

Thinking drinking - and the question of culture

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Abstract

In thinking about drinking and cultural change, we need to go well beyond cultural images of alcohol use to the much broader question of how culture, specifically modern Western culture, influences health and wellbeing in general. What happens when the dominant culture of a society fails to do well what cultures are intended to do – allow us to make sense of the world and our lives? A potent, and under-estimated, social factor behind drug use and abuse is 'cultural fraud': the promotion of images and ideals that do not meet human needs or reflect social realities. This failure is conducive to addiction - to drug use or other behaviours. For example, materialism and consumerism diminish wellbeing and promote consumption, including of drugs, as a remedy. Another defining feature of modern Western culture, individualism, creates a 'separate self', isolated from others and the social environment, and so from the very things that influence our lives, reducing both social support and personal control. This, too, encourages drug use as an antidote. Cultures bring order and meaning to our lives. Of all species, we alone require a culture to give use reasons to live. When cultures play this role badly, drug addiction and abuse are among the costs.

Introduction

Cultures bring order and meaning to our lives. Of all species, we alone require cultures to give us reasons to live, to make life worth living.

This paper develops the case for paying more attention to culture, specifically modern Western culture, in seeking to better understand the broad social determinants of drug use and abuse, including alcohol. In doing this, it acknowledges the lack of research in this area; the subtlety and complexity of the interplay between social factors and individual behaviours; and the difficulties of measuring cultural influences, with their intangible, subjective, even 'invisible', qualities. Given these limitations, the evidence is often indirect, and the arguments are to some extent theoretical and speculative, intended to stimulate greater research interest in the topic.

The paper locates considerations of culture within the broader context of research into the social determinants of health; discusses the research on the impacts of materialism and individualism on health and wellbeing, including through their effects on psychological needs such as social support and personal control; and, finally, considers the prospects of a transition to a healthier culture. In essence, it argues that modern Western culture is 'fraudulent' in its promotion of cultural images and ideals that are at odds with human needs and social realities. The paper is, then, concerned less with the need for specific policy or program interventions to reduce harmful drug use than it is with the case for a

deep cultural change to promote better population health and wellbeing, including less drug abuse.

Scientific and political interest in the effects of the social environment on health has surged in the past two decades. Recent reports discuss the social, or structural, determinants of health with regard to drug use, establishing the links between drug abuse and other psychosocial problems, and showing that these problems share common social determinants. The focus of attention in this 'social determinants' literature has been on socio-economic disadvantage and inequality, especially income inequality.

This research understands 'culture' mainly in terms of 'subcultures' or 'difference', especially ethnic and racial difference, and so, usually, as one dimension of socio-economic status. However, culture also needs to be assessed in the broader sense of a system of meanings and symbols that shape how people see the world and their place in it and give meaning to personal and collective experience. This view of culture as a critical and defining aspect of all societies has been given scant attention in the recent social determinants literature. Of the many books and reports on the subject published over the past two decades, only a few give mainstream or dominant cultural factors more than a passing mention.

Generally speaking, the influence of culture (in this broad sense) on health and wellbeing has been seen as distal and diffuse, pervasive but unspecified. Yet it seems plausible, if not self-evident, that cultural characteristics can have as important an impact on psychosocial factors such as social support and personal control as socio-economic inequality – perhaps even more important.

The neglect of mainstream culture is perhaps not surprising. Cultures tend to be 'transparent' or 'invisible' to those living within them because they comprise deeply internalised assumptions and beliefs, making their effects hard to discern. A second factor is the extent to which the impacts of culture are 'refracted' through a host of other, more specific influences, including a person's personal circumstances and temperament (this is also true of other distal determinants of health). In other words, changes that affect everyone can, nevertheless, affect people differently and contribute to specific problems that only some experience.

Culture can impact on health at several levels. Within populations, it could influence levels of inequality – for example, through the part individualism plays in market-oriented political doctrines that are associated with greater inequality. It could also interact with socio-economic status to moderate or amplify its health effects - for example, materialism and individualism might accentuate the costs of being poor or of low social status by making money more important to social position and weakening social bonds and group identity. But culture's role is perhaps more important in explaining health differences between populations, or changes in a population's health over time.

Culture's role in providing meaning and the qualities that contribute to it – autonomy, competence, purpose, direction, balance, identity and belonging – is particularly important to young people because these attributes are the destinations of the developmental journeys they are undertaking. And it is among the young that the rise in psychosocial problems, including drug and alcohol abuse, has been marked over recent decades.

Materialism and individualism

There are many 'isms' by which we can characterise modern Western culture, but two of the most important and best researched are materialism (widely expressed as consumerism) and individualism. They are also becoming more global in their influence. Even with these cultural qualities, however, the evidence of their health effects often consists of correlations, not causal associations, or depends on making connections between different lines of inquiry.

Research shows that materialism - the pursuit of money and possessions, of a lifestyle based on the consumption of market goods and services – seems to breed not happiness but dissatisfaction, depression, anxiety, anger, isolation and alienation. People for whom 'extrinsic goals' such as fame, fortune and glamour are a priority in life tend to experience more anxiety and depression and lower overall wellbeing than people oriented towards 'intrinsic goals' of close relationships, personal growth and self-understanding, and contributing to the community. In short, the more materialistic we are, the poorer our quality of life.

These costs to wellbeing are likely to grow as consumerism reaches increasingly beyond the acquisition of things to the enhancement of the person (as evidenced by the rapid growth in cosmetic surgery, for example), and the goal of marketing becomes not only to make us dissatisfied with what we have, but also with whom we are. As it seeks evermore ways to colonise our consciousness, consumerism both fosters - and exploits - the restless, insatiable expectation that there has got to be more to life. And in creating this hunger, consumerism offers its own 'remedy': more consumption, including more consumption of drugs, whether licit or illicit.

Individualism, which places the self at the centre of a framework of values and beliefs and celebrates personal freedom, is supposed to be about freeing us to live the lives we want. It may in fact be doing the opposite. Researchers describe the downsides in different ways: a loss of social cohesion; a heightened sense of risk, uncertainty and insecurity; a lack of clear frames of reference; increased personal expectations (making failure more likely); a tyranny of excessive choice; the perception that the onus of success lies with the individual, regardless of the social realities of disadvantage or privilege.

One aspect of Western individualism that may be particularly problematic is its expression of autonomy as independence or separateness. Autonomy is a matter of volition, the ability to act according to our internalised values and desires. Its opposite is not dependence, but heteronomy, where we feel our actions are controlled by external

forces regardless of our own values and interests. Extending this argument, confusing autonomy with independence may not only reduce belonging or relatedness, it could also reduce our sense of control over our lives by encouraging a perception that we are separate from others and the environment in which we live, and so from the very things that influence our lives. There is also a second mechanism by which individualism might reduce personal control: independent individuals require high self-esteem, and one way to maintain that self-esteem is to believe that the things that threaten it are beyond our control.

This creation of a 'separate self' could be a major dynamic in modern life, impacting on everything from citizenship and social trust, cohesion and engagement, to the intimacy of friendships and the quality of family life [14]. It is no accident that the most popular drugs today are those - like alcohol and party drugs such as ecstasy - that dissolve the boundaries of the self and induce a sense of belonging, a merging with others, which eases the pain of isolation.

An important means by which cultural qualities such as individualism and materialism affect wellbeing is through their influence on values. Values provide the framework for deciding what is important, true, right and good, and have a central role in defining relationships and meanings, and so wellbeing. Most societies have tended to reinforce values that emphasise social obligations and self-restraint and discourage those that promote self-indulgence and anti-social behaviour. Virtues are concerned with building and maintaining strong, harmonious personal relationships and social attachments, and the strength to endure adversity. Vices, on the other hand, are about the unrestrained satisfaction of individual wants and desires, or the capitulation to human weaknesses.

A similar picture emerges from reading what sages have said about happiness through the centuries. A couple of themes recur. One is that happiness is not a goal but a consequence: it is not something to be sought or pursued, but a result of how we live; related to this, it is not found by focusing just on ourselves and our own needs, but on those of others as well. A second theme is that happiness comes from balancing wants and means, from being content with what we have. Our materialistic, individualistic culture undermines, even reverses, universal values and time-tested wisdom.

Social perspectives on population health must also take personality into account because new research shows that our personalities are changing in ways that may impact on the psychosocial pathways between social conditions and health. For example, a series of studies by Twenge and her colleagues drawing on psychological tests conducted with American children and college students over periods of up to sixty years has found increases in trait anxiety (or neuroticism), self-esteem, extraversion and, in women, assertiveness, while sense of control over life had declined (that is, locus of control had become more external). The studies link most of these trends to rising individualism and freedom. Economic factors such as unemployment and poverty seem not to be involved.

Trait anxiety and reduced control have been associated with a range of poor health outcomes including depression, and, in the case of anxiety, alcohol and drug abuse. Even

in the case of the seemingly positive shifts, the benefits of high self-esteem are now being challenged and, as noted above, it may work against personal control. And while extraversion is associated with higher wellbeing, its combination with the other personality changes could lead to a more narcissistic or 'contingent' self-esteem, which requires constant external validation to be sustained – in other words, an extrinsic orientation that is associated with lower wellbeing.

The cultural perspective presented here is consistent with the conclusions of a major international review in 1995 of the evidence on trends in psychosocial problems such as depression, drug abuse, suicidal behaviour and crime among young people in Western nations. It concluded that social disadvantage and inequality were unlikely explanations for the increases in psychosocial disorders. Amongst its recommendations, the study called for further investigation of the theory that shifts in moral concepts and values were among the causes - in particular, 'the shift towards individualistic values, the increasing emphasis on self-realisation and fulfilment, and the consequent rise in expectations'.

The need to look beyond socio-economic disadvantage in explaining recent patterns and trends in psychosocial disorder in young people has been reinforced by recent American studies that suggest that children in affluent families, although usually seen as being at lower risk, may in fact be more likely than other children to suffer substance use problems, anxiety and depression. Two factors appear to be implicated: excessive pressures to achieve and isolation from parents (both physical and emotional). These possible causes can be seen as consequences of materialism and individualism, as well as affluence.

In summary, the evidence suggests that individualism and materialism are powerfully and mutually reinforcing in their negative impacts. Broadly speaking, it would seem that they have produced a self that is socially and historically disconnected, discontented, insecure; pursuing constant gratification and external affirmation; prone to addiction, obsession and excess. Large numbers of people are medicating themselves to 'take the edge off the 21st century', to use one expression. We see these failings clearly in the lives of Hollywood-style celebrities, whose glamour, fame and wealth are so often a glittering veneer over deep insecurities, addictions and self-absorption.

Acknowledging these pervasive cultural impacts helps us to understand why young people's wellbeing appears to have declined in recent decades despite the psychosocial benefits that should have flowed from increased social tolerance, diversity and pluralism, including greater gender, religious, ethnic and racial equality.

Redefining Western culture

The search for meaning – or its creation - is often seen as a 'luxury' of the materially rich, even a self-indulgence, as illustrated by the axiom: 'No food, one problem. Much food, many problems'. But this is not true. The need for meaning is a human constant; it has been part of us since the dawn of human history. It is a crucial dimension of human health and wellbeing. As Nietzsche said: 'He who has a *why* to live for can bear with

almost any *how*.' Western culture, on the other hand, emphasises the 'how' of life over the 'why'.

The apparent harm caused by individualism and materialism raises the question of why they persist and even intensify. Both have conferred benefits to health and wellbeing in the past, but appear now to have passed a threshold where rising costs exceed diminishing benefits. Various forms of institutional practice encourage this cultural 'overshoot'. Government policy gives priority to sustained economic growth but leaves the content of growth largely to individuals, whose personal consumption makes the largest contribution to economic growth.

This ever-increasing consumption is not natural or inevitable, but culturally 'manufactured' by a massive and growing media-marketing complex. For example, big business in the United States spends over a \$1000 billion dollars a year on marketing – about twice what Americans spend annually on education, private and public, from kindergarten through graduate school. This spending includes 'macromarketing', the management of the social environment, particularly public policy, to suit the interests of business.

Psychologists who have studied cults and mind control warn that even the brightest and best of us can be recruited or seduced by social situations and conditions to behave in ways contrary to our values and dispositions, to engage in actions that are immoral, illegal, irrational and self-destructive. As Zimbardo has said, many agents of mind control 'ply their trade daily on all of us behind many faces and fronts'; we need to learn how to resist them and to weaken their dominance.

One of the most important and growing costs of our modern way of life is, then, 'cultural fraud': the promotion of cultural images and ideals of 'the good life' that serve the economy but do not meet human psychological needs or reflect the realities of social conditions. To the extent that these images and ideals hold sway over us, they encourage goals and aspirations that are in themselves unhealthy. To the extent that we resist them because they are contrary to our own ethical and social ideals, they are a powerful source of dissonance that is also harmful to health and wellbeing.

Our response to people's situation today needs to embrace at least two distinct approaches: enhancing their resilience and capacity to adapt to social change; and tackling the underlying social forces behind the adverse trends in their health and wellbeing. In other words, realising people's potential and optimising their wellbeing mean shaping social conditions to suit human needs, not just attempting to mould individuals to suit changing social circumstances, or to somehow inoculate them against social adversity.

This paper has argued the need to undertake more research into the ways in which modern Western culture – especially its defining qualities of materialism and individualism – may be contributing to drug and alcohol abuse and other psychosocial problems, especially among youth and young adults. There are at least two pathways by

which such research may help to address these problems: by allowing better interventions, such as educational programs, to counter harmful cultural messages; and by informing a much wider public and political debate about social priorities and directions.

We stand at one of those times in history that are marked by parallel processes of cultural decay and renewal, a titanic struggle as old ways of thinking about ourselves fail, and new ways of being human strive for definition and acceptance. At the broadest social and cultural level, solving the problem of drug and alcohol abuse is tied to the outcome of this contest.

Note: This paper is adapted from an invited paper in a forthcoming issue of Drug and Alcohol Review (which includes full references). It also draws on the author's 2004 book, 'Well & Good: How we feel and why it matters', a new edition of which was published by Text in early 2005 (with a new subtitle, 'Morality, meaning and happiness'). RRP \$24.