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Is 'modern culture' bad for our health and well-being?

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Abstract: Evidence is accumulating that well-being in high-income societies may be static or in decline. One influential theory argues that this is because 'modern' societies are influenced by values of materialism, individualism and consumerism. Does this intellectual critique resonate with ordinary people? This article reports on interviews with purposefully selected groups in Scotland, where the relevance of the cultural critique was explored. Participants in the study believed that cultural values such as individualized consumerism do exert a damaging influence on well-being. They suggested that such values are given particular power in the context of widespread social change and increasing inequalities. Nevertheless, they also believed that individuals and communities possess the capacity to resist such trends. This article concludes that efforts to achieve material improvement for disadvantaged people may not suffice in redressing deep-seated inequalities, if the contribution of some subtle but pernicious effects of contemporary culture remains neglected. However, the research does suggest that positive responses are also possible. (Global Health Promotion, 2009; 16(4): pp. 27–34)

Key words: consumer culture, individualism, qualitative research, well-being

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Introduction

Well-being is complex, contestable and capable of being understood from numerous perspectives (1). Some argue that 'well-being' is an ill-defined distraction for those concerned with promoting 'health' (2, 3) or that increases of mental distress in contemporary societies (4) simply reflect changes in how these issues are dealt with at personal and professional levels. Furedi (5) and Williams (6), for example, argue that such changes derive from the emergence of a 'therapy culture' that unintentionally promotes individual vulnerability. Figures indicating escalating problems may reflect modifications in diagnosis, the emergence of new categories of disorders (7, 8) or even the rise of the 'autotelic'[i] individual (9). Yet, the topic of well-being has become ubiquitous in recent years in both public and political discourse (10), and is increasingly a focus of research (11). Many economists and psychologists are engaged in measuring subjective well-being (12). Increasing attention is also being paid to psychological well-being (13), incorporating domains such as autonomy, mastery and self-actualization (14). Philosophers have long insisted that well-being is inseparable from any conception of the life worth living (15).

These literatures and debates reflect the complex and contested nature of well-being but, in the context of people's lives, *well-being* may be as legitimate a priority as *health* (16) while *health* may not be a recognized goal at all (17). Also, researchers have acknowledged that, in wealthy countries with long life expectancies, misery may be more important than much somatic disease (18). At the popular level, the concept of subjective well-being appears

to be an important aspect of individual and social experience (19). We might also note that arguments which deplore a focus on well-being seem at odds with the broad vision of health which underpinned the Declaration of Alma Ata (20).

Few would deny that late modern societies have benefited from economic growth. Yet, health and social inequalities persist (21). Levels of well-being in such societies are believed to be static or declining (22–25), despite large rises in average incomes. Lasch (26), Beck (27), Sennett (28) and Bauman (29) have highlighted the interdependence between an increasingly globalized, capitalist economic system and contemporary cultural traits such as individualism, materialism and consumerism. Contemporary consumer culture appears to corrode individual character and undermine social solidarity (28), while economic conditions dictate that people work in a far less secure atmosphere (30).

Rutherford (31) argues that traditional working class culture, which helped provide a sense of solidarity, has virtually disappeared while the 'new' middle classes appear highly individualised and increasingly isolated from any sense of community. The materialist desires of people in contemporary culture undermine any deeper sense of purpose and meaning in life (32, 33) while the search for happiness in consumer products and services – together with perpetual dissatisfaction in such products or services – is the prop on which the modern capitalist economy depends (34). People do not define their conceptions of the good life autonomously but in accordance with the requirements of the capitalist system (34). Standardized consumption patterns, promoted through advertising, become central to economic growth while commodification processes influence human self-development (35)[ii]. Consumption becomes a substitute for the genuine development of the self.

People construct their social identity via their consumption choices (36–38) but this is fraught with risks around making the 'wrong' choices in life. For the poor, faced with limited choice, life can be particularly difficult. One consequence is that individuals can be spurred into debt in order to avoid shame (39). In sum, late modern capitalist society is believed to have seen the emergence of an individualized and consumerist society in which the 'new poor' are stigmatized, while the more affluent also suffer (30, 40).

This 'diagnosis' prompts a number of questions for health promoters. Does the cultural critique, and its implications for well-being, resonate beyond academic debates? What is its relevance to the material (or behavioural) bases of health and social inequalities? As a first step towards exploring such complex questions, this article reports evidence from Scotland, based on focus group interviews.

Methodology

The study received ethical approval from the Medical Faculty Ethics Committee of Glasgow University: no vulnerable individuals were involved. A focused discussion requires participants who have something to say on a specified topic (41). Participants for this study were therefore selected on the basis that, while not specifically knowledgeable about the topic under consideration, they would nevertheless be well-informed about general issues of health and well-being. A purposive sampling technique (41) was used to select groups familiar with thinking about health and well-being.

Sampling 'community' and 'professional' perspectives

The sample utilized four groups (48 people in total) based in two cities in the east and north-east of Scotland, who were interviewed between February and August 2007. Two different kinds of group were sampled. In order to draw on community-level perspectives and experience, members of a community health programme from one city were interviewed (20 participants). These people lived in a deprived area and a number acted as voluntary facilitators for health-related activities at the local community centre. This group is referred to below as the Community Health Group. The second community group incorporated members of an advocacy group from the second city and represented users of mental health services (six participants). Most worked in a voluntary capacity, providing training on mental health issues to professional health workers across Scotland, but lived on a low income or welfare benefits. This group is referred to below as the Advocacy Group. Both community groups contained male and female participants whose ages ranged from under 20 to over 65.

In order to access professional-level perspectives a team of health promotion specialists, working at the operational level in one of the cities, were interviewed (ten participants). This group was female: their work was oriented around community development principles, with each having responsibility for one of the city's zones. This group is referred to below as the Health Promotion Group. The second professional group was made up of a public health network, incorporating health and other professionals, which was designed to work at a more strategic level across their city (12 participants, male and female). This group is referred to below as the Public Health Group. Both professional groups could reasonably be described as relatively affluent.

The researcher was not known to any of the groups, although participants in each group knew each other. The interviews were set up through the mediation of the group facilitators, an initial point of contact. Each group was interviewed at their own locale.

The interview process

Asking people to reflect on how cultural values might influence their lives is not an easy task because culture tends to be naturalized and taken for granted in everyday life. At the beginning of each interview the researcher (SC), who also took the role of focus group moderator, introduced the critique of contemporary culture outlined earlier and asked participants to consider whether its alleged impact on well-being resonated with participants' own lives and experience and/or their observations of others. Each group was given the freedom to influence the direction of the discussion as they wished but stayed remarkably close to the issues outlined. Vigorous discussion followed the researcher's initial introduction and required few further prompts. Each interview lasted for about an hour.

Analytical procedures

Every interview was tape recorded, with participants' permission and fully transcribed. For analytical purposes a thematic template was used as this approach was believed appropriate for the study. It involves the development of a coding template[iii], which first summarizes themes pre-identified as likely to be important to the analysis, and then organizes these in a meaningful and useful manner (42). The template developed was based on the broad a priori themes, or conceptual categories, outlined in the introduction to this article, i.e. the emergence of materialism, consumerism, and individualism as significant and influential cultural traits in the modern world. The question posed of the data here was, did participants in this study recognize these concepts as meaningful influences in their own lives and/or the lives of others? As a first stage of analysis, therefore, the transcripts were coded according to these themes. That is, participants' responses were disaggregated into chunks of text that could readily be labelled as belonging to the conceptual categories of materialism, consumerism and individualism.

However, the second stage of thematic template use requires the pre-identified (a priori) themes to be organized in ways that are meaningful and useful in the context of a particular research inquiry. In this case, the questions needing to be answered through analysis were: if participants did recognize cultural traits of materialism, individualism and consumerism as significant within modern life, in what ways did those traits influence people's perceptions and behaviour, and in what contexts? In other words, the broad themes required some narrowing of focus. This second stage of analysis led us to re-code the data in ways that made sense of participants' contextualised understandings and responses. From this process three interrelated themes emerged: perceived multiple losses; cultural exposure; and the possibility of resistance. The themes are elaborated below. The second stage of analysis indicated participants' understandings of how, and in what context, particular forms of social and cultural change produced vulnerability to damaging pressures.

Findings

The three themes of perceived multiple losses, cultural exposure, and the potential for resistance were located within perceptions of the broader structural/material context of contemporary life. Losses – the first themes – were understood as compound in their effect on individual and social well-being. Exposure to particular cultural trends – the second theme – was believed to lead to unhelpful desires for social status by most people, and to financial debt and/or exclusion for the most disadvantaged.

Nevertheless, resistance to such trends was believed possible, but challenging, in the context of growing structural/material inequalities – the third theme.

Multiple and compound losses

Without romanticising the past, participants from all four groups spoke of the erosion and decline of social, community and family support within contemporary UK society, together with the loss of stable and secure forms of employment:

> Take what used to be working class culture … now there are no jobs and so I think that has a big impact. You have families growing up with no expectations of ever working. And any jobs there are, are low paid, rubbish work for rubbish money. In days gone by when you had manufacturing or mining … you had your union which was strong and you were part of a community. But now the only jobs you can get are call centres where there are no unions. So you just look out for yourself. (Health Promotion Group)

Experiencing similar issues was believed to be no substitute for a shared sense of community: the result was just 'individuals living in the same space' rather than people able to connect with each other and 'pull together'. This group believed that a key task for them, and for most other public services, was to prepare a third generation of people for survival in a life without work or wealth, in a context where they would be surrounded by those possessing both:

> To some extent you have to help young people live their lives on the minimum basic income, taking into account that they may never get a job, that those children will not be able to afford a nice gym, will not be able to afford Nike this and God knows what else, unless they acquire them by some other means or going into debt. (Health Promotion Group)

The Health Promotion Group also bleakly observed that, 'we live in a kind of very disposable economy, whether that be material things or even people – the suicide rates are going up, people are thinking what's the point?'. The Community Health Group independently concurred with this diagnosis of potentially meaningless, unfulfilling lives:

> There's nothing for people to believe in if you can't get a job and you're not brought up with any purpose or work ethic. (Community Health Group)

This suggests that multiple – and compound – losses have been associated with social change over many decades. These changes were believed to impact on both individual and social levels of well-being.

Cultural exposure: the potential for exclusion

As some of the earlier comments suggest, social change is inextricably connected with cultural change, i.e. the powerful symbolic, belief and value systems that influence our lives. In parallel, participants acknowledged the psychological stresses and anxieties caused by increasing exposure to economic, status-related, consumerist imperatives. Our participants spoke of the pressures felt by people to define themselves through consumption practices, driven by life in a credit-and-debt culture. A number of participants commented on the powerful influence of emotions like pride and shame. They spoke of people (including themselves, in some cases) being motivated by such emotions to buy material goods they could not really afford, simply in order to achieve a degree of social status.

Members of the Advocacy Group spoke of the pleasure afforded by *retail therapy* but also spoke of their own social unacceptability, in a society that values wealth and status deriving from employment. *Designer lifestyles* were well beyond their economic reach, although the same pressures existed:

> In a third world society, I would be a millionaire, with money, a home, warmth. But I'm low down in my society compared to when I used to work because now I'm on income support and disability. (Advocacy Group)

Participants from the Community Health Group also judged contemporary concerns with status and consumption to be harmful, particularly to those with the least money:

> maybe it was easy to get in debt and it was easier to buy things on credit for their kids than feel guilty about their kids saying, 'well everybody else has got one and I haven't', and before you know it,

it's this snowball effect where everybody has got everything but really nobody feels they've got anything. We substitute things for all the things that used to matter. (Community Health Group)

This group also believed that young people were particularly at risk of judging themselves – and being judged by others – on the basis of their material possessions. The ready availability of credit as a spur to debt was recognised:

> People never used to bother so much. There was no money. It's all easy to get now. You get these cheques through your door. But paying it back is a different story. (Community Health Group)

The social pressure to consume was echoed by members of the Health Promotion Group, and linked to the decline of mental health, which they observed within their client groups:

> The consumerism and the individualism, you can see it happening personally and out in the communities as well. You've got those that appear to be well off. However, they've got the pressure to keep up with what everybody else is doing. And therefore they take on too much debt or too many credit cards or too high a mortgage. And they end up depressed. A lot of women have to go back to work because of financial pressure, and it affects their mental health. (Health Promotion Group)

The Public Health group acknowledged that the cultural values and aspirations of the professional middle classes, often held up as a model for less advantaged people, could be both unhelpful and irrelevant:

> It just exacerbates people's lack of well-being to think of what they should be, what they've been told to be, what they're failing to be, what they can't be for a whole host of reasons. (Public Health Group)

However, some within the Community Health Group felt that entering into debit was inevitable in some circumstances and might be the only available choice, made for the future good of self and others:

> Everybody can make their own choices in life, and I chose to put myself in this debt just now so that I can give myself a better life, and when I have a family I can give them a better life. (Community Health Group)

The Advocacy Group, on the other hand, made explicit connections between the workings of the economy, exposure to consumerist pressures, and diminished well-being. The modern economy, they argued, is an efficient breeder of dissatisfaction:

> The economy depends on you being unhappy because you haven't got these things, so you have to work to buy them to be happy. If it wasn't for you being unhappy because of this, the economy wouldn't work. (Advocacy Group)

The possibility of resistance

Our participants' accounts suggest that many people, particularly from disadvantaged social groups or locations, are powerless in the face of combined social change and cultural pressure, and perhaps an absence of alternative sources of value. Yet the four groups also articulated possibilities for resistance. They rejected the notion of commodity culture as completely deterministic of psychological and emotional well-being. They spoke of the capacities found within the most disadvantaged groups, of the fundamental value of human rather than market relationships, and of the re-emergence of a greater sense of social connectedness through environmental awareness. Developing strong community relationships was seen as a way of resisting the commodification of life. The possibility of finding alternative ways of helping people to find value and purpose in life was spoken about in all groups, as a positive response to the harms they had already outlined.

Members of the Community Health Group spoke of the value of their community-based activities, in countering the individualization, isolation and narcissism found elsewhere:

> It's not just, go down to the gym and work out and then go away to your individual homes and just look in the mirror. You actually share, you start talking to people. You start trusting people. And that's why we're all sitting here today. (Community Health Group)

A member of the Health Promotion Group reflected on the personal fulfilment their work provided, in so far as it drew on non-material values:

> The people who are happiest have something that they believe in. They believe in themselves and they believe in what they're doing. For example, you go and do a visit to a family and you feel you've achieved something and that, that's what human beings need to feel they are achieving, something other than materialistic things. (Health Promotion Group)

Every member of the Advocacy Group stressed the value of human relationships as the route to more authentic and enduring forms of well-being, with one saying:

> I think that what we're built for above anything is relationships. Without that it doesn't matter how much money you have. If you're alone, if there's no-one to share with, then there's no real point. (Advocacy Group)

This perspective was echoed by the professionals in the Public Health Group, who spoke of the importance of reducing the *noxious factors* in society while trying to enhance *protective factors*, such as resilience, which would enable individuals to cope. This group suggested that peer support, within disadvantaged communities, was an important mechanism in enable such individual-level resilience.

The Community Health Group reflected on more hopeful social changes, apparent in contemporary desires to re-connect with the natural world and find more sustainable ways of living:

> We live in a disposable society, yet now we're being asked to recycle more. We're being asked to go down an ethical route and things like that. It's like people are starting to connect again with the environment and with personal accountability and responsibility. (Health Promotion Group)

The structural/material context of late modernity

Participants located their observations of multiple losses and increasing cultural exposure in the structural/material context of late modernity, where success seems to be measured by wealth and status and expressed through consumption. Worsening inequality was a matter of concern for all four groups. Professional participants believed that social divisions in contemporary society are widening, as the *haves* leave disadvantaged people further and further behind.

Participants in the Advocacy Group also stressed that a good quality of life – and social inclusion – depended on a material base: i.e. having an adequate income. The group's facilitator commented that:

> We're just writing a report on inclusion and what prevents us from being included. And a lot of people said, well the basic thing is we don't have enough money, so if you can't go to a restaurant or to a fitness club or to wherever then you can't participate. You can't be a part of things if you can't afford to do any of things that everyone else does. (Advocacy Group)

Members of the Advocacy Group also related growing material inequalities to a parallel growth of broader (anti-)social and materialistic values, exemplified in the growing acceptability of 'sneering' at those who fail to measure up:

> It's symptomatic of a kind of society that doesn't value people but does value possessions. I think it may be that, for a certain group of people, it's becoming okay to sneer at the poor. (Advocacy Group)

This comment returns us to the pervasive influence of contemporary culture on the structural/material determinants of health and well-being, because it suggests that the social meanings created within consumer culture possess symbolic force which can add to wider inequalities. Participants suggested that material goals in life are tied up with a sense of social acceptability, which is a cultural concept in itself.

Discussion

The analyses in both the introductory and findings sections of this article do not necessarily imply that modern life is uniformly harmful to well-being. Yet, numerous social commentators have judged that aspects of contemporary culture are distinctively

different from earlier forms and that their effects are perverse for both individual mental health and well-being, and for society (40). Much of the well-being literature construes well-being as life going well, characterized by individual health, vitality, happiness, creativity and fulfilment. Some also accept that well-being must encompass the ability to thrive in the face of adversity (11). Less attention tends to be paid to the structural or symbolic dimensions of life. Yet, a combined sociocultural critique appeared to have far greater resonance, for our participants, than the more individualized understandings found in psychological literature.

All four groups responded in ways that suggest that they found the cultural critique relevant. While each group focused, to some extent, on issues of greatest relevance to themselves, all pointed to malign aspects of contemporary culture: damaging for all in society but impacting most on disadvantaged people. Participants spoke of their awareness of sociocultural trends towards greater individualization in life, and increasing material and consumerist pressures. They also articulated their belief that the values underpinning such trends helped widen existing gaps between affluent and poor.

Findings from this empirical work echo the arguments of numerous social theorists, in that participants in this study located a contemporary sense of insecurity and social fragmentation in the weakening of institutions such as the family, the confusion wrought by economic dislocation, and changes in social cohesion. This analysis also suggests that some contemporary problems can be located in the context of increasing social and individual disconnectedness and a widening gap between rich and poor. Research participants noted that everyone in contemporary society is now exposed to unprecedented forms of consumerist pressures via mass marketing, while the normal support systems of earlier times (family, community) had declined. The temptations of consumer culture were seen as an incentive to indebtedness, especially given the current availability of credit. The particular vulnerability of the young was noted. They critiqued the dominance of economic values over personal and professional life, while stressing the importance of an adequate income to social inclusion and a sense of social respect. Nevertheless, they believed it not just possible but necessary to resist and re-think the *disposable culture*.

Under conditions of capitalist production, the individual cedes control of her/his life to the dominating influences of machines and markets. The more extensive modern social systems become, according to theorists of modernity, the more the individual feels shorn of autonomy. For Bauman, this results in a combination of depression, powerlessness and a sense of inadequacy that together represent the emblematic malaise of our time (30). Giddens, however, suggests that commodification does not carry the day unopposed, as even the most oppressed of individuals can react creatively and interpretatively (35). This analysis is to some extent confirmed by participants in this study, who moved from initial discussions of passive responses, towards articulating the potential for resistance and change. They suggested that such resistance may require a foundation in psychological and emotional resilience. In other words, good mental health is probably a necessary component of the capacity to cope with modern life.

In sum, this article suggests that those working to promote health might benefit from an increased awareness of this complex field. The combined influence of structural inequalities and cultural pressures, and the potential for positive responses by individual social actors, needs to be better understood, and investigated further. It is possible that achieving material improvements for disadvantaged people may not suffice if some of the subtle but pernicious effects of contemporary culture discussed here are neglected.

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Notes

i. Applied to personality, ‘autotelic’ denotes an individual who is ‘inner directed’, and therefore self-aware.
ii. The transformation of goods and services, or things that may not normally be regarded as goods or services, into a commodity.
iii. ‘Coding’ in qualitative research is the process of using labels to classify and assign meaning to pieces of information. Coding enables the researcher to organize large amounts of text and to discover patterns that would be difficult to detect simply by reading transcripts.

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