Title

Margins of freedom: A field-theoretic approach to class-based health dispositions and practices

Authors

Patrick John Burnett, M.A. Department of Sociology University of British Columbia

Gerry Veenstra, Ph.D. Department of Sociology University of British Columbia

Corresponding author

Gerry Veenstra University of British Columbia Vancouver, BC, V6T 1Z1, Canada

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Abstract

Pierre Bourdieu's theory of practice situates social practices in the relational interplay between experiential mental phenomena (habitus), resources (capitals), and objective social structures (fields). When applied to class-based practices in particular, the overarching field of power within which social classes are potentially made manifest is the primary field of interest. Applying relational statistical techniques to original survey data from Toronto and Vancouver, Canada, we investigate whether smoking, engaging in physical activity, and consuming fruits and vegetables are dispersed in a three-dimensional field of power shaped by economic and cultural capitals and cultural dispositions and practices. We find that aesthetic dispositions and flexibility of developing and established dispositions are associated with positioning in the Canadian field of power and embedded in the logics of the health practices dispersed in the field. From this field-theoretic perspective, behavioural change requires disruption of existing relations of harmony between the habitus of agents, the fields within which the practices are enacted, and the capitals that inform and enforce the mores and regularities of the fields.

Introduction

According to Pierre Bourdieu (1977 [1972]), practices of all kinds are located in time and space and, while not always implemented consciously, are nevertheless implemented purposefully with practical intent. They are intimately interconnected with fields, structured systems of social positions with their own internal logics within which practices are situated; capitals, resources for strategic action that are also at stake in the fields; and habitus, systems of dispositions acquired over time that inform field-specific practices. When applied to class-based practices in particular, the overarching field of power within which social classes are potentially made manifest is the primary field of interest. In this paper we apply Bourdieu's relational theory of practice to original survey data from Canada in order to illuminate the contours of the Canadian field of power and explicate health-related practices which are dispersed within the field and subject to its logic.

Explicitly relational implementations of Bourdieu's framework to the class bases of practices stand in marked contrast to the majority of quantitative studies in the health literature that implement Bourdieusian concepts. A typical strategy of the latter is to use regression modelling to determine whether capitals *affect* health-related factors. For instance, some studies describe the effects of different forms of capital on health-related factors while controlling for one another (e.g., Christensen and Carpiano 2014, Pinxten and Lievens 2014, Veenstra and Patterson 2012, Veenstra and Abel 2015). Grounded in the assumption that a given form of capital can have a direct influence on a dependent variable over and above the effects of other forms of capital, these studies depict capitals as objects that possess meaning independent of one another and the fields in which they are operative. Some studies investigate whether health-related practices *mediate* the effects of capitals on health-related factors (e.g., Christensen and Carpiano 2014, Godley and McLaren 2010) while others examine the degree to which *interactions* between

different forms of capital affect health-related factors (e.g., Pinxten and Lievens 2014, Veenstra and Patterson 2012, Veenstra and Abel 2015). These studies give ontological precedence to capitals and class positions over practices, habitus, and health. A relational study, by contrast, would showcase the role of the latter in constituting the fields within which capitals attain their meaning. Other studies investigate the degree to which the effects of occupational class on health-related factors are mediated by cultural, social, and/or economic capitals (e.g., McGovern and Nazroo 2014), explicitly adopting a micro notion of social class which inheres to individuals and stands in contrast to the Bourdieusian notion of classes as social groups that emerge within relational fields of power structured by capitals (Bourdieu 1998 [1994]). We propose that these approaches to implementing Bourdieusian concepts in quantitative health research, lacking meaningful engagement with habitus and field and evincing substantialist rather than relational worldviews (Veenstra and Burnett 2014), are fundamentally inconsistent with a Bourdieusian field-theoretic approach to understanding the logic of practices.

We explicitly implement the relational features of Bourdieu's theory of practice by applying relational statistical techniques to original Canadian survey data whereby capitals, field, habitus, and practices are treated as co-constituted elements of a holistic system. In the following section we provide a brief overview of Bourdieu's theory of practice after which we outline our analytical plan. Next we describe our survey data and apply multiple correspondence analysis to these data in order to produce a three-dimensional depiction of a Canadian field of power. We describe the relational composition of six substantively distinct clusters (class groupings) revealed in the field of power and then identify principles that underpin the logic of the field. In so doing we seek to illuminate and explicate the class bases of smoking, physical activity, and consumption of fruits and vegetables in Canada. In this regard our study contributes to the 'relational turn' in

sociology more generally (Crossley 2010, Dépelteau and Powell 2013, Emirbayer 1997, Martin 2003, 2011, Mische 2011, Powell and Dépelteau 2013) that is slowly developing a presence in the sociology of health (Atchison and Burnett 2016, Blue *et al.* 2016, Frie and Janssen 2009, Jones *et al.* 2011, Korp 2008, Maller 2015, Nettleton and Green 2014, Tomlinson 2003, Veenstra 2007, Veenstra and Burnett 2014, Veenstra and Burnett 2016, Williams 1995).

Theory of Practice: Fields, Capitals, Habitus

Practices intersect with fields, capitals, and habitus. Regarding the first of these conceptual building blocks, a field is "a network, or configuration, of objective relations between positions" (Bourdieu and Wacquant 1992: 97). It is the social setting structured by specific types of capitals, an arena of "production, circulation, and appropriation of goods, services, knowledge, or status, and the competitive positions held by actors in their struggle to accumulate and monopolise these different kinds of capital" (Swartz 1997: 117). Bourdieu's conception of field focuses on the distribution of active properties and capitals, stressing dynamics of conflict and struggle related to the differential positions held by individuals and groups (Bourdieu 1998 [1994]). Fields, imbued with regulative principles, rules, and formal prescriptions, are dynamic spaces within which actors tacitly agree to, and play within, the rules of the game. Rather than treating attributes of individuals and groups (e.g., age, gender, education, occupation) as intrinsically meaningful variables, field theory conceives of these attributes as emerging relationally within spaces of forces (Bourdieu 1998 [1994], Bourdieu and Wacquant 1992). For Bourdieu, society is comprised of many fields, e.g., the political field, the economic field, the scientific field, the literary field, and the religious field, each with its own rules, rhythms, and ways of behaving. Interpenetrating all of these fields,

however, is the field of power, an overarching field that shapes these other fields to greater or lesser extent but is also collectively shaped by them. It is in the field of power that the inhabitants of collections of class positions have the potential to become social classes (Bourdieu 1998 [1994], Bourdieu and Wacquant 1992).

Capitals refer to the wide variety of material and symbolic resources that are objects of struggle within a field and also position agents in the field. Bourdieu referred to a variety of interdependent kinds of capital (Bourdieu 1984 [1979], 1986). Generally speaking, economic capital refers to resources that can be easily and directly converted into money. Educational credentials, certificates of cultural competence, are an institutionalised form of cultural capital. Highbrow cultural tastes and inclinations, lasting dispositions of mind and body, are embodied cultural capital while objectified cultural capital refers to the possession of valued cultural goods. Social capital refers to resources embedded in social relationships – access to the capitals of others – that can be mobilised to achieve certain ends. For Bourdieu, these broadly conceived types of capital, but especially economic capital and cultural capital, are all at stake and at play in the field of power and, in transformed form, in many or most of its subfields.

Habitus captures how the objective chances and opportunities available to an individual or group of individuals are internalised through socialisation into relatively durable dispositions that inform the choices they make and the actions they take. Simply put, "habitus is history turned into nature" (Bourdieu 1977 [1972]: 78) or the "presence of the past in the present" (Bourdieu 2000 [1997]: 210). Bourdieu considers habitus to be the product of history where individuals learn and internalise durable and transposable dispositions, tastes, and distastes which are formed in relation to the needs and interests that emerge from the social context and conditions of existence within which they are born and raised (Bourdieu 1984 [1979]). Also described as 'internalised necessity,'

the system of dispositions that make up the habitus are reflective of the nature of the conditions and resources available to individuals in a field whereby people develop a harmonised understanding of how the field works, how they fit into it, and how they should act within it. This translates into a fundamental sense for what is possible – and desirable – relative to their social circumstances and social positions. Habitus is a means by which to explain how structural circumstances past and present are embodied as schemes or dispositions that generate practices. The habitus that are homologous to positions in the field of power in particular are class habitus, the habitus that accompany people into (nearly) all of the fields within which they participate in social life.

Analytical Plan

In short, practices attain their logic in relation to the habitus that generates them, the capitals that are resources for engaging in them, and the fields within which they are implemented. Class-based practices in particular attain their logic primarily in relation to class habitus and the capitals that permeate the field of power. Our study of the class bases of health-related practices focuses on the Canadian field of power, the field to which all other fields in Canada are more or less homologous and the field within which class habitus, the informant of class-based practices, is most evident. Inspired by depictions of the fields of power of France (Bourdieu 1984 [1979]) and the United Kingdom (Savage *et al.* 2013), we apply multiple correspondence analysis (MCA) to original survey data from Toronto and Vancouver in order to craft a visual depiction of a multidimensional field of power structured by economic and cultural capitals, class habitus, and cultural practices. MCA, a "technique which thinks in terms of relations" (Bourdieu and Wacquant 1992: 97),

transforms the many associations present within a large matrix of cross-tabulations into a graphical representation of the variable categories as points in a spatial map (de Nooy 2003, Greenacre 1994). Health-related practices that are dispersed in our MCA-derived spatial mapping are presumed to be dispersed in the field and subject to its logic. We rely on previous research on the class bases of fashion (Crane 2000), food (Backett-Milburn *et al.* 2010, Le Roux *et al.* 2008, Warde *et al.* 1999), music (Sonnett 2004, Tanner *et al.* 2008, Veenstra 2015), and travel (Chin and Phillips 2004, Munt 1994) to select indicators of cultural tastes, dispositions, and practices for inclusion in our study.

Bourdieu's rendering of the French field of power (Bourdieu 1984 [1979], 1998 [1994]) is characterised by its complex multidimensionality. The primary dimension of the French field reflects the total volume of economic capital and cultural capital, the second dimension represents the relative composition of these two forms of capital, and the third dimension represents change in volume and composition of capital over time that manifests itself as "past and potential trajectory in social space" (Bourdieu 1984:114). The dominant class, located in the upper portion of the field, possesses large sums of both economic and cultural capital whereas the working class, located in the lower portion, possesses little capital of either kind. The middle class in turn is located between the other two. Dominated and dominating sectors within a given class are dictated by the relative composition of economic and cultural capital, with greater wealth corresponding with advantage, especially in the upper class part of the field where the intelligentsia (higher cultural capital, lower economic capital) are pitted against the dominant wealthy industrialists (lower cultural capital, higher economic capital). The third dimension delineated by Bourdieu represents life course position and class trajectory in regards to dimensions one and two. By contrast, the British field of power depicted by Savage et al. (2013) is characterised by the

existence of seven distinct class groupings: the elite (very wealthy with high levels of cultural capital), the established middle class (wealthy with high levels of cultural capital), the technical middle class (wealthy with moderate levels of cultural capital), new affluent workers (moderately wealthy with moderate levels of cultural capital), the traditional working class (poor with low levels of cultural capital), emergent service workers (also poor with low levels of cultural capital), and the precariat (very low levels of capital of every kind). Unlike the French field of power where the intelligentsia and wealthy industrialists are together arrayed across the top of an inverted triangle, the British field of power is shaped like a diamond with high levels of economic and cultural capitals coalescing in a single class grouping at the top and low levels of economic and cultural capitals joining in a single class grouping at the bottom. One contribution of our study, then, is the determination of whether sum total of capitals, relative composition of capitals, and/or life course trajectory structure the Canadian field of power and which class groupings emerge at the intersection of the primary dimensions of the field.

Next we uncover the field-specific logics of the class-based health practices which are dispersed in the field of power. Statistical techniques like MCA that distinguish classifications and groupings of agents who share similar properties can expose the forces in a field that produce differentiation and similarity (Breiger 2000). Examining the relational dispersal of capitals, habitus, and practices in the Canadian field of power enables the identification of principles that undergird the field and contribute to the logics of the health-related practices (smoking, physical activity, consumption of fruits and vegetables) dispersed within it. A key principle underlying the homology of class position, cultural tastes, and lifestyles in France, according to Bourdieu, is the opposition between the "tastes of luxury (or freedom) and the tastes of necessity" (Bourdieu 1984 [1979]: 198). Tastes of luxury are the tastes of people who live a life free of the demands of

material necessity. These people possess freedoms of thought and action that are facilitated by access to capitals, be they economic, cultural, or social, and embody the habitus needed to effectively mobilise the capitals. In particular, freedom from material necessity translates into social and cultural freedoms that not only open up a broader range of possibilities but also support and foster the pursuit of goals and activities pertaining to pleasure over necessity (Bourdieu 2000 [1997]). In this regard the aesthetic gaze, a mode of consumption that stresses appreciation for the form of a cultural object rather than its function and tends to pass aesthetic rather than ethical judgements, can be seen as the temporalisation or embodiment of distance from necessity. Tastes of necessity, most common in lower classes, derive from the need to produce labour at the lowest cost; people with low levels of (especially economic) capital tend to valorise tastes of necessity out of material necessity (Bourdieu 1984 [1979]). Fulfilling material needs tend to be virtues in lower class spaces because the functions rather than forms of cultural phenomena are of central importance here. These principles seemingly undergird reasons and rationales for engaging in class-based practices in France. Thus a second contribution of our study is the determination of whether the development of aesthetic dispositions similarly undergirds the logic of the Canadian field of power and the health-related practices which are embedded within it. Notably, the incorporation of a third substantive dimension in our analytical model additionally allows us to consider ways in which experiences of time are related to the rigidity or malleability of healthrelated dispositions and practices and how this speaks to the margins of freedom (marge de manoeuvre) differentially afforded to actors.

Methods

Survey Sample

Between January and June of 2009, the Survey Research Centre (SRC) at the University of Victoria conducted telephone interviews with 732 adults living in the City of Toronto and 863 adults living in the Vancouver Census Metropolitan Area. The SRC used random-digit dialling techniques to obtain residential telephone numbers, a next-birthday strategy to select one resident per household aged 19 or older to interview, and a computer-aided telephone interviewing system to conduct the interviews. No incentives, monetary or otherwise, were provided for participation. In total, callers spoke with 17,060 people and successfully recruited 1,595 interviewees, representing a cooperation rate of 9.3%. Table 1 describes demographic characteristics of the sample.

<Table 1 about here>

Survey Measures

Household income in six ordered categories and home ownership (fully owned, partly owned, rented) assess the amount of economic capital available to our study participants. We assess institutionalised cultural capital with a measure of personal educational attainment that distinguishes between less than high school, high school diploma, community college diploma, bachelor degree from university, and post-graduate degree. We also measure the highest degree of education attained by the parents of study participants. We assess a variety of embodied dispositions, values, and tastes in the domains of fashion, food, music, and travel (listed in the Appendix) and several aspects of health and well-being (self-rated overall health, self-rated mental

health, depressive symptoms, perceived stress, and body mass index). In regards to health-related practices, our respondents were asked "At the present time do you smoke cigarettes daily, occasionally, or not at all?" and "Have you ever been a regular smoker?" which enables us to distinguish between daily smokers, occasional smokers, former smokers, and non-smokers. They were also asked "Thinking about the last three months or so, approximately how often have you engaged in any physical exercises or activities?" with responses of less than once a week, one to three times a week, and more than three times a week. Finally, respondents were asked "In general, can you tell me how often you eat fruits and vegetables?" with responses of several times a day, about once a day, and less than once a day.

Results

We applied the MCA optimal scaling routine in SPSS 21 to the abovementioned variables, all of which were designated as active in the model. A total of 1,595 cases were used in the MCA of which 1,286 had missing data for one or more of the 43 variables included in the analysis; we designated all missing values as passive. The MCA produced three distinct dimensions that collectively accounted for 10.9% of the total variance in the data. Dimension 1 (D1) explained 4.1%, Dimension 2 (D2) explained 3.6%, and Dimension 3 (D3) explained 3.2% of the total variance. The list of influential variables for each dimension is described in Table 2.

<Table 2 about here>

The first dimension (D1) is the only one structured by household income, educational attainment, and/or occupational category. Also structured to a degree by home ownership, D1 essentially serves to distinguish people possessing sizeable quantities of economic and institutionalised cultural capital, inhabitants of the upper class section of the field of power, from people possessing small amounts of these forms of capital, inhabitants of the lower class section of the field of power. D2 and D3 are both predominantly structured by age and factors related to life course stage, namely, marital status and home ownership. Three fashion-related items (wants clothes to reflect who one is, likes to dress fashionably, spends lots of money on clothes) contribute to D2 but not D3, while immigration status contributes to D3 but not D2. These two dimensions texture the model with time-related elements by revealing distinct age and life course positions taken within the class-based portions of the field of power delineated by D1.

We used XLSTAT and Miner3D data modelling software to visually render the three-dimensional model. Figure 1 provides a two-dimensional snapshot of the entire field in which the depth axis (the z-axis) represents D1, the horizontal axis (the x-axis) represents D2, and the vertical axis (the y-axis) represents D3. The class groupings are arrayed along D1, with three identifiable clusters within the upper section of the field high on D1, what we call the space of freedom, and three identifiable clusters within the lower section of the field, what we call the space of necessity. Figures 2 and 3 provide two-dimensional snapshots of the upper and lower halves of D1, respectively. The shading of the nodes in Figures 2 and 3 is indicative of their relative positions along D1, with darker nodes lower and lighter nodes higher on D1. We shaded sections of the figures according to the groupings outlined below and added lines connecting the nodes for each of income, age, personal education, and parental education in order to highlight the positions of

their categories vis-à-vis one another. A three-dimensional depiction of the field is also available at http://www.relational-health.ca/margins-freedom.

<Figures 1–3 about here>

The Established Upper Class

The first distinctive grouping of variable categories pertains to those located high on D1, low on D2, and generally near the midway point of D3, that is, located in the lower left quadrant of Figure 2. Typical members of this group, what we call the established upper class, are aged 55 to 64, wealthy, and highly educated and have highly educated parents. They also have high paying and high ranking jobs, believe that they are very healthy, are well travelled, and have distinctive cultural tastes. The immigrants among them have lived in Canada for more than twenty years. This space is populated by variable categories that are reflective of experiences gathered over many years and at significant investment of money and time, including obtaining a graduate degree, holding a job that requires extensive education (university professor, health professional, etc.), and travelling to many parts of the world. There are also distinctive cultural factors associated with this group: enjoying wine and attending wine tasting events, eating in fine dining restaurants, eating small portions in restaurants, liking jazz, disliking heavy metal and rap, playing the piano, visiting museums when travelling, and making relaxation on vacation a low priority. In regards to health and health-related practices, the members of this group tend to exercise frequently, eat lots of fruits and vegetables, have high self-perceived overall health, and are rarely depressed.

The Transitioning Middle Class

Near the established upper class is a grouping of respondents located somewhat high on D1, midhigh on D2, and high on D3 in the upper section of Figure 2. These people are younger than the members of the established upper class but share many of their cultural sensibilities. Typical members of this section of the field of power have household incomes between \$80,000 and \$149,999, partly own their home, have bachelor degrees and parents who also have university degrees, are married, have travelled internationally on several occasions (the most recent trip being to Central or South America), and work in professional occupations in the natural, applied, or health sciences. The members of this class fraction like to eat at casual-fine dining restaurants, play the piano or guitar, visit museums on vacation, prioritise wearing fashionable clothes, and feel neutrally about wearing clothes that draw attention. They like pop and rock but dislike country music. With respect to health and health-related practices, the members of this group tend to have normal BMI levels and excellent mental health and are non-smokers.

Hip Middle-aged

This group is located high on D1, high on D2, and low on D3 in the lower right quadrant of Figure 2. Its members tend to live with a partner, work in professional art/culture and professional business/finance occupations, and are between 35 and 44 years of age. These people have strong dispositions towards food, dress, music, and travel. For instance, they like to wear fashionable clothes, believe that clothes should reflect who they are, think that the clothes they buy should last, and believe that dressing well leads to success. They strongly disagree that they spend too much on clothes, that clothes should draw attention, and that they can tell if they will get along with

people based on what they are wearing. They have an affinity for non-mainstream music such as folk and blues. In regards to travel, they strongly agree that it is important to learn about others, visit museums, venture off the beaten path, and relax while travelling. Dispositions towards food include thinking that the food they eat should be good for them, that they should eat three meals per day, that they like to cook, that they like to experiment with food, and that they have a sweet tooth and disagreeing with the idea of eating at restaurants that serve larger portions in order to get their money's worth.

Young and Single with Developing Dispositions

This group is located high on D2 and D3 and near the negative side of the mid-way point of D1 in the upper left quadrant of Figure 3. The youngest age category (19–34) is located here, accompanied by characteristics indicative of early stages of the life course and developing dispositions and sensibilities. This subspace consists of respondents who are single, work in clerical or social jobs, have seldom travelled to far-off destinations, and whose most recent trip was in Canada. The members of this grouping like to eat at restaurants that serve big portions so they get their money's worth and possess neutral dispositions towards eating food that is good for them, eating three meals per day, experimenting with food, and liking to cook. Regarding health and health-related practices, they tend to eat medium to low amounts of fruits and vegetables, engage in moderate to low amounts of exercise, and often find their days to be quite stressful but only sometimes feel depressed. Furthermore, they have good self-rated mental and overall health. Opera is particularly disliked here and members of this grouping, like those of Group 2, tend to

like rock and pop music. Finally, members of this group believe that they can tell if they will get along with someone based on what they are wearing.

Poor Uneducated Labourers with Strong Dislikes

This grouping is centrally positioned between the youngest (19-34) and oldest (65+) age categories – reflective of the fact that this group spans multiple age categories – and at the low end of D1 in the lower left section of Figure 3. Members of this grouping tend to have lower incomes (<\$60,000), work in trades, sales, and service occupations, rent their homes, have a high school education, and are separated or divorced. This section of the field of power contains people who have never travelled outside of Canada and whose most recent trip was local, who do not want to learn about others when travelling, like country music, do not like wine, and do not like to dress fashionably. The members of this group also strongly disagree that the food they eat should be good for them, tend to eat at fast-food or family-style restaurants, are smokers, have fair or poor mental and overall health, find their lives extremely stressful, and feel depressed on most or all days. This group also contains the underweight *and* obese BMI categories.

Elderly with Strong Opinions

The final grouping in the model contains the oldest respondents (65+) of whom many are widowed. They are located between mid and low on D1, and low on D2 and D3 in the lower-right section of Figure 3. This group is populated by characteristics of older, experienced individuals who know what they do or do not like, do not have much money, have no children living at home, have low

education, and had/have parents with low education. The members of this group strongly dislike heavy metal, rap, and hip hop and like classical and golden oldies music. Residents of this section of the field of power do not believe that dressing well leads to success, do not like to wear clothes that draw attention, do not want clothes that are fashionable or prioritise clothes that last, and do not find it important that their clothes reflect who they are. They disagree that it is important to eat three meals per day, do not like to experiment with food, do not find it important to eat at restaurants that serve large portions, and do not like to cook. Generally speaking, they find their lives to be free of stress and strongly disagree that they like to travel off the beaten path where most tourists do not go.

Discussion

Like the French (Bourdieu 1984) and British (Savage *et al.* 2013) fields of power, the class groupings evident in our depiction of the Canadian field of power are arrayed vertically by virtue of sum composition of economic and cultural capitals. This suggests that economic capital and cultural capital, the latter in the form of valued educational credentials in particular, are fundamentally important factors in the delineation of class groupings in Canada as they are in France and the UK. In contrast with Bourdieu's depiction of the French field of power, however, the relative composition of economic and cultural capitals does not factor into structuring the Canadian field of power. Like the British field of power, the Canadian field of power displays a clearly identifiable upper class, what we refer to as the established upper class, and a clearly identifiable lower class, whom we refer to as poor uneducated labourers with strong dislikes, and between the upper and lower extremities of the field are located a variety of distinct groupings that

cannot be linearly arrayed from top to bottom. In this regard the Canadian field of power, like the British one, is diamond shaped. However, variation about the central axis of the Canadian field of power is predominately reflective of experiences of time and life course positioning, a dimension that is consistent with the third dimension – class trajectory – reported by Bourdieu for 1960s France. As such the Canadian field of power bears striking affinities and dissimilarities with the fields of power of France and the United Kingdom.

The relational composition of the Canadian field of power reveals healthful practices aligned with specific capital portfolios and class habitus. In regards to the latter, we propose that aesthetic dispositions and flexible developing and established dispositions are elements of the Canadian field of power that shed light on the logics of the health-related practices distributed within it. As with the British elites identified by Savage et al. (2013), we see evidence of aesthetic dispositions in the established upper class's liking for jazz music, dislike for heavy metal and rap, facility with playing the piano, practice of visiting museums when travelling, and tendency to make relaxation while on vacation a low priority. Consistent with aesthetic dispositions adjusted to distance from material necessity, the upper-class members of our space display attentiveness to the aesthetics of food via fine dining, experimenting with food, and attending wine-tasting events, experiences which are focused on the complexities of flavours that prioritise aesthetic form over practical function. The regular consumption of fruits and vegetables, exercising regularly, and eschewing smoking in upper class space are consistent with privileging luxury over necessity, quality over quantity, palate over belly, and form over function. In other words, a focus on luxury, quality, palate, and form is aligned with the possession of valued capitals as well as the freedom and habitus to employ them.

In the lower class portion of the field of power are located people who possess dispositions and values reflective of material necessity such as eating at fast food or family-style dining establishments, choosing restaurants that serve large portions, not finding it important to dress fashionably, not prioritising visiting museums or learning about others while on vacation (the latter consistent with local rather than international travel), and not liking wine or attending wine-tasting events. The underlying unity of social strategies in lower class space illustrate a similar homology between class positions, dispositions towards travel, dress, music, and dining, and health-related practices. Not deeming it a priority to eat healthy food and to eat three meals per day and choosing restaurants that serve larger portions are consistent with modest and practical dispositions and lifestyles that correspond with tastes for necessity over luxury, quantity over quality, belly over palate, and function over form. The members of this group also tend to smoke, eat fewer fruits and vegetables, and exercise infrequently. That is to say, material necessity shapes the dispositions that inform the logic of the unhealthful practices located in this part of the field of power.

Several of the classes revealed in our 3D space, most notably the young and single with developing dispositions and the elderly with strong opinions, are implicated in experiences of time by virtue of the flexible (and inflexible) ways in which cultural and health-related dispositions and values are engrained within spaces occupied by younger (and older) respondents. The young and single members of Group 4 exhibit habitus attuned to the material, physical, and social dimensions of their life stage. They display blasé attitudes towards 'healthy' eating habits, experimenting with food and cooking, and engaging in physical exercise, yet hold a positive sense of personal health. These dispositions reflect the positioning of respondents with an evolving and developing habitus. They may move higher or lower in the field over time but currently they have quite malleable dispositions towards health. Conversely, the elderly respondents of Group 6 exhibit habitus attuned

to dimensions of later life stages where incomes are lower, dependents have moved on, spouses have passed away, and a lifetime of rehearsing and refining their dispositions has resulted in a sedimentation of aesthetic values. Their strong dispositions towards music, dress, travel, food, and dining practices are relatively closed to changes in health-related dispositions. The young and single grouping essentially benefits from the freedom from hardened dispositions that affords opportunity to learn and change whereas the older grouping is hindered by dispositions that are resistant to change. This is analogous to the class-related health lifestyle "lock-in" described by Jones *et al.* (2011) for older men. It is also consistent with Bourdieu's portrayal of the process of aging as the closure of the system of dispositions that constitute the habitus wherein "the mental and bodily schemata of a person who ages become more and more rigid, less and less responsive to external solicitations" (Bourdieu and Wacquant 1992:133-4), exemplified by elderly peoples' inclination to "quixotically cling to dispositions that are out of place and out of time" (Bourdieu 2005: 214).

Between these two extremes lie the hip middle-aged members of Group 3 who express strong dispositions towards learning about new cultures and engaging in practices such as cooking and experimenting with food, tastes that reflect an apparent openness towards new experiences. The juxtaposition between young people with malleable dispositions, hip middle-aged people with strong dispositions and openness to new experiences, and elderly people with strongly established dispositions highlight the ways in which dispositions and beliefs can be more or less inscribed over time and the degree to which they are open to change. Moreover, waxing or waning capital portfolios at different life stages align with the differential freedom to realise and employ change. Taken together, distance from material necessity and flexibility of dispositions in time speak to

the margins of freedom – flexibility to maneuver – that people experience at the intersection of the fields they inhabit and the dispositions they form at different life stages (Bourdieu 2000: 234-6).

Conclusion

The Canadian field of power displays homologous relations between social positions delineated by possession of valued resources, time invested in education, dispositions pertaining to food, fashion, music, and travel, and reasonable practices adjusted to the rules and regularities of the field. Smoking, engaging in physical activity, and consuming fruits and vegetables are widely dispersed in the Canadian field of power and so are subject to the logic of the field. Moreover, consideration of experiences of time and their relation to the malleability of dispositions speaks to the embeddedness of healthy or unhealthy dispositions and margins of freedom for behavioural change.

In a relational study, health-related practices can only be understood in terms of their 'place' in relation to other social forces and factors (Somers 1995). From this perspective, it is obvious that intervening on any one factor (education, wealth, etc.) will not straightforwardly facilitate change in a health-related practice; the entire ensemble of capitals, habitus, and practices that together comprise fields must be addressed by health policies and health promotion initiatives. In contrast with substantialist approaches that seek to effect change through direct modification of 'elements' causally related to health, a relational field-theoretic approach proposes that social change can only be fostered in changing or disrupting relations of harmony or disharmony between the social constitutions of agents (habitus), the characteristics of the spaces within which they operate (fields), and the resources (capitals) that inform and enforce the mores and regularities of

the fields (Veenstra and Burnett 2016). To the degree that subspaces of fields can be targeted in this regard, the subspaces with greater malleability or flexibility of dispositions may be the most amenable to healthful change and are logical points of entry for policy implementation.

In conclusion, we welcome future empirical applications of all of the primary pillars of Bourdieusian practice theory – capital, habitus, field, practice – to health-related practices. We also welcome new applications of MCA with the goal of refining its exploratory power and explanatory potential – as we have tried to do here by incorporating a substantively important third dimension and employing a novel visualisation technique to make sense of the added dimensionality. In opposition to claims that we have now entered a post-Bourdieusian era in social research (Beljean *et al.* 2016), we contend that, by investing in substantialist applications of subsets of Bourdieu's core concepts, the sociological health community has left the dynamic relational core of his approach largely untapped. We hope that our empirical examination of the health-related dimensions of capital, field, habitus, and practice will encourage others to embrace the relationality of Bourdieu's theory of practice.

References

- Abel, T. and Frohlich K.L. (2012) Capitals and capabilities: Linking structure and agency to reduce health inequalities, *Social Science & Medicine* 74, 2, 236–44.
- Abel, T. and Cockerham W.C. (1993) Lifestyle or Lebensführung? Critical remarks on the mistranslation of Weber's "Class, Status, Party", *The Sociological Quarterly*, 34, 551-56.
- Atchison, C. and Burnett P.J. (2016) The social dynamics of safe sex practices among Canadian sex industry clients, *Sociology of Health & Illness*, 38(6), 939-56.
- Backett-Milburn, K.C., Wills, W.J., Roberts, M-L. and Lawton J. (2010) Food, eating and taste:

 Parents' perspectives on the making of the middle class teenager, *Social Science & Medicine*,
 71, 1316-23.
- Beljean, S., Chong, P.K. and Lamont, M. (2016) A post-Bourdieusian sociology of valuation and evaluation for the field of cultural production. In Hanquinet, L. and Savage, M. (eds). *Routledge International Handbook of the Sociology of Art and Culture*. London: Routledge.
- Blue, S., Shove, E., Carmona, C. and Kelly, M.P. (2016) Theories of practice and public health: Understanding (un)healthy practices, *Critical Public Health*, 26, 36-50.
- Bourdieu, P. and Wacquant, L. (1992) *An Invitation to a Reflexive Sociology*. Chicago: The University of Chicago Press.
- Bourdieu, P. (1977[1972]) *Outline of a Theory of Practice*. New York: Cambridge University Press.

- Bourdieu, P. (1984[1979]) *Distinction. A Social Critique of the Judgement of Taste*. Cambridge: Harvard University Press.
- Bourdieu, P. (1986) The forms of capital. In Richardson, J.G. (ed). *Handbook of Theory and Research for the Sociology of Education*. New York: Greenwood Press.
- Bourdieu, P. (1998[1994]) Practical Reason. Stanford: Stanford University Press.
- Bourdieu, P. (2000[1997]) Pascalian Meditations. Stanford: Stanford University Press.
- Breiger, R.L. (2000) A tool kit for practice theory, *Poetics* 27, 91-115.
- Chin, T. and Phillips, M. (2004) Social reproduction and child-rearing practices: Social class, children's agency, and the summer activity gap, *Sociology of Education*, 77, 3, 185-210.
- Choiniere, R., Lafontaine, P. and Edwards, A.C. (2000) Distributions of cardiovascular disease risk factors by socioeconomic status among Canadian adults, *Canadian Medical Association Journal* 162, 9 supplement, 513-524.
- Christensen, V.T. and Carpiano, R.M. (2014) Social class differences in BMI among Danish women: applying Cockerham's health lifestyles approach and Bourdieu's theory of lifestyle. *Social Science & Medicine*, 112, 12-21.
- Clausen, S.E. (1998) *Applied Correspondence Analysis: An Introduction*. Thousand Oaks: Sage Publications.
- Cockerham, W.C. (2005) Health lifestyle theory and the convergence of agency and structure, Journal of Health and Social Behavior, 46, 51-67.

- Cockerham, W.C. (2007) Social Causes of Health and Disease. Cambridge: Polity Press.
- Cockerham, W.C. (2013) Bourdieu and an update of Health Lifestyle Theory. In Cockerham, W.C. (ed). *Medical Sociology on the Move: New Directions in Theory*. New York: Springer.
- Cockerham, W.C., Rutten, A. and Abel, T. (1997) Conceptualizing contemporary health lifestyles: Moving beyond Weber, *The Sociological Quarterly*, 38, 321-42.
- Cohn, S. (2014) From health behaviours to health practices: an introduction, *Sociology of Health & Illness*, 36, 2, 157-162.
- Coulangeon, P. and Lemel, Y. (2009) The homology thesis: *Distinction* revisited. In Robson, K. and Sanders, C. (eds). *Quantifying Theory: Pierre Bourdieu*. Springer Science.
- Crane, D. (2000) Fashion and its Social Agendas: Class, Gender, and Identity in Clothing.

 Chicago: University of Chicago press.
- Crossley, N. (2010) Towards Relational Sociology. New York: Routledge.
- de Nooy, W. (2003) Fields and networks: Correspondence analysis and social network analysis in the framework of field theory, *Poetics*, 31, 305-27.
- Dépelteau, F. and Powell, C. (2013) Applying Relational Sociology. New York: Palgrave MacMillan.
- DiMaggio, P. (1986) Structural analysis of organizational fields: A block-model approach, Research in Organizational Behavior, 8, 335-70.

- Edwards, G. (2010) Mixed-method approaches to social network analysis. In ESRC National Centre for Research Methods: Review Paper. University of Manchester: National Centre for Research Methods.
- Emirbayer, M. (1997) Manifesto for a relational sociology, *American Journal of Sociology*, 103, 2, 281–317.
- Frie, K. and Janssen, C. (2009) Social inequality, lifestyles and health: A non-linear canonical correlation analysis based on the approach of Pierre Bourdieu, *International Journal of Public Health*, 54, 213-21.
- Frohlich, K.L., Corin, E. and Potvin, L. (2001) A theoretical proposal for the relationship between context and disease, *Sociology of Health & Illness*, 23, 776-97.
- Frohlich, K.L. and Potvin, L. (2010) Commentary: Structure or agency? The importance of both for addressing social inequalities in health, *International Journal of Epidemiology*, 39, 378-379.
- Glanz, K. and Rimer, B. (2005) Theory at a Glance: A Guide for Health Promotion Practice (2nd Edition). Bethesda, MD: U.S. Department of Health and Human Services, National Institute of Health.
- Godley, J. and McLaren, L. (2010) Socioeconomic status and body mass index in Canada: exploring measures and mechanisms. *Canadian Review of Sociology*, 47, 4, 381-403

- Greenacre, M. (1994) Correspondence analysis and its interpretation. In Greenacre, M. and Blasius, J. (eds). *Correspondence Analysis in the Social Sciences: Recent Developments and Applications*. London: Academic Press.
- Janssen, I., Boyce, W.F., Simpson, K. and Pickett, W. (2006) Influence of individual- and arealevel measures of socioeconomic status on obesity, unhealthy eating, and physical inactivity in Canadian adolescents, *American Journal of Clinical Nutrition*, 83, 1, 139-145.
- Jones, I.R., Papacosta, O., Whincup, P.H., Wannamethee, S.G. and Morris, R.W. (2011) Class and lifestyle 'lock-in' among middle-aged and older men: A Multiple Correspondence Analysis of the British Regional Heart Study, *Sociology of Health & Illness*, 33, 399-419.
- Kirkpatrick, S. and Tarasuk, V. (2003) The relationship between low income and household food expenditure patterns in Canada, *Public Health Nutrition*, 6, 6, 589-597.
- Korp, P. (2008) The symbolic power of 'healthy lifestyles.' *Health Sociology Review*, 17, 18-26.
- Le Roux, B., Rouanet, H., Savage, M. and Warde, A. (2008) Class and cultural division in the UK, *Sociology*, 42, 1049-71.
- Maller, C.J. (2015) Understanding health through social practices: Performance and materiality in everyday life, *Sociology of Health & Illness*, 37, 52-66.
- Martin, J.L. (2003) What is field theory? *American Journal of Sociology*, 109, 1, 1-49.
- Martin, J.L. (2011) The Explanation of Social Action. New York: Oxford University Press.

- Martin, J.L. (2014) Spatial processes and Galois/concept lattices, *Quality and Quantity*, 48, 961-81.
- McGovern, P. and Nazroo, J. (2015) Patterns and causes of health inequalities in later life: a Bourdieusian approach, *Sociology of Health & Illness*, 37, 1, 143-160.
- Millar, W.J. and Wigle, D.T. (1986) Socioeconomic disparities in risk factors for cardiovascular disease, *Canadian Medical Association Journal*, 134, 2, 127-132.
- Mische, A. (2011) Relational sociology, culture, and networks. In Scott, J. and Carrington P. (eds).

 The Sage Handbook of Social Network Analysis. London: Sage Publications.
- Mo, F., Turner, M. Krewski, D. and Mo, F.D. (2005) Physical inactivity and socioeconomic status in Canadian adolescents, *International Journal of Adolescent Medicine and Health*, 17, 1, 49-56.
- Mohr, J. and Duquenne, V. (1997) The duality of culture and practice: Poverty relief in New York City, 1888-1917, *Theory and Society*, 26, 305-56.
- Muller, C.C. and Woods, R.H. (1994) An expanded restaurant typology, *The Cornell Hotel and Restaurant Administration Quarterly*, 35, 27-37.
- Munt, I. (1994) The 'other' postmodern tourism: Culture, travel and the new middle classes, Theory, Culture & Society, 11, 3, 101-23.
- Nettleton, S. and Green, J. (2014) Thinking about changing mobility practices: How a social practice approach can help, *Sociology of Health & Illness*, 36, 239-251.

- Noone, B.M., Kimes, S.E., Mattila, A.S. and Wirtz, J. (2007) The effect of meal pace on customer satisfaction, *Cornell Hotel and Restaurant Administration Quarterly*, 48, 231-44.
- Pinxten, W. and Lievens, J. (2014) The importance of economic, social and cultural capital in understanding health inequalities: using a Bourdieu-based approach in research on physical and mental health perceptions. Sociology of Health and Illness 36, 7, 1095-1110
- Powell, C. and Dépelteau, F. (2013) Conceptualizing Relational Sociology: Ontological and Theoretical Issues. New York: Palgrave MacMillan.
- Riediger, N.D., Shooshtari, S. and Moghadasian, M.H. (2007) The influence of sociodemographic factors on patterns of fruits and vegetable consumption in Canadian adolescents, *Journal of the American Dietetic Association*, 107, 9, 1511-1518.
- Savage, M., Devine, F., Cunningham, N., Taylor, M., Li, Y., Hjellbrekke, J., Le Roux, B., Friedman, S. and Miles, A. (2013). A new model of social class? Findings from the Great British Class Survey Experiment. *Sociology*, 47, 2, 219-250.
- Savage, M. and Silva, E.B. (2013) Field analysis in cultural sociology, *Cultural Sociology*, 7, 2, 111-26.
- Sonnett, J. (2004) Musical boundaries: Intersections of form and content, *Poetics*, 32, 247-64.
- Stokols, D. (1996) Translating social ecological theory in guidelines for community health promotion, *American Journal of Health Promotion*, 10, 282-298.
- Swartz, D. (1997) *Culture and Power: The Sociology of Pierre Bourdieu*. Chicago: The University of Chicago Press.

- Tanner, J., Asbridge, M. and Wortley, S. (2008) Our favourite melodies: Musical consumption and teenage lifestyles, *British Journal of Sociology*, 59, 1, 117-44.
- Tomlinson, M. (2003) Lifestyle and social class, European Sociological Review, 19, 97-111.
- Veenstra, G. and Burnett, P.J. (2014) A relational approach to health practices: Towards transcending the agency-structure divide, *Sociology of Health & Illness*, 36, 2, 187-98.
- Veenstra, G. and Burnett, P.J. (2016) Towards a relational health promotion. *Health Promotion International*, 31, 1, 209-213.
- Veenstra, G. and Patterson, A.C. (2012) Capital relations and health: Mediating and moderating effects of cultural, economic, and social capitals on mortality in Alameda County, California, *International Journal of Health Services*, 42, 2, 277-291
- Veenstra, G. and Abel, T. (2015) Capital interplays and the self-rated health of young men: Results from a cross-sectional study in Switzerland. *International Journal for Equity in Health* 14: 38 (pp. 1-10)
- Veenstra, G. (2007) Social space, social class and Bourdieu: Health inequalities in British Columbia, Canada, *Health & Place*, 13, 14-31.
- Veenstra, G. (2010) Culture and class in Canada, Canadian Journal of Sociology, 35, 1, 83-111.
- Veenstra, G. (2015) Musical tastes and class position: A sing-off between the cultural omnivorism and Bourdieusian homology perspectives, *Canadian Review of Sociology*, 52, 2, 134-159.

- Wacquant, L. (2008) Pierre Bourdieu. In Stones, R. (ed). *Key Sociological Thinkers*. New York: Palgrave Macmillan.
- Warde, A., Martens, L. and Olsen, W. (1999) Consumption and the problem of variety: Cultural omnivorousness, social distinction and dining out, *Sociology*, 33, 105-27.
- Weber, M. (1978[1968]) Economy and Society. Berkeley: University of California Press.
- Williams, S.J. (1995) Theorising class, health and lifestyles: Can Bourdieu help us? *Sociology of Health & Illness*, 17, 5, 577-604.
- Xiang, Z., Kim, S-E., Hu, C. and Fesenmaier, D.R. (2007) Language representation of restaurants: Implications for developing online recommender systems, *International Journal of Hospitality Management*, 26, 1005-18.

Table 1: Characteristics of the survey sample (n=1,595)

Variable	Categories	N	%
Gender	female	1,051	65.9
	male	542	34.0
	missing	2	0.1
Age	19-34	256	16.1
8	35-44	275	17.2
	45 - 54	375	23.5
	55 - 64	373	23.4
	65 and older	305	19.1
	missing	11	0.7
Marital status	married	818	51.3
Marian status	living with a partner	96	6.0
	widowed	113	7.1
	separated/divorced	248	15.5
	never been married	312	19.6
	missing	8	0.5
Immigrant status	born in Canada	1,098	68.8
2	immigrated to Canada more than 20 years ago	326	20.4
	immigrated to Canada between 10 and 19 years ago	82	5.1
	immigrated to Canada 9 or fewer years ago	83	5.2
	missing	6	0.4
Household income	\$150,000 or more	247	15.5
	\$100,000-149,999	260	16.3
	\$80,000-99,999	164	10.3
	\$60,000-79,999	205	12.9
	\$40,000-59,999	189	11.8
	less than \$40,000	246	15.4
	missing	284	17.8
Home ownership	fully owned	507	31.8
	partly owned	589	36.9
	rented	473	29.7
	missing	26	1.6
Parental education	post-bachelor's degree	200	12.5
	bachelor's degree	293	18.4
	community college or technical school diploma	164	10.3
	high school graduate	524	32.9
	less than high school	305	19.1
	missing	109	
Personal education	post-bachelor's degree	291	18.2
	bachelor's degree	459	28.8
	community college or technical school diploma	271	17.0
	high school graduate	485	30.4
	less than high school	83	5.2
D 1 10	missing	6	0.4
People 18 years old or	yes	468	29.4
younger living in the	no · ·	1,034	
household	missing	93	5.8

Table 1: Continued.

Variable	Categories	N	%
Occupational category	Senior & specialist management occupations	130	8.2
	Other managers not elsewhere classified	126	7.9
	Professional occupations in business & finance	85	5.3
	Clerical occupations	134	8.4
	Professional occupations in natural & applied sciences & health	105	6.6
	Technical & related occupations in health	70	4.4
	Judges, lawyers, counsellors & policy and program officers	59	3.7
	Teachers (primary/secondary)	64	4.0
	Paralegals, protective services, social services workers	68	4.3
	Professional & technical occupations in art & culture	103	6.5
	General sales & service occupations	58	3.6
	Specialty sales & service occupations	44	2.8
	Childcare & home support workers	79	5.0
	Trades, transport & equipment operators & related occupations	76	4.8
	Professor (college/university)	37	2.3
	missing	357	22.4
Self-rated health	excellent or very good	846	
	good	491	30.8
	fair or poor	238	14.9
0.10 . 1 11 . 14	missing	40	2.5
Self-rated mental health	excellent or very good	1,052	
	good	397	
	fair or poor	128	8.0 1.1
Perceived stress	missing	18	
Perceived stress	not at all stressful a bit stressful	268 811	16.8 50.8
	quite stressful	428	26.8
	extremely stressful	69	4.3
	missing	19	
Depressive symptoms	rarely or never	969	60.8
Depressive symptoms	sometimes	498	31.2
	most days or every day	104	6.5
	missing	24	1.5
Body-mass index	underweight	40	
	normal	718	45.0
	overweight	499	31.2
	obese	267	16.7
	missing	71	4.5
Smoking	daily or occasional smoker	274	17.2
	former smoker	432	27.1
	never smoked	869	54.5
	missing	20	1.3
Physical activity	exercises less than once per week	194	12.2
	exercises one to three times per week	716	
	exercises more than three times per week	668	41.9
	missing	17	1.1
Fruits and vegetables	eats fruits and vegetables several times per day	1,029	64.5
	eats fruits and vegetables about once per day	402	25.2
	eats fruits and vegetables less than once per day	130	8.2
	missing	34	2.1

Table 2: List of influential variables by dimension

Dimension 1	Eigenvalue	
Household income	0.287	
Total number of destinations visited in lifetime	0.282	
I think it is important that nearly all of the food I eat is good for me	0.233	
In my home we like to experiment with new foods, new recipes and new ingredients	0.220	
Completed education – self	0.211	
Self-rated overall health	0.184	
Likes wine and/or been to wine tasting	0.173	
I think that it is important to eat at least three good meals a day	0.147	
I like to cook	0.146	
Fruits and vegetables consumption	0.145	
National Occupation Classification	0.138	
Home ownership status	0.128	
Marital Status	0.120	
I want my clothes to reflect who I am	0.119	
I like to learn about new places and different ways of life when I go on vacation	0.119	
Self-rated mental health	0.108	
I like to dress fashionably	0.107	
Dimension 2	Eigenvalue	
Age	0.308	
Home ownership status	0.196	
I want my clothes to reflect who I am	0.164	
I like to dress fashionably	0.156	
I probably spend more money on clothes than I should	0.152	
Marital Status	0.149	
The most important thing for me when I go on vacation is to relax	0.140	
I prefer to eat at restaurants that serve larger portions so that I get my money's worth	0.139	
Total number of destinations visited in lifetime	0.138	
I think it is important that nearly all of the food I eat is good for me	0.136	
Depressed feelings	0.123	
Smoking	0.115	
I think that dressing well often leads to success	0.111	
I prefer to buy clothes that will last a long time	0.111	
I like to cook	0.106	
I think that it is important to eat at least three good meals a day	0.106	
I can often tell how well I will get along with someone by what they're wearing	0.100	
Dimension 3	Eigenvalue	
Age	0.454	
Children at home	0.204	
Marital Status	0.197	
Home ownership status	0.150	
Immigration status	0.124	
I prefer to eat at restaurants that serve larger portions so that I get my money's worth	0.121	
Most liked musical genre	0.119	
I think it is important that nearly all of the food I eat is good for me	0.107 0.104	
I can often tell how well I will get along with someone by what they're wearing		
I like to wear clothes that make people look at me		

Appendix: Items assessing cultural dispositions and practices

Fashion

- 1. I probably spend more on clothes than I should.
- 2. I like to dress fashionably.
- 3. I prefer to buy clothes that will last a long time.
- 4. I think that dressing well often leads to success.
- 5. I want my clothes to reflect who I am.
- 6. I can often tell how well I will get along with someone by what they're wearing.
- 7. I like to wear clothes that make people look at me.

Food

- 1. I like to cook.
- 2. In my home we like to experiment with new foods, new recipes and new ingredients.
- 3. It is important that the food we eat at home tastes good.
- 4. I think it is important that nearly all of the food I eat is good for me.
- 5. I think that it is important to eat at least three good meals a day.
- 6. I have a sweet tooth.
- 7. I prefer to eat at restaurants that serve larger portions so that I get my money's worth.
- 8. What was the last restaurant you ate at?
- 9. Do you like wine?
- 10. Have you ever attended a wine tasting event?

Music

- 1. Do you play any musical instruments? Which ones?
- 2. Please tell me whether you like, dislike or feel neutrally about the following types of music: [list 21 genres]
- 3. Which of these is your absolute favourite?
- 4. Which of these do you dislike the most?

Travel

- 1. The most important thing for me when I go on vacation is to relax.
- 2. I like to learn about new places and different ways of life when I go on vacation.
- 3. My favourite vacations are off the beaten path, places where most tourists don't go.
- 4. I usually visit as many museums as I can when I'm on vacation.
- 5. Have you ever been to [list 10 parts of the world]?
- 6. Where was your last vacation trip? How about the trip before that, where did you go?



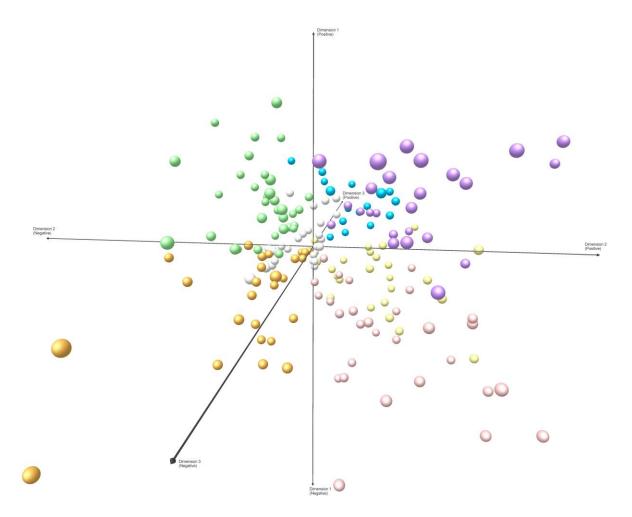


Figure 2. Upper class section of the field of power

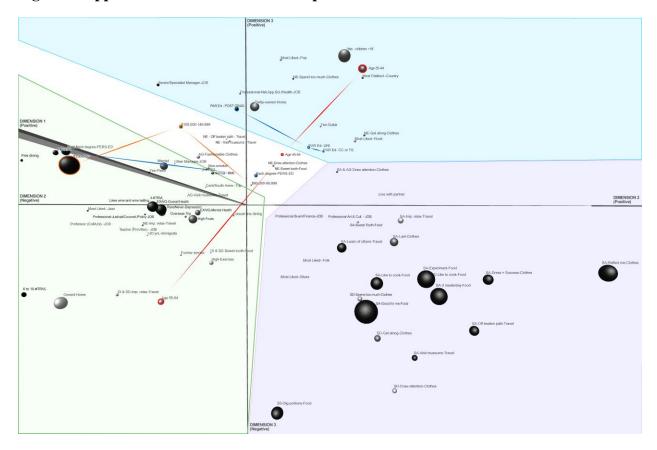


Figure 3. Lower class section of the field of power

