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Social Class Background, Health Lifestyle, and the College Experience

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Abstract

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Building on the work of Pierre Bourdieu in "Distinction," this study attempts to find a link between social class background and the health lifestyles of Emory undergraduate students. Twenty students, ten from lower social class backgrounds and ten from higher social class backgrounds, were interviewed in-depth about their childhood experiences, personal conceptions of health, and current health lifestyles. Students from lower social class backgrounds reported being raised in environments that neither encouraged nor modeled healthy eating and exercising. Respondents from higher social class backgrounds tended to recall their parents modeling and encouraging healthy eating and regular exercise. However, once each group of students matriculated to college, they were likely to adopt the opposing health lifestyle. Students from lower social class backgrounds often began eating healthily and exercising, while students from higher social class backgrounds frequently neglected to exercise regularly or maintain a balanced diet. The majority of students from both social class backgrounds spoke about "the college lifestyle" – a subculture that represents a break from the "real world" and promotes and normalizes rampant alcohol and drug use – as a major barrier to attaining an optimal level of health. Future research should serve to illuminate the patterns I have found in greater depth. The concept of "the college lifestyle" as a subculture with its own set of norms that imply a barrier to health should be investigated in detail.

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Introduction

"The first wealth is health." – Ralph Waldo Emerson

Prevention as a means to health and wellness has dominated the domestic public health discourse in recent years. There is no denying that physical activity, regular doctor visits, a balanced diet, and other factors are effective in delaying the onset of disease. While many are cognizant that employing these (and many more) preventive strategies will add years to their lives, the percentage of obese and overweight individuals in America seems to indicate that, as a society, we are ignoring the importance of prevention. Why? Some hypothesize that convenience, cost, and time restraints contribute to widespread negative health habits. Accordingly, a breadth of research has been dedicated to how to motivate individuals to integrate these preventive strategies into their lives. But what if one's health lifestyle is far more deeply ingrained than adhering to a simple checklist or identifying with the message of a Public Service Announcement? What if health is imbedded in the cultural lifestyles of different social class groups?

Nine years after Pierre Bourdieu developed the concept of cultural capital, Paul DiMaggio theorized that participation in different measures of cultural capital represents an entire elite status culture – one composed of particular high cultural preferences, styles, attitudes, behaviors, beliefs, and mannerisms acquired through the socialization process. In "Distinction," Bourdieu discussed how health lifestyle behaviors – specifically exercise and diet – exist in the form of deep-seated culturally valued ideologies. It is possible that subscription and adherence to these exercise and diet-related ideologies constitutes a particular health lifestyle, which, in turn, becomes an

element of the elite status culture. If it is true that health behaviors are acquired as a lifestyle component by virtue of the socialization process, this lifestyle cannot be easily un-learned. This would explain the lack of healthy behaviors among those who were not socialized into a particular health lifestyle and the resistance to change among this population in spite of advancements in knowledge.

This study builds on the work of Bourdieu, DiMaggio, and several other theorists and empirical researchers to explore the development and maintenance of health lifestyles among Emory undergraduates from different social class backgrounds. Specifically, I will address the following major research questions:

Q1: How do undergraduate students perceive and practice "health"?

Q2: How do these perceptions and practices fit in with Bourdieu's notions?

Q2A: Do my findings support his "body-for-others" ideology – that students from high social class backgrounds were raised to exercise and eat lightly in order to cultivate an aesthetically pleasing body type?

Q2B: Do students themselves possess Bourdieu's "body-for-others" ideology?

Q3: How does social class background determine one's concept and practice of a health lifestyle?

Q4: How does the college experience affect one's health lifestyle?

Theoretical Background

Bourdieu and Cultural Capital

Pierre Bourdieu (1973) first mentioned the term "cultural capital" in "Cultural Reproduction and Social Reproduction." He theorized that the French university system reproduces "the structure of power relationships and symbolic relationships between classes, by contributing to the reproduction of the structure of the distribution of cultural capital among these classes" (487). But what exactly is cultural capital? Aschaffenberg and Maas (1997) define Bourdieu's concept as "proficiency in and familiarity with dominant cultural codes – for example, linguistic styles, aesthetic preferences, styles of interaction" (573). Those with high cultural capital have culturally valued patterns of dress and speech, as well as preferences for more refined leisure activities. These patterns and preferences give these individuals a cultural advantage in navigating society.

In "The Forms of Capital," Bourdieu (1986) outlines three distinct types of cultural capital – embodied, objectified and institutionalized. Embodied cultural capital implies culturally valued dispositions; objectified cultural capital exists in the form of culturally valued goods; institutionalized cultural capital is acquired through education. In summarizing these categories, Bourdieu asserts that amassing cultural capital is a time-consuming process that occurs quite unconsciously, and "depend[s] on the cultural capital embodied in the whole family" (49). One's acquisition of cultural capital begins at the onset of the socialization process, and continues throughout the lifecycle. The amount of cultural capital an individual amasses is highly dependent on the cultural capital of the people involved in his or her socialization.

DiMaggio and Status Culture

DiMaggio (1982) expands upon Bourdieu, tying Bourdieu's notion of cultural capital to Max Weber's concept of status culture – the fact that "elite status groups – collectivities bound together by personal ties and a common sense of honor based upon and reinforced by shared conventions – generate or appropriate as their own specific distinctive cultural traits, tastes and styles" (189). The content of the status culture itself is arbitrary; its importance lies in its ability to monopolize the cultural resources at hand in order to perpetuate the upward mobility of the status culture's participants. DiMaggio hypothesizes, "participation in elite status cultures represents a kind of cultural capital" and that "measures of cultural capital are related to one another in a manner that suggests the coherent status culture of which they are elements" (190). Thus, the elite status culture is composed of a variety of related cultural practices and dispositions that represent high cultural capital. At the same time, participation in this elite status culture is a type of cultural capital in and of itself.

Through an analysis of nearly 3,000 eleventh grade students using PROJECT TALENT data, DiMaggio finds a relevant correlation that leads him to conclude that "different dimensions of involvement with different high culture disciplines are part of a relatively coherent status culture" (193). Thus, attitudes and behaviors related to the acquisition of cultural capital constitute an entire status culture. Although DiMaggio uses involvement in music, poetry, art, and literature-related activities to measure cultural participation, he also quotes Weber in asserting "status honor may be connected with any quality shared by a plurality'" (190). In a society that is becoming

increasingly obsessed with organic food, hot yoga, and the South Beach diet, could health-promoting behaviors be a component inherent in today's elite status culture?

The Body as a Manifestation of Taste

Bourdieu appears to think so. In his 1979 book, "Distinction," the French sociologist asserts that patterns of cultural consumption are shaped by fundamental oppositions between "practices designated by their rarity as distinguished" and "practices socially identified as vulgar because they are both easy and common" (176). While this opposition is most clearly understood through appreciation of art, Bourdieu argues that disparate practices of cultural consumption can be realized through a variety of lenses. He examines the eating and exercise patterns among those with high and low levels of cultural capital to support his argument.

Bourdieu finds evidence for the association between eating behavior and cultural capital in observing that, "as one rises in the social hierarchy…an increasing proportion is spent on leaner, lighter…non-fattening foods" (177). This association is a matter of taste, not income, as it is common for individuals in the same income bracket to have very different patterns of food consumption. Taste, an important component of lifestyle, is shaped by cultural capital.

Bourdieu divides the taste for food into two categories – "the 'modest' taste which can defer its gratifications…[calculating] benefits and costs (e.g., for health and beauty)" and "the spontaneous materialism of the working classes, who refuse to participate in the Benthamite calculation of pleasures and pains" (180). Those with high cultural capital possess a "new ethic of sobriety for the sake of slimness," and have been

socialized to delay gratification in eating, and tend towards lighter, delicate fare (179). Bourdieu illustrates these differences through a map of "the food space." He denotes those with high cultural capital and cultural consumption practices as commonly consuming lean, healthy food that is often served raw or grilled. These individuals prefer foods like beef, fish, and fresh fruit.

Bourdieu's "Body-for-others" Ideology

These conflicting patterns of food consumption can be explained through disparate ideas about what constitutes the ideal body. Differences in "taste, a class culture turned into nature, that is *embodied*, helps to shape the class body" (190). Preference for a specific physique is (quite literally) an embodied form of cultural capital, as it can determine the class' dominant body shape. The body, the "materialization of class taste," can take a multitude of different forms – from its height and weight, to its shape, to the ways in which is it is cared for and maintained (190). While those with low cultural capital emphasize the strength rather than the shape of the body, high culture implies a preoccupation with a slim body form. Consequently, in the attempt to attain that idealized body form, individuals with high cultural capital prefer food products that are light and non-fattening.

In sum, the contrasting food preferences among members of the middle and working classes represent disparate tastes, ideologies, and preferences about the body. The dominant classes tend towards lighter, leaner fare because they favor delaying gratification, possess an ideology of sobriety and self-control, and prefer a slim body type. These inclinations represent possession of high cultural capital with respect to food and consumption.

Bourdieu expands on his idea of the body as a manifestation of taste by connecting culture with sport. The French sociologist argues that the bourgeoisie emphasize body maintenance and appearance as an expression as their "body-for-others" ideology (213). Hence, these individuals tend to participate in sports such as gymnastics, which constitute "training for training's sake" and promote ascethetically pleasing body features (213). The lack of emphasis on body appearance among the working class leads these individuals to prefer "sports which demand a high investment of energy, effort, or even pain…and which sometimes endanger the body itself" (213). This explains why lower class individuals are more partial to sports such as rugby and boxing, which are more likely to result in physical body damage.

Additionally, preference for different sports originates from discrepant ideas about "profits expected from sport, be they specific physical profits, like slimness…[or] on the internal body, like health or relaxation; or extrinsic profits, such as the social relationships a sport may facilitate, or possible economic and social advantages" (211). These ideas about the perceived profits of sport operate in terms of differing dispositions. The bourgeoisie place high importance on the exclusive social profits derived by participation in athletics, while simultaneously implementing measures to bar the lower classes from enjoying these profits. Culturally valued sporting activities are often practiced in exclusive places, like private clubs. The sport itself can demand "more hidden entry requirements, such as family tradition and early training, or the obligatory manner (of dress and behavior) and socializing techniques" which prohibit those lacking this type of cultural capital from involvement (217). In this way, the

disparate attitudes about the rewards obtained through athletics reproduce themselves along class lines.

Preoccupation with the body among the higher classes leads to an emphasis on the health maintenance function of exercise. This "cult of health – often associated with an ascetic exaltation of sobriety and controlled diet" is a dominant ideology of those who possess the "material and cultural means of access" to sport (213, 219). Emphasis on the health benefits derived from exercise is becoming increasingly prevalent in modern society. But how did the "the gentle, invisible education by exercise and diet which is appropriate to the new morality of health" find its place among those with high levels of cultural capital (214)?

Exercise, diet control, and other health-oriented practices are "also linked in other ways to the dispositions of the culturally richest factions of the…dominant class" (214). To appreciate the profits gained from exercise, one must already understand the principles of abstract, theoretical knowledge. The willing participation in "a series of abstract movements…entirely opposed to the total, practically oriented movements of everyday life" presupposes a faith in deferred gratification and intangible profits (214). The exercise participant must take satisfaction in effort in and of itself and possess an understanding and appreciation for the symbolic returns from exercise.

The dominant class' fixation on exercise results from a "body-for-others" physical appearance ideology, but also requires the ability to understand abstract, intangible, deferred profits. These combine with the exclusive nature of exercise activities to make athleticism an important component of the high cultural capital lifestyle.

Empirical Work

Acquisition of Cultural Capital

But how does this high cultural capital lifestyle come to be? DiMaggio (1982) tests two different models of cultural capital acquisition – Bourdieu's (1977) cultural reproduction model against the author's own cultural mobility model. The cultural reproduction model hypothesizes that "returns to cultural capital are highest for students from high status families and least to students from low status families" because cultural capital is passed from members of the dominant classes to their offspring (190). This model theorizes that cultural capital is reproduced along class lines. On the other hand, DiMaggio's model of cultural mobility theorizes, "childhood experience may only partially and modestly determine a person's stock of cultural capital" (190). Participating in elite status cultures may be a practical way for low status individuals to acquire cultural capital and begin an upward trajectory in society.

DiMaggio measures self-reported cultural involvement against the grades of White eleventh-graders – examining each student's attitude towards high culture, participation in cultural activities and familiarity with high culture to assess his or her cultural capital. DiMaggio found divergent results for how men and women acquire cultural capital, as "returns to cultural capital are greatest to women from high status families," but "among males the positive impact of cultural capital on grades is restricted to students from lower and middle class households" (195, 196). DiMaggio interprets this to indicate support for both models, as cultural capital affects upwards mobility differently for men and women. In analyzing the findings, he also concludes that "cultural capital is less strongly tied to parental background traits than Bourdieu's

theory…would predict" (199) while calling into question the existing ways of quantifying cultural capital. He refutes educational attainment, as well as other single-variable measures, as proxies for cultural capital. Rather, he concludes that cultural capital should be measured by utilizing a composite measure of relevant variables.

In assessing the effect of cultural capital transmission among Black and White middle and working class families, Annette Lareau (2002) seeks to show that "social class does indeed create distinctive parenting styles," which, in turn, "determine the skills [parents] transmit to children in negotiating their own life paths" (748, 749). The author observes how each family she studies organizes daily life of the children. She also notes how language is utilized between parent and child, the family's social connections with extended family and friends, and how the children are socialized to relate to institutions.

Lareau finds broad conclusions that span the total sample of study participants. With respect to organization of daily life, "working-class children…spent most of their free time in informal play; middle class children took part in many adult-organized activities designed to develop their individual talents and interests" (761). Children of working-class parents were involved in about half the amount of organized activities as their middle-class peers. Moreover, past research has found a direct correlation between parent educational attainment and children's participation in organized activities.

Differences also emerge between middle and working class families with respect to language use and social connections. In middle-class families, "parents place a tremendous emphasis on reasoning" and rely on discussion to facilitate most aspects of

daily life (763). The working-class parents "did not focus on developing their children's opinions, judgments and observations," and simply listened to their children without following up with questions or comments (763). With respect to social connections, middle-class families tended to have weak, rather than strong, social ties. Middle-class families also were also more likely to include professionals in their social networks, but much less likely to speak with kin regularly. A distrust of officials of major social institutions (like the police) was fostered among the working-class individuals, but did not appear to exist among the middle-class.

Parental educational and economic attainments are mostly responsible for these class differences. Although not all aspects of family life are affected by the above factors, "parents do transmit advantages to their children in patterns that are sufficiently consistent and identifiable to be described as a 'cultural logic' of child-rearing" (772). Child-rearing practices represent a type of status culture. The parents who encourage reasoning, discussion, involvement in organized activities, and social ties with professionals simultaneously foster the development of cultural capital in their children. Lareau confirms the role that this type of cultural capital plays in upward mobility in observing that "as family members moved out of the home…middle-class parents and children were able to negotiate more valuable outcomes than their working class and poor counterparts" (774). While the child-rearing practices of working-class families lead their children to develop a sense of constraint, the practices of middle-class families foster a sense of entitlement, which in turn helps the middle-class child successfully navigate life after leaving the home.

Cultural Capital and Health

In “Cultural Capital and the Place of Sport,” Alan Warde (2006) applies and tests Bourdieu’s ideas about the relationship between the perception of the body and class culture. Warde utilizes the Cultural Capital and Social Exclusion survey in Great Britain, which includes questions about sports participation, sports spectatorship and physical exercise routines. The author examined differences by class, gender, education, ethnic and age groups to determine how these factors contribute to inequalities associated with cultural capital.

Between 1975 and 2000, the mean time spent playing sports among British men increased nearly threefold. Warde attributes this rapid jump to “increased concern with health, fitness and management of the body” (110). However, he discovers that this preoccupation with exercise is not evenly distributed among societal groups. The Cultural Capital and Social Exclusion survey found that “a declining proportion of exercise is observed monotonically as one moves down the class scale” (112). In part, this association can be attributed to lack of access among the lower class, but also to a differential concerns with the body among class groups. The association between social status and sport participation was by and large mediated by educational attainment, as someone with a degree was almost four times as likely than someone without one to participate in sport. Education did not determine which particular sport an individual participated in, however.

Through his survey, Warde sought to understand the body and fitness-related ideology associated with high class and education. Exercise for its own sake, as a means to fitness, health and body discipline, was verbalized as important among individuals of

high status and educational attainment. Interestingly, Warde found an overall tone "of regret and mild guilt about insufficient exercise…No one was prompted to say that they did too much exercise!" (113). Households possessing high institutionalized cultural capital often saw exercise as a duty or obligation. Pressure from work was the most common excuse among this group for a decline in exercise activity.

Differential concern for body maintenance and presentation was the main reason for discrepancies in exercise behaviors. Individuals with high cultural capital exercise because they possess Bourdieu's "body-for-others" ideology. In the survey, these individuals rarely referenced exercise as being fun or giving pleasure, but repeatedly emphasized the necessity of exercise as a means of cultivating the body. In the words of Warde, "high education and extensive physical activity for the purpose of body maintenance go together," which results in "bodies continu[ing] to display insignia of unequal possessions of cultural capital" (120). Body shape becomes an embodied form of cultural capital, a "window onto social hierarchy, the transmission of capitals and the process of domination by groups and classes" (121).

Households with high institutionalized cultural capital tend to preoccupy themselves with the physical appearance of the body, which leads them to emphasize the importance of exercise as a means to maintaining or attaining a culturally valued body shape. Consequently, physical appearance can be a manifestation of cultural capital. Warde concludes his study by emphasizing the necessity of further research on the body as a means of producing and reproducing cultural capital. He urges that further studies address the importance of diet and body modification, not just exercise behaviors, as means to attain a culturally valued body type.

Other empirical research studies have also sought to address the relationship between cultural capital and health behaviors. The majority of these studies have concluded that positive health behaviors are a component of one's lifestyle learned through the socialization process. Mechanic and Cleary (1980) found in their longitudinal study of children's health behaviors that "positive health behavior is a part of a wider life orientation including a sense of psychological and physical well-being and a sense of harmony with the dominant social milieu" (812). Those respondents with poor health behaviors, conversely, tended to be alienated from and uncomfortable with the dominant culture. In this case, the lifestyle that was associated with positive health behaviors was one of familiarity with the medical system, psychological well-being, health-related social values and integration into the prevailing cultural norms.

Groth et al. (2009) sought to examine the relationship between several elements of socioeconomic status (occupation, education, employment status and income) and body mass index. The researchers utilized a survey of dietary behaviors in conjunction with face-to-face interviews to assess height and weight. Similar to the Mechanic & Cleary study, the authors found that health behaviors as they affected BMI were a lifestyle factor, a small aspect of the dominant ideology of a particular way of living. The main factor that differentiated between lifestyles was educational attainment, but occupational status played a role as well. This correlation between BMI and these two components of cultural capital was thought to be due to "different social norms for body size and different lifestyles in groups with different educational levels" (425). Past research supports this interpretation, as there has been a proven correlation between high status, social pressure for slimness, and weight control behaviors. Those

possessing high institutionalized cultural capital have a tendency to value slimness, and hence practice prudent exercise and eating behaviors.

It appears as though education and a health-promoting lifestyle are correlated, but how does one learn the behaviors inherent in this particular lifestyle? Through a questionnaire administered to 7th and 8th graders in Texas, Gottlieb & Chen (1985) attempted to determine the major reasons why these students did or did not participate in sports. There was a strong relationship between parental exercise and student exercise, which the authors interpreted to implicate "parental modeling of exercise as a mechanism in the socialization of children's lifestyle behavior" (537). Thus, individuals are most often socialized into their particular lifestyle by modeling the actions of their parents.

Langlie (1977), on the other hand, sought to understand peer social network influence on lifestyle behavior. He surveyed and interviewed nearly 400 individuals in Illinois to identify the connection between specific social network culture and health behaviors. He hypothesized that "variations in PHB [preventive health behaviors] are due to differing characteristics of the social group(s), with which the individual is affiliated, rather than to his or her personal attributes" (244). In other words, the particular social network culture, rather than personal preference or beliefs, determines an individual's health behaviors. Langlie found support for his hypothesis in that membership in a social network defined by high socioeconomic status and high frequency of non-kin interaction – two components of cultural capital – was associated with indirect preventive health behaviors. Additionally, nearly two-thirds of the respondents who reported a lack of indirect and direct preventive health behaviors were

employed as blue-collar workers. Langlie concludes that a variety of factors, including social network characteristics, social psychological characteristics, gender, age, and situational context interact to determine an individual's preventive health behaviors.

Expanding on Bourdieu's cultural capital theory, his "body-for-other" bourgeoisie ideology, and DiMaggio's work on cultural capital acquisition, my research will seek to address three main points. First, I will describe how Emory University undergraduate students conceptualize and practice "health," and whether these perceptions and actions fit in with Bourdieu's ideas about diet, exercise, and body cultivation. Next, I will seek to determine the influence of social class background on health lifestyle. Were students from lower social class backgrounds raised with different health-related ideas and health lifestyles than those from high social class backgrounds? If so, I will examine how discrepant health lifestyle exposure in childhood determines the current health lifestyle of the student. Lastly, I will analyze the impact of the college experience on the health lifestyles of my respondents.

Bourdieu's theories about the relationship between cultural capital and health lifestyle suggest certain answers to my research questions. According to their findings, I expect to find:

H1: Respondents from higher social class backgrounds will conceptualize health in terms of body appearance, exemplifying their subscription to Bourdieu's "body-for-others" ideology. They will report consuming lean, lighter meals, and will speak about exercising often with the intention of cultivating an aesthetically pleasing body shape.

H2: Respondents from lower social class backgrounds will report exercising far less than their higher status classmates. They will also tend to consume heavier, more fattening foods. Students with working-class parents will not possess an "ethic of sobriety for the sake of slimness," and will not define health in terms of body shape (Bourdieu 179).

H3: Research participants who were raised in upper-middle and upper class households will recount observing frequent exercise and light eating behaviors among their parents. During childhood, their parents will have emphasized the importance of these behaviors for the purpose of maintaining a favorable body type.

H4: Research participants who were raised in working-class households will recount either a lack of parental exercise or parental participation in exercise "which demand[ed] a high investment of energy, effort, or even pain" (Warde 213). During childhood, their parents consumed and served them heavier, more fattening foods.

Methods

For my exploratory study about health lifestyle as cultural capital, I conducted 20 semi-structured interviews of Emory University undergraduates between 18 and 22 years old. At the time of the interview, each interviewee was currently enrolled as a full-time Emory University undergraduate student. I chose this approach with the hope of attaining more in-depth information than I would through a survey approach. If it is true that those with differing levels of cultural capital possess discrepant body-related ideologies that in turn affect health lifestyle, it is important to understand the

mechanisms by which this ideology is transmitted, and how it plays out in the lives of individuals.

To determine which research method I should use, I first outlined the goals of my research, since "research aims should dictate research methods" (Weiss 9). My main goal was to understand the development of health lifestyles among my sample population. In my research, I defined health lifestyle as those health-related behaviors, most commonly diet- and exercise-related, that are components of an undergraduate's lifestyle. These behaviors, which Bourdieu asserts are inherently cultural, are not simply a checklist of health "to dos" – they are essential components of the everyday routine of an individual. Since these culturally based health-related behaviors have not been discussed to a great degree in past literature, I will use the term "health lifestyle" when referencing them.

Sampling Technique

Utilizing qualitative interviews allowed me to develop detailed descriptions of: how the respondent was raised, parents' health lifestyles, ideas about health and how to be healthy, and each individual's health lifestyle. My other goal was to describe the process of transmission of health lifestyles as a form of cultural capital. Since qualitative interviewing provides a "fuller understanding of the experiences of [the] respondents", I performed semi-structured interviews (3). This approach allowed me to gain a depth and density from the responses I would not have been able to achieve otherwise.

I recruited a sample of undergraduates to participate in my research. Given that I wanted to "study the experiences…of people who have some common characteristic," I found "a sample of people who together…represent[ed] the population of concern" (17). In this case, I had two different populations of concern – one of Emory undergraduates with college-educated (or higher) parents, and one of Emory undergraduates whose parents did not finish college. I used parental educational attainment as a rough proxy for cultural capital and social class background, as Lareau (2002) found strong ties between educational attainment and the type of cultural logic a parent transmits to his or her child. According to her research, the type of child-rearing practices employed by highly educated parents fosters the development of cultural capital in their children. She also found correlations between educational attainment and class status, in that "middle class parents' educational background gave them larger vocabularies that facilitate concerted cultivation" in childrearing. Therefore, to assess differences along the lines of social class background, I used purposive sampling to recruit students from these two groups.

Within each group, I chose a sample that attempted to maximize range. Since my sample was small, I did "not trust random selection to provide…instances of significant developments that occur infrequently" (23). For each group, I sought to attain an equal half-male/half-female sample, as well as a sample that encompassed most, if not all, regions of the United States. I determined that these variables might cause significant variation in my research, as behaviors and attitudes surrounding health can differ by gender and region of upbringing, and therefore chose interviewees accordingly.

Due to limited time and resources, I primarily used convenience sampling to obtain my respondents. Several of the individuals I interviewed were classmates or acquaintances of mine who agreed to participate in my research. Additionally, I utilized the Emory Learnlink system to disseminate information about my study to members of the Emory community, requesting that interested individuals contact me by phone or by e-mail to arrange an interview. Emory has a disproportionately wealthy, upper class student body, so I was not surprised when I encountered difficulties locating respondents whose parents had not graduated college. In an attempt to recruit participants who fit into that particular category, my advisor, Dr. Tracy Scott, made several announcements in her undergraduate classes and on the Emory Learnlink system.

Interview Process and Coding

The majority of the interviews were conducted in the Emory University on-campus Starbucks, as this proved to be a comfortable, familiar, and neutral location. The remaining interviews were conducted either in the respondent's on-campus dorm room or in other on-campus locations, such as the Cox Hall dining room. The interviews were centered on an interview guide that I had previously formulated based on past research on cultural capital and health. The interview guide had several components: demographic characteristics, childrearing strategies, family and health, and college transition and health lifestyles. Although all of the interviews were based on the same interview guide, the length and depth of the interviews themselves varied greatly. Some respondents were willing to open up and discuss their experiences at length, and some were more reserved with respect to their upbringings and health

lifestyles since transitioning to college. All of the interviews ranged between 20 and 45 minutes, and I was able to obtain all of the necessary information from each individual.

Before conducting each interview, I gained consent from the respondent by obtaining a signature on an informed consent form previously approved by the university IRB. I also recorded each interview, which I explained to each respondent prior to the start of the interview.

I transcribed all of the interviews verbatim and subsequently imported all documents into the MaxQDA10 coding software. I initially derived my coding system from my interview guide, utilizing codes that were "related to…what [I] hope[d] to study, an aspect of the problem or an explanation for it or a consequence of it" (155). Once I began coding the interviews, I was forced to modify my codes when I found emerging themes and patterns that I had not previously anticipated. My coding became more specific as the process went on, becoming "developed and defined through interaction with the data" (156). Eventually, I formulated my final system of codes – encompassing parental discourse and actions surrounding health in childhood, student's conceptualization and understanding of health, student's health lifestyle and the rationalization behind it, and the change in the student's health lifestyle since college transition.

I also utilized the attribute feature in MaxQDA10, assigning each interview characteristics such as gender, region, and parent education attainment in order to establish patterns among the interviews. The MaxQDA10 software allowed me to sort the frequency of codes by attribute and retrieve noteworthy sections of text, which aided in finding patterns in the data and analyzing significant interview segments.

Results

Perception and Practice of Health

Over the course of twenty in-depth interviews, significant patterns emerged with respect to how undergraduate students typically define and explain what health and being healthy means to them. Primarily, the discourse surrounding the meaning of health was related exclusively to food intake and the regularity of exercise. Simply put, one student defined her concept of health as “eating the right foods, getting a balanced diet I guess, and working out, or trying to work out.” Other students spoke more in depth about their personal concepts of health, but continued to maintain a definition that encompassed solely food and exercise. One respondent reported that being healthy:

> Just means taking everything in moderation, both nutritionally and the way you live your life. From the food aspect it’s just like, everything’s ok to eat, just not all the time. It’s ok to indulge once in a while. And your body, like exercising on a somewhat consistent basis. Like taking the stairs instead of the elevator when you can.

Although it was common for a student to speak in-depth about what healthy eating and regular exercise meant to them, other components of health, such as mental health and disease prevention, were consistently ignored.

However, a minority of students did express the importance of other factors in their definition of what it means to be healthy. One female student provided an unusually multi-faceted definition, in reporting that her ideal of health is:

> To be active, exercise, be alert, have like a routine to your life, like have a meaning to your life, be really like mentally happy. It’s not just physical, but like

> mental - have good meaningful relationships. Health is social, mental, all those things, spiritual. So it has to be like all-encompassing.

Her response was one of very few that referenced the importance of mental health. Only one student spoke about the explicit necessity of disease prevention via regular check-ups in his understanding of the meaning of health. This student explained his perception of health as "like checkups and things like that, because you often hear about these freak things where like someone doesn't get a check-up for like three years and finds out they have a tumor the size of a baseball in their head and stuff like that. Like I think people should be cognizant of the fact that they should be visiting a doctor every so often to just get check-ups." This student was the only person in my sample to specifically reference doctors' visits in conceptualizing what it means to be healthy.

Bourdieu's Notions

The majority of parental discourse surrounding health was body-related, in support of Bourdieu's "body-for-others" ideology. Parents encouraged health maintenance, by virtue of exercising regularly, with the intention of cultivating an aesthetically pleasing body type among their children. These body-related health ideals tended to be perpetuated in two main ways: explicitly, through discussion, or indirectly, by example.

When answering the question "did your parents ever explain to you the importance of regular exercise?" students responses tended to focus on what their parents stressed: returns from exercise in the form of weight maintenance. Typical responses to this question ranged from "yeah, well, so I don't get fat" to "yeah, [my parents] are big into not ever being overweight so they don't really explain other

benefits. They're just like, 'make sure you don't get fat.'" Modeling, usually in the form of restrictive diets or intensive exercise, served to reinforce the weight-maintenance (and sometimes weight loss), body-related discourse among the majority of respondents. One student discussed the massive weight loss his mother achieved during his childhood:

> Now she's lost like 50 lbs., more, no like 70 lbs. or something. Looks completely different. [Referencing a picture] She's hiding behind all of us, but she's very heavy. She lost a lot of weight…when they were able to get rid of all the temptations in the house I think for her. She eats a lot of vegetables and we have an elliptical in the basement, so she works out every morning, and she's on Weight Watchers. And she's very healthy now; she doesn't look anything like that.

This quote illustrates just how deeply the association with body shape and health is ingrained in this student's mind. Despite acknowledging his mother's participation in healthy activities, he refers solely to her physical appearance when assessing how healthy she is.

Unsurprisingly, students tended to take this "body-for-others" ideology with them when they matriculated to college. The majority of undergraduates tended to acknowledge choosing food on the basis of how it made their bodies look. Many students spoke about counting calories and restricting themselves from fried foods and sweets. During a discussion about food restriction and dieting, a female student spoke in-depth about her fears of the "freshman 15":

> I wasn't like on Jenny Craig or anything like that, but especially freshman year I was preoccupied with the "freshman 15." I heard oh-so-much about that. Like I don't know, I guess the main thing I was really stringent about was I would never eat after going out, after coming home. But like I always wanted to eat, but for very conscious like health, like body image reasons, I [couldn't] because the "freshman 15." And everybody talks about it and so I'm very hungry but I'll wait

> until tomorrow morning to eat. And that's also subsided too a little bit. I don't know, if I have the choice between something healthy and something less healthy, I'd like to think, and I'm pretty sure I do, always go for the healthier thing, unless I'm like allowing myself, which I guess is like a sign to show you the way I think about it. I allow myself to have this one thing. If it's during test week I allow myself to get Chick-fil-a because it was exam week and I had three exams and I deserve it.

Other students reported that the impetus for becoming more health-conscious was realizing they did not look the way that they would like to; they were not who they wanted to be appearance-wise. These individuals commonly adopted healthier dietary behaviors in order to cultivate a more favorable body type.

In the same way, students cited weight maintenance as a major reason behind their participation in regular exercise. After asking him if he mostly exercised at a gym or at another location, one male undergraduate responded, "Yeah. I also have been known to do sit-ups in my room if I'm like feeling fat." A former member of the university cross-country team responded similarly, but with an entirely different background. This individual had seen her body cultivated to its optimal shape, only to lose that shape after quitting the team. In responding where she learned her ideas about health, this student answered that she learned what it means to be healthy "mostly through my experience of being on the team, in that, when I was working out a lot I was very aware that I was like, keeping my weight down." In this sentence this student equates good health and low body weight, in support of Bourdieu's "body-for-others" ideology.

Exercise as Social Participation

Contradicting Bourdieu, there was one constant among most undergraduates' accounts of their childhood that did not fall along the lines of social class background: students who exercised in childhood did so because their friends did. The daughter of a vice president of a software company recounted why she worked out at the local gym while growing up:

> I would go; it was like a social thing, that's really what it was. It was like "let's go to the gym"; you would always see people you know there because [my town] is like really small and so if you're going to the gym that is the gym that you're going to pretty much. I don't know you would just go and I would always see [fellow Emory student] there. And we would always go; I almost always went with someone, like with a friend.

Despite originating from a dissimilar social class background, the daughter of a high school-educated entrepreneur reported an analogous rationale behind her participation in sports growing up. This individual stated that the reason she exercised in childhood was: "I was always wanting to be playing with my friends. [My mom] gave me tennis lessons, and before I took tennis lessons I was doing gymnastics and I was dancing and ice skating." Utilizing exercise and sports participation as a proxy for social interaction was prevalent among the majority of respondents regardless of class status.

Social Class Background and Health Lifestyle: Higher Social Class

Along the lines of Bourdieu's differentiation of exercise and eating behaviors by social class background, one of the main goals of my research was to determine how class status affected the health lifestyles of my undergraduate interviewees. The upper-middle and upper class parents of my respondents tended to model both healthy eating

and exercise behaviors. One student, whose mother and father both have PhDs, reported that her parents "both always played tennis growing up and worked out themselves. My mom goes on walks every day and my dad goes on the treadmill and stuff. And they both eat generally really healthy all the time." Another student explained how the modeling behaviors of her wealthy, West coast parents affected her health lifestyle as a child. When asked if her parents modeled healthy behaviors, she responded:

> Yeah. I mean they both just exercise a lot. And like my mom doesn't eat dessert or junk food ever. She doesn't eat fast food, and so I didn't eat that much fast food. And we never had like soda in our house or like junk food ever. My mom would have never bought that and kept that in the house. And my dad really had a sweet tooth but he was always into like balancing things, so if he ever wanted to do something unhealthy we'd have to do some really healthy first so we'd balance it out.

This student learned from an early age the concept of balance in one's health lifestyle. Additionally, since her parents modeled healthy eating – keeping fast food, junk food, and soda out of their house, her eating habits mimicked those of her parents.

Not only did upper-middle and upper class parents model healthy eating and exercise, they also were more likely to encourage these behaviors among their children. For example, one undergraduate described that her lawyer mother and businessman father "made me eat healthy. Had to have vegetables and milk and everything with dinner like that. And they encouraged me to do sports, although I don't think that was a necessity but they definitely encouraged it." Along the same lines, another student explained her mother's health-related discourse in terms of her occupation. She reported that "my mom, being a doctor, yeah would like try to cook healthy and have us eat, we didn't really eat a ton of junk food…and then I guess she kind of motivated us to

do sports." Among high status families, to encourage exercise was to encourage sports participation. A great majority of students in this category reported playing sports in childhood – anything from Little League baseball to community-based soccer teams and competitive beach volleyball.

As students from high social class backgrounds grew up and were given more agency, usually in the form of driver's licenses and cars, they tended to eat less healthily. An undergraduate son of two powerful southern lawyers spoke initially about his parents forcing him to eat healthy, balanced meals in childhood. When asked about his fast-food intake while growing up, he answered, "I only started eating at fast food restaurants when I was in high school because I discovered the joys of [local fast food restaurant]. I always knew the joys of [the restaurant] but [it] became more accessible." Accessibility came in the form of his own car and drivers license. This individual, like many of his schoolmates, was no longer confined to the healthy meals his parents served. The ability to transport himself presented the choice to reject the health lifestyle his parents had set out for him by virtue of modeling and encouragement.

Citing a driver's license as a form of freedom in expanding one's food choices towards the unhealthy was common among this upper-middle and upper class population. However, one student spoke about her newfound freedom of food choice in a different context. She had insisted on becoming a vegetarian in her teen years. As she was the only vegetarian in a family of six, her mother stopped preparing meals for her, which forced her to seek out her own forms of sustenance. In discussing what she typically ate, this student explained: "When I was in high school I ate very unhealthy lunches, I was a vegetarian and I didn't understand – well, when I became a vegetarian I

didn't really understand the concept of nutrition. So I used to eat like chips, or like mashed potatoes, just like really bad carbohydrates basically." Although provided with a different form of agency, the freedom of choice this daughter of a midwestern businessman was given took her down a similar path towards unhealthy food choices.

Social Class Background and Health Lifestyle: Lower Social Class

In stark contrast, working-class parents often did not speak directly about health to their children. Children of lower social class backgrounds often reported that their parents did not explicitly discuss health and what it means to be healthy during their childhood. Other students elaborated more. For example, the daughter of an unemployed father and a customer service representative mother responded: "As far as like eating healthy, [it was] not really [discussed]. I mean I guess I had an idea of what it meant to like be healthy but no, I don't think my parents are like terribly healthy people themselves in how they eat and stuff." This student attributes the lack of health-related discussion in her house to the unhealthy lifestyles of her parents. Looking back, she sees that her parents did not exhibit healthy lifestyles themselves, and therefore did not emphasize health within their household.

In the same vein, the parents of respondents in this social class category often did not model healthy eating while the respondent was growing up. In speaking about her parents' consciousness of their eating habits, the same female student reported:

> The thing is I feel like they would cook for me but we didn't really eat dinner together as a family, like only on special occasions...My dad has this sort of bizarre eating habits. Like he will not eat anything all day and then he'll eat at midnight. So he's not like eating vegetables at midnight, he's just going to eat whatever he wants. So yeah they didn't really have good health habits as far as that's concerned.

Another student expressed concern over the eating habits of his father, who no longer lives at home with his mother due to work relocation. In discussing how his parents did not model healthy eating in childhood, this student commented that:

> Personally, talking about my dad, I think he needs to better himself on that front. Maybe to consume less alcohol or just eat better in terms, he actually lives in New York…he has to work up there and my mom lives down here so he's not eating what she cooked for him. So it's like going to the Chinese restaurant, Burger King or something like that…So on that front I think he could use a little adjustment there on his meals.

In most cases, when students spoke about the poor health habits of their parents, they expressed concern and a desire that they change their behaviors.

In addition to modeling unhealthy eating behaviors, working-class parents were more likely to serve their children more fattening, heavier foods. This supports the findings of Bourdieu, who observed this phenomenon among the lower classes. One student, the son of a motor vehicle inspector and a factory worker, spoke briefly about the meals he typically ate growing up. He responded, "breakfast…early on it would have been like potato chips, Taco Bell, like my family is the biggest supporter of fast food." Another respondent also discussed the frequency of his fast-food intake: "I would say usually on Thursdays and Fridays during the school year, because we would have to be at the game for band. So I would just run out to eat [fast food] and come right back to school. So I'd say two or three times a week." Most students from working-class backgrounds spoke about eating the often-unhealthy school lunches, then coming home from school to a snack that usually consisted of cookies, potato chips, and assorted candies.

Respondents in this group also tended to discuss the lack of emphasis their parents placed on exercise during their childhood. When a male undergraduate was asked if his parents ever made him do anything to be healthy, he answered: "You mean exercise and things like that? Probably not. I think it was really left up to the school's gym class." Likewise, another student stated that "If anything, [my parents] told me not to do too many sports." The majority of students from lower social class backgrounds recounted that their parents did not encourage exercise, but rather let them decide for themselves if they wanted to participate exercise-related activities. These respondents learned the importance of exercise from sources other than their parents, such as health classes, television programs, and their friends.

College Experience and Health Lifestyle: Higher Social Class

The college experience greatly influenced the health lifestyles of the vast majority of my research participants. Each student described current diet and exercise habits, as well as the reasoning behind his or her particular health lifestyle. Although the majority of my upper-middle and upper class respondents grew up in households where healthy behaviors were modeled and encouraged, these individuals tended to report making no effort to eat healthily. One female upper-class student described her typical daily meals: "I usually just get something unhealthy on campus for lunch so it's not usually great. Half the nights I like make something at home…or I go out and get something, usually always unhealthy." Most other respondents from high social class backgrounds answered that they did not purposefully eat unhealthily, but rather felt a sense of apathy toward the food that they were consuming.

When I asked about making an effort to eat a balanced diet, the son of two PhD-educated scientists responded: "Not really, it's not the first thing that pops into my mind. Just want food in general." Similarly, an upper-middle class male answered: "I wouldn't say I actively try [to eat a balanced diet]…I eat like only cheese for a long period of time." The transition to college has provided these formerly healthy individuals with freedom from the food restrictions of their parents, resulting in unhealthy food consumption habits that deviate from those they grew up with.

A majority of students in this category were actively aware that they had acquired unhealthy habits since transitioning to college as a result of lack of parental control. When asked how their behaviors, attitudes, and beliefs surrounding health had changed since matriculating to Emory, most upper-middle and upper class students responded similarly to one female undergraduate:

> I think it's become harder to eat healthy, definitely being around friends who aren't eating healthy all the time and seeing all this other food when I was used to being in such a health-conscious household where I didn't have those options even available usually, most of the time, in my house. So I still, ideally, would like to eat the way that I think I should, but I guess I don't actually follow through with it as much in college.

Another student echoed related sentiments, but also included the issues of convenience in rationalizing why it had become harder for her to eat healthily:

> When everyone first gets here you think that you, you kind of go a little crazy because you don't have the rules your parents set down for nutrition and stuff, and you have to do all this stuff for yourself. And convenience becomes more important, I feel like, especially when preparing more fibrous, nutritious foods.

Most students from high social class backgrounds were accustomed to sitting down each night to balanced, nutritious meals that their parents had prepared. When parental

control diminished after beginning college, friends' eating habits and accessibility to healthy food became powerful influential factors that often trumped upbringing in determining food choice.

Although many students reported that a lack of parental control resulted in a decline in healthy eating, many students also acknowledged personal laziness or apathy in explaining why they do not practice better health lifestyles. In his response to why he does not do the things he thinks he should do to be healthy, one student answered, "Laziness, convenience, time restraints. I'm often a really busy person and so I don't always have time to do the things that are healthy, but I always have time to do things that are unhealthy." A female undergraduate expanded on her apathetic attitude towards her personal health, answering:

> I mean I want to do [the things I believe I should do to be healthy] but I'm lazy right now and there's just other things that I'm distracted by. That's not up in my priority list right now. Like eventually it will be like after I graduate and I have more of a real routine life and have to like pay my bills and be healthy every day and not skip work because I just went out and got drunk. It will eventually happen, but I don't find an urgent need to do it right now.

For these students, maintaining their personal health and cultivating a positive health lifestyle is simply not a priority. The majority of students who cited laziness and apathy as barriers expected that they eventually would care about their health, and overcome their languor and indifference in order to promote a more positive health lifestyle.

Although the majority of upper-middle and upper class students reported declining health lifestyles that correlated with their college matriculation, some of the healthy beliefs they were exposed to in childhood remained with them. Paralleling Warde's findings, every respondent who viewed exercise as important for its own sake

fell into this category. One individual reported that she exercises "because I feel like, I feel better when I do. And like, I feel like it's just good for you." These higher status students tended to equate regular exercise with being healthy. For example, a male undergraduate, in discussing what he thinks he needs to do to be healthy, responded: "I'm going to go back to exercise again. I think that, personally I have OK eating habits, but I exercise a lot so I feel like I'm healthy." A common response to "why do you exercise?" among this population was simply "to be healthy."

College Experience and Health Lifestyle: Lower Social Class

College tended to have a positive impact on the health lifestyles of students who originated from lower social class backgrounds. Undergraduates in this category made more of an effort to eat healthy than their upper-middle and upper class counterparts. This effort to maintain healthy eating habits was often exemplified through description of daily meals. One student described her typical eating routine:

> I'll wake up in the morning; I'll have maybe yogurt and a piece of toast or like a fruit. I usually make myself a sandwich and pack it with me – turkey, cheese. And then maybe like a granola bar for a snack. And then I will, even like the dinner I ate today, like pasta, pretty normal.

This set of meals – healthy, balanced, and deliberately so, illustrates how this student makes an effort to eat well in college, despite an upbringing that did not emphasize healthy eating. The son of a food services employee and a homemaker spoke explicitly about his personal efforts to maintain a balanced diet: "Yeah. I definitely do [try to eat a balanced diet]. I always try, especially when going out, to eat some sort of vegetable item…and like snacking I try to go for the fruits first." Many students in this category also spoke about bringing their healthier eating habits home with them on breaks, and

attempting to explain to their formerly junk food-eating parents about the benefits of balanced, healthier meals.

The majority of these students were fully cognizant of how improving their eating habits had made them feel healthier since beginning college. In response to a question about how behaviors, attitudes, and beliefs surrounding health have changed since transitioning to college, one female respondent answered:

> Recently I've definitely started eating better. And I don't think that started until like the past year maybe – just sort of feeling like more of an adult and like really not having a meal plan anymore. Like actually going to the grocery store and like making more decisions about what I'm buying and how I'm preparing it. I've gotten far more healthy with like food I think.

Many students explained that they are now stricter on themselves about portion size and the way their food is prepared than they were prior to college. Others simply stated that since starting college they have been forced to think more about what they are putting in their body. Merely being cognizant of the food they are consuming has resulted in improved eating habits, and large strides toward a more positive health lifestyle.

Bourdieu asserted that the willing exercise participant, an individual with a high social class background, must appreciate symbolic returns from exercise in the form of delayed gratification and intangible rewards to the body. In contradiction to Bourdieu's findings, the majority of my working-class respondents illustrated their understanding of the symbolic, intangible profits derived from exercise. One student gave a very comprehensive explanation of why he chooses to exercise:

> It makes me feel really, afterwards you feel great. I mean endorphins released, you feel excellent. I mean I know that it's good for me; it's a good way to stay in shape. I know it also helps me. When I exercise it helps me stay conscious about what I eat too. It's like oh if I eat this it's going to ruin my run so I might as well… so once it gets cascading, if I keep up exercising it helps the other side with the food. So I do it because I know that it's all 100% very good for me.

This quote exemplifies this working-class student's understanding of symbolic returns from exercise – delayed gratification in the form of staying in shape and intangible rewards in the form of feeling good afterward. Another student explained her rationale behind exercising in detailing the symbolic returns she achieves from it: "I'll do yoga…that's more of a relaxing thing that I'll do to like calm myself down." Although most of these students were not raised in environments that encouraged exercise participation, they nonetheless developed an appreciation for the intangible benefits of physical activity.

In Warde's (2006) extension on Bourdieu's theories about the relationship between class and health, he found a common sentiment of guilt among upper class research participants who reported a lack of exercise. In contradiction, I found evidence of this attitude among my lower class research participants. When I asked working-class individuals if they do the things they believe they should do to be healthy, several responded with guilt-filled answers about not exercising as much as they would like to. A daughter of two high school-educated parents answered:

> My working out is not…I'd like to work out for about an hour, just allowing to and from time from the gym and probably doing about 30-40 minutes of cardio but I, this semester has been very difficult for me to get into a routine with all my work. So right now I'm not doing the working out I need to.

It was common for a respondent to exclaim that the interview questions were making them feel bad about how often they exercised, or were motivating them to work out more often. The undergraduate son of a hairdresser expressed his exercise-related guilt early on in the interview. When asked what it means to be healthy, he ashamedly responded, "For me, I think exercise. So if I were to go by those standards right now I don't think I'm healthy at all." At the end of the interview, he told me that his plans for the afternoon had changed – he would now be going to the gym instead of the library.

College Experience and Health Lifestyle: "College Lifestyle" as Barrier

Regardless of social class background, upbringing, or current health lifestyle, it was overwhelmingly popular for respondents to cite "the college lifestyle" as a major barrier to attaining an optimal level of health. College is an adjustment period for most people, a transition from childhood to adulthood, an interlude where young people are provided with more autonomy than ever before. Primarily, students spoke about the influence of alcohol and drug prevalence in the college environment on their health lifestyle. For example, one undergraduate's tongue-in-cheek response to "what do you need to do to be healthy?" was:

> Graduate from college. I don't know. It's just such a weird environment to be in. It's really easy to like not take care of yourself because it's not really your priority. It's not as relevant to your life right now because you're so distracted by other things. Don't do drugs. Limit your drinking. Try to go to bed at a reasonable time every night. But who actually does that?

This individual's answer illustrates several components of the college lifestyle that make health maintenance a challenge. As most college students are young and healthy, taking care of oneself and one's health falls low on the list of priorities. College is also

characterized by a multitude of distractions – club meetings, dorm gatherings, fraternity parties, volunteer excursions – to name a few. This combination of low prioritization of health, attractive distractions, and alcohol and drug accessibility interact to create an environment where maintaining a positive health lifestyle is not seen as important.

One respondent attempted to explain what it is about the college environment that encourages behavior that would be socially reprimanded in any other setting:

> I guess I feel like a lot more things are permissible now that warrant, maybe like drugs and alcohol, I guess…like drugs and alcohol are so prominent in college that doing them doesn't seem like a big deal to your health…you factor these kinds of things into your so-called healthy lifestyle in college because they're so common. If you drink heavily on a Thursday, Friday and Saturday night, that's nothing. You don't factor that in until you're out of college. You're just like "oh it's college." That's like a separate entity from what you do the rest of the week when you're not going out. You don't factor that in to your general health. You know, after college, if I was working or whatever and I drank three nights a week I'd probably be like, "that's not healthy. That's like a little weird." You know, here, in college, it's not weird.

The student's response demonstrates the "work hard, play hard" ideology present in many elite college environments. Students go to class, study, and concentrate on their schoolwork during the week. But, once the weekend rolls around, it's party time – "a separate entity from what you do the rest of the week" – in the words of my respondent.

Her response also demonstrates the importance of the commonality factor in influencing the health lifestyle of undergraduates. Students see what appears to be the majority of their friends and classmates participating in alcohol and drug-related activities. Pressure to partake exists in the form of following along with what everyone else appears to be doing. Additionally, the stigma surrounding these activities is lifted in the college context. While binge drinking three nights a week may be seen as socially

inappropriate or bizarre in the context of the so-called “real” world, the college lifestyle normalizes and encourages such behavior.

In the same way the weekend represents a break from schoolwork and studying, the college environment itself represents a break from maintaining a particular health lifestyle. College was commonly classified as disconnected from what happens before or after, a time period where one’s priorities are skewed by definition. Nevertheless, students were in no way disillusioned in thinking that their drug and drinking habits were healthy; they merely saw them as acceptable in their present social context. This phenomenon is exemplified by the following quote by the son of investment banker:

> I’m pretty cognizant about what I should do to be healthy, but I think that it doesn't really change my behavior because I know these were the last few years that I had to just destroy my body with drugs and alcohol before the real world where I’ll have to start maintaining a healthier lifestyle.

This individual fully acknowledges the detrimental nature of his health lifestyle, but rationalizes it in terms of the social norms of college life. He speaks about the effect of his drinking and drug habits in a strikingly dissociative manner. Although he describes what he sees as the end result of his current health lifestyle – the destruction of his body – it does not cause him any immediate concern. Inconsistent with Bourdieu, this upper class student not only neglects to maintain the physical shape of his body, he knowingly participates in activities that permanently damage it. This student sees his personal health as something that is not relevant to him at the present moment. Yet, he recognizes that once he emerges from the college bubble, where rampant drug and alcohol use is not the norm, he will be forced to improve his health lifestyle.

Although the discourse surrounding the exceptional nature of the college lifestyle was primarily focused on alcohol and drugs, some students did cite college as a barrier to optimal diet and exercise habits. One student explained:

> Sometimes I feel like it's hard at college, especially the eating healthy, because you have to cook for yourself and it's hard cooking for just one person. And also the foods that, eating out a lot with friends and stuff gets in the way. And then working out, sometimes it's hard to find time with all the work and stuff of college and everything.

Between heavy courseloads, part-time jobs and internships, sorority and fraternity membership, sports team participation, and a multitude of other activities, students can struggle to find time for personal health. Many undergraduates focus on filling their schedule with resume-building activities that will benefit them when applying for jobs and graduate programs. Fixation on gaining acceptance to a particular elite program can cause health maintenance to fall to the wayside. The college experience varies greatly from student to student – some lose themselves in the acceptability and accessibility of alcohol and illicit drugs, while others devote all of their time to schoolwork and extracurricular activities. Unfortunately, either type of college experience can be detrimental to the health lifestyle of the student.

Discussion

Relation to Bourdieu and Warde

My research in part supports Bourdieu's theories about the cultural relevance of diet and exercise. The majority of my undergraduate respondents from high social class backgrounds reported growing up in households that both modeled and encouraged exercise and a light diet. What's more, as Bourdieu suggests, the promotion of this

behavior fulfilled a specific purpose – to cultivate and maintain the physical shape of the body. As the French sociologist would have predicted, lower class respondents tended to report a lack of exercise modeling or encouragement during their childhoods. In the context of "food space," working-class parents tended towards heavier, more fattening foods. A "body-for-others" ideology, with the emphasis on the physical presentation of the body, did not seem to exist during the upbringings of my lower social class respondents.

However, Bourdieu's theories cease to apply to my findings at this point. Exercise participation in childhood provided students from all backgrounds, not just the upper classes, with beneficial social profits. Parental discourse surrounding body shape as a proxy for health did not correlate with social class background. Students' conceptualizations about health and how to be healthy did not vary by class status, as Bourdieu's theory would have expected. Rather, the discourse among working-class and upper-class students were the same: they spoke about health in terms of exercise and diet. Maintaining one's health had the same purpose – to maintain body weight and cultivate an aesthetically pleasing physical appearance – regardless of background.

In complete opposition to Bourdieu's theories, once students transitioned to college, they tended to acquire health lifestyles that were completely divergent from those of their upbringings. Respondents from high social class backgrounds, who were socialized to eat light, balanced meals and participate in regular exercise, began eating fast food and skipping out on the gym. Conversely, undergraduates from lower social class backgrounds developed an appreciation for lighter, healthier food and habitual physical exercise.

What's more, the integration of these behaviors into the health lifestyles of my working-class respondents did not appear to be transient. Students in this category demonstrated an understanding of the significance of the abstract movements inherent in exercise, an insight Bourdieu theorized could not exist outside of the upper classes. The majority of these respondents also revealed their appreciation for the intangible, delayed profits gained from physical activity. Among this population, the discourse surrounding returns from physical activity encompassed anything from "staying fit" to the feeling of exhilaration upon the release of endorphins after exercise. The importance of physical exercise had become so ingrained in the lifestyles of these working-class undergraduates that they commonly expressed guilt for not exercising as much as they believed they should.

Warde's (2006) conclusion – that upper class individuals possess an appreciation of the importance of exercise for its own sake – corresponded with my findings. Warde found that the discourse surrounding exercise as important for its own sake encompassed health, fitness and body discipline. The majority of students from high social class backgrounds, despite a decline in physical activity since college matriculation, tended to demonstrate an understanding of exercise as a means to health. These respondents commonly spoke about exercise simply as a pathway to feeling good and being healthy. Among my population, the dominant discourse was exercise for its own sake as a means to achieving health.

That is the extent to which Warde's findings apply to my research. He witnessed a decline in exercise that corresponded with a decline in class status, and observed that body shape served as a physical manifestation of cultural capital among his research

participants. I experienced neither of these phenomena. In fact, students from lower social class backgrounds often exercised more than their higher status counterparts. In no way did body shape physically indicate my respondents' class status – my research participants were of all shapes and sizes that in no way corresponded with their social class background.

Interpretation of Findings

Why did the majority of my findings deviate so strikingly from those of Bourdieu and Warde? In DiMaggio's exploration of modes of cultural capital acquisition, he postulated that Bourdieu's theory of cultural capital acquisition was too strongly tied to parental background. In an attempt to test Bourdieu's cultural reproduction model, DiMaggio found partial support for his cultural mobility model – proving that, in some cases, cultural capital can be acquired from sources outside of one's upbringing. With respect to my results, it is likely that my working-class respondents developed their positive health lifestyles by virtue of participating in elite status cultures. Matriculating to an expensive, private, elite university granted these individuals access to high cultural capital through interaction with high status students and professors. This involvement in an elite cultural environment taught students from low cultural capital backgrounds to not only appreciate, but also to integrate, the high cultural capital understanding of a positive health lifestyle into their routines. These formerly low status individuals were provided with the opportunity to acquire high cultural capital ideologies through participation in the elite status culture of the Emory University community.

Additionally, Langlie's (1977) investigation of the factors that determine preventive health behaviors concludes by acknowledging the influence of both

situational context and social network characteristics. I found support for the effect of social networks on exercise activity within my sample. Many students reported exercising at similar frequency as their closest friends and roommates. Although I did not ask about the eating habits of my respondents' friends, it is probable that a correlation would have existed. Subscription to a particular social network could imply the acquisition of a certain health lifestyle, especially among lower social status students. Therefore, it is possible that my respondents altered their health lifestyles upon transitioning to college with the goal of fitting in with a particular social group.

Situational context – an admittedly abstract concept – without a doubt played a role in determining the health lifestyles of each of my respondents. Sociology teaches us that we are all products of our social context. The institutions, groups, and individuals we interact with throughout the course of our lives shape our actions, beliefs and personal preferences. Hence, a variety of contextual factors, aside from upbringing and parental cultural capital, served to determine each respondent's concept and practice of a health lifestyle.

Lareau (2002) concluded her investigation of parenting style and cultural capital by asserting that students brought up in a high cultural capital environment enter adulthood with an emerging sense of entitlement. This privileged ideology among high status students could aid in explaining why the majority of these individuals chose to neglect their health lifestyle upon college matriculation. Respondents from high social class backgrounds may feel as though they are entitled to enjoy themselves during their college careers. Instead of focusing on their personal health, these students allow themselves to indulge in the sedentary, fast food-heavy, alcohol and drug-intensive

college lifestyle. Although the high status respondents understand very well the importance and necessity of maintaining a positive health lifestyle, they see college as a "time off" where they are entitled to behave in a manner entirely opposed to the way they were raised.

Role of College Experience

Since there is not a strong body of research addressing the influence of the college experience on health lifestyle, I have formulated my own interpretation of the frequent discourse surrounding the college lifestyle as a barrier to health.

College is the first time in students' lives where they are free from the rules, restrictions, and hovering eyes of their parents. It represents a transitional period in life, a period of total liberty and very little responsibility. Students are obligated to do nothing aside from attend classes. Some fill their free time with productive activities, while others lose themselves in their newfound freedom. What's more, expectations surrounding the college atmosphere normalize what would be seen as excessive drug and alcohol use in any other context. Popular culture, in the form of movies such as "Animal House" or "Old School," even go as far as to glorify rampant substance use in college. A widely circulated Internet quote exemplifies popular conceptualization of the college lifestyle: "After college, it's called alcoholism." Regardless of social class background, current health lifestyle, or personal definition of health, each of my respondents reported taking part in activities that would be deemed socially unacceptable outside of the college bubble.

My results indicate that college serves as an equalizer across social class backgrounds. For those who were socialized into positive health lifestyles from early childhood, it served as a break from health maintenance and prioritization. Nevertheless, these students maintained their ideological basis regarding the importance and meaning of diet and exercise. For those whose were not taught to appreciate diet and exercise in childhood, interaction in college served to teach them their present health lifestyles. The fact that the vast majority of students in my sample, without regard to background, spoke about health in terms of the body exemplifies this equalizing affect. More than permitting rampant substance use, the college experience serves to socialize students into the dominant, high social class ideology concerning health and the body.

Limitations

Due to the exploratory nature of my qualitative study, my intention was not to generalize my findings to a larger population. A convenience sample of 20 individuals cannot be representative of any of large group. The purpose of my research was not to attain generalizable findings, but to determine the ways in which the experiences of my respondents fit in with Bourdieu's theories. I sought to illuminate my interviewees' conceptions of health in order to uncover the mechanisms through which Bourdieu's ideas play out in reality. It would be necessary to perform additional research with representative samples of more individuals from each class group to discover if the same patterns hold.

Additionally, educational attainment is not a perfect proxy for cultural capital or social class background. Ideally, each indicator would be assessed individually by

attaining information about income, occupational status, education, participation in high cultural activities, and many other factors. Given the financial and time constraints of my study, a full assessment of cultural capital and social class aspects was simply not possible.

Areas for Further Research

It may be useful to reach out to my respondents several years after college to see if the majority reverted to the pre-college health lifestyle or perpetuated the opposing health lifestyle adopted during college. A follow-up study would determine the permanence of the effects of the college experience. Along the lines of the theorized benefits of cultural capital, it would also be relevant to assess if one's health lifestyle aids him or her in navigating social life post-college. If health lifestyle is truly inherent in cultural capital, those who possess health lifestyles most congruent to the high cultural ideology should have the easiest time procuring employment and becoming successful. Additionally, it would be useful to follow up decades in the future to observe the ways in which each respondent socializes his or her offspring to conceptualize and practice health.

Future research should seek to illuminate the patterns I have found in greater depth. Performing a similar qualitative interview study with more respondents at a different institution may yield a better understanding of the mechanisms inherent in determining one's health lifestyle. It would be of interest to establish if similar patterns hold despite a dissimilar college environment. Implementing a similar study at a different type of undergraduate institution, like a Midwestern state university or a northern liberal arts college, would determine the relevance of college setting in

students' acquisition, implementation and conceptualization of health lifestyle. After additional in-depth interviews, a survey covering topics such as social class background, ideas about the body, health lifestyle in childhood, health lifestyle in college, and conceptualization of the college experience should be created. To ascertain if the patterns I have found present themselves in a larger population, this survey should be disseminated to a representative sample of college students across the country.

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Appendix

Interview Guide

CHILDHOOD AND CULTURAL CAPITAL (Age 0-14)

1. Who raised you? (e.g., mother and father; grandmother and grandfather; mother and stepfather)
2. What are your parent(s)' or guardian(s)':
    a. Occupation
    b. Highest level of education (e.g., high school degree, some college, Bachelor's degree, graduate degree)
    c. Race

3. Where are you from? Where did you grow up? Is that a small town, a suburb or a city?

Childrearing strategies

3. *Organization of Daily Life:*
    Growing up, what kinds of things did you do after school? How many days a week did you usually have some kind of activity? What kind of activities did you participate in (e.g., soccer team, piano lessons, church group outings)? What were your favorites? Or, did you not participate in many organized activities? What did you do instead?
4. *Language Use/Discipline:*
    How did your parents talk with you? Did they encourage discussion? Did they encourage you to express your opinions and ideas? When disciplining you, were your punishments somewhat open to negotiation or did your parents use "directives"?
5. *Social Connections:*
    What was your relationship with your extended family (e.g., aunts, uncles, grandparents, first and second cousins) like growing up? Did you live with any of your extended family members? If not, how close did they live to you? How often did you see them? Did you see them only on major holidays or at other times as well? If you had an extracurricular activity planned during time designated to see family, which would your parents allow you to skip? Was your best friend a family member or neighbor or someone you met through an extracurricular activity?
6. *Health and Family:*
    Did your parents ever talk with you about health? And how to be healthy? Did they make you do anything as a kid to "be healthy?" Did they, themselves, model healthy behaviors? What were typical breakfasts, lunches, and dinners that your parents made you growing up? Did your parents allow you to snack between meals? *What kind of snacks did you have at home? Did you eat at fast-food restaurants? Could you always have dessert after dinner?* Did they encourage you to eat a balanced diet? Did they place restrictions on your intake of sweets and other unhealthy foods? Did your parents themselves demonstrate a consciousness of their eating habits? Do you

remember either of your parents ever being on a diet or restricting themselves from eating certain foods/kinds of foods?

7. *Exercise:*
   What (if any) exercise did your parents do while you were growing up? Did your family belong to a gym or health club? If so, how often would you say you went? Did you ever exercise (e.g., run short races) with your parents during childhood? Did your parents encourage you to participate in any exercise-related activities outside the extra-curricular activities you already participated in? Did your parents ever explain to you the importance of regular exercise?
8. *Smoking:*
   Do you ever smoke? How often? When? When did you start? Why? Did your parents smoke at all while you still lived in their house? *When was the first time? What do you mean by that?*

COLLEGE TRANSITION AND HEALTH-PROMOTING BEHAVIORS

General Health

What does it mean to be "healthy"? What do you think you need to do to be healthy? Do you do those things? Why or Why not? Where did you learn these things (if not from parents)?

Smoking

Have you ever smoked cigarettes or cigars since you've started college? Have you ever used chew tobacco or snuff? If you do smoke, how often do you? How many cigarettes would you estimate you go through per week? Do you smoke only in social settings (e.g., while drinking, at parties)? Do you smoke to relieve stress? If you have never smoked or have only tried it a handful of times, why do you choose not to smoke? Do your friends smoke?

Exercise

In an average week, how many times do you exercise? In one exercise session, how many minutes do you spend? What kinds of exercises do you do (e.g., running, elliptical, weight training)? At what level of physical exertion would you rate an average exercise session (1-10)? Do you play a sport or belong to a team at Emory? Why do you exercise? Do you usually exercise at a gym or somewhere else? Do your friends exercise? Do you exercise more or less than your friends?

Sleep Patterns

On an average night, how many hours of sleep do you get? Do you usually take naps during the day? Do you find yourself falling asleep or feeling very tired during class or other activities? How many times have you pulled all-nighters? During a stressful period like finals, how many hours of sleep would you estimate you get on average?

Diet

What did you eat for breakfast, lunch and dinner yesterday? Is that a typical set of meals for you? If not, what would say you eat in a typical day? Do you try to eat a balanced diet? Are you conscious of your calorie intake? How many times a week would you say you eat a meal at a restaurant? Have you been on a diet since you began college? Are there any foods or kinds of foods you restrict yourself from eating for health reasons?

How have your behaviors, attitudes, beliefs or behaviors surrounding health changed since you started college? Why do you think this is the case?