

Executive Summary: Mind, Body, Spirit: Health Perceptions at St. Olaf College

Kyle Cassling, Katie Curtis, Clara Jung, Siri Thompson

Abstract

Our study explores how students at St. Olaf College perceive health and the health resources on campus. We gathered our data by facilitating a series of semi-structured, one-on-one interviews with forty students, and five health resource representatives. The five representatives spoke for the Wellness Center, Health Services, the college Pastor's Office, the Counseling Center, and the Student Life Committee. The goal of our research was to identify participants' attitudes surrounding health, their thoughts on the interaction between students and the administration, and the utilization and helpfulness of the health resources. In addition to this focus, we also examined if and how college life at St. Olaf reflects the college's mission of promoting the health of the "mind, body, and spirit." Through this investigation, we found that participants recognize a certain pervasive image of health at St. Olaf College, and that there is a dissonance in the communication between students and administration about health topics.

Summary of Findings

- *Setting/Community:* St. Olaf College is a liberal arts, undergraduate institution affiliated with the Evangelical Lutheran Church in America. It is located in Northfield, Minnesota, 35 miles south of Minneapolis and St. Paul. The college's mission statement states its aim to foster the development of the student in "mind, body, and spirit". The college offers several health resources to meet this goal, including Health Services, the Wellness Center, the Counseling Center and the Pastor's Office.
- *Methodology:* To gather our data, we conducted in-depth, semi-structured interviews with forty St. Olaf College students, and five health resource representatives.
- *Theoretical Framework:* To analyze the perception of health-related issues on campus, we used Michel Foucault's notions of discourse, power, and identity.
- *Literature Review:* Though college students may perceive themselves as invincible, they are at risk for sexually transmitted diseases, injury, violence, obesity, and alcohol related illness. In particular, St. Olaf students reported feeling sad, overwhelmed, or exhausted more often than a national reference group. However, colleges and universities are in a uniquely favorable position to promote student health.
- *Key Findings:*
 - Many students described their perceptions of health to be largely physical noting the importance of exercise, nutrition, visiting a physician regularly, and not being sick. Physical health seems predominant because it is more obvious and seemingly more easily controlled.
 - A number of other students described the importance of balance in their perceptions of health. These students described how they could not be healthy in any single area of mind, body, and spirit wellness without being healthy in all three respects.
 - Almost all students interviewed were aware of St. Olaf's focus on developing the minds, bodies, and spirits of its students, but many commented that this ideal is unattainable.

- Discussions of health too primarily concern physical health. Stress and anxiety are another predominant area of health discussion. Students were split regarding the prevalence and adequacy of discussion of mental health topics. Spiritual health appears to be a topic of discussion among the administration but not among students.
- The nature of health discussions is primarily informal, among friends and acquaintances, and occurs in passing about daily activities (e.g. homework, course load, and lack of sleep).
- Health discussion at St. Olaf is competitive to the point where healthy activities become unhealthy. In this sense, the discussion becomes stressful and destructive. In particular, health-talk is stressful because students feel pressured to achieve an underlying health standard that exists at St. Olaf.
- Most often, students recognized Health Services' and the Wellness Center's roles as health resources on campus. Fewer students recognized the college Pastor's Office and the Counseling Center as major health resources.
- Students find the Wellness Center and Health Services' advertising methods to be very effective. This effectiveness is also evident in the fact that students admit to utilizing these resources more than the college Pastor's Office and Counseling Center.
- Many students are unfamiliar with the services provided by the Counseling Center and the college Pastor's Office, however they are aware that the Counseling Center is overbooked.
- Both students and health resource representatives recognize a disconnect between students and the administration in terms of the health discussion on campus.
- The topics of safe alcohol use, nutrition, and sexual health appear to be specifically and adequately addressed by the administration. Students mentioned that spiritual health and mental health, specifically stress and anxiety, are not addressed in a meaningful or effective manner.
- There is a general perception that the administration is inaccessible to and out of touch with the average student. Students noted that those in elite organizations, such as the Student Government Association or the Wellness Center Peer Educators have more access to administrators.
- Recently, there has been a series of conversations on campus among the Student Life Committee, Counseling Center, and St. Olaf faculty regarding student stress. This is an example of the administration responding to health issues deemed important by the students. However, because students were not involved in these discussions, the perceived disconnect between the students and the administration continues.

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SOAN 373: Ethnographic Research Methods
May 24, 2011
St. Olaf College

Abstract

Our study explores how students at St. Olaf College perceive health and the health resources on campus. We gathered our data by facilitating a series of semi-structured, one-on-one interviews with forty students, and five health resource representatives. The five representatives spoke for the Wellness Center, Health Services, the college Pastor's Office, the Counseling Center, and the Student Life Committee. The goal of our research was to identify participants' attitudes surrounding health, their thoughts on the interaction between students and the administration, and the utilization and helpfulness of the health resources. In addition to this focus, we also examined if and how college life at St. Olaf reflects the college's mission of promoting the health of the "mind, body, and spirit." Through this investigation, we found that participants recognize a certain pervasive image of health at St. Olaf College, and that there is a dissonance in the communication between students and administration about health topics.

Setting/Community

St. Olaf College is located in Northfield, Minnesota, a town with a population of approximately 19,000, 35 miles south of Minneapolis and St. Paul. Founded in 1874 by Lutheran Norwegian immigrants, St. Olaf is a nationally ranked undergraduate institution. Today, St. Olaf is a college of the Evangelical Lutheran Church in America and maintains its Norwegian identity through its Norwegian department and special events. The school prides itself on its rigorous, liberal arts education and its emphasis on a global perspective, with 79% of students studying off-campus during their college careers. Two of its most well known programs are music and mathematics and the most popular major at St. Olaf is biology, comprising 10.9% of the Class of

2010. St. Olaf and its student body also strongly value environmental sustainability and social justice.

In 2010, the college had an operating budget of 118.3 million dollars and employed 213 full-time faculty. St. Olaf is currently home to 3,156 students, 96% of who live on-campus in one of the 11 residence halls or 18 language and honor houses. The student body is composed of approximately 3,000 undergraduates, of which 45% are male and 55% are female. The population is relatively homogeneous, with 84% Caucasians, 5% Asian, 2% African-American, 2% Hispanic, 0.3% American Indian, 2% Multi-racial and 2% unknown. The geographic representation of the student body is diverse, with 47 states and 39 countries represented. Students are offered a variety of activities to engage in outside the classroom, including 27 varsity sports teams, 12 musical ensembles, and 190 various student organizations (St. Olaf College profile 2010).

The St. Olaf mission statement declares “In the conviction that life is more than a livelihood, [St. Olaf] focuses on what is ultimately worthwhile and fosters the development of the whole person in mind, body, and spirit” (St. Olaf mission statement 1987). There are several aspects of the St. Olaf institution that can be seen as working to further the development of the body, mind and spirit of students. For example, the college’s general education requirements include two studies in physical movement credits and two religion requirements to encourage both the physical health and the theological education of students.

In addition to education requirements, St. Olaf offers various health resources for students. For example, St. Olaf has a Health Services center with an on-staff family nurse practitioner but also provides transportation to community health care providers. Another on-campus resource is the Counseling Center. Services are provided free to students by professional

part-time and full-time staff such as individual counseling, group counseling, workshops, testing, consultation and referrals. The Wellness Center, a resource run by a select group of student Peer Educators, also promotes health on campus by providing prevention and intervention services for alcohol and other drug use and abuse concerns. Peer Educators who staff The Wellness Center are available to talk with students one-on-one during office hours. Additionally, the Wellness Peer Educators provide approximately 10 programs per month on topics such as chemical health, nutrition, relationships, sexual health and mental health. Finally, the campus pastor also holds hours when students may come to him with any personal or spiritual concerns. We chose to concentrate on these on-campus health resources due to their relationship with the school's mission statement. However, other health resources may include the Cafeteria, which focuses on providing sustainable and healthy meals, Skoglund and Tostrud the athletic centers, the Sexual Assault Resource Network (SARN), and Public Safety.

Methodology

For our study, we collected data primarily through one-on-one interviews with students, faculty, and employees of St. Olaf College. Participants were selected through emails to the St. Olaf sociology/anthropology department alias, various health resource offices, as well as emails to close friends and acquaintances. We administered 40 student interviews as well as 5 faculty/employee interviews in the span of three weeks. The students varied in gender, class year, race/ethnicity, and major and the faculty/employees interviewed represented Health Services, the Counseling Center, the Wellness Center, the college Pastor's Office, and the Student Life Committee at St. Olaf College. The interviews were semi-structured, involving a set of questions while also allowing the interviewer to react with other questions instinctively to

interviewees' responses. Our interview questions focused on the participant's awareness of and attitude about various health resources, the discussion of health at St. Olaf, and the perceived effectiveness of the communication between students and administration.

In order to make our participants comfortable, we made clear that if, at any point, the participant felt uncomfortable, they could skip a question or stop answering questions. We also encouraged interviewees to ask for clarifications if our questions were unclear. We addressed confidentiality by notifying participants that their names would not be used as identifying information in our research paper. We also submitted our research topic to the St. Olaf Institutional Review Board to ensure our study's ethical soundness.

Another strength of our method is that participants could share personal stories about health with ease in the one-on-one interview setting. Interviewees were given the opportunity to detail their stories at length, without much interruption due to the semi-formal nature of our interviews. Participants were also interviewed in a safe location, like a study room or office, so they could disclose personal thoughts comfortably if they wished to do so. Additionally, by interviewing students, faculty, and employees of St. Olaf, we were able to elicit a wide array of responses from the key groups of people who work and interact on a daily basis.

The weaknesses of our study stem mainly from the selection of our participants. For our convenience, we sent an email out to the students we believed would be the most eager to participate – sociology/anthropology majors. Therefore, many of our respondents are sociology/anthropology majors which may create a biased result. In addition, we did not make any effort to mimic St. Olaf College's race/ethnicity proportions in our study, or strive to create equality in class years. These factors result in our study not being as generalizable as possible.

Literature Review

College students represent a unique subset of the population. In many respects, this age group of 18 to 22 year olds is in their peak physical form. Consequently, this same age group perceives “themselves to be invulnerable to illness” (Boehm et. al 1993: 78). However, college students “have been recognized as experiencing higher rates of morbidity, disability, and mortality from various developmental, environmental, and behavioral risk factors than the general population” (Grace 1997: 1). In particular, this population is not immune from the “suffering and disability associated with mental illness” as evidenced by the approximate half of college students who meet the Diagnostic and Statistical Manual of Mental Disorders-IV (DSM) criteria for at least one mental disorder including anxiety, personality, and mood disorders (Hunt and Eisenberg 2009: 3, 4). Additionally, college students are at significant risk for sexually transmitted diseases, unintentional injuries, violence, obesity, and alcohol related illness (Brener and Gowda 2001: 2; Hunt and Eisenberg 2009: 4). These risks stem largely from student engagement in unhealthy behavior. For example, one survey showed that approximately one third of the country’s college students consumed five or more alcoholic drinks at one time in the preceding month and nearly three fourths of sexually active students did not use condoms consistently (Brener and Gowda 2001: 2). This perception of invincibility is therefore an illusion.

Students of St. Olaf College are similarly susceptible to health problems. In the spring of 2010, 741 St. Olaf students, representing 40.2% of the student body, participated in the ACHA-National College Health Assessment II (NCHA-II). The purpose of this survey was to assist the college in collecting data about “student’s habits, behaviors, and perceptions on the most prevalent health topics” (BORSC 2010: 4). In many regards, the St. Olaf student body outperforms the national averages. For example, St. Olaf students rank highly in preventative

health measures including vaccinations and dental exams with 90.7% of students, as opposed to 74.7% nationwide, receiving dental exams in the past twelve months (BORSC 2010: 11). St. Olaf students also rank highly when considering sexual, nutritional, and physical health. For example, 63.5% of St. Olaf students eat three or more servings of fruits and vegetables a day, and 72.5% of St. Olaf students do at least 20 minutes of vigorous-intensity cardiac or aerobic exercise at least once per week (BORSC 2010: 12).

However, St. Olaf students show worrying disparities in measures of mental health because “notably higher percentages of St. Olaf students reported feeling very sad, overwhelmed or exhausted sometime in the past twelve months than did the national reference group” (BORSC 2010: 6). While more than 92% of St. Olaf students (compared to the national average of 86.4%) reported feeling overwhelmed within the last 12 months, a greater percentage of St. Olaf students sought treatment for depression (12.8%) than the national average (10.1%) (BORSC 2010: 6). Though St. Olaf students seem to be proactive in seeking help for mental health problems, the number of students seeking support lags behind the apparent need.

Other studies of health on college campuses have identified similar problems with some even suggesting that college student health “is an ‘important and neglected public health problem’” (Kwan et. al 2010: 555). Fortunately, colleges and universities are in a favorable position to promote the health of their students because “the mission of these institutions is education, and healthy students are better learners” (Brener and Gowda 2001: 3). Additionally colleges and universities represent community settings “making [them] conducive to establishing community norms and organizational policies that can improve health” (Brener and Gowda 2001: 3). One increasingly prevalent strategy for improving student health is through the promotion of wellness over health. Grace suggests that effective campus health programs must

concentrate “on all the dimensions of wellness: the spiritual, the emotional, the environmental, the social, the vocational, the intellectual, as well as the physical” (Grace 1997: 12). St. Olaf College appears to be aware of this new holistic movement in health because the college’s mission statement declares, “in the conviction that life is more than a livelihood, [St. Olaf] focuses on what is ultimately worthwhile and fosters the development of the whole person in mind, body, and spirit” (St. Olaf Mission Statement 1987).

While St. Olaf asserts their commitment to developing the mind, body, and spirit of its student body, several studies have demonstrated that college health programs may still be ineffective at reaching students. For example, almost half (46%) of the students participating in one study “reported not receiving any type of information [from the institution] regarding the identified health topics” (Kwan et. al 2010: 557). Additionally, it has been suggested that information about certain health topics is more prevalent than others. For example, physical activity and fitness, sexual assault prevention, alcohol and drug prevention, and dietary/nutritional behaviors represented the most commonly addressed health topics while violence prevention, injury prevention and safety, and suicide prevention represented the least prevalent health topics (Kwan et. al 2010: 557). This distribution of health information does not appear to align with a more holistic outlook on college health, nor do the sources students use to obtain much of this information. College students seem to turn to college resources less and less as the Internet has become the most common source of health information while “the least used sources for health-related information were resident assistance/advisors and religious sources” (Kwan et. al 2010: 557).

Problem

Based on this review of relevant literature and our experiences as students at St. Olaf College, we formulated a study to investigate the perceptions of health at St. Olaf. As our research progressed, we developed four main areas of inquiry: how students define health, how health is discussed on campus, what health resources are available to students, and how students and the college administration interact regarding health issues. Before conducting formal interviews, our informal observations revealed the existence of social boundaries based on perceptions of health. These boundaries exist on both a large and small scale including all St. Olaf students and localized social groups (e.g. athletic teams, student organizations, and peer groups). Boundaries seem to emerge through the perpetuation of an ideal health standard communicated between students which reinforces the St. Olaf student identity as physically, socially, and academically active, both on campus and in the surrounding community. In order to elucidate these boundaries and analyze St. Olaf students' perceptions of health, we will use a theoretical framework based on Michel Foucault's ideas of discourse, power, and identity.

Theoretical Framework

Foucault introduces discourse as "a certain way of speaking," not only as forms of language but also the context of communication within groups (Foucault 1972: 193). It is within this discourse that one's self and identity are constructed and confirmed. Identity is intimately related to the collective experience of how social groups talk about various phenomena. The ideas that permeate discussion reflect the cultural norms that form social life. In this way, discourse is also intimately related to Foucault's notion of power and knowledge. Through

discourse, groups create a relationship of power that binds them together and forces upon them an expectation to behave a certain way. As Callero summarizes it:

So-called regimes of power do not simply control a bounded, rational subject, but rather they bring the self into existence by imposing disciplinary practices on the body... practices that are normatively represented as humane interventions in support of community health, safety, and education actually serve as mechanisms of domination (Callero 2003: 117).

Not only does interaction with other members of the social group influence a person's ideas of self, the institution - in this case, the college - serves to exert power over the self for "power is not a thing but a relation" (Callero 2003: 119). The power dynamics that exist within social groups and institutions reinforce the socially accepted truth that is created and recreated in order to protect social boundaries - in this case, the identity of students as "St. Olaf students."

Discourse, power, and identity are used to understand health perceptions at St. Olaf College. Ideas of what health means on campus reinforce the collective identity of the St. Olaf student. This is evidenced by the close correlation between common health topics and other prevalent St. Olaf cultural norms such as over-achievement, competitiveness, and over-involvement. In the case of health topics as discourse on campus, the ideas surrounding health and how health affects the lives of college students are perpetuated as a means to identify the self within a social context by the shared experience of the social group. The relationship between students, the college administration, and health resources necessarily forms a power dynamic at St. Olaf. This is because each of these entities hold different positions relating to discourse on student health.

Findings

What Is Health?

Each of our student and health resource representative interviews began with a deceptively simple question: “What does it mean to be healthy?” The responses were varied, but two principal trends emerged. Most students fell into one of two categories: those describing health as physical health and those describing it as a balance of physical, mental, and spiritual or emotional well-being. For those students who focused on physical health, most discussed the importance of exercise and activity, eating nutritious foods, going to the doctor regularly, and not being sick. Only when specifically asked about mental and spiritual health aspects of well-being did these students consider the role of mental and spiritual wellness in their own perception of health. Additionally, a few students, after being prompted to discuss the importance of mental health, continued to talk in terms of physical health. For example, a female, sophomore, psychology major discussed the importance of sleep in maintaining one’s mental health. This is not surprising because students participating in the discourse about physical health at St. Olaf rely on an embedded vocabulary of physical health terminology. In determining health as a physical entity, these students trap themselves into achieving a particular physical goal. Nevertheless, as discussed later, these students are still bound by the larger, pervasive discourse surrounding the balance of mind, body and spirit.

However, not all of the students who initially focused on physical health continued to think of it only in physical terms. A handful of students transitioned to comment on the connection between physical and mental health because “it’s hard to be totally healthy without good mental health” (male, junior, biology major). Students discussed how these two aspects of well-being seem related because “if you protect the health of your body, you are in some ways

protecting the health of your mentality” (female, junior, chemistry major). Although, it was difficult for students to explain why this may be the case, a few students described how being healthy meant “knowing which activities make you happy and which ones hurt you” (female, junior, French and chemistry major). For example, a female, sophomore, psychology student offered the explanation of how going to the gym to work out also makes you feel mentally better.

Beyond these students who began with a physical description of health and transitioned to a discussion of how physical health is tied to other aspects of wellness, a surprising number of students initially described health as a balance. These students too commented on the connection between physical, mental, and spiritual health, but they more frequently mentioned that you cannot achieve one aspect of health without considering the others. For example, a female, junior, nursing major student described how “mind, body, and spirit health are all interrelated. You can’t be healthy in one area until you are healthy in all three. They complement each other.” These students also more frequently discussed the importance of feeling good and being happy for their well-being. Though these particular students appear to be involved in a slightly different health discourse than those focused solely on physical health, this discourse is nonetheless controlling. These students identify health as a balance and are consequently held to achieve it. Though the boundaries of their health relationships may appear dissimilar to physical health-focused students, both groups participate in the same health culture on campus. Consequently, their identities both fall within the larger health identity at St. Olaf.

The definitions of health offered by this group of students aligned with the visions of health promoted by health resource representatives. For example, the student-run Wellness Center promotes a holistic approach moving beyond “body health” to encompass mind, body, and spiritual wellness. The Counseling Center, like many of the students interviewed, also

focused on the importance of balance because “in the broadest sense [health is] learning how to really get good at creating balance in your life, and at the same time part of that is knowing one’s limits and to not compare yourself with others” (Counseling Center representative). A representative from the college Pastor’s Office in particular focused on the importance of fostering in wholeness: “I think of health and wholeness are, if not synonyms, then good friends.” However, campus health resource representatives also recognize the prevalence of focusing on physical health on campus despite their goal to promote and provide for a more holistic understanding of well-being. For example, a representative for Health Services discussed health as including taking care of your body and lifestyle choices like healthy eating, exercise, and rest. Though Health Services caters largely to the physical health needs of St. Olaf students, the staff believes that the mission statement slogan of “mind, body, and spirit” *should* be reflected in the health of St. Olaf students.

One explanation for why students identify physical health as standing apart from mental or spiritual health is the more obvious nature of physical health. For example, though not traditionally recognized as health resources, many students identified the cafeteria and Skoglund/Tostrud athletic facilities as concrete reminders of the importance of physical health on campus. With regard to the cafeteria students mentioned that “you see everybody eating and you see *what* everyone is eating” which then prompts them to eat healthfully (female, sophomore, psychology major). Others discussed the influence of physical education requirements and seeing students being active on campus as reminders about physical health. Naturally, health involves both discourse and practice but following from Foucault’s discussion of discourse and power, we can postulate that, with regard to health, discourse runs the show. This is because discourse allows students to connect the expectation of health at St. Olaf to the practice of health.

Expectation and practice are then inextricably bound in a powerful relationship that perpetuates action to achieve the expectation. For example, students observe the eating habits of their peers and though they may not discuss the healthfulness of a peer's meal with a friend, the previously established discourse on health allows the student to not only make judgment about the peer's meal but also compels the student to change his or her eating habits in response. In short, the health discourse at St. Olaf provides a framework recognizing and measuring signs of health.

Additionally, physical health may be distinguished by its perceived controllability compared to other wellness components like mental health. For example, whereas workouts and meal plans can be easily scheduled and regulated, students feel less able to manage stress from issues like amounts of homework and class schedules. In this regard, "stress is more nebulous, not something people can *pinpoint*," which may be pushing students to care for aspects of health that they can control (female, senior, sociology/anthropology major). The discourse on health at St. Olaf is largely built upon what students discuss. While mental health is discussed to some degree, physical health discussions predominate. Therefore, the prevalent discourse prepares students to grapple with the physical but not the spiritual or mental. In other words, because of the boundaries set by a physical health discourse, students have the ability to better control physical health over mental health.

This desire for control is especially important because the majority of students and most health resource representatives we interviewed described how this ideal balance of mind, body, and spirit in health is unrealistic. The majority of students we interviewed were familiar with the college's mission statement that outlines St. Olaf's goal to develop the mind, body, and spirit of its students. However, the power of this motto is questionable, as is the extent to which this goal is achieved. For example, a representative from the college Pastor's Office thought that this idea

of mind, body, and spirit can be “a little flippant... it’s easy for it to be nothing but a slogan.” Despite widespread student familiarity with this notion of developing the whole self, students and health resource representatives explained that this ideal is unattainable. Students described how “the college environment is destructive” (female, junior, nursing major) because “our rigorous academic standards, emphasis on being involved in a lot of different extracurriculars, and still trying to have a social life make it a lot more challenging” (female, senior, psychology major) to achieve a balance in health. However, many students and health resource representatives expressed the view that despite its unattainableness, the motto of mind, body, and spirit is a helpful reminder to be mindful of their own health in more than one way. Nevertheless, some students also expressed concerns that this motto is sometimes “so emphasized that it can lead people to think about it too much” (female, sophomore, psychology). This feeling of being overwhelmed by health conversations aligns well with Foucault’s discussion on how ideas perpetuated by culture are accepted as true and come to define a new relationship between those involved in discourse. In this case, health discourse at St. Olaf fosters competition between students to achieve the accepted yet seemingly hidden ideal.

Health Discussions On Campus

The majority of interviewed students agreed physical health is the most widely discussed health topic on campus. Physical health issues include primarily exercise and eating well. Many of these students indicated the presence of an underlying, implicit, standard of attractiveness students feel held to both by themselves and others. Their participation in exercise and good nutrition are required to achieve this base level. One female, sophomore, chemistry and French student noted, “We’re a school of good-looking people and it’s important to be healthy and thin.

There's more of an emphasis on good looks than health, in general." Physical health is also the most visible and public area of health, which facilitates frequent conversation. Many students spoke about the closeness of the community at St. Olaf in that there is only one cafeteria and one fitness center so everyone sees each other eating and working out. This makes students feel as though their peers are monitoring them by looking at their cafeteria tray or keeping track of how many miles they run.

Another area of health that is often discussed is stress. This conversation generally includes lack of sleep, minor illnesses like colds, and course/homework load. Stress is relatable; everyone experiences some level of stress in their time at St. Olaf--whether it be relational, academic, or sickness. Stress is a form of identity construction evidenced by students feeling they cannot contribute to the conversation and therefore cannot identify with the rest of the student body if they are not stressed.

There is general disagreement about whether mental health is a major topic of discussion on campus. There appears to be a shift toward more acceptance and discussion but many respondents did not feel as though the conversation was deep enough and instead only skimmed the surface. The general perception is that more people have depression/anxiety and are on the necessary medication than before, but respondents were split about whether mental health issues were discussed enough or if the depth of conversation was adequate. Some students thought mental health was talked about to excess, including depression and anxiety, while others thought these issues were frequently addressed only superficially, and that the discussion never ventured far enough to really help students. This could be because both mental health and spiritual health are viewed as abstract, nebulous health issues and that root causes are difficult to pinpoint. They are also seen as deeply personal issues that, despite our close-knit community, are not public

topics. Students were also split when asked if they knew about the Counseling Center. Some students find discussing mental health issues acceptable and are knowledgeable about campus resources while other groups do not tackle the issue and feel people may not know about the Counseling Center or use it because the discussion (or lack thereof) is still stigmatized.

The context of health discussions at St. Olaf is mostly informal. Students talk about health with their friends and acquaintances but do not often have intensive, investigative conversations. Instead, health is mostly discussed in passing. These brief conversations contain day-to-day health concerns, scheduling, and competition. Health topics often come up between friends because it is just something to talk about. Everyone experiences juggling a full schedule at St. Olaf and stress is often brought up amongst friends. Students noted, “We live so close together and are always around each other that health becomes a really social, public topic. We all eat in one cafeteria, go to one gym... you can’t avoid being around discussions of health” (female, junior, education major). Health is such a part of our daily lives that it is impossible to avoid talking about it – even in the most informal means.

Many students noted health discussions on campus to be competitive in nature. One female, junior, nursing major said, “Everyone is always talking about [health], watching what I do and what I eat... We’ve banned discussions of weight in [our off-campus] house because nothing good ever comes from it.” Many students felt that the physical health and stress discussions on campus were the most competitive compared to those surrounding mental health and spiritual health. Through Foucault’s ideas of discourse and power, this perpetuating competition keeps all members of the social group engaged. Despite some students’ attempts to be independent of the competitive nature of the conversation, they are brought back into it because these are the prevailing social norms that students feel they must live within. The

competition also serves to reinforce the group identity. St. Olaf students are supposed to look a certain way, eat a certain way, and have a certain amount of work to be stressed about.

Competing with each other on all of these aspects ensures the St. Olaf student identity will be maintained.

Other students felt the discussion is a reflection of an underlying health standard on campus. For example, a male, junior, political science major said:

The discussion can feel forced in more of a social/peer-pressure way. It forces you to view what is and isn't healthy based on these social norms. I think often times there's a small group of students who may have very strict views on what is considered healthy. But these extreme views often end up becoming the ideal in social norms, where a lot of students continually feel like they're failing.

Foucault's notion of discourse is helpful in explaining how this happens. It is not that there is a specific group on campus that has extreme health views but rather, this dominant way of talking about health fits in within the larger culture of overachievement and competitiveness on campus. At St. Olaf being healthy and especially being healthier than one's peers becomes a "prison." Students quickly become trapped in a contest to achieve the predominant health ideal on campus. Though this discourse on health was originally meant to alleviate this pressure to compete and achieve, it ends up generating even more stress.

Because of the competitive and pressured nature of the health discussion on campus, the majority of students interviewed felt the idea of health and the discussions they took part in are stressful. Many students realized the ideals of health on campus are actually quite unhealthy but felt the pressure to be the St. Olaf archetype was too strong to be independent of the health conversations. Alternatively, if they were able to break free from the pressures of unhealthy conversations, they felt stigmatized for doing so. For example, a female, junior, nursing major expressed it this way: "You can choose between being paranoid about what others think or doing

what you want to do at that time. I've chosen to be independent but it's hard not to fall into pressures and discussion because they are so constant." Unfortunately, many students also felt that the discussion is destructive and unproductive. For example, a male, senior, sociology/anthropology student mentioned, "Stress and anxiety are talked about all the time but not how to *reduce* stress/anxiety. No one talks about actionable steps. The discourse among students is competition not reduction."

Despite the prevalence of these ideas, a few students mentioned that though health is an important issue on campus it is not necessarily a topic of discussion. Instead, health is largely a physical display with students expressing their health by action or activity. There seems to be an illusion of a discussion of health, but not a reality. Still other students believe that health is not the most important topic of discussion on campus: instead, a few students noted that St. Olaf is an educational institution and academic issues dominate the conversations between students. For these students, health only seems to be discussed in times of stress, for example during finals week.

Health Resources

The majority of the students interviewed were aware of the various health resources we had identified on campus. These resources include Health Services, the Counseling Center, the college Pastor's Office, and the Wellness Center. However, some of these resources were cited more often than others. For instance, students felt most strongly about Health Services' and the Wellness Center's roles as health resources on campus. Fewer students recognized the college Pastor's Office and the Counseling Center as major health resources, and even fewer identified

SARN (Sexual Assault Resource Network), the school cafeteria, and Skoglund/Tostrud athletic facilities as health resources.

While interviewing the Health Services representative, we discovered that their main goal was to promote home health care in an effort to prevent illness. It was evident that they accomplished exactly that because the majority of the students interviewed felt that their visits to Health Services were very satisfactory. It also seemed as though Health Service's approach to publicity is effective. They provide pamphlets with information regarding various college-related topics such as sexual health, depression, stress, and even tattoo removal. Referring to the pamphlets' helpfulness, one student said "obviously it was advice that I'd heard before but it was nice to see the information laid out like that," and "there are a lot of pamphlets if you're not comfortable talking to someone about it" (female, junior, chemistry major). These pamphlets serve as a way to draw in attention to Health Services, as well as a resource in themselves. Overall, Health Services seems to be the most utilized and most familiar health resource on campus. It is so well used that last year (2009-2010) Health Services handled over 4,000 student visits. Perhaps this large number of visitors clarifies why many of our respondents felt frustrated by the waiting period that accompanies a visit to Health Services.

Students also just as frequently identified the Wellness Center as one of the major health resources on campus. One of the strengths of the Wellness Center is its effective advertising. Similarly to Health Services, students notice the Wellness Center's programs because "there are posters everywhere about the wellness events" (female, sophomore, nursing and sociology/anthropology major). Another student agrees that "posters and wellness events are the biggest way [the Wellness Center] gets their ideas across" (male, junior, biology major). In addition to finding the advertising successful, many of our interviewees found the events to be

surprisingly informative. One female, junior, political science and economics major said, “I’ve gone to quite a few Wellness Center events that were super interesting. Things I thought I was going to be bored at but ended up being tear-jerkers or giving me information I never knew existed.”

However, we found that the Wellness Center’s interaction with the St. Olaf student body is not perfect. One of the complaints expressed by a number of our research participants was that the Wellness Center is not very accessible to students, and therefore not able to thoroughly address St. Olaf students’ needs. A male, junior, political science and environmental studies major puts it quite plainly:

Unless you know a Wellness Center staff person as a friend, you don’t really know how to express concerns. In that sense, there’s not much of a way on campus for students to express their views. There’s not an election involved with the Wellness Center as there are with SGA, and while I think that a lot of the health resources are catered toward college students, they’re catered blindly. Like ‘oh, well, this seems like a good idea’ ...it seems like an issue that would affect a college students rather than a student at St. Olaf.

As Foucault would say, discourse is being used in way that encourages certain power dynamics between students and the college. Although the Wellness Center is a student run resource, only certain students are allowed access to the larger institution. These student workers are supposed to serve as liaisons between students and administration, but according to our respondents, they do not effectively bridge the conversational gap between these two groups. A small portion of this discussion is accessible for students, but since the majority of the health discourse remains primarily with the administration, the administration holds power over the students - they can determine what topics are addressed, how often, and in what fashion.

As for the college Pastor’s Office and the Counseling Center, students seem to have similar feelings about both. Although we considered both to be major health resources on campus, most students we interviewed were not aware of what sorts of services these places

offer. For example, one female, junior, psychology and biology student said about the Pastor's Office, "I think they probably have something to do with the chapel, but I don't know about that so much." Another student expressed similar unfamiliarity with the Counseling Center: "I've never thought about going there because I'm not sure how it would even work and what you can go there for. That place is a big mystery" (female, sophomore, nursing and sociology/anthropology major). Our understanding is that these two resources do not effectively advertise like the Wellness Center and Health Services, so students are not familiar with the services they can provide. None of our participants thought that the Pastor's Office and Counseling Center had successful advertising. However, we must recognize that due to the high demand for, and overscheduled nature of the counseling services, the Counseling Center has recently made it a goal to diminish their advertising. While, in one sense, this means that they have been effective in their mission, it also means that some students are not being reached.

Administration and Students

Though the words "the administration" were never explicitly used in our interview questions, they came up often. While those who were involved with health resources on campus were able to speak more specifically about the nature of their interactions with the administration, when students spoke of "the administration" their descriptions often seemed vague and speculative. This would imply that the administration holds an important yet distanced place in the lives of students at St. Olaf. Foucault's definition of discourse as discussion within groups and as a source of identity and power structures is applicable to interactions between students and the administration. Students' perception of the administration as aloof is reflective of an underlying "us/them" dynamic, caused by difference in power status of respective groups

on campus. To be clear about what is meant by “the administration,” it is the policy making body at St. Olaf, including deans, the Board of Regents, and various program directors and offices, such as Residence Life. We do not include the health resources within the umbrella of the administration, as it is largely the administration that sets the agendas and budgets for those resources.

Many students listed safe alcohol use, sexual health and nutrition to be the areas that the administration addresses specifically and adequately. This is significant because these are all related to physical health, which is the topic most discussed by students. Whether the administration addresses these because they are important to students or these issues are important to students because the administration addresses them is not clear. Many students also believed that the spiritual aspects of the motto “mind, body, spirit” are largely left out of the equation. Students identify spiritual health as being addressed through the school’s two Religion general education requirements, but feel that “there is literally an absence of pressure to [consider Religion] in our personal lives. Besides the fact that the chapel is in the center of campus which may spark interest for students in their faith, I don’t see how it’s relevant in a lot of students’ lives,” (junior, male, political science major). Additionally, many students had trouble even defining the meaning of spiritual health.

Student anxiety and stress were other issues that students did not feel were sufficiently addressed by the administration. As the student administrator at the Wellness Center said, “Alcohol comes up a lot. Stress is harder to talk about because it feels like everyone is stressed, and in a place where people are pushed to fill their plates, it’s a difficult subject.” Although students do not hear much about stress from the administration, they are aware that the Counseling Center is overbooked. Stress may be under-addressed on campus due to the

overwhelming number of students already utilizing the Counseling Center. As one female, junior, sociology/anthropology major described the situation: “Boe House is booked. They can’t see any more patients. And that just doesn’t seem right at all, that students who want help and have the courage to ask for help can’t get it. It really makes me mad that they haven’t expanded their services.” While some expressed a desire to have the Counseling Center expanded, as this male, junior, sociology/anthropology major stated, “When you think about it, college spending always necessitates spending money this way or that way. It would have to be weighed against the options of what we could be providing. If we used those resources in another way... you have to think about the way the money could be spent otherwise.” Student opinion was divided regarding whether the expansion of resources would be practical or not.

It is clear that most students are opinionated about what issues are addressed by the administration and about the formation of health policies, more specifically how the administration responds to students’ concerns and needs. There was a general perception that the administration is unapproachable to the average student. While some students do have access to administrators and avenues to have their voices heard, those students are members of relatively exclusive groups like Student Government Association or the Wellness Center. As a female, senior, sociology/anthropology major said, “[The administration] is really busy, I don’t even know what they do on a day to day basis. But that’s important, that the student body doesn’t know what they do and they don’t seem accessible to everyone. Sometimes it seems like they don’t really care... they care about those [student] leaders and what they’re saying.” This inaccessibility also created the perception that the administration is out of touch with the needs of most students: “There’s a huge disconnect between what students are actually doing/what they need, and what the administration wants to believe and wants to address. The administration

would be much more effective if they would actively address the needs of students instead of just mandating things and not including students in the discussion about health” (female, junior, chemistry major). An interesting finding is that some students who expressed strong opinions about health issues on campus had never attempted to contact the administration or student leaders about them. Additionally, one student mentioned wanting to see changes in health policies but never responding to the numerous student surveys emailed to students by the administration.

Health resources, on the other hand, felt very supported and respected by the administration. The director of the Counseling Center said “I feel supported by the college, but it’s just one of those things where we could all make a case [for needing more resources].” He went on to explain that at the end of the day, St. Olaf is an educational institution and any focus they have on health is to aid student success in higher education. The Wellness Center reported that there has been an increase in students looking to the administration for health information within the last few years. The Wellness Center Student Director described the Wellness Center as a liaison between the students and the administration. However, it would appear that students feel their concerns about health are not addressed as they are still looking for venues in which to discuss health issues.

Recently, the Student Life Committee, Wellness Center, and Counseling Center began a series of conversations about student stress with faculty members. This issue came to the attention of the administration in response to the recent National College Health Assessment in addition to anecdotal evidence that student stress has become an issue of *distress*. These meetings were focused on how to address student anxiety rather than to promote any policy changes. The topics discussed included issues of excessive work over breaks, time management,

and the availability of professors to students. These meetings were significant in that they were an example of the administration responding to an issue of importance to students. Students were not meant to be involved in this discussion. However, the student's lack of awareness may contribute to their perception of the administration as aloof.

Summary and Conclusions

As expected, most of our participants agreed that health and wellness at St. Olaf College is mostly considered in terms of physical health. However, a number of students also described the importance of balance in their conception of health. Almost all of the students interviewed were aware of the college's emphasis on health through "mind, body, and spirit," but most of these students also felt that this ideal is certainly not attainable at St. Olaf. While this motto promotes the idea of a balance in health, students continually noted the destructive nature of college life. They expressed how juggling rigorous academic standards and involvement in volunteering and extracurriculars while still maintaining a social life on campus is difficult enough before adding the additional challenge of managing health. Consequently, students tend to emphasize only one aspect of this three-fold motto—the body. This understanding of health as mostly physical then translates into a discussion at St. Olaf that centers on physical health issues.

While physical health is the main topic of discussion on campus, stress and anxiety are also highly emphasized. Discussions surrounding all of these topics are all largely informal, occurring in casual conversations between friends and classmates. Although casual in nature, this discussion can also be considerably destructive due to its competitive character. Students compete to attain an understood ideal of health, even if this ideal is not explicitly addressed in conversation. Most of our participants could identify a common health ideal at St. Olaf.

Therefore, destructive competition stems from the predominance of this unrealistic, healthy ideal that students strive to achieve.

The majority of our interviewees could identify the four major health resources we focused on for our study. While students recognize the importance of all of these resources, the majority of our participants primarily utilized the Wellness Center and Health Services. Students expressed uncertainty about the services offered by the college Pastor's Office and the Counseling Center, which may stem from limited advertising on behalf of these resources. The Counseling Center has recently diminished their advertising due to the high demand for counseling services but the lack of advertising for the college Pastor's Office may be generating an unfamiliarity and subsequent underutilization of this resource. Additionally, issues of advertising may also contribute to a perceived disconnect between students and the administration.

Students feel that the administration addresses safe alcohol use, nutrition, and sexual health successfully, however they perceive spiritual health and mental health (including stress and anxiety) to be topics that are less adequately addressed. There is also a sense that the administration is out of reach to the average student and only accessible to certain elite student groups, such as the Student Government Association and the Wellness Center Peer Educators. This disconnect is not necessarily representative of reality, but the prevalence of this perception indicates students feel a lack of transparency on the part of the administration. However, the Student Life Committee along with the Wellness Center and Counseling Center recently held a series of conversations with faculty on the growing problem of student stress at St. Olaf. These conversations may indicate that the administration is aware that student stress has become an issue of *distress* and is actively exploring solutions. However, the student perception of

disconnection may be perpetuated by lack of communication about these novel meetings.

Reflections and Recommendations

Based on these recent discussions regarding student stress, we suggest that future groups may further investigate stress at St. Olaf. Our results suggest a perceived disconnect between students and the administration and this theme of detachment continued in the conversations between the Student Life Committee, Wellness Center, and faculty members as many faculty expressed that students “don’t access us.” Faculty generally interact with students on an official basis though an academic rather than health-related relationship. However, many students we interviewed identified academics as a significant source of stress, suggesting faculty, though not necessarily directly, do play a role in student health at St. Olaf. Perhaps these blocks in communication between students and faculty may comprise one factor related to the students’ perceived disconnect with the administration.

Our results alone cannot further elaborate on why this disconnection exists especially because we found that health is certainly a topic of discussion on campus and students are aware of and utilizing the provided health resources. Therefore, we propose that future groups explore the consequences of this perceived isolation between students and faculty to determine whether student stress correlates with this issue of access or availability. Additionally, we are curious about what factors contribute to this recent transition from student stress to *distress*. In the end, we envision a project which explores the potentially harmful relationship between this perceived disconnection among students and the administration and the recent escalation of student stress on St. Olaf’s campus.

Based on our findings, the most fruitful effort for reducing some of the stress associated with this discussion of health would be to challenge the current campus discourse and culture that perpetuates this ideal of health at St. Olaf. Overall, our research provides unique insight into how a college of the church promotes health on campus. Our findings explore the student perspective of college health that has previously received little attention. While our findings contribute to the larger body of knowledge on student health issues, we hope they can be used to address particular health concerns at St. Olaf. For example, students voiced concerns about the limited availability of health resources on campus like the overbooked Counseling Center.

However, adding more resources may not be the most productive solution. First, these resources compete for funding with other programs and academic matters and St. Olaf is an academic institution rather than health care facility. Additionally, according to recent literature, it is difficult to determine whether students are experiencing greater stress or if they are more active in seeking health-related help. Many students we interviewed felt that stress has become increasingly problematic, yet they also described that the discussion on health is in itself stressful. Therefore, instead of allocating more funding to new and existing health resources, we suggest that a more viable option is to modify the current discourse and culture regarding the health of students. This change would no doubt be difficult to achieve because, as Foucault describes, discourse exerts a power over those involved discussion therefore strengthening the social boundaries surrounding the St. Olaf identity.

The recent discussions between the Student Life Committee, Wellness Center, and faculty represent steps in the right direction because perhaps the best way to combat a destructive and stressful discourse is through discourse itself. Our first recommendation to change the current health discourse at St. Olaf is to get students involved in similar discussion. We hope that

a guided discussion about health on campus will give students a critical view on how a self-perpetuating health ideal may negatively affecting their well-being. While discussions may help to alleviate some of the destructive nature of health discourse, health is also heavily embedded in practice. Therefore, we have specific suggestions for addressing health practices at St. Olaf. For example, students enrolled in Studies in Physical Movement (SPM) courses must attend a set number of Wellness events throughout the semester. Because these events are already required in the curriculum, we suggest adding or modifying wellness events to focus on achieving a balance in health. One potential event could involve promoting student focus on a smaller number of activities rather than pushing students to reach beyond their limits.

Additionally, two of the health resource representatives we interviewed had thoughtful ways to improve student health at St. Olaf. For example, a representative of the Pastor's Office explained his idea for a weekly, campus-wide Sabbath. On the chosen Sabbath day, students, faculty, and staff would only perform activities that they *wanted* to do rather than those they *had* to do. This concept of a Sabbath may never be fully realized, but it could serve as a helpful model for how students should strive to achieve peace and balance in everyday life. The Student Life Committee Chair had another promising proposal. Though St. Olaf students are allowed to take up to 11 courses as Satisfactory/Unsatisfactory (S/U), few students take advantage of this opportunity to explore areas of interest without receiving a grade. The Student Life Committee Chair believed that this is because students fear that graduate and other higher-education schools will discredit the S/U course. In order to encourage students to try new subjects, she suggested that all students be required to complete three S/U credits. This new requirement would not only foster academic exploration but it could also alleviate the stress load of an average student.

As students at St. Olaf College, we had some understanding of the student perceptions of health on campus prior to this research project. This meant we knew what questions students would be able to respond to and consequently, our interview structure stayed relatively similar across the interview process. However, many of our findings may be unique to St. Olaf's campus compared to other colleges and universities across the country. Physical health is likely prominent on any college or university campus and the increasing student stress levels at St. Olaf appear to be part of a nationwide trend of increasing anxiety and stress. However, St. Olaf students may experience a distinct multiplicative negative effect from stress arising both from discussing health but also from participating in and viewing ongoing campus health activities. Students continually identified physical health as something that is readily visualized on campus and more easily controlled. However, discussion of health and constant visual reminders about health become sources of stress in themselves.

Additionally, the St. Olaf student's perspective of health is unique because of the institutional emphasis on developing the student's mind, body, and spirit. This notion of balance built into the St. Olaf mission statement is not a universal among colleges and universities. Consequently, this motto of "mind, body, spirit" shapes the discourse of health at St. Olaf. Using Foucault's theories, we see that this phrase forms the social boundaries that students strive to actualize. Despite the fact that many students found this ideal balance unattainable, they still found it to be a reminder of the pervasive health identity on campus; an identity they all, consciously or unconsciously, try to achieve.

Acknowledgements

Throughout this research process, we have relied on the help of others who deserve our

thanks. First, we would like to thank Janis Hardy for allowing us to observe one of the Student Life Committee-run conversations with faculty and for generously answering our inquiries about how these conversations came to be. We would also like to thank each of the representatives from St. Olaf's health resources including the Wellness Center, Counseling Center, Pastor's Office, and Health Services. Finally, we offer thanks to all of the students who agreed to participate in a interview for this project.

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