy Campus, CAPS, and Fike invited me into the effort to conduct formative research that created space for student voice. Therefore, I formed a research team in order to extend the breadth and depth of what could be achieved in the timeframe allotted for the project; this team consisted of myself, my advisor, and two undergraduate students who participated in the project as part of an independent study (both of whom had taken health communication and qualitative research methods courses). Numerous health communication researchers have identified formative research and community participation as one of the best ways to create sustainable change (Cornwall & Jewkes, 1995; Israel et al., 1998, 2001; Minkler, Wallerstein, & Wilson, 2008; Viswanath, 2008). We determined that the most feasible course of action was for
me to lead the first phase of the formative research (which comprised the scope of my thesis project) and following the analysis portion of that phase, the student research team members would lead the second phase consisting of student-led focus groups. As I have detailed thoroughly in the remainder of this chapter, the formative qualitative research that I engaged in enabled us to learn from students’ unique vantage points of these health concerns and take a closer look at the physical space and social conditions of the environment in which these behaviors are daily exhibited.

**An Ethnographically-Inspired Approach to Formative Research**

My focus with this project was not to achieve more statistical data to quantify the seriousness of this university health concern. Previous and ongoing quantitative research efforts have been quite fruitful in that endeavor, as I explained in the previous chapter. In response to these efforts that have helped identify disturbed body image and excessive exercise as problems in need of further inquiry, the research questions I advanced in this study demanded a qualitative lens of discovery. I used the following questions to guide this inquiry:

1. How do college students narrate their experiences related to body image disturbance, understanding of the thin ideal and/or fear of fatness, and their pursuit of health?
2. What social factors emerge in these stories as salient?
3. What representations of health/fitness exist in university social spaces that encourage/discourage disturbed body image and disordered behaviors?
Qualitative approaches enable researchers to pursue in-depth understandings of social phenomena based on situated knowledge (Lindlof & Taylor, 2002). Firmly rooted in the interpretive paradigm, which views reality as plural, local, emergent, and socially constructed (Lindlof & Taylor, 2002), my goal was to seek depth in understanding these experiences from the subjective viewpoints of participants, letting their storied accounts be the primary evidence from which I was able to advance knowledge claims. The methodological commitments from which I approached this project, as suggested by Denzin and Lincoln (2011), represent:

- a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including fieldnotes, interviews, conversations, photographs, recordings and memos to self … qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. (Ritchie et al., 2013, p. 3)

Although there was no question about the increased concern among health professionals about students’ disturbed body image and disordered behaviors, the lack of student voice in the conversation was concerning. The goal of the formative research phase was to achieve in-depth understanding of how university students experience social pressures to be healthy (read: thin and fit) and what challenges they face in actually achieving a healthy lifestyle that is stable amidst the seemingly inevitable body image disturbances and social factors that reinforce disturbed behaviors often engaged in as result of trying to “fit” into a socially-accepted body shape or size.
Individuals’ experiences involve complex social factors that influence and shape their daily lives (Van Maanen, 1998). Relying upon interpretivist sensibilities, we can view college students’ perception of what it means to be healthy and fit as socially constructed understandings that result from myriad of messages about health, fitness, and acceptable ways of being that shape their self-perceptions and drive their behaviors. In this project, I entered into these complexities recognizing participants’ as co-learners. Working closely with them enabled me to examine the ways in which words, symbols, and behaviors construct the reality within which college students must make sense of and negotiate their own meanings of what it means to live well. As result I was able to use their voices to construct “detailed portraits of life,” specifically attentive to and sensitive of the “messy embodied interaction in which body, mind, emotion and spirit interrelate in communicating about health” (Zoller & Kline, 2008, p. 119).

**Reflexivity**

This effort certainly required constant attention to reflexivity on my part in order to ensure that the methods of collection, analysis, and representation remained rigorous and enabled me “to create a reliable portrait, argument or theory about [participants’ experiences]” (Madden, 2010, p. 23). Thankfully, I was not just a researcher in this social context, but also a member of the Clemson University student community, which made my engagement with this population and social environment especially fitting. Maintaining a reflexive stance throughout this entire pursuit allowed me to remain mindful of my role as a co-creator of meaning and aware of how my presence in the field could potentially influence the research process (Madden, 2010). In acknowledgement of
these challenges, I gained the trust of participants through transparency and openness in methodological steps, my involvement and experiences in the field, and the presentation of findings, experiences, and stories. My passion for this topic may be viewed as a shortcoming to some; however, I believe that as a researcher I have worked to gain credibility through openness, passion, and vulnerability (Chatham-Carpenter, 2005). I believe that my personal experience and connection to this topic makes me especially accountable as a researcher – it certainly provided endless motivation and dedication to quality and rigor throughout all stages of the project.

**Participants, Consent, and Confidentiality**

Recruitment of participants began immediately following Clemson University’s Institutional Review Board (IRB) approval for this research project. Each participant signed a consent form (Appendix A) that provided an overview of the project, allowed them to choose to use their real name or a pseudonym in representation of findings, and listed a variety of resources they could use if they had questions or concerns at any point in the research process. Participants were explicitly given the right to deny participation and to withdraw from the project at any time during its duration if they felt uncomfortable completing the project. Further, participants were given the choice to use their real name or select a pseudonym to be used in the representation of discourse.

Potential participants for student in-depth interviews, the primary data collection source of the project, were identified through use of purposeful sampling (Warren, 2002). Specifically, Clemson University students known to regularly use the Fike Recreation Center facility were personally invited by research team members to participate in the
Upon invitation, it was stressed that participants were not identified or characterized as individuals who exhibited excessive exercise behaviors, but rather, they were invited to participate because of their familiarity with and use of the campus facility where a significant part of the university health and fitness culture is constructed and maintained. In addition, I personally invited one member from each of the university partners to engage in a one-on-one in-depth interview. Each of these individuals had previously volunteered for this should it be deemed a meaningful addition to the formative research; the research team agreed that these professional perspectives would be beneficial.

**Discourse Collection**

Given the context and scope of this research, I embraced an ethnographically-inspired research design that relied upon participant observation and in-depth interviews as methods of discourse collection. Although I did not spend extensive time enmeshed in the field of study as traditional ethnographic studies demand (Madden, 2010), relying upon these two fundamental methods of discourse collection that enable ethnographers to access intimate portraits of the lived experiences of particular culture groups held great potential for this particular study. Excessive exercise among college students has only recently been identified as a concerning phenomenon related to disturbed body image; therefore, we have much to gain by learning from the individuals living within this college fitness culture and engaging in the public spaces where commitments to these behaviors are cultivated and maintained. Listening to participant stories about body image disturbance and excessive exercise created space for me to learn from them “attend
to how socially shared resources of rhetoric and narrative are deployed to generate recognizable, plausible, and culturally well-informed accounts” (Atkinson, 1997, p. 341). By coupling participant observation and interviews, I positioned myself to engage with and relate to the experiences of students in a deeper, more profound, and informed way.

**Participant Observation.** Participant observation afforded me the opportunity to gain firsthand experience at Fike Recreation Center, Clemson’s primary fitness facility, providing an intimate glimpse of the physical, social, and emotional landscape of the student health and fitness culture. I participated in peer-led fitness classes and personal exercise sessions totaling 10 hours. To document my experiences engaging in this setting, I crafted fieldnotes or, as Madden (2010) described them, magical scribbling: raw, primary, unadulterated; a window into real human lives and events” (p. 18). I remained aware of my “ethnographic gaze,” a subjective perspective undoubtedly guided by my theoretical knowledge and personal experience (Madden, 2010, p. 96). Through a continual reflexive approach, I was able to balance my personal interpretations of this physical space and the interactions that occurred therein with the subjective experiences narrated by participants during in-depth interviews (Alvesson & Skoldberg, 2009).

In an effort faithfully represent the observed events during my participant observation, I wrote jottings or scratch notes while engaged in the field (Bernard, 2002; Dewalt & Dewalt 2002; Madden, 2010; Ottenberg, 1990). Being mindful of the possible impact on others that notetaking in this particular field might have (feeling objectified or uncomfortable), I often took ‘restroom breaks’ to write notes in a private setting (Dewalt & Dewalt, 2002; Madden, 2010). While I realize that taking handwritten fieldnotes may
make me a “methodological dinosaur,” as Madden describes, “there is a deeply personal aspect to one’s own handwritten notes” (2010, p. 19). Through the act of writing down observations and notes, I was able to establish an intimate relationship with the data, which helped me to recall events with intricate detail and document my own internal dialogue as I sought to continually make sense of the complexities of this environment (Dewalt & Dewalt, 2002; Madden, 2010). In my fieldnotes, I did my best to attend to various sensory cues such as sight, touch, material objects, and sound (Atkinson, et al., 2002) as well as to approach the physical environment with a fresh, critical set of eyes in attempt to challenge the often taken-for-granted quality of physical spaces (Madden, 2010). Being mindful of my subjective stance within this environment, I wrote down events and behaviors as they occurred and, upon leaving the field, I also spent ample time writing expanded fieldnotes (Dewalt & Dewalt, 2002; Madden, 2010). During this phase of writing expanded notes, I built off of my raw descriptions written in the field, reflected on personal processing notes, and enhanced my jottings with rich description in an effort to more accurately represent the nuances and subtleties of human behavior (Dewalt & Dewalt, 2002; Madden, 2010). These fieldnotes totaled fifteen handwritten pages and five single-spaced typed pages. The research log (Appendix D) details the hours spent doing participation.

In-depth Interviews. Semi-structured in-depth interviews are a cornerstone qualitative methodology that enable the researcher to gain a deep understanding of individuals’ experiences, values, and behaviors by engaging with them in open and flexible conversation (Atkinson & Coffey, 2003; Johnson-Hanks, 2002; Madden, 2010;
Warren, 2002). A key consideration for me in this process was to balance my positioning as an expert on the subject-matter with my role as a member of the community invested in achieving an intimate portrait of the lived experiences of the health concerns of focus. During conversations with participants, I situated myself as a traveler into their world (Johnson-Hanks, 2002), committed to viewing each individual as unique and the expert of their own life, experience, and story.

When engaging in these conversations, participants had the opportunity to describe their perspectives of how these phenomena took shape in their specific social world, how they made sense of their everyday lived experiences, and how they accounted for these experiences (Atkinson & Coffey, 2003; Holstein & Gubrium, 2003). During these one-on-one interactions, I did my best to adhere to in-depth, qualitative interview principles, focusing on the topics deemed important by the participants instead of restricting the conversation to my assumptions as researcher (King & Horrocks, 2010; Kvale & Brinkman, 2009; Miller, 2000). These in-depth interviews served as an important complement to my participant observations, as the insights gained from engaging in the field served to “open up lines of questioning that would have otherwise gone unknown” (Novak, 2010, p. 297).

I interviewed 13 students (9 undergraduate students, 4 graduate students; 10 females, 3 males) who described themselves as using campus recreation facilities on a regular basis. These interviews took place at a centrally-positioned location on campus of the students’ choosing and lasted between 30-60 minutes depending upon how much the participant wanted to share. Each of these conversations were guided by a semi-
structured interview schedule (Appendix B). I also conducted three one-on-one semi-structured in-depth interviews with one member from each of the Clemson University partners (Healthy Campus, CAPS, and Fike Recreation Center). These interviews took place in the staff and faculty offices to ensure participants’ comfort and implicitly acknowledge the expertise that each of their voices brought to this important conversation. These interviews lasted between 45-60 minutes and were guided by a semi-structured interview schedule aimed at eliciting information about their unique perspective of the topics at hand, the factors driving their concern for the student population, their understanding of resources available, and ideas for implementing change (Appendix C). I have documented the dates, times, and location of each interview in the research log (Appendix D).

The flexible nature of the semi-structured interview protocols enabled me to adapt in the moment in response to each participant’s unique experience, insight, and particular points of emphasis in the discussions. I approached all interviews as conversational spaces, acknowledging that interpersonal dynamics influence interview interactions and worked hard to develop rapport with each participant that emphasized my respect for and appreciation of each individual who volunteered to participate (Warren, 2002). My aim was to achieve conversational settings in which participants are comfortable and empowered. All of these interviews were audio-recorded and I also took shorthand notes of key moments, important topics, and significant quotes that resonated with the research questions. Following each of these data collection occasions, I transcribed each interview recording in verbatim format with the help of two research team members. Following
each transcribing session, I reviewed each transcription while listening to the audio recordings to ensure accuracy of discourse documentation.

**Discourse Analysis**

As Ellingson (2009) described, “qualitative researchers should allow data collection efforts to crystallize in various ways to foster ongoing analytic thinking, conscious reflection, and strategic choices” (p. 60) inspired by a child-like curiosity and commitment to creativity and quality. Throughout my work in this project, I engaged in Glaser and Strauss’ (1967) constant comparative method that encourages a continual movement between fieldnotes, category development, re-entry into the field to examine preliminary categories, and category refinement throughout the coding process. Specifically, this continual process looked like this: I printed hard copies of transcripts and marked significant passages; I read and re-read my fieldnotes also identifying seemingly noteworthy segments; I re-engaged with all of these forms of data often as I recognized connections with my new experiences in the field; I kept a list of ongoing narrative themes throughout all of these processes. Finally, I completed the discourse collection processes when saturation had been achieved, or as Lindlof and Taylor (2002) wrote, when I had “heightened confidence” (p. 224) that the data collected were faithful to intricacies of the social phenomena of inquiry because as new data was collected it resonated with what had already been learned and did not add new significant insights. At this point, the research team re-entered all interview transcripts and fieldnotes with the list of narrative themes, specifically focused on identifying the richest pieces of evidence.
from the entirety of the data that supported the knowledge claims which emerged as salient and most significant.

Charmaz (2006) described this as an emergent, ongoing, open-ended process of “stand[ing] within the research process, rather than above, before or outside of it” (p. 185). Weaving myself between continual discourses, theories, experiences, interviews, and participant observation, I was able to learn from participants and allow each step of the process to inform subsequent methodological procedures. As Alvesson and Skoldberg (2009) suggested, it is a marker of high quality when a researcher is able to swing between empathy and compassion with participants and critical questioning, theoretical engagement, and complex sensemaking of findings, which I aimed to do throughout the entirety of this project.

Along the way, I relied primarily on narrative thematic analysis to make sense of the complexity of participants storied accounts and my personal engagement at Fike Recreation Center. There are many approaches to narrative analysis to use and choice in method should be guided by the empirical questions at hand (Holstein & Gubrium, 2012). My research questions focused on: how students’ narrate experiences with body image disturbance and excessive exercise, the social factors that emerge as salient therein, and the representations of health and fitness that exist in their environment which might reinforce disordered behaviors and psychological distress. Due to these foci, my narrative analysis was grounded in an understanding of individuals’ stories as “conditioned by social context, discursive resources, and communicative circumstances” (Holstein & Gubrium, 2012, p. 7), the interconnections of these personal stories, and my best possible
understanding of the public setting in which students participate in the campus fitness culture. Holstein and Gubrium articulate the scope of this approach to analysis well in the following excerpt:

> These [socially constructed stories] may include large-scale or group culture, organizational or institutional settings, social and historical locations, and formal and informal interpersonal relationships. Relatedly, many narrative researchers approach narratives as interpersonally dynamic, produced in social interaction, for specific audiences, and orienting to particular purposes immediately or distantly at hand. Given its interactional bases, narrative becomes a collaborative enterprise – the joint product of narrator and listener. (2012, p. 7)

Attending with narrative sensibilities to the discourses collected through participant observation and in-depth interviews enabled me to focus on the conditions, substance, meanings, and potentials of students’ storied experiences. As I did, I remained committed to sincerely privileging of participant voice, maintaining a keen sensitivity to the particularities of students’ perspectives, and honoring the truths embedded in their voices (Cortazzi, 2001).

**Summary**

In this chapter, I articulated the scope of this formative research, the philosophical assumptions that informed my pursuit, and the qualitative methods of discourse collection (participant observation and in-depth interviews) and narrative analysis that were involved in this endeavor. I consider it an honor to have been invited to engage with university students to ensure that their voices become an important component of
university efforts to address growing public health concerns among college aged populations – disturbed body image and extreme exercise. In the chapter that follows, I present the narratives themes that emerged from this research which I hope will be considered not simply as representations of data, but as storied accounts of experience that have the potential to serve as building blocks for social change on Clemson University’s campus, sparking a dialogue in which participant-envisioned change becomes a realistic possibility.
CHAPTER THREE
A STORY OF “HEALTH”

Clemson University has been named among the healthiest universities in the country (Greatist.com, 2015). Unfortunately, as I detailed in the introductory chapter, one of the realities accompanying this national standing is the increased concern about excessive exercise having become a recognizable part of the Clemson student culture. Excessive exercise is a complex phenomenon, involving a host of personal, social, biological, and psychological intricacies, which are assumed to also contribute to and result from the damaging experience of body image disturbance. All of the complexities involved in these phenomena are deeply connected to the consequential nature of communication. Meaning is created and maintained through the communicative experiences of everyday life. For instance, in the pages that follow, you will read participants’ accounts of their pursuits toward “health” and the challenges therein which consistently relate to their social environments, the messages they daily encounter, and the ways in which they make sense of this unique phase of life; in essence, meaning is made in a variety of ways which all contribute to and complicate students’ understandings of what it means to be healthy. In order to address this problem, university partners have determined that they need a more in-depth understanding of students’ experiences and herein this effort is where my research is rooted. In this chapter, I articulate the themes that emerged as salient during the data collection and analysis procedures described in the previous chapter. The guiding research questions for this study were:
(1) How do college students narrate their experiences related to body image disturbance, understanding of the thin ideal and/or fear of fatness, and their pursuit of health?

(2) What social factors emerge in these stories as salient?

(3) What representations of health/fitness exist in university social spaces that encourage/discourage disturbed body image and disordered behaviors?

By pursuing these inquiries through participant observation and in-depth interviews, I became sensitive to the unique features of the physical and social spaces in which students engaged in exercise and created room for their voices and lived experiences to be prioritized. Rather than impose false divisions between the insights gained in relation to each research question, I analyzed the data holistically, allowing all experiences shared and witnessed to speak with one another about the larger story of excessive exercise on Clemson’s campus. Two major themes, each with multiple important subthemes emerged as salient to this collective narrative: this time of life and this place we call home. In the pages that follow, I illustrate these themes using direct evidence from the data collected (rich quotes from participants and excerpts from notes in the field) to support each claim. In doing so, my goal was to meet the criteria for quality in qualitative research (Attride-Stirling, 2001; Bryman & Burgess, 1994; Denzin & Lincoln, 1994; Morse, 1994) and contribute to campus conversation in effective ways.

This Time of Life

The major transition from high school to college is a significant life change for young adults. Not only is this time filled with uncertainty and confusion, a time that
should be centered on learning about the self and internal and external exploration, but it is heightened with new and potent stressors. Ranging from the internal to the external and everything in between, college students face a major shift in how they relate to themselves, one another, and the world around them. Further, college is a time when individuals are confronted, possibly for the first time, with responsibility for their own well-being. In discussion of their pursuits toward achieving health, every student made reference to this time of life as inherently containing tensions that complicate the experience: pleasantries of the past and challenges of college, understanding health, and normalizing the detrimental.

Pleasantries of the past and new challenges

I’m from Boulder, CO, and that’s a healthy culture. My dad especially is into healthy food. In elementary school, I started eating natural stuff like whole grain bread. … My parents always kept healthy food in the house. … In high school I got more active, had a balanced diet, I played on the ultimate Frisbee team, and we had a gym membership, so every day I worked out as a relaxing thing with my mom. Those were the days.

(Ally, interview, February 26, 2016)

Many of the participants reflected fondly on their experiences living at home, with parents who made healthy living easy and activities that kept them active. Lauren characterized her past healthy lifestyle as being second nature, an easy thing to accomplish with much less thought and effort than what it takes to achieve health in the college setting.
I was still playing sports. I was more aware of [my health]. My mom always cooked us a balanced dinner, so I never felt like… I never felt unhealthy. I may not have been the best version of myself, but … I ate fruits and vegetables every day, I worked out every day, so to me I was like, “alright, box checked, I did it.” … But, we see freshmen students who are sick all the time and I’m thinking probably because nobody is making you [be healthy]… like when you’re at home, your mom cooked dinner for you and she made sure you at least had something good on your plate and you slept.

(interview, February 8, 2016)

In addition to habits, like diet and sleep behaviors, another one of the major shifts that numerous participants reflected upon was the change from organized and regimented sports that provided a social experience where the focus was on fun and teamwork to a collegiate experience where the world of exercise and physical activity became a more self-driven and socially-pressured activity. For many of these participants, physical activity was a part of their daily experience from a very young age, and continues to be something that is an essential part of how they see themselves and understand health. However, this new phase of life forces them to seek out alternative ways to embody this commitment,

I pretty much started as a little kid with all sports. I think I played 4 or 5 sports when I was younger. When I got to high school, I just played football and lacrosse. In high school is really where I started working out because it was mandatory. For football we had to work out at least 4 days a week; during the
summer we had to work out for two hours a day; then we had 3-hour practices once the school year started. We worked out for an hour and then had a 2-hour practice after that. It was pretty much the same thing with lacrosse. … I was constantly working out and that’s why I still workout today, too.

(Kenny, interview, February 18, 2016)

Furthermore, participants consistently reflected on the automatic nature of organized sports – there is a set time, it is consistent, reliable, and inherently holds you accountable to certain standards. Not having this structure to rely upon for physical activity introduces a learning curve in which many young adults have to find their own understanding of health and make decisions about how to achieve it. Allison mentioned, without the structure of team athletic workouts, “I kind of ended up in this awkward position, where working out… I had to find something to define working out for me” (interview, February 10, 2016). In my observations as Fike, I noticed individuals working out in solo-fashion while constantly monitoring and gauging their performance based on the activity of others. For instance:

*I was abruptly taken back by the tense silence that filled this space. There was no one talking or laughing, no sounds except for the dull drum of the cardio machines and the clinking of weights. As I looked around, I noticed that each individual seemed to be in a separate world of their own, focused on the screens of the machines or the sounds of their headphones. However, as I continued to pay attention, I realized that with rare exception, any time someone would walk by, individuals could not resist the urge to look up and see who else was there and*
where they were headed. This gaze, on a consistent basis, also extended to the surrounding machines and weights. Screens and headphones gave the illusion of focus and ambivalence to the world around them, but viewing others’ machines and weights provided a firm reference to reality, one that gave them context as to how their workout and exercise measured up to others. While I can’t say that I saw someone up the level on their machine or add more weight while lifting as the direct result of looking at a neighbors exercise equipment, I can say that many seemed to use the workout duration of their neighbor to be their benchmark of success, not calling it quits until their neighbor already had.

(fieldnotes, February 6, 2016)

In college, healthy living requires a conscious effort that takes time, attention, and planning. The pleasantries of the past were the taken-for-granted aspects of life that became an effort to maintain once they moved to college. When stark contrast of college life settles in and parents are not stocking the apartment with nutritional foods and a coach is not dictating your workouts, the reality of independence and responsibility for your own well-being sinks in. The overwhelming task of managing money and time in pursuit of health falls heavy on students’ shoulders while a host of other pressures add to the weight of this new time of life, not least of which is actually seeking to understand what all is entailed in the process of living healthy.

Understanding Health

While reflecting on their personal health journeys, several participants noted a significant struggle to identify what health actually is, especially as related to them as an
individual with unique traits, schedules, interests, goals, and histories. This struggle was compounded by a general vagueness in defining “health” and what all it encompasses. Specifically, in participants’ efforts to define what is involved in healthy living, key elements emerged as salient in their lack of clarity, *mediated visions of the ideal and it’s more than exercise ... sort of.*

**Mediated visions of the ideal.** Traditional media, like magazines and even television are just one small facet of the mediated reality in which many college students live and learn. Numerous social media platforms have now placed a monopoly on most screens. This consistent encounter with social media and the visual nature of many platforms, such as Facebook, Snapchat, Pinterest, and Instagram promote image over everything. Many participants shared their encounters with social media as one that extends beyond a way to connect with others and also serves as a method of gauging a socially-acceptable standard for being. The college population is fully surrounded by technology from the moment they awake to the moment they go to sleep at night. While not all college students utilize these mediated forms of communication to this extreme, it is undeniable that the messages encountered in these platforms has incredible influence in their personal assessments of self and what they should or should not be.

Mary Scott made mention of the impact of social media in her own experience, noting that a “constantly observable life” (interview, February 17, 2016) creates a new form of peer pressure. Another participant elaborated upon this exposure and explained that social media is a place where a lot of messages are reinforced, subtly or explicitly, about what you are not and what others expect you to be:
There’s a lot of external pressure to cyber stalk other girls. [Girls] will be like, “She has such a perfect body, I’m so jealous.” And, it’s just like, “Yeah, I get that, God blessed her and it sucks for the rest of us because we’re sitting here like, ‘why can’t we look like that?’” And then, boys are talking about hooking up with other girls and saying things that they find attractive in a person and you’re like, “Well, I want to be attractive, so I need to look like what they think is attractive.”

(Maggie, interview, February 10, 2016).

Several participants said that they use these platforms to not only seek out friends or peers or acquaintances, but they also follow celebrities and famous fitness trainers who have been celebrated with thousands of “likes” and “shares” and whose appearance has been idealized as the vision of health.

I definitely think that social media is huge as far as body image goes. You’ll see a lot of fitness accounts, … girls that you think are perfect…you think, “Oh wow, look at their abs, look at their legs!” … Girls idealize Kim Kardashian and Kylie Jenner. Do you know how much plastic surgery those girls have gotten? Thousands of dollars worth. People see that and they don’t realize all that’s gone on behind the scenes, especially people who are fitness models. A lot of times people see that physique and they don’t realize that took her 10 years to do that, 10 years of dedication. People see [the picture] and they want a quick fix – a detox … a cleanse … this diet, then that diet.

(Alex, interview, March 3, 2016)
Unfortunately, for many college-aged men and women, the images they see across both social media and traditional media, like TV and magazines, can extend beyond self-doubt, shame, and/or disturbed body image and can compel them to take action to achieve the image that is idealized,

It has a lot to do with society and the media. I mean you have people like Jillian Michaels, celebrity trainers for P90X and Insanity, and CrossFit master trainers. It just has a lot to do with the images we see in the media. And then, the fitness industry doesn’t help … celebrity trainers are still photoshopped on magazine covers! [Excessive exercise] has to do with you know wanting to look like that, and wanting to be seen at the gym, and wanting to prove yourself to the world. I think that’s where the negative self-talk comes from and the natural reaction to negative self-talk is just wanting to do more.

(Patricia, professional interview, February 24, 2016).

A majority of the participants noted the ideal health and fitness image portrayed within media, all types of media, was consistent throughout the different mediums. There is an ideal that is communicated constantly every day in multiple forms of messages and that comes with a lot of pressure; as Blythe shared, it looks like “guys feel like they have to be big and buff and girls feel like they have to be small and tiny and petite” (interview, February 12, 2016).

It’s more than exercise … sort of. To achieve this ideal of health, students seem to genuinely believe that the process is complex, but they all demonstrated a difficulty in confidently articulating what that process entails. There simply was a general confusion
about what living healthy meant as a college student. As Lauren’s comment stressed, “for someone to become the healthiest version of themselves, they have to figure out what it is first… they can’t just have this universal goal of “healthy” (interview, February 8, 2016).

Occasionally, students said encouraging things like the excerpts below, which reflect a general understanding of health and well-being as the culmination of several factors (e.g., physical, mental, social, emotional – involving diet, sleep, exercise, stress).

Health and well-being … for a while I was in really great physical health and I probably was the leanest I’ve ever been and weighed the less I’ve ever been, and it was when I was running my crazy miles and hitting the gym and the afternoons, and rowing my lunch break, but I wasn’t really mentally healthy. So, I think if I had to define the two: health is the balance between eating right and being comfortable with your physical self, while [well-being] is being comfortable mentally with who you are and where you’re at in life.

(Allison, interview, February 10, 2016)

Well, I think being healthy is being happy…and I think it’s like being happy with who you are as a person, so that includes your mental health because that’s really important to me. I think it’s healthy being happy with who you are, because I looked at pictures of me in high school and pictures of me now – there’s obviously differences because I was so tiny in high school, but I’m still happy with what I am now, you know? I’m not getting sick all the time, I’m not obese, I don’t have any major issues so that to me is me being healthy.

(Jamie, interview, February 8, 2016)
Most of the time, however, students’ comments underscored an undeniable prioritization of body size as key marker of health and exercise is the main behavior associated with its achievement. As Garrett mentioned, “I don’t ever want to be fat again. I didn’t like that. I didn’t like looking in the mirror. It made me feel worthless in a lot of ways” (interview, February 11, 2016). The following interview excerpts also highlight the prioritization of exercise and body size:

Well for me, exercise is, I guess, the biggest part about being healthy. Not so much just to look good and feel confident, but I find that when I can’t go on a run or exercise I’m more stressed, I’m more hungry, I can’t focus, I can’t sleep as well and I get bad restless legs, too. It’s just like all around makes me feel healthier and feel better in all aspects when I can exercise.

(Allison, interview, February 10, 2016)

I feel like health and well-being is misunderstood because a lot of people instead of looking at it like a healthy lifestyle they look at as oh I’m not skinny enough so it becomes a weight thing, not if you’re actually healthy or not.

(Morgan, interview, February 3, 2016)

Even when obviously aware that health encompasses more than body size and exercise habits participants, as Blythe described below, students found it difficult to not be tethered to ideal weight and size as goals, which reinforced how deeply engrained these things are in our understandings of health.

I think that health really does go beyond a lot more than just what you put in your body and the exercise that you do. I definitely think it’s more of like a lifestyle
that you lead. … Six months ago I probably would’ve been like “Oh, my biggest
goal is to lose 50 pounds,” … but now my biggest goal, after trying to learn more
about this process and what works for my body, is just to feel better. If I lose
weight in the process then, I mean, I want to lose weight. I want to be in shape.
But, I don’t want to be so laser-focused on losing weight that I lose sight of like
my body getting stronger in the process, you know?

(interview, February 12, 2016).

Josh articulated a great point as to why students might so readily stay focused on exercise
as primary approach to health – the effects of these efforts are physically noticeable in a
relatively quick timeframe. For instance, other health behaviors do not so vividly display
a consequence; he said,

If you constantly aren’t getting enough sleep and you have high levels of stress
you don’t see what that’s doing to your body now. Ten to 25 years from now
you’ll start to see it manifest but, in the moment, you won’t think back to “Oh,
this probably has something to do with me not getting a lot of sleep in college or
being stressed in college and never dealing with it.”

(interview, February 25, 2016)

In this struggle to comprehend what health means to each of them personally and the
profound toll that this search has on them both physically and mentally, participants
identified the existence of external social forces as compounding the difficulty to attain
health. Many participants recognized that not only are these social forces not conducive
to health, but they create a system in which harmful behaviors and damaging mental and physical states are sustained and normalized.

Normalizing the Detrimental

[Students] tend to engage in what we have termed over exercising for the sake of being accepted in society … no one likes to feel they’re not loved or liked. We, for some reason in our society, tend to value exercise and thinness, so I think that people over exercise to be valued, which is extremely problematic.

(Allison, interview, February 10, 2016)

College is a unique space where young adults, in the height of their exploration and self-discovery are seeking ways to fit in, or at least not be perceived as less than the ideal. This fundamental drive to feel like one belongs within the expansive group of people that comprise the college setting constructs social norms and fuels social comparisons. Simultaneously, then, students experience an overwhelming tendency to identify and conform to “normal behaviors,” without critical consideration of the impact of these behaviors, while continuously judging themselves based upon the people and actions they see around them. As Garrett stated, “You’re never going to be around this many people your age ever again … and you’re really judging yourself all the time” (interview, February 11, 2016). In this time of life, while college students attempt to transition into being responsible for themselves and their own behaviors, social norms are determined by the student culture in which they are embedded, which fuel social comparisons, competition and self-criticism, contributing to the cultivation of a culture of excessive-exercise.
**Comparison and competition.** Constant attitudes of judgment pave way to the internalization of behaviors based upon social comparison. As Jamie explained, particular exercise habits become social norms on the college campus as result of comparison, judgment, and the fear of not living up to the perceived ideal.

> I don’t think [students] think [over-exercise] is healthy, but I think they believe that it’s what everyone else is doing. It’s such a strong aspect of fitting in and being a part of a community, especially at a university. You want to make sure you’re on the same path as everyone else. So, when girls in your sorority are going [to Fike] so many times or your roommates are, you think it’s a normal thing to do. You just hop on board.

(interview, February 8, 2016)

Of course, these social norms do come at a cost with pressure and expectations, whether it be perceived judgment and external pressure. Morgan shared that “When you’re in college, you have a lot more judgmental factors at play.” Lauren emphasized, “Peer pressure doesn’t die with high school” and many pressures are self-induced as Maggie explained, we worry that “people aren’t going to like us as much if we don’t look the way everyone else wants us to look” (interview, February 10, 2016).

In these settings, social comparisons drive the internalization of perceived social norms and expectations. Of course, it is human nature to make sense of yourself and your experiences through your environment and the experiences of others. However, in the college environment, the social world – from which individuals make meaning of their own life and experiences – is filled with other students working to manage similar
challenges and relying upon the actions and appearances of others to guide their own behavior. I witnessed these elements at play often during my participant observations at Fike recreation center:

There are too many red faces as I look around. Almost everyone beside me on a cardio machine has a towel to wipe off sweat every few minutes. Several have clearly reached physical exhaustion but are not choosing to stop their exercise routine. I have seen several girls literally hold onto the machines at the top to try and run at a faster pace than they are able to, their legs move frantically beneath them and they hold onto the machine at the top so that they have stability…they are literally pushing their bodies beyond their natural capabilities. Not only are these girls seemingly competing with everyone in their view, all the others demonstrating a commitment to keep pushing themselves, but they are also competing with their own bodies which seem to be throwing surrender flags signaling more damage than good with each additional step made.

(fieldnotes, February 26, 2016).

Students explained that there is an unspoken element of competition, with your self and even among close friends, involved in social comparison as related to body image and exercise.

I’ll look at a girl and she’ll be complaining, “Oh my god, I’m literally so fat.”

And, I’m looking at her like, “you’re smaller than me, so if you’re fat then I’m actually a whale.” Or … if I’m going out to dinner and I have a friend who eats a
huge cheeseburger or something … I’ll get a salad and I’m like, “ha ha” in my head.

(Maggie, interview, February 10, 2016)

Competitive attitudes are also reinforced by praise for doing what is expected or excelling in areas of life that the social environment tells you are important. Peers praise one another for commitments in achieving the perceived ideal, which contributes to the normalization of extreme behaviors. As a Clemson professional participant in this study suggested,

I think there’s this sort of double-edged sword where at some stage they’ve probably gotten a lot of good attention – where they’ve been praised for exercising. “Don’t you look good, you’ve lost weight.” Up to a point, when you’re getting encouragement for these things, I think this can play into it a lot, too. You’re getting told good things when you’re actually doing yourself harm.

(Lynne, professional interview, February 24, 2016)

**Self-Criticism.** On the other hand, when not receiving praise for achieving the ideal in the normalized manner, individuals internalize judgment and develop disturbed images of self. For instance, striving for the ideal body image reinforces an extreme fear of fat and drive for thinness, which causes individuals to be excessively critical of their own body size and shape. Maggie vividly demonstrated this, even acknowledging the silliness of her recollected statement:
You can stand in the mirror all day and pinch tiny portions of skin. I’ll be like, “Dad, I’m so fat.” And he’s like, “Maggie you are grabbing skin… it’s not fat, its skin.”

(Maggie, interview, February 10, 2016)

Body size and shape are often accepted as intrinsic markers of health, creating an ideal that, when not attained, cultivates disappointment and shame and can easily lead to disturbed body image, a very real and very prevalent reality for many young students. When sharing with students the powerful statistic from the American College Health Association (2010), that 13.7% of college aged men and 26% of college aged women finding their “body image traumatic or very difficult to handle,” most of them seemed unmoved by the information (p. 15). In fact, they believed these numbers were surprisingly low and not an accurate representation of the reality of extreme body dissatisfaction that exists within their social environment. Garrett’s words represent this overwhelming response well:

I’m surprised its not higher to be honest, maybe its just because I always had that…I’ve always had trouble with and been concerned with how I look. I was in middle school thinking this stuff. I’d be surprised if that number wasn’t actually above 50% for both. Especially men should be higher, because … as much as everyone’s going to tell you that they don’t, I think that we all look at ourselves every day and kind of think, “Oh there’s something I don’t really like about myself.”

(interview, February 11, 2016)
As Lauren mentioned, too, in reference to living among a population of size-four young women who remind you daily of how everyone else expects you to look, “it’s hard when you’re surrounded by it all the time” (interview, February 8, 2016). Self-criticism is a natural response to feeling inadequate and, when your social environment breeds this type of self-criticism which students’ narratives suggested to be the case, body image disturbance becomes another normalized factor in college life. Several students identified body image issues as playing significant stressors in their own college experience and drivers of their behaviors. The complexity and inconsistency of the experience, though, is complicated and sometimes simply confusing. Mary Scott shared,

> Just from personal experience, I’ve had to really figure out how to look at myself in the mirror and not dissect what I see. Like, look at my eyeballs or looking at me for me – not, you know, “that’s a little loose right here and … lower tummy, wow.” There have been times when I looked at myself and literally hated it. And, there have been times when it’s been great. You know what I mean?

(interview, February 17, 2016)

The complicated reality is that body image disturbance is something that can ebb and flow for the college-aged population. Of the many participants who reflected on experience with body image disturbance, several described it as a temporary and not a lasting condition. Again, Mary Scott’s described it as “go[ing] through the seasons of feeling good and not feeling good” (interview, February 17, 2016).

Several students characterized their self-criticism as a constructive means of holding themselves accountable to engaging in behaviors they believe to be healthy.
Particularly, some expressed feelings of nervousness and anxiousness associated with exercise:

I do enjoy [exercise], but because of class times, during college, the uncertainty is there, like I might not make it today, and I get kind of anxious and I feel like I didn’t do what I should have done that day.

(Taylor, interview, February 29, 2016)

Some even mentioned guilt and shame associated with not doing what they claim they need to do to achieve their ideal state of health, especially as related to exercise, as Allison’s words marked a clear representation:

I’m kind of at that point now where I try to keep myself balanced between 6 to 7 miles a day because I feel like that’s healthy for me, but if I do any less than 6, I always feel like I haven’t done a lot. It’s funny; you have a conscience in your brain that calls you out for cheating. So, like if I run 5 miles a day and I know I could’ve done more, then in my head I’m like “Oh, Gah! I ran 42 minutes, but I just couldn’t finish those last 3!”… And it eats at me all day and then the next day I end up over-exercising.

(interview, February 10, 2016)

Worthy of note, too, is that although some participants did not personally identify as dealing with body image disturbance or critical views of self, they recalled numerous encounters with friends and roommates who did, again revealing the prevalence and accepted normalcy of this issue. While it is undeniable that body image disturbance is a well-known part of the college experience, it was concerning how desensitized the
participants were to body image disturbance as though it is an immovable fixture in this
time of life. Part of the frightening nature of this normalized self-criticism is that body
image disturbance has far-reaching, deep impacts on students’ lives that extend from
personal, social, and immediate consequences for well-being to long-term psychological
challenges for living holistically well.

When you think about body image in this population and the relationship it could
have to just general mental health concerns, [self-criticism] is a huge component.
How students feel about themselves is a very salient issue – how they cope with
it, how it effects their relationships, how it effects how well they make social
connections – that’s one of the biggest predictors of success is how are they fitting
in? Do they feel good about the way they’re fitting in? And if their body image is
a barrier for those other things, then you could see that it could contribute to other
problems, it’s not just excessive exercise, which could be bad enough, but it’s all
the other things that it could imply or lead to.

(Lynne, professional interview, February 24, 2016).

In recognition of the challenges inherently presented in this time of life for
college students and the extent of physical and psychological damage that can result from
excessive exercise and disturbed body image, the importance and urgent nature of these
issues cannot be ignored. This formative research allowed me to learn a lot from students
about the complexities their stories revealed as well as how much of an influence their
particular college environment impacted these experiences.
This Place We Call Home

Numerous participants reflected on the social dynamics of college as being one of the biggest factors driving body image disturbance and both healthy and unhealthy coping behaviors. An interesting dynamic that arose in these interactions was that participants specifically discussed aspects of the Clemson University environment, rather than commenting on general assessments of college culture. Participants made repeated mention of the fact that Clemson, this place we call home, has a culture all its own, a pride and joy of athleticism, Fike fitness, and widespread messages about health which all contribute to confusion about what actually is healthy behavior and what students should be prioritizing as realistic goals that might enhance their well-being.

A Culture All its Own

Clemson University has a social environment that is incredibly unique and complex, it has formed as a result of multiple factors, such as its geographic location, physical environment, what the community values, and the prominent social clubs that fill Clemson’s campus all connect to form the unique culture that is Clemson. While speaking to participants, this unique culture first became apparent in conversation with students who were from out of town or had also experienced college life elsewhere.

This might sound kind of bad, but I think it’s true. I’ve never been in a place where everyone cares so much about how they look and what they eat. I don’t know if that is just a Clemson thing; I don’t know if that is a southern university thing. But my students, out of everyone I talk to, are very, very conscious of it and I’ve never heard them say it’s because I want to be healthy. “It’s because I want
to look good.” And yes, those things are tied together in some ways, … but I don’t know. … I just noticed it being an outsider because at home … we would go workout as a social thing. We would go workout and then we would go get food. It was more of like a healthy lifestyle thing than a forced, I don’t know. I can’t pinpoint the difference with words at this moment in time but there is a difference.

(Lauren, interview, February 8, 2016)

There is a certain value system that becomes apparent when talking with participants who have been a part of Clemson’s campus for years and who have watched the development of Clemson’s unique culture and, in turn, the ideal to which students strive.

I’d say another thing is the lack of diversity here at Clemson that contributes to this one body type, this one skin color, that’s like the image that everyone should go for…there’s the Clemson “look” – what to wear, how to do your hair, what your body looks like. You don’t see a lot of diversity as far as different skin colors, different religions…so I don’t know if people would proclaim this, but there is the ideal Clemson male and the ideal Clemson female that a lot of people strive to be.

(Lynne, professional interview, February 24, 2016)

As this excerpt suggests, several participants seemed to sense that a major contributor to Clemson’s distinct culture is a result of lack of diversity – where traditions, ideals, and norms remain unchallenged and are adopted and perpetuated by a largely homogenous student body.
I think it will be really great for this campus community especially [to challenge the ideal image]. I think [excessive exercise and disturbed body image] has a lot to do with the lack of diversity here … I grew up in Florida and I went to University of Florida where you look out in a crowd and you don’t see two people that are in the same skin color.

(Patricia, professional interview, February 24, 2016)

While this lack of diversity emphasizes, and inadvertently supports, the prevalent social comparisons, so too does the physical location and environment of the university which creates a space where bodies are continually visible and judged. Maggie mentioned, “everywhere you go in Clemson people are running or everyone’s so tiny and fit” (interview, February 10, 2016). Lynne further explained,

At Clemson specifically, we have a beautiful campus that is just perfect to throw the Frisbee out at Bowman Field, to lie out in your bikini in Bowman Field, to go running along Perimeter Road. Everyone seems healthy and attractive. It’s not like we live in Michigan where it’s freezing and everyone has a parka on. Our context places a heightened focus on appearance.

(professional interview, February 24, 2016)

Several participants seemed to believe that the social spaces created by numerous student organizations, as much as the physical space of Clemson, are also a big part of this culture-building equation, contributing to the pressures of achieving a health and fitness ideal. 74% percent of Clemson students are involved in fraternity and sorority life (Division of Student Affairs, 2016). Greek organizations commonly become a focal point
for many students – it is their source for social involvement, social support, and personal development. Some say it becomes all-consuming and there is a heavy emphasis on appearance:

I think that the issue with body image for girls in college is just that well you’re in your prime, which is kind of sad, … Greek life isn’t like everything to me essentially, but for a lot of people it is. So, if that’s your everything and you’re with people like that all the time, that’s going to be a negative emotion. Are you living with girls that don’t eat? You’re probably going to stop eating.

(Mary Scott, interview, February 17, 2016)

I don’t think I’m the only one who thinks this … I think its noticeable … especially going though [sorority] recruitment. I was a Panhellenic counselor for the fall and I just saw so many of the girls that I had in my group come in with assumptions. I was like, “Clear your mind,” but they were also right. … It’s all about girls image, so it’s definitely on everyone’s mind – what somebody looks like is who they are.

(Jamie, interview, February 8, 2016)

One student, Lauren, made a truly profound connection between excessive exercise and other behaviors on campus that appear to be part of the “Clemson culture:”

I feel like it might just be a culture of excessive. Like, we’re going to binge on exercise. We’re going to binge on football. And then, we’re going to binge on studying. … [Everything] is just so much more exaggerated in these extremes.

(interview, February 8, 2016)
Patricia, one of the professional participants, also mentioned this tendency of excess in relation to the college culture here in which students are known for demonstrating a desire and drive to do everything and somehow excel in it all. As she explained, students’ focus is on:

- Having to do really well on their grades, having to have a good social life and just trying to excel in everything. Clemson students are very focused on academics, too, … and getting internships and getting good jobs set up and everything. So, I think it just might be the way the millennial generation is brought up just trying to achieve and succeed and do the best at everything. That transitions into health and wellness, too.

(Professional interview, February 24, 2016)

In addition to the physical and social spaces that comprise Clemson, the university also is well known for its focus on athletics. This reality has a tremendous daily impact on how students make sense of their environments and how they see themselves.

**Pride and Joy of Athleticism**

With millions of dollars spent on athletics every year at Clemson University, students certainly pick up on the fact that this is the beloved treasure of the university and, in fact, may be one of the biggest reasons some students choose to come to Clemson. In this year alone, the Clemson University Men’s Baseball Team is ranked 12th in the nation, the Men’s Basketball Team has a top NBA recruit in All-ACC player, Nnoko Blossomgame, and the Women’s Volleyball team loses Keelie Arneson this year as “one of the greatest libreros in NCAA history” and the Women’s Tennis Team is ranked in the...
Top 25 (Clemson University, 2015d). Of course those are just a few of the notable athletic accomplishments that Clemson University has earned this year, a few of the most well-known successes include, the Men’s Soccer Team playing in the College Cup (National Championship) in 2015, and of course, the infamous 2015-16 Men’s Football Team that played in the National Championship against Alabama (Clemson University, 2016a). Interestingly enough, the programming and advertising that is promoted by campus officials does not just inspire pride and excitement, but it also cultivates a value system for students. In effect, as Morgan explained, “This is a highly sports-centered campus. People compare themselves to the athletes. But, you have to remember that the athletes are on a schedule where they have to go workout… and they don’t have a choice” (interview, February 3, 2016). Students discussed experiences of trying to make sense of realistic goals in this environment, where athletes, their successes, and their dedication is on display everywhere.

A lot of times for me personally, I sort of lose touch with how much exercise is needed to stay healthy at a basic level because I see athletes running 10 miles a day, so it’s hard to have a constant measure of what is a good level.

(Maggie, interview, February 10, 2016)

This unattainable health standard set by athletes becomes an unrealistic standard that many students cannot ignore as athletics and athletes are seen all across campus and on the University websites and publications, leading many students to take notice of the idealized figure and not the work, effort, and structure behind the scenes. From intentional university-driven focus on athletics to the daily interaction with and
observation of student athletes, students learn that athleticism gets attention, is celebrated and respected, and is a source of pride for Clemson Tigers. Further, the nationally-recognized Death Valley football stadium of Clemson University is on prominent display no matter what way a student approaches Fike Recreation Center – there literally is no way to approach the facility without seeing this marker of pride for the university.

**Fike Fitness**

Fike Recreation Center, the main campus space dedicate to student exercise, serves as a major representation of what health means to the campus community. Frequent by campus professionals and students alike, there is certainly a distinct culture that has established in this place.

_No one comes to Fike in the manner that I did this morning, as a first step of my day. My hair and makeup are undone. I am comfortably suited in an old tie-dyed t-shirt and purple workout pants. Wow, I stick out. It appears that the gauge for Fike-readiness is measured by the same social markers many would see walking down the street – one should put in effort to be put-together. By a majority of what I see students wearing, there is a uniform designated for both men and women. While women wear more revealing clothing, like sleeveless tops and short shorts, men stick to basketball shorts and tight t-shirts that allow for their muscles to show through. I counted several women who had make-up on and men who carried with them the scent of cologne or aftershave. I could not help but feel like I was underdressed, that I did not look good enough to workout._

(fieldnotes, February 13, 2016)
In my experiences at Fike, I often felt that this space was not for individuals looking to get into better physical shape but, rather, to demonstrate that they were already in great physical shape. More than simply the presentation of self, like the unspoken expectation to wear top-notch form-fitting athletic gear, the physical layout of the facility is constructed in a way that encourages the direct observation of others. During my first visits to Fike, I could not help but to gaze with amazement at the shape of the facility,

The space at Fike is small, not too small, but very intimate creating a feeling of togetherness and visibility. As I look around from my position I can easily see others’ machines around me, placed too close for comfort, as I can almost not help but to look at their machines and analyze their workout difficulty. Even more powerful than this was the view down to the lower level of Fike, a space occupied by mostly men, evoked historical representations of masculinity. While several women were placed above to look upon the men below as they would display their strength and ability it is incredibly symbolic of gladiatorial contests, they are placed below as a spectacle to view.

(fieldnotes, February 6, 2016)

Upon walking through the turn bar entrance after swiping an identification card, individuals are immediately confronted with the option to take the stairway before them leading to “the pit” filled with a large and crowded area for free weights and weight machines in the back of the lower level, or, to take a left or right, each the leading to a balcony like position with cardio machines facing inward toward one another with a God’s eye view of the activity below. Hidden beyond these two options are other: group
fitness rooms, racquetball courts, an elevated track which circles above multiple
basketball courts, a pool, a rock climbing wall, a small area with floor to ceiling mirrors
for ab work, and an enclosed “girls gym” filled with weight machines, lighter free
weights, and awkward silence.

Many of the participants, both students and professionals, discussed that the
layout of Fike literally shapes the social environment where students are divided and on
display according to their type of exercise, their gender, and their ability level, which
contributes to a feeling of intimidation. As Maggie said, “I’m intimidated going to Fike. I
just don’t want people looking at me when I work out” (interview, February 10, 2016).
Whether or not other students or individuals are actually watching you or looking at you,
there is an assumption or sense by many of the participants that being at the gym means
you will not only be observed, but judged. In her role on campus, Patricia also mentioned
this intimidation factor as reinforced by the central feature of “the pit:”

I think the way Fike is laid out doesn’t help either, because you have that pit of
guys lifting weights. I’ve talked to guys that are even too intimidated to go down
in that area because the guys that are down there are down there for hours. They
will go to people and offer to give suggestions even though they’re not qualified
to do so, or just put a lot of pressure on people that are maybe using a machine
that they want. So, it becomes a scary environment and basically anywhere you
are in Fike, that’s what you see.

(professional interview, February 24, 2016)
Though some may argue that exercising is not a social experience, for many students, it is impossible to separate the social scene from Fike on Clemson’s campus. Some students even mentioned that Fike presents a more stressful environment than most campus settings due to the fact that many students feel exposed and vulnerable in these spaces.

Anxiety…[I feel] a lot of social anxiety. Going to the gym is kind of hard for me … you know? Going in there and seeing other people and they’re leaps and bounds ahead of you or wherever you want to be … Yeah, it’s intimidating to go in there and do that but then you have to remember you have to start somewhere.

(Blythe, interview, February 12, 2016)

While many participants expressed their discomfort with the competitive nature in Fike, struggling to really pinpoint what aspects of Fike or the experience that caused such anxiety; however, several of the male participants clearly identified the space and social factors that cause intimidation and discomfort for them,

…for guys there’s a huge intimidation factor for going in there…so if you’re not someone who worked out a lot before college, there are a lot of people who do who have a lot more muscle mass so when you go into the gym there’s a lot of intimidation, especially at our age. If you don’t know how to do a certain exercise or you don’t know how to work a certain machine, it can be very intimidating for someone like that and there’s a lot of judging, silent judging, that goes on in the pit that really make someone not want to go back. … It’s an interesting phenomenon and it’s something that happens in a lot of college fitness centers …
people are looking around comparing themselves to other people, instead of where it should be a collaborative environment.

(Josh, interview, February 25, 2016)

Kenny also spoke of the lack of collaboration and inherent competiveness evoked by the place. He mentioned that this discomfort and intimidation worked in the other direction, too, fueling the drive to impress others and ensure that they were not bested by someone else: “Pretty much just to show off, because you’ll see someone else doing 100lbs more than you and you don’t want to seem like a wimp, you’ll add more weight and probably end up hurting yourself” (interview, February 18, 2016). Even I witnessed this display of desperation to impress fellow students and seek approval. During one particular observation,

A young male student is struggling to carry a weight over to the rest of his group
... he can hardly hold the weight up with two hands, setting it down on the ground repeatedly while making his way back to his group’s area. I can’t help but watch on with worrying wide-eyes. Please tell me he’s not going to try to lift that weight for exercise, when he can hardly even carry it at all.

(fieldnotes, February 26, 2016)

With my background in health communication and the content burned in my memory from my recent public health course, I often found myself hopeful in search of strategic messaging in Fike to combat all of these things I was sensing as a participant and hearing from participants during interviews. I expected to see something encouraging, maybe even educational about the use of this space – healthy exercise
habits, fun workout routines, something. However, with exception of the small room that is barely noticeable upon entrance due to focus on starting your workout, there is not much of anything to attend to but the people surrounding you.

As walked down the hall with all of the cardio machines, I noticed that the only signage in front of me notes the time limit for cardio machines. Below me, in the pit, I saw little to no signage except for the banners that loftily hung above, almost out of readable distance, and certainly out of one’s natural eye-line. These banners had images of athletes exercising with cliché messages about being a champion. The only representation or information students can access about health is from their fellow students, which they see exercising all around them.

(fieldnotes, February 6, 2016)

**University health messages.** The lack of health messages in the fitness facility is a strange, stark contrast to the plethora of information available to students elsewhere on campus. From the university website, social media platforms, and newsletters to table displays on library bridge, bathroom stalls, and napkin holders in dining halls, university health initiatives are always in the works. In my conversations with participants, professionals and students, the widespread health information disseminated through a variety of channels suggests a sincere effort to support students in holistic ways with up to date information.

Last summer, I sat down and looked at national health promotion calendars and observances and also thought about the college life and what goes on during certain parts of the year. … like spring break and finals … and I came up with this
communication calendar. It’s the topics that we’ll touch on in our social media posts, we’ll talk about them in our student health 101 articles, and they also help guide topics that we focus on for our campaigns. For example, March is national nutrition month: we have an article about nutrition, we have a campaign about nutrition, and then we have a sleep awareness article because I know there’s a sleep awareness week. Then, we have a 2-page safe spring break article about spring break health and safety tips from CUPD and Healthy Campus.

(Lauren, professional interview, March 4, 2016)

As evident in Lauren’s explanation of campus messaging strategies, messages frequently shift and adapt with the changing of the seasons and the foci of national health observances. Unfortunately, although all of this content might be beneficial in its own way, students suggest that these multiple messages of varying priorities creates confusion and/or leads to a lack of attention to detail toward any of the topics at all. Jamie suggested that while efforts are obviously developed in a strategic manner behind the scenes, from the student perspective, it sometimes feels like, “Eat an apple and grab some condoms” (personal communication, February 15, 2016), the contrast almost laughable. Quick-changing and inconsistent focus on key health topics for this specific population makes it difficult for students to learn how to prioritize certain health behaviors over others.

Clemson is home to thousands of students, all with unique health concerns that vary from student to student and from year to year. In an effort to educate students on holistic health Clemson’s Student Health Services also promotes the “8 Dimensions of Wellness,” which describe “ways you can be well on Clemson’s campus!” (Clemson
This list of focus areas to achieve holistic health is listed on the website and free programming is provided with a new focus area each month. As presented on the website, each area with a definition and a couple of ideas for improvement, these eight dimensions include: emotional wellness, environmental wellness, financial wellness, intellectual wellness, occupational wellness, physical wellness, social wellness, and spiritual wellness. If students take the time to attend to this helpful information, whether on their own or through attendance at a presentation from campus professionals, they are confronted with an overwhelming amount of information as to what is involved in the pursuit of health. In consideration of all else students are dealing with in their daily lives, keeping eight dimensions of wellness in mind or sorting through the health topics of the month and national health campaigns, health related information becomes more of a burden to really sort through than truly helpful and personalized educational material.

Due to the widespread information available to students, campus professionals have the task of determining the best avenues for message dissemination and most effective messages to address messages of high priority. For instance, one issue of major concern on our campus is eating disorders and in reflection of decisions about dissemination strategies for university-sponsored information, Lynne described the difficulty in trying to reach students:

We are working on a campaign that will be in campus rec among other things, like the televisions across campus. We cannot do anything related to eating disorders in the dining halls, but all of the other places where we can use our
various media outlets and it gets tricky. Almost like, the more we’ve thought about it the more limited the message becomes.

(professional interview, February 24, 2016)

As I spoke with Lynne, another key barrier emerged as significant to university efforts. While explaining all of the efforts that campus health and fitness partners try to plan throughout the academic year, she emphasized a deep dependence on what other universities and public health organizations are doing. While certainly it may be helpful to look externally for guidance about health education, it also keeps them from looking internally to their own student population and fostering connections with them.

I’m thinking: Where does [a particular health topic] fall on that socioecological model of prevention? Are we educating our students? Are we focused on the friend/network support system for students? Are we developing our policies? Are we working with the state?

(professional interview, February 24, 2016)

These questions were reminiscent of Laurens’ work, too, in that she must focus externally on what health information is expected to be disseminated at specific times of the year, oftentimes guided by national strategies that suggest how to educate and what to prioritize. While it is understandable that external sources provide guidance, and perhaps even regulations, for university-sponsored health messaging, a direct focus on these external contingencies steals time and attention from the biggest stakeholders in the equation – the students who desperately need help navigating this time of life in this particular place that they call home.
CHAPTER FOUR

DISCUSSION AND CONCLUSION

Excessive exercise and disturbed body image are phenomena that cannot be taken at face-value, rather they demand close attention and scrutiny by which we may gain insight beyond the labels and begin to understand the intricacies involved as lived experiences. Unfortunately, these issues are deeply rooted in psychological conditions and affected by social environments. In order to attempt to address these issues, many public health practitioners – individuals who often have extensive theoretical knowledge base and a deep desire to make positive change for people – tend to take top down, expert-driven approaches to intervention efforts (Brug, Oenema, & Ferreira, 2005; Glanz, Rimer, & Viswanath, 2008). In the course of engaging in this formative research, I have learned that although health and fitness professionals have expertise in their areas of discipline and practice, we also need the knowledge of students’ lived experiences and they are the experts in this area. We need to engage them in efforts to address these health concerns rather than implementing interventions and disseminating information that is not first rooted in an understanding of who they are, what they are experiencing in their quests for health, and what challenges they face in the process. The issues of excessive exercise and disturbed body image are distinct problems with a host of complicated contributing factors, not least of which students characterized as involving unique aspects of the particularities involved with this time of life and place they call home.

To adequately approach these complex experiences holistically, instead of the typical health intervention models to which many turn (Champion & Skinner, 2008;
It is imperative that we learn about and acknowledge the unique social conditions that students must navigate in their efforts to pursue healthy lifestyles. The prevalence of disturbed body image and excessive exercise likely does not come as a surprise as we find ourselves immersed in a culture that celebrates the ‘thin-ideal’ and perpetuates the belief that this physical body size, representing the pinnacle of both health and attractiveness, should be pursued at any cost (Homan, 2010; Jakul, 2005; Kilbourne, 1995; Levitt, 2004; Wann, 2009). However, for Clemson University’s student population, it is not only the larger cultural forces, such as media, at play, but rather additional social factors, like the transition to college, the complexity of health, social-comparison, competition, self-criticism, and various aspects of Clemson’s unique culture that have created and perpetuated these health concerns on our campus. As students reflected on their pursuits of health, challenged by the task of navigating this time of life and the critical aspects of Clemson’s social landscape, they provided insight that should serve campus partners well in efforts to contribute positively and affectively to students’ journeys toward healthy living.

**Lessons Learned**

Formative research serves as a critical phase of health intervention efforts. The general goal of this kind of research is to collaborate with multiple stakeholders to analyze and create a basis for developmental action and change by asking, “‘What is working?’, ‘What needs to be improved?’, and ‘How can it be improved?’” (Reigeluth & Frick, 1999, p. 4; Worthen & Sanders, 1987). Formative research is the first step toward
achieving an interactive and inclusive approach to meaningful change because it creates conditions in which we are able to realize the complexity and scope of the issues at hand by directly engaging the very people we desire to help with intervention efforts; in effect, uncertainty is lowered, trust is engendered, and the method of change becomes more instrumental and less superficial (van den Akker, 1999). By engaging with individuals in the population of interest at Clemson University throughout the spring semester of 2016, I learned a lot and have provided this information to campus partners. In this section, I summarize salient themes, articulate some practical implications these themes suggest, and review limitations of this project and opportunities for future research.

Navigating This Time of Life

As many participants expressed, this time of life, celebrated for its promise of self-exploration and growth, is not quite as simple as some wish to believe; there is a dark side to newfound independence, social involvement, and responsibility for self. Of course there is merit in finding one’s way through the college years, but the expectation for students to not only understand what health means for them personally, but to also comprehend its importance is too great a burden for them to carry on their own. Many of them have, in a relatively abrupt fashion, gone from the accountability systems of families and teams to a solo venture of figuring out how to live life. This experience is complicated by a lack of understanding of what health entails and how it might be achieved as well as heightened detrimental norms of the college experience: comparison, competition, and self-criticism.
Several participants reflected on their desire to learn more about health as a way to ease the transition from home-life to college-life. For instance, Josh spoke to the need of more specific education related to these health issues at hand, “I think in order to improve your health that’s the first step” (interview, February 25, 2016). Of course, it is not as simple as educating students about health to initiate a change that challenges deeply rooted, popular behaviors. There is a value-system that has developed from the way we have socially constructed the college experience. These values and the ways students pursue them have also created social norms that, when enacted, reinforce the ideals that students are expected to embrace in “college culture” (Jalabi, 2013). Sadly, this college culture is not a far-stretched myth of excessive drinking, hooking-up, and questionable academic ethics; but many say, this theoretical college culture is in fact far too realistic, “It's too accurate! ’ ‘It's not news!’ ‘It's old news!’” (Jalabi, 2013). The pervasiveness of a distinct college culture is one that challenges the pursuit of health by evolving this time of personal exploration into a social experience where unhealthy behaviors are not just prominent, but they become ritualized and celebrated as a part of the college experience.

Several students noted that stereotypical college behaviors, even risky behaviors, are normalized by their pervasiveness. Students not only see these behaviors as acceptable, but as encouraged among the student body. As students make sense of themselves against this backdrop of normalized behavior, even damaging action and negative perceptions of self seem like an acceptable option. Take for instance the complacency that students demonstrated about the prevalence of disturbed body image –
at first glance to an outsider reported statistics might seem high, but to the students these numbers were far too low to reflect the realities they have witnessed. And still, this experience is deemed by them to be a normal part of this time of life. Or, consider the ways in which students discussed how they gauge their workout levels and modified their behaviors accordingly; it always came down to what others around them were doing. These normalized behaviors are surrounded by a social silence. The issues of excessive exercise and disturbed body image are there and students know it, but no one talks about it with them and they certainly do not address it themselves. Therefore, for many, compliance to the mainstream without question is the way to navigate this time of life.

Fortunately, though, some participants did seem to have a good grasp on the complexities of these specific concerning health behaviors. In light of this, and the lack of talk about the issues, some suggested that we have an untapped opportunity to connect individuals across campus in a meaningful dialogue. For instance, Lauren suggested, “I think there’s benefit in getting the conversation started, to get students talking about it and comfortable with talking about it – creating an open conversation, just more like, its ok, you can talk about it, there is help” (professional interview, March 4, 2016).

Participants also took this a step further on numerous occasions, suggesting that we have to also actively challenge the risky negative behaviors while supporting students in the process. Jamie said this beautifully,

I think that if we worked on empowering each other and motivating each other for the right reasons, rather than rewarding each other for excessive exercise and complimenting each other when we shouldn’t be – when you can tell that
somebody has an issue, don’t be like “Oh, you look so good” and they’re like “Thanks I just lost 20 pounds for the wrong reasons.” We need to definitely change the conversation around it and how we communicate with each other.

(interview, February 8, 2016)

I was encouraged by the many participants’ expressed desire to learn more and be a part of pursuing change on Clemson’s campus. By embracing this desire and inviting students to be a part of the conversation from the very beginning of change efforts, practitioners will not only learn valuable information from students, but will have active allies committed to realizing the positive change in student health behaviors that we need. Further, by the mere act of participating in these efforts and sharing their narratives, other students will be prompted to do the same – to connect with one another through story, rather than silence. While creating and encouraging an open dialogue about student health issues, students also emphasized that it is imperative that various unique aspects of the Clemson University social landscape not be ignored in efforts moving forward.

Critical Aspects of Clemson’s Social Landscape

One recurring theme that emerged as salient to students’ understandings of health, healthy behaviors, and that drove normalized patterns of social comparison, competition, and self-criticism was *this place we call home*. While dearly loved and internalized in intense fashion, being a Clemson Tiger means a lot more than wearing orange and saying “y’all.” Many things about this environment are amazing – the nearly year-round sunshine, the small but lively downtown, the pleasant people, the plethora of options for engagement – but it is not without its challenges. Even the great things, like being able to
be outside often because of the great weather, create an environment filled with constant activity (runners on sidewalks, circuit training in the lawns, kickball on Bowman field, intramurals around the clock) and emphasis on the body (from what it can do to how it looks in the small clothes that are in style). Students described that these messages, while communicated subtly, are felt in very strong ways that create conditions begging them to prioritize how they look and how physically active they are on campus. Specifically, participants brought attention to four important points about why understanding “healthy” on Clemson’s campus is a difficult task: it’s a culture all its own, there is a pride and joy in athleticism, the culture of Fike fitness, and widespread health messages.

As participants reflected on their daily experiences spent within the social spaces of the university, they noted that Clemson is home to a largely homogenous student body in which individuality and diversity are not acknowledged as positive things and this has real consequences. In response to this reality, several participants explained the importance of expanding our definition of diversity to encompass more than just skin color. In widening the scope through which we understand diversity, students might learn to acknowledge and appreciate others’ differences as well as begin to embrace the differences they each embody, rather than be moved by the normalized pressure that to achieve the sole “Clemson look” (Lynne, professional interview, February 24, 2016), which includes being looking “tiny and fit” (Maggie, interview, February 10, 2016) and “healthy and attractive” (Lynne).

Students brought attention to the role of student organizations in creating conditions conducive to body image disturbance and excessive exercise. Especially
among the fraternity and sorority cultures, but not limited therein, participants spoke about the prevalence of social comparison, prioritization of image and appearance, and the modification of behaviors based on perceived norms. Further, at Clemson, students have recognized an expectation of excess involvement and achievement in all areas of life which definitely does not exclude exercise behaviors or other risky behaviors.

Another key social aspect of life at Clemson is the pride and joy of athletics. Certainly, the extraordinary performance of numerous teams this year brought not only national spotlight to our university but also increased focus on athleticism as prioritized value on our campus. Here, where students seek to excel and achieve, many acknowledge using our athletes as role models in their exercise endeavors. And, reminders of the standards these role models set are everywhere, from the website and social media platforms, to events and physical structures like Death Valley that play a prominent and ongoing role in the Clemson student experience. Further, Fike Recreation Center, the main exercise facility on campus, has its own unique culture, too. Here, students explain that comparison and competition are inescapable – the physical layout, the behaviors of those engaging in exercise, the lack of health-related information displayed all contribute to a simultaneous intimidation and motivation to push yourself further than necessary.

Another aspect of the Clemson social landscape worthy of note is that there truly is a huge emphasis on health education and intervention. Students suggested a general awareness of the university’s numerous health-related resources, publications, and initiatives. The university health professionals also provided incredible amounts of information about their efforts from purposes and planning to production/implementation
and anticipated outcomes. Our university is fortunate to have numerous organizations working toward the overarching goal of enhancing student health and providing necessary resources. Students did mention that there is perception of health messages being too widespread and not directly applied to their lived experiences as Clemson students. Constantly communicated without clear focus or priority, it is hard to know what really matters; removed from their daily life, these things is easy for them to ignore.

Practical Implications

For health researchers and practitioners concerned about college students’ well-being, especially with topics as sensitive as disturbed body image and disordered behaviors, our efforts need to involve more than an extension of help rooted in our narrow and removed understandings of the issues at hand. Clearly, as students’ narratives represent, these experiences are intricate, complex, and situated in a myriad of social and environmental factors. If our efforts aim to truly pursue genuine care for students, then we must listen their experiences and seek their assistance in creating solutions that will be affective and lasting.

A Dialogic Approach to Care

Early feminist approaches to communication ethics prioritized care, empathy, and trust as markers of true concern and active commitment to others. Care was situated as the active attention to and promotion of another’s well-being (Noddings, 1989). Empathy was driven by an appreciation of different points of view, which challenged us to pursue enlarged understandings of problems and respond in a way that enabled the other to thrive (Meyers, 1993). Trust was defined as an interpersonal marker of intimacy
(investment of emotion, energy, and time) in which mutual good will is fostered between individuals in effort to create and sustain conditions (Govier, 1993). These are all worthy of aim. However, without integrating the lives and voices of those for whom you are attempting to care, build trust, and empathize, efforts remain insufficient and even unethical. In 1998, in response to these popular approaches to feminist ethics, Daryl Koehn articulated that while important precursors to a well-rounded feminist ethic, they were partial in possibility. He wrote:

Judgment must avoid invoking ethical principles that assume a god’s eye point of view. … No human being has an infallible view of all features of reality relevant to the question of whether some action is good. Each of us sees practical dilemmas and crises in a manner mediated by our concerns and experiences. An ethic that ignores this human reality of difference cannot be an ethic for humanity. (p. 100)

Simply put, Koehn (1998) proposed that even with the greatest intentions, efforts to help others and intervene in their worlds to ensure their well-being will not foster an ethical ideal unless these actions are rooted in true dialogue with them. The dialogic ethic he advanced is one that is rooted in a critical thoughtfulness [that] fully respects particular point of view” and “compels the thinker to engage other human beings in dialogue” (p. 101). In reflection of the lessons learned throughout this formative research, I believe Clemson University health professionals would benefit greatly by aligning themselves within this dialogic ethic. Without this foundation, any health intervention will not truly affect their lives to the extent that might be possible.
Formation of community through dialogue invites the sharing of lived experiences and relationships of accountability and empowerment that have potential to lead the Clemson University community toward a more ideal form of healthy living and relating (Bakhtin, 1981). Embracing dialogic ethics enables the sharing of opinions and ideas without “confus[ing] our perceptions or insights with whole of reality” (Koehn, 1998, p. 150) – instead, it allows us to collectively connect the diverse voices of a community so that we might achieve a more complete understanding of a phenomenon and bridge the gap between disconnected perspectives.

**Student-Centered, Student-Driven Communication about Health**

When students shared their experiences related to health it quickly became apparent that this word could hardly be defined without reliance on body size and shape or heavy reliance on exercise as means of pursuing health. While participants often reassured me that they knew health was more holistic than just physical appearance and exercise, they could not resist the urge to emphasize these components above all else. Students exist in a media-rich society, consistently inundated with messages and images that reinforce the idea that health looks a certain way – advertisements, celebrity trainers, popular and fad fitness routines, and social media platforms give them plenty of reason and opportunity to focus on and criticize their physical appearance. These things are harmful enough when considered in isolation, but when compounded by the widespread university-sponsored health messaging with lack students are overwhelmed with the task of actually wrapping their minds around this thing we call health, what matters in the
process of pursuing it, and the extent of harmful consequences experienced as result of excessive and obsessive behaviors.

Rather than pushing more strategically-designed, expertly-disseminated messages in students’ direction to compete with the abundance of information they already encounter in their daily lives, university partners might benefit in extraordinary ways by using the collaborative conversations mentioned above as invitation for students to own their role in creating positive changes for student health. Specifically, by modeling participatory-based and culture-centered approaches to understanding these health issues and empowering students to engage in health advocacy on their campus, the issue becomes real, rooted in the intricacies of this place and their individual lives, and shapes a community of concerned individuals who know they have something at stake in the process (Fine, Torre, Boudin, Bowen, Clark, Hylton, et al., 2003; Novak, 2010; Wang, Cash, & Powers, 2000). As Novak (2010)suggested, this type of approach, one that prioritizes the expert knowledge of lived experiences of stakeholders, “holds great potential in the communication discipline to see a variety of issues and context from a new perspective” (p. 292). In participatory approaches, stakeholders are “not just incidental to the curiosity of the [practitioner] but are the masters of inquiry into the underlying causes of the events in their world” (Fine et al., 2003, p. 175), and their involvement in efforts of change invite them to “proclaim the world” (p. 175) that they have the agency to recreate. In this formative research process, it became evident that there are students ready and willing to take on this responsibility.
By problematizing the thin ideal and fear of fat in dialogue with emerging adults who daily live facing the social pressures that accompany these notions, we have the opportunity to recognize that each is a social construction for which we have the ability to reconstruct. Certainly, health does not exist in one particular shape or size and the notion that it does robs necessary attention from the very real psycho-socio-emotional health consequences that threaten individuals’ overall experience of health. If we take seriously Berger and Luckmann’s (1966) proposition that our realities are of our own making – that the thin-ideal and fear of fatness are social constructions that can be changed – we must acknowledge that through intentional communicative efforts we might reshape the social conditions that drive college students’ behaviors, rather than relying solely on clinical intervention strategies designed without the input of these individuals for whom they are intended to serve.

As Ellis and Bochner (2000) proposed, examining the complexities of lived experiences through stories simultaneously invites individuals to recognize moments of struggle and gain agency in not becoming defined by the problem at hand. I believe that student-generated knowledge about the experience of body image disturbance and excessive exercise has potential to cultivate the space necessary for the university community at large to experience the life-affirming and empowering capacities of stories, while leading to a “formation of community” (Sharf & Vanderford, 2003, p. 29) which transcends the chasms that often challenge relational development between those in the caring professions and those they seek to serve (Charon, 2009).
Limitations and Future Research

The goal of this formative research was to begin gaining a more insightful and holistic perspective on these health issues, excessive exercise and disturbed body image. The demand for more research cannot be emphasized enough. Naturally, because this effort was a first step in a long process of research, it has inherent limitations that beg for future research. Specifically, I suggest that: (1) more students’ storied experiences are brought into the conversation and that some of these include students who have demonstrated excessive exercise and disturbed body image behaviors, (2) multisensory storytelling be engaged in research processes, (3) health professionals from outside the university, especially those whom have worked in collaborative ways with student populations, be interviewed to learn from their experiences, (4) focus groups be utilized to better understand the ways in which these issues are constructed during every day talk in social settings, and (5) case studies be recognized as one of the most encompassing methods to both identify and engage with all of the unique factors of a specific population and place.

In order to engage deeply with students’ stories and learn what themes emerged as salient in their experiences, I interviewed only a handful of students, 13 to be exact. Certainly, these stories do not account for all of the complexities of experience on Clemson’s campus, but it is an important first step. I also interviewed only students who self-reported as using campus recreation facilities. Health researchers and practitioners certainly could gain important information by interviewing students who are recognized as demonstrating excessive exercise behaviors or who have utilized campus resources for
their experience with disturbed body image. By seeking a larger and more diverse representation of the student body, key differences such as gendered voices, a range of academic classes, and depth in lived experience with these specific issues might provide important detail that was not accessible in this study.

I believe it is also important to bring attention to the difficulty that many participants had in articulating their personal health-related experiences. These topics are intimate and all-too-often silenced. It is imperative that we researchers and practitioners acknowledge that experiences like these are sometimes too complex to be limited to words in an interview (Harter, 2013; Sharf, 2009). Therefore, future research should consider the integration of multi-sensory data collection methods (e.g., photovoice and digital storytelling) that might enable participants to more fully share the depths of their experiences.

Another important step for future research to take is to explore external campus collaborative projects that have successfully taken place at other universities. For this formative research, I limited the professional participants to the Clemson community in order to learn about the specific efforts on our campus. While this was an important part of the formative research, I believe that next steps should include learning from other professionals who have had the courage to think outside the box and implement collaborative initiatives that deeply engaged the student population in all phases. By interviewing these individuals, researchers and practitioners will be encouraged to not confine their work to the “trained incapacities” of their practice (Burke, 1954/1984), the
extent to which skilled knowledge and expertise actually create blind spots in visions and pursuits of possibility.

Furthermore, this topic, which participants suggested to be fundamentally rooted in the communicative aspects of their social lives, lends itself especially well to focus groups, which future research efforts should embrace. Focus groups explicitly embrace social interaction as an important meaning-making process:

participants think together and talk together and are stimulated in their thinking when listening to other people’s ideas. It is as if the ‘strange perspectives’ of others stimulate individuals to mobilize their own potentials to develop new insights and associations, and recall which they have encountered on previous occasions.

(Bakhtin, 1986/1993; Markova et al., 2007, p.46).

Focus groups are as much about providing a forum for participants to learn from one another and engage in reflection and understanding as they are about data collection. By participating in focus groups, participants have the ability to grow and transform social realities; as they think and grow together, they realize their potential (Markova et al., 2007). By utilizing focus groups, the knowledge gained from future research effort may be firmly rooted in the collective social experience and the dynamic culture that is created as a result of the interplay between individuals and their social worlds.

Finally, after gaining such insightful and engaging information from the participants at Clemson University that spoke to the unique population and place of Clemson, it became apparent that studying the phenomena of disturbed body image and
excessive exercise in any other place would have missed the nuances and details of this specific location and population. With that said, future research efforts should remain sensitive to this and the unique qualities of the place and population they are studying as these are some of the most significant and impactful aspects of students’ daily lives.

Conclusion

As Ricoeur’s (1984) work reminds us, a significant part of narratives is the “and then” that co-constructed understandings achieved through dialogue might enable us to pursue. My ultimate aim is that this formative research serves as a first step in developing a community dialogue on campus that will create conditions for positive change. The transparency with which participants shared their experiences and the extent to which conversations and interactions grew to achieve critical reflection of socially-silenced topics leads me to firmly believe that we have opened the door to a dialogue that is necessary and full of potential. I truly consider it an honor to have been entrusted with the responsibility of conducting this formative research and look forward to seeing the effects of the larger project in which it is situated.
APPENDICES
APPENDIX A
Information about Being in a Research Study
Clemson University
(Mis)Representations of Health on a College Campus:
Students Address Disturbed Body Image and Excessive Exercise

Description of the Study and Your Part in It
Dr. Stephanie Pangborn and Emily Ferren are inviting you to take part in a research study. Dr. Pangborn is an Assistant Professor in the Communication Studies Department at Clemson University. Emily Ferren is a graduate student at Clemson University who is conducting this research as her thesis project under the advisement of Dr. Pangborn. The purpose of this research is to gain an understanding of students’ experiences and perceptions of two high priority campus health concerns at Clemson University, excessive exercise and disturbed body image. There are multiple levels of involvement in this research study and you are being asked to engage in the following capacity:

_____ Undergraduate research team member: Throughout the duration of the project, you will serve as a central component of the research team. After being trained in the research project scope and methodological procedures, you will assist with recruiting student participants, conduct interviews, and help facilitate focus groups. In addition you will keep a field diary in which you will reflect upon the research process, your experience as a student involved in the health and fitness priorities on campus, and make note of significant messages and images in the campus social environment that might affect students’ health-related thought processes and behaviors. These field diaries will be used as an additional source of data for the project.

_____ Student research participant: Your involvement will include participation in at least one in-depth interview and/or focus group which are estimated to last approximately one hour. Upon completion of the project, a summary of our key findings from the research process will be shared with our partnering organizations on Clemson University’s campus: Healthy Campus, Fike, and Counseling and Psychological Services to help them to more effectively design university health messaging.

_____ Campus partner professional: Your involvement will include participation in at least one in-depth interview estimated to last approximately one hour.

Risks and Discomforts
There are occasionally discomforts associated with sharing personal experiences. During this study, you will be asked to share your own experiences related to disturbed body image and excessive exercise. If involved in a focus group, you will also be exposed to others’ experiences and perceptions of these health concerns for the university community. Some of the information shared during the group discussion may be personal, and we ask that you respect the privacy of others in the group and keep the
information shared private. At no time will anyone be coerced or obligated to share information with which he/she feels uncomfortable. You may stop or skip any questions that make you feel uncomfortable.

In the event that you feel uncomfortable and/or experience distress from involvement in the study, partner contacts will be ready to assist you with concerns. A referral list with appropriate phone numbers will be provided to you at the beginning of your interview and/or focus group.

**Possible Benefits**
Participants may perceive personal benefits related to fulfilling social responsibility, community engagement, and creating space for student voices to be heard. The most obvious benefit will likely be experienced at the community level, as the dialogue created in response to this initial field research will contribute to university efforts to address priority health concerns in a way that attends and responds to the student experience.

**Protection of Privacy and Confidentiality**
Your information will be kept confidential. You may choose to use a pseudonym (fictional name) or to use your real name. If you choose a pseudonym, a master list that connects your real name with your interview will be used. This master list will be kept on a secure computer to which only the primary researchers will have access. The research team will delete the master list one year after the study is complete (May 2017). If you request to remain anonymous, we will do everything we can to protect your privacy and confidentiality. If you choose to use your real name, you are granting permission for researchers to have your name in written and creative representations of this research project. Please indicate below if you choose to use your real name or if you would prefer a pseudonym.

- ___ I prefer that my real name is used. People will be able to connect what I say to me.
- ___ I prefer that a pseudonym is used. People will not be able to connect what I say to me.

Interviews will be audio-recorded. These files will be destroyed as soon as the audio files have been fully transcribed (May 2017).

**Choosing to Be in the Study**
You do not have to be in this study. You may choose not to take part and you may choose to stop taking part at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study. If you are an undergraduate research team member and you decide not to take part or to stop taking part in this study, it will not affect your grade in any way. If you choose to stop taking part in this study, the information you have already provided will be used in a confidential manner.
Contact Information
If you have any questions or concerns about this study or if any problems arise, please contact Dr. Stephanie Pangborn at Clemson University at (734) 707-8453 or sruhl@clemson.edu.
If you have any questions or concerns about your rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-0636 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC’s toll-free number, 866-297-3071.

Consent
I have read this form and have been allowed to ask any questions I might have. I agree to take part in this study.

Participant’s signature: ____________________________________
Date: ________________
APPENDIX B
Interview Protocol for Students

Time of interview:_____________________
Date:_______________________________
Location:___________________________

You’ve identified exercise as being an important part of your lifestyle. Tell me a little bit about your health and fitness journey.

Describe your understanding of health and well-being.

Explain your normal weekly workout routine.

How have you personally come to understand what it means to be healthy and/or fit?

Describe what it is like for you trying to achieve health/fitness as college student.
- What is it about the environment makes it difficult/easy?
- What is it about this time of life (self and social) that challenges/supports this pursuit?

What motivates your commitment to exercise (internal and external factors)?

In the past couple of years, Clemson’s has named excessive exercise among the student population as a leading community health concern. From your personal experience, please address the following:
- What behaviors have you witnessed among the student populations that you believe qualify as excessive exercise?
- Why do you think this happens?
- Do you believe this issue is worthy of being addressed as a community health priority amidst the various other concerns that exist with college populations?
- What do you think are the biggest factors contributing to students’ excessive exercise?

There is ample research that situates this issue as strongly associated with and a manifestation of individuals’ disturbed body image, which is often driven by our cultural “drive for thinness and fear of fat” (Levitt, 2004). In fact, in the most recent American College Health Association (2010) executive summary, it was reported that 13.7% of college-aged men and 26.0% of college-aged women described their personal appearance as being “traumatic or very difficult to handle” (p. 15).
- What are your thoughts on these ideas and realities?
- In your experience, do you think this is an accurate representation?
What do you see as potential benefits/drawbacks/hurdles of health and fitness professionals on campus working to publicly address this issue in our campus community?

What do you believe would be an effective way to address this problem?

Is there anything else you would like to share about your experiences, your concerns, or issues you believe to be important in understanding this health concern?
APPENDIX C
Interview Protocol for Campus Health/Fitness Professionals

Time of interview: _______________
Date: __________________________
Location: ________________________

Tell me your story of how you became engaged in the collegiate health/fitness profession. What does your specific role entail?

One of Clemson’s current key campus health priorities is excessive exercise among the student population. From your personal and professional experience, please address the following:

- How have you seen this issue develop and affect students?
- What physical, mental, social, and emotional consequences are involved with this issue?
- Do you believe this issue is worthy of being addressed as a community health priority amidst the various other concerns that exist with college populations?

From what you have witnessed in your interactions with and observations of students, what do you think are the biggest factors contributing factors to students’ excessive exercise?

There is ample research that situates this issue to be strongly associated with and a manifestation of individuals’ disturbed body image. Do you believe this is an accurate representation? Why?

What do you see as potential benefits/drawbacks/hurdles to publicly addressing this issue in our campus community?

Is there anything else you would like to share about your experiences, your concerns, or issues you believe to be important in understanding this phenomenon?
# APPENDIX D

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REFERENCES


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