

THE PERCEPTION OF HEALTH AND WELLNESS BEFORE
AND AFTER STUDYING ABROAD

by

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A THESIS

Presented to the Department of Journalism and Communication
and the Robert D. Clark Honors College
in partial fulfillment of the requirements for the degree of
Bachelor of Arts

December 2018

An Abstract of the Thesis of

Brooke Sikora for the degree of Bachelor of Arts
in the Department of Journalism and Communication to be taken December 2018

Title: The Perception of Health and Wellness Before and After Studying Abroad

Approved: _____

Professor Autumn Shafer

The purpose of this thesis is to examine how health perceptions evolve after studying abroad. Information was gathered from background research as well as through a pre and post survey using Qualtrics. Students who were spending their summer abroad took a pre-survey before they departed and a post survey once they returned that asked about participants' body image, food urges, U.S.-focused health perceptions, and how participants defined healthy food. Fifty-five participants responded to the pre-survey, and 44 of the original 55 answered the post survey. This information was then analyzed using SPSS. The continuous measured questions were analyzed using paired sample *t*-tests, and categorical measured questions where multiple answers could be correct were analyzed using chi-squared tests. Thirteen of the questions asked came back with significant changes ($p = < .05$). Looking forward, what was learned through this study could help Global Education Oregon (GEO) by providing information for future study abroad goers about how the experience will share their understanding about health and wellness.

Acknowledgements

I would like to thank Professor Autumn Shafer for her role in guiding me daily through this process of creating and writing my thesis. Even after just having a baby and getting back into the swing of winter term, Professor Shafer was able to answer any and all of my concerns in a timely fashion and genuinely cared for this project as much as I did. I would also like to thank Professor Barbara Mossberg for initially seeing my interests in the mental health realm while on study abroad and helping me formulate my original idea for this thesis. I would like to thank Professor Patricia Curtin as well for serving on my committee and originally leading me to Professor Shafer fall of 2017. Gratitude also goes to my aunt, Valerie Otero, for helping me find primary and secondary research that went in line with my thesis, and to Sadie Kavalier for all the help she gave me throughout the course of my work. Thanks also go to my little sister, Bianca, for listening to me stress almost daily during the last few months of this process. Additionally, I would like to thank every student who took the time out of their day to answer my questionnaire in order for me to record as accurate of data as possible for my thesis. Lastly, I would like to say a huge thank you to my mom and dad for helping me fund my way through college and ultimately lead me to a diploma. I love you both.

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Chapter 1: Introduction

Introduction

With social media and a growing cultural environment that seems to pressure people believe they need to look a certain way, body image is a rapidly expanding issue within our society.¹ Studies have documented that 89% of women have dieted by the age of 17, and 45% of boys and girls in grades first through third have wanted to lose weight.¹ This need to lose weight was not always prevalent, but Western culture has exposed people to this idea of the “perfect body.”² A study was done in 2002 where researchers exposed women in Fiji to Western Television.² Before the study, islanders preferred larger framed women, as it was a sign of good health, but after viewing Western television, the island women became more drawn to the idea of being thin, with some women starting to engage in disordered eating behaviors.² Having men and women exposed to thinner body ideals is contributing to body dissatisfaction and issues regarding body image.²

Some scholars have suggested that the rushed and excessive culture in the United States leads to an unhealthy relationship with food and personal wellbeing.³ Whether it be a quick meal or a quick way to lose weight, the U.S. culture wants fast.⁴ There seems to be dueling narratives that are simultaneously moving people in the U.S.

¹ “Body Image & Eating Disorders,” *National Eating Disorders Association*. Retrieved October 2018.

² Becker, Anne E., Burwell, Rebecca A., Herzog, David B., Hamburg, Paul, “Eating behaviors and attitudes following prolonged exposure to television among ethnic Fijian adolescent girls,” *The British Journal of Psychiatry*. Volume 180, Issue 6, January 2, 2018.

³ Becker, Anne E. & Hamburg, Paul. (1996) Culture, media, and the eating disorders. *Harvard Review of Psychiatry*, 4, 163–167.

⁴ O’Leary, Dane, “How the ‘Quick Fix’ Mentality Made Us Vulnerable to Addiction?” *Foundations Recovery Network*.

toward more healthy ways of living, but also toward quick-fixes that may not be as healthy as they seem.⁵ Foods that are considered “low-fat” or “low-calorie” are marketed in the U.S. because many people in the United States believe in a quick-fix when it comes to being “healthy.” At the same time, fast-food combined with a sedentary lifestyle all part of the problem when it comes to the culture within the U.S.⁵ U.S. cultural practices of speed, excess, and misperceptions of what it means to be healthy have led to problems such as obesity and self-loathing.⁵ The following study will build on the role that U.S. culture plays on physical health and personal perceptions. The purpose of this study is to see if spending time in another country could help positively benefit one’s attitude when it comes to personal health perceptions, their thoughts about food and what is healthy, and body image.

Project Description

In order to test if people had an altered state of mind when it came to their health, a questionnaire was created for students who were traveling abroad during the summer of 2018. Students were asked to take a pre-survey before departing for their trip abroad. Once they returned from their travels, a post study abroad survey was sent out. The questionnaire is compiled of different health surveys that were found through researching previous studies regarding food, health perceptions, and body image. The goal is to see if there is any sort of change in students’ health perceptions after spending time away from the United States.

⁵ David R Jacobs; Fast food and sedentary lifestyle: a combination that leads to obesity, *The American Journal of Clinical Nutrition*, Volume 83, Issue 2, February 1, 2006, Pages 189–190.

Chapter 2: Research

The United States and Food

What is Healthy?

In 2001, the U.S. Surgeon General released a call to action due to the obesity rate rising in children and adolescents. Throughout the past three decades, the obesity rate has doubled in preschoolers and adolescents, and it has tripled in children 6-11 years.⁶ Researchers have suggested that a key contributing factor to the rise in U.S. obesity rates is the toxic chemicals present in the U.S. food supply that includes ingredients that are banned in many other countries. ⁶These ingredients, such as Azidocarbonamide and rBGH, can damage the digestive system and cause problems throughout the body.⁷ According to Howard, people in the U.S. simply do not understand what a “healthy” food includes.⁶

There are foods and ingredients that are banned around the world yet allowed in the United States. Artificial food dyes found in cereals, baked goods, candy, soda, and other foods are banned because they are made from chemicals derived from petroleum (what is used to make gasoline and tar).⁷ Farmed salmon, brominated vegetable oil, olestra, arsenic, and synthetic hormones (rBGH) are other ingredients banned elsewhere. Two ingredients that should be emphasized are azodicarbonamide and potassium bromate. Both ingredients are found in bread, packaged baked goods, pastas, and frozen dinners. Azodicarbonamide is a chemical to help bleach flour at a faster

⁶ Howard, Jacqueline, “Healthy foods has most of us confused survey finds.” *CNN*. May 16, 2017. Web.

⁷ Fantozzi, Sienna, and Lyndsey Matthews. “9 American Foods That Are So Toxic They Are Banned in Other Countries.” *Delish*. 23 Sept. 2016. Web.

pace, yet it has been linked to asthma and stomach ulcers.⁷ Potassium bromate is made with the same chemical as brominated vegetable oil to help decrease baking time, but it causes kidney damage, cancer, and nervous system damage.⁷

This leads to the general conclusion that, on average, people in the U.S. do not understand what a healthy food is. For instance, olestra is found in fat free foods, yet it inhibits our bodies' ability to absorb vitamins.⁷ A survey by the International Food Information Council Foundation showed how eight out of ten respondents said that they have conflicting information when it comes to food choices that are healthy.⁶ Liz Sanders, director of research and a co-author of this survey, said,

“I wasn’t that surprised to see that 78% reported that they encountered conflicting information, but our follow-up question to that had, I think, a really interesting data point in it, and that was that about half — so around 56% — say that this conflicting information causes them to doubt the choices that they’re making.”⁸

Dr. Roxanne Sukol, a specialist in preventive medicine at the Wellness Institute at Cleveland Clinic, said,

“The big problem is that we’ve been told that we can nourish ourselves with these ultra-processed foods, and we cannot. They don’t nourish us. That’s why I believe that obesity is (at least in part) a malnourished state, as opposed to the standard message being propagated in our society, which is that obesity is an overindulged state. But if that were true, then diets would work.”⁹

Sukol also explains how letting our brains be the compass in choosing will help steer us in the right direction and uses an example of being at the movies.⁹ For instance, someone goes to the movie theatre and eats a bag of candy, odds are they will still

⁸ Fidler, Julie, “Survey: Americans Simply Don’t Know What Constitutes a “Healthy” Food.” *Natural Society*, July 19, 2017. Web.

⁹ Sukol, Roxanne, “Obesity is a Malnourished State” *Your Health is on Your Plate*, September 19, 2010. Web.

probably want dinner afterwards, but if they were snacking on veggies and a protein, like steak or salmon, they would be satisfied. Sukol closes saying, “If there is a conflict between what we think we know and what our brain is telling us, we do not trust our brain. We trust what we think we learned. So, it is not surprising that so many people feel confused,” [in this survey].⁹ The term healthy can be confusing, and while the FDA is trying to come up with a way to make the term less confusing, there is so much confusion for people in the U.S. on what constitutes a healthy food.

A study was done to test healthful eating perceptions in poorer Minnesota communities. It found that healthful eating is defined in similar ways but that differences exist among income groups and races.¹⁰ Fruits and vegetables was consistently the most answered definition of healthy, yet men and women in the United States rarely meet their daily fruit and vegetable recommendations each day.¹⁰ When respondents were asked what type of barriers they had to eating healthy, respondents replied saying that time and cost of healthy food were the two biggest issues, with almost 50% of respondents responding that time was the biggest issue.¹⁰

Culture of Fast

A cultural norm in the United States is that speed is desirable. Whether it is how fast cars get to drive down the roads, how long it takes to pay for items at the store, or how long it takes to be fed, people in the United States seem to need it to be as fast as possible.¹⁰ When it comes to food, an environment has been created in the U.S. in

¹⁰ Eikenberry, Nicole, “Healthful Eating: Perceptions, Motivations, Barriers, and Promoters in Low-Income Minnesota Communities,” *Journal of The American Diet Association*. 2004, p. 1158-1161.

which it is normal to see fast-food restaurants lined up down most roads.¹¹ While, Dr. Kelly Brownell agrees that genetics can have some play in obesity, she states that, “Genetics is what permits the problem to occur, but environment is what drives it.”¹² The food industry has created such an environment where quickly made, prepackaged foods filled with high-fat and high-sugar are okay to be eaten as regularly as they are. In 1970, money spent on food eaten away from home was a mere 25% of total food spending.¹¹ By 1999, 47.5% of food spending was spent on food away from home.¹¹ People in the U.S. are spending more on fast food than on education, computers, new cars, and movies, books, magazines, newspapers, videos, and recorded music combined.¹³ On any given day, one-fourth of the population in the U.S. visits some sort of fast food restaurant.¹³ Fast food is becoming a normalized part of the diet within the U.S. with the regularity of fast food meals happening weekly if not daily, and this has been significantly increasing since the 1970’s.¹¹ The National Restaurant Association indicated that three out of ten consumers said that fast-food meals are essential to their patterns of living.¹⁴

Take a look at the biggest contender in the fast food industry, McDonald’s. McDonald’s is responsible for 90% of new jobs in the United States, and now has more than 28,000 restaurants.¹³ One out of every eight workers in the United States worked at

¹¹Dave, Jayna M., An, Lawrence C., Jeffery, Robert W., and Ahluwalia, Jasjit S., “Relationship of Attitudes Toward Fast Food and Frequency of Fast-food Intake in Adults,” *North American Association for the Study of Obesity (NAASO)*. September 6, 2012.

¹² Brownell, Kelly, “Family Size Portions for One.” American Psychological Association Convention, San Francisco, 2001.

¹³ Schlosser, Eric. “Fast Food Nation: The Dark Side of the All-American Meal,” *The New York Times*. 2000, 3.

¹⁴ Association NR. *Restaurant Industry Pocket Factbook*. National Restaurant Association: Washington, DC, 2008.

a McDonald's during some time in their life.¹³ McDonalds purchases the most beef, pork, potatoes, and the second most chicken in the United States, causing the fast food industry to grow due to the obvious success that McDonalds has had and continues to have. On top of already being so well recognized, McDonald's spends more money on advertising than any other brand, and a study found that 96% of schoolchildren can easily identify who Ronald McDonald is.¹³

A farm activist, Jim Hightower, warned of McDonald's taking over the United States back in the 1970's.¹³ He said that the fast food industry would impose a threat on independent businesses and create a food economy dominated by a few giant corporations, arguing that bigger was not at all better.¹³ Now, the hamburger and fries is a staple in the United States, with each person on average consuming three hamburgers and four orders of French fries per week, with the majority of these purchases coming from fast food restaurants.¹³ Historically, the process of butchering and slaughtering meat was a highly skilled job, but now with the giant corporations, these dangerous jobs are going to immigrants whose injuries are going unnoticed and uncompensated.¹³ The fast food culture of the United States has created an environment where hundreds of millions of people buy fast food without even thinking of the different ramifications behind said purchase. What is important is eating the food, not the experience of cooking the food, where it came from, and the community around it. Food is grabbed from a counter or a prepackaged bag because in the United States, the quicker the better.

Culture of Excess

“You can never have too much,” “All you can eat,” and “Bottomless” are words that a lot of people in the U.S. hear and follow often. Take a look at one of the Travel Channel’s biggest star, Adam Richman. His job is to tour the country looking for the biggest, most fattening, overwhelming plates of food and attempts to eat all of it in one sitting.¹⁵ In 2010, there were only eight weight-loss friendly reality tv shows, yet there were 1.7 billion people throughout the world going hungry.¹⁵ In a 2015 study about excess in the U.S., it shows that people living in the U.S. would rather have the freedom to pursue their own life’s goals without state interference over having the state guarantee that nobody is in need.¹⁶ Fifty-eight percent of those participating in the survey chose freedom while only 35% wanted the state to attempt to protect those in need. In contrast, European countries said just the opposite; 55% percent of people in Britain and 68% percent of people in Germany, France, and Spain wanted the state to guarantee protection over their people.¹⁶ These survey results suggest that U.S. culture normalizes the idea of self-reliance and the belief that what people do and obtain should be theirs, whereas European culture may be more attuned to the greater good.

When it comes to obesity, one in three men and women living within the U.S. are obese, which is twice the European average and six times the Japanese average.¹⁶ Robert Paarlberg, a political scientist, argues that these phenomena are linked due to the culture in the U.S..^{Error! Bookmark not defined.} Paarlberg’s book about excess in the United States attempts to answer the question, “Why the United States has become atrocious,

¹⁵ Caroline, Divine. “8 Shocking Signs of American Excess,” *Healthy Living*. January 6, 2011. Web.

¹⁶ Cohen, Roger, “Incurable American Excess,” *The New York Times*. August 6, 2015. Web.

both in obesity prevalence and overconsumption, compared to other wealthy countries?”¹⁷ Paarlberg believes that the great amount of mistrust that people in the U.S. have on their government pushes them to become more individualistic rather than utilitarian. Individualism wins. People choose to eat alone at work, drive by themselves to and from work, shop alone, watch tv alone, and so on. This may be why in the United States men and women have this culture of excess because to a certain person, what they have is not in excess because it was what could be purchased or obtained by themselves.

Whether it is how much money someone can make, what they can physically possess, physical enhancements, power or food, cultural practices in the U.S. drive men and women for more, never worrying about the negative effects of the idea of excess.¹⁷ When it comes to nutrition, it seems that people in the U.S. are often more worried about how much they can get with as little money as possible instead of the quality of the food or where it was sourced. The idea of moderation may be hard for men and women in the U.S. to make sense of because, for example, serving sizes are incredibly misleading.¹⁷ A suggested serving size of cereal is $\frac{3}{4}$ cup and around 130 calories, yet a bowl of cereal usually adds up to about three times the suggested serving. Add some milk, and that bowl of cereal went from the idea of 130 calories to more than 500 calories. Our plates and bowls have even grown in size to adapt to people in the United States' eating habits.¹⁷ In the 1960's, a typical dinner plate had a diameter of nine inches, and now, our dinner plates have diameters of 13 inches, an increase of 36%.¹⁷

¹⁷ Masud, Sabiha, "In need of confrontation: America's culture of excess," *Daily Utah Chronicle*. June 12, 2016. Web.

Dinner plates in Europe have not changed, still being around nine inches in diameter, and psychologists have researched how humans have this desire to always completely fill their plates. Because men and women in the U.S. love this idea of excess, almost doubling their plate size seems perfectly okay even though it has led to a significant rise in obesity.¹⁷

Other Countries and Food

Taking One's Time

Research has begun to show that slower eating can greatly help with weight problems as well as help people move away from heavily processed foods and ultimately choose a healthier, more filling food option.¹⁸ The Harvard Health Letter discusses how being mindful of the food currently being eaten, like its colors, how it smells, the textures of the food, and other minor details can help people who suffer from binge eating disorders to learn to enjoy foods again as well as lose weight. The mind and the gut are connected when it comes to the process of digestion, and it takes around 20 minutes for the brain to register that the body is full, so when people eat too quickly, the brain does not have a chance to recognize that it is full yet.¹⁸ The same goes with distracted eating. If someone is eating while distracted with emails, tv, social media, etc., digestion seems to slow down or stop in a manner similar to the “fight or flight” response, and not all the nutrients in the food being consumed will be digested properly.¹⁸ Other studies have shown that mindful eating (an open-minded awareness of how foods we decide to eat will affect our bodies) can help treat eating disorders, like

¹⁸ “Mindful Eating: Slow down, you’re eating too fast. Distracted, hurried eating may add pounds and take away pleasure.” *Harvard Health Letter*, February 2011.

binge eating, and help with weight loss. A study conducted by Indiana State University's psychologist Jean Kristeller and colleagues from Duke examined 150 binge eaters who were randomized in a controlled study to see if mindful eating would help with their eating disorder.¹⁸ Mindfulness-based therapy proved to help people enjoy their foods more and struggle less with controlling their eating while also helping with their bingeing and depression.¹⁸ Kristeller and others believe that mindful eating helps people understand the reason they are eating, whether it is because they are bored, emotional eating, or they are actually hungry.

When it comes to eating in Europe, as well as other countries, most cultures typically take a lot more time to eat their meals compared to people in the U.S.¹⁹ There are indeed fast-food type places outside of the United States, but these restaurants are not normally where people go to have a planned, sit-down meal.¹⁹ Although not always true, the general view in Europe, for instance, is that eating out is the entertainment, whereas in the United States, people plan dinner before doing another activity, so the dinner itself is rushed.¹⁹ Burni discusses a meal that he had in a nicer restaurant in Switzerland. It was a dinner that had both people from the U.S. and Swiss joining, and the meal took five hours from start to finish.¹⁹ Burni says how halfway through, the people from the U.S. (including himself) were confused and almost annoyed that the dinner was taking so long, but for the Swiss, this was a completely normal timed meal.¹⁹ In New York, a typical five-star restaurant will take at least two different reservations for dinner per table, sometimes more, whereas a restaurant outside of the United States is likely to only take one due to the length of the mealtime.¹⁹ Having four-five-and six-

¹⁹ Burni, Frank, "There's a different pace in Europe." *New York Times*, October 14, 2006. Web.

hour meals is something that is completely normal in many countries outside the United States. The idea of a meal is spending quality time with the people they are with.

Usually, a first course will not come out until an hour and a half to two hours into the meal, for the first hour and a half is for drinks and aperitifs.¹⁹ After that, then there is time for dessert and after dinner drinks. Eating meals is an art in many other countries, which contrasts the more utilitarian view of eating a meal that seems to be pervasive in the U.S. Furthermore, the cultural practices related to eating in European countries happen to be consistent with current research on mindful eating. Outcomes are evident in obesity and eating disorders when compared to U.S. cultural practices.

Why do cultures eat the way they do?

Human eating behavior is focused on two topics, how much is being eaten and what is being eaten. A study was done by Patricia Pliner and Nikki Mann looked at the influence of social norms and how that affected what type of food was consumed and how much of it was eaten.²⁰ Their first experiment looked at how much would be consumed, and participants were given either palatable or unpalatable food as well as information on how much the previous participant ate (a lot of very little).²⁰ With the palatable food, participants ate more when they heard that the participant before ate a lot compared to when the participant heard that the previous person ate very little.²⁰ The social influence of knowing how much the person ate before was not a factor for the unpalatable foods.²⁰ In the second experiment (to look at food choice), participants were given one of three pieces of information, if the person previously ate the unpalatable

²⁰ Pliner, Patricia and Mann, Nikki, "Influence of social norms and palatability on amount consumed and food choice," *Department of Psychology, University of Toronto at Mississauga*. February 11, 2003.

food, the palatable food, or the participant was given no information.²⁰ Very few differences occurred with the participant's choice in either the palatable or the unpalatable food, yet there was a significant change in the first experiment when it came to the amount of food eaten.²⁰ There is some correlation between amount of food eaten and the amount of food that is normally eaten by the people in their environment.

Looking more in depth as to why people eat the way they do depending on their surroundings or cultural upbringing, Amy Choi, a journalist living in Brooklyn, N.Y., wrote an article for TED titled, "What Americans can learn from other food cultures." She looks into how countries throughout the world have viewed food. She breaks food down into six different categories in order to expand on the subject of eating and consuming food. Choi notes how some cultures take some of these categories with more importance than others, the first category being, "Food as identity."²¹ As a first-world country, the United States, when compared to many other countries, has not faced agricultural hardships. People do not rotate crops in the United States like they do elsewhere. For instance, Chef Dan Barber says that in Japan, people rotate their crops from buckwheat to rice, and the French and Italians rotate lentils and beans with wheat, so they had to incorporate different crops into their cultures depending on what was able to be harvested on the land during that time of the year.²¹ Barber quotes, "That kind of negotiation with the land forced people to incorporate those crops into the culture, and so eating soba noodles becomes part of what it means to be Japanese, and eating beans becomes part of what it means to be French."²¹

²¹ Choi, Amy, "We Humans: What Americans can learn from other food cultures." *IDEAS.TED.COM*, December 18, 2014. Web.

The next concept discussed is, “Food as survival.” Choi uses the Chinese background to explain how food was once used as a method of survival. The way that people in the U.S. envision Chinese foods like fortune cookies and General Tso’s Chicken was a way for Chinese cooks to survive in the U.S. and earn a living, yet it was not the way that true Chinese cuisine was being cooked in China. It started in the late 1800’s with the invention of chop suey, and authentic Chinese food was not brought into the United States until Hunan and Sichuan cooking made by people of Taiwan began to appear in the late 1970’s.²¹ This is one of the many examples of how cuisines are changed to a less healthy way when immersed in cuisine from the United States. Meanwhile, in Chinese cities, only the elders were cooking and eating the way that people used to in China. The older generations would go to the market for vegetables, meats, and other ingredients in order to create traditional meals each night.²¹ Since scholarship began to be such a priority in the Chinese culture, the younger generation focused only on studying and they were never taught how to cook. Instead, they would eat takeout or go to their parents’ house for dinner instead of learning the proper way to create authentic, Chinese dishes.²¹

Food is also pleasure, as Choi and most other people would agree. “Cooking and eating are looked at all over the world as pastime and pleasure,” says Mark Singer, director of cuisine at Le Cordon Bleu in Paris. How a country savors a food is often very telling and also very different depending on which country is being considered. For instance, in most of Europe, eating fast is not part of the culture and takeout (as discussed previously) is rare.²¹ The status and wealth of a person when it pertains to food plays much less of a role in European countries as it does in Chinese and other

Asian cultures because food is filled with love and history and pleasure in European countries, and people are told they should eat in that way no matter rich or poor.²¹

Food as community is a category that is important in Arab cultures. For example, the *iftar* that breaks the fast during Ramadan includes plates of traditional Arab foods like tharid and h'riss that are to be shared by whoever is sitting down to break the fast.²¹ They all also eat with their hands from the same dishes, and this is not only between just families or close friends. Mosques, schools, markets, and different outreaches will offer large iftar meals for anyone to attend.²¹ This type of community eating is also popular in Asian cuisines, like Chinese and Japanese cultures. It is unusual for someone to eat a single portioned dish. Instead, people share from communal dishes.

The last category of food is "Food as humanity." "Food manifests peoples' relationship with the natural world," writes Choi. Food combines culture and ecology, and this is why people talk about food sometimes being more important than language or geography when it comes to cultures. People know a croissant is French and dim sum is Chinese almost more than they know where certain geographic features are. That is how important food is to culture and to people's lives. Richard Wilk, an anthropology professor from the University of Indiana, says, "The first social experience we have is being put to the breast or bottle. The social act of eating, is part of how we become human, as much as speaking and taking care of ourselves. Learning to eat is learning to become human."²¹

Sense of Self

Personal Health Perception

Harrison Pope and his colleagues conducted a study to see how men from three different countries would perceive themselves when it came to body image.²² Their hypothesis was that men in Western societies would want a leaner and more muscular body than the body that they perceived themselves having.²² The three countries that the authors looked at were Austria (54 men), France (65 men), and the United States (81 men).²² The authors used a somatomorphic matrix, which measured body image perception. The male version contained 100 images of men representing ten degrees of stoutness and ten degrees of muscularity arranged in a 10x10 matrix.²² The study was conducted at the University of Innsbruck, Austria, the Salepêtrière Hospital in Paris, France, and a university in Boston.²² All students recruited were undergraduates. First measured was the students' height, weight, and body fat. After the measurements were completed, each student took the somatomorphic matrix test, and each man was asked to choose images in response to four questions: 1) Which one resembles their own body? 2) Which one resembles the body they ideally would like to have? 3) Which body is of an average man their age? 4) Which body was preferred by women.²² Then, the authors took five measures: 1) The man's actual body fat and muscularity, 2) his perception of what he thought his body fat and muscularity was, 3) the level of body fat and muscularity he wanted to have, 4) what he thought the average man his age's body fat and muscularity is, and 5) the body fat and muscularity he thought women wanted.²²

²² Pope, Harrison, Gruber, Amanda, Mangweth, Barbara, and Bureau, Benjamin, "Body image perception among men in three countries," *The American Journal of Psychiatry*, August 2000.

The results showed that there were only small differences between the men's measured fat and the fat of the images chosen, but measures of muscularity had significant differences.²² In all three countries, men chose an ideal body that was about 28 pounds more muscular than themselves, and they said that women preferred a male body that was about 30 pounds more muscular than themselves, yet in a pilot study, women preferred an ordinary male body without added muscle.²² Their conclusions show how body dysmorphia is continuously on the rise due to the body ideals placed on men throughout the world. In similarity, many women suffer from body dysmorphia. About 1 in 50 women today suffer from body dysmorphic disorder.²² Women see themselves in significantly different ways when they look in the mirror than what they really look like. Mental health is a growing issue, especially in the United States. Approximately one out of every five adults within the United States have experienced a form of mental illness each year.²³ In 2016, 44.7 million adults, or 18.3% of men and women 18 and older, experienced Any Mental Illness (AMI).²³ AMI is defined as, "any mental, behavioral, or emotional disorder."²³ There is, unfortunately, an environment where a lot of people suffer from body image disorders, yet there are studies that show how living in another country could possibly change these negative thoughts with which many men and women are impeded by most days.

²³ Merikangas KR, He JP, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). *J Am Acad Child Adolesc Psychiatry*. October 2010.

Self-Concept Clarity

A study was done by researchers at Rice University, MIT, Columbia, and the University of North Carolina that showed people who have some form of international experience have more creativity, fewer biases, and create a better career path for their success. The finding was associated with “self-concept clarity,” which means that someone understands himself or herself clearly and confidently and is consistent with how he or she views himself or herself and is stable.²⁴ There is a link between someone who appears to have this type of clarity with psychological well-being; this person is able to deal with stress more and perform in their job more efficiently. Research on how self-concept clarity can be developed is limited as of now, but when looking at the countereffect, researchers have demonstrated that negative transitional experiences, like job changes or breakups, usually decrease self-concept clarity.²⁴ In fact, after living or studying abroad, a group of researchers found that they had a better sense of who they were, and they attributed this to living in a foreign country. This led to a more systematic study on the effect of living in another country on self-concept clarity.

Researchers tested their hypothesis that living or studying abroad can increase self-concept clarity. A total of six studies with 1,874 participants were conducted; the first study recruited 296 online participants.²⁴ Half of these people had lived abroad for at least three months, while the other half had not.²⁴ The participants were asked to take a survey that would measure the level of self-concept clarity each participant had with questions like, “In general, I have a clear sense of who I am and what I am.”²⁴ The

²⁴ Adam, Hajo, Obodaru, Otilia, Lu, Jackson G., Maddux, William, and Galinsky, Adam. “How Living Abroad Helps You Develop a Clearer Sense of Self,” *Harvard Business Review*. May 22, 2018. Web.

findings of the first study supported the hypothesis that in general, people who had lived abroad were said to have a clearer sense of self than those who had not.²⁴ A plausible explanation for this could be that people who choose to live in a foreign country had already had a clearer sense of who they were than the people who never chose to live abroad, which is why the professors chose to conduct a second experiment.²⁴ In the second study, 136 people who had lived abroad were studied as well as 125 people who have not lived abroad but are signed up to move abroad from some sort of circumstance.²⁴ Psychological measures were also taken note of, and it still showed that those who have lived abroad had a clearer sense of self.²⁴

A possible reason that people who have studied abroad showed a clearer idea of who they are is that they are constantly reflecting on their different truths. In someone's home country, he or she is surrounded by people who think and do things very similarly, so he or she is not impelled to question whether cultural values and norms line up with his or hers, but when living abroad, people are exposed to so many new values, which helps them to think about their own values.²⁴ A new study was then done with 116 participants who had studied or lived abroad. They were split into two different groups, one group that had to reflect on their experience living abroad and one group having to reflect on their experience of living in their home country.²⁴ Again, results showed that those who talked about their experience abroad showed better self-concept clarity, and people who had written about living abroad were able to recall more self-discerning reflections.²⁴ A subsequent study demonstrated how depth, or the amount of time spent abroad, was more important than breadth, the number of countries in which people visited/lived.²⁴ Another study demonstrated that those who had lived

abroad generally had a clear evaluation of themselves that was in line with what others evaluated the said person as, and a last study showed that living abroad helped make career paths and choices more clear for people. This research seems to begin to prove that body image can become bettered when traveling to other places around the world.

Summary and Framework for Study

Cultural practices in the United States have led to a lot of issues within the United States. The practices that we have gotten ourselves into are inconsistent with the practices that lead to higher self-esteem, weight management, and healthy lifestyles. Speed, excess, and confusion about what it means to be healthy have led to a set of practices that unfortunately go unquestioned in the lives of many men and women living in the United States. However, there is hope. Opportunities to reflect on and compare one's cultural practices with those of other countries has the potential to lead to a more aware and critical society when it comes to what we eat and how we eat. It can result in improvements in our self-concepts. In this study I investigate if spending time in another country can positively affect someone's food and body perceptions.

Chapter 3: Method

This research led to the following research questions:

Overall RQ: Do people gain an improved sense of self, which is manifest in food relationship and body image, when they immerse themselves in a different culture?

RQ1: Will the way in which respondents define food change after studying abroad?

RQ2: Will urges related to unhealthy eating become lessened after spending time abroad in that respondents will consider the ideals of balance more so than they have previously in U.S. eating customs?

Hypotheses:

H1: After traveling abroad, respondents have a greater sense of motivation to learn about health.

H2: People in the U.S. are unknowledgeable about the foods that they eat and the excess in which they consume, and a greater awareness of different cultures helps improve this knowledge.

H3: Body image is improved for each respondent after spending time abroad, and reliance on losing weight or outward appearances lessens.

Background Research

In formulating my questionnaire and thesis, I first researched all that I could about mental and physical health throughout the world, where it differs, why it differs, and different studies that have been formulated due to these discoveries. Ultimately, I am comparing the United States to everywhere else and why places outside of what we call home have people who are living much healthier lifestyles.

Created and Revised Surveys

In the process of cultivating a questionnaire for people to take, I researched and found similar types of scales from other research studies that had to do with health, personal health perception, and body image. Some of the scales researched were: “The Oxford Happiness Questionnaire,” “International Well Being Study,” “Social Norms and Dietary Behaviors Among Young Adults,” and a few more. Next, I used some of these scales in order to create the questionnaire used to conduct the survey. The questionnaire was cut down and revised several times before completion.

Create Questionnaire on Qualtrics

The next step was formatting my questionnaire onto Qualtrics so that it could be sent out in early June 2018. I created different blocks with questions that pertained to the same category. The blocks were labeled: “Personal Health Perception,” “Healthy Eating,” “Food Awareness,” “Food Safety,” “I Am Statements,” and “What is Healthy?” Within this there were 11 sub-blocks (See Figures 1-11 for full Qualtrics questionnaire).

Sending out Pre-Departure Questionnaire

The process of finding people both willing and eligible to take my questionnaire was not easy. First, I had sent the survey out to every sorority and fraternity president so that they could post the link to my questionnaire on their Facebook page. Anyone who was going to be studying abroad at all over the summer was eligible to take the survey. Next, I sent the link to every professor who was leading a GEO-sponsored study abroad this summer; there were 24 in total. I also sent the survey to the Family Human Services and Educational Foundations. A colleague informed me that many of their students

were spending time abroad this summer doing major-related work, so I believed them to be good candidates. I was able to get 55 responses for my pre-departure questionnaire.

Sending out Post Study Abroad Questionnaire

After receiving all 55 of the pre-departure questionnaires, I was able to see when the last person studying abroad would return. They all began coming back into the states around September, so I chose to send my post study abroad questionnaire on September 15th, 2018. I sent two reminder emails as well as texted the people who had not yet taken the second part of my questionnaire. I closed the questionnaire three weeks later on October 10th, 2018 and received 44 responses out of the original 55.

Participants

Forty-four of the 55 respondents answering the post-survey, means an 80% retention rate. Of the 44 respondents who answered both surveys, 34 respondents identify as female, and 10 identified as male. Seventy-five percent of respondents are white, 2% are African-American, 4% are American Indian, 7% are Native Hawaiian, 7% are Asian, 4% are Latino. For time abroad, 4.44% of respondents were abroad less than two weeks, 35.56% were abroad 2-4 weeks, 46.67% were abroad between one and two months, and 13.33% were abroad for over two months. Thirty-five of the 44 respondents spent their time in Europe, two respondents spent their time in the Middle East, one respondent was in South America, three were in Asia, and three respondents were in Africa. When asked about their body size, 83.72% of respondents said that they consider themselves healthy, while only 16.28% respondents said that they consider themselves overweight.

Chapter 4: Results

Analysis Strategy

The survey results were derived using paired sample t-tests in order to examine each respective research question. If the items could not be reliably combined to a scale, then the results were reported from SPSS with a single item before and after paired sample t-tests. One set of items was able to be combined to scale, “Learn About Health.” The “Learn About Health” variable measured how much participants were interested in learning about health ranging on a five-point scale from “Does not describe me at all” to “Describes me extremely well” (e.g., “I am continually concerned about personal health”). The seven items adapted from El Kempen et al (2012) were averaged to create a composite measure with the higher scores indicating a greater interest in a desire to learn ($\alpha_{pre} = .809$, $\alpha_{post} = .818$).

The Likert-scale questions were compared one to another using paired sample t-tests as well, and categorical questions were analyzed using chi-square. The following analysis were conducted in order to answer the research question: Do people gain an improved sense of self, which is manifest in food relationship and body image, when they immerse themselves in a different culture?

RQ1a: Food is healthy if it is free from artificial ingredients, preservatives, and additives

A chi-square test was used to see if respondents changed their mind in regard to food being healthy if it is free from artificial ingredients, preservatives, and additives. Of the respondents, 71.4% who did not think of food that is free from artificial ingredients to be healthy before studying abroad had changed to considering it a healthy

food after being abroad. In comparison, only 6.7% of respondents no longer considered healthy food to be free from artificial ingredients, preservatives, and additives after studying abroad, $X^2(1, 44) = 3.89, p = .049$, showing significant results in a healthy direction.

RQ1b: Food is healthy if it is part of an important food group

A chi-square test showed significant results: 23.8% of respondents changed their mind after studying abroad, now considering healthy food as part of an important food group. However, 34.8% of respondents changed to not considering a healthy food to be part of an important food group, $X^2(1, 44) = 7.591, p = .006$.

RQ1c: Food is healthy if it is low in unhealthy components

A chi-square test found 48.2% of respondents who had said that they did not consider food to be healthy if it was low in unhealthy components changed their mind to thinking that it is now healthy, and 20.8% did at first believe it to be healthy, but now think that foods low in unhealthy components are not healthy, $X^2(1, 44) = 4.130, p = .042$, making the results significant.

RQ1d: Food is healthy if it is minimally processed

After taking the post survey, 64.3% of respondents now recognize minimally processed food to be healthy, and only 3.3% of respondents changed their mind from their original answer, showing a significant result, $X^2(1, 44) = 8.499, p = .004$.

RQ1e: Food is healthy if it is natural

A chi-square test showed that 52.4% of respondents now recognize a healthy food as a natural one when they did not on the pre-survey, whereas only 8.7% of respondents changed their mind about believing food is not healthy if it is natural, $X^2(1, 44) = 8.385, p = .004$. This is a significant finding.

RQ1f: Food is healthy if it is organic

After a chi-square test was conducted, results showed that 34.8% of respondents now recognize organic foods as healthy who did not believe this prior to their travels. Interestingly, 23.8% of students who had previously considered organic food to be healthy changed their mind after being abroad and now do not recognize organic as healthy. This is a significant finding, $X^2(1, 44) = 7.591, p = .006$.

H1a: Interests in learning about health

Respondents' interest in learning about health significantly increased after being abroad, $t(38) = 2.13, p = .0$. Interest in learning about health increased by .2 on average (measured on a 5-point scale).

H2a: America pays attention to eating healthy foods.

Respondents' perception that people in the U.S. pay attention to eating healthy foods significantly decreased after being abroad, $t(43) = -2.21, p = .032$. Health perception in regards to people in the U.S. decreased by .41 on average (measured on a 5-point scale).

RQ2a: I continue to eat a healthy diet, even when I have the desire to overeat or make poor eating choices.

This question sought to measure respondents' unhealthy urges while eating a healthy diet. Participants reported a significant decrease in the ability to continue to eat a healthy diet despite having urges to overeat or make poor eating decisions after being abroad, $t(41) = -2.02, p = .050$. (note: p -value is considered marginally significant as it falls just outside of our standard for significance $p < .05$). Interest in unhealthy urges while eating healthy decreased by $-.357$ on average (measured on a 5-point scale).

RQ2b: I care about watching calories in different food sources.

Respondents' care about watching calories from different food sources significantly decreased after being abroad, $t(38) = -2.16, p = .037$. Interest in caloric consumption from different food sources decreased by $-.359$ on average (measured on a 5-point scale).

H2b: I feel like America's eating habits are healthier today than they were before.

Respondents' view of healthy eating habits in the U.S. being better today than they were before had no significant increase or decrease after being abroad, $t(43) = .36, p = .722$.

H2c: The type of food people in America eat is not healthy enough.

Respondents' perception that people in the U.S. eat food that is not healthy enough had no significant increases or decreases after being abroad, $t(43) = -.96, p = .342$.

H2d: The total amount of food Americans eat is too much.

Respondents did not have a change of mind regarding the fact that the culture in the U.S. eats too much on average after being abroad, $t(43) = .93, p = .359$.

H2e: I usually eat whatever is easiest and most convenient

Respondents' eating patterns, when it comes to eating whatever was the most convenient, significantly decreased after being abroad, $t(42) = -4.14, p = <.001$. Eating patterns focused on what is easiest and most convenient decreased by -.837 on average (measured on a 5-point scale).

H3a: I am comfortable with my body.

Respondents' comfort with their body had no significant increase or decrease after being abroad, $t(38) = -.147, p = .884$.

H3b: My body makes me feel insecure.

Respondents' insecurity with their own bodies had no significant increase or decrease after being abroad $t(38) = -1.81, p = .078$.

H3c: I feel people ignore me because of my looks.

The feeling of people ignoring a respondent due to their looks did not increase or decrease significantly after being abroad, $t(38) = .000, p = 1.00$.

H3d: There is no "perfect" body.

Respondents' opinion that there is no "perfect" body significantly decreased after being abroad, $t(38) = -1.99, p = .054$ (note: p -value is considered marginally significant as it falls just outside of our standard for significance $p < .05$). More

respondents believed there was a “perfect” body after studying abroad, with a decreasing rate of people thinking there is no “perfect” body, -.28 on average (measured on a 5-point scale).

H3e: A drive for health results from the hope to lose weight

After studying abroad, 25% of respondents now recognize losing weight as a factor in their drive for health, and 35% of respondents who used to think of this as a factor for their drive for health now do not, showing significant findings, $X^2(1, 44) = 7.114, p = .008$.

Chapter 5: Discussion

RQ1: Food Definition

Chi-square was used to find any changes in how respondents defined what a healthy food was before and after spending time abroad. There was a greater percentage of people (71.4% increase) who said after they spent time abroad that food is considered healthy if it is free from artificial ingredients, preservatives, and additives. According to the previous article from Howard, ingredients used in foods made in the United States (like certain artificial ingredients, preservatives, and additives), are banned elsewhere in the world. Spending time abroad can help respondents realize that there are certain foods that are consumed within the United States are considered bad for consumption almost everywhere else. Fewer people thought that food is healthy if it is part of an important food group after being abroad, with 34.8% of respondents changing their answer to believe it is not part of what defines healthy after being abroad. Although, respondents did say that if a food was low in unhealthy components then it was

considered to be healthy. Fifty percent of respondents changed their mind to believing it is healthy. Also, more respondents agreed that food that is minimally processed, natural, and organic were also parts of what makes a food healthy after studying abroad. Dr. Sukol said that it is impossible to nourish one's body with foods that are overly processed, so to see that there is a growing compliance after studying abroad that food is healthy if it is not overly processed and contains natural and organic elements suggests my first research question regarding people have a different relationship with food in the matter of defining what is healthy after spending time abroad.

RQ2: Overconsumption Urges

Respondents significantly changed their mind after studying abroad about their urges to eat unhealthy foods. If there is an urge to eat unhealthy, respondents are more than likely to eat said food that they are craving. This can be looked at as negative because of the idea of overeating or binge eating, but this also could be beneficial when it comes to body image and realizing that food is fuel. If there is a night where a cookie sounds better than a salad, which should be fine. The problem is when someone is only eating salads for weeks and they get their hands on a cookie, they may eat 12 and go into a binge and purge cycle. A further area of study could be looking into what causes these desires to eat poorly and when they would or would not allow these "cheat foods." It was mentioned that 1 in 50 women experience body dysmorphic disorder, so allowing these urges in a positive way could help move women, as well as men, away from these problems relating to body dysmorphia. There was also a decrease in watching calories in different food sources after studying abroad, and this could also be due to a better sense of self after being abroad and a greater acceptance of all types of food, whether it

is high caloric or not. A future question to ask could be, “Why do you or why do you not track calories?”

H1: Motivation to Learn About Health

After spending time abroad, respondents had a significantly increased interest in learning about health in general. A potential reason for this could be a realization after studying abroad that there are a lot of different ways in which cultures eat, and respondents have a greater desire to learn about these different ways in which other countries view health. Another possible reason could be because people in the U.S. are confused as to what healthy is, and after spending time in a culture that eats a lot differently than culture in the U.S., respondents could be left confused and wanting to learn more. A way in which this could be tested further would be to ask questions in both the pre and post surveys asking, “What within the health realm would you like to learn more about?” and “What within the realm of health do you already believe you know a lot about?” In these two questions, data could show if studying abroad makes the respondents want to learn more about a specific category within health and wellness, or if they have learned more after being abroad.

H2: The United States Diet

Respondents had a significant decrease in paying attention to eating healthy food after spending time abroad. There was also a decrease in respondents eating whatever is easiest and most convenient. Immersing themselves in a different culture that takes time with their meals and does not look for quick meal fixes could have been a factor in this change. The lack of paying attention to whether a food is healthy could

be a good thing or not. Not worrying about the particular food item but rather focusing on the freshness of the food could be beneficial. A hamburger cooked at home with fresh meat and homemade buns is healthier than a protein bar from the store. Looking at the quality of the food being prepared and not so much if it is “healthy” or not could be an improvement. It also could show that people after studying abroad do not even know what exactly a healthy food is because there are so many different statistics and data that it is easier to stop paying attention altogether. Emerging research has found that there are certain changes in gut biome with people who spend time in different countries.²⁵ Research showed that even using a single ingredient can completely alter gut transit time, and the research was able to find that returning home to the normal diet did not restore transit times from their pre-travel times.²⁵ This suggests long-term effects due to temporary diet changes.²⁵ Further studies should consider looking for a connection between the biological changes and the social changes examined in this study.

There were no significant changes in respondents believing eating habits in the U.S. are healthier than they were before or that the type of food they eat is not healthy enough before and after their study abroad. There was also no change concerning respondents view that people in the U.S. consume too much food on average. It is pretty well known that there is this culture of excess and that easy access to fast food restaurants in most cities, so it is not surprising that there was not much of a change to this answer. A possible question that could be asked in further studies would be, “what

²⁵ Strait, Julia Evangelou. “Mimicking diet changes of global travel reveals clues to gut health,” Washington University in St. Louis Medicine & Health. September 24, 2015.

is a normal amount of food?” because there is a chance that respondents would still put an amount that is over the average meal consumption in other countries.

H3: Body Image Progress

There was a significant change in respondents thinking that there is no “perfect” body. A significant decrease shows that more people think that there is a perfect body type. This goes in line with the study done with men wishing that they had a certain type of body and believing that women wanted men with a particular body type. This is similar to the Fiji islander women who, after watching Western culture TV, wanted to have a thinner, more modelesque or “perfect” body.

There were no significant changes in the questions regarding body comfort and insecurity, which may be due to men and women accepting their bodies for how they are and not feeling a need to change themselves. When I think about the body dysmorphia that I had and continue to have now into my 20’s, I so wish that I had the chance to talk to other women of different cultures at a younger age and see that all of us have different body types, and that is a beautiful thing. That is why I believe that spending time in different places outside of the social bubble that one is used to can significantly help men and women’s body image as well as improving their all-around health.

Limitations

Limitations within this study begin with the number of respondents for both the pre and post survey as well as the retention rate. While 80% retention is fairly typical, there are still 20% of respondents who could not be analyzed for pre and post responses.

Also, having more than 44 pre and post respondents would be beneficial to grow the study into a larger scaled research report. Having less than 50 responses from the same school as well as being a mostly white audience can possibly skew the data. Another limitation is that most of the people who did respond to the survey were either in my sorority or in Greek-life in general, so it was not a random sample. I suggest that in later research, multiple universities could be tested throughout the United States with random sampling techniques. Aiming to get more people from different racial and socio-economic backgrounds would also be helpful.

Another potential limitation to the study is how the questions were asked. Having compiled multiple surveys from other research reports into different sub-categories created groupings of questions that may have been confusing to the respondent. Possibly having a test run of 30-50 respondents who could take the survey prior to release and finding which questions sounded awkward or hard to answer using the Likert-scale format could help compile questions that are easier to answer for future respondents. The Likert scale is sometimes a difficult format because the slight difference in “somewhat agree” to “neither agree nor disagree” can be read in completely different ways depending on who is taking the survey.

This leads to the last limitation being the lack of person-to-person contact with people who took the pre and post survey. Future studies could benefit in creating focus groups of people who were studying in either similar or different places after both the pre and post survey had been taken so that there was vocal discussion about some of the questions. This way there can be the quantitative data of the study as well as qualitative

data of hearing someone's feelings and emotions about each particular question. This could make for a significantly stronger future study.

The last limitation is that time spent abroad varies per respondent. Some respondents were gone for a few weeks, and others were gone for a few months, which could impact the study variables. Further studies could include different times abroad as a factor to compare with the different answers chosen by respondents.

Conclusion

Overall, the survey found that the respondents who studied abroad this summer had some significant changes in their health and wellness ideals in both positive and negative ways. When comparing the pre and post questions, there seemed to be somewhat of a pattern that certain blocks of questions would have most if not all questions be significant and other blocks had little to no significant questions. For instance, the section on personal health perception (Figure 1), the section on fruits and veggie serving size, time spent eating fast food, and time spent exercising (Figure 4), the section on food ingredient and type (Figure 7), the section on diet consumed (Figure 9), and the section on exercise, stress, and sleep (Figure 10) had little to no changes from the pre and post surveys. Most of these sections ask questions based off of daily routine, so this suggests that respondents did not have a huge change in their daily routines after being back from their study abroad, especially with Figures 4, 7, 9, and 10 because they are specifically asking questions about food intake, sleep, and exercise. The section on personal health perception (Figure 1) could have had little changes because it was asking questions on how the United States eats. Respondents may have not changed their answers on this section because they do believe eating habits within

the United States, in general, was not healthy before they left, and when they returned from their study abroad their beliefs did not change.

There were blocks of questions in the survey that did have significant changes for the majority of the questions. The section on healthy eating (Figure 2) had significant changes in that personal eating patterns changed. There was a significant decrease in respondents choosing to only eat easy/convenient foods after traveling abroad. The thought that food consumption in the U.S. is excessive and not always the healthiest, yet healthier now than it was in years prior, did not have any significant changes. The section on food definition (Figure 3) had the most changes after studying abroad. Chi-square tests were able to show that there was a positive increase in accepting that food is healthier if it is free from artificial additives, low in unhealthy components, minimally processed, natural, and organic, and fewer people acknowledged that food is healthy if it is part of an important food group after being abroad. Respondents did not change their level of comfort or insecurities with their bodies after traveling abroad, but there was a decrease in opinions that there is no “perfect” body (Figure 5). About half of the section on urges while eating (Figure 6) had significant changes. Respondents decreased their desire to overeat or make poor eating choices after traveling, and their overanalyzing of caloric consumption decreased as well. Respondents also had an increase belief that it is okay to eat something considered less healthy if they were craving the food item after being abroad. Figure 8 was able to be combined to scale, so the whole section showed a significant increase in a desire to learn about health. Respondents, on average, wanted to learn more about health information, nutritional value, food labels, and harmful ingredients within the United

States. The body image section (Figure 11) had some significant changes as well as a few questions having very little change. Respondents were less interested in losing weight as a factor of their personal health. Respondents had little changes in comfort in their own bodies as well as little changes in saying that their bodies make them feel insecure. There was also no change at all to the question that people ignore the respondents due to their looks.

The study's findings are important because they show that there is still an array of opinions throughout respondents, and further research studies on the topic of an improved health perception after spending time abroad could be beneficial in increasing the awareness of the benefits that come with spending time elsewhere in the world. Looking at the big picture, studies like this could help inform students who are choosing to spend time abroad in other cultures throughout their time in college and further on about the possible benefits with studying abroad. There are many places in which this study could be expanded, and this could prove to become a critical part of every study abroad student's curriculum. Through GEO, a mandatory pre-departure meeting is given where a chart is displayed that shows how going abroad is hard the first few days, becomes the best time of someone's life, and then once that person returns from their study abroad, their lives are almost worse because they have seen what else is in this world. Especially for people who have never left the county that chart may resonate with them in a negative way. Having a study where students see that studying abroad could contribute to an improved sense of self and health-related perceptions, may excite could the students before they leave and inform them of what there is to come in that their lives could be changed in multiple beneficial ways.

List of Figures

Figure 1: Qualtrics Survey: US Health Perception

Personal Health Perception

Please indicate how much you agree or disagree with each statement.

US HP	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
America pays attention to eating healthy foods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like America's eating habits are healthier today than they were before.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of food people in America eat is not healthy enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The total amount of food Americans eat is too much.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have food allergies to foods in America.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 2: Qualtrics Survey: Healthy Eating

Healthy Eating

Please indicate how much you agree or disagree with each statement.

Healthy Eating	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
Healthy eating habits are important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting enough physical exercise is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I usually eat whatever is easiest and most convenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat when necessary but don't care very much about what I eat.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I should eat healthier than I do right now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicting news stories about health effects of food make it harder for me to understand what healthy constitutes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand the ideas of eating healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 3: Qualtrics Survey: Food Definition

▼ What is healthy?

I define healthy food as...(click all that apply)

Food Def

- High in healthy components or nutrients
- Free from artificial ingredients, preservatives, additives
- Part of an important food group
- Low in unhealthy components
- Minimally processed
- Natural
- Organic
- Non-GMO

Figure 4: Qualtrics Survey: Fruits and Veggie Serving Size, Time Spent Eating Fast Food Per Week, & Time Spent Exercising Per Week

In a typical day, how many servings of fruits and vegetables do you eat? (One serving is equal to one banana or a side of broccoli with dinner.)

Fruits & Veg Serve

0

On average, how many of your meals a week are fast food?

Fast Food

0

On average, how many hours per week do you spend doing any sort of exercise?

Hours Exercise

0

Figure 5: Qualtrics Survey: Drive for Health

Drive for Health

When you eat healthy, which of these is your internal motivator/drive to eat healthy? (Click all that apply)

- Lose weight
- Prevent poor long-term health
- Feel better
- Prevent weight gain
- Set a good example for my family/friends
- Have enough energy to last through the day
- Have good digestive health
- Other (please explain)

Figure 6: Qualtrics Survey: Urges While Eating

Urges While Eating	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
<input type="checkbox"/> I feel confident in the U.S. food supply.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> I continue to eat a healthy diet, even when I have the desire to overeat or make poor eating choices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's OK to experience cravings and urges to overeat because I don't have to listen to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need to concentrate on getting rid of my urges to eat unhealthily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controlling my urges to eat unhealthily is just as important as controlling my eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My thoughts and feelings about food must change before I can make changes in my eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Despite my cravings for unhealthy foods, I continue to eat healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Even if I have the desire to eat something unhealthily, I can still eat healthily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 7: Qualtrics Survey: Food Ingredient/Type

Please indicate how much you agree or disagree with each statement.		Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
<input type="checkbox"/> Food Ingredient/Type <input type="checkbox"/> I always look at the ingredients of the product. <input type="checkbox"/> I always search for organic food. <input type="checkbox"/> I care about watching calories in different food sources. <input type="checkbox"/> I trust the safety of the food I buy. <input type="checkbox"/> I worry a lot for the existence of artificial colors in the product. <input type="checkbox"/> I care about knowing the source (country) of imported food. <input type="checkbox"/> Media affects my food choices.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 8: Qualtrics Survey: Desire to Learn About Health

Please rate how much each of these apply to you.		Does not describe me	Describes me slightly well	Describes me moderately well	Describes me very well	Describes me extremely well
<input type="checkbox"/> Learn about health <input type="checkbox"/> I am interested in health information <input type="checkbox"/> I am continually concerned about personal health <input type="checkbox"/> I am more knowledgeable about nutritional information on food labels than other consumers <input type="checkbox"/> I am confident and understand nutritional information on labels <input type="checkbox"/> I am concerned about harmful ingredients in food <input type="checkbox"/> I am interested in nutrition		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 9: Qualtrics Survey: Diet Consumed

Please rate how much each of these apply to you.

Diet Consumed



	Does not describe me	Describes me slightly well	Describes me moderately well	Describes me very well	Describes me extremely well
 Eat a well-balanced diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Eat fresh fruit and vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch amount of fat consumed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pay attention to sugar intake	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 10: Qualtrics Survey: Exercise, Stress, & Sleep

Please rate how much each of these apply to you.

Exercise, stress, zz



	Does not describe me	Describes me slightly well	Describes me moderately well	Describes me very well	Describes me extremely well
 Exercise regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
 Cut back on snacks and treats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid foods with additives and preservatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rest and sleep enough	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce stress and anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintain work-and-play balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 11: Qualtrics Survey: Body Image

Body Image

Please indicate how much you agree or disagree with each statement.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I care too much about my appearance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I shut down when I feel bad about the way I look.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am in control of my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I respect my body (eat healthy, exercise, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I am comfortable with my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body makes me feel confident.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body makes me feel insecure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel people ignore me because of my looks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
I want the "perfect" body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am critical of my body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no "perfect" body.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel good when others reassure that I look alright.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tables

Table 1: Sample *t*-Test Table Results

	Pre Mean/SD		Post Mean/SD		p-value
RQ2a: Overconsumption Desires	2.93	.87	3.3	.89	.050
RQ2b: Watching calories	2.85	1.27	3.21	1.13	.037
H1a: Interests in learning about health	3.29	.72	3.09	.71	.039
H2a: Americans pay attention to eating healthy	2.68	1.05	3.09	1.1	.032
H2b: Americans eating habits are healthier today	2.98	1.19	2.91	1.24	.722
H2c: The type of food Americans eat is not healthy enough	4.00	.84	4.11	.78	.342
H2d: Americans eat too much food	4.27	.872	4.16	.89	.359
H2e: Eat whatever is the easiest/ most convenient	3.28	.959	4.12	.79	.000
H3a: I am comfortable in my body	3.74	1.09	3.77	.93	.884
H3b: My body makes me feel insecure	2.72	1.21	3.00	1.10	.078
H3c: I feel people ignore me because of my looks	2.23	1.06	2.23	1.20	1.00
H3d: There is no perfect body	4.08	1.04	4.36	.84	.054

* Significant findings are highlighted in gray.

*The term “American” was used in survey item wording as a proxy for people who live in the United States.

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