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Swim club membership and the reproduction of happy, healthy children

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Through ethnographic methods, I examine the ways in which upper middle-class families facilitate the reproduction of their healthy lifestyles through their affiliation with the Valley View Swim and Tennis Club, a semi-private facility located near a major mid-Atlantic city in the USA. Drawing on Sociologist Pierre Bourdieu’s understanding of social class, I argue that club membership operates as future investment in children’s health with the cultivation of their healthy swimming bodies serving as visible markers of class-based, embodied capital. Specifically, the pool offers parents a distinctive cultural context in which to augment children’s medical health and physical safety, build a foundation for lifelong physical activity practices, help them achieve an ideal body weight and control their consumption habits. Ultimately, the club serves as a powerful and influential physical space in which families engage in important health-related practices and processes contributing to the reproduction of their healthy, upper middle-class children.

Keywords: ethnography; physical activity; families; healthy lifestyle; social class

Drowning fatalities are the second-leading cause of unintentional death in children under the age of 14 in the USA (Centre for Disease Control [CDC] 2011). Moreover, between the ages of 5 and 14, black children are over three times more likely to drown than white children and report the lowest swimming ability of any ethnic grouping (CDC 2011). Economically and socially underdeveloped areas have higher rates of drowning fatalities with minorities disproportionately affected and lower income children reporting a higher level of fear associated with swimming (Hastings et al. 2006, Saluja et al. 2006, Irwin et al. 2009). Conversely, in middle and upper middle-class communities featuring a more advanced economic infrastructure, leisure time and greater levels of disposable income, swimming participation is more frequent, individuals tend to report a greater comfort in water, and have much lower rates of drowning due to increased facility access and instruction (Hastings et al. 2006, Saluja et al. 2006, Irwin et al. 2009). Nevertheless, beyond the previously mentioned facts and statistics, little is known about the experience of swimming participation and its relative importance in the (re)production of healthy lifestyles in more privileged communities.1

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Sociologist Pierre Bourdieu (1978, 1980, 1984) was one of the first to investigate the relationships between sport and leisure activities and social class position and provided a useful framework with which to understand swimming participation. Specifically, Bourdieu (1984) argued that upper classes experience their lives in a culture of privilege, and demonstrate this through an effortless exhibition and a distinguishing conspicuous consumption of the material world around them. They pursue sports such as skiing, tennis and golf, in exclusive private places with specific partners, characteristics which demonstrate a ‘highly controlled social exchange’ (Bourdieu 1984, p. 217). Bourdieu (1984) asserted that in contrast, the middle classes focus their lives around cultural promotion which is manifest through the status production of a socially driven, controlled and presentable existence, and participation in physical fitness activities. Finally, he believed that the lower class exists in a culture of poverty that values instantaneous gratification and economic reward, and experiences an instrumental relation towards their bodies evidenced through physical activities that are characterised by ‘a high investment of energy, effort or even pain’, and often, bodily contact (Bourdieu 1984, p. 213). Aligned with his aforementioned categories of physical activity participation, Bourdieu argued swimming generally has ‘more hidden entry requirements’ related to family tradition, access, socialisation and economic investment, and is often more prevalent among affluent families (1984, p. 217, see also 1978, 1980, Dukes and Coakley 2002, Wiltse 2007). He stressed that participation in private sport communities, such as swimming clubs, can contribute to one’s social standing by positioning ‘the body-for-others’, distinguishing those maintaining a privileged lifestyle, and transferring valuable skills and dispositions to children for the purposes of class reproduction (1978, p. 838, see also 1980, 1984).

Bourdieu (1977, 1984) theorised that sports participation is dictated by one’s embodied social class habitus, a powerful, lasting, structuring system of tastes and preferences contributing to the development of a particular, classifiable lifestyle based on social position. Habitus, ‘a general, transposable disposition which carries out a systematic, universal application – beyond the limits of what has been directly learnt-of the necessity inherent in the learning conditions’ (Bourdieu 1984, p. 170), helps articulate lifestyle practices with social position (Bourdieu 1977). Its significance lies in the fact that it is both a ‘practice-unifying and practice-generating principle’, structuring and regulating even the most mundane elements of lifestyles (Bourdieu 1984, p. 101). More specifically, one’s habitus ‘provides individuals with class-dependent, pre-disposed, yet seemingly “naturalised” ways of thinking, feeling, acting and classifying the social world and their location within it’ (Williams 1995, p. 586). Habitus is made clear through a class-based ‘relation to the body at its deepest and most unconscious level, i.e. body schema, which is the depository of a whole world view and a whole philosophy of the person and the body’ (Bourdieu 1984, p. 218). Thus the physical appearance of one’s body can reveal important details regarding how people treat and relate to their bodies, and further, serve as a visible demonstration of their distinctive social status and class habitus (Bourdieu 1977, 1978, 1984, Shilling 1991). However, Bourdieu contended that one’s habitus is only meaningful in relation to a field of cultural production. Fields defined by particular contexts, such as sport and/or leisure (DeFrance 1995), are the ‘social space of objective relationships’ (Bourdieu 1985, p. 16) or fluid contexts where individuals and their social positions interact and attempt to maintain or improve their social status (Wacquant 1989, Bourdieu and Wacquant 1992).
Like-minded individuals generally share similar interests and lifestyles in and through participation in various cultural fields defined by their social class position, and therefore are able to both reinforce and reproduce their particular habitus in and through interactions with each other (Bourdieu 1993).

Bourdieu argued that an individual’s position in a field, demonstrated through their embodied habitus, is related to their distribution of power, or ‘specific capital’ (Wacquant 1989, p. 40, see also Bourdieu and Wacquant 1992). Capital exists in three main forms: economic, recognised as a sign of distinction and refers to financial wealth and the time to devote to leisure pursuits; social, or the prestige and authority an individual demonstrates through their network and peers; and cultural, referring to tastes, practices, and consumption patterns an individual accumulates through their social standing (Bourdieu 1977, 1984, 1986). The transmission and acquisition of cultural capital is a relatively hidden practice, thus the possession of it is often recognised as a ‘legitimate competence’ (Bourdieu 1986, p. 245). Cultural capital is augmented through time ‘invested’ on the part of the individual to cultivate particular embodied skills and dispositions (Bourdieu 1986, p. 244). Accordingly, drawing on Bourdieu’s notion of embodied cultural capital, this research operationalises a fourth capital, physical or the power of the body to differentiate itself through embodied practices and lifestyle behaviours (Bourdieu 1980, 1984, Shilling 1991, 2003, Frew and McGillivray 2005). Consequently, swimming, as a classed sporting pursuit, requires the possession of economic, cultural and social capital, and through participation, engenders a physical capital illustrative of the healthy body which serves as a powerful, class-based signal to others.

There is a complex relationship between sport and physical activity participation and the transmission of capital within and through families. To begin with, the ability to engage in physical activity is largely a function of factors contributing to social class positioning (e.g. time, child care, other priorities, general lifestyle and cost) as higher socio-economic status groups tend to participate in more physically active pursuits than members of the lower classes (Duncan et al. 2002, MacDonald et al. 2004, 2005). Therefore, parents with more resources tend to invest in the acquisition of both specific and generic skill sets for their children in order to ensure future success (Coakley 2006, Evans and Davies 2010). The associated benefits relating to physical health, weight management, self-confidence and skill development are class-based and contribute to the development of one’s habitus (MacDonald et al. 2004, Humbert et al. 2006, Marshall et al. 2007). Further, these physical activity patterns and the associated health benefits are formed at a young age in and through the ‘cultural dimension of family environments’ and have lasting impacts through adulthood (Birchwood et al. 2008, p. 297, see also Duncan et al. 2002, MacDonald et al. 2004, 2005, Raudsepp 2006). Bourdieu (1996) argued that the family functions ‘in habitus’ (p. 21), and consequently through the family, there is an intergenerational transmission of beliefs, values and embodied practices and dispositions, each of which is relatively insignificant, however when taken together, has a cumulatively powerful impact on lifestyle forms. Accordingly, the development of one’s habitus, governed by the possession of various forms and levels of capital, is influenced by specific family circumstances and responsible for the development of distinctive tastes and preferences, thus structuring participation in physical activity (Dagkas and Quarmby 2012).

One’s habitus also contributes to the development of a healthy lifestyle, which is often the product of routine sport, leisure, exercise or physical activity
experiences (such as swimming), opportunities which tend to be accessible through unacknowledged institutions of privilege in affluent communities (Williams 1995, Cockerham 2005, Messner 2009). Further:

Lifestyles are, thus, symbolic gestures, and power relations are an integral part of the social valuation of different lifestyles. From such a perspective, a lifestyle symbolises the resources connected to the social position of the person practising the lifestyle, but also the relative power of that social position. Lifestyles, therefore, both symbolise resources such as money, time, specific knowledge and skills, and the social positions that tend to be most affluent with the resources a specific lifestyle demands. (Korp 2008, p. 19)

For privileged groups, healthy living and the reproduction of health-related lifestyle practices become a seamless, taken for granted element of their habitus, and the product of this lived experience, the healthy upper middle-class body, is a sign indicating distinction and social status (Bourdieu 1984, Denton and Walters 1999, Cockerham 2005, Korp 2008). Accordingly the possession of capital, and the resulting class-based power which is a product of it in its various forms, has a significant impact on the ability to live a healthy lifestyle. For example, economic capital allows people the freedom to pay for a variety of medical services, afford to live in a particular neighbourhood, belong to a health club, and much more (Abel 2008). Cultural capital has wide ranging effects on the development of healthy lifestyles and behaviours, and encompasses everything from educational knowledge to the use of cultural resources and skills to improve well-being (Williams 1995, Abel 2008, Korp 2008). Cultural capital, in combination with social capital, can also lead people to find support networks, direct them to health promoting venues such as parks and health clubs, or even lifesaving medical professionals, all of which yield particular embodied capitals. Ultimately, the formation and maintenance of a healthy lifestyle is indicative of hegemonic power, as only those with more control and resources have the capacity to achieve it (Korp 2008).

Swimming participation, particularly as a practice related to swimming clubs in upper middle-class suburban cultural contexts, contributes to both the development of healthy lifestyles and healthy, physically active bodies, visible markers of more affluent, dominant groups in society. In this article which is based on in-depth ethnographic research, I contribute to the aforementioned body of literature by exploring the lived experience of privilege through an investigation of the unique relationship between upper middle-class family lives, the reproduction of healthy lifestyles, and the cultivation of the swimming body through membership at the Valley View Swim and Tennis Club (Valley View). Specifically, I discuss how upper middle-class club parents, namely mothers, place a large emphasis on their familial pool membership so they can promote their children’s acquisition of healthy lifestyles and swimming bodies, as well as garner a distinct opportunity to facilitate their number one childrearing goal: to reproduce happy, healthy children.

Methodology
Bourdieu (1993, p. 217) explained that his theoretical concepts, such as habitus and capital, are made relevant through ‘situated application’, and asserted that ‘one
cannot grasp the most profound logic of the social world unless one becomes immersed in the specificity of an empirical reality’. Following Bourdieu, this research engaged a qualitative, ethnographic approach to studying Valley View and its members for the express purpose of understanding the lived reality of upper middle-class families and their class-based affiliation with the pool. Ethnographic research is important because it gives ‘researchers the best opportunity to examine various phenomena as perceived by participants’ (Shaffir 1999, p. 676). In order to adequately assess culture, it is crucial to be physically present in order to understand how people behave, interact, create meaning and experience their everyday lives (Denzin 2002, Daly 2007).

My involvement with Valley View began through my tenure as head coach for the swim team, and thus gaining access to the participants in this research was not a challenge. Due to my position at the pool, I was immersed in the club’s culture over four summers (2006–2009) and acquired lived experience through observation and engagement methods, as well as via formal, in-depth interviews with members. Observation and participant observations were documented in a series of field notes during the summers of 2008 and 2009 and focused on understanding the context and content of family interactions at the pool. To corroborate the data documented in my field notes, make my interpretations more credible, and accentuate my understanding of the lives of Valley View families, I conducted 35 interviews with mothers and children during the summer of 2009. Fathers were omitted from the interview process. It is well documented that mothers often spend more time with children than fathers do, and are responsible for the daily and custodial care of children and the organisation of familial schedules and activities (Ostrander 1984, Shaw 1992, Daly 1996, Lareau 2000, 2003, Shaw and Dawson 2001, Craig 2006). Lareau (2000) noted that even when fathers are quite active in their children’s lives, they still rely on their children’s mother to provide information to others. During my time at Valley View, and prior to beginning the interview phase of my research, I observed these patterns as there were many more mothers at the pool with their children than fathers. Further, when both parents were together at the pool, it was evident that the mothers maintained control over both the family schedule and all aspects of pool-based child care (e.g. snacks, sun screen, towels, first aid, supervision, rule enforcement, planning playdates, etc.). Based on this preliminary research, I decided to interview mothers and children only.

Interviews focused on families fitting the following characteristics: parents of more than one child; one child in the family must be between 6 and 10 years old; and this child must actively participate in the swim team, dive team and/or private swim lessons during the summer. These criteria were developed in an effort to obtain perspectives from Valley View families who frequent the pool often, and have children young enough that they still rely on parental involvement to facilitate their daily lives, but are also old enough to have ideas, opinions, interests and activities of their own (cf. Lareau 2003). There were approximately 30 families at the pool with these qualifications, and I solicited interviews with members (through a verbal or written request) based on those families who I observed maintained a higher engagement with the pool and their membership over the previous three summers (i.e. had multiple children actively participating in pool programmes; children participated in more than just one programme; present at the pool more often; present for the entire summer with few vacations, etc.).
In total, 35 interviews were conducted, 20 with mothers and 15 with children. All mothers signed an Institutional Review Board approved consent form and, if applicable, one on behalf of their children, as a pre-requisite of participation. Each of the 20 mothers participated in a recorded, in-depth, semi-structured interview at their own home which lasted anywhere between 45 and 105 min. Questions asked in these interviews were focused on understanding how members appropriated Valley View into their daily and family lives. For example, participants were asked: ‘Tell me about the structure of your average summer day’; ‘Tell me about your decision to join Valley View’; ‘How does Valley View shape your family life?’; ‘How/why is swimming an important part of your family’s life?’ The children also participated in a recorded, informal, semi-structured interview at their home which varied from 10 to 30 min in length. Children came from 11 different families, with three sets of siblings interviewed (time and schedules made it impossible to interview children from all 20 families). Questions asked of the children assessed their feelings and thoughts about swimming and Valley View through questions such as: ‘Tell me what you like about Valley View’; ‘Tell me about coming to the pool with your family’; and ‘When you think of Valley View, what words come into your mind?’

I transcribed all interviews verbatim, and uploaded all computerised data, including field notes and transcriptions, into Atlas.ti, a software programme designed to assist with data management as well as the interpretation and analysis processes. I engaged Atlas.ti as an organisational tool which helped me to categorise my data and sift through transcripts and notes in a logical, methodical way. Through the use of this programme and the practice of open, axial and selective coding (cf. Creswell 2003, Daly 2007), I was able to identify themes and develop concepts by analysing and reflecting on the data collected in the field, as well as relevant theory and literature. Further, I took several approaches to ensuring the findings discussed below were credible interpretations of the Valley View club and its members.

First, and most importantly, it was necessary that I acknowledged my interpretation of Valley View and its members are generated from my own personal understanding and biography as a white, middle-class female, who is a former swimmer and swim coach, yet did not have the opportunity belong to a club like Valley View in my youth. Further, I considered how my dual role at the pool served as a constitutive element of the pool culture and context, and my actions and behaviours contributed to the reproduction of the healthy lifestyles which this article details. I firmly believe that my position at Valley View granted me access to otherwise inaccessible situations and helped me to discover rich, quality data, but it is important to recognise my presence. During my fieldwork, I was constantly cognizant of the delicate balance between my own involvement and detachment at the pool and with the members so that I could ‘minimise the “costs” and maximise the “benefits”’ associated with this project (Perry et al. 2004, p. 140; see also Maguire 1988). For instance, my excellent rapport with the Valley View families meant that the mothers interviewed tended to offer me many private anecdotes and off-topic personal information during our interviews. Additionally, I found that very often the mothers ended their answers to my questions with the phrase, ‘you know?’ To me this behaviour indicated a need for reassurance during the interview process, but also an assumption that I did know because I maintained the same physical likeness as they did, and thus the same set of beliefs, values, knowledge and lifestyle characteristics.
I feel strongly that this increased their comfort level with me and enticed them to share information that they may not have otherwise. Conversely, my relationships with the children in this research were more of a challenge. Daly (2007) cautions that when interviewing children ‘it is important [to] be reflexive when considering the dynamics of power that exist between an adult interviewer and a younger child’ (p. 204). For me, this was a particularly complex issue because the children saw me not only as an adult, but also their coach or swim lesson teacher, and in their eyes, I exerted an added dimension of power over them. I believe that my familiarity fostered a relaxed setting for the children to provide interesting information, but I found that even so they still felt there were ‘wrong’ and ‘right’ answers to my questions which made them more tentative and less likely to expand upon their response. Nevertheless, overall I strongly believe that my insider status ‘enhance[d] the veracity and richness of detail offered’ (Perry et al. 2004, p. 140) by the participants in this research and served to strengthen my interpretations and understanding of the lived Valley View experience.

In addition, I utilised multiple methods including interviews, observations and participant observations to understand the culture of Valley View. None of these methods on their own were capable of providing the richness of data that came from utilising all of these techniques collectively. Observatory methods were important in the construction of interview questions and gaining a general perspective on the habitus-based practices and processes occurring at Valley View. Further, I found interviews to confirm what was previously speculation in my field notes. They provided rich, thick description, additional explanations and fascinating intricacies which strengthened the quality and depth of the research. Moreover, I achieved saturation at Valley View through a prolonged engagement and a relationship with the members of the pool. Upon the conclusion of my research, I had spent approximately 2800 h at Valley View working closely with the participants, getting to know them well and establishing rapport with them. Specifically, I became familiar with participants on a first name basis, got acquainted with their entire family, learned about their outside the pool existence and was privy to important events defining their everyday lives (i.e. birthdays, vacations, medical and family issues, education/school, children’s activities, etc.). I also conducted member checks with interview participants. And finally, particularly given my relationships with Valley View members, I did my best to be reflexive throughout the research process and worked hard to avoid any biased thinking or behaviour that would threaten the credibility of this project.

**Research site and demographic characteristics**

Valley View is a semi-private facility located in a suburban area approximately 12 miles north-west of a major mid-Atlantic city in the USA. The club averages about 170 memberships each summer, the majority of which are two-parent households with children under the age of 18. In terms of cost, a 2009 summer family membership was $670 with options to pay more for voting rights, and these fees effectively allow each member to own a fraction of the club facilities. The club has three tennis courts; a pavilion area for picnics, grilling and shade; and a 25 m, six-lane pool with two 12 m by 12 m areas attached at opposite ends on opposite sides to form an ‘S’ – one of which is a shallow area and the other a diving well with two one-metre diving boards. Valley View has a swim team and a dive team, both of which compete in the County swim and dive leagues, respectively, are
restricted by the league to allow members only, charge $125 per child per team to participate for the season, and are organised and run by parent volunteers.\(^6\)

The town, where Valley View is located, is home to many government employees, lawyers and professional business persons and reports a median household income of $157,254 per year (US Census Bureau 2006–2008).\(^7\) Participants in this research were asked to complete anonymous demographic surveys in which they designated, among other characteristics, annual household income. They had a choice of six options derived from the 2007 Current Population Survey quintiles for the USA (US Census Bureau 2007).\(^8\) Of the 20 mothers surveyed, one selected her annual household income to be between $100,000 and $135,000; three indicated their income to be between $135,000 and $177,000; and the remaining 16 noted their income to be more than $177,000 annually. These results place all participants in the top 20% of families in the USA, and 16 of the families, in the top 5% of all American households. In addition to their financial standing, the Valley View mothers also volunteered demographic information related to their ethnicity, occupation, age, children and level of education. Sixteen of the 20 mothers identified as white, and the remaining four as Asian. In terms of occupation, seven of the mothers stayed home full-time, and the remaining 13 worked as part-time professionals in fields such as law, accounting and administration. The average age of participants was 40 years old, and 11 families had 2 children, 8 families had 3 children and 1 family had 4 children. Lastly, this was a highly educated group as all of the mothers and their husbands possessed an undergraduate degree, and further, 15 mothers and 17 of their husbands had earned a graduate degree. Based on the aforementioned information and for the purposes of this research, Valley View’s membership base was classified as upper middle-class.

**Healthy lifestyles and the construction of the upper middle-class swimming body**

Many daily lifestyle practices, such as the Valley View families’ ritual trips to the pool, are related to health outcomes and designed to promote longevity and quality of life (Cockerham 2005). Yet frequenting the pool, a lifestyle practice illustrative of these families’ upper middle-class status, is taken for granted, routine behaviour afforded to those with greater levels of privilege (Bourdieu 1984, Cockerham 2005, Korp 2008). Korp (2008, p. 24) argued that a “healthy lifestyle” is, thus, always a representation of the lifestyle of a specific group in society, constructed and expressed as a means of social distinction in specific fields of power’. Healthy lifestyles are defined by powerful and dominant groups, and imply to others that living in a healthful way is a marker of both moral worth and social class position (Bourdieu 1984, Cockerham 2005, Abel 2008, Korp 2008).

For the families who participated in this research, pool membership operates as an important component of their healthy lifestyles, first and foremost, because it represents a vehicle to ensure children’s corporeal safety through the cultivation of their swimming skills, and thus signals a distinctive investment in their health and well-being. The mothers explained, echoing Reilly’s sentiments:

swimming is not an option for my kids. They will swim, they will take lessons, they will know how to swim. And you know, ballet is an option, and soccer is an option, but swimming you must do because I think it’s a life skill.
Ultimately, all the mothers felt that swimming was important for safety reasons, in particular, Elizabeth, who revealed, ‘my sister drowned when she was little, so that was very much like a motivator for me. In my family, you have to learn how to swim’. They all believed that swimming ability was a parental obligation, so much so that Heather confessed only a ‘foolish parent’ would not provide their child the opportunity to learn to swim. Yet like all of the others, she illustrates the taken-for-granted nature of her upper middle-class habitus in that she does not acknowledge the various forms of capital her family possesses which enables her to provide her children with a swimming infrastructure. Nevertheless, the mothers’ attitudes towards their Valley View membership in order to facilitate their children’s acquisition of this important ‘life skill’ demonstrate their concerted effort to cultivate their children’s healthy bodies through swimming.

In our interviews, all of the mothers expressed a desire to emphasise to their children, as Faith put it, ‘being active, staying fit, and being healthy’, and without exception, they all believed that Valley View encouraged these ideals. Universally the mothers told me, like Kelly asserted, going to the pool frequently ‘is teaching [my kids] a lifestyle of being active’. This comment is illustrative of the habitus-generating set of practices that the Valley View families engage in through their pool membership and the way in which they harness their class-based capital to exert power and control over their lives. Further, it is clear that the Valley View mothers view the maintenance of a healthy lifestyle as a multi-dimensional, status-oriented childrearing project, and believe that one distinctive benefit of pool participation is the opportunity to construct children’s healthy bodies to serve as emblems of their upper middle-class status. Like Andrews (1999, p. 48) argued of soccer and the middle class, youth swimming participation ‘encourages the right type of corporeal aesthetic’ for the upper middle-class. Through my prolonged engagement with the Valley View families, it became clear that the mothers had internalised the idea that swimming and club participation had a number of embodied, health-related advantages and therefore viewed their pool membership to be an invaluable investment in their children’s corporeal health. Accordingly, the following four themes were central to their lived experience at Valley View: (a) the maintenance of children’s medical health; (b) the development of lifelong physical activity habits; (c) achieving a healthy weight and body image; and (d) shaping children’s consumption practices.

The maintenance of medical health through swimming

All of the mothers were concerned with protecting their children against future medical issues, an important way in which Valley View and the life skill of swimming functions as an investment in children’s futures and bodies. For example, Reilly told me she is mindful of ‘keeping [the kids] healthy now and it’s easier for them to stay that way’. Many others discussed the internal corporeal health benefits they feel that swimming brings their children. Cathy explained it as, ‘wonderful for their heart and its great cardio vascular[ly]’, and Lynn emphasised the significance of swimming as it relates to combating medical issues:

It’s an important part of keeping yourself healthy, and you know other medical stuff – whether it be like heart, cholesterol, whatever the issue may be like. It’s all part of our family tree, you know we’re all conscious of doing what we can to be healthier, and swimming is definitely on the top of that list.
Overall, the mothers found swimming to be a vehicle to improve endurance/stamina, breath control, lung development, cardiovascular health and muscle strength and toning. Some, like Stephanie, even explained fears about ‘the whole scare about the obesity and the type II [diabetes], I just always have that in the back of my mind a little bit, [so] it’s nice if they’re physically active’. The mothers whose children participate on the swim team mentioned the benefit their children got from, as Rachel put it, ‘the whole physical training aspect’. Many spoke of the improvement they saw in their children over the course of the summer, and how the exercise of swimming laps was excellent for their children’s health. For instance, Lynn explained her son:

does recognize that he’s doing exercise, and he’s having fun while he’s doing it, which is like a lifelong issue that would be nice to not look at it as a horrible chore – that I gotta exercise and I hate it. And he looks at it as this is fun exercise and he can carry that on into young adulthood and throughout life, that you know, [exercise] is an important part of keeping yourself healthy.

Lynn called the exercise opportunity ‘a major plus’ because her boys are at the pool having fun while they are getting physical activity.

The mothers very effectively engineered the pool into their childrearing practices with the goal of promoting swimming as part of a lifelong commitment to health and physical activity. These families concerted, yet subtle effort to use the idea of fun at the pool to overshadow the exercise component was clear through Kelly’s comment that her children ‘are happy, they’re getting exercise but they don’t even think about it, it’s just fun’. This belief was perhaps best described by Sabrina:

I don’t know if I say swimming will make you strong, it’s just like you give your kids vegetables and fruit, but you don’t torture them with it. You know what I mean? If you try to shove it down their – you know? If you’re just kinda mellow about it, they don’t even know its happening. You know what I mean? They get it by osmosis – more than you know, ‘you have to exercise five times a week.’ It just becomes part of their healthy lifestyle.

Sabrina’s philosophy of her children learning a healthy lifestyle by osmosis offers a crucial example of how her familial social class privilege engenders the tools and experiences necessary to live in a healthful way. Her explanation of the naturalised, taken-for-granted understanding of exercise, Valley View membership and food is illustrative of the lived experience of the upper middle-class. Further Sabrina’s comment describes a set of lifestyle practices emblematic of her family’s habitus and demonstrative of the transmission of particular cultural experiences that operate to form the habitus of her children. Moreover, it was clear through my interviews with the children that the ‘healthy lifestyle by osmosis’ tactic is a successful parenting technique. They all mentioned elements of the pool or swimming that contributed to them living a healthy lifestyle, indicating the successful transmission of their parents’ ideologies regarding the production of their habitus-generating lifestyle practices and healthy swimming bodies. Accordingly, through Valley View membership and the associated health-based learning opportunities, these families’ are able to facilitate an important investment in their children’s health, thus securing the embodiment of their familial social class privilege in and through their children.
A lifelong leisure pursuit
Like Kelly mentioned, all of the mothers definitely acknowledged swimming ‘is one of those great, great modes of exercise that you can do your whole life’, and explained, as Lila noted, swimming is the best lifelong sport ‘because you really can do it forever on your own and you don’t need a partner’. The lack of an age limit, its low-impact nature and the variety of ways to participate in swimming and water-based activity (i.e. competitive, leisure and aerobics) encourage lifelong involvement, thus lending swimming, as a physical activity, more prestige and exclusivity (Bourdieu 1978, 1984), and positioning it as an activity that has more utility than simply drowning prevention. Thus, through Valley View membership, parents are able to make an investment in their children’s corporeal futures by offering them the opportunity to cultivate their swimming bodies at a young age and promote lifetime swimming participation. Adding credence to this idea, Sarah told me:

I also love that it’s a life sport, because for me, being in very bad shape for many many years, it’s wonderful to have swimming to go back to. It’s one of the few sports you can come in and out of. You don’t have to be the best swimmer to still get a good [workout], you know? And that’s really important down the line. I think that they’ll appreciate that they have that skill. Elise, you know if she stops ice skating, she’s not going back in as an adult to skate for her exercise, she’s just not gonna do it.

Sarah alludes to the fact that her children can participate in swimming all their lives, over and above other activities that adults generally do not do. Moreover, she indicated, like the others, that her daughter will be exercising when she is older, and therefore alluded to swimming skills and experiences as investments designed to prepare Elise for a lifetime of being physically active.

Similar to Sarah’s sentiments about ice skating, the emphasis the mothers placed on swimming rather than other sports was evident. In one instance, I spoke with a mother at the pool who told me:

I like things like tennis and swimming and golf. You know, you’re not gonna play soccer – people don’t go, ‘oh I’ll see you tomorrow, you know we’ll all go play soccer when were 40’ ... but you can always swim laps in a swimming pool ... I mean, you’re not gonna become an incredible karate person, and you’re not gonna hip hop. So that’s why I like those things, those activities.

Consequently, through their parents concerted sport choices, these Valley View youth are developing an embodied habitus that operates under the taken for granted assumption of pool membership, and swimming skills as mandatory and necessary, over and above other forms of physical activity. This process is subtle and routine, and thus engenders a naturalised understanding of the health-related lifetime benefits of swimming, as well as facilitates the production of class-appropriate corporeal capital.

Injury prevention
The mothers also discussed the lifelong benefits of their children’s swimming bodies in relation to injury prevention. Many explained swimming as a low-impact sport that was more effective at combating future orthopaedic problems, again
signalling the life skill of swimming is an investment in their children’s future health. Kristen mentioned this idea:

[Swimming] is a great primary or alternative form of exercise when other forms are not an option. So, in the dead of winter when it’s too cold to go out for a run, but you know, if you have access to an indoor pool ... it’s a great thing to do when you’re injured and can’t run or bike or even ski, I mean all the therapeutic ways that people use swimming as form of exercise because it’s good on joints and all that. And yeah, that’s part of why I wanted them to be able to be good swimmers and have that as a form of exercise.

According to Kristen, the production of her children’s swimming bodies is related to their ability to be physically active, or healthy, even through injury, given her emphasis on fitness and physical activity as a necessary, routine lifestyle practice for her family. She also alluded to access to an indoor pool and a sport such as skiing as naturalised components of her lifestyle, again signalling her family’s class-based privilege. Similarly, Tracy told me of swimming:

You know it’s a lot of coordination, but its low impact so my kids aren’t gonna have injuries. I mean if they started running like they did swimming, you know I don’t know how they would fare from the pounding type injuries. I know little kids can get those, and that probably wouldn’t be good for them. But [swimming] is easy at their age for them to go and master.

Tracy is concerned about preserving her children’s bodies, and believes swimming will alleviate any orthopaedic issues her children may acquire from repetitive pounding. While swimmers can get injured like any other athlete, the mothers advocated the physiological advantages of swimming, and work to promote it in their children’s lives so they will embody a well-rounded source of physical capital that will enable them to be physically active in a variety of ways.

Through their comments, the mothers signal an effort to promote some forms of physical activity over others – for instance swimming over soccer – thus helping their children acquire the ‘right’ type of physique demonstrative of their social class privilege. Through physical capital, members of the dominant class are able to define their orientations towards the body and lifestyles as superior, worthy of reward, and as, metaphorically and literally, the embodiment of class (Shilling 1991, p. 657, emphasis in original). Physical appearance and healthy bodies serve as powerful, class-based illustrations of health-related practices and corporeal capital. Accordingly, for member families, Valley View is a valuable physical space in which parents have the opportunity to cultivate their children’s bodies into emblematic depictions of their healthy, upper middle-class lifestyle.

**Weight control and body image**

Dominant classes view ‘the body [as] an end in itself’, and therefore understand the symbiotic relationship between particular physically active pursuits and health (Giulianotti 2005, p. 163). Physical activity participation is associated with health, weight and corporeal confidence (Sabo and Veliz 2008). The Valley View mothers believe having their children involved in swimming is important because, like Sabrina felt, ‘your sense of wellness is enhanced by the act of movement of [the]
The mothers spoke about the connection between swimming and appearance. For instance, Heather said:

I mean I think it’s really good for their bodies. You know what’s great about swimming – I mean how cool is this? I have three girls who are not embarrassed to walk around in their bathing suits. Right? I mean how many other girls are in middle school or high school who hide, or wouldn’t be caught dead in a bathing suit? Or worry, I’m going to the beach, and worried about this, that, and the other thing. Yeah, think about it, they just throw on a suit and go out, that is so great, you know?! I mean in this day and age, when you’re looking at magazines where everybody has to have a perfect body, who cares! I love that.

Heather spoke to her daughters developing a sense of self-esteem about their bodies. She believed the pool was helping them grow up to be confident about the way they looked, even in an era where intense messages about having the perfect body are pervasive. Lynn made a similar comment to me recounting her seven-year-old son’s behaviour:

Evan is conscious of – he thinks he looks good and he’ll say that because of swimming. And you know people will say like, ‘look at that swimmer body, you know your shoulders are getting so broad,’ and he equates that to they’re saying ‘I look good.’ So sometimes he will walk around the house saying, ‘I’ve got a swimmer’s body,’ so he’s feeling good about what he’s doing and how he looks.

Lynn’s discussion of how her son Evan views his body in relation to swimming is important as they both believe swimming has changed his body for the better, and both his confident attitude and physique exemplify the embodiment of health. Similarly, Cathy explained how her son’s body changes over the summer:

Physically, I think it’s incredibly important. I look at their bodies, their bodies change every summer, Michael’s in particular. He trims down when he swims, and I fight my weight all the time so I don’t want them to have to do that ... also for boys who are not always as coordinated, it really can develop them with all the different strokes, and show them all different kinds of abilities and what you can use your body [for] and I think it makes you much more aware of your body than a lot of other sports, or at least more parts of your body. ... And while I don’t want them ever to be caught up in their physical appearance to too great of a point, I do want them to be healthy, and I do want them to be trim, and this really has taught them [that].

Cathy commented that her sons lack coordination and swimming is the perfect outlet for their aptitude, and indicates that weight management, body image and corporeal awareness and control are important, health-related considerations and embodied competencies she wants them to possess. The body, as a social product, can communicate particular understandings simply through physique, and thus being healthy, or displaying physical capital, sends a powerful message to others regarding one’s healthy lifestyle.

Many mothers emphasised the idea of weight at the pool. Nancy said, ‘nobody wants to be super fat in a bathing suit, let’s face [it], it’s true, it’s true. You know people – if you see everybody [at] Valley View, most of the people are healthy, you know, everybody’s fit’. Nancy uses the term ‘healthy’ to describe other members’ maintenance of an appropriate weight. Throughout all of the interviews, many of the mothers used the term healthy as a way to portray aspects of their children’s
bodies, and therefore I argue that it is important for them to have their children exuding embodied capital, and appearing healthy because this characteristic is an outwardly visible signal to others. For the Valley View mothers, being healthy means displaying an appropriate weight to height ratio, as evidenced by Sarah’s description of how the pool helps her manage and control her daughter’s weight:

Elise has had a weight problem now for about two years where we have been actively working with her. She does not know that, because we feel that would be very detrimental, and she’s not bad, but she’s always been on the high end of her curves – she’s always been in that upper 99 percentile of height and weight. But we’re at a point now where that can’t stay – like its natural when you’re a baby and you’re growing, but for a girl to be in that curve, is not a comfortable place. And our doctor had said, you know, it’s time, and we’ve really tried to make a lot of changes, but being at Valley View over the summer is a great way for her to just be active physically without even realizing it. I mean that kid has a better workout routine than I do, and I’m trying to lose weight! She just – it’s great, and she’s slimmed down already.

Through Sarah’s explanation of Elise’s weight issue, it is clear she has engineered the pool into her daughter’s life to combat a problem unbeknownst to her. In addition Sarah has internalised messages about weight and height percentiles and is striving to produce a form of healthy, physical capital in her daughter that is obvious through being thin. Similarly, Lynn explained:

Eddie, maybe more particularly because of his asthma, fluctuates with weight because of steroid use, and we went through a period of time, that he really was unable to be as physically active as he wanted to or we wanted him to be, you know? So now that he is improving and we’ve really, as a family, worked hard at more physical activity because he can do it, you know we see the benefits that he’s at a period where he’s growing a little bit, and not widening at the same time. On a day to day basis it’s hard to see, but if you look from like two months ago, he’s much better than he was, and we’re going the right direction. So from like a physical body perspective, [swimming] is great exercise for him, like I’m able to see – it’s slow – but some of the benefits.

Lynn, like Sarah, indicated the pool is a perfect activity for her son who needs to lose weight. These excerpts demonstrate a concerted maternal attempt to normalise children’s bodies, vehicles which serve as social markers illustrative of class status. Additionally, through their efforts and sentiments related to helping their children attain and maintain a healthy weight, the mothers illustrate their commitment to investing in their futures – physically, medically and socially.

As evidenced by Sarah and Lynn’s remarks, some mothers use the pool for weight maintenance, however others believe this is not necessary, yet the pool is still central in their lives because of its ability to enhance health and embodied capital. For instance, Kristen remarked of her family’s lifestyle:

We are active and fitness oriented, but unlike a lot of families that may be oriented that way, there’s no element of weight watching as part of it. Because we’re slim, and even if we – girls cover your ears when I say this – but I think even if we didn’t do anything active and we were terribly unfit, we would be thin.

Kristen emphasised that she is aware that her family is naturally slim but nevertheless, makes sure she is raising healthy upper middle-class children by employing physical activity as an important part of their lifestyle. Kristen’s comment to her
daughters to cover their ears is additional proof of her focus on producing healthy
children who do not have body issues, and are focused on physical activity for the
full range of benefits it offers.

Similarly, Rachel explained to me, ‘I don’t think that my kids have any weight
issues. Just genetically speaking, we have skinny genes. I want [my son] to gain
weight, hopefully he’ll gain muscle’. Rachel indicated her children are not over-
weight, but alluded to the opposite problem by expressing her dissatisfaction with
how thin her son is. During the course of my field work, she and her husband told
me on numerous occasions that they use swim team to help their son build muscle
and overcome his smaller physical size and weakness. In our interview, Rachel
again confessed, ‘his body holds him back a little, unfortunately. His mind, his
heart’s there, but his body just needs a chance to catch-up’. Rachel, with her
emphasis on her son gaining weight and muscle mass, speaks to the production of
class-based embodied capital. Ironically, through all of their comments regarding
the production of their children’s healthy bodies through swimming, the mothers
consistently discussed that they were not at all concerned about their children’s
swimming prowess or athletic aptitude. Thus, I argue the mothers illustrate a desire
to cultivate healthy bodies that are imbued with class-appropriate capital and serve
distinctive markers of their upper middle-class habitus.

**Embodied consumption habits and corporeal capital**

Throughout my time with the Valley View families, it was clear that food was a
very important component of their class habitus as it assisted in building embodied
capital, maintaining a healthy lifestyle and teaching children healthy habits. These
upper middle-class families utilise their economic and cultural capitals in purchasing
what they believe to be the right foods to build physical capital in the form of
strong, healthy children. Members of the dominant class more often adhere to food
dietary guidelines in deciding what to consume, and moreover, women who have
young children tend to make better food choices for themselves and their families
than does any other group (Roos et al. 1998). Learning and acquiring tastes for
class-based appropriate foods contributes to the production and development of
one’s habitus (Bourdieu 1989). Therefore individual choices and consumption pat-
terns of cultural goods, such as food, are markers of class status and ‘indicator[s] of
both taste and lifestyle’ (Bourdieu 1984, p. 177). Nutritional behaviour and physical
activity are both related to the production and possession of cultural capital given
‘values attached to health, knowledge about health effects of certain food products
and norms that guide health behaviours are all cultural resources that structure peo-
ple’s preferences and choices’ (Abel 2008, p. 3). Accordingly, the mothers dis-
cussed their pool membership in relation to food choices and their children’s
healthy lifestyles and swimming bodies.

Countless mothers mentioned to me over the years they wished the ice cream
truck would stop coming to Valley View once an hour because their children were
so tempted and they did not like to have to continually say No. Tracy told me she
‘wish[ed] the smoothie truck would come instead’. Many explained to me they had
rules about the ice cream truck, for instance, their children were allowed to get
something once per week, or they could only get clayboys because they were
healthier. Sarah emphatically explained to me:
my kids know [when] the ice cream truck comes around it’s a no ... I’m just not going
to succumb to that anymore, because that was counter to what we were getting. But
we do – if clayboys comes I don’t mind. Clayboys is like always the exception
because it’s not as bad, and it’s tastier and whatever ... Especially with our goal for
Elise, why would I put myself in that position?

All of the mothers expressed the same sentiments as Sarah in terms of food at the
pool. Many explained that over the past few summers their children had learned
boundaries with ice cream at the pool, and in fact, the more active their children
were, both playing and in pool programmes, the less they wanted this unhealthy
snack. Sarah continued, noting that Valley View was:

a very healthy place to be. It’s also healthy because it doesn’t have access to a lot of
the foods and different things that you might do at different places. You know we’re
out of the house, we don’t bring a lot of junk at the pool, we don’t have bags of chips
– I would bring nothing rather than bring a lot of that stuff. So we’re not like swim-
ning for an hour and eating it right back, and we come home and they’re hungry for
real food. Like if I grill something, they’re all gonna eat whatever it is, and that’s not
always the case otherwise, you know? But I think it’s promoted a good healthy feeling
from them, it’s a healthful way to spend a summer I think.

Like Sarah discussed, many mothers preached the value of a healthy diet for their
kids and detailed how they implemented fresh fruits and vegetables in their chil-
dren’s meals. The mothers’ tastes for particular foods are in accordance with their
social position as their economic and cultural capitals have allowed them to make
certain choices. They implement particular foods in their children’s diets because of
their effect ‘on the body, that is, on its strength, health and beauty’, or their ability
to cultivate embodied, physical capital (Bourdieu 1984, p. 232).

In addition, through children’s class-based patterns of food consumption, they
come to gain an important sense of cultural capital that will help them make healthy
choices in the future. For instance, Barb explained how her kids are extremely
healthy eaters and consume a lot of ‘brain foods’:

They have to ask me every time they want something sweet, and we limit sweets, and
we limit fruit juices. Our kids are fabulous eaters, they’ve been eating avocados since
they were two or two and a half – chunks of it every night on their plate unless I do
something else green like broccoli. They love broccoli, they love avocado, they love
carrots, they love, they just love salmon, they’ve been eating salmon since they were
two and a half. So a lot of the brain foods I’ve been giving them ... a lot of people
are so impressed that they love salmon, and they both love it so much, they ask for it.

The mothers believe that educating their children about healthy choices now will
pay off in the future. For example, Rachel explained to me:

My mother-in-law has so many health issues, she has not taken care of herself over
the years, so we make it a point to tell [the kids] the repercussions, the things that
happen. Because they don’t know as kids – they eat all these grapes and they eat
all this stuff, and here’s why. They’re too young to know what’s gonna happen. I
think their astounded when other kids don’t like strawberries or they don’t eat other
fruits – they’re like, ‘what?’ I mean Sasha’s like, ‘doesn’t everyone love strawberries?’
And I’m like ‘some kids don’t eat fruit at all.’ So we kind of talk to them about
everything that’s going on in that sense.
Rachel’s description of how health and food are interrelated is important to understand how these mothers use teachable moments to educate their children on their version of a healthy lifestyle. Moreover, her explanation demonstrates that there is a class-based ideology to food consumption as she remarks that there are some people who do not eat any healthy fruit. Through discussions with the children it became evident that their mothers’ class-based food consumption practices had not only been understood, but also practiced given they all told me about healthy foods, health-related practices and how swimming makes you a healthy person.

Multiple mothers, like Reilly, explained their children ‘definitely know what healthy food is’, and the difference between healthy and unhealthy food. Margaret believed her work to educate her daughter on a healthy lifestyle will ensure ‘when I’m, gone, she will know the difference between good food and bad food, exercise and no exercise. … Those two things will be there, because I’ve planted them since they were tiny’. Margaret felt that this knowledge will help her daughter to be in ‘the best state that she can for her DNA’, meaning she will be and appear as physically healthy as possible. Margaret’s comment illustrates that she felt her job as a mother is to instill healthy habits in her daughter so that she may grow up into a healthy, physically active adult possessing class-appropriate corporeal capital.

An additional consumption habit related to participation at Valley View, as Heather remarked, is ‘you’re not allowed to smoke at the pool, you’re not supposed to have alcohol at the pool’, and so for those reasons, the pool also serves as a mechanism to reinforce healthy habits. The emphasis on avoiding alcohol and smoking are a reflection on individual choice and are related to class-based consumption practices. Abstaining from smoking, drinking and maintaining a proper diet and engaging in exercise comprise a ‘pattern of practices that constitutes a lifestyle’ (Cockerham 2000, p. 1314). Ultimately, the women’s choices and attitudes towards their children’s consumption are not only emblematic of their social position, but also an illustration of their unconscious lifestyle tastes and practices integral to their upper middle-class habitus. The mother’s concerted attention to their children’s diets, and the way in which they believe Valley View membership reinforces a healthy lifestyle, illustrates their intensive efforts to transmit and reproduce important embodied cultural capitals in and through their children for the purposes of building distinctive physical capital.

**Conclusion: reproducing happy, healthy kids**

Overall, the Valley View mothers indicated that they engage their pool membership to help shape their children’s swimming bodies through the development of ‘life skills’ in the form of swimming ability, and techniques related to weight control, body image, lifelong participation and an array of healthy consumption practices – all of which signify valuable cultural practices and dispositions emblematic of their upper middle-class habitus, and more specifically, their view of ‘the body [as] an end in itself’ (Giulianotti 2005, p. 163). Parents are able to transmit these valuable markers of their privilege through Valley View because they believe, like Cathy put it, ‘[the pool] supplements and enforces our value system’. Tracy offered, ‘[Valley View] definitely plays into what I guess our aspirations are for [the kids] ... there’s a lot going on, on a daily basis there that can contribute to the type of people we want them to be’. Without exception, the mothers indicated that participation at Valley View helped them (re)produce happy, healthy kids, and thus, it became clear
that membership operated as an investment in the successful (re)production of their children’s health and happiness. Universally, all of the mothers told me some variation of, as Lila explained, ‘my overall goal for them is for them to be healthy, happy, well-adjusted kids and adults’, or like Jessica noted:

I want them to happy and healthy. I think that’s sort of in line with the pool, like I want them to enjoy it, and be nice to each other. The pool does encourage a lot, like healthy, being outside, it’s fun, it’s a good family activity.

The mother’s insistence on their children’s health and happiness is characteristic of their class-based sensibilities (cf. Irwin and Elley 2011), and those that are represented in this project generally believe as long as their children are both happy and healthy, they will have been successful parents who raised successful children.

For these mothers, being healthy is a crucial component of being happy. They view their pool membership as an important investment in the (re)production of their health-oriented upper middle-class habitus and a vehicle to facilitate the acquisition of a deeply important, class appropriate sense of physical capital. Embodied capital ‘implies a labour of inculcation and assimilation, costs time, time which must be invested personally by the investor’ (Bourdieu 1986, p. 244), and as a result, bodily maintenance through health, exercise and diet is a powerful, demonstrative symbol to others. Accordingly, children’s healthy bodies through swimming at Valley View are emblematic of a distinctive, healthy lifestyle and thus, class-based superiority. The mothers have strategically engaged the pool as an important cultural context which serves to reinforce and reproduce their social class privilege through the cultivation of their children’s swimming bodies and healthy lifestyles.

**Limitations and future directions**

This project was limited by my decision to interview mothers and children, but not fathers. Data gathered from fathers could offer a very informative and interesting source of information adding credibility and insight to this type of research. Fathering through leisure sites has been identified as an understudied, yet powerful parenting opportunity (Coakley 2006, Kay 2006a, 2006b, 2007, Harrington 2006), and should be a consideration in future research. Additionally, future endeavours should investigate the link between sport/leisure participation, family and health in a variety of different recreational and community settings with many different constituent groups (e.g. races/ethnicities, social class groupings, ages, dis(abilities), etc.) to better understand how all individuals and families engage and promote healthy lifestyle practices. Lastly, based on the research and conclusions generated from this project, I advocate scholars explore additional empirical applications of Bourdieu’s concepts. His theories provide a powerful framework from which to analyse class-based practices centred on sport, physical activity and family life that result from research based on field work and lived experience.

**Notes**

1. Swimming participation has received relatively little academic attention, however there has been work considering parental support of age group swimming (e.g. Power and Woolger 1994; Dukes and Coakley 2002), examining attrition in youth swimming (e.g. Gould et al. 1985), understanding the myths effecting minority swimming participation
(e.g. Irwin et al. 2009), drowning inequalities based on race and class (e.g. Hastings et al. 2006) and the history of swimming and pools in the USA (e.g. Wiltse 2007).

2. Physical, embodied and corporeal capital are all used interchangeably to describe this concept within the context of this article.

3. Club name and participant names are pseudonyms in order to protect participants’ anonymity.

4. The metropolitan area where Valley View is located features the number one- and two-ranked US swimming age group club teams in the country. Additionally, it also has one of the largest, most developed summer swim leagues in the USA with approximately 90 swim clubs in the county. Within two miles of Valley View alone, there are four other swim clubs which are almost identical in terms of fees, club layout and membership demographic.

5. The summer of 2009 was the final summer of field work as well as the time frame for all interviews.

6. There are competitive opportunities for children at Valley View; however, members who participated in this research largely reported their club membership to function primarily as a form of family leisure time and socialisation, with the sport component a distant second though many of their children participated on the teams.

7. The 2006–2008 data was the most up-to-date information available at the time when the interviews were conducted.

8. The 2007 data was the most up-to-date information available at the time when the interviews were conducted.

9. As is often the case with middle and upper middle-class youth, the Valley View children participate in multiple organised sports and activities in addition to swimming, particularly during the school year. However, within the scope of this article, I believe that it is pertinent to discuss only their involvement in swimming as that was the main sport/activity that all children participated in during the summertime. Other summer activities included day camps and family vacations, but very few organised activities.

10. From my perspective as the researcher/ethnographer, I do not believe that any of the children in the families I interviewed were overweight or had any weight issues at the time this research was conducted.

11. Clayboys are shaved ice covered in flavoured syrup served in a cup with a Swedish Fish on the bottom. They are a Valley View tradition and are served out of the back of a pick-up truck that plays Harry Belafonte’s calypso song, ‘Day-O’, as it drives into the pool parking lot.

Notes on contributor

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