

**Training Bodies, Building Status:
Health, Physical Capital, and the Negotiation of Difference
in the U.S. Fitness Industry**

by

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A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Sociology)
in The University of Michigan
2012

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Acknowledgements

It would be impossible to even write “Dissertation Acknowledgments” without a committee that supported and mentored me throughout the process. To Karin Martin, my Chair, thank you for nurturing my interests in the body, inequality, and sexuality in the ways that you did. I came to Michigan because you were one of the few sociologists at the time who identified themselves as a scholar of the body—and your research on gendered embodiment quite literally changed the way I thought about the subject matter of sociology. It was your continued encouragement throughout my years at Michigan, however, that truly made the difference. From your qualitative methods course and ushering me through my first publishing experience, to guiding me from the start of the dissertation to the end, I have always appreciated your insight and feedback. Lastly, thank you for being a friend—someone who was always “in my corner” and would not only listen to my struggles, but offer help in any way possible. That is the mark of a truly great mentor, and someone who cares deeply about developing scholars.

To my other committee members (Howard, Renee, and Esther), I also want to extend my deepest thanks for the years of support, and for being present in my scholarly life. Howard Kimeldorf—you taught me the value of asking “why” questions and always striving for the intriguing puzzle in my research. Thank you for your honest and extensive feedback on my writing, and for never being afraid to literally strike through things I wrote (in bright red pen, no less!). Your influence has helped shape my critical mind in ways that I appreciate every single day. Renee Anspach—it has been a pleasure

getting to know you over the years. Your encouragement and enthusiasm for my work on health, exercise, and the body has never waned. It was such a rewarding experience working with you on the *Diagnosis* book and getting a glimpse of what I might accomplish at some point in my career—namely, one of the most provocative reviews of the medical field I’ve ever read. Simply leading by example in the way you have has inspired me to want to accomplish great things. Esther Newton—thank you for being the “supportive critic” I have come to know and admire deeply over the years. I always loved sitting down and talking with you because I knew that I would come away with better and more focused ideas. When I first took your course on “Lesbian Worlds” in 2006, I never would have imagined that you might some day sit on my dissertation committee. What an incredible honor it has been to work so closely with you, and to be able to incorporate your diverse perspectives from Anthropology, Women’s Studies, and American Culture into my work. To all of my committee, thank you.

One of the other most important people in my academic life is someone who deserves acknowledgement for all of her hard work on my behalf. PJ McGann took me under her wing as an inexperienced, but enthusiastic, graduate student and instilled in me confidence that I never knew I possessed. By modeling good teaching practices and pedagogy, she illustrated exactly what all sociologists should strive for in their teaching—critical engagement with the material and students. PJ was also key in helping expand my scholarly network. At conferences, she would escort me around and introduce me to everyone she knew, all the while singing my praises to veritable strangers. Her continued belief in my potential led us to co-edit a volume on the sociology of diagnosis, which I credit with helping to move my own research on health

and the body in new directions. However, what I most cherish about PJ is her friendship. Never have I met someone more dedicated to helping friends, students, and people in her life. She is the first one to ask if everything is okay when something goes wrong, and the first one to be at your side with a glass of wine when you have something to celebrate. Thank you PJ, simply for being you.

I also want to thank the amazing faculty in the Department of Sociology at San Francisco State University. That was where my sociological imagination first ignited and was encouraged by so many key people. With the support and mentoring of people like Jessica Fields, Chris Carrington, Karen Hossfeld, Clay Dumont, and Andreana Clay, I would not be here today. Thank you so much for being some of the most inspirational scholars I have ever met, and for providing the environment where my love of the discipline could grow.

I am, I believe, one of the luckiest people in the world to have had such a loving and supportive family my entire life. To my mom and dad, Jim and Marlene Hutson, you have always wanted good things for me, and tried your best to push me in ways that I usually resisted. But, your belief in me from the time I was in grade school all the way until earning my Ph.D. has never wavered. I love you both and am so appreciative that I am part of this family. To my sisters, Tamara and Kristin, thank you for making me laugh and keeping me sane throughout graduate school. I always tell my friends that when my family gets together, we spend a great deal of time hanging out and laughing. I can't recall the number of times we've all been debilitated by laughter because of some random, hilarious occurrence. And each and every time, I think to myself "I have a

fantastic family.” I may not always get to see you very often, but your presence in my life is always felt.

To William White, my best friend and “brother,” it is cliché to say that words can not express how grateful I am (and have always been) for your friendship. But, it’s true. Every step on my path from Mishawaka to San Francisco to Ann Arbor has been because of you. It is absolutely rare to meet someone who just “gets you” and who you feel comfortable around 24/7. I consider myself lucky to have crossed paths with you when we were growing up, and even more fortunate to see the man you’ve become over the years. I am thankful that we both went through similar experiences at the same time—you in law school and me in grad school—because we both emerged more mature and grounded individuals. I have absolutely no doubt, no matter where I end up, you’ll always be there next to me...figuratively, if not literally. Here’s to eventually ending up geographically closer one day. I made it one state westward!

I have always maintained that no “solo authored” publication is ever truly written alone—from colleagues and anonymous reviewers to journal editors, many people provide input on your work and writing. The accomplishment of this dissertation has included numerous other people that need to be acknowledged for their various roles throughout the process. To my writing group (Laura E. Hirshfield, Emily A. Kazyak, Katherine P. Luke, Zakiya Luna, Carla A. Pfeffer, and Kristin S. Scherrer), it is an understatement to say that I could not have done this without you. Your input on my work and feedback throughout the years at Michigan helped make me the scholar I am today. Having a group of people who you can share things with—no holds barred—is one of the

most important factors that helped me process the many challenges of academia. Thank you for all of your advice, care, and support. Go GSSSG!

To Alex Gerber, my “sushi girlfriend,” thank you for being one of my closest friends and commiserating with me about being an “urban ex-pat” in Ann Arbor. Little did we know then that you’d end up in Florida and I’d end up in Wisconsin! Without you and your amazing brain, I would not have written a dissertation on “physical capital.” It was your keen insight into my work late one evening when you planted the seed of an idea in my mind, and then encouraged me to see it through. Thank you also for being such an amazing cook and for always including me in your delicious meals. You kept me fantastically well fed for the better part of a year. And finally, thank you for always being honest, smart, critical, generous, and above all fun. See you for True Blood?

To Kim Greenwell, another person who has been an amazing friend and colleague over the years, I want to say...thank you (you weren’t certain I was going to play nice, were you?). First, thank you for your constant willingness to give me simply amazing feedback on my work. You have the rare gift of being able to provide critical comments and suggestions, while never coming across as dismissive. Thank you for having the seemingly exact same sense of humor as me, and for finding life as occasionally absurd as I do. Thank you for your love of muppets, and your gift-giving ability—seriously, the brick labeled “Amy” is still one of my all-time favorite presents. And now, here is a list of things I know you’ll appreciate: rat tails, hot pockets, precious, the head and bust of a china doll, tuna fish sandwich, the hoarder john, and sunflowers.

To Avi Astor, a friend and colleague who also provided me with fantastic input on my writing and dissertation. Your feedback was critical in helping me shift some

framing around Bourdieu, and was the key factor in changing terms and direction. But beyond the intellectual support, you've been a great friend and someone I've loved hanging out with. I can't count the number of times we've shared a laugh—often about something you said, but equally enough about things you did. You are one of the truly rare “great guys” out there in the world and I expect nothing but good things for you in your life (that is, as long as you never wear that peach shirt in public). Looking forward to many more Skype chats with you in the years to come!

Lastly, I would like to acknowledge individuals in Rackham's Office of Graduate Student Success who have been central to my completing this degree: Pat McCune, Mark Kamimura-Jimenez, Ali Salamey, and Natalie Bartolacci. Without the continued support—both financial and emotional—from Rackham's Graduate Student Staff Assistant (GSSA) initiative, I would not have had the appropriate time or money to finish my degree. In addition to helping me afford graduate school and keep food (and wine) on the table, the atmosphere at Rackham was one that always encouraged me to stay focused on my dissertation and to never lose sight of the end goal. Thank you all for your support and encouragement over the past two years.

This dissertation is the culmination of eight years of graduate study and three years of research and writing—all made possible by the people mentioned above. Because of your influence in my life, I have been able to complete a life-long dream. This manuscript is as much yours as it is mine.

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Chapter 1

Introduction

Even a casual observer of U.S. culture would agree that Americans are obsessed with appearance, beauty, and health. Concern with such topics is woven into our daily routines in ways both pervasive and subtle. From the moment we awake in the morning, images of good-looking people in advertisements or on TV loom before us. News programs and websites transition effortlessly from discussions of dire world politics to weight-loss tips from celebrities. For example, CNN’s website juxtaposes a story about North Korea’s latest missile test alongside Jessica Simpson’s fashion tips on the cover of *Elle* magazine—both of which sit next to an advertisement for an exercise system that is “guaranteed” to build muscle. Our cereal boxes feature athletes or models and regularly remind us that eating something like *Special K* can help people (specifically women) reach their weight loss goals to be “The most beautiful *you* on your wedding day.” A typical magazine aisle in a bookstore or drug store features hundreds of images of beautiful bodies. No matter the subject, from music and fashion to finance and travel, most covers draw readers in by showcasing trim, well-groomed, and traditionally attractive physiques. Even politics are not immune from this aestheticization of daily life, as the numerous shirtless photos of President Obama clearly illustrate. By the time our day has ended, we have been exposed to literally thousands of messages about beauty and health in American culture, causing us to both consciously and unconsciously

compare ourselves to this seemingly ubiquitous ideal. It is no wonder then that we spend so much time, money, and effort trying to improve the look and condition of our bodies.

And spending on such endeavors has increased substantially over time. The U.S. Department of Commerce reports that revenues from cosmetic and beauty products increased 6% from 2009 to 2010, totaling \$33.3 billion annually (Bureau of Economic Analysis 2010). This sum exceeds purchases of both foreign cars (\$27 billion) and televisions (\$25 billion) in the same year (Bureau of Economic Analysis 2010). The average American household with two or more people spent more on clothing in 2010 with apparel for men and boys reaching \$495, women and girls \$865, and infants, footwear, and other accessories topping \$833 (Bureau of Labor Statistics 2010). This parallels similar gains in new beauty markets, specifically for men. A recent report on male grooming products estimates that worldwide spending totaled \$61.3 billion in 2009—a 37% increase over a 5-year period from 2004 (Dowd 2009). Cosmetic surgery procedures have also risen in recent years (see Table 1.1). Between 2009 and 2010, there were 13.1 million cosmetic surgeries (a 5% gain from 2009) with women accounting for 91% of the population (ASPS 2010). Interestingly, cosmetic surgery for men increased as well, specifically in procedures for eyelid surgery, liposuction, breast/chest reduction, and hair transplantation (ASPS 2010). Such figures all point to a widespread and pervasive concern with one's appearance—testaments to how much time and money we will spend on trying to look good and feel attractive.

Table 1.1: Top Five Surgical and Minimally-Invasive Cosmetic Techniques for Women in 2010¹

<i>Surgical</i>	<i>Total</i>	<i>Change from 2009</i>
Breast		
Augmentation	296,000	+ 2%
Nose Reshaping	189,000	- 1%
Liposuction	179,000	+ 2%
Eyelid Surgery	177,000	+ 3%
Tummy Tuck	112,000	+ 1%
<i>Minimally-Invasive</i>	<i>Total</i>	<i>Change from 2009</i>
Botox	5 million	+ 12%
Soft Tissue Fillers	1.7 million	+ 2%
Chemical Peel	1.1 million	no change
Laser Hair Removal	773,000	+ 5%
Microdermabrasion	666,000	- 5%

¹ Data comes from the "Report of the 2010 Plastic Surgery Statistics" published annually by the American Society of Plastic Surgeons

Alarminglly, these figures do not take into account the health and fitness industry. According to a recent report, 38.7% of all Americans are consciously trying to manage their weight, either for maintenance or weight loss purposes (Porjes 2010). This body of consumers constitutes a continually anxious market—one that relies on products and services that cater to almost 40% of the adult population. Such insights are not lost on businesses looking to expand their market share by advertising to this growing demographic. As one report estimates, approximately 50 million Americans may be categorized as “Fit Consumers,” individuals who claim to exercise regularly and self-identify strongly with the idea of exercise (Brown and Washton 2007). An equally important group of consumers are the 31.7 million American adults identified as “Wannabe Fit Consumers” who strive towards living the healthy lifestyle they see portrayed in movies, magazines, and advertisements (Brown and Washton 2007). Accordingly, health club memberships have risen to meet this demand (see Table 1.2).

From 2005 to 2011, the total number of U.S. health clubs grew by 3,060 while health clubs memberships increased by 8.9 million and industry revenues by \$5.5 billion (IHRSA 2005; IHRSA 2011). Such increases, even within the context of multiple economic recessions, speak to how Americans prioritize their appearance and health, even when cutting back on other items.

Table 1.2: U.S. Health Club Industry Figures, 2005-2011 ¹

	<i>2005</i>	<i>2011</i>	<i>Change</i>
Number of Clubs	26,830	29,890	+ 3,060
Memberships	41.3 million	50.2 million	+ 8.9 million
Revenues	\$14.8 billion	\$20.3 billion	+ \$5.5 billion

¹ Data comes from the 2005 and the 2011 "Global Report: State of the Health Club Industry" published by the International Health, Racquet, and Sportsclub Association (IHRSA).

Obviously Americans spend considerable time and energy thinking about, reading about, worrying about, and strategizing their appearance in myriad ways. They pay out billions of dollars each year on grooming, fitness, and beauty products. Yet, investing effort in one’s appearance still carries with it the assumption of either vanity or frivolity, perpetuating the notion that one’s appearance ultimately should not matter. Such views are even codified in the maxims we teach children, such as: “Beauty is only skin deep” or “You should never judge a book by its cover.” While a noble sentiment in theory (particularly for attempting to combat sexism and racism), it is clear that Americans *do* care about the proverbial cover, and that they do judge others based on their appearance. As numerous studies reveal, better looking individuals are evaluated more positively by their peers, either through an assumption of being a “good” person (Dion, Berscheid, and

Walster 1972), better at certain tasks (Anderson et al. 2001; Webster and Driskell 1983), or simply more qualified for jobs (Hamermesh 2011; Judge, Hurst, and Simon 2009).

Thus, the consequences of health and beauty seem apparent at many levels of social life.

However, apart from some sociologists who have studied embodiment through either gender or gendered beauty (Barber 2008; Black 2004; Craig 2002; Gimlin 2002; Martin 1998; Mears 2011), sociology as a discipline has been slow to acknowledge scholarship on the body. The American Sociological Association only recently approved a new section on The Body/Embodiment in 2010, and articles on appearance, beauty, and embodiment have not found their way into mainstream, generalist journals outside of a few scattered examples (see Table 1.3)¹. This paucity of sociological research on the body is curious given the staggering amount of time, money, and attention we pay to appearance in our daily lives. For such a ritualistic and widely shared phenomenon to go under-studied constitutes a sizeable gap in our knowledge regarding influences on social behavior.

Table 1.3: Articles Published on "The Body" in Generalist Journals, 1982 - 2012

	<i>American Journal of Sociology</i>	<i>American Sociological Review</i>	<i>Social Problems</i>
<u>Search Terms</u>			
Body or Embodiment	0	1	2
Appearance	1	0	0
Beauty or Attractiveness	2	0	0
Fat or Fatness	0	0	0
Overweight or Obesity	0	1	2

¹ Terms were searched in both "Title" and "Abstract" fields of databases and scanned for relevance. Returns were considered relevant if they substantively engaged the term, which resulted in nine total articles (Ferraro and Kelley-Moore 2003; Martin 1998; Mazur, Mazur, and Keating 1984; Mulford et al. 1998; Ong 2005; Saguy and Gruys 2010; Saguy, Gruys, and Gong 2010; Webster and Driskell 1983; Weinberg and Williams 2005). See references for publication information.

This lack may be partially due to past theorization of the body primarily through the lens of identity, making it a topic best explored by psychology or social psychology, rather than sociology. Of course, exporting the study of appearance to other disciplines means that it becomes difficult for sociologists to find connections between the body and their own research, which may sit at the meso-institutional or macro-historical levels. For example, how does appearance factor into issues of discrimination and power in politics, corporations, or courtrooms? Is one's appearance a variable in the clinical setting—between doctors, patients, and healthcare providers? The sociology of the body has been ill-equipped to answer these types of questions, precisely because it has concentrated on micro-level processes and identity. To amend this problem, I suggest that we need to develop a conceptual framework that allows for linking individual practices to broader levels of analysis. This may be accomplished by conceptualizing the body as a form of status—a factor in processes of inequality and an axis of advantage/disadvantage in social life. In essence, we need to think about appearance and the body as resources that are developed and traded for other types of commodities including money, social connections, and prestige. To achieve this joining of embodiment to wider systems of power, I turn to Pierre Bourdieu's work on the forms of capital.

Bourdieu's development of a theory of capital has had far-reaching effects within sociology, as it provided a framework for thinking about the reproduction of inequality through cultural and social means, instead of only through economic means (Bourdieu 1986). His model for how knowledge of cultural forms such as art, food, wine, and manners—termed “cultural capital”—reproduces status difference as effectively as

wealth also has implications for appearance and embodiment (Bourdieu 1984). As illustrated above, we spend incredible amounts of time and money on our appearances, and they are exchanged in myriad ways including dating, marriage, promotions, authority, credibility, and esteem. For example, fashion models, professional athletes, personal trainers, politicians, and even doctors utilize their appearance to further economic and social goals. Yet, a coherent theory of what might be called “physical capital” has only been partially developed (Bourdieu 1978; Shilling 1993). I suggest a return to this important concept in sociology, as it better explains forms of embodiment today and how such forms are used as resources to negotiate social hierarchies. Thus, the purpose of this dissertation is to explore the concept of physical capital, which I define as: *the value assigned to particular modes of embodiment, uses of the body, and interpretations of the body that may be appropriated, exchanged, or reinvested for additional profit or status.*

The most compelling evidence pointing to the significance of physical capital remains the growth of body and beauty-related professions in recent years. As noted above, occupations such as beauticians, hairdressers, stylists, fashion designers, cosmetic surgeons, and personal trainers have witnessed an increase in both general interest and revenues (ASPS 2010; IHRSA 2005; IHRSA 2011). While each of these vocations offer a window into the process of building up physical capital, personal training stands out as an ideal case for many reasons. First, personal trainers are not experts in beauty or style, but in exercise and health. Because a healthy body is also thought to be a beautiful body, exercise comprises one of the few activities that sits at the intersection of discourses on health and attractiveness simultaneously. Indeed, many of the previously mentioned

beauty practices may carry serious health risks, even if the techniques produce a more ideal physique. Second, personal trainers often engage in long-term relationships with clients where inter-personal connections are formed and maintained. While hairdressers may also bond with their clients, personal training connects individuals through activity that is understood as inherently *moral*. Exercising and attending to one's health carries with it social approval gained through "hard work," and adds a layer of complexity to the process of working for physical capital, rather than acquiring it through more immediate means such as cosmetic surgery. Third, a personal trainer's own physical capital matters much more than for other body-related professions. Whereas a cosmetic surgeon's credentials derive from their degrees, a personal trainer's credibility depends on how they look. As exercise experts, trainers are required to illustrate the mastery of their craft visibly on their bodies. Thus, the personal trainer-client relationship provides insight into how physical capital is built up, utilized, bought, and sold.

While scholars have studied the influence of appearance in some areas of social life, we actually know very little about how individuals strategize, invest in, and think about the potential returns on their bodily investments. This study aims to investigate the existence and function of "physical capital" in the health and fitness industry, in order to explain why possessing a "fit" physique acts as a status characteristic that nets personal trainers and their clients rewards including prestige, the assumption of knowledge, financial security, social opportunities, and a degree of authority. In addition, this research also sheds light on an under-studied area in sociology and helps theorize how one's appearance operates as a resource for navigating status differences. I now turn to a brief review of past scholarship on the body in psychology and sociology. As will

become evident, these perspectives on embodiment contain limitations that the concept of physical capital addresses.

Psychological Studies on Appearance and Attractiveness

The study of appearance and attractiveness may be found throughout many branches of psychology, but seems to be most explored by evolutionary psychologists focusing on sexual selection, clinical psychologists studying body image and eating disorders, and social psychologists studying the physical attractiveness bias. While each takes a slightly different approach to appearance, what they all share is a common belief that attractiveness influences human behavior and interaction. Yet many problems exist with such psychological interpretations, often casting people's attempts at bodily change as either pathology or instinct, while excluding important socio-cultural factors.

For example, evolutionary psychology posits answers for contemporary behavior within evolutionary theory and psycho-sexual response. Concentrating primarily on "mate selection" between men and women, this literature finds evidence for reducing all evaluations of beauty to the biological process of passing along the best set of genes. Typically referred to as "good gene sexual selection theory" (Weeden and Sabini 2005), this body of literature suggests that determinations of attractiveness have developed as cues indicating good health and importantly fertility (Grammer et al. 2003; Miller and Todd 1998). These cues vary by gender and researchers believe that they explain why men find attractive such features as youth, hip-to-waist ratio, facial symmetry, and normative sex-typical characteristics in women (Brown and Moore 2003; Geary, Vigil, and Byrd-Craven 2004; Singh 2004; Soler et al. 2003). One problem that troubles

evolutionary psychologists involves accounting for how the physical signals of attractiveness—the “real” qualities determining genetic success—may be obscured by such practices as bodily ornamentation, tanning, cosmetic surgery, and exercise (Gangestad and Scheyd 2005). In effect, this literature concentrates on attractiveness as a byproduct of health and genetic fitness, rather than on gendered cultural norms or changing historical conditions.

Significant problems arise when taking an exclusively evolutionary perspective. First, such explanations do not account for differing cultural tastes that may have little (or nothing) to do with physiological responses. If male evaluations of female attractiveness were determined by potential fertility, then the current model of ideal feminine beauty—extreme thinness—appears inexplicable. Supermodels, who tend to weigh so little as to represent less than 5% of the female population, stand as both beauty and fashion icons (Mears 2011). Even celebrities who are often lauded for their appearance tend toward the extreme ends of thinness and lack the noticeable waistline and hips that might signal to a perspective mate that they are healthy enough to carry a child to term (Singh 1993). Second, evolutionary explanations cannot account for cross-cultural or intra-cultural variations in attractiveness. The differing beauty ideals for black versus white women in U.S. culture (Craig 2002) would be impervious to evolutionary accounts that rely solely on the “good genes” theory. Third, explanations that focus on sexual selection provide no justification for homosexual attraction, as the type of selection researchers are interested in depends on fortifying the gene pool, rather than on sexual or emotional fulfillment as a component of species survival. Any theory that does not account for the wide variety of perspectives on attraction falls short of providing adequate answers.

Unsurprisingly, even some psychologists have a difficult time agreeing with such evolutionary justifications (Langlois et al. 2000: 408).

A second branch of psychology focused on appearance involves the more clinical side of the discipline—those researchers interested in body image and disordered eating. The *Diagnostic and Statistical Manual of Mental Disorders* classifies concern with one's appearance that is truly distressing or disabling as "body dysmorphic disorder" (BDD) and can manifest in a variety of ways (Rosen, Reiter, and Orosan 1995). The most well-known forms of such dysmorphia are anorexia (extreme weight loss due to the belief that one is over-weight) and bulimia (the practice of forcibly purging food from one's stomach, usually after binge eating). Although both anorexia and bulimia are typically associated more with white women than men (Powell and Kahn 1995), others have been shown to also suffer from BDD including boys (Olivardia et al. 2004), college-age young adults (Cooley and Toray 2001), Mexican-American adolescents (Joiner and Kashubeck 1996), and young black women (Schooler et al. 2004). Additionally, BDD patients may be distressed about almost any aspect of their appearance (Phillips 1991), and often take precautions against exposing their bodies to others in social settings (Crisp 1988). These individuals are also prone to perform various "body-checking behaviors" such as looking in a mirror at the afflicted area, carrying out grooming rituals, comparing their appearance to others, and subtly asking for reassurance (Rosen et al. 1995). To attempt to fix the problem, patients may undertake any number of remedies such as weight reduction, skin or hair treatments, wearing particular clothing that hides the problem, and even cosmetic surgery (Rosen et al. 1995). Thus, almost any amount of attention to one's appearance may carry with it the diagnosis of a psychological disorder.

Although scholars are careful to point out that BDD is primarily about behaviors that manifest as obsessive (Rosen et al. 1995), the diagnosis is wide enough to easily include most people in Western society. The problem is one of definition. BDD is diagnosed when someone focuses on a part of their body they see as abnormal, when it is otherwise “normal.” However, what determines normality and abnormality is usually decided by the clinician without considering social, cultural, and historical factors. Indeed, as described above, many of the “body-checking behaviors” include things that most people do on a daily basis. And the ways that people address these issues (excluding cosmetic surgery) also compose extraordinarily typical practices to adjust one’s appearance. Almost anyone reading a list of such symptoms could easily self-diagnose as suffering from BDD. This expansion and flexibility of diagnostic criteria has been noted by medical sociologists (Horwitz 2002) and constitutes an example of over-medicalization. Not all efforts to change one’s appearance should be considered “disordered.” While some behaviors obviously do impact the functioning of people’s lives and health, many endeavors to alter appearance could be usefully studied without the sheen of pathology. This is especially important for individuals who may carry out strikingly similar behavior as BDD patients, but construct very different meanings—for example, when investing in their appearance as a resource or building up their “physical capital.”

Of all the psychological sub-specialties, social psychology comes closest to providing clear examples of how appearance influences social life. To this end, scholars have produced volumes of studies documenting the “physical attractiveness bias” that provides advantages for some people over others based on appearance. Past research has

associated being physically attractive with a variety of positive characteristics, such as being considered a “good” person (Dion et al. 1972), improved expectations from teachers in classrooms (Ambady and Rosenthal 1992; Clifford and Walster 1973), better chances at job promotions (Morrow et al. 1990), higher social status in groups (Anderson et al. 2001), and increased income attainment (Judge et al. 2009). To review the extant literature in this field would be essentially impossible, simply because so much currently exists. By the early 1980s, Cash (1981) had documented over 500 studies all investigating the influence of appearance in various realms of social life. Almost 20 years later, Langlois et al. (2000) were able to conduct a meta-analysis of 11 already-existing meta-analyses of research on attractiveness. Their initial sample included over 1800 articles—and this was after controlling for studies that did not include facial symmetry as a variable (Langlois et al. 2000). Thus, they excluded additional research that focused on body attractiveness, self-evaluations of attractiveness, vocal attractiveness, and sexual attractiveness. While all of these studies effectively document the influence of appearance in great detail, a more interesting question to ask is why so many studies were even necessary?

This is a useful inquiry because many studies on physical attractiveness currently overlap. For example, illustrating how attractiveness influences the outcome of a contest *not* focused on beauty is certainly useful, as in the case of musical performance. But after describing how appearance was indeed a factor in judges’ appraisals of vocal performance (Wapnick et al. 1997), was it then necessary to conduct studies replicating the results in violinists (Wapnick, Kovacs Mazza, and Darrow 1998), children pianists (Wapnick, Kovacs Mazza, and Darrow 2000), young pianists (Ryan and Costa-Giomi

2004), and high-level pianists (Wapnick et al. 2004)? What the social psychological study of attractiveness suffers from is not *ample* empirical work, but a theoretical orientation that coheres extant research and guides future studies. Without an overarching theory within which to place such embodied endeavors, psychologists will simply continue to produce study after study on physical attractiveness while only altering a minor variable. This lack of a theoretical orientation, then, helps explain why so many studies were conducted over the past 30 years. If, however, we apply a sociological theory of capital that explains why individuals invest in their appearance, we can begin to construct a more robust perspective on the body that joins the disparate field of the “attractiveness bias” with physical capital. Doing so brings significant coherence to social psychological literature. However, specifically sociological work on the topic remains scarce. One important feature of this dissertation, then, is to provide empirical work on physical capital, while outlining a practical theory embodiment that is useful to sociologists and social psychologists alike. To understand why sociology is primed for this theoretical perspective on embodiment, a brief review of past research on appearance is helpful.

Sociological Study of Appearance and the Body

While sociology was never completely blind to “the body,” it also never became a central organizing component of the discipline as was seen in psychology. When it did emerge more explicitly in the 1960s and 70s, it did so through social interactionism and the study of the self. Most prominent in linking appearance and interaction was Erving Goffman. In his ground-breaking work on how individuals present themselves in their

everyday lives, Goffman (1967) theorized that appearance was one of the many “sign vehicles” available for giving off particular impressions. This impression management, then, is accomplished through one’s appearance and manner, both of which function to inform interactants of how to behave in a given exchange. Goffman (1967) suggests that appearance provides information about how one wants to be read by others—a signal of their own sense of self, as well as other things like general socio-economic status, competence, and trustworthiness. Goffman’s (1976) later work on gender in advertisements also speaks to how appearance influences our understandings of presentation, as he attempts to connect what we see to how we act—ultimately pointing to a broader system of gendered arrangements that function to structure our behavior. In this sense, Goffman’s research successfully linked bodily presentation to institutional structures. However, his insights were primarily adopted by symbolic interactionists (a title he likely would not have given himself) and social psychologists, relegating much of his work to studies of the self and identity.

Building on Goffman’s work, Stone (1970) elaborated the role of appearance and the self. While most accounts of “the self” prioritized discourse, or what is spoken between individuals, Stone emphasized the necessity of appearance: “...the perspective of symbolic interaction...requires (indeed, *demand*s) a consideration of appearance for the adequate interpretation of social transactions as well as the careers of selves in such transactions” [emphasis in original] (395). According to Stone (1970), “appearance” is that phase of the interaction that occurs before any words are actually spoken where interactants identify one another (397). Usefully, Stone also clarifies “the self” versus the (at that time) newly emerging concept of “identity.” According to Stone, identity is not a

substitute for self. One's identity is always situated within a nexus of social relations, affirmed when others cast the individual as a social object. For example, a doctor's uniform announces an identity as a physician and is validated when acknowledged as a doctor. Stone conceptualizes identity as one element of the self that is established through interaction, along with value, mood, and attitude (404). In this way, appearance was theorized in ways not considered by sociologists at the time, but still remained primarily a reflection of the self.

As the concept of "identity" took precedence over "the self" in sociology (Callero 2003), the study of appearance also lessened in importance. Echoing Stone, Brubaker (2004) laments this lack of analytic utility as the concept of identity became both over-used and increasingly imprecise. He explains, "'Identity'...tends to mean too much (when understood in a strong sense), too little (when understood in a weak sense), or nothing at all (because of its sheer ambiguity)" (Brubaker 2004: 28). Regardless of the utility or futility of the concept, identity has come to indicate a shared sense of "groupness" that relies on one's placement within a social hierarchy—a placement that is occupied by others with the same categorical label (Brubaker 2004). Often, such groupings provide the basis of a viable political or social movement as we have seen with Civil Rights, Feminism, and Gay Rights (Adam 1995; Cole and Luna 2010; Loftus 2001; Morris 1999; Valocchi 2001). Yet, problems with these widely-applied identity labels have been noted by, for example, black feminists who argue that the "woman's movement" was actually a *white* woman's movement and hardly inclusive of all women (Collective 1983; Collins 1990). Identity-based groups often police their members' appearance in both overt and subtle ways (Hutson 2010), and in-group/out-group

dynamics often play out through appearance. Within the study of identity, then, one's appearance takes on importance primarily when indicating membership in a particular group: straight vs. gay, hippie vs. square, liberated feminist vs. traditionally feminine. Thus, the study of appearance took a back seat to other, ostensibly more important, factors in political life such as gender, race, and social class.

By the mid-1980s, new research on the body was slowly emerging in sociology. Spurred forth by Turner's (1984) *The Body & Society*, a few scholars began publishing theoretical and empirical work that engaged embodiment as a subject in and of itself. This new line of thought was significantly different from previous explorations of appearance, precisely because it positioned the body not as a reflection of pre-existing social conditions, but as formative in creating and sustaining those conditions as well. This newer work took a broad view of embodiment and engaged such topics as the body and religion (Turner 1984), the body in consumer culture (Featherstone 1991), emotions and embodiment (Elias 1991), the aging body (Featherstone and Hepworth 1991), natural vs. socially constructed bodies (Shilling 1993), bodies and senses (Synnott 1993), and the feminist body (Grosz 1994). Some work also connected the body to identity in new ways. Building off of the concept of "identity work" (Snow and Anderson 1987), where individuals verbally construct and negotiate their identities, Gimlin (2002) proposed the term "body work" to describe how changing one's appearance can effect a change in one's identity. In Gimlin's theoretic, bodies don't just reflect an already-existing social identity—they are formative in and of themselves.

This important shift provided the study of embodiment with firm conceptual footing and significantly altered the proverbial landscape. However, while significant for

scholars studying the body and identity, Gimlin's (2002) contribution operates with many of the limitations that the sociology of the body has traditionally encountered, namely that it does not connect insights to the meso-institutional or macro-historical levels. As mentioned above, much literature on the body and embodiment sits at the level of individual practices without explaining how such practices are embedded within a historical context or bounded by institutional forces. Some styles of embodiment are valued in one time period but not in others. Some are policed formally within institutional constraints, while others are policed informally within sub-culture. And not all work on one's body is always done with the intention of producing an identity shift. As with the personal trainers and clients I interviewed for this dissertation, many of them made conscious choices about increasing their physical capital—as a means to make money, or for other purposes such as dating, job promotions, or to feel more authoritative in some aspect of their lives. If our analyses of the body continue to prioritize “identity” as the outcome of embodied practices, then we limit the utility of our concepts and contributions to micro-sociology and social psychology. However, if a conceptual framework that bridges multiple levels of analysis, such as “physical capital,” can be brought into play, we will be able to not only document what people do, but *explain* why they do it as well.

Physical Capital and the Fitness Industry

According to Bourdieu (1984), “capital” describes the value assigned to something within a particular realm of social life (a “field”) and its relative exchange value. Such capital may take various forms depending on the field of operation. For

example, the groups one belongs to, as well as various connections and networks, function as a type of “social capital” that clarifies how some people gain advantages over others (i.e., inside hires, back-door meetings, decisions reached while golfing). Similarly, cultural knowledge that reveals one’s social location such as understanding art, wine, opera, or the latest fashion is conceptualized as “cultural capital.” These capitals work together to explain how inequality is sustained from generation to generation (Bourdieu 1984; 1986). One aspect of Bourdieu’s theory that he did not adequately develop, however, remains how the body functions as a source of capital. As I explain in the first paper, “Physical Capital as a Fourth Form of Capital,” Bourdieu’s understanding of the body was primarily as a symbolic container for already-existing social conditions. Much like the sociological study of appearance that came before it, Bourdieu theorized embodiment as reflective of one’s social class standing, rather than as possessing productive or transformative capabilities (Bourdieu 1984).

Today, appearance and bodily ability do not simply mirror one’s social position. Because of the malleability of the body through, for example, clothing, grooming, exercise, and cosmetic surgery more styles of embodiment are available to individuals than ever before. As I will illustrate in the following papers, this availability is no longer solely dependent on economics or class culture. Additionally, the field of bodily valuation has become widespread due to mass media’s proliferation in almost every sector of social life. No matter where we go throughout our day, we are likely to see advertisements, commercials, or images of ideal physiques. Certainly regional and class-based variations still matter (and may be seen on bodies), but the ubiquity of the ideal male or female “look” shown in movies and on network TV has created a wide-spread

“field” of attractiveness. Such ubiquity of ideals means that we are always operating within a field where physicality is being evaluated, valued, and exchanged. While the particular instances of what is prized may shift depending on site-specific fields (i.e., sporting ability on a basketball court, attractiveness in a singles bar, or a muscular physique for a personal trainer), the significance of the body permeates multiple layers of social life more than ever.

Additionally as I argue in the first paper, bodily ideals have also crossed class lines through the image of the “fit” body—one that is both healthy and strong, and increasingly available to individuals from myriad social classes. Glassner (1992) noted this shift as well when commenting on one of his working-class interviewees who spent considerable time at the gym and on his appearance:

I might have expected such [appearance] concerns from a fashionable woman with a weight problem living in a natty neighborhood in the Northeast. But who’d have imagined that a lean, mean, working-class, white Midwestern man would have his sights set on looking like a TV star? In Indianapolis I met him. By day Pete worked as a custodian tidying up reception areas at a big corporate office building. After work he took off not for beers with the guys but for the Nautilus machine at the health club. By the time we met, at 7:30 at night, he’d eaten a salad, moussed his hair, and decked himself out in designer corduroys and a fitted dress shirt that showed off his muscular build...Almost every sector of American society now worships at the altar of the ideal body” (23-24).

Looking good, being considered attractive, or possessing desired physical abilities represents a resource that individuals may use to change their position on a social hierarchy. Particularly for actors/actresses, singers, models, and athletes this is clearly the case. But increasingly we can also understand how physical capital benefits doctors, lawyers, teachers, and politicians. As a heuristic for explaining how power coheres, the concept of physical capital is useful because it describes not only attractiveness, but all

aspects of one's corporeality including sporting prowess, gender, race, height, sexuality, and importantly health. This positions the fitness industry—and personal trainers—as ideal sites for studying the development and deployment of physical capital, as the idea of “fitness” carries with it images of both beauty and health.

Paper Summaries

In the following pages I present three empirical and theoretical papers that further explore the concept of physical capital in the health and fitness industry. In the first paper, “Physical Capital as a Fourth Form of Capital,” I assert that appearance, ability, and attractiveness—conceptualized as “physical capital”—have become valued resources in and of themselves, and operate as commodities that may be exchanged for other forms of capital. This has become possible as one's physicality is increasingly un-bound from Bourdieu's social class determinism, termed “embodied cultural capital.” In this paper, I explore Bourdieu's writings on embodied cultural capital to illustrate the limitations of the concept. If, according to Bourdieu, social class does indeed govern the type of body one possess *and* desires for themselves, then it would be impossible for individuals from lower socio-economic positions to develop bodies that are valuable to people in higher status positions. However, if physical capital has become un-coupled from social class, and an independent form of capital, then we would expect to see a crossing-over of bodily tastes between social classes. To answer the question of whether bodily ideals have crossed class lines, I utilize data from a study of personal trainers and clients to illustrate how individuals from varied social backgrounds have developed similar tastes

for ideal body types that combine the previously working-class goal of “strength” with the middle-class goal of “health.”

The second paper explores how individuals use physical capital as a resource for navigating status orders. In “Negotiating Status Difference: How Physical Capital and Specialized Knowledge Reshape Gender, Age, and Class Hierarchies,” I investigate why some status negotiations involving gender, age, and social class fail, where others succeed. Although scholars have studied how individuals bridge social status differences using “specialized knowledge,” I propose that such negotiations are best explained when coupled with an analysis of physical capital. Using interview data with 26 personal trainers and 25 clients, as well as two years of ethnographic data, I find that physical capital is a necessary component to understanding how status differences are navigated. In the study, personal trainers’ fit physiques represented discipline, knowledge, and morality that allowed them to gain authority over higher status clients. Successful negotiation resulted in either “troubling” dominant stereotypes around gender and age, or in a significant “reshaping” of traditional hierarchies. Thus, my findings suggest that it is not enough to assert specialized knowledge; one must also look and act the part before status differences may be managed.

The capital gained from possessing a fit physique, however, allowed for more than just the traversing of status differences between trainers and clients. In addition, personal trainers exchanged their bodily fitness and exercise knowledge for a degree of medical authority over clients. In the third paper, “Deputies of Health: Personal Trainers, Medical Authority, and Physical Capital in the Fitness Industry,” I explore the “health work” carried out by personal trainers as they diagnose and even treat patients’ medical

conditions. Although researchers have explored the connection between appearance and medical authority in the past, studies have traditionally focused on the “white coat” effect when explaining patient compliance (Blumhagen 1979; Brase and Richmond 2004). However, due to recent concern over body weight—what has been called the modern “obesity epidemic”—new health experts have arisen to meet the demand of an increasingly panicked populace. One such occupation with growing authority over health and weight is personal training in the fitness industry. As physicians continue to prescribe exercise as a treatment for obesity, personal trainers have found themselves being called upon to conduct health and healing work for clients that often goes beyond the bounds of simply exercising. Therefore I ask: what facilitates a personal trainer’s authority as a health expert and empowers them to perform healing work for clients? Using interview data from both trainers and clients, I find that the context of the obesity epidemic, endorsement of exercise by doctors, and the “physical capital” of the trainers themselves create the conditions necessary to “deputize” personal trainers as medical authorities.

Finally, I conclude the dissertation by suggesting how some areas of sociology would benefit from utilizing the idea of physical capital. Although the concept has great analytic purchase within the realms of gender, sexuality, and health, its utility is less clear—at least on the surface—in other specializations. Physical capital may provide answers to problems currently being considered by organizational sociology, the sociology of work and occupations, political sociology, and even social movements. Each of these areas lacks a conceptual framework for thinking about the body/embodiment, yet appearance and physical ability factor prominently in all of these

sub-disciplines. By more concretely linking work on the body to the sociological mainstream, additional research on how appearance influences social life may yield potentially surprising and transformative results. Sociology needs a theory of the body that helps connect its disparate sub-fields, as much as the sociology of the body needs concepts that link to these more dominant areas. This dissertation is one step in that direction.

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Chapter 2

Physical Capital as a Fourth Form of Capital

One of the now familiar refrains from scholars of embodiment involves reminding readers that the body represents an “absent presence” (Shilling 1993: 17) in contemporary sociology—always visible, yet rarely analyzed. While this insight was warranted ten to fifteen years ago when a “sociology of the body” was just taking shape, it is less so the case today. Eventually, we must reconcile the claims that the body is under-studied in sociology with the many recent attempts to theorize embodiment between 2000 and 2010. From Gimlin’s (2002) “body work” and Wacquant’s (2004) discussion of bodily knowledge, to Warhurst, Nickson, and Witz’s (2003) “aesthetic labour,” sociological study of the body has grown steadily since the introduction of Turner’s *The Body and Society* (1984). Indeed, as we scan the conceptual landscape, it appears not sparse, but actually crowded with theoretical contributions on embodiment—many which rely on strikingly similar language, logics, and frameworks. Nowhere is this more evident than in recent extensions of Pierre Bourdieu’s theory of capital to the body.

Scholars have developed a variety of concepts describing embodiment in Bourdieusian terms, such as: *body capital* (Black 2004), *sexual capital* (Michael 2004), *bodily capital* (Wacquant 2004), *bodily capital* (Mears and Finlay 2005), *sexual capital* (Martin and George 2006), *erotic capital* (Green 2008b), *gender capital* (Bridges 2009), and *erotic capital* (Hakim 2010). Such a proliferation of terms in such a short period of

time begs the question: why are so many similar iterations of Bourdieu, capital, and the body necessary? This over-production of concepts is likely due to two related factors. First, such development speaks to the growing importance and recognition of the body in sociological theory. As more research touches on issues related to embodiment (such as health care, aging, and obesity), sociologists have begun to realize that the body—both its appearance and ability—generates value that must be accounted for in contemporary analyses. Second, when researchers turn to Bourdieu as one of the most prominent sources for conceptualizing the value of cultural forms, they find his theory ill-equipped to explain embodiment today and thus begin generating new concepts. This is due to an inherent limitation in how Bourdieu thought about the body—as a primarily class-bound entity through the idea of “embodied cultural capital.”

Bourdieu conceptualized “capital” in many forms, and theorized that inequality was maintained not only through economic means, but through social and cultural relations as well. According to Bourdieu (1986), cultural capital is displayed in three ways: it may accrue in an objectified form (objects, possessions), an institutionalized form (educational accreditations), and in an embodied form. He writes:

Most of the properties of cultural capital can be deduced from the fact that, in its fundamental state, it is linked to the body and presupposes embodiment. The accumulation of capital in the embodied state...presupposes a process of embodiment, incorporation, which, insofar as it implies a labor of inculcation and assimilation, costs time, time which must be invested personally by the investor. Like the acquisition of a muscular physique or a suntan, it cannot be done at second hand (Bourdieu 1986: 244).

Bodies convey and produce meaning by displaying one’s social location through appearance or physique. In particular, it is class culture that instills specific tastes for specific bodies: working-class individuals desire physical strength, while middle-class

individuals prefer lithe, healthy bodies. “Embodied cultural capital,” therefore, is the display or performance of class—proof that one does (or does not) possess “taste” as a mark of distinction. And according to Bourdieu, this taste is a product of social location and associated habits (*habitus*) that have accumulated over the course of a person’s life, unconsciously structuring the individual’s presentation of self and bodily-aesthetic disposition (1978; 1984; 1986).

However, this strong association of the body and social class creates problems for explaining embodiment today. While Bourdieu’s concept of “embodied cultural capital” remains important for scholars, since it illuminates how some aspects of class culture are inscribed in speech patterns and comportment, it cannot account for the full range of value attributed to the body. The limitations of embodied cultural capital explain why so many alternative concepts emerged between 2000 and 2010. Yet, many of these new terms only illuminate one aspect of embodiment (i.e., sexual, erotic, or gender), and reach their explanatory limit relatively quickly. For example, “sexual capital” cannot explain how a professional athlete trades their sporting prowess for social or cultural capital. Similarly, neither “gender capital” nor “erotic capital” explains how a personal trainer converts their exercise knowledge and fit physiques into economic capital.

Moving forward, what is needed is a conceptual structure that joins these disparate types of capital and provides coherence to the field, while also describing forms of capital that are currently un-theorized. Thus, I suggest the concept of “physical capital” (Bourdieu 1978), which I define as: *the value assigned to particular modes of embodiment, uses of the body, and interpretations of the body that may be appropriated, exchanged, or reinvested for additional profit or status*. Physical capital, then, sits at a

more general level and operates as an umbrella term that organizes other body-related capitals beneath it. Just as Bourdieu's "cultural capital" organizes his ideas of institutional, objectified, and embodied cultural capitals, physical capital both describes the general process of value attributed to the body and joins under it the various sub-types such as: erotic, sexual, gender, and beauty. This theoretical move allows each of the concepts to do the work for which they were intended, while remaining broad enough to accommodate future additions.

In this paper, I explore Bourdieu's writings on embodied cultural capital to illustrate how the concept is limited in the contemporary era. Due to transformations in how certain forms of embodiment are valued (i.e., professional athletes, elite fashion models, personal trainers' fit physiques), one's social class is not the primary determinant of bodily appearance or ability as Bourdieu theorized. If, according to Bourdieu, social class does indeed determine one's embodiment, then it would be impossible for individuals from lower socio-economic positions to develop bodies that are valuable to people in higher socio-economic positions. However, if physical capital has become uncoupled from social class, and therefore an independent form of capital, then we would expect to see a crossing-over of bodily tastes and ideals between social classes. To answer the question of whether bodily ideals have crossed class lines, I conduct a study of personal trainers and clients to illustrate how individuals from varied social backgrounds have developed similar tastes for ideal body types that combine the previously working-class goal of "strength" with the middle-class goal of "health." Personal trainers and clients represent an ideal case with which to investigate the buying and selling of physical capital, as trainers often have high physical capital but low

economic capital, while clients typically possess the reverse. As my data reveal, no matter what social class one originates from, ideal bodies that are both healthy and strong now operate as a type of “physical capital” that may be converted into economic, social, or cultural capital.

The Limits of Bourdieu’s Embodied Cultural Capital

Many contemporary scholars, including Bourdieu himself, experienced limitations regarding the concept of embodied cultural capital when explaining bodily behavior. For Bourdieu, physicality derived from cultural capital, and each social class had different expectations for physical activity:

It would not be difficult to show that the different social classes do not agree as to the effects expected from bodily exercise, whether on the outside of the body (bodily hexis), such as the visible strength of prominent muscles which some prefer or the elegance, ease and beauty favoured by others, or inside the body, health, mental equilibrium, etc....As regards the profits actually perceived...gymnastics may be asked to produce either a strong body, bearing the outward signs of strength - this is the working-class demand, which is satisfied by body-building - or a healthy body - this is the bourgeois demand, which is satisfied by a gymnastics or other sports whose function is essentially hygienic (Bourdieu 1978: 835).

The relationship between one’s body and culture of origin play out through the *habitus*—the everyday, semi-unconscious practices that make up routine ways of speaking, behaving, and looking at the world, which extends from social and economic position (Bourdieu 1984). As Bourdieu suggests, the habitus constructs categories of perception so that the world becomes intelligible, with the understanding that these perceptions stem entirely from the relationship between oneself and others on the social landscape. Thus, a habitus may stand in for a worldview, but as a concept also goes well beyond such a formation, as it has consequences for one’s embodiment and presentation of self.

Accordingly, it is social class that unconsciously determines your morphology, comportment, and appearance, usually through relationships to food and exercise:

Tastes in food also depend on the idea each class has of the body and of the effects of food on the body, that is, on its strength, health and beauty... Thus, whereas the working classes may be more attentive to the strength of the (male) body than its shape... professions prefer products that are tasty, health-giving, light, and not fattening. Taste, a class culture turned into nature, that is, *embodied*, helps to shape the class body [emphasis in original] (1984: 190).

While this theorization may have been acceptable more than 50 years ago when Bourdieu conducted his research in 1962, the landscape has changed sufficiently that we must now re-consider his strong association of class and the body. Indeed, as recent extensions of Bourdieu have shown, desire is socially organized in ways that are unbound from social class (Green 2008b), or at least are not reducible to a purely class-based rationalization. Scholars have recently debated Bourdieu's habitus concept as being either too static and in need of reform (Noble and Watkins 2003) or as misunderstood and able to speak to historical changes (Steinmetz 2011). Regardless of whether people's habitus-level understandings of the body have shifted or if the concept requires alteration, individuals from multiple social locations now recognize the value of physical capital and work to develop it. Therefore, I suggest that there are three reasons why "embodied cultural capital" is ill-equipped to explain contemporary bodily phenomena: 1) it has difficulty accounting for the development of cross-class tastes; 2) it does not recognize the value of "immutable" (yet significant) characteristics such as age, race, height, gender, and ability; and, 3) it only partially theorizes the body-as-labor power, such as with athletes, personal trainers, and models who convert their physical capital into other forms of capital.

First, Bourdieu's subordination of embodiment to class culture means that theorizing the development of cross-class bodily tastes is difficult. This is because his

class-bound embodied cultural capital constitutes a basic teleology: if one's body is the outcome of class location, then bodies *must* take on the conditions of their class:

It follows that the body is the most indisputable materialization of class taste, which it manifests in several ways. It does this first in the seemingly most natural features of the body, the dimensions (volume, height, weight) and shapes (round or square, stiff or supple, straight or curved) of its visible forms, which express in countless ways a whole relation to the body (Bourdieu 1984: 190).

For Bourdieu, bodies both display and are the inevitable product of social class. This logic, of course, makes explaining anything that falls outside of class cultures problematic. Even Bourdieu was hard pressed to close this gap in logic, and he retreats to biology when explaining unexpected occurrences, like working-class beauty:

Thus one can begin to map out a universe of class bodies, which (biological accidents apart) tends to reproduce in its specific logic the universe of the social structure...Thus, bodies would have every likelihood of receiving a value strictly corresponding to the positions of their owners in the distribution of the other fundamental properties—*but for the fact that the logic of social heredity sometimes endows those least endowed in all other respects with the rarest bodily properties, such as beauty...* [emphasis added] (1984: 193).

Thus, Bourdieu accounts for such violations of bodily logic by theorizing them as “biological accidents” (1984: 193). In Bourdieu's typology, working-class individuals should not value beauty, or at least their bodily habitus based on hearty food and strength for manual labor would not predispose them to think about attractiveness. In contrast, middle-class people who often work in industries where personal appearance is an expected aspect of their employment would be more concerned with appearance. Of course, we know that some working-class jobs do require employees to attend to their appearance, such as service-industry workers (Witz et al. 2003) and exotic dancers (Trautner 2005). We also know that personal grooming products today are marketed across social classes (Black 2004), and that billions of dollars each year are poured into

media campaigns targeting all social groups (Staff 2003). Indeed, the number of affordable “knock off” brands available to people, from purses and pants to cologne and perfume, blurs the line between classes to the extent that a working-class individual, growing up watching the same commercials as a middle-class person, would likely develop many of the same tastes for particular products and practices (Han, Nunes, and Drèze 2010)—even if they cannot acquire them as readily. Research has also shown that people in different social classes may develop similar dissatisfaction with their bodies, illustrating the ubiquity of messages about appropriate and inappropriate physiques (McLaren and Kuh 2004). The association of style with class location becomes even more complicated when popular fashion embraces what might be considered working-class modes of dress. As we have seen with a variety of trends in the last two decades, such as the 1990s “grunge” style, thrift store shopping, athletic track suits, flip flops, and Levi’s jeans, the formerly tight fit between one’s appearance and social class has loosened considerably.

Similarly, although specifically *sexual* attraction does not appear prominently in Bourdieu’s work, he does briefly comment on it in relation to appearance and marriage. As discussed later, this is one area where recent extensions of his work are very useful, through the concepts of sexual capital (Martin and George 2006) and erotic capital (Green 2008b; Hakim 2010). However, to the extent that he is concerned with explaining how cultural capital is transmitted and how it maintains inequality, he discusses how individuals locate potential partners and are attracted to one another through a basic socio-economic homophily:

The social sense is guided by the system of mutually reinforcing and infinitely redundant signs of which each body is the bearer—clothing,

pronunciation, bearing, posture, manners—and which, unconsciously registered, are the basis of ‘antipathies’ or ‘sympathies’; the seemingly most immediate ‘elective affinities’ are always partly based on the unconscious deciphering of expressive features...Taste is what brings together things and people that go together” (Bourdieu 1984: 241).

These ‘elective affinities’ are how Bourdieu explains the statistics of intra-class marriage rates. As Martin and George (2006) summarize, “...there will be a tendency for like to like like” (125). Thus, attraction is the mutual and “spontaneous decoding of one habitus by another” (Bourdieu 1984: 243), through which “one habitus confirms its affinity with other habitus” (243). Thus, Bourdieu’s theory would have difficulty explaining cross-class attraction and eroticism, even though scholars have shown that class is certainly a factor in love, romance, sex, and marriage (Arum, Roska, and Budig 2008; Blackwell and Lichter 2000; 2004). Recent studies have illustrated how individuals marry and partner outside of their socio-economic positions more regularly than in the past (Schwartz and Mare 2005).

Of course, there are still concrete connections between social class and embodiment, influenced by such factors as access to exercise, the expense of “healthy” foods, and employment where different standards of appearance are expected. Bourdieu (1984) did distinguish “inherited capital” from “acquired capital” (80); however, this only explains how someone in a working-class environment might acquire a taste for middle-class food, perhaps as the result of education or direct experience (85). But, this explanation sits at the level of the individual, and does not provide insight into how so many people from different locations have developed similar bodily tastes, unless we consider that these ideals have crossed from the working to middle classes and vice versa. Whereas Bourdieu drew associations between “strong” working-class bodies and “healthy” middle-class bodies, those divisions are no longer so simple. One need only

look at current fitness magazines to see that strong bodies are now simultaneously coded as healthy bodies (Dworkin and Wachs 2009). If bodily presentations are, as Bourdieu suggests, only intelligible through one's culture of origin, then there is no mechanism to explain the development of cross-class tastes. However, if physical capital is conceptualized as a fourth form of capital, with value in both hegemonic and specific fields, then it becomes comprehensible as to how individuals in different class locations developed tastes for similar bodily forms. Comparable to how economic, social, and cultural capitals have widespread recognition in relatively settled hegemonic fields (Steinmetz 2011), so too does the value of one's bodily presentation. Physical capital is therefore not reducible to class location.

With that said, Bourdieu's "embodied cultural capital" remains useful for scholars today, and is not synonymous with physical capital. Each concept is doing a distinct type of intellectual labor. For instance, scholars need a way to describe the habitus-level, embodied aspects of cultural capital. Bourdieu's intention with the concept of "embodied cultural capital" was not to discuss embodiment *per se* in the sense that theorists have used the term recently², but instead the *performance* of class, both conscious and unconscious, as displayed through the body. Bourdieu was concerned with behavior that revealed social class location; for example, *objectified cultural capital* involves the items and objects one surrounded themselves with, while *institutionalized cultural capital* represents the degrees or credentials one held. What gives legitimacy to both of these other types of cultural capital, however, is the ability to perform them competently

² For example, bodies have become a way for individuals to express and reinvent selves through "body work" (Giddens 1991; Gimlin 2002). Bodies generate knowledge (Wacquant 2004), are recognized as central to social institutions (Synnott 1993; Turner 1984), and are integral aspects of identities (Hutson 2010; Martin 1998).

(Bourdieu 1984: 95). One may surround themselves with numerous objects that signify “culture” purchased with economic capital; but, when called upon to use them properly, arrange them in the popular interior design fashion, or to display such knowledge of culture through their appearance, they may very well fail.

The second issue with Bourdieu’s theory today involves its inability to conceptualize the influence of what we once considered “immutable” characteristics, such as height, age, ability, race, and gender. Part of the problem is that Bourdieu was unconcerned with bodily aspects that did not reveal one’s social location, which meant that these topics went un-theorized even if scholars have drawn connections between race, gender, and class for some time (Collins 1990; Crenshaw 1991; Pager 2003)). Of particular concern was his treatment of gender in earlier work, only writing *Masculine Domination* (Bourdieu 1998) after much criticism from feminist scholars. While Bourdieu’s effort to historicize how gender relations became de-historicized and seemingly natural is praiseworthy, his theorization leaves little room for bodily change, instead focusing on the discursive construction of “male” and “female” that led to masculine domination. On the other hand, his initial reluctance to theorize gender likely stems from an inherent limitation, as none of these characteristics could be explained as the result of social class.

Additionally, Bourdieu understood these aspects of embodiment to be essentially unchangeable, only theorizing how the discourses that construct and support their meanings might shift. However, technological innovations in gender re-alignment surgery (Salamon 2010), racialization surgery (Kaw 1993), cochlear implants (Pray and Jordan 2010), age-defying cosmetic treatments (Featherstone 2010), hormone therapies

(Wassersug et al. 2007), and procedures to increase height (Conrad and Potter 2004) have made these otherwise “immutable” characteristics more mutable than ever before. It is not only the meanings of these characteristics we can now investigate, but also the processes of change as individuals exercise increased control over their physical bodies. While these types of treatments may often be quite expensive, it is also the case that such procedures are becoming more affordable to individuals in the middle and working classes (Edmonds 2007). Indeed, Gimlin (2010) interviewed 80 women in the U.K. and U.S. who had undergone cosmetic surgery who she identified as hailing from the upper-working and middle classes, who either held salaried jobs or were students (61). Such demographics suggest that the normalization of cosmetic surgeries has reached individuals in the upper-working and middle classes, and with 13.1 million procedures performed in 2010 (a 5% increase from 2009), aesthetic treatments seem more popular than ever before (ASPS 2010). Transgender individuals also illustrate this increased control over the once “unchangeable” territory of biological sex (Pfeffer 2010). Regardless of the mutability or immutability of these characteristics, they do carry social meaning and are convertible into different types of capital, such as when one’s gender, height, race, or ability nets higher pay or additional social opportunities (Bridges 2009; Mobius and Rosenblat 2006; Pager 2003; Webster and Driskell 1983). And importantly, these characteristics cannot be explained solely through cultural capital.

Bourdieu’s theory also has difficulty recognizing how various forms of inequality intersect for individuals, particularly around gender, race, and sexuality. Physical capital operates as a flexible concept that speaks to how people’s appearance and abilities are evaluated against dominant cultural images (i.e. ideal beauty), while also encompassing

intersections of, for example, black female notions of beauty (cite), or gay male “bear” attractiveness (cite). Indeed, because appearance is increasingly malleable, an individual may appear in one context and have high physical capital, and low in another. The example of black women’s bodily aesthetics is instructive here, as within black communities, women who sport a “thick” physicality may generate higher physical (and erotic capital) than their thinner counterparts (cite). In many ways, race and gender comprise two dimensions that may be considered already-embodied, given that skin tone, facial features, secondary sex characteristics, and comportment that announces gender (cite-McKenna) are not only embodied traits, but the primary means we use to identify someone’s race and gender in social life. Because of this, intersections of race, gender, and physical capital matter in ways that Bourdieu did not theorize.

Third, Bourdieu’s theory only partially explains how one might generate value through the use of their body as a source of labor power, such as with athletes, personal trainers, and models. For example, basketball players often come from diverse class backgrounds (Dubrow and Adams 2010), and people from all social classes consume the sport. The bodies of such athletes become commodities for team owners, and players may garner multi-million dollar contracts or lucrative endorsement deals. Bourdieu recognizes that sporting bodies generate value, but does not extend his insights enough to resolve the contradiction between the body-as-labor power and its subordination to cultural capital and gender:

...a sporting career, which is practically excluded from the field of acceptable trajectories for a child of the bourgeoisie—setting aside tennis or golf—represents one of the few paths of upward mobility open to the children of the dominated classes; the sports market is to the boys’ physical capital what the system of beauty prizes and the occupations to

which they lead—hostess, etc.—is to the girls’ physical capital...” (Bourdieu 1978: 832).

Bourdieu skirts the edges of suggesting how physical capital might result in increased economic capital. However, his theoretic limits how much he can explain if taste for particular sports must always rely on class location. Contrary to research that posits a positive relationship between cultural capital and sports consumption (Wilson 2002), Mehus (Mehus 2005) illustrates that for some sports (basketball, soccer, and ski-jumping) it was the lower-educated spectators who had higher rates of both direct (attending events) and indirect (watching on TV) consumption. Mehus (2005) theorizes that this is due to the wide availability of ways to consume sports coupled with the idea that elite tastes no longer embrace “snobbery,” but rather an omnivorous and cosmopolitan pattern of consumption (DiMaggio 1987; Peterson and Kern 1996). Similar to how fashion trends obscure the lines separating classes, Mehus (2005) writes:

If we accept the idea that mass consumption contributes to the blurring of boundaries between social groups, and that people high in cultural capital are becoming more omnivorous, the difference between attending and not attending might not be a sufficient indicator of consumption as a social marker...Distinction is not to be found so much in the decision to consume or not, but in how one chooses to consume sport (332).

Sport consumption, much like fashion trends, has diffused throughout the population such that individuals from many class locations may make strikingly similar choices in what they watch.

This is not to suggest that associations between social class and sport do not exist. Obviously, access to economic resources and social networks play a part in how people consume sports. There are continuing linkages between preferences for certain sports over others in the working classes (NASCAR, boxing) and in the middle and upper-classes (tennis, skiing). But, it is also the case that many sports have achieved

widespread appeal, such as with baseball, football, soccer, and basketball, and now cater to individuals in myriad economic positions, evidenced by the selling of “cheap seats” alongside ultra-exclusive “sky box” tickets. Professional sports participation varies by social class and race as well. Both baseball and basketball are commonly seen as a means with which lower and working-class individuals may grasp at the “American Dream” and climb the social class ladder (Buford May 2007). Thus, the ability of professional athletes to convert their physical capital does not rely solely on their “embodied cultural capital.” While Bourdieu understood that one’s physicality might *display* cultural capital, he did not fully explore its potential to transform one’s economic, social, and cultural situations.

Personal Training represents a similar illustration of cross-class tastes and using the body as a source of value. As will be shown later, trainers come from a wide variety of economic backgrounds, yet usually all have what are considered to be fit, toned, or muscular bodies. The boundary between Bourdieu’s “muscular” (working class male ideal), “beautiful” (working class female ideal), and “healthy” (middle class ideal) bodies has been blurred, and personal trainers embody such joining of once separate topics. Personal Trainers, many of who come from and still inhabit working and lower-middle class positions, developed a taste for bodily styles and forms that were sellable to people in the middle, upper-middle and upper classes. Trainers literally sell their bodily knowledge and image of a “fit” body to customers (George 2008; Maguire 2001). Through this, they train more than people’s bodies, they also train clients’ desires—namely the idealization of what was once considered a working-class ideal mixed with the ideal of middle-class healthiness.

Lastly, both male and female fashion models also convert their physical capital to economic capital when they embody a physicality that appeals to individuals in elite cultures. Their social origins, however, are also quite varied (Mears and Finlay 2005). And except for the few and rare “supermodels,” models themselves occupy social positions significantly lower on the hierarchy than designers or the potential buyers of clothing they present on the runway (Mears and Finlay 2005). Yet, the idealized body of upper and elite-class people should not, according to Bourdieu, have been possible for working or lower-class individuals to develop. Thus, the limitation of Bourdieu’s association between social class and physicality suggests a need to re-think his theoretic in the present moment. Although the re-framing I suggest moves beyond what others have proposed, there have been notable efforts to utilize Bourdieu’s insights regarding physical capital, either by applying or extending it to new sociological terrain.

Applications and Extensions of Bourdieu and the Body

Initial applications of Bourdieu and the body came from Bourdieu’s own student, Loic Wacquant. Instead of “embodied cultural capital,” Wacquant (1995; 2004) uses the term “bodily capital” to describe the value placed on a boxer’s body: “This article...explores how practitioners of a particular bodily craft (boxing)...conceive of, care for, and rationalize...the use of their body as a *form of capital*” (65, emphasis in original). Wacquant (2004) understands that the body generates recognizable value, and as such constitutes a form of capital. However, his “bodily capital” remains tied to cultural capital, reifying the limitation in Bourdieu’s theoretic—bodies as class-bound entities (130-131). Black (2004) also relies on a Bourdieusian analysis in her study of

British beauty salons, and discusses how “bodily capital” is managed by both clients and stylists. For the women in her study, the goal of visiting a salon was not beauty *per se*, but rather what Black terms “appropriateness,” which relies on Bourdieu’s concept of habitus set within a framework that extends beyond class to gender, sexuality, age, and race (42). Black’s analysis overall is very useful for illustrating how bodily capital is generated—literally manufactured—in beauty salons. Yet, she restricts the analytic power of the concept when suggesting that one’s bodily capital is limited and has little transformative power to influence economic, social, or cultural standing (183).

Similarly, some authors (2008a; Green 2008b; Martin and George 2006) have extended Bourdieu’s theory of capital by applying it to the topics of sexuality, eroticism, and desire. Martin and George’s (2006) essay represents the starting point for considering Bourdieu and sexuality more explicitly. After thoroughly critiquing the “sexual marketplace” approach to desire (Michael 2004), Martin and George suggest that what other theorists have been discussing is the existence of a sexual field, wherein a distinct sexual capital arises. This “sexual capital” explains the stratification in a field or sub-field and provides a clearer picture of hierarchical processes than sexual marketplace theories. Green (2008b) relies on and extends Martin and George’s (2006) “sexual capital” through the concept of “erotic capital,” which also operates in sexual fields, but is not limited to strictly sexual outcomes. Green (2008b) writes:

Erotic capital can be conceived of as the quality and quantity of attributes that an individual possesses, which elicit an erotic response in another...However, to the extent that sexual attraction involves the eroticization of the body or affect, a sexual field has unique properties wherein capital may take a variety of novel forms, including physical traits (e.g., the size of breasts, height, hair color), affective presentations (e.g., butch, nebbishy, animalistic), and eroticized sociocultural styles (e.g., the bluecollar construction worker, the Catholic schoolgirl) (29).

This conceptualization suggests that individuals benefit from appearance-related and embodied traits, at least within social spaces where those traits are valued. According to Green (2008a), one's "erotic habitus" may develop from participation in specific sexual sites, where the site's "structure of desire" dictates the logic of attraction and relative erotic capital within the field.

While each of these extensions of Bourdieu is useful for explaining a dimension of embodied phenomena, they quickly reach their explanatory limit beyond what they attempt to describe. For example, "pugilistic capital" (Wacquant 2004) may accurately depict the type of capital operating in the field of boxing, but it cannot speak to the more general processes of bodily value that operate outside of the boxing ring. Similarly, while individuals may consciously manipulate their own self-presentation to generate higher levels of erotic capital, not all conscious alterations to one's body are done for reasons of evoking desire or eroticism, and the concept of erotic capital cannot solely explain how a professional athlete, fashion model, construction worker, or well-dressed businessperson converts their physical capital to other forms of capital that are not explicitly erotic or sexual. Indeed, while these specific types of body-related capitals are useful for explicating value in certain fields, they do not describe all valued forms of physicality. Thus, a more general concept of "physical capital" is necessary to capture these embodied processes in social life that currently go un-theorized.

Physical Capital as a Fourth Form of Capital

Although Bourdieu (1978) coined the concept of "physical capital," it was Shilling (1993) who first extended and developed it further by pointing to physical capital's analytic power:

Bourdieu's analysis of the body involves an examination of the multiple ways in which the body has become commodified in modern societies. This refers not only to the body's implication in the buying and selling of labour power, but to methods by which the body has become a more comprehensive form of physical capital; a possessor of power, status and distinctive symbolic forms which is integral to the accumulation of various resources (111).

Shilling continues by firmly rooting "physical capital" within the existing Bourdieusian hierarchy, subordinated to cultural capital, but with an important caveat regarding bodily change. He writes: "Bourdieu's use of the term 'bodily hexis,' closely related to his concept of habitus, is used to signify the relative intractability of corporeal habits and customs. However, it is important to note that these orientations are not always static" (Shilling 1993: 116). Even Bourdieu (1984) suggests that the relationship between one's social location and cultural practices may change over time. Shilling builds on this insight and finds that the value attached to bodily forms can fluctuate, rising or falling just as with certain forms of cultural and social capital (Peterson and Kern 1996). These important elements—the possibility of adaptation and its potential as a form of capital—set the stage for elaborating "physical capital" as a fourth form of capital.

However, there are some limitations to Shilling's theorization as well. He proposes that many convertibility issues exist, such as how physical capital cannot be directly inherited like money. This stands in contrast to Bourdieu's own writing on the subject, when he discusses how class culture instills inheritable embodied habits:

The embodied capital of the previous generations functions as a sort of advance (both a head-start and a credit) which, by providing from the outset the example of a culture incarnated in familiar models, enables the newcomer to start acquiring the basic elements of the legitimate culture..." (Bourdieu 1984: 70-71).

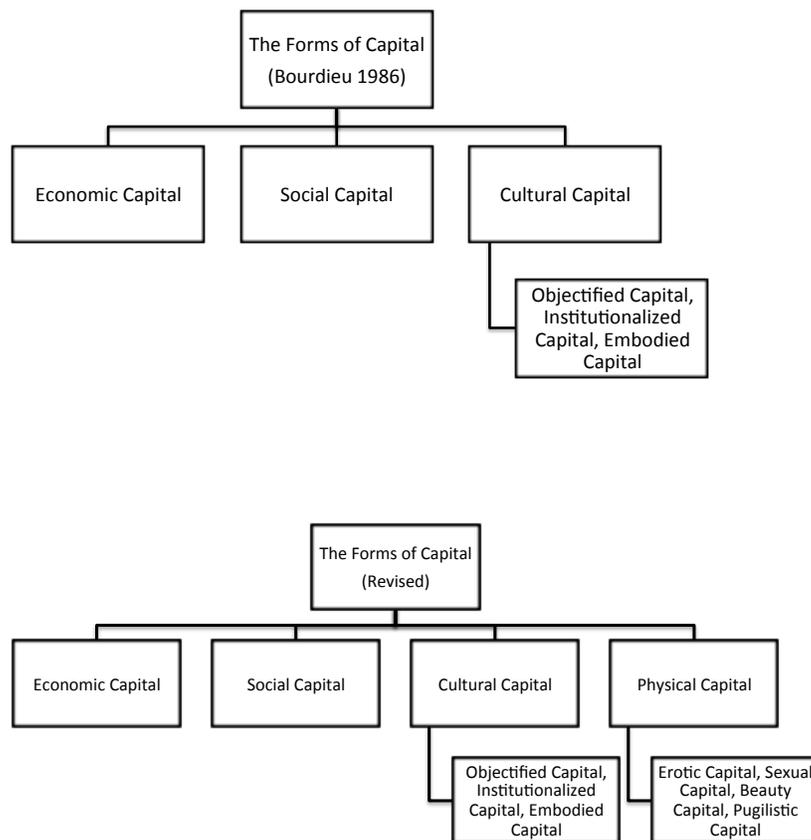
Also, Shilling writes that "...physical capital cannot be purchased in the same sense as one can buy an economic good" (1993: 124), although scholarship on cosmetic surgery

certainly contradicts this point (Gimlin 2002). Because of these and other limitations discussed, Shilling's analysis illustrates the restrictions he experienced due to both historical moment and circumstance. Published in 1993, only nine years after *Distinction* (1984), there were very few empirical explorations of physicality that may have provided the basis for extending the concept (or for challenging its subordination to cultural capital). Thus, Shilling took the concept as far as possible under those conditions. The field of embodiment, however, has increased exponentially in the past 20 years and offers many examples (both empirical and theoretical), of how physicality is related to myriad social and cultural factors.

These now visible divides between Bourdieu's theorization in 1962 and our contemporary relationships to embodiment reveal the limits of his theory. As in the case of personal trainers, gender re-alignment surgery, or working-class fashion trends, conceptualizing all aspects of embodiment as the product of social class is insufficient in the present moment. However, if "physical capital" is re-conceptualized as a fourth form of capital, one that is connected to but independent from other forms of capital, then many topics related to embodiment become intelligible. Following Bourdieu, I define physical capital as *the value assigned to particular modes of embodiment, uses of the body, and interpretations of the body that may be appropriated, exchanged, or reinvested for additional profit or status*. Physical capital operates as an umbrella concept, situated at a more general level next to Bourdieu's other primary forms of capital (economic, social, and cultural) precisely because of its transformative power. Because physicality is not simply the expression of class culture, physical capital may convert into other forms of capital, which function to maintain (or transcend) existing relations of inequality.

Under physical capital, then, are organized the various sub-types of body-related capital already elaborated by theorists including: sexual, erotic, gender, and beauty (see Figure 2.1). Such a re-framing of these contributions allows them to do the work for which they were designed, while also opening up possibilities for new types of physical capital to emerge in the future.

Figure 2.1: Original and Revised Forms of Capital



Various forms of physical capital may convert to other forms of capital, such as when one's appearance is a requirement for jobs (exotic dancer, fashion model, business attire), or when it provides significant advantage in employment (Judge, Hurst, and Simon 2009; Mobius and Rosenblat 2006; Webster and Driskell 1983). In the case of

exotic dancers or strippers, they may draw on erotic physical capital (sexualized appearance) while using their bodies as a source of labor power (skill in movement and dance) when exchanging capital. Similarly, one's racial category continues to allow for exclusion and/or inclusion from specific social groups; while one's body size/shape, height, or age may open up or shut off social dating and friendship opportunities (DeJong 1980; Schafer and Ferraro 2011). One's "gender capital" also manifests in particular fields, rising and falling depending on the social context individuals find themselves in (Bridges 2009). Because of how certain forms of embodiment are currently valued, social class is not the primary determinant of bodily appearance or ability as Bourdieu theorized.

If, as Bourdieu suggests, we can see class differences in how people value certain bodies and styles of embodiment, then it should be impossible for cross-class tastes to develop widely. However, if many aspects of physicality have become un-bound from social class, then we would expect to see a convergence of bodily tastes and ideals between social classes. To answer the question of whether bodily ideals have crossed class lines, I conduct a study of personal trainers and clients to illustrate how individuals from varied social backgrounds have developed similar tastes for bodies that combine the ideals of "strength" and "health" simultaneously. While this merging of once separate goals has occurred in many fields, the health and fitness industry—and personal trainer-client relationships in particular—provides an exemplary case for observing the buying and selling of physical capital. Trainers, who may have low economic capital (but high physical capital), trade their fit physiques to clients, who usually have high economic capital (but low physical capital). As my data show, both trainers and clients—regardless

of social origins—developed tastes for similar types of bodies that had value within the field of health and fitness.

Setting, Context, and Methods

The U.S. health and fitness industry has witnessed widespread growth over the past two decades, as individuals increasingly turn to exercise as a way to manage their health and appearance. Between 1982 and 2005, the total number of U.S. health clubs grew from 6,211 to 26,830 (IHRSA 2005). Matching this trend, revenues in the health industry doubled from 7.4 billion dollars in 1994 to 14.8 billion dollars in 2004, while U.S. fitness club memberships swelled from 17.3 million members in 1987 to 41.3 million in 2004, an average increase of 1.41 million people each year (IHRSA 2005). Due to this explosion in the fitness industry, more specialized services began to take hold, such as individualized exercise instruction (Maguire 2001). Personal training, where an exercise expert works one-on-one with a client, has become the most popular service offered (IHRSA 2005). As such, a new semi-professional field has developed where individuals with exercise knowledge may train clients who pay on average \$30 - \$75 per hour for instruction. Of course, trainers themselves only make a small percentage of the fee, creating an income-status divide between the individuals paying for the service and those providing it.

I collected data for this study through semi-structured, in-depth interviews with 26 personal trainers and 25 clients. Interviewees became aware of the study through flyers distributed in health clubs, through email, and by “snowball” sampling. Each interview took place at a time and location of the individual’s choosing and averaged 1.5 hours in

length. Interviews were digitally recorded and transcribed, and all names that appear in the study are pseudonyms. Each interviewee was offered \$20 for their time. I asked client interviewees questions in four main sections: starting a training program, exercises and routines, interactions with trainers, and health and appearance. Trainer interviewees answered a similar set of questions, also in four sections: becoming a personal trainer, exercises and routines, interactions with clients, and health and appearance.

Demographic information was collected through a survey instrument that asked for self-reported race, gender, age, sexuality, education level, current household income, and household income while growing up. Income brackets were constructed based on relative equivalence with 2009 census data in increments of \$25k. In 2009, the median income level for households was \$50,221 (Census Bureau 2010b), while the poverty line for a household of three people with one child under 18 was \$17,268 (Census Bureau 2010a). These figures allowed me to construct six income brackets: Lower Class (less than \$14,999k), Working Class (\$15k - \$24,999), Lower-Middle Class (\$25k – \$49,999), Middle Class (\$50k - \$74,999), Upper-Middle Class (\$75k - \$124,999), and Upper Class (\$125k and up). Such divisions mirror other scholars' assessment of class categories (Thompson and Hickey 2005), although determining social class—and the utility of the concept—has been debated by sociologists for some time (Lareau and Conley 2008; Wright 2009).

While using income and education level is a limited way to measure “social class,” it does provide insight into how individuals' relative economic circumstances influence their views of exercise and bodily ideals. Additionally, there is little consensus on how to best capture socio-economic status (Campbell and Parker 1983; Oakes and

Rossi 2003), and many studies have abandoned a multiple-measure, instead relying on single variables to understand the influence of individual demographics (Desai and Alva 1998; Szwarcwald, Tavares de Andrade, and Bastos 2002). Thus, social class remains a controversial and difficult to assess assortment of variables ranging from education level to income to occupational prestige. Indeed, much of Bourdieu's (1984; 1986) work is dedicated to elaborating the concept of "social class" beyond the Marxian two-class system.

With that said, my sample consists primarily of individuals currently inhabiting lower-middle, middle, and upper-middle class positions (16 people, 64%). This reflects the firmly middle-class practice of gym-going, as individuals in the higher strata of the upper-classes would tend toward hiring a trainer to exercise in the privacy of their homes. Two of the gyms where interviewees worked and/or worked out did cater to a specifically upper-middle class (and higher) clientele, which I categorized as "Boutique/Specialized"; however, the majority of gyms in my study encompassed more financially moderate establishments that drew a wider variety of members. Although I aimed for income and class-of-origin diversity, and did achieve some from individuals who grew up in working/lower-class environments (five people, 20%), my study is limited in what it can say about trends outside of the middle-classes. Because interviewees were asked to remember their household income while growing up, and because it relied on past perceptions, their estimations may be taken as a subjective measure of social class (Adler et al. 2000; Ostrove et al. 2000).

Data analysis proceeded in two stages. First, I used a coding technique inspired by "grounded theory," but adapted by Emerson, Fretz, and Shaw (1995) termed "open

coding” whereby the data is sorted into general patterns and more formal codes are allowed to materialize from the data itself (150). Following, I used these codes to re-engage the data and employed a “focused coding” (160) technique that allows researchers to break down data into more meaningful sub-codes. After delving into the data itself, I then stepped back and wrote “integrative memos” (165) where connections between individual codes, client demographics and the data emerged, becoming the building blocks of the findings below.

Participants and Setting

Most of the interviewees were drawn from the southeastern Michigan area, although some lived outside of the region and were interviewed via Skype: two from California (San Francisco and Los Angeles), one from Chicago, one from Milwaukee, and two from the Washington, D.C. area. The racial composition of the client sample included a majority of individuals who identified as white (17 people, 68%), with additional interviewees identifying as Black (five people, 20%), White/Jewish (one person, 4%), Hawaiian (one person, 4%), and Mexican-American (one person, 4%). Trainers were also predominantly white (25 people, 96%), with one person identifying as Black/Jamaican (4%). Clients’ current income brackets ranged from Lower and Working Class (12%), Lower-Middle and Middle Class (40%), to Upper-Middle and Upper Class (48%). Trainers’ current income brackets were similar, although slightly lower overall: Lower and Working Class (19%), Lower-Middle and Middle Class (39%), and Upper-Middle and Upper Class (42%). Clients’ education levels tended toward much higher than trainers, with 44% of clients achieving (or in the process of achieving) a Ph.D., versus only 4% of Trainers. However, 50% of Trainers either had or were pursuing a

Master's Degree. The gender composition of my study included more women, both as trainers and clients. Overall, I interviewed six male trainers (23%), 20 female trainers (77%), five male clients (20%), and 20 female clients (80%). Age ranges also were quite varied, with the client sample tending toward older with a range of 18 – 65 and a median age of 41. Trainers were somewhat younger, with an age range of 21 – 56 and a median of 34. While not representative due to the small sample size, the racial, educational, income, and age diversity adds to the strength of my findings by illustrating how bodily ideals and practices around physical capital cross an array of status lines.

Findings

Although both trainers and clients originated from varied social and economic locations, all who were involved in the buying and selling of physical capital held widely similar views of what exercise should achieve. Across all social classes, gender, and ages, “strength” was understood as an important facet of health and working out. Indeed, many clients specifically sought out a personal trainer to begin working with weights, or to improve their already-existing weight routines. Tellingly, every trainer in the study ($n = 26$) discussed the importance of joining strength training with cardiovascular activity to achieve the highest degrees of health and fitness. Similarly, all but one client ($n = 24$; 18 women and 6 men)³ also made these same associations between health and strength. However, not all clients understood this goal in the same way, and three patterns emerged when discussing “strength.” For some clients, gaining strength

³ The one exception was Darlene, a 41-year old African-American woman who explicitly told her trainer that she did not want to build muscle, although she continued to use weights under his advisement. Unlike all of the other clients, Darlene did not equate being healthy with being strong, but rather only with being thin and was worried about “bulking up.”

involved building what many trainers referred to as “*vanity muscle*”—visible musculature that appears toned or sculpted, but had no ostensible function. Other clients sought *functional* improvement in their daily lives to keep up with growing children or, in the case of some aging clients, to maintain flexibility and mobility. Lastly, clients also wanted strength to improve their *performance*, such as with competitive cycling, tennis, modeling, sports, or for more challenging workouts. Age constituted a factor in how clients’ goals changed and, as clients aged, there was a marked (albeit unsurprising) decrease in pursuing “vanity/tone” and an increase in strength training for functionality (see Table 2.1).

For clients, although 20% originated from what might be considered the lower and working classes⁴, all understood the value attached to a fit physique and began a personal training program to work toward this ideal. Judy (29, White, Female, wc/o) started training to improve her performance level and to tone muscle, and describes how she understood this as building health:

Well, I feel like I've always been good about maintaining my health, but I wanted someone to challenge me and improve my fitness edge. And I thought the trainer would push me a little harder. But, it was mainly to improve my overall fitness level, like cardiovascular health. And also, I ended up putting on about 5 pounds while writing my dissertation, and I was hoping that in the course of becoming more fit that I would lose that weight - getting toned, stronger, looking more fit.

Although Judy grew up in a working-class environment, she still developed a taste for maintaining her health first, and a strong/toned body second. This contradicts Bourdieu’s understanding of the working-class habitus as one that focuses on strength (for men) or

⁴ Throughout the discussion sections, I refer to individuals’ income brackets using abbreviations: lower class (lc), working class (wc), lower-middle class (lmc), middle class (mc), upper-middle class (umc), and upper class (uc), as well as if they originated (o) from these income brackets. Thus, someone from upper-middle class origins would be designated as “umc/o.”

Table 2.1: Client Goals of Strength Training by Class of Origin, Gender, and Age

	Goals(s) of Strength Training ¹						
	Total	Vanity/Tone		Functional		Performance	
	N	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Class of Origin²							
Lower/Working Class	5	80	4	60	3	20	1
Lower-Middle/Middle Class	10	80	8	40	4	30	3
Upper-Middle/Upper Class	9	67	6	44	4	56	5
Gender							
Women	18	78	14	44	8	28	5
Men	6	83	5	33	2	67	4
Age							
18 - 25	1	100	1	0	0	100	1
26 - 35	8	100	8	12.5	1	25	2
36 - 45	7	86	6	29	2	43	3
46 - 55	4	50	2	100	4	5	2
56 - 65	4	50	2	75	3	25	1

¹ Goals of strength training were not included for Trainers, as they often described *all* the types listed above as typical client goals.

² Income brackets were combined for ease of presentation. See Methods section for additional details on operationalization of social class.

beauty (for women). Similarly, Tandy (44, Mexican-American, Female, lc/o) explains that she began working with a personal trainer to reclaim the functional strength she lost after having a child:

By the time my daughter was about four years old, I really noticed that my core strength and my aches and pains, just generally, had really escalated and increased. And the sense I made of it was that my core strength and my body strength, overall, was compromised because once I had her – not only through the course of the pregnancy, but afterwards, I was so busy chasing her around that I didn't do any kind of strengthening or physical training for myself. And it got to the point where I thought, "Gosh, I feel like I'm falling apart." And I thought, "I have to do something." ...And simply having some increased and cohesive strength helped me in my daily routines. You know, cleaning my house, picking up my daughter, things like that. Getting my body strength, overall body strength ...really helped me in my daily functioning.

Tandy, who also grew up as a member of the lower-class, first worried about her health, and only later developed an interest in functional strength. Of the clients who originated from lower or working class income brackets, all of them ($n = 5$) made similar connections between strength and health, further illustrating how embodiment has become less tied to social class.

Clients in the lower-middle and middle-class income brackets (44% of the sample) expressed similar sentiments regarding workout goals. Damon (35, White, Male, mc/o) explains why he started working with a personal trainer:

You know, in your 20s you work out for vanity more than anything else. You're so young you don't really think about the health benefits of exercising. I mean, sure they cross your mind, but what gets you to the gym is wanting to look good. Or, at least that's what got me to the gym—I wanted to put on some muscle...But, then I turned 30, and it was just much more difficult to maintain my body and weight. I resisted getting help for a long time because I always was able to work out on my own, and I ended up putting on about 30 pounds. So, it was partially to regain the strength and muscle tone I had lost from my 20s, and partly out of a growing concern for my health as I got older. You know, I wanted to start watching stuff like blood pressure and cholesterol levels, and as I lose weight and gain muscle, those things will improve.

Damon, a member of the middle-class growing up, did not cite “health” as a factor in why he began working out. Instead, vanity proved a more productive motivator—at least throughout his 20s. This perspective was also echoed among interviewees who came from lower-middle class income brackets. For example, Tori (26, African-American, Female, lmc/o) explains how she eventually incorporated strength training into her exercise regime:

I've noticed that as I've gotten older that it is harder to lose the weight and to tone up and to get the results I want. And I realized that I probably didn't have the right recipe, that I needed a trainer who would motivate me, because what I thought was good enough wasn't getting results. So, after talking to people who are in great shape, they mentioned needing to incorporate free weights. I was doing so much cardio because I wanted to

burn fat and stay healthy, and people were like, "No, you need muscle to be healthy." And I knew they were right, but I didn't know how to bench press, or do dead lifts or all these other things, so I wanted to get someone who was trained so I didn't kill myself [laughs].

Thus, even for clients who may have resisted strength training for various reasons, they increasingly came to see it as an essential part of the “recipe” for a fit body. And, given that interviewees originated from quite different social locations, this speaks to the ubiquity of bodily ideals across class lines.

Even clients who came from the upper-middle and upper classes (36% of sample) were working out for health and the development of strength. Abigail (36, White/Jewish, Female, uc/o) explains how part of her health and fitness goals involved improving strength for performance:

I had already done some high-intensity interval training on my own, mainly around cardiovascular work. But, what I wanted to do in these trainer-led classes was actually sort of strength-based, high-intensity training. I also knew I wanted to start working with kettle bells. And I have this personal fitness goal of being able to do a pull-up, right? And pull-ups and these kinds of bodyweight exercises are very integral to this style of training. Also, this gym offers spin classes and Olympic weight lifting. And I had been interested in trying Olympic weight lifting because I had been power lifting on my own at the gym. And Olympic weight lifting is complex and very form-driven.

Abigail’s focus on strength-training, and specifically on Olympic lifting, falls outside of a traditional Bourdieusian “embodied cultural capital” analysis, particularly when considering her upper-class origins. Her interest in combining cardio routines with weights reflects the trend toward joining the ideals of fitness with strength. Daren (32, African-American, Male, umc/o) admits that although he understood how health and strength worked together, it took him years to apply the concepts in practice:

You know, I had never really seen the kind of results I wanted from going to the gym on my own. Some of that was influenced by how people are viewing male bodies in America and also partially by my involvement in

the gay community. But, working out with a trainer was the first time I could look back and see the actual changes that I wanted to make happening...And I never really felt that way before using a trainer. I always knew that the gym was something you needed to do if you wanted to be fit and stay healthy, but I talked myself into believing that only people who were obsessed with their appearance and who were going 7 days a week really did that...But, that first trainer I worked with for like a year, he really taught me that you can make changes, but you do have to eat right and plan and know what you're doing to build muscle, you can't just go and throw weights around.

Daren's consciousness around what was required to be "healthy" clearly included weightlifting, even if he was not participating in that activity himself for a number of years.

According to Bourdieu, however, a member of the upper-middle class should not technically be interested in strength training or muscle-building, which again points to a convergence of bodily tastes between classes.

Additionally, while client goals focused on combining health and strength, they still held to gendered norms. Such concerns around aligning bodily ideals with gendered norms illustrates why the sub-type of physical capital, gender capital (Bridges 2009), remains useful in sociological analyses. For example, muscular "bulk" is typically associated with men's exercise goals, and although the women in the study also expressed interest in developing visible muscle (78%, $n = 14$), they were clear about their desire for a toned, yet still feminine, body. Female clients who were interested in building muscle explained that they did not want to "bulk up," and trainers expressed that this was a primary concern of their clients. For example, Matt (25, White, Male, umc/o) says of his clients:

Yeah, they definitely don't want to get bulky. But you know what? I've noticed more and more now that women want to be cut. They want to have muscle. And then, it's just like, "OK, you have to lift weights, you have to lift heavier weights." And you're going to get a little – you're going to get stronger. And actually, the more muscle you put on your

body, the faster you're going to burn fat. But, they definitely are kind of scared of bulk.

Abbey (37, White, Female, umc/o), a trainer who participated in competitive bodybuilding, helps female clients get past their fears by showing them a picture of her at a competition where she appears toned and muscled, but not “bulky”:

You have to convince them that they're not gonna be huge. They want to lift weights because they want tone, but every woman that lifts a weight thinks “Oh, god, I don't wanna be a bodybuilder!” And then that's when I bring in my pictures of when I did fitness competitions, and I show them this picture. And I lifted twice a day for three months, and do I look like I got huge to you? I wasn't bulky. And, you know, I lifted a lot. I lifted weights, but I didn't bulk up...So, I try to explain to them that there is no way they will bulk up unless you are on this strict diet with lots of supplements.

Both Matt and Abbey helped clients navigate a bodily ideal that looked strong and healthy, while remaining within normative feminine parameters. As Bridges (2009) finds, certain physiques that had purchase inside the gym (i.e., big, muscular male torsos), did not have the same purchase outside of the gym. My findings support this point, particularly in regards to women's goals: no matter what social class female clients originated from, none valued strength to the point of ignoring gendered norms. Thus, physical capital has an upper limit that may decrease if one goes too far in developing gender-transgressive aspects of embodiment. The trend among women clients who desire visible muscle tone does challenge some aspects of the stereotypical relationship between femininity and strength, and suggests that although the line of what is considered “appropriate” female physical capital has shifted, there remain both internal and external policing practices at work.

Trainers' bodies, like client goals, were also discussed as embodying the concurrent ideals of health and strength within “normal” limits. This navigation of the

normal included both body shape and size, as well as weight. Trainers were assumed to be healthy because they were physically “fit,” and all but two clients in the sample ($n = 23$) said that a trainer’s healthy/strong appearance was a crucial aspect of their jobs. For example, Holly (44, African-American, Female, wc/o) describes her trainer:

She's strong, athletic. She looks like someone who played—and she did play—sports. She said she ran track. She’s healthy, definitely. And also, she strikes you as confident, her looks match her face, I would say...her physique matches her personality, just strong.

Holly clearly admires the strength she sees in her trainer and connects it effortlessly with health. She even relates her trainer’s physical capital to personality characteristics, such as confidence. As Bourdieu (1986) theorizes, when one type of capital is exchanged for another, it temporarily becomes symbolic in value. Here, Holly’s trainer is able to make a living by converting her physical capital to economic capital because it symbolically represents confidence and knowledge, which Holly willingly purchases. Similarly, Robert (41, White, Male, mc/o) describes his trainer’s physique:

He’s thin, fit, very fit. Beyond that, you know, I mean, he looks like a person, again, not the – he’s not this big muscle-bound freak at all. And actually, he’s muscular and fit, but he’s not overly so. He’s fairly, um, he’s very thin. Not unhealthy thin, but...he’s definitely in shape, very healthy.

Robert’s trainer navigates looking fit and healthy, while not being overly muscular. Here, physical capital that represents fitness—being both healthy and strong—allowed the trainer to make a living by converting physical to economic capital. As Robert explains: “My trainer’s appearance is very important. I can’t imagine going to a personal trainer and paying them to help me get fit if it looked like they were 60 pounds overweight.” Rachel (61, White, Female, lc/o) said that her trainer stood out to her because he looked normatively fit:

He's very fit, you know, like, he's just well proportioned. And he's fit, like you can tell he's got biceps, but he's not, you know, the steroid type... He's just a fit adult male. He looks like a mannequin [laughs].

This “steroid type” build on other trainers actually drove her away from working out with the bigger male trainers:

There were these trainers at the place where I exercised, they were mostly guys, and they were obviously doing steroids...They were scary to me, you know, they would not be somebody that I would pick to be a personal trainer.

This movement away from excessive strength contradicts Bourdieu's association of men, muscles and the working class, especially because Rachel herself grew up in a lower-class environment. Again, the notion of joining health and strength, regardless of social location, is echoed in what the clients sought for themselves and from their trainer's appearance. And, given that the individuals involved in this transaction originated from varied backgrounds, it suggests that such tastes have crossed class lines. If physicality were only the expression of cultural capital, then we could not explain how clients and trainers, regardless of social location, recognized, desired, and ultimately attempted to purchase or sell this bodily ideal. As this data has shown, individuals from all class locations were involved in the commodification of the healthy/strong image, illustrating the joining of once separate ideals.

Conclusion

As discussed above, Bourdieu only partially theorized how individuals might trade on their physical capital for other forms of capital (Bourdieu 1978). Also, Bourdieu subordinated physicality to cultural capital, making one's embodiment an inevitable outcome of their social class location—strong bodies were desired by the working class,

while healthy bodies were the focus of middle-class pursuits (Bourdieu 1978; 1984; 1986). Additionally, Bourdieu also theorized that one's class culture would determine the types of bodies one desired (physical attraction) and the body type to which one aspired (bodily ideals). In the present moment, these associations have largely been replaced by the ubiquitous image of the simultaneously healthy and strong body, an amalgamation of what Bourdieu saw as two distinctly classed types. With this in mind, it is now possible for people from all social locations to acquire tastes for a bodily aesthetic that is marketable in the fitness industry and beyond. Of course, developing tastes for particular bodies is not the same as having the resources to attain such bodies, and very real differences still exist between social classes in regards to health and well-being (Grzywacz and Marks 2001; Herd, Goesling, and House 2007).

This study faces some limitations in both scope and sample. First, the interview format, while excellent for understanding the meanings of exercise and physical capital, is limited in its ability to illustrate how widespread the phenomenon is today. Although some interviewees were drawn from other geographic regions, a study that attempts to capture the convertibility of physical capital more broadly, in different lines of work or social life, and among various social classes would significantly further this line of inquiry. Also, the research is limited by the sexual orientation and racial composition of interviewees. While there was some variation in client race and sexual orientation, trainers were almost entirely white and heterosexual. How individuals might conceptualize physical capital differently in sexual subcultures and in non-white cultures would be fruitful avenues for future research, particularly as those populations come

under greater scrutiny by health experts for their deviation from supposedly “healthy” norms in terms of body size and sexual behaviors (Boyd et al. 2011; Green 2008b).

Such additional research is necessary, largely because studies on health and the body have focused almost exclusively on the “obesity epidemic” (Campos 2004; Saguy and Gruys 2010) and explicit medicalization of body size (Jutel 2008; Monaghan 2007). While important topics in and of themselves, the ways that individuals attempt to counter these institutional discourses, on their own through exercise or with the help of a personal trainer, has not received adequate scholarly attention. Indeed, because these practices are often measured as successful or unsuccessful by how one appears, instead of through more objective measures, this suggests that one’s physical capital is tied to health and the attendant symbolic capitals generated through appearance. This remains the case even though efforts to disentangle the two through the “Health At Every Size” (HAES) movement have gained some ground (Bacon 2008; Robison 2003). By considering that one’s physical capital influences determinations of expertise and authority, or alternatively assumptions of ineptitude, scholars may increase their understanding of why people use physical capital as a resource to generate other forms of capital. Indeed, recent sociological literature on the “physical attractiveness bias” (Kwan and Trautner 2011) illustrate that appearance and inequality are linked in ways similar to gender and racial discrimination in the past. Exercise, working out, cosmetic surgery, and clothes-buying are not simply indulgences in vanity or moments of frivolous consumption, but instead constitute practices that increase physical capital and the potential to re-negotiate social differences. When viewed through this lens, a variety of embodied phenomena become intelligible and organized toward structural questions involving advantage,

disadvantage, and inequality. Bourdieu's original typology only takes us so far in understanding how physical capital is connected to these topics; although with the re-framing I suggest in this essay, Bourdieu's insights take on new relevance for sociologists today.

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Chapter 3

Negotiating Status Difference: How Physical Capital and Specialized Knowledge Reshape Gender, Age, and Class Hierarchies

Individuals manage status differences using any number of tactics including compliance with authority (Milgram 2004[1974]), passive resistance (Calhoun-Brown 2000), social movements (Adam 1995; Cole and Luna 2010; Collins 1990; Morris 1999), and even revolution (Skocpol 1979). Yet, status differences are not only navigated at the macro and institutional levels; they also play out at the interactional level, as individuals go about their daily lives. Indeed, these micro-negotiations may be the most prevalent types of status negotiations people face, as they function to maintain relationships with those in both higher and lower social positions (Ridgeway et al. 2009). Status distinctions involving categorical differences as race, gender, and social class also influence how people are treated, how rewards are distributed, and access to power (Ridgeway et al. 2009; West and Fenstermaker 1995). These differences take on additional significance in relation to disadvantage, particularly as new status characteristics arise (or lose their importance) over time.⁵

Research on interaction and status difference has previously suggested that such negotiations are explainable through the lens of “specialized knowledge” (Gimlin 2002). According to the literature, service workers with specialized expertise may attempt to

⁵ Some distinctions that were previously significant may even fade, such as with ethnic differences among Euro-Caucasians throughout the 19th and early 20th centuries, when being Italian or Polish was not thought of as being “white” (Alba 1999; Ridgeway et al. 2009).

“nullify” the status differences between themselves and their higher-status clients (George 2008; Gimlin 2002). For example, Gimlin (2002) interviewed working-class hairstylists in a New Jersey salon who use their knowledge of beauty culture to interact as friends and equals with their middle and upper-middle class clientele. However, she finds that these attempts to assert their beauty authority are largely unsuccessful, as it is often the clients who must dictate to stylists what they desire for their own hair, lest they end up looking “like someone from Long Island” or “not sophisticated” (Gimlin 2002, 38, 42-44). Based on Gimlin’s (2002) account, there is obviously quite a disconnect between the stylists’ own sense of expertise and the clients’ assessment of that expertise. Why, then, are Gimlin’s stylists so unsuccessful at nullifying these status differences and convincing clients of their specialized knowledge? If “specialized knowledge” alone is insufficient for traversing social differences, what other factors explain why some status negotiations fail, where others succeed?

To investigate how individuals manage status differences in body and beauty-related professions, I draw on interview data with 26 personal trainers and 25 clients, as well as two years of participant observation in the fitness industry. The personal trainer-client relationship is an ideal location to explore how status differences are negotiated through specialized knowledge, as the relationship bears important similarities to Gimlin’s hairstylists: trainers typically occupy social locations lower than their clients, and clients may invest significant economic resources in their quest to become better looking. However, unlike Gimlin’s hairstylists, the trainers in my study were rarely questioned by clients, and clients reported high levels of trust in their trainer’s knowledge. Indeed, clients—no matter their particular social standing—universally

deferred to the authority of trainers and acknowledged their expertise. Because of a trainer's typically fit physique (an informal requirement for employment), clients were convinced of the trainer's credibility, and associated with it such characteristics as discipline, knowledge, willpower, morality, and goodness. This symbolic value generated from a trainer's fit physique allowed them to not only make a living economically, but to negotiate their position relative to higher-status clients. Thus, I find that what explains this successful negotiation of status involves the appearance, physique, and ability—or “physical capital”—of the trainers themselves.

As a concept, physical capital goes beyond the level of attractiveness, and incorporates such aspects as ability/disability, athletic prowess or performance, and the accomplishment of gender, race, or age. While many people in their daily lives often consciously manipulate appearance for strategic reasons, physical capital remains especially salient for those involved with body and beauty-related professions, such as with personal trainers, hairstylists, and fashion models who make a living based on their corporeal credibility. Physical capital can be used to bolster a claim to specialized knowledge; or conversely, may explain why a trainer's knowledge is discounted when an appropriate level of physical capital is not present. Utilizing one's physical capital as a resource resulted in either *reshaping* or *troubling* traditional status hierarchies. “Reshaping” involves using physical capital to invert status-quo power dynamics, while “troubling” challenges existing cultural stereotypes. As my findings illustrate, it is not enough to simply assert specialized knowledge; one must also look and act the part before status differences may be navigated.

Status Characteristics and the Importance of Appearance

A status characteristic is any difference that takes on additional meaning due to widespread beliefs that associate increased esteem or competence with one social group over another (Ridgeway et al. 2009). Meaningful status distinctions rely on the beliefs associated with status markers and represent what most people think about individuals in particular categories. These beliefs then diffuse within a population and become widespread so that such beliefs are commonplace and take on a shared meaning. They also influence people's behaviors, particularly in interaction and often in unrecognized ways (Ridgeway et al. 2009). For example, although sociologists did not acknowledge gender as an organizing principle for some time (Smith 1979), it nonetheless influenced attitudes and policies throughout every level of society (Connell 1987). Thus, it is possible that almost any mark of distinction may rise to the level of a status difference, one that structures people's behavior, shapes opportunities, or limits life chances.

For example, Webster and Driskell (1983) suggest that beauty has become a status characteristic, and that determinations of beauty influence people's evaluations of others and their skill at certain tasks. The importance of appearance in social life has been noted by Goffman (1967) and Stone (1970), but also more recently by scholars investigating the body and embodiment (Barber 2008; Featherstone, Hepworth, and Turner 1991; Shilling 1993; Waskul and Vannini 2006). Social psychological literature also supports this assertion and illustrates how appearance is a factor in dating and marriage (Shaw Taylor et al. 2011), one's position in inter-personal groups (Anderson et al. 2001; Mulford et al. 1998), and the evaluation of performances (Wapnick et al. 1997).

While useful for scholars of the body, conceptualizing “beauty” as a status characteristic only takes us so far in explaining how value is generated by appearance today, particularly in how it may be parlayed into other forms of economic, social, or cultural capitals. Indeed, as with much literature on the body (Giddens 1991; Gimlin 2002; Wacquant 2004), the focus remains at the intra-psychic and interactional levels (body work and identity work), which limits applicability to social groups, institutions, economies, politics, or macro-historical processes. Indeed, it is unclear in much of the extant literature how beauty or physical ability translates into more concrete rewards that have material consequences.⁶ This is important because appearance constitutes an activity that many people invest time, energy, and money into, typically with the expectation of a return on their investment.

Physical Capital as a Resource

One way to conceptualize the value of bodies and appearance comes in Pierre Bourdieu’s theory of capital and the concept of “physical capital.” Although Bourdieu used the term “physical capital” as a synonym for his “embodied cultural capital,” they should be considered analytically distinct. Bourdieu’s (1978; 1984; 1986) “embodied capital”—a sub-type of cultural capital derived from one’s social origins and class culture—is formed from the patterned inculcation of daily practices, what Bourdieu terms “habitus.” According to Bourdieu (1984), one’s mannerisms, style of dress, taste for particular foods, and even desires for certain body types stems directly from the *habitus*. Thus, Bourdieu theorizes that working-class individuals will prefer hearty food and

⁶ For an exception, see Mears (2011) *Pricing Beauty*, where the author usefully details how the real flesh and bone bodies of fashion models convert into economic capital.

muscles for performing manual labor, while middle-class people will prefer lighter fare, and thin, “healthy” bodies that are suited to managerial tasks (Bourdieu 1984).

Embodied capital, then, is the display and performance of cultural capital—the way one’s social origins may be seen through the body.

While this concept is a useful way to think about how cultural capital is displayed visibly (for example with table manners and speech patterns), it contains limitations that the broader concept of “physical capital” addresses, such as its inability to explain how cross-class tastes develop, the lack of theorization around traditionally “immutable” characteristics (such as gender, race, and height), and its weak treatment of the body as a source of labor power (Hutson 2012). In other words, not all bodily phenomena today are reducible to social class and one’s culture of origin. Indeed, Bourdieu’s theory of capital has difficulty explaining how a variety of bodily and fashion trends—including Levi’s jeans, Timberlands, track suits, bodybuilding, cosmetic surgery, and dieting—have traversed from the middle to working classes or vice versa. Additionally, the notion of an ideal physique now crosses Bourdieu’s class lines as well, through the image of the “fit” body—one that is simultaneously strong *and* healthy. Whereas Bourdieu drew firm lines between strong (working class) and healthy (middle class) bodies, those distinctions are no longer so clear today. Because Bourdieu’s “embodied (cultural) capital” is tied so firmly to social location, it cannot fully account for the value attributed to certain bodies, such as those of athletes, fashion models, or personal trainers who possess physiques or abilities prized by individuals in elite classes, but who may have derived from varied origins themselves.

Thus, elaborating the concept of “physical capital”—a form that is connected to, but independent from, other forms of capital—allows for conceptualizing the value of appearance and the body un-coupled from social class origins. Doing so allows us to discern how status negotiations are influenced by one’s appearance apart from their relative class standing. While these facets are indeed related, much like economic capital is related to achieving educational credentials (Bourdieu’s “institutionalized cultural capital”), it is also possible to discuss them as independent factors. Given the amount of time that people spend on their appearance—for work, social gatherings, dating, or events—as well as the connection between appearance, health, and morality (Jutel 2007; Saguy and Gruys 2010), it suggests a theoretical neglect if we do not attend to how appearance and the body are associated with structures of inequality. At the same time, bringing an analysis of physical capital into explanations of gender, race, sexuality and social class allows for a more accurate understanding of disadvantage and power. Physical capital helps researchers move beyond incomplete social psychological accounts of the “physical attractiveness bias” to better conceptualize the body as a resource *and* form of capital. This resource, then, permits individuals who claim specialized knowledge of the body to use their physical capital as credibility, thus bolstering their assertion of expertise and allowing for meaningful status negotiation to take place.

Methods: Setting, Context, and Personal Training as “Luxury Necessity”

Personal training is considered a luxury service in the U.S. today and constitutes the fastest growing sector of the fitness industry (IHRSA 2005; IHRSA 2011). Not only have gym memberships grown exponentially every year since 1982, the number of

people using personal trainers has increased as well (IHRSA 2005; IHRSA 2011). The popularity of personal training is likely due to three factors: standardization of services, normalization through media, and recent health panics. First, many gyms now have promotions for new members where a personal training session is included as part of the membership package. This often serves to demystify the process of personal training for clients, who are then more likely to sign up for additional sessions. Second, the popularity of television shows like *The Biggest Loser* has normalized personal training for the public at large. As more and more viewers see first-hand what personal training looks like, as well as the often-dramatic results, they are more likely to explore options for themselves. Lastly, the panic over the “obesity epidemic” in the U.S. may have led to swelling gym memberships, and also the willingness to spend additional income on a luxury service that is understood as a treatment for obesity (Barnes and Schoenborn 2012). While many scholars have critiqued this moral panic over body shape/size (Campos 2004), the statistical evidence supporting the obesity “epidemic” (Flegal et al. 2005), and the supposed dangers of body fat (Jutel 2006), the symbolic effect on consciousness about weight remains potent. Thus, exercising and personal training may have come to represent a type of “luxury necessity.”

From 2008-2010, rates for personal trainers in the southeastern Michigan area varied from around \$45 per session to \$75 per session at higher-end, boutique gyms with more specialized services such as a spa, staff nutritionist, or juice bar. The personal training fee is typically in addition to the monthly membership dues in most gyms, which ranged from \$25 for students to between \$50 and \$75 depending on the gym type. This means that the additional costs of personal training can be between \$45-\$225 per week,

varying with the number of sessions and relative price scale. Personal Trainers usually make a flat percentage of the total cost per session, such that selling a lower-priced package may guarantee a sale, but mean less money per hour. Trainers reported making anywhere between \$20/hour and \$25/hour, depending on the package sold and gym policies. Because of this, personal trainers are expected to be both fitness experts *and* salespeople. One notable exception to this rule was in many community-based fitness centers, where personal trainers never felt as if they needed to “sell” packages, and their pay was not based on commission. Thus, many personal trainers see clients on the side, or start an independent training business, as they receive 100% of the income.

Methods: Interviewing and Participant Observation

The gym where I observed as a participant, *Fitness Central* (a pseudonym) is a popular chain-gym that caters to a variety of clientele because of their widespread advertising campaigns and moderate pricing plans. Demographically, the gym skews toward white and middle-class, although the population is racially diverse. The gym also is attended by men and women equally, as well as older and younger people, positioning this setting as ideal to capture a range of trainer-client relationships. I conducted participant observation so that I could be integrated into the trainer-client culture at the gym. While informally observing as a member, it became clear that trainers spoke with other staff members, with people who were their clients, or who were clients of other trainers. In order to gain access to the trainer-client culture, I needed to become a “client” myself. This allowed me to bring a critical eye to the process of working out with a fitness expert, and to reflexively observe my own interactions and the interactions

of others. As someone who has been involved with exercise culture and gyms since my early teens, I found that my insider knowledge of fitness provided many rapport-building moments. Yet, because I had never worked with a personal trainer before, I was enough of an outsider to ask critical questions as a participant. The trainer I worked out with for the entire two-year period was a white male in his early 40s who also identified as openly gay. Because we shared many demographic similarities, we were able to build rapport quickly, and he became an invaluable resource for understanding the trainer-client dynamic as we worked out together.

To supplement *Fitness Central* as a case study, I interviewed 26 trainers and 25 clients from five types of gyms including: chain/franchise; boutique/specialized; community/health center; medical facility/rehab center; and home/non-traditional gym. Most of the interviewees ($n=45$) were drawn from the southeastern Michigan area and answered ads posted in local gyms or from email flyers. Another six answered a more broadly posted ad and were interviewed via Skype from five large metropolitan areas across the U.S. (Chicago, Washington, D.C., Los Angeles, Milwaukee, and San Francisco). The racial composition of the client sample was predominantly white ($n=17$), with additional interviewees identifying as Black ($n=5$), White/Jewish ($n=1$), Hawaiian ($n=1$), and Mexican-American ($n=1$). Clients' current income brackets⁷ ranged from Lower and Working Class ($n=3$), Lower-Middle and Middle Class ($n=10$), to Upper-Middle and Upper Class ($n=12$). Clients' education levels were much higher than trainers, with 11 clients achieving (or in the process of achieving) a Ph.D. The gender

⁷ Demographic information was collected through a survey that asked for self-reported socio-economic status. Income brackets were constructed to be relatively equivalent with 2009 census data in the following groups: Lower Class (less than \$14,999k), Working Class (\$15k - \$24,999), Lower-Middle Class (\$25k - \$49,999), Middle Class (\$50k - \$74,999), Upper-Middle Class (\$75k - \$124,999), and Upper Class (\$125k and up).

composition of the client sample included more women ($n=20$) than men ($n=5$), although this reflects trainers' accounts of working with a predominantly female client base. Age was also diverse, with the client sample ranging from 18 – 65 and a median of 41.

Trainers were also predominantly white ($n=25$), with one person identifying as Black/Jamaican. Trainers' current income brackets were also varied: Lower and Working Class ($n=5$), Lower-Middle and Middle Class ($n=10$), and Upper-Middle and Upper Class ($n=11$). Similar to clients, the trainer sample included more women ($n=20$) than men ($n=6$). Educationally, only one trainer had or was pursuing a Ph.D., while many were in the process of obtaining a M.A. ($n=12$). Trainers were somewhat younger overall, with an age range of 21 – 56 and a median of 34. While not representative due to the small sample size, the racial, educational, income, and age diversity adds to the strength of my findings by illustrating how physical capital crosses an array of status lines.

I recruited using email flyers, “snowball” sampling, and at local gyms where I posted flyers in high traffic areas. Clients needed to be working out with a trainer, or have worked with one recently enough to recall the relationship in an interview. Trainers needed to be currently working as trainers. Each interview took place at a time and location of the individual's choosing and averaged 1.5 hours in length. Interviews were digitally recorded and transcribed, and all names that appear in the study are pseudonyms. I paid each interviewee \$20 for their time. I asked interviewees questions in four main sections: 1) starting a training program/becoming a trainer, 2) exercises and routines, 3) interactions with clients/trainers, 4) and health and appearance.

Data analysis proceeded in two stages. First, I conducted “open coding” (Emerson, Fretz, and Shaw 1995) and allowed thematic categories to emerge from the data. Second, I used these codes to re-engage the data and employed a “focused coding” technique (160) that allowed me to break down data into more meaningful sub-codes. I then stepped back and wrote “integrative memos” (165) where connections between individual codes, client demographics and the data emerged, becoming the building blocks of the findings below.

Findings

In order to explain why some status negotiations around gender, age, and social class fail, while others succeed, I present data from a study on personal trainers and clients in the fitness industry. I find that personal trainers trade their physical capital in a variety of ways, both for economic capital and for symbolic capital⁸ representing willpower, morality, and discipline—all of which function to maintain authority over their higher-status clients. Status negotiation facilitated by physical capital took place on two levels: people used physical capital to significantly *reshape* traditional hierarchies, or they used physical capital to *trouble* dominant cultural norms. Although using physical capital to reshape status-quo relations of power illustrates its transformative capabilities, recognizing that people also used their physical capital to resist stereotypes is equally important. Physical capital functions as a resource not only for traversing status differences, but as a way to manage discrimination and hegemonic tropes. Both levels of

⁸ “Symbolic capital” describes the meanings generated from possessing or converting capital (Bourdieu 1984: 291).

negotiation were apparent in the data, and speak to how status may be navigated interactionally *and* culturally.

“He’s the only man that gets to tell me what to do”: Reshaping Status Hierarchies

The authority granted by physical capital, coupled with its symbolic meaning, permitted negotiations that resulted in the inversion of relatively durable status hierarchies around gender, age, and social class. Such situational re-structuring of status hierarchies occurred frequently in trainer-client relationships, and had reverberations outside of the gym environment as well. This manifested most often when trainers would assert knowledge and control over clients, or when trainers were invited into their clients’ lives to attend gatherings, holidays, and special events. For example, Anna (30, white, female, client) relates how she invited her trainer (Latino-American male, ex-Marine) to her wedding, regardless of the status differences around education and social class:

I think he came from—not necessarily low income, but lower-middle income. I don’t think he had a college degree. I think he did some, like, computers or something like that. But, I think he arguably was sort of in a dead-end position a little bit, you know?...Where are you going to go? There’s no place to move up in gym training. And I think he would have been, like, 30 at the time...I certainly didn’t have the impression he had a degree in physiology or anything like that. It was all very applied.

Later, Anna relates that she invited him to the wedding, which she was preparing for by working out: “Well, he and I became close seeing each other for a half an hour twice a week for several months...He actually came to the wedding...He saw me and said, ‘Wow, you clean up nice!’” The trust they had built throughout the training relationship, facilitated by her trainer’s knowledge and physical capital, translated into including him in her wedding celebration. In a similar situation, Robert (41, white, male, client) whose

wife also works with the same trainer, made the cake for his trainer's wedding and explains how the relationship inside the gym became a friendship outside:

Actually, I'm a pastry chef by trade. And, [my trainer] got married last summer. I made him and his wife's wedding cake. So, they're definitely friends of ours. Not close friends, but certainly friends, as well as the professional relationship.

Robert's wife Carrie (48, white, female, client) mentions how she and her husband were invited to various special occasions:

We were invited to their wedding, and my husband made their wedding cake. We haven't done anything else socially yet, but we did get to see their wedding. So, it was very cool that we got to do that—we felt like we shared something with them...But, we've also been invited to his wife's graduation and those sorts of things.

Jacob (26, white, male, trainer) relates a similar story about being invited to a client's house for Thanksgiving dinner:

One time a client asked me if I had any Thanksgiving plans, and I didn't because my fiancée was home visiting her parents...And, I was just going to, you know, go to the grocery store and get a bunch of deli turkey and eat it alone...I was totally fine with that. But, she felt bad and invited me over to her place. And I went...That was a little, I guess, awkward, but I went anyway...And it ended up being, like, her whole family and me, which is really funny. It was her, her husband and her son and daughter and step-daughter and grandchild and new puppy and cat, and me: the personal trainer [laughs].

Jacob's invitation to a family holiday suggests that he and his client had built a relationship that traversed some of the status differences around gender, age, and social class. Chris (21, white, male, trainer), a younger personal trainer, also experienced this extending of the relationship:

So, a lot of these older clients, especially women, in particular, they almost like to take a motherly role. They'll hear about some stuff from my life, and then they'll follow up. They'll remember stuff about me that I don't even remember telling them! [laughs] I have one client who wants to get football tickets and bring me with her family to the next game.

When I asked him later about how he handles the many high status, older clients he sees, he reflected on being a young trainer:

I don't have a lot of clients who will tell me no, even though I'm just a kid. They won't—I have these adults who just won't say no. I'll do stuff that will make them extremely uncomfortable, and they'll hate doing it, but they'll do it because I'm the trainer. It's a weird dynamic. Because it's the opposite of culture, in general. I respect my elders and all that stuff. You go in there, they look to me for advice, and they want to get my approval.

Here, Chris acknowledges that his status as a trainer with high physical capital allows him to invert a variety of hierarchies that operate outside of the gym. Yet, given the invitations he receives from clients, it is also clear that his physical capital functions in other social contexts as well. This suggests that the situational authority granted to personal trainers, unlike the situational authority granted to other specialized workers (i.e., plumbers, hairstylists, prostitutes, dominatrices), has purchase beyond the immediate relationship. These individuals are not only knowledgeable professionals, they are good (and good-looking) people that clients allow into other areas of their lives.

Trainers and clients re-negotiated status hierarchies interactionally while working out as well. For example, in a training session I observed, the conversation vacillated between advice-giving and complying with the trainer's authority:

A young, female, Asian-American personal trainer with long black hair and who appears very fit/toned is training an older, white male client. They are working on a chest press machine, and they are between sets. She says: "Hey, you're a professor, what do you think I should do? Should I just get my Associate's degree and be done, or go on and get my B.A.? I'm not sure if I have the money for a Bachelor's." The client weighs the pros and cons of two-year versus four-year degrees, and considers her goals of wanting to either "eventually get into physical therapy" or start a training business of her own. As he was continuing to offer more advice, she suddenly looks down at her watch, cuts off her client mid-sentence, and says: "Okay, that's enough rest. Let's go again. You're not going to get in shape by talking!" Her tone and body language shift from questioning to commanding. The client immediately stops

talking and turns his attention back to the machine, while the trainer offers strong verbal encouragement by loudly saying: “Come on, come on! Push it! Don’t stop!” The client struggles to finish his last repetition turns to her and asks, “So, how did I do?” (12/08/09, 3:20p.m.).

In this example, the trainer—a young, relatively un-educated Asian-American woman—is contrasted with an older, white male, college professor. And although traditional status hierarchies would typically place her in a subordinate position, she was able to negotiate a situation using her fitness level and knowledge to garner deference from a higher status client. It is noteworthy that this negotiation takes place outside of a specifically erotic encounter, where the façade of status and power might be part of the experience itself, such as with a dominatrix or sadomasochistic play (Lindemann 2011). These situations, however, do not reshape status hierarchies, but instead eroticize their inversion while leaving them intact and unchallenged outside of the encounter. Indeed, although a trainer’s good looks and physique may seem to be operating as “erotic capital” (Green 2008), no client I spoke with admitted to being attracted to their trainer or interested in pursuing a dating or sexual relationship—even if they understood their trainer’s body to represent the typical “attractive” ideal. This speaks to the limitations of our current analytic models (erotic and sexual capital) and the need for a broader concept of “physical capital” that captures such dynamics. Similarly, Jessica (58, white, female, client) explains:

Well, [personal training] definitely has a different kind of authority to it. Like, my friend doesn't have any authority over me. [laughs] But with a trainer, I'm dutiful. It's a different kind of exchange relationship, you know? And, yeah, I guess a different kind of role. We're enacting really different roles. And I am, even though I'm the person who's older and paying, I feel like I'm subordinate to, you know, what I'm doing. I'm doing my role as trainee, and that person has the expertise and power.

Jessica acknowledges that although she is in an objectively higher status category, as an older, successful, and well-educated woman, she defers to the expertise of the trainer—indeed, to the trainer’s “power.”

Such sentiments were expressed by a variety of clients and trainers when they discussed negotiating differences. Rebecca (37, Black, female, client) managed a complicated relationship with her trainer, a good-looking Black man who her friends insisted was attracted to her. However, their differences in education, social class, and views on gender prevented her from seeing him in a romantic light. Rebecca negotiated her status as a more educated woman (Ph.D.) against being told what to do by a man:

Well, I hate jumping. I don't want to jump, and he tries to make me jump. So, I don't like being bossed around. I don't like someone telling me what to do. I realize that this is what I pay him to do, and what he's there to do. But, he's always saying “Do this, do that.” And sometimes it really bothers me. I tell him he's the only man that gets to tell me what to do. [laughs].

Rebecca also manages their interactions by deciding that he is not someone she would consider dating because of their differences in social status:

I mean, I might have a drink with him, but no...and this is going to sound extremely bourgeois, but demographically, he's not someone who I would date. Like, he's not educated, doesn't make a lot of money...and I think you have to look at those things.

And while his lower social status might preclude dating, his higher physical capital allows him to have situational authority over his clients. Yet, this authority did not sit well with Rebecca, and she managed her dislike of being told what to do by flirting and humorously objectifying him for his looks:

Well, he's a man, and he's tall and good looking. And I think he's used to interacting with women in certain types of ways. So, I'll tease him mercilessly and say things like, “It would be some good motivation if you took your shirt off.” [laughs] He would kind of smile or flirt back or whatever.... But, I flirt in a way that objectifies him, which is kind of

intentional. Because, I can tell that he's probably used to dating pretty docile women...And so he's always like, "Rebecca, are you going to be nice today? Can you be nice today?" Well, I'm not nice. I wasn't nice when I was three, I'm not nice when I'm 37. Get over it. It's a gendered thing that men think women always need to be nice anyway. What the hell do I need to be nice for?

Although significant social class and educational differences existed between her and her trainer, Rebecca managed the trainer's authority over her by sexualizing him and making jokes at his expense. This reaction was a response to the trainer's status generated by physical capital.

Some trainers utilized their own physical capital to negotiate authority in their interactions. In one training session I observed, a female trainer bargained with her male client regarding appropriate weights for developing musculature by using her own biceps:

A female trainer is working with a male client in the free-weights area. She is white, approximately 30 years old, has short black hair and is quite good-looking with a thin, but toned and muscled torso. Her client is a white male in his 30s, a little taller than her and somewhat over-weight. I am alerted to their conversation when he balks at the weight she has told him to use. He says: "But that's less weight than I used last week." She replies, "Yes, but we're doing a different type of exercise this week and we need lower weights." He hesitates and looks at the weight and says: "But, that's kind of a girly weight, isn't it?" Rolling her eyes, she walks over and picks up the weight and says (slightly annoyed), "There are no such things as girly or manly weights. There are just different weights for different purposes. You need to use this one to do more reps. We're doing high reps, low weight." She pulls back her shirt sleeve and says, "That is how I got these [points to her bicep while flexing] and you'll eventually get them too if you listen to me." Seeing her muscular bicep, the client takes the weight from her and begins the exercise. (10/12/09, 1:15pm)

In this instance, the trainer used her own physical capital to negotiate against dominant gender norms and to assert her authority as a female trainer with a male client. In effect, she illustrated that her technique had produced a larger, more defined bicep than her male client currently possessed, which effectively quieted his concern over using a "girly"

weight. Sylvia (22, white, female, trainer) had a similar situation when her male client refused to comply:

I had one client who over-trained and didn't listen to me about stretching. I tell my male clients about him and how he had to sit out for six months because he wasn't stretching before doing the "girl exercises." So they stretch now and they feel better...That's kind of how I bring those things to light around the "girl exercises." Or, I have them do them and they're like, "Oh wow, these are really hard."...Or, I'll get down there and I'll be like, "You know, I don't lift weights," and I'll do more pushups than they do right next to them.

In some cases, female trainers needed to assert their authority and give male clients a difficult workout to make them comply. For example, Jane (29, white, female, trainer) explains how she used a hard exercise routine to navigate a client's sexist joking:

I had one guy client who was a talker. And he was not a good talker because he would make "dumb girl jokes" in the beginning of the workout. And then I'd beat the crap out of him and he'd wonder why...I mean, he was just kidding around, but still, don't make dumb girl jokes at the beginning of your workout when I'm a girl trainer and I'm gonna work you out. [laughs] He just couldn't keep up with me...Eventually he caught on and stopped making the jokes.

Jane used her physical capital by exercising more rigorously than her client to illustrate her superiority and dissuade future "dumb girl" jokes. Similarly, Denise (36, white, female, trainer) relates a story about how she needed to negotiate status differences around gender and race:

It's harder on the guys [to have a female trainer] because one of my clients was a young, Black male, very fit—looked like a football player. He got a lot of crap for having a little white girl train him. He didn't care because I knew what I was doing and you could see it, and he got a good workout. So, he put up with it, but I think it was harder on him than it was on me because he got a lot more crap than I did... I have had very challenging cases when I don't think there's a trust there. I think with the guys, you have to prove yourself to them. And actually, the younger the male, the harder it is.

Here Denise acknowledges the very real status differences that must be navigated between herself and a younger, Black, male client. In order to successfully negotiate their relative statuses as trainer and client, she needed to prove herself as competent, not only through her knowledge, but through her physical capital as well.

As is evident from the above examples, negotiating status differences in trainer-client relationships requires physical capital to be successful. Most often, a client relies on the appearance and physique of a trainer to stand in for specialized knowledge or accreditation. Thus, the physical capital of trainers allowed for status differences to be negotiated both inside and outside of the gym when converted into symbolic capital representing knowledge, health, discipline, and morality. As many trainers explained, they considered themselves experts who had both the specialized knowledge and physical capital to expect compliance from clients. The deference given to trainers allowed for status differences to be negotiated interactionally, as well as against dominant cultural norms.

“They treat me like a nice, old lady”: Troubling Cultural Norms

Negotiating against gendered cultural norms involved physically performing beyond what others perceived as capable, or through appearance that signaled a focus on exercise, rather than on “looking good” in the gym. Often, this meant that individuals used working out not only to re-think their relationship to hegemonic femininity/masculinity, but to illustrate it to others. For example, Gwen (18, white, female, client) explains:

When I’m running down the street, if there’s a group of guys, I tend to speed up. Like, that’s just an instinct that I know all my friends share too.

You know, that mental wanting to show off...like, showing that I'm being fit, not lazy...Even in the gym...when it's practically all guys... I noticed that there's a drastic difference in my motivation...like, wanting to prove that I can be a strong girl.

As a triathlon runner—an important part of her identity—Gwen desired the recognition that she could accomplish things that many, if not most, of the men working out in the gym could not. Similarly, in a training session I observed, one client's effort to prove herself had to be addressed by the trainer:

A short, thin, white⁹ woman with red hair, approximately 35-40 years old, is working out with a taller, white male trainer who looks to be around her age. He is broadly muscled, but not overly thin or “cut.” He has a military-style haircut, although he is not training in a harsh or military style. His client is doing leg lunges while holding weights, and in between sets they seem to have a casual interaction, almost as if they have a friendship outside the gym. The trainer has told her to do 12 controlled lunges. As he counts down from 12 and gets to zero, she keeps going. When she does one extra, he humors her by smiling and saying, “Ah ha, got another one in you, eh?” As she does yet another, he attempts to stop her by saying, “Okay, that's enough. Come on back up.” But, she keeps going for two more before struggling to finish. Finally, the trainer uses a stern voice and says, “Look, I know you want to prove something, like you can handle my workout, but you're gonna hurt yourself and that's counterproductive” (2/18/2010, 2:25 p.m.).

In her attempt to go further than what the trainer asked, she likely gambled on garnering praise, rather than disapproval, and hoped to dispel notions of what she could accomplish in order to trouble understandings of femininity in the gym.

Some female clients had to negotiate their status with female trainers as well when explaining how their goals for working out might differ from dominant cultural expectations. As Rebecca (37, black, female, client) relates:

I see female trainers in my gym, and I don't like them. [laughs] Because, number one, most female trainers are tiny. They're tiny, and they think you want to be tiny like them. I had an interaction with a trainer in my

⁹ Any descriptors used in observational data only identify individuals based on my assessment of visible characteristics such as race, gender, age, height, body style/morphology, attractiveness, and fitness level.

gym when I first joined. And, this woman trainer (who does not know me) says: “Oh, so you're finally gonna do it, huh?” And I was like, “What are you talking about?” And she says, “You're finally gonna work out.” I said, “I've been working out for years.” And she's like, “Oh, well it doesn't count if it's just drudgery to you.” I was like, “I like working out. I'm thinking that you just walked up here and made like 20 assumptions about me, and I don't know you.”

Rebecca, who earlier in the interview explained that she finds herself attractive and enjoys that others also find her attractive too, sought out a personal trainer to improve her health and strength, not necessarily to lose weight for appearance. The trainer she spoke with assumed that Rebecca was interested in bringing her appearance in line with notions of ideal femininity, and specifically with *white* femininity involving extreme thinness. As other scholars have noted, gendered bodily ideals may differ widely between social groups based on race/ethnicity (Beauboeuf-Lafontant 2003; Craig 2002), gender (Martin 1998), and sexuality (Hutson 2010). Rebecca's re-assertion of her desired physical capital allowed her to trouble hegemonic ideals of fitness that intersect with gender and race.

Another type of negotiation involved using appearance and visible exertion to signal one's dedication to working out, not to “looking good” for others in the gym. As Tori (26, Black, female, client) explains:

I see people who wear make-up at the gym and I think it's stupid. You know, you're in a place to better your appearance, so why come hiding something? But, I know there are some people who can't go in without make-up, and more power to you, but it's not for me. Once you own the fact that you're a woman, you walk with confidence and you don't need make-up. You're in a gym, men are gonna look anyway. You want that attention? Go drop something and bend over to pick it up [laughs]. Don't buy the make-up and burn your eyes. And men look, regardless of if the eye liner is on or not. Besides, if you want a man who's really in shape? He's going to be looking at what you're doing, like if you're really working out or if you're just trying to get his attention.

Tori equates make-up and too much attention to appearance with either trying to get

noticed, not exercising very hard, or both. This association came up again and again in interviews with both trainers and clients. As Jacob (26, white, male, trainer) explains:

Well, I can certainly tell if somebody's putting on makeup before going into the gym. I think it's pretty funny. I'm not a fan of it, [laughs], but I understand it. I mean, a lot of people do go to the gym to meet people. Or, at least they go willing to be met. You know what I mean? So, they always have to be on their A-game...But, I'm not a fan of it, nor am I a fan of cardio machines with televisions or people reading while working out or...of people being concerned with things that don't have to do with working out. But I understand it, so make-up... it doesn't bother me too much as long as, you know, they're still putting the same effort into what they're doing.

While Jacob acknowledges that he understands why some gym-goers wear makeup, it is clear that he categorizes such appearances as not indicating an interest in exercise. What is noteworthy in these examples is how easily men's preparation for gym-going fits with assumptions of effort. Men, even if they spend considerable time shopping for and thinking about their appearance, do not need to navigate competing demands, as their expected appearance typically fits with understandings of male appearance both inside and outside of the gym (i.e., relaxed, rough, easy-going, no frills/effort). In this respect, women were required to navigate multiple levels of appearance expectations when going to work out, often having to choose between notions of appropriate femininity or portraying a dedication to health.

To resolve this "double bind" of femininity and fitness, many women simply sidestepped the potential dating component at the gym by consciously ignoring it as a place to meet partners. This allowed some to revel in the space as one area where they did not need to worry about looks, appearance, sweating, or someone trying to flirt with them. As Anna (30, white, female, client) explains, "I mean, I hardly wear makeup to work, much less to work out...it's my space to sweat, not dress up...So, I mean, that might

have happened [being flirted with], but I would have been oblivious to it because that's not somewhere I think about meeting people." Through this, women could challenge traditional understandings of femininity by using their physical capital to signal a dedication to effort and exercise. This example also speaks to how the value of physical capital relies on gender and social context, or "fields" (Bourdieu 1984), as a woman's no-makeup and sweaty appearance may garner high value in the gym, but low value in other areas of social life.

Clients and trainers also had to navigate perceptions of the aging body using physical capital. Rachel (61, white, female, client) explains how she judges her health now that she is older:

Yeah. [Those last 10 pounds] are just not gonna budge. I'm 61, I mean the clothes just don't fit like they did when I was 20. So I say, why use this as an indicator of how fit I am? It really has nothing to do with it. I'm more fit now than I was when I was younger anyway. If you put me up against a young person who is not fit, I can do a lot more than they can.

Rachel is confident in her abilities and asserts that age has little to do with health and fitness, and in this way rebuts popular associations of aging with degeneration, and youth with vibrancy. Similarly, Jessica (64, white, female, client) began working with a personal trainer to improve her functionality and strength, but found that trainers often treated her too gently:

Well, they treat me like a nice, old lady, "Oh, she's so sweet. She smiles a lot." And I'm like "Come on!" you know, I wanna get stronger, you gotta push me. [laughs]...But, I work out with these two guys...They're both young, and I think I'm their mom's age. But, I think they appreciate that I want to get stronger. And I can tell by the way they encourage me. You know, he'll tell me to do 12 and I'll do 15, so he sees I'm trying to push myself.

Jessica uses her physical ability to contradict prevailing stereotypes of aging, and to push back against her trainer's treatment of her as a "nice, old lady." It is also clear that

gender, age, and physical capital intersect in this example when Jessica must combat both stereotypes to get the type of workout she desires. Vaughn (65, white, male, client) defied his trainer's expectations of what an older client could accomplish when he began bodybuilding in his 50s. He explains:

Well, I was getting older, like into my mid-50s. And, I found this guy, a trainer—stunning looking guy...so I approached him and said that I wanted to work with him four days a week. I said, "I wanna work hard. We're really going to do this." Because, at the time, I was not in good shape at all...He said, "You've got to be shitting me." But I was like, "Nope. We're gonna do this. We're gonna go." He probably thought I was just one of these old guys who has it in his head to look like a magazine model...but I started eating really clean...my carbs were down to not much. It was all protein...So, I'd be there four and five days a week working really, really hard...I even got to the point where I met all of the high school requirements, you know, when you do as well as any kid that ever got the highest score on that test?

Vaughn's hard work translated not only into a muscular physique, but spurred his trainers' enthusiasm for pushing him beyond his own limits—limits that were in place due to dominant cultural stereotypes. In this way, clients were able to trouble hegemonic norms by demonstrating their physical capital and insisting that they were capable. Some trainers also discussed how challenging these norms influenced clients' self-understandings. Denise (36, white, female, trainer) explains:

There's an amazing phenomenon with women I've noticed that the stronger they are, it seems like their confidence goes up. It's pretty incredible to see someone get confident and just their demeanor changes—they walk in with more confidence. They're not as timid. It's just really lovely to see. It's something about—I don't want to say "aura," but something about the way they project themselves...And I've even had a client even tell me, "I need to do more strength training with you because I need strength to stand up to my husband a little bit more and put my foot down." Because she noticed that when she strength trains, she's much more willing to stick to her guns. She's not so passive, and...definitely is more assertive. And that's something I've noticed with a lot of women I've trained.

As individuals utilize their physical capital in ways that trouble dominant norms, it becomes a resource for managing power differences in their relationships and lives. Thus, physical capital constitutes a powerful, but under-studied, means of negotiating status.

Conclusions

Successfully negotiating differences around gender, age, and social class depend not only on already-established factors such as possessing a specialized skill set, but on one's physical capital as well. The symbolic capital gained from high degrees of physical capital transforms into the assumption of myriad personal characteristics such as discipline, willpower, morality, and knowledge of the body. Physical capital, then, exists as a resource and allows for the negotiation of status differences. The types of negotiation facilitated by physical capital take two primary forms: people use physical capital to "reshape" traditional status hierarchies; or, they use physical capital to "trouble" dominant stereotypes around gender and age.

My findings suggest that appearance, through the lens of physical capital, is significant in determining the level of competence allocated to individuals, regardless of professional prestige. Certainly, we expect that doctors, politicians and (perhaps) even lawyers would command authority through their presentation, credentials, and occupational standing. But, for personal trainers to equalize the interactional playing field with such higher status clients constitutes an accomplishment that deserves consideration for the way that physical capital influences status hierarchies. Indeed, attending to the importance of physical capital may provide additional insight into

processes of discrimination that are not only related to gender, race, and sexuality, but to body size, weight, ability, height, and appearance. Also, it also helps explain why individuals enhance or downplay aspects of their appearance in everyday social situations. These conscious adjustments to one's presentation of self are not simply indulgences in vanity or whimsy; they constitute very real attempts to traverse (or maintain) social status differences.

Thus, while status hierarchies are relatively durable entities that structure people's life chances, they are perhaps permeable in ways previously under-theorized.

Appearance, attractiveness, and bodily ability constitute viable means of negotiating status differences. As with personal trainers, athletes, fashion models, actors, performers, prostitutes, and dancers, one's use of the body and appearance are just as important as other factors such as social connections, economics, or cultural knowledge. However, physical capital operates for higher status individuals too, and should be considered for how inequality is reproduced throughout all levels of society. For example, how does being an attractive lawyer sway jury decisions? Or, how does being a normatively thin and fit physician bolster medical authority when talking to patients about obesity? How is voting influenced by a candidate's body size, age, height, "fitness" level, and looks? Without an appropriate conceptual lens through which to understand these under-studied facets of status, our explanations of inequality remain incomplete.

Considering embodied aspects of status through the concept of physical capital allows theorists to put such topics as attractiveness, beauty, and ability under the proverbial microscope, alongside already-established factors such as gender, race, and age. Indeed, these characteristics may be thought of as aspects of embodiment that are

valued (and de-valued) in myriad ways, given that each plays out in and through the body (Kessler and McKenna 1978). Racial and gender discrimination occur not only at the structural and institutional levels, but also at the interactional levels where we may “see” gender and race through clothing, comportment, affectations, or style. Recognizing how physical capital allows for status negotiation also provides insight into the experiences of transgender individuals, as developing one’s physical and gender capital (Bridges 2009) provides the ability to “pass” or not, depending on the individual’s preferences. As a means of explaining inequality, the concept of physical capital is valuable for scholars as it connects individual embodied practices with cultural norms, institutional policies, and macro-historical trends. This is in contrast to the concept of “body work” (Gimlin 2002), which sits at the level of the individual and only explains embodied practices through identity shifts. Physical capital suggests a system of value and valuation that exists external to the individual and intersects with other systems of cultural, social, and economic significance.

This study faces some limitations that must be acknowledged. First, the sample is non-representative and restricted to one instance of physical capital—personal trainers and clients in the fitness industry. While physical capital also operates in similar ways for fashion models and professional athletes, the fitness industry provides a unique perspective on the interplay between “health” and “beauty.” Unlike sports and fashion, exercise is often done for both fitness and beauty purposes. The physical capital gained from working out, then, cannot be easily categorized as either for appearance *or* health, but for both. Also, the trainer and client samples skewed toward white, middle-class, women. Although this seems to be the general population of people engaged in personal

training in the southeastern Michigan area, additional geographic locations may yield different results. On the other hand, my findings regarding physical capital operated across racial, gender, and geographic lines, lending strength to the overall analysis and conclusions.

Additional research investigating areas of social life where we typically believe physical capital does not (or should not) matter would be a fruitful site for future study. For example, how does physical capital operate in politics, among physicians, various hiring/promotion decisions, and even in academia? Of particular importance will be research that tries to pull apart the connections between “health” and appearance, specifically around aspects of normalized physicality such as thinness, skin tone, and muscularity. While individuals may indeed engage in “healthy” practices to obtain such valued bodies, many activities that produce idealized physiques are far from healthy (i.e., cosmetic surgery, extreme dieting, liposuction, tanning, or steroids). By the same token, many things that produce health often have little to do with beauty and appearance. Untying these associations and investigating how such assumptions intersect with gender, race, and sexuality would illuminate the role of appearance in inequality. For now, the current study has outlined several useful lines of inquiry regarding appearance, physical capital, and status in social life. By critically investigating the health and fitness industry, and the personal trainer-client relationship, my research suggests that individuals utilize valued physiques to navigate real status differences.

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Chapter 4

Deputies of Health: Personal Trainers, Medical Authority, and Physical Capital in the Fitness Industry

Despite critiques from scholars in sociology, public health, and epidemiology, widespread concern over what has been termed the “obesity epidemic” continues to grow (Campos 2004; Flegal et al. 2005; Jutel 2006). Accordingly, many individuals have taken measures into their own hands through diet, exercise, and gym-going with the goal of controlling their body weight. In fact, health club memberships have swelled over the past seven years (IHRSA 2005; IHRSA 2011), increasing exponentially as worry about obesity frequently captures news headlines (Saguy, Gruys, and Gong 2010). Given this moral panic over obesity, or “body panic” (Campos et al. 2006; Dworkin and Wachs 2009), increased scholarly attention must be paid to those practices that fall outside of the clinical setting as individuals turn to everyday means of regulating weight. Indeed, because maintaining one’s health and weight is understood as a personal responsibility (Saguy and Gruys 2010), new fields and “health experts” have arisen to meet this demand. One such growing area is that of personal trainers in fitness clubs, and their positions as experts with specialized knowledge and health authority.

The authority of personal trainers in face-to-face interactions may not, at first, seem remarkable. After all, clients pay trainers to instruct and motivate them while exercising—usually in both encouraging and stern ways. Yet, the type of authority

harnessed by personal trainers often extends beyond the bounds of the interactional moment, when trainers diagnose, treat, and attempt to heal clients' ailments. In this capacity, trainers perform "health work" (Mykhalovskiy and McCoy 2002) for clients, essentially working out much more than just their muscles. Personal trainers, however, require no formal medical or health training, and only need credentials from one of the more than 250 accrediting agencies in the U.S. to work in most gyms. At the same time, doctors are suggesting that their patients begin exercising under the guidance of a personal trainer more than ever before (Barnes and Schoenborn 2012). In a social context where physicians usually guard against encroachments on their proverbial territory, we have seen an unequivocal endorsement of personal trainers as health experts. How then did these semi-professionals—personal trainers—come to have so much expertise and health authority? And equally importantly, why do clients listen to them?

In this paper, I draw on in-depth interviews with 26 personal trainers and 25 clients, to investigate why personal trainers have been called upon to perform health work for clients through exercise that is increasingly seen as a medical treatment. I suggest that this is possible because of three inter-related conditions: 1) the contemporary moral panic over body weight, 2) physician endorsement of exercise as a curative to obesity, and 3) the corporeal credibility—or "physical capital" (Bourdieu 1978; Hutson 2012)—of the trainers themselves. First, increased concern with obesity has created a widespread moral panic that labels individuals as either "good" or "bad" depending on their body size, while framing body weight as a social problem in need of solving (Campos 2004; Saguy and Gruys 2010). Second, as physicians attempt to combat this rising "epidemic," exercise has become one of the primary answers to obesity. This positions personal

trainers as a type of health expert. Yet, far from infringing on the terrain of medical professionals,¹⁰ trainers' ability to perform this therapeutic work is actually endorsed by doctors—a process I term “cultural deputization”—when doctors prescribe exercise for their patients. This “cultural deputization,” however, does not fully explain why some trainers gain clients' trust and are able to perform health work, while others are not. Thus, I find that a trainer's “physical capital”—their appearance, physique, and ability—comes to represent knowledge and expertise, which facilitate the trainer's ability to claim medical authority.

The “Obesity Epidemic” and Culture of Body Panic

Although concern with body weight (both too much and too little) is not a new issue (Brumberg 1988; Schwartz 1986), the most recent iteration involving the Body Mass Index¹¹ (BMI) and stricter, more uniform standards has been an epicenter of debate among scholars. Much of this controversy involves questioning the basis of the “obesity epidemic” and exploring its social construction. As researchers note, throughout most of the 1980s and 1990s, categories of “normal,” “overweight,” and “obese” were less narrow and allowed individuals to have a “normal” BMI of up to 27.9, while anything 28+ was considered “overweight” or “obese” (Campos 2004; Flegal and Kuczmarski 2000). However, in 1998 the U.S. National, Heart, Lung, and Blood Institute revised the BMI guidelines to be consistent with World Health Organization standards (Campos

¹⁰ This endorsement is even more remarkable given that physicians have traditionally resisted many infringements on their proverbial territory, such as with midwifery (Benoit et al. 2010), pharmacists (Gilbert 1998), and many alternative-healing techniques (Winnick 2005).

¹¹ The Body Mass Index, a ratio of weight to height, is a gauge used by health practitioners that ranks individuals on a normalized scale from 18 to 40+. One's BMI, then, is thought to be a useful measure for determining one's deviation from normal weight for a given height.

2004; Flegal and Kuczmarski 2000; Squires 1998). The upper limit of the “normal” category was shifted down to a maximum of 24.9, which resulted in 19.1 million Americans being re-classified as either “overweight” or “obese” (Flegal and Kuczmarski 2000). This change ushered in what has become known as the modern “obesity epidemic,” and even epidemiologists have been critical of such a label, suggesting that this trend possesses qualities that do not entirely meet the criteria of an “epidemic” (Flegal 2006).

Although scholars have questioned the social construction of the “obesity epidemic” (Campos et al. 2006; Jutel 2006), individuals remain convinced that obesity is a national problem. Indeed, most news programs aimed at a mass audience still discuss weight as a looming issue. For the average consumer, obesity is not only a problem, but a *growing* problem that gets worse everyday. Television news programs often depict fat bodies in stigmatizing ways (McClure, Puhl, and Heuer 2011; Saguy and Almeling 2008), while discussing body weight in predominantly medical terms (Gard and Wright 2005; Saguy et al. 2010). It is within this context that new “moral entrepreneurs” (Becker 1963) have arisen to altruistically help people manage their body weight. As defined by Becker (1963), moral entrepreneurs:

...typically want to help those beneath them to achieve a better status. That those beneath them do not always like the means proposed for their salvation is another matter. But this fact—that moral crusaders are typically dominated by those in the upper levels of the social structure—means that they add to the power they derive from the legitimacy of their moral position...” (148).

Sometimes these moral entrepreneurs are individuals with actual medical credentials, such as Dr. Sanjay Gupta on *CNN*, Dr. Nancy Snyderman on *Today*, or Dr. Oz who speak on nationally-syndicated TV programs about the dangers of obesity. In other cases, they

are individuals who have had a transformative experience themselves, typically celebrities who advocate a new diet product or fitness plan (i.e., Kirstie Alley for *Jenny Craig* or Marie Osmond for *Nutrisystem*). Lastly, some new moral entrepreneurs have arisen within the health and fitness industry itself, as individuals turn to exercise as a way to fight their supposedly growing waistlines. Typically, this takes the form of celebrity personal trainers, as seen on *The Biggest Loser* with the personalities of Jillian Michaels and Bob Anderson. Both have endorsed various weight loss products, and both have become spokespeople for the weight loss movement. Such publicity often puts them in the proverbial spotlight and they regularly appear on talk shows where they are consulted for their health expertise. Yet celebrity physicians and TV stars are not the only individuals advocating exercise. Clinical doctors also espouse the benefits of working out for patients, and often recommend doing so under the guidance of a personal trainer.

Cultural Deputization and Health Work

In order to treat the growing “epidemic” of obesity, exercise has become increasingly prescribed as a curative to excess body weight. Although exercise has undergone periods of both medicalization and de-medicalization in the 19th and early 20th centuries (Park 1989), it came into modern focus due to the 1980s jogging and aerobics craze (Gillick 1984), as well as the proliferation of health clubs throughout the U.S. (IHRSA 2011). Physicians have also played an important part in the “obesity epidemic” by pushing patients toward weight loss techniques. As Jackson et al. (2005) find, heart patients were more likely to use exercise as rehabilitation when endorsed by their doctors. Smith et al. (2006) similarly suggest that direct referral of exercise to heart patients

significantly increases the likelihood of exercising. Researchers at the Center for Disease Control found that physician recommendation of exercise has increased from 22.6% in 2000 to 32.4% in 2010, suggesting that exercise is increasingly prescribed to individuals diagnosed with hypertension, cardiovascular disease, cancer, and diabetes (Barnes and Schoenborn 2012). Similarly, data from the 2012 CDC report shows that endorsement of exercise increased by 3% for “underweight” individuals, .01% for “normal” weight, 8.6% for those in the “overweight” category, and 12.1% for those in the “obese” range (Barnes and Schoenborn 2012). Thus, doctors more than ever before are prescribing exercise as a way to fight increasing body weight and reinforcing that fatness constitutes a medical problem.

The increasing medicalization of body weight, as well as the continued medicalization of many other phenomena in social life (Conrad 2007), has affected a necessary expansion of medical authority. For example, as jogging became more popular in the 1970s and 80s, doctors weighed in on the trend and gave it their proverbial stamp of approval (Gillick 1984). As one physician representative of the American Heart Association said regarding jogging: “We’re all for it, so long as the jogger is examined by a physician and follows his advice on frequency and amount of exercise” (as quoted in Gillick 1984: 376). Around the same time in a poll of 50 cardiologists, one doctor commented that exercise should be “prescribed like medications” (Gillick 1984: 376). While physicians may have been able to maintain control over joggers—an activity usually conducted alone—their authority over all forms of exercise as a medical treatment began to wane as weight-lifting and gym-going became more popular (Klein 1985). Thus, the need for newer and more specialized experts arose—individuals who

could carry out exercise as therapy, but who were endorsed by doctors. The medical industry required deputies of health.

The process of what I term “cultural deputization” can be described as *the simultaneous expansion and maintenance of authority to conduct expert work on behalf of another, usually more powerful, group*. Cultural deputization may occur due to any number of conditions, but typically arises around widespread moral panics. The process of “cultural deputization” is important to distinguish from moral entrepreneurship, although both tend to occur under similar social conditions. Moral entrepreneurs, who are in the business of framing social problems for others (Becker 1963), typically do so of their own volition and power—hence, being considered “entrepreneurs.” Cultural deputies, however, experience empowerment from *other* governing bodies. Therefore, not all moral entrepreneurs become deputized. While Anthony Comstock’s 19th-century anti-obscenity campaign is often characterized as “moral entrepreneurship,” this only describes one part of the process. It is true that Comstock did fight against “obscene” material as a private citizen, Temperance Crusader, and moral reformer (D’Emilio and Freedman 1997). But, he was also officially deputized by the U.S. government to carry out his anti-obscenity work when he was given the authority to open and censor U.S. mail (D’Emilio and Freedman 1997). On the other hand, Mothers Against Drunk Driving (M.A.D.D.), a private citizen group, waged a war against drunk driving. Although this is a clear case of moral entrepreneurship, M.A.D.D. members were never deputized to barricade roads on national holidays or stop motorists to check blood-alcohol levels. That authority remained the purview of local police departments. In the case of personal

trainers, however, physicians have deputized them as a collective group of semi-professionals who are able to conduct exercise as a form of health work.

No consensus seems to have emerged regarding the concept of “health work” in sociology. Smith (1987) describes it usefully as: “...what work people do that requires some effort, that they do mean to do, and that involves some acquired competence” (Smith 1987: 165). In this way, health work encompasses purposeful activity oriented toward a dimension of health involving “the actualities of what people do on a day-to-day basis” (Smith 1987: 166). Mykhalovskiy and McCoy (2002) suggest a broad definition of health work that describes “...the wide range of practices that people engage in around their health” (24), and believe that such a characterization is more useful than traditional understandings of health work as the work performed by physicians, nurses, and health care specialists. In this study, I utilize an inclusive definition of health work that includes anything done by individuals to ensure their health (i.e. diet, exercise, meditation) or activities by actual medical practitioners in the health industry. It also encompasses the work carried out by counselors, non-traditional healers, or those individuals deputized to be health experts. The work of exercise, within the context of the obesity epidemic and spurred by the endorsement of doctors, positions personal trainers as expert health workers who provide both preventative and curative treatments for clients. However, while the professional category of “personal trainers” may very well be deputized to carry out health work, not all personal trainers are equally effective in harnessing medical authority and require an additional dimension to be successful: physical capital.

Physical Capital and Health Authority

The concept of “physical capital” has only recently been re-articulated within sociology (Hutson 2012) and describes the value attached to people’s appearance, attractiveness, or physical abilities that is exchanged for other forms of capital, such as economic, cultural, social, or symbolic. Research has shown that one’s physical capital is consequential in numerous realms of social life, such as effecting teacher evaluations of students (Ambady and Rosenthal 1992; Clifford and Walster 1973), the marriage market (Margolin and White 1987), status in interpersonal groups (Anderson et al. 2001), and income disparities (Hamermesh 2011; Judge, Hurst, and Simon 2009). “Physical capital” as a resource, then, explains why individuals invest time, money, and energy into their bodies and expect a return on those investments. For example, many professions including actors, fashion models, athletes, personal trainers, and musical performers trade their physical capital for economic capital. Even individuals who are not in appearance-centered professions benefit from attending to their physical capital, such as when appearance plays a role in politics, courtrooms, corporate offices, and even a doctor’s examination room.

Indeed, one explanation for the increasing physician endorsement of exercise involves doctors not meeting the corporeal criteria of healthiness they espouse. In a study of 500 primary care physicians, Bleich et al. (2012) evaluated the effect of physician BMI on obesity care. They found that physicians with a “normal” BMI had greater confidence in their ability to provide exercise counseling and diet advice. They also found that diagnosing obesity or initiating a weight loss conversation depended on a physician’s BMI: doctors who believed their patients’ weight met or exceed their own

were more likely to advise their patients about lifestyle changes including diet and exercise (Bleich et al. 2012). Thus, thinner doctors felt they had more authority to speak on issues of weight, diet, exercise, and nutrition. Much like the effect of a physician's appearance has gone largely un-examined in the medical industry (Brase and Richmond 2004), the role of physical capital has gone un-theorized in the fitness industry. Yet, it is clear that both processes overlap and provide individuals with a degree of medical authority. Doctors rely on their credentials and training to also bolster their influence, whereas trainers must rely predominantly on their physiques to gain a client's trust. I now turn to a brief discussion of context, methods, data analysis, and participants before presenting data that further explores the link between physical capital and medical authority

Setting and Context: Personal Trainers and Certification

The personal training industry is not regulated by an over-arching credentialing body, although most gyms require their trainers to possess some sort of official certification before (or soon after) they begin working. These national agencies, numbering over 250, have varying reputations among personal trainers (i.e. some are understood to be better than others), but all share a common trend: trainers must renew their certifications annually, and they require a trainer to log "continuing education credits" throughout the year. Both the annual certification and the continuing education credits (typically an online course, local seminar, or workshop) cost trainers money out-of-pocket, and "better" agencies charge more than less reputable ones. The financial start up and maintenance costs of personal training usually means that trainers make decisions

about the type of accreditation they will receive based on either a job requirement or available funds, not necessarily on if it provides the best information.

Trainers interviewed in this study were asked about their accreditations, and all but one had gone through the certification process with a national agency. The one exception was a female trainer who received in-house certification at the community health center where she worked, although she acknowledged that if she ever wanted a job outside of her current gym, she would need a nationally-recognized certification. Trainers also had varying and strong opinions on the necessity of the accreditation process. While most saw it as marginally useful, in so far as it provided them with some degree of professional credibility, only two thought the information gained was consequential for their expertise as trainers. In other words, most interviewees discounted the usefulness of the accreditation, even from the ones considered “the best.” This was because they saw the information as superfluous to the actual activity of training, which involved using exercises they picked up from other trainers, from fitness magazines, or from their own exercise routines. Although most of the trainers had graduated with a B.A., only three had concentrated in disciplines like kinesiology or movement science. These trainers juxtaposed the knowledge gained from their undergraduate work with the accreditation testing and labeled it as “basic.” As one trainer mentioned, “I didn’t even study any of their materials before taking their test and I passed easily” (Chris, 21, white, male). I also asked clients about what kind of credentials their trainers possessed, and none had thought to specifically inquire about their accreditations. One male client (Robert, 48) discussed the process with his trainer because it came up in conversation, but as he said in the interview, “It’s not like I went up

to him and said, you know, ‘Let me see your trainer’s license [laughs]’.” Thus, the certification process was actively discounted by trainers, and went almost completely unnoticed by clients.

Methods

I collected data for this study through semi-structured, in-depth interviews with 26 personal trainers and 25 clients. Semi-structured interviews allow the researcher to investigate the meanings associated with particular behavior, and were appropriate given that I was interested in how personal trainers and clients understood the health work that occurred in gyms. I recruited participants using email flyers, “snowball” sampling (where a previous interviewee connects the researcher with a prospective interviewee), and at local gyms where I posted flyers in high traffic areas. To be included in the study, clients needed to be working out with a trainer, or have worked with one recently enough to recall the relationship clearly. Trainers needed to be currently working as trainers. I obtained informed consent from each participant prior to beginning the interview, as per the regulations specified by the university’s Institutional Review Board who approved and oversaw the study.

Each interview took place at a time and location of the individual’s choosing and averaged 1.5 hours in length. Interviews were digitally recorded (with the participant’s consent) and transcribed, and all names that appear in the study are pseudonyms. Each interviewee was offered \$20 cash for their time. During the informed consent process, I revealed my position as a Ph.D. candidate, and as a client currently working out with a trainer in a local gym. Also, interviews that were conducted in-person allowed

participants to identify me as a white male in my mid-30s, while phone interviewees were likely unaware of these dimensions. This not only served to meet ethical standards of disclosure, but provided a basis for establishing rapport with interviewees. I asked questions covering four broad sections: 1) starting a training program / becoming a trainer, 2) exercises and routines, 3) interactions with clients / trainers, 4) and health and appearance.

Participant Information

Most of the interviewees were drawn from the southeastern Michigan area, although some lived outside of the region and were interviewed via Skype: two from California (San Francisco and Los Angeles), one from Chicago, one from Milwaukee, and two from the Washington, D.C. area. Demographic information was collected through a survey instrument that asked for self-reported race, gender, age, sexuality, education, and socio-economic status. Income brackets were constructed based on two criteria: relative equivalence with 2009 census data and ease of interpretation for interviewees. I constructed six brackets in increments of \$25k to stand in for social class: Lower Class (less than \$14,999k), Working Class (\$15k - \$24,999), Lower-Middle Class (\$25k – \$49,999), Middle Class (\$50k - \$74,999), Upper-Middle Class (\$75k - \$124,999), and Upper Class (\$125k and up).

The racial composition of the client sample included a majority of individuals who identified as white (17 people, 68%), with additional interviewees identifying as Black (five people, 20%), White/Jewish (one person, 4%), Hawaiian (one person, 4%), and Mexican-American (one person, 4%). Trainers were also predominantly white (25

people, 96%), with one person identifying as Black/Jamaican (4%). Clients' current income brackets ranged from Lower and Working Class (12%), Lower-Middle and Middle Class (40%), to Upper-Middle and Upper Class (48%). Trainers' current income brackets were slightly lower overall: Lower and Working Class (19%), Lower-Middle and Middle Class (39%), and Upper-Middle and Upper Class (42%). Clients' education levels tended toward much higher than trainers, with 44% of clients achieving (or in the process of achieving) a Ph.D., versus only 4% of Trainers. However, 50% of Trainers either had or were pursuing a Master's Degree. The gender composition of my study included more women, both as trainers and clients. Overall, I interviewed six male trainers (23%), 20 female trainers (77%), five male clients (20%), and 20 female clients (80%). Age ranges also were quite varied, with the client sample tending toward older with a range of 18 – 65 and a median age of 41. Trainers were somewhat younger, with an age range of 21 – 56 and a median of 34.

Data Analysis

To organize and code the data, I utilized a qualitative software program, *NVivo*. Computer programs such as *NVivo* allow researchers to more accurately keep track of and combine codes as the analysis proceeds through various phases. It also permits researchers to conduct advanced matrix coding, where individual codes are cross-referenced with other codes or demographic variables to assess correlation. Data analysis proceeded in two general stages: an initial “open coding” stage that is more inductive, followed by “focused coding” stage that is more deductive. First, I used a coding technique inspired by “grounded theory,” but adapted by Emerson, Fretz, and Shaw

(1995) termed “open coding” whereby the data is sorted into general patterns and more formal codes are allowed to materialize from the data itself (150). This technique produces numerous, broad codes that may be composed of entire sentences or strings of words that characterize a particular phenomenon. In this initial phase of coding, I produced approximately 85 “open codes.”

Second, I used these codes to re-engage the data and employed a “focused coding” technique (Emerson et al. 1995: 160) that allowed me to break down data into more meaningful sub-codes. Broad codes are reviewed and collapsed as themes began to coalesce more concretely, and this process may take more than one pass to complete. For this second phase of my research, I required two full scans of the data and concluded with 38 stable codes that described broad themes such as “Doctor and Medical Metaphors,” “Trainers as Experts,” and “Physical Capital and Authority.” Throughout the process, I paid particular attention to any dis-confirming evidence, as such data does not necessarily invalidate findings, but provides additional depth and nuance to the overall analysis. After delving into the data itself, I then stepped back and wrote “integrative memos” (165) where connections between individual codes, client demographics and the data emerged, becoming the building blocks of the eventual analysis.

Findings

As suggested above, the health work performed by personal trainers is facilitated by the context of the “obesity epidemic” and cultural deputization by doctors. One additional dimension, however, involves the “physical capital” of the trainers themselves. In the following sections, I first detail the types of health work trainers do (and that is

expected by clients), with the intention of improving bodily health. Then, I suggest that it is the trainers' physical capital representing willpower, discipline, knowledge, and morality that allows trainers to carry out this health work successfully.

Health Work and Expertise in the Gym

Exercise is typically extolled for its preventative effects, particularly around mobility and functionality. However, trainers and clients often discussed the healing and restorative powers of exercise and what they hoped to achieve through physical activity. Because of this, the exercise carried out in gyms often went beyond the general goal of "health" into the realm of diagnosis and treatment. For example, Rachel (61, white, female, client) explains how her trainer helped her to stop taking medication for hypertension:

He set expectations for me, rather than me for him...he says 'Okay, here's the way it's going to be. You're going to do what I tell you to do, and the minimum to start with is three one-hour sessions a week. And we won't be using machines. You're going to learn functionality and basic conditioning. And we're going to fix your knee issues.' I told him that I couldn't do this, but he looked at me and said, 'Yes, you can.' So, we did it his way. Honestly, [laughs]...my legs have never been in better shape...He even got me to wear a heart monitor so that he can keep track of my heart. And I was taking anti-hypertensives, and I'm off of all that medication. For him, that was the biggest accomplishment, you know, seeing me get off those medications.

For Rachel, being able to go off of medication was a clear sign that personal training was working, and that her trainer was credible in more areas than just exercise. Similarly, Julia (49, white, female, client) who had experienced joint, wrist, and back pain explains how her trainer helped rehabilitate her:

Well, I used to have a lot of trouble with my back and my wrist, so I would always protect those. I wouldn't do things that would bother those

areas. And my trainer said, “Those are exactly the things that you need to work on.” So, she got me doing a lot of wrist exercises, and doing things with my back. And, I was sore at first, but now my wrists are so much stronger, and I haven't had back problems at all. So, I think she really helped me get over the fact that I shouldn't be protecting those things.

Jill (64, white, female, client), an older client who worried about her irregular heart rhythms and interaction effects with medication, was particularly concerned with her trainer's knowledge. But she became very trusting when her trainer not only understood the medical issues, but helped her past them as well:

The first thing about her was that she understood my unique situation, my previous problems with tachycardia. And she had worked in cardiac rehab. She knew my medications immediately. She understood what it might be like for me to exercise and then ten minutes after that pass out. So, she was totally understanding of my situation and helped me not only exercise safely, but to overcome the fear. Because I wasn't allowed to get my heart rate over 110 for many years...So she started me on the treadmill, and she showed me how to sense my heart rate more by feeling, rather than watching the numbers. So, I began to feel safer by being able to tell how I felt...And I recall sitting in her office, and I broke into tears because she really understood, and she believed I could exercise. And I had absolute confidence in her ability to see me through that.

Ruth (35, white, female, client) worked with a trainer initially to lose weight, but was impressed by her trainer's ability to see her physical ailments and to address questions she had while working out:

One thing that impressed me was my very first time with her, she noticed that my left leg turns in, like right away. I mean, it was within like two strides on this elliptical machine and she realized it. I've had issues in the past with exercising and the way my leg turns in making it difficult. So, for her to be that in tune to my form, made me trust her. And then, I had some questions, because I like to understand how things work, so when I would ask her questions, she could give me very detailed descriptions of the physiology of the exercises, like how the muscles worked.

Although the exercises were not meant to heal Ruth's leg, she did note that her overall health improved when her trainer understood how to appropriately adjust the workout for her particular compartment.

Trainers also understood the work that they did in the gym to go beyond the traditional "exercise instructor" role, as Matt (25, white, male, trainer) comments:

I usually do a health questionnaire initially. I would actually like to see blood work too, and have them checked out by the doctor. But, medications are big, because—it's kind of like when you go to a doctor's office, you want that same information, because you're going to get someone's heart rate going and those types of things. I did have one client who was very physically active, and she was taking some medications, and she didn't list one...And we were working out and kind of got her heart rate up a little bit and she actually passed out on me. So then we had to re-contact her doctor and, you know, make sure she got all that blood work done.

Here, Matt ideally would begin working out with a client once he knew their complete medical history, including blood work and medications, and he understood his role as much more along the lines of physical therapy than just exercise. Cathy (28, white, female, trainer) explains how the link between the doctor's office and gyms typically works:

Well, I wanted to work with people who really wanted to change. Because they get referred by their primary care physician, so it's not necessarily like they're seeking out the help themselves. Their doctor has sent them there...so, if somebody had diabetes they were there to try and treat that, you know, with exercise...but I've also trained a guy that had Parkinson's, and he'd talk to me on his computer pad...And then I had a stroke patient...I wasn't even certified at that point, and so I was like "What? I don't know how to handle someone like that." But I ended up helping him anyway. I would tie him onto the NuStep machine to help him move his arms and leg and so on.

Cathy understood the limits of her knowledge, and speculated that her stroke patient worked out with her because his insurance had stopped covering physical therapy. And

while she knew she was unqualified to meet the special needs of a stroke patient or individual with Parkinson's, she attempted to rehabilitate him regardless. This speaks to both the altruistic tendency of personal trainers I interviewed, as well as to how the process of "cultural deputization" operates for individuals in the fitness industry. It also clearly illustrates how exercise—even activity that is not coded as physical therapy—still inhabits a medicalized status.

Jacob (26, white, male, trainer) also wanted to hear a full account of medical issues before beginning a workout program, and was concerned with his clients' health:

So, we'll sit down and I'll ask them about their medical limitations. You know, is a doctor okay with this? And if they do have a lot of issues, medical issues, I want a doctor's note, especially if they're older. I ask about joint pain, bone pain, any previous injuries that still give you problems, a big one is any medications that you're on, because a lot of medications raise the heart rate more, so you never know. I mean, I can watch and see your physical issues, like if you're getting red or if you're profusely sweating or if you're breathing heavy or something like that. But I mean some people won't show those, and their heart is just pounding inside, you know, and you're ready for a heart attack...So it's things like that, we talk about that and kind of figure out, you know, where to go.

This concern and altruism worked in tandem for trainers when, like with Rachel above, they were able to improve a client's life, daily functioning, and health. As Andrew (34, white, male, trainer) explains:

Recently I had a client, I think she's about 65, and she had a degenerative nerve condition, where you know, she couldn't function at all. She went to the doctor, she got the proper treatment, and the doctor told her to try exercising with a trainer. And it was just like a progression. And now she's, you know, back to full activity. And actually, her life is really improved. But, you know, it's kind of interesting because she said that her functionality is so improved to the point where she can actually go to the grocery store, and she's actually able to pick up, like a case of water, and put it in her cart. You know, she pretty much has full functionality. And, before, she could barely stand up. So, to see somebody go from, you know, such a low level to such a high level is very rewarding.

Andrew's training went beyond what even a doctor could offer his patient, and as a result, she saw dramatically increased functionality and an improvement of her life. This sentiment was expressed throughout the interviews with trainers, particularly as they reflected on their relative position within the health industry.

As mentioned above, the majority of trainers discounted the usefulness of the nationally-recognized accreditations. The real-world practicality of the certifications, beyond needing them for most jobs in gyms, trainers felt could be achieved through the experience of training. As Chris (21, white, male, trainer) answered when I asked him what he received from his \$300 certification: "I got a little card with my name on it [laughs]...I mean, I already knew how to exercise. You start training and you find your own method and approach. No one can really teach you how to train." Thus, a trainer's authority did not come from their paper credentials, but from their experience, knowledge, and physique, which provide the necessary distinction between themselves and their clients—even those with actual medical training. Indeed, trainers often juxtaposed their own position as exercise experts against the backdrop of medical doctors who may have very specific knowledge about bodily illness, but did not necessarily know anything about diet and exercise. As Matt (25, white, male, trainer) explains:

Sometimes you get these clients who think that their way is better. And you kind of have to remind them that, you know, this is our profession. You have to think of us as doctors in this field...or dentists. When you go to see them, you know, you don't know anything about your own teeth. But most people trust them because that's their profession.

In this example, Matt has positioned himself and personal trainers as not only knowledgeable, but analogous to doctors and dentists—other medical professionals deserving of respect. Jane (29, white, female, trainer) relates a similar phenomenon:

Some clients are not knowledgeable at all, and they know that. And some of them actually know what they're talking about. I just trained a girl who, I think she just graduated with her degree in kinesiology, so she knows stuff. But at the same time, she didn't know stuff. Like she just, because she's, you know, right out of college, she doesn't have that exercise base. So, we're doing all these exercises she's never done before. And that's something that you learn at your first training job where you, again, you see all these other trainers doing these things, and then you go try it yourself.

In some cases, trainers were exercising with medical doctors and reflected on their position within that relationship. As Andrea (47, white, female, trainer) notes:

I have one client who's really strong. She's a little thing, you know, but ironically, even though she's a heart surgeon, I think her cardio fitness is less optimal than it could be [laughs]. So, we actually spend the first 10 minutes of every session doing sprints, plyometrics, and running steps. I don't do that with anybody else but she asked for that, and so we incorporate that in every time.

Sandy (56, white, female, trainer), who works in a “boutique” gym that caters to a higher-end clientele, discusses how she feels about training such people:

You know, I have some high-powered clients...So, we've got doctors and, you know, people that have very stressful jobs. And to have them say, “Do you know how much I look forward to coming to these sessions?” and “I feel so good when I'm done working out with you”...that makes me feel really good...But, that means that I've got to stay on my toes. I have to read my journals. I have to pay attention to what other people are doing, but hold true to my own values and morals and what I believe is right for my training style...And that I have a skill set that somebody who is a transplant surgeon wants to come to me for makes me feel really good.

Of course, not all trainer-client relationships with power differences worked out as expected, and Sylvia (22, white, female, trainer) explains how she had to let a client go who would not heed her advice:

I just ended a training relationship with a woman who was obese. And she was a dietician. How ironic, huh? She was a binge eater and she knew it. But, I couldn't ever tell her anything because she “knows way more” than I do, but it was right there and so obvious. She was an emotional eater. But really, a dietician who binge eats?!

Davin (23, Black, male, trainer) also comments on the linkages between knowledge, physique, and respect even by clients with degrees and exercise knowledge:

Some of my clients have had a degree in exercise science or kinesiology before, but it might have been a while back, so they're not as fresh...When it comes to health and fitness, there are always new breakthroughs, new concepts coming to the surface...But, it's almost like you get a higher level of respect, so to speak, being a trainer. You know...people look at you as an expert in training, health, and fitness...And it is a privilege. Because like I said, people will look to you as an expert. Now, I personally feel I have a general amount of knowledge and I'm in really good shape. But, I feel like I can learn so much more, and I want to develop my body and fitness more than where it's at now. But for the average client and even some doctors, you know, you're up there, and they look up to you as being in great shape.

In all of the above examples, trainers remarked on their positions as exercise experts with a highly specialized (and prized) skill set that others—even medical doctors and occupational elites—aspired to for themselves. The health work conducted by trainers clearly went beyond simply exercising and both trainers and clients understood this as a function of what training could, and should accomplish. However, this acknowledgement prompts the question: why are individuals with essentially no medical training being called on to carry out this health and healing work? And importantly, why do clients trust them?

Physical Capital, Authority, and Trust

Personal trainers rely on their knowledge, as well as appearance, to make a living through exercising with clients. In this line of work, a trainer's physique comes to represent a commodity that signals their investment in physical fitness and health. It also quite visibly stands as a type of corporeal credibility that allows them to trade their physical capital for other forms of capital. Thus, it is not only knowledge (or

accreditation from one of the national agencies) that allowed a personal trainer to be successful, but their physical capital as well. Throughout the interviews, trainers routinely referred to their physicality in terms of credibility. For example, Jason (42, white, male, trainer) said:

You know, it's just that I think, your body is your business card, and I think you need to present yourself as such. People see me [in the gym] and realize that I do work out a lot, that I do try to take care of myself...so, you are your own business card. You know what I mean? If you're a fat trainer, I don't think many people are gonna go to you and say "Hey, I wanna look like you."

This notion came up often in the interviews with trainers—the idea that one's physicality determined if trainers successfully recruited and retained clients, as well as the types of clients they might attract. Denise (36, white, female, trainer) reiterated a similar view when saying:

Well yeah, your body is kind of your calling card. And what you look like will, a lot of times, determine who wants to train with you. I might not get the clients who want to look all "beach body," but the middle-aged overweight women I can really relate to, and they can see how strong and fit I am, even if I'm a little overweight myself.

Sylvia (22, white, female, trainer) also understood her appearance as possessing both symbolic and material value:

Oh yes, appearance is important for trainers. I mean, you wouldn't go find a lung doctor who was smoking a cigarette, right? So, you don't want a personal trainer who's out of shape. You want them to walk the walk. And we do have a person or two who is not very fit. And although they don't necessarily get heat from their clients, I know that the people who run the business are not marketing them to clients because of the way they look. And I've heard them say that. You know? ...We want to look at hot people who are in shape. Not necessarily hot, but definitely in shape people, you know?

Sylvia acknowledges that less "fit" trainers are structurally disadvantaged in the fitness industry—owners do not market them to clients, thereby reducing their opportunity to

support themselves via personal training. In contrast, trainers with higher physical capital were structurally advantaged and able to more readily convert their physical capital into additional economic and social capital. That assumptions about a trainer's knowledge depended on their appearance was a common theme in the interviews, and trainers felt pressure to invest time and energy into their own physiques in order to bolster their credibility as an expert. As Elizabeth (38, white, female, trainer) relates:

It's funny. This does play into the whole physical appearance thing, but I feel like, okay, now that I'm legit and people are coming to me for advice and people are watching me, I better just be – just keep looking good and keep on working out. And now it's like, it's a pre-req. It's not just me going to run five miles. It's a pre-requisite to my job. If I can't run five miles and hang with whoever I'm training, then I'm going to be failing at what I need to do. So now, when I get up, it's not like I'm going to run five miles because that's what I do every day. It's like there's no excuse anymore. Like, you can't just pansy out of it. It's part of my job.

According to Elizabeth, both performance and appearance are integral aspects of being a successful trainer. In fact, Elizabeth's legitimacy as a trainer depends on her ability to “keep looking good and keep on working out” and she thinks about appearance as simply “part of my job.” This sense of legitimacy stemming from one's body held true for both male and female trainers alike, as Davin (23, black, male, trainer) explains:

I feel like as a trainer, you...should be the epitome of physical fitness. You represent, you *are* fitness. You are a personal fitness trainer, a health coach...If I'm a trainer, I have to market myself. I have to market my services. Now how would you feel if I'm outta shape, or I'm fat and sloppy, and I say hey, I can train you to get in shape, I can get you right. You would look at me like “What? You can't even get yourself right; you're not even in good shape, but you're telling me you can get me right?” So, now don't get me wrong, there's a lot of trainers who are geniuses when it comes to exercise science, physical fitness, they just don't apply it to themselves...They may know way more than I do. But...you have to train, and you have to apply it to yourself and discipline yourself to get to that point before you can market that and try and get someone else right. Otherwise, I don't trust you to get me in shape because you can't even get yourself in shape...You know, you have to practice what you preach, pretty much, and live that life...If you're gonna

be a trainer, be a trainer. If you're gonna be a health and fitness professional, be that, inside and out. Let it seep from your pores. Let that be who you are.

Madeline (52, white, female, trainer) succinctly captures this association between physical capital and authority when saying: “It’s very important for a trainer to ‘walk the walk.’ I mean, it is. The fitter you look and appear—that’s part of your authority. It’s a *huge* part of your authority, you know? It’s something I’m always working on. I’m never satisfied.” Many trainers felt strongly about the embodied requirements of their profession, and these associations were shared by clients as well, especially when discussing what the ideal trainer should, and should not, look like.

For clients, the physical capital of their trainer was just as important to them, since they often paid significant amounts of money over the course of a training relationship. While the length of time clients train and their training frequency varied, it was common that individuals met with a trainer at least once per week, and often twice. Because clients recognized personal training as an investment of both time and resources, they had equally high expectations for trainers’ appearances. For example, Holly (44, black, female, client) said:

I'm gonna be honest. No disrespect, but I just would not want a fat slob training me. It's just you look at them and wonder “Is her diet good?” I mean really, if you see someone in shape, you know they’re doing something right... I feel like, again, it goes back to appearance. The person that you’re looking at, if they look healthy, it means they're taking care of themselves. It all goes back to *The Biggest Loser*. Everybody on there is obese or has some chunkiness to them, and when they've lost weight, they look good, they look healthy. And again, it goes back to appearance. It's like, I know my trainer is gonna get down to business because she cares about herself, and she’s gonna want me to take care of myself as well. That's the impression I get from my trainer.

Similarly, Gwen’s (18, white, female, client) personal trainer fit her expectations appearance-wise for the type of training she was looking for when she signed up:

He was tall, I'd say like 6'3", and like really, really muscular, like really muscular on top, and then muscular all over. He was really fit but he wasn't one of those like crazy arms, body-builder types. He was just really fit, something I like - that nice balance, where it's not like "OK, I have the crazy neck muscles." You know?

However, she also had opinions about what trainers should *not* look like as well:

I definitely think in general appearance is important for trainers. Because I mean, my mom brought this up too one day, She was like "If you went to a nutritionist and they said you're not eating healthy, and it was an overweight person and they were telling you what to do, would you take that serious?" You know? How can you be giving advice when you're not even adhering to the things you're saying? So, I definitely think it's a big factor, like okay, he obviously gained his muscle, so he knows what he's doing, so I should listen because I can get something out of him. But...if I walked into a gym and was like "I want muscle training," and the trainer was really skinny, I'd feel like "Okay, what does he know?" You know, he doesn't look like he's worked with dumbbells in two years! So I think you really have to be fit to be a personal trainer.

For Gwen, the physical embodiment of trainers suggested, quite literally, what they knew about exercise and if their knowledge could be trusted. Daniel (38, white, male, client) echoed what many personal trainers said when discussing what his trainer's body signified:

Absolutely, trainers need to look good, look fit. You know, it's their reputation. My trainer basically wears his reputation, and I think a lot of personal trainers do that. And you can look at them and say, "OK, this is someone who'd be great for triathlons," or "This is someone who's great for body-building." And they kind of wear that in what they look like. And I think, like, what you aspire to is who you wind up ultimately with as a client, you know, in a good relationship that you end up working with. He was a mentor to me, and he still is.

Robert (41, white, male, client) expresses a similar sentiment when saying: "My trainer is definitely in shape, so yeah that's a very important aspect. I can't imagine going to a personal trainer and paying them to help me get fit if it looked like they were 60 pounds overweight and they smoked or whatever." Tori (26, Black, female, client) also felt

strongly about how trainers should look and related it to a more general association of appearance and competence in social life:

I think in general when a person sees you, they don't know anything about you—your past, your present or what you're doing with your life, they just see you. And I think for good or bad, people make an estimate of you as a person. So, if you look like you invest in your appearance, they think, "Oh, this person takes pride in themselves so they're probably doing something with their lives." Because if a person looks like they just rolled out of bed, you're gonna think "Oh, they're not motivated, they don't care"...But when you look like you're healthy, like you're vital, people assume that good things are going on.

Tori suggests that one's appearance extends beyond just looking good, and echoes what many clients felt: that a trainer's appearance symbolized something about their lives and lifestyle. It was this symbolic capital, then, that allowed trainers to be successful in their work and to be seen as credible experts.

Of course, there were some circumstances where not having a particular look was allowed, as Anna (30, white, female, client) explains:

Absolutely, I think they need to look fit. I don't think they have to be totally built, but they definitely can't be overweight. I mean, I also think there's self-selection there, so it's hard for me to imagine that happening. But, let's say someone, like, if it was a woman, she was pregnant or had just had a baby, I think there would be an element of giving them a pass, but I think, in general you need to be really in shape. And maybe it's different for men. Maybe they would want somebody super strong, but yeah. I mean, think in terms of business and marketing, you want to look a certain way.

Again, the notion of credibility emerges when clients think about investing their money and the credibility of the trainers, except when certain conditions might grant a trainer a "pass" on looking in shape, such as a recent pregnancy, or as Andrew (34, white, male, trainer) suggests when an older trainer is passing along specialized knowledge:

Well, this particular person, he was a former bodybuilder, and so he had a lot of muscle, but he wasn't competitive anymore. And so he knew the ins

and out of working out - he had the knowledge, he had all the other characteristics, but he was overweight, he was fat. But the people going to him, you know, were going to him for his knowledge, and they, a lot of them knew the shape he used to be in, you know, so he seemed to deal with it pretty well.

In this case, credibility was imputed to the trainer because of the body he once possessed (successful body builder), and he was able to keep converting his past physical capital into other forms of capital by training future generations of body-builders. However, outside of these two situations, interviewees did not see a way for trainers to make a living without being in top physical form—regardless of their individual knowledge. Again, this suggests that knowledge, experience, and accreditation alone are not sufficient to grant a trainer authority, and that one's physical capital is often the necessary criteria for determining a trainer's success.

For both trainers and clients, the physical appearance of the trainer was important for trust, for the trainer-client relationship to function, and any health work to take place. Trainers understood their own embodiment as a pre-requisite for employment, and that it broadcast their knowledge of exercise and health. Clients were explicit about not wanting a trainer who looked out-of-shape, as this indicated someone who could not apply their own knowledge, or who perhaps did not have any knowledge in the first place. Because of this requirement for training, it is clear that physical capital was one of the most important features for a personal trainer when embarking upon a relationship with a client. When also considering the context of the moral panic surrounding body weight and cultural deputization by physicians, a more complete explanation of why trainers are able to harness medical authority emerges. In this way, personal trainers used

their physical to situate themselves as health experts who could stem the tide of the rising “obesity epidemic.”

Conclusions

By analyzing the case of personal trainers—a profession connected to, but outside of the traditional health care system—it is possible to better highlight where these realms overlap and diverge. Clearly, as illustrated above, personal trainers occupy a position best described as “deputies”—individuals authorized to carry out health work on behalf of medical authorities. This process of deputization, then, provides a kind of “courtesy authority,” much in the same way as Goffman theorized that individuals pick up a “courtesy stigma” (Goffman 1963). However, such granting of medical authority would not have been possible without the context of the “obesity epidemic.” This widespread concern with body weight as a social problem has caused individuals to look for more everyday solutions, such as diet and exercising in health clubs. Within such spaces, gymgoers turn to the highly visible experts endorsed by the gym managerial structure—personal trainers with ideally “fit” physiques. Both the looming obesity “epidemic” and physical capital of trainers are necessary conditions for doctors to export exercise to the fitness industry. As one’s physical capital has come to represent symbolic qualities that are exchangeable for myriad other forms of capital, not even doctors have escaped scrutiny. Medical professionals are increasingly expected to be paragons of health themselves, and those not measuring up to such corporeal criteria may face a crisis of authority, leading to the endorsement of personal trainers as health experts (Bleich et al. 2012).

Such insights regarding the importance of physical capital should also not be restricted to the medical industry. Indeed, across a variety of professions from law and politics to academia, one's appearance has taken on additional symbolic meaning and is a key factor in discrimination and inequality. Scholars studying race, gender, immigration, sexuality, and social class would benefit from incorporating an analysis of physical capital into their work, as it describes a dimension not currently attended to through traditional intersectional categories of analysis (Crenshaw 1991). How one's appearance, physique, attractiveness, or ability factors into processes of discrimination would also be fruitful areas for sociological exploration. For example, while we regularly consider race, gender, and sexuality as facets of prejudice, how does a concept like physical capital help us understand intra-categorical discrimination between, for example, two lesbian women, two black men, or two Asian women? Is ability a factor in these situations? Or physical attractiveness, thinness, and muscularity? Thus, the concept of physical capital—as an aspect of advantage/disadvantage in social life—allows for a more nuanced understanding of inequality at all levels of analysis.

This study faces some limitations in scope that must be addressed. First, the gender ratio in my sample included more women than men. While this did seem to reflect the general gender composition of trainers and clients in the study area, this may not be the case in other geographical contexts, or more urban environments. Similarly, study participants were predominantly white. Although some variation was seen among clients, all but one trainer in my sample was white. Certainly drawing from a different geographic region would yield more diverse results by race, and future studies might consider this when thinking about how physical capital, medical authority, and race

intersect. Lastly, this study describes the process of cultural deputation from the perspective of personal trainers and clients, not physicians. A future study might pick up on insights from this study, as well as from Bleich et al. (2012), to interrogate medical authorities about the pathway from being a doctor's patient to a trainer's client.

The connection between health expertise and appearance, although previously studied as an effect of a doctor's occupational status and white coat, is no longer a sufficient framework for understanding medical authority. Clearly, trainers have no formal medical training or credentials, yet they are able to carry out therapeutic health work that is endorsed by doctors. This authority, then, emanates from a trainer's physique—their physical capital—that stands in for experience, knowledge, and competence, which doctors may not possess themselves. This raises some important questions for the convergence of exercise and fitness with more traditional medical practices. Will we see an elevation of the training profession that rivals physical therapy? Or perhaps physicians will be expected to maintain a particular weight, body fat percentage, and cardio-vascular fitness level to even practice general medicine. How each of these professions merges and diverges in the future remains to be seen. But, the process of cultural deputation may have increased the rate at which personal trainers move from being a niche semi-profession, to a full partner in the institution of medicine.

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Chapter 5

Conclusion

I met Denise in a small café one summer afternoon, and as with all interviewees who I was meeting for the first time, I described myself as a “white guy in my 30s with a shaved head and goatee.” This usually makes it easier to find me, given that the café is situated on a college campus and my shaved head stands out amongst the younger crowd. When she finally approached the table and introduced herself, I was momentarily taken aback as she was not at all what I had imagined. After interviewing close to 15 trainers by that point, Denise was noticeably different from others I had spoken with thus far. Whereas past trainer interviewees, regardless of their age, had been impressively fit (trim, toned, and muscular), Denise was middle-aged, stocky, and compact. With her hair pulled back in a no non-sense ponytail, wearing a dark blue tracksuit, she clearly marked herself as someone associated with sports or physical activity. As we settled into chatting, I began to understand why Denise had come so highly recommended by a previous interviewee—she had a charming disposition, a great smile that made you trust her immediately, and a warm personality. Upon meeting her, I had assumed that because she did not match the typical “trainer look” in physique, comportment, or attractiveness, that she did not likely have a high degree of “physical capital.”

However, over the course of our conversation, I came to understand that Denise did indeed have a kind of embodied cache that worked ideally for her particular clientele.

As she mentioned in the interview, “It took me a while, but I really found my niche with older, menopausal, overweight ladies.” This is because although Denise described herself as “not in super good shape,” she possessed a physical strength that set her apart from her clients. In addition, her appearance actually helped her keep clients and maintain her authority: “In a way, it makes me less intimidating to people, because I don’t look super svelte. I mean, I’m still muscular and I still look fit. But, I’ve had participants tell me I look like a real person. I’m more believable, and I’m more approachable.” Denise’s physical capital emanated not from fitting into existing categories of normative attractiveness or femininity, but from the strength and health she literally wore on her body every day.

However, our current conceptual models for understanding the value of one’s body would be ineffective at capturing Denise’s particular physical capital. She is not harnessing “beauty capital” (Black 2004), “sexual capital” (Martin and George 2006), “erotic capital” (Green 2008), or even “gender capital” (Bridges 2009) in her interactions with clients. Instead, she is utilizing a more general type of “physical capital” that describes the value of her appearance within the field of middle-aged, white, female embodiment. Although it may not mirror the more hegemonic types of physical capital associated with the younger, “prettier” trainers I interviewed in my study, it is still a type of embodiment that has value in the fitness industry. Thus, it is useful to remember that although the field of fitness and beauty may be somewhat settled with clear markers of status (thinness, tone, muscularity), there remain places where different physiques may have greater purchase.

This insight is particularly important to note for the analytic utility of “physical capital” in sociology. Physical capital should not be thought of as a synonym for “hegemonic beauty;” rather, it describes a flexible term denoting one’s position in a particular hierarchy in a particular location. The benefit of such a fluid concept is that it is always useful—broad enough to encompass new phenomena as they arise, while being precise enough to explain specific social processes. Physical capital, as an umbrella term, gathers under it those types of body-related capital already elaborated by theorists (i.e., sexual, erotic, beauty, gender) and provides some much needed coherence to the growing field of Bourdieu and the body. At the same time, it goes farther than any of these previous concepts by also attending to such dimensions as sporting prowess, valued physical abilities (for example, being able to perform a ‘runway walk’ as a fashion model), and attractiveness that does not have explicitly erotic or sexual outcomes. Finally, physical capital provides scholars with a clearer sense of why individuals invest time and money into their appearances, and what they get in exchange for such efforts. One’s appearance is indeed an important aspect of inequality processes, and functions as a facet of advantage/disadvantage in social life. Yet, rarely do we as sociologists interrogate appearance as a factor in explaining social disparities, instead relying on (supposedly) less subjective markers of difference such as race, gender, sexuality, and social class. My intention is not to lessen the importance of these already well-studied topics, but to suggest that appearance and the body intersect these factors in important ways. While other disciplines have long been aware of how appearance matters, sociologists have been behind the proverbial curve.

Over the course of this dissertation, I have explored how the concept of “physical capital” is useful for explaining embodied phenomena. In my first paper, “Physical Capital as a Fourth Form of Capital,” I detailed how it builds on foundations laid by Bourdieu and others, but also extends beyond those boundaries to cover new ground. Specifically, Bourdieu’s conceptualization of embodiment as a byproduct of social class location and habitus is too deterministic for contemporary social life. As I find, where Bourdieu divided working class interests around strength from middle-class interests involving health, those ideas are now joined in the image of the “fit” body that is simultaneously healthy and strong. Additionally, not only did this physical ideal converge over the past 50 years, it has dispersed between all social classes. As Barry Glassner (1992) noted 20 years ago, “Almost every sector of American society now worships at the altar of the ideal body” (24). Given the ubiquity of such ideals, my findings speak to the existence of physical capital as a fourth form of capital, one that is connected to but independent from Bourdieu’s other forms of capital. Individuals may consciously work to build up their physical capital with the intention of exchanging it for material and symbolic rewards, while others attempt to ameliorate the effects of having lower physical capital. And, as my subsequent chapters illustrate, individuals utilize this capital in myriad ways.

After laying the groundwork for the concept itself, I then illustrated how individuals employed their physical capital as a resource for navigating status differences. In my second paper, “Negotiating Status Difference: How Physical Capital and Specialized Knowledge Reshape Gender, Age, and Class Hierarchies,” I find that individuals used physical capital to both *trouble* and *reshape* existing status orders. In

these exchanges, individuals who were in objectively lower status positions (across some dimensions) were able to gain authority over others with higher status. For example, personal trainers often instructed much higher status individuals, yet they still gained deference from clients due to their knowledge of fitness and the visible manifestation of that knowledge—their fit physiques. This relationship in the gym also translated into a relationship outside the gym, as a trainer’s physical capital allowed them access to their clients’ lives through invitations to socialize, attend important events, and family holidays. Clients also relied on the exchange of physical capital that could then be used for dating, in the marriage market, and/or job promotions.

Finally, I explored how personal trainers’ physical capital grants them more than just situational authority over clients, and operates as a credential signifying medical authority as well. In my third paper, “Deputies of Health: Personal Trainers, Medical Authority, and Physical Capital in the Fitness Industry,” I find that widespread concern with body weight in the context of the “obesity epidemic” have led to the construction of exercise as a medical treatment. As physicians increasingly recommend exercise to their patients, they authorize personal trainers as experts who can carry out health work. This granting of authority, or “cultural deputization,” explains why individuals have turned to exercise as a way to combat the “obesity epidemic.” However, not all personal trainers are able to conduct health work successfully for clients. What determines if a trainer is trusted with such a task remains their physical capital, which symbolizes health knowledge and authority.

Thus, I have mapped out how physical capital is a useful theoretical extension of Bourdieu’s work; how it operates as a resource for navigating status differences around

gender, age, and class; and how it has become an increasingly necessary aspect of medical and health authority. However, the benefits of the concept are not confined to these areas alone. In the same way that recognizing gender as a variable in inequality, or sexuality as a factor in in-group/out-group dynamics (Rubin 1993[1984]), acknowledging that appearance factors into many social processes is important for sociology in general, not only for related sub-fields. To that end, I now consider how the concept of physical capital could enhance three areas of sociological inquiry not typically prone to incorporate embodied analyses: organizations and work; social movements; and political sociology.

The Body in Organizations and Work

In many ways, calling for the sociology of organizations to investigate appearance and embodiment is ironic, given that Erving Goffman himself is a key thinker in both sub-fields. In his *Presentation of Self in Everyday Life*, Goffman (1967) situates the purpose of his study within the working world: “I mean this report to serve as a sort of handbook detailing one sociological perspective from which social life can be studied, especially the kind of social life that is organized within the physical confines of a building or plant” (xi). The types of interactions that take place within the corporate office environment are structured through hierarchies that often play out through appearance. As social psychological studies have illustrated, individuals may be promoted based on their relative attractiveness (Mulford et al. 1998), and the endorsement of the “fit” body is made clear by the inclusion of health clubs in office buildings (Conrad 1988). To say that fit, normatively attractive bodies are not a factor in

workplace interactions is to deny the foundational literature upon which the sociology of organizations was built. While some scholars have attempted to account for the intersection of appearance and work, through the concept of “aesthetic labour” (Witz, Warhurst, and Nickson 2003), it appears that organizational sociology has not yet adopted such a perspective as an organizing principle. Doing so would provide significantly more depth and nuance to analyses of organizations and institutions, as the people who make up such entities are not dis-embodied actors, but rather individuals who may spend considerable time and money on fitting a particular corporate aesthetic. How they navigate these formal and informal rules about appearance, and how different institutions structure their members’ attire constitute an under-studied, but important, facet of organizations.

Social Movements and Appearance

Similar to organizational sociology, which finds its roots in studies of appearance, status, and interaction, the sociology of social movements also owes a debt to appearance and the body. For example, social movements literature discusses how movements cohere around a set of similar values and beliefs, or are motivated by a shared sense of a cause, a “group-ness” (Brubaker 2004). Yet, within the movement itself, a strict code of appearance may reign tightly over the group. We have seen this in past examples of social movements, such as with 2nd wave feminism where traditional femininity was policed in favor of gender neutral presentation and foregoing the trappings of femininity (i.e. bra-burning). Similarly in the struggle for gay and lesbian rights, the early homophile movement sought to illustrate conformity to dominant norms in silent

protests—gay men wore suits and thin, black ties, while lesbian women wore dresses. And later in what is referred to as the “post-Stonewall” era of more radical politics, gay and lesbian activists showed their distinction from “straights” by embracing non-normative presentations and admonishing people to “get used to it!” Even the Civil Rights Movement was cemented through bodily presentation, such as with the suits and bow ties worn by protesters following Martin Luther King. In many ways the politics of appearance have been an important, but generally un-studied aspect of social movements throughout history. Acknowledging the necessity of group solidarity through embodiment provides social movement theorists a deeper understanding of how movements cohere, and perhaps why some movements fail.

Political Sociology and the Politics of Attractiveness

Within the realm of politics, appearances are key. This is true not only in the sense of one’s public personae, but quite literally in how politicians appear. In this sense, physical capital can translate into social, symbolic, and economic capital almost effortlessly. Yet, when political sociologists attempt to understand how the outcomes of elections are influenced by social factors, topics such as appearance, attractiveness, or the physical fitness of candidates are rarely considered. Yet, the importance of physical capital in politics has been part of its history for some time. For example, it is widely believed that Nixon’s appearance in the 1960 televised debate with John F. Kennedy was a significant factor in losing the election. While Kennedy allowed make-up artists to apply their craft, Nixon refused such treatment and went on-air with no visual enhancements. The effect for viewers was jarring. While Kennedy looked fresh and

bright, Nixon appeared pale, thin, and sickly. As the story goes, people who listened to the debate on the radio declared Nixon the winner, while television viewers sided with Kennedy. Contemporary American politics are also not immune from the influence of physical capital. Images of President Obama shirtless may be found easily through a simple web search, while news magazines run articles titled, “10 Crushworthy New Reps” complete with pictures of newly elected (and attractive) politicians. U.S. politics are clearly influenced by such corporeal dimensions, and both elected and potential candidates must illustrate a dedication to fitness, illustrated by Clinton’s daily jogging routine, Bush’s transformation from alcoholic to fitness enthusiast, and Obama’s morning basketball game. Yet, political sociologists often turn a blind eye to the effects of appearance in elections, instead focusing on variables that may, or may not, explain voting trends. Paying attention to how physical capital operates in politics would provide this sub-field of sociology with new conceptual models with which to explain election outcomes.

As is evident, appearance and bodily meanings play out in many sociological sub-disciplines. Yet, investigating the influence of embodiment is typically relegated to the sociology of the body, gender, race, or sexuality. One important task for future research, and most likely for emerging body scholars, will be to more consciously connect their own work to these other areas of sociology. By linking what are thought to be more niche concerns to dominant areas of sociological interest, the body may be brought into the sociological mainstream more fully.

Physical Capital and Future Directions

While my findings clearly point to the empirical existence of physical capital, as well as to the analytic utility of the concept, this dissertation has only investigated its operation within the health and fitness industry. However, as should also be apparent, physical capital also functions in myriad realms of social life outside of the gym environment. This creates a variety of future research opportunities. For example, it would be interesting to investigate how physical capital operates in political campaigns, in the business world, or in legal matters—areas where the way one looks should not, technically, influence the outcome of events or factor into prestige and status. However, we know that these outcomes are indeed influenced by appearance, even on a common-sense level. If appearing attractive is a form of physical capital that represents positive characteristics such as trust and morality, then understanding its role in processes of power—such as legal proceedings and elections—would be a worthwhile area of potential investigation.

Similarly, a doctor's authority should rest on one's degrees and knowledge, yet my third empirical paper raises some questions about medical authority and appearance. The role of physicians in the distribution and maintenance of medical authority would benefit greatly from analyzing physical capital. My dissertation has touched on one side of this cultural deputization process, but many questions remain: how do doctors' evaluations differ if they themselves are more normatively fit or attractive? How do their prescriptions and advice shift due to their relative age or ability? Under what conditions do doctors export health work to outside entities, and is this simply a matter of expanding specializations, or a clear case of deputizing others to carry out health work? While one

study has already noted a connection between physician BMI and advice about body weight (Bleich et al. 2012), additional research from the perspective of medical practitioners would provide a deeper understanding of how cultural deputation plays out.

A final area of potential future study involves media representations of individuals with both high and low physical capital. As research has already shown (Saguy and Gruys 2010), television news programs tend to discuss body weight as a medicalized phenomenon. However, other types of media portray both ideal and non-ideal bodies regularly. Indeed, many shows are built around the idea of transforming someone with low physical capital to someone with high physical capital. Sometimes this is accomplished through appearance alone (i.e. make-over shows like *What Not to Wear*), while other times this is done by literally changing a person's body at the somatic level (i.e. *The Biggest Loser*, or *The Swan*). Analyzing such shows could reveal interesting and under-lying connections between physical capital and its fields of operation, while providing a critical eye towards intersections of the body, race, gender, and sexuality.

This dissertation did not set out to definitively answer all questions on the body, status, and fitness in social life. As illustrated above, many questions remained unanswered. However, my intellectual curiosity is perhaps even more piqued now than when I began this study. During the research and writing of this work, I encountered new questions that I wanted to pursue, and new opportunities arose to investigate appearance and the body. At the same time, the sociological world began slowly shifting to accommodate body scholarship. Not only did additional body-focused publications

emerge in dominant journals, the 2011-2012 job market saw multiple advertisements specifically asking for scholars studying the body/embodiment. If this dissertation is able to contribute to the growing field of body scholarship by positing new lines of inquiry through the concept of physical capital, then my goal of articulating a useful perspective on embodiment will have been achieved. As I move forward in my career as a researcher and ask new questions about the body in social life, this dissertation will clearly mark the start, rather than the end, of that process.

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