



“If your shoes are raggedy you get talked about”: Symbolic and material dimensions of adolescent social status and health[☆]

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ABSTRACT

This paper examines the interaction of symbolic and material dimensions of social status for African American adolescents and its relationship with blood pressure. Mixed ethnographic methods were used to develop cultural models of social status for urban African American teens in a predominantly African American lower-income community west of Chicago. Resting blood pressure and covariate data were collected, as well as standardized measures of perceived stress and social standing. Findings show that, adjusting for covariates, adolescents' consumption of symbolic status goods is significantly associated with their blood pressure, dependent upon parental economic resources. The political economy of status consumption, the underlying contexts of racial and economic inequality, and the implications of these findings for health disparities are discussed.

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Introduction and background

Health inequality has become a central public health concern in the United States, and is the focus of research spanning biomedical and social science fields. Across multiple indicators of health, and with respect to both race/ethnicity and socioeconomic class, disadvantaged groups in the US have poorer health outcomes and higher mortality rates than those more advantaged. African Americans, for instance, have higher mortality due to heart disease, cancer, and stroke than any other racial/ethnic group (AHA, 2005; CDC, 2007; Mensah, Brown, Croft & Greenlund, 2005); those with lower economic status have higher mortality than those higher on the economic ladder (Adler, Boyce, Chesney, Cohen, Folkman & Kahn 1994; Adler & Ostrove, 1999); and areas with higher relative economic inequality have lower average life expectancy than those with more equitable income distributions (Kawachi & Kennedy, 2002; Marmot, 2001; Wilkinson, 1992). These patterns overwhelmingly point to social determinants as primary underlying causes of health inequalities; in particular, the harsh realities of

social, economic, and racial inequality in US society and the complex ways in which those inequalities overlap and intersect.

Chronic stress is posited as one likely pathway linking social inequities with disparities in disease and mortality (Marmot & Wilkinson, 2001; Siegrist & Marmot, 2004). The association of stress with health is thought to be mediated through both physiological changes (McEwen, 2001) and psychological distress (and associated negative health behaviors, such as alcohol and tobacco use) (Everson-Rose & Lewis, 2005; Rozanski, Blumenthal, Davidson, Saab & Kubzansky, 2005; Rugulies, 2002). Increasingly, this chronic stress pathway is being considered in a life-course perspective, recognizing that stress during critical periods early in life can prime stress responsivity and influence emotional, behavioral, and physical health outcomes later in life (Barker, 1990; Kuzawa & Sweet, 2009; Pollitt, Rose, & Kaufman, 2005; Romeo & McEwen, 2006).

The specific ways in which social and economic inequality result in stress, however, are still under investigation. Relative deprivation, in which social comparisons with individuals of higher economic standing result in negative emotional states (Runciman, 1966), is one hypothesized mechanism. In research on relative deprivation, and in much health inequalities literature in general, income is the most commonly used measure of economic status. However, income measures, while useful, ignore the more Weberian notion of status, or symbolic presentation of social position (Weber, 1978 [1922]), which may play an important role in status-based social comparisons. This notion of social status, or

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'symbolic capital' (Bourdieu, 1984), includes the consumption and display of both lifestyle behaviors and material goods. Exploring this domain necessarily includes a consideration of culture and the extent to which status symbols are woven into the cultural fabric of particular communities as a shared understanding of their meaning. Anthropological research has demonstrated associations between material lifestyle and health (Dressler, 1988, 1990; Dressler & Bindon, 2000), suggesting the potential utility of this area for understanding health inequities.

This paper explores the role of symbolic capital in health inequality by examining its intersection with conventional measures of economic status in relation to health. Based in a life-course understanding of health, the study examines how symbolic and material dimensions of status relate to blood pressure for African American adolescents. By utilizing a mixed methods approach to operationalize culturally salient markers of symbolic status, this study explores another dimension along which stressful social comparisons can be made.

Methods

This study was conducted in Maywood, Illinois, a predominately African American, lower-income community west of Chicago. Like many communities in the Chicago area, the population of Maywood was heavily shaped by rapid demographic shifts after World War II, with dramatic white flight following an influx of southern African American migrants. While there were no black residents in Maywood at the turn of the 20th century, the African American population grew to 84% by 1990 (Guarino, 2004). Throughout much of this shift, the American Can Company and other small manufacturing industries in the community sustained relatively stable working- and middle-class employment opportunities. But in the latter half of the 20th century Maywood saw a significant economic downturn, with most of the major retailers and manufacturing employers leaving by the 1970s (Guarino, 2004). Today, this community of approximately 27,000 has a median family income of \$46,000 and median individual income of approximately \$17,000. Sixteen percent of youth in Maywood live below the poverty line and 23% of the school district is classified as 'low income' (US Census Bureau, 2009).

Cultural models of status

To understand how symbolic aspects of status influence adolescent health in Maywood, I conducted a multi-part study using the cultural consensus (Romney, Weller, & Batchelder, 1986) and consonance approaches (Dressler, 1996). These biocultural anthropological approaches combine qualitative and quantitative methods to define models of beliefs that are widely shared in a particular community. The approaches are innovative in that they allow cultural domains to be operationalized quantitatively, and explored statistically in relation to health measures, while still drawing on ethnographic insights.

I employed the consensus and consonance approaches across three phases of data collection and analysis: 1) an elicitation phase, in which individual models of social status were described in semi-structured ethnographic interviews, 2) a survey phase in which cultural consensus was tested, and 3) a consonance phase, in which cultural consonance, biomarkers, and covariates were measured. For all phases of research, high school adolescents, aged 14–18 years, were recruited from either an after-school arts program in Maywood or one of the two local high schools. The Office for the Protection of Research Subjects at Northwestern University approved all phases of research, and both parental consent and

adolescent assent were acquired from all participants. All data collection occurred between February and October 2006.

Phase 1: elicitation

Consistent with recommended sample sizes for eliciting cultural domains and establishing consensus (Weller & Romney, 1988), 20 students participated in the first phase of the study. All interviews were conducted privately in an empty classroom and recorded digitally. Interview participants were asked to think about peers at their high school and to respond to questions, such as "describe the kids at your school that have high status" and "what are the things that make someone have high status, or be popular, at your school?" Individual free-lists of status indicators were extracted from each transcribed interview. These individual lists were then pooled into large composite lists, consisting of every item listed by every participant.

Phase 2: consensus

In the second phase of research, the extent to which individual models of status were shared among adolescents in the community was formally tested using a general application of cultural consensus analysis (Handwerker, 2002). Forty-eight participants completed a survey in which they rated on a three-point scale ("1 – not important", "2 – somewhat important", or "3 – very important") the importance of items elicited in phase one interviews as indicators of social status for youth in their community. Consensus analysis was then performed by factor analyzing the survey data using STATA Statistical Software (StataCorp, 2003), with individuals treated as variables in order to assess inter-respondent agreement. A focus group with 15 teens was conducted at the conclusion of the consensus phase to confirm that the results seemed appropriate and to facilitate the interpretation of results.

Phase 3: consonance

109 adolescents participated in the third phase of research. In this phase cultural consonance, or the extent to which individuals were consistent in their own behavior with the agreed upon cultural model of status, was measured. To measure consonance in social status, participants were asked to report (yes/no) whether they participated in activities and behaviors or whether they owned material consumer items that were determined to be culturally salient indicators of social status. Consonance scores were computed as a sum of each individual's survey responses, weighted by each item's average consensus score from Phase 2. In addition to this composite measure, subscales of consonance were formed by factor analyzing items in the cultural model to determine if there were constellations of material goods and behaviors that tended to co-occur in adolescents' reported ownership and activity.

Covariates and biomarkers

Parents of study subjects completed demographic questionnaires that were returned with informed consent materials. Parental socioeconomic status was assessed from self-reported occupation and, when that data was missing, adolescents' reports of their parents' occupations. Parents' occupation was used as the measure of SES in this study for two reasons: 1) While the parental demographic survey asked for self-reported income, many respondents opted not to report this sensitive information; 2) While income and educational attainment capture only single dimensions of economic standing, occupation data can be transformed into a more general measure of SES using the Nam–Powers–Boyd (NPB) Occupational Status Scale (Nam & Boyd, 2004). The NPB scale computes a score for every census-listed occupation in the United States based on

information regarding the median income and educational levels associated with each occupation. As such, the NPB provides a measure of general socioeconomic status, rather than simply occupational prestige. Scores on this scale represent a percentile ranking among the list of all occupations, and range from 0 to 100.

The Subjective Social Standing (SSS) Scale Youth Version (Goodman, Adler, Kawachi, Frazier, Huang & Colditz, 2001) was also used in this study in order to compare the cultural consonance measure with an existing adolescent social status instrument. The SSS consists of two questions, in which participants are presented with a picture of a nine-rung ladder, and are asked to rank the relative social standing of themselves (within their school) and their family (within society). This instrument has been found in previous studies to be associated with depression and obesity in adolescents (Goodman et al., 2001).

The 10-item Cohen Perceived Stress Scale was used to measure individual perceptions of stress (Cohen, Kamarck, & Mermelstein, 1983). This instrument is widely used in stress research, has been used with adolescent samples, and shows very high validity and reliability (Cohen, 1988; Roberti, Harrington, & Storch, 2006).

Blood pressure measures were the primary health outcome in this study and consisted of the average of three seated, resting readings from a validated, automated monitor (Omron HEM-711, O'Brien, Waeber, Parati, Staessen & Myers, 2001). Covariate data were also collected. Height (cm) and weight (kg) were measured and used to compute body mass indices. Smoking status was assessed via self-report. Estimates of physical activity levels were obtained from the two-question PACE + physical activity measure, which asked participants to self-report how many days (0–7) in the past week they had been active for at least an hour, as well how many days in a typical week they are active for at least an hour. These two variables were then averaged to create a single measure of self-reported physical activity (Prochaska, Sallis, & Long, 2001). Multiple regression analyses examining the relationship between blood pressure and culturally salient social status controlled for the effects of all covariates.

Results

Interviews

Adolescents in Maywood described social status as including behavioral elements of social prestige, such as hanging with a popular crowd, being in the junior or senior class in their high school, and being a basketball or football player or a cheerleader. But material goods were the most consistently and frequently mentioned indicators of social status, and seemed to have the most relevance to psychosocial stress because of their utilization in peer stigmatization. Teens described wearing brand name clothing as being particularly important for the display of social status, including specific clothing and shoe brands, such as BabyPhat, Girbaud, Ecko, Rocawear, Apple Bottoms, Air Force One's, and Jordan's. In addition to name brands, other aspects of physical appearance were also described as signals of status, such as having well styled hair and clean, new clothes and shoes. Higher-priced material goods, such as nice cars, cell phones, iPods, and laptop computers were also important visible markers of social status for Maywood teens.

In general, adolescents in Maywood described having high social status as looking and acting the part, including having the resources to keep up with the latest looks and trends. As one participant said, "It's a whole big thing, like if you're not up to date you're not cool" (Participant #1, interview with author, March 2006). Some respondents elaborated on specific examples of keeping up to date with a high status image:

Cell phones. The latest – that's the most important thing... if a new cell phone come out, people will stop their plan – in order

to stop a plan it costs like \$250, then to start a new plan it costs like another \$250, then the phone is like \$300, and people do all this just so they can have the latest phone.

(Participant #10, interview with author, March 2006)

Consensus

Consensus analysis of the status indicators described in ethnographic interviews revealed that the adolescents in this study strongly shared a cultural model of social status. Typically in consensus analysis a ratio of the first to second eigenvalue of 3:1 is the standard threshold for establishing consensus (Weller & Romney, 1988). For this sample, consensus results produced a ratio of almost 74:1 (factor 1 = 47.73, factor 2 = 0.65). This remarkably high level of inter-respondent agreement is not entirely surprising given the somewhat closed, micro-social environments that high schools represent. But nevertheless, it strongly indicates that the first factor represents a latent construct of shared cultural meaning for these youth, and underscores the highly localized contexts in which status can have meaning.

The complete cultural model of status, based on the results of consensus analysis, is presented in Table 1, including the average of each item's importance rating (1–3, as described above), weighted by each individual participant's correlation with the overall model. Status indicators in the cultural model included material consumption items, such as K-Swiss shoes and several brands of cellular phones, as well as behavioral markers, such as being on a sports team and going to house parties.

Consonance and biomarkers

Table 2 summarizes sample characteristics for the 109 adolescents who participated in the consonance and biomarker phase of the study, including blood pressure. While diastolic pressures for

Table 1
Cultural model of status; status indicators and weighted average scores.

Social status indicator	Score
K-Swiss brand shoes	2.29
iPod	2.17
Being on the track team	2.15
Hanging out at a restaurant with friends	2.14
Having a nice car	2.09
Being a senior or junior	2.09
Being a member of a dance troupe	2.07
Being involved in school activities	2.07
T-Mobile cell phone	2.05
Sidekick (mobile technology device)	2.05
Laptop computer	2.05
Being a cheerleader	2.02
Having a big truck (Escalade, Expedition, etc)	2.01
Not being too skinny or overweight	2.01
Going bowling with friends	2.01
Being on the football team	2.00
Bluetooth	1.98
Playing laser tag with friends	1.98
RAZR cell phone	1.96
Getting good grades	1.95
Hanging out with a popular crowd	1.92
Unlisted brand shoes	1.92
Ecko brand clothes	1.92
Going to the club 'Nitro'	1.89
Being in a gang	1.88
Talking about kids at school	1.87
Going to house parties on weekends	1.87
Acting like you have money	1.87
Having money	1.82
Juicy brand clothes	1.82
Being on the basketball team	1.78

Table 2
Sample characteristics; means (sd) or % for total sample and by gender.

Variable	Boys	Girls	Total
Consonance – status	27.82 (8.16)	29.10 (9.65)	28.71 (9.20)
Mother's occupational status (SES)	47.64 (30.63)	47.45 (25.57)	47.5 (26.86)
Father's occupational status (SES)	46.48 (31.92)	41.89 (26.66)	43.19 (28.10)
SSS – student	7.03 (1.30)	7.49 (1.90)	7.35 (1.74)
SSS – family	6.32 (1.3)	6.13 (1.62)	6.18 (1.53)
Perceived stress scale	20.94 (6.58)	23.33 (6.98)	22.58 (6.91)
SBP*	132.2 (11.03)	119.57 (10.44)	123.47 (12.09)
DBP	69.82 (8.32)	70.20 (9.68)	70.09 (9.25)
Height*	177.34 (7.23)	164.51 (6.60)	168.43 (9.00)
Weight*	77.48 (21.07)	68.33 (19.14)	71.13 (20.09)
BMI	24.68 (6.96)	25.15 (6.52)	25.01 (6.63)
Age	16.73 (0.67)	16.92 (1.22)	16.86 (1.08)
Physical activity (days/week)*	4.83 (2.14)	3.97 (2.09)	4.18 (2.40)
% Smokers*	18%	3%	7.4%
N	34	75	109

* $p < 0.05$ for gender difference.

both genders were average compared to national age- and height-matched samples, systolic pressures were high (NIH, 2005). In particular, the average SBP for boys in this sample (132.2 mmHg) was between the 90th and 95th percentiles compared to national data. Mean BMI for this sample was above the 50th percentile for an age-matched national sample, and there were no significant differences between boys' and girls' BMI.

The mean cultural consonance score for social status was 28.71 (sd = 9.2). Subscale factor analyses revealed groupings of items that seemed to represent different kinds of status identities within the school. In particular, these subscales seemed to show a distinction between signs of general social popularity and markers of truly high symbolic status. A focus group also confirmed the meaning of some of these different groupings; in particular the meaning of certain items – Juicy brand clothes, Razr phone, etc – as being considered especially expensive and “high-status” (see Table 3).

Both mothers' and fathers' mean Nam–Powers–Boyd socioeconomic status scores are consistent with, but slightly lower than, national averages of 51.0 for men and 48.8 for women (Nam & Boyd, 2004). Participants' ratings of their subjective social standing (SSS) within their school (mean = 7.35) were consistent with other published data from an adolescent sample (mean = 7.6), but subjective ratings of their family's standing within society (mean = 6.18) were lower than for other adolescent samples (mean = 7.2) (Goodman et al., 2001). Mean Perceived Stress scores for this sample (22.58) were slightly lower than those reported for another African American adolescent sample (mean = 25.2; Goodman, McEwen, Dolan, Schafer-Kalkhoff & Adler, 2005).

In multiple regression analyses adjusting for covariates, neither the composite measure of cultural consonance in social status nor parental economic status were associated with adolescent blood pressure. Consonance with the “high-status” subscale was significantly associated with higher diastolic pressure (see Table 4).

Table 3
Subscales of social status; status indicators and (factor loadings).

“General popularity” factor	“High-status” factor
K-Swiss shoes (0.31)	Juicy brand clothes (0.44)
Nextel phone (0.51)	Nice car (0.38)
Sidekick (0.31)	Razr phone (0.72)
Talking about people at school (0.62)	T-Mobile phone (0.51)
Going to parties (0.71)	Bluetooth (0.67)
Having money (0.31)	
Hanging with a popular crowd (0.32)	
Going to Club Nitro (0.66)	
Going out to eat with friends (0.36)	

Interactions between parental SES and adolescent status consonance showed relationships with both systolic and diastolic blood pressure. In particular, consonance with the “high-status” subscale of consonance was associated with blood pressure in interaction with parental socioeconomic position ($p = 0.04$ for interaction for SBP, $p = 0.00$ for DBP, see Table 4). For both systolic and diastolic blood pressure, being consonant with the “high-status” subscale – in other words, owning several of the material items in that subscale – was significantly associated with higher blood pressure if parental economic status was low, but with lower blood pressure if parental SES was high, adjusting for covariates (see Fig. 1).

Neither of the subjective social standing scales predicted systolic or diastolic blood pressure. Perceived Stress was also not significantly associated with either systolic or diastolic blood pressure. The implications of these findings, and the mechanisms through which associations between material consumption and health may operate, are discussed below.

Discussion

The findings of this study show a significant association between adolescent material status consumption and blood pressure, moderated by parental economic status. For youth whose parents have lower economic standing, there is an eight-unit difference in systolic pressure and ten-unit difference in diastolic pressure across the entire range of symbolic consumption levels. These magnitudes are not insignificant; in adults, every 20-unit increase in SBP and 10-unit increase in DBP has been shown to double the risk of cardiovascular disease mortality (Lewington, Clarke, Qizilbash, Peto & Collins, 2002). The average systolic pressure of 128 mmHg for lower-income youth at the highest levels of symbolic status is also clinically significant, since it is well above the 117 mmHg (for boys) and 112 mmHg (for girls) averages for age- and height-matched national samples. Additionally, blood pressure in youth tends to strongly predict blood pressure in adulthood (Bao, Threefoot, Srinivasan & Berenson, 1995), underscoring the importance of the present findings for not just the current health of these adolescents but their future health as well.

Consumption and health: cultural symbols of inequality matter

The findings of this study resemble classic examples of status inconsistency, in which incongruities between different aspects of an individual's social status (high level of education but low income, for instance) are considered stressful (Dressler, 1988; McDade, 2001). In previous research, indices of physiological stress or poorer health have been found to be associated with several status inconsistency situations, including incongruities between income and material lifestyle (Dressler, 1988), skin color and socioeconomic status (Dressler, 1991; Gravlee & Dressler, 2005), and traditional and Western markers of prestige in

Table 4
Multiple regression results: Systolic blood pressure predicted by the interaction of status consonance and parental SES, adjusting for covariates.

	Systolic blood pressure		Diastolic blood pressure	
	B	p	B	p
BMI	0.68	0.00	0.72	0.00
Female	–15.49	0.00	–0.92	0.64
Age	–0.99	0.30	–0.92	0.22
Smoker	–8.13	0.08	–0.08	0.98
Physical activity	0.23	0.68	0.29	0.51
“High-Status”	2.80	0.21	4.85	0.01
Parent SES	–0.04	0.32	–0.01	0.75
High status × SES	–0.08	0.04	–0.10	0.00

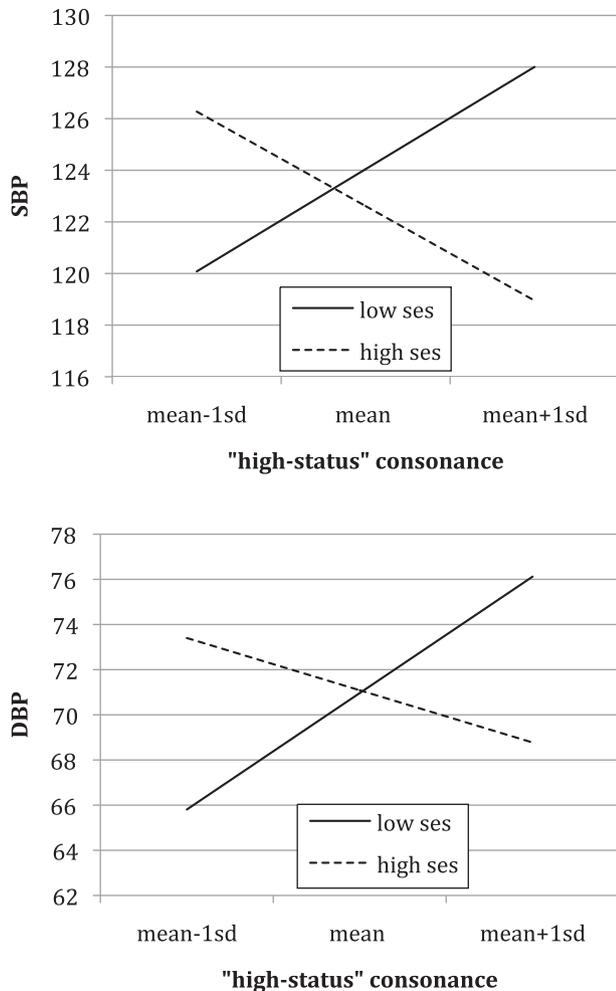


Fig. 1. Relationship between “high-status” consonance and blood pressure at different levels of parental SES; adjusted, predicted values at mean consonance and mean \pm 1 standard deviation.

societies experiencing rapid cultural change (McDade, 2001). In the present study, adolescents in the most inconsistent position (high status consonance and low parental SES) are the worst off in terms of their blood pressure, suggesting that individuals occupying that conflicting position may be experiencing stress.

The observed findings could also represent financial strain at the family level for those adolescents consuming higher-priced symbolic status items beyond the objective economic means of their family. Veblenian and more contemporary analyses of status consumption, especially in times of high economic inequality, support this interpretation. Veblen (1899) argued that as incomes rise at the top of the economic ladder, so does conspicuous consumption and, concomitantly, emulation of upscale status norms by those lower in the economic scale. Schor (2007) has suggested that this process of “competitive consumption” places extensive strain on lower- and middle-income budgets and encourages debt accrual. Over the long term, the financial strain of trying to meet social status consumption norms that are beyond actual economic resources can certainly constitute a site of chronic psychosocial stress, with the potential for adverse health consequences.

However, absent any data on how much money Maywood adolescents actually spend on these ‘high-status’ goods vs other more ubiquitous status items, the added financial strain from consuming these goods could be relatively modest. The findings could also represent the chronic frustration, or stress, of striving for

social status through symbolic means that fails to alter actual class or status positions in society. This phenomenon of striving against insurmountable odds, and the psychological stress associated with that situation, has also been referred to as high-effort coping or John Henryism. Often employed with respect to African Americans coping with contexts of institutionalized racism, measures of John Henryism have shown some associations with health outcomes (James & Thomas, 2000), suggesting that this may indeed be a health-relevant source of psychosocial stress.

Consumption, economic inequality and race

All of the scenarios described above posit stress as the most likely mechanism linking the observed inconsistent social position (thought to be inherently stressful) with adolescent blood pressure. It is of course possible that pathways other than stress, such as direct material influences on health, are involved in this relationship. Regardless, it is clear in these findings that there is something unique about the interactive relationship between symbolic and economic markers of status with regard to health. Thus, in light of these findings, it is important to place status-oriented consumption, or symbolic capital accumulation, into political economic context as both symptomatic of and complicit in patterns of high economic inequality (Carrier & Heyman, 1997; Chin, 2001; Harvey, 1990; di Leonardo 1998).

Just as when Veblen theorized about conspicuous consumption at the end of the 19th century, economic disparities are again dramatic (Piketty & Saez, 2003), due primarily to the widespread dominance of neoliberal policies during the past 30 years (Harvey, 2007; di Leonardo 2008). Between 1975 and 2005 real incomes rose 81% for the top 5% of American families, while during that same period, real incomes for the bottom fifth of the distribution declined by 1% (DeNavas-Walt, Proctor, & Smith, 2007; US Census Bureau, 2006). And this economic inequality has a strong racial dimension, as the median family income for African Americans continues to be less than 60% of that of white families (DeNavas-Walt et al., 2007; US Census Bureau, 2008).

In contemporary, highly deregulated neoliberal economies, governed by what David Harvey (1990) refers to as “flexible accumulation,” both the production and consumption of commodities are accelerated; consumers are encouraged to keep up with the fast pace of globalized product creation and distribution, and the strategic creation of fragmented age-, gender-, racial/ethnic-, and class-defined consumer pools and niche markets participates in the acceleration and intensification of consumption (Harvey, 1990; Lee, 1993; di Leonardo, 1998). This pattern of intensified consumption helps to reinforce the same economic inequalities that led to its creation, by helping to perpetuate capital accumulation and the concentration of wealth at the top of the economic ladder. As Brett Williams (2008) has said, “The economic context that makes consumption the engine of the economy also makes many people poor” (p. 3).

At the same time, widening economic disparities make it more difficult for those of lower-income to attain consumer status goods. Juliet Schor (1998) has described the problem of having consumption norms defined by an increasingly wealthy upper class. As Americans aspire to the lifestyle of top income earners, “millions of us have become participants in a national culture of upscale spending” (p. 4). The wider income disparities grow, the more unattainable consumer status norms become for the non-wealthy and the greater the financial hardship associated with trying to meet them.

Under these conditions, consumer symbols of status are an important site in which inequality has cultural meaning and where that meaning is negotiated and experienced by individuals. For youth in Maywood, many of the material items they consume can

be linked to youth- and race-targeted marketing strategies – one aspect of the broader capitalist logic that helps create racially and economically segregated communities like Maywood (Chin, 2001). But for these youth material and symbolic markers of status are also powerfully meaningful in terms of how they experience their social worlds. As one participant in this study explained:

If your shoes are raggedy, you get talked about. Even if you have on Air Force Ones, if they're raggedy you get talked about...You can't wear the same shoes 3 days in a row in one week. Cause...you making your image look bad...That's what it's about, acting like you got money. So everything is about who got the most money. So I refuse to wear my Jordans 3 days in a week.
(Participant #4, interview with author, March 2006)

For these adolescents symbolic status is a critical source of social esteem and acceptance, a tool in the exercise of stigma and social exclusion, and an arena in which the absence of objective money capital is confronted and negotiated. This complex and multifaceted importance of material status in adolescent everyday life suggests a psychosocial experience with profound implications for health. For Maywood adolescents with lower economic resources, the pressures around status consumption carry particularly negative consequences.

Limitations

This study has limitations, including a disproportionately low number of male participants. Because of this sample size limitation, separate gender analysis could not be performed, leaving open the question of whether the health consequences of symbolic status consumption are greater for boys or girls. Additionally, because the participants in this study self-identified exclusively as African American, the contributions of symbolic and material status to racial disparities in adolescent health could not be directly explored. Future research addressing this topic among a multi-racial sample would help to advance understandings of racial health inequalities in life-course context.

The inability to adequately investigate the role of stress in the observed relationships of this study is another limitation. The incongruent social position that was found to predict adolescent health in this study is an indicator of psychosocial stress. However, resting blood pressure, while sensitive to stress in the short (Clow, 2001) and long term (McEwen, 2004), is not a good biomarker of stress. Additionally, the fact that perceived stress did not mediate the observed associations in this study suggests that the role of stress in this relationship is not clear. It may be that the Cohen Perceived Stress Scale does not adequately capture psychological stress for this population, or that embodied psychological stress does not always involve a conscious cognitive component. Future research should further explore the role of psychological stress in this relationship.

Conclusion

Despite these limitations, the findings and implications of this study are significant. While the relative deprivation literature has focused primarily on comparisons based on income, this study shows that income may only tell part of the story. For adolescents in Maywood, examining the combination of symbolic and material dimensions of status was critical for understanding stress and health. Alone, family economic status and cultural consonance in status were not consistently associated with adolescents' blood pressure. Only by exploring the intersection of culturally meaningful symbols of youth status with parental socioeconomic resources were insights gained into the social experiences of youth

and their consequences for health. These findings speak to the importance of understanding consumption and social status within political economic context, as well as to the utility of incorporating symbolic capital into health inequalities research.

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