Status, taste and distinction in consumer culture: acknowledging the symbolic dimensions of inequality

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Abstract

The relationship between social position and health has been the focus of extensive public health debate.   In the UK and elsewhere, most researchers have focused on physical aspects of health, using indicators such as mortality and morbidity to draw a picture of profound and widening social inequalities. This paper draws attention to the (neglected) influence of contemporary culture on wellbeing, arguing that the social meanings created within consumer culture possess symbolic force which can add to wider inequalities. The possession of greater material and cultural resources by people of higher social status enables them to label their preferred forms of consumption and lifestyle as desirable and legitimate, thus conveying messages about superior taste and social distinction. Symbolic rather than material forms of inequality are implicated here, with consequences for the psychological wellbeing of disadvantaged people. We argue that analyses of inequality need broadening to include such considerations. However, there are implications for efforts to address health inequalities because this analysis suggests that, if some forms of social inequality are removed, elements within society would be motivated to invent new forms to replace them.   We therefore suggest processes whereby people can develop the self-awareness needed to resist the glossy illusions of the good life represented by modern consumer capitalism.

Key words: symbolic dimensions of inequality; consumer culture; consumption and identity; lifestyle and social distinction; taste

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Introduction

That health and wellbeing have important social and economic determinants is well recognized by a broad public health community which includes researchers, practitioners and policy makers. We suggest that these groups also need, as part of their analyses of inequality, to take account of the ways in which the aesthetics of consumer culture – conceptualized as 'taste' - may also influence the social patterning of health and wellbeing. The concept of taste has always played an important role in social discrimination. Studies of taste provide an example of how cultural insights shed light on patterns of inequality because taste conveys powerful messages not just about wealth but also about struggles for social distinction and status. There is ample evidence that those with higher social status possess greater economic *and* cultural resources than people living in disadvantaged circumstances. These resources facilitate the achievement of greater levels of wellbeing through the adoption of lifestyles which draw on judgements of taste as much as possession of material resources. Thus the choice of lifestyles and their association with 'refined' or 'coarse' tastes can create cultural/symbolic forms of hierarchy which, because socially divisive, may be additive to structural/material forms of inequality.

Some of the arguments we present may have currency, or at least resonate, with our readers: others may be less familiar or well understood. The key message is that there are additional ways of considering social inequalities in health. These have the potential to add to public health's existing attempts to understand and address such inequalities.

The social patterning of health inequality

Epidemiology has provided extensive evidence of the harmful impact on health of poverty, deprivation and social exclusion at both individual and population levels[1] [2] [3] [4] [5] [6] [7]. This body of literature frequently pinpoints material poverty and deprivation, resulting from an inequitable social structure, as the main causal mechanism for health inequalities[8]. The role of psychosocial stress in causing health inequalities has also been highlighted because such inequalities follow social class gradients[9]. The psychosocial stress model emphasises the effect of an individual's relative position in a social hierarchy where differences in power and status matter: stressors are unevenly distributed in society, basically in line with structural inequalities, leading to chronic stress in those who lack buffering resources[10] [11] [12] [13].

Although considerable debate exists between exponents of material and psychosocial pathways there is also underlying agreement about the fundamental importance of material circumstances. Exponents of the psychosocial stress hypothesis believe that structural issues must be tackled because the socioeconomic structure has material *and* powerful psychosocial effects[14]. They also note that psychosocial factors work to exacerbate other

social problems including levels of violence and the gradient in educational performance. Psychosocial researchers emphasize that psychosocial pathways mediate between poor conditions and poor health:

> *It is not just what your material circumstances do to your health directly which matters, but also what your social position makes you feel about your circumstances.* [15]

Critics of the psychosocial hypothesis do recognize that stress contributes to feelings of dissatisfaction, distress and misery[16]: some acknowledge that, in wealthy countries with long life expectancies, misery may be more important than much somatic disease[17]. This echoes the World Health Organisation report[18] predicting that problems like depression will increase the global burden of ill-health during this century. Because how people feel about their lives does matter[5] [10] [11] [19], effective public health strategies need to accommodate both the materialist and psychosocial perspectives.

So why focus on culture?

Over the past twenty years or so, culture has become a key concept within the social sciences[20] [21] [22] (and has been the distinctive preserve of social and cultural anthropology for far longer). These disciplines view culture as socially patterned behaviour which draws on the knowledge, beliefs, values and systems of symbolic meanings which people hold, that shape how they see and act in the world. Yet despite plausible claims that culture can be understood as fundamental to human social life, its influence over health and wellbeing may be less than obvious. With some exceptions[23]

[24], a theoretically informed understanding of the relationship between contemporary culture and wellbeing has been absent from public health. More recently, an interest in this relationship has emerged[25] [26].

We draw on work which suggests that the experience of well-being in modern society is increasingly mediated and influenced by the symbolic meanings which are created in the broader context of consumer culture. This does not undermine technical definitions of class (as occupational group, for example) but recognizes that class and status may interact with contemporary culture in ways which exert influence on health and wellbeing but are not yet sufficiently understood. McLeod and Davey Smith[17] have argued that the attribute differentiating all social class categories relates to differences in power to access material resources. We suggest that differences in the power to access and use cultural/symbolic resources *also* matter, because of their effects on social status. Research suggests that widening income differences directly increase processes of social differentiation and the use of money and consumption as cultural markers of social status[27].

The Fragmentation of Modern Life: Culture, Consumption, Identity

Although the modern period can be traced back to the 18th Century Enlightenment, and consumption has been a feature of all human societies, analysis suggest that there has been a distinctive shift in Western society dating from about the 1960s. This shift has been from a society mainly focused on production (though consumption has always been

important) to a society mainly focused on consumption (though production remains important)[28]. The domination of Western society by the capitalist system has resulted in widespread social change, involving the abandonment of traditional sources of meaning, such as religion or a fixed place in the social hierarchy. Although the latter created social and individual constraints, it is also arguable that they provided a buffer against some of life's uncertainties. As a sense of self and purpose in life are no longer ascribed or obvious, their development is now a key task for individuals[29]. In developed societies, materialistic values have penetrated all aspects of social life, leading to the rise of consumer culture[30] [31] [32]. Under such socio-cultural arrangements a vast range of goods and services become marketised and commodified, to the extent where even health and well-being become consumption objects[33] [34].

Eckersley[26] draws on evidence from psychological research to argue that modern culture influences wellbeing in negative ways as it is based on values that are detrimental to healthy and happiness. The scientific literature on wellbeing suggests that this critique is well-founded[36]. However, Eckersley also suggests that modern life perpetrates 'cultural fraud', promoting images and ideals of the good life that serve the economy but do not meet psychological needs or reflect social realities[26]. Conversely, analysts of modern consumer culture suggest that a consumerist way of life both serves the modern capitalist economy *and* meets specific, historically unprecedented psychological needs that flow from this[31] [32] [35] [37]. This is because consumption, as a cultural as well as an economic process, provides people with meaning, purpose and social identities. It thus serves social, psychological and symbolic purposes *beyond* the satisfaction of basic needs, and expresses

identity in a culture where self image and status is enhanced not just by possessions but also by practices.

Consumption, capital and taste

Consumption is structured by the uneven distribution of both material and cultural resources throughout society. Bourdieu[38] refers to such resources as economic and cultural forms of capital, which are also to be understood as forms of power (i.e. money and taste). Economic capital refers to the accumulation of material wealth, in all its different forms. Cultural capital refers both to an individual's accumulation of culturally relevant information and knowledge of how to use this. Cultural capital is embedded in socialization and formal education and attainment, which influence earning capacity in adulthood[39]. Economic and cultural forms of capital are the main principles of social differentiation and an individual or group's position in any social field depends on the kinds and strengths of capital possessed.

For example, academics might have comparatively little economic capital but pride themselves on possessing large volumes of cultural capital – knowledge and taste. Company directors and large employers on the other hand may accumulate economic capital, displayed through material possessions, but possess less cultural capital. Disadvantaged groups in society may possess little of either form, with negative consequences for material and psychological wellbeing.

Bourdieu's concept of the habitus, in conjunction with the above concepts of economic and cultural capital, provides an additional way of understanding the relationship between health, well-being and social position [38]. Habitus denotes a set of durable dispositions acquired through socialization, formed in the context of people's social locations and inculcating them into a world view based on social position. It thus serves to reproduce existing social structures by providing seemingly naturalised ways of thinking, feeling and classifying the social world and one's position within it[40]. Bourdieu[38] has mapped the struggles of differing social groups through their 'cultural consumption': he demonstrates the capacity of elite and powerful groups, rich in economic and/or cultural capital, to designate their own tastes as refined or distinguished, whilst simultaneously defining those of people deficient in these forms of capital as vulgar or coarse.

As Shilling notes[41], the stakes in these struggles are high because they concern the different abilities of social groups to define and adopt prestigious and valued bodily forms and practices. This serious cultural game does not take place on a level playing field: because of greater access to and possession of crucial forms of capital, dominant groups in society are able to bestow value on particular bodily forms and lifestyles which only they are in a position to possess. To be dominant in society is thus to possess the power to define as legitimate, forms of social and cultural distinction, discernment and discrimination[42].

Bourdieu[38] argues that lifestyles can be seen as the product of the habitus, expressed in and through taste. Taste is the process through which people adopt, as seemingly

voluntary preferences, particular lifestyles[43]. Yet taste is not natural: the different

aesthetic choices which people make are all forms of distinction – that is, choices made in

opposition to those made by other classes or status groups. Taste is thus the process

whereby neutral goods/commodities are ranked and transmuted into symbols of social and

cultural distinction for some social groups. The point is that, with regard to all forms of

consumption (e.g. food, clothing, leisure and recreation activities), people develop

seemingly natural tastes for what is in reality available to them, leading people to

unthinkingly 'choose' lifestyles which fit their own social position but which are accorded

differential symbolic value in that society. In essence, this is symbolic capital – the value

of distinction achieved through the possession of 'superior' aesthetic taste. Bourdieu[38]

thus provides a necessary corrective to those who perhaps overemphasise lifestyle as a

matter of socially neutral personal choice[44].

His work also casts doubt on theories which overemphasise the capacity for human

agency: culture operates as one of the main structural constraints on our capacity for

change, along with economic and social constraints. This is not to say that change is not

possible but it does suggest that for disadvantaged sectors of society it can be far more

difficult, for cultural and economic reasons. Because wealth is now a marker for status and

success, poverty is arguably more stigmatizing now than in the past. An inability to

acquire the fruits of modern consumer culture may lead to forms of social exclusion,

particularly in the absence of other forms of social belonging.

The serious consequences of consumerism in terms of increasing personal debt are well known. Yet it is important not to jump to conclusions about the relationship between economic status and participation in consumer culture, nor to assume that there is a straightforward relationship between poverty and exclusion from consumer culture or wealth and inclusion[32]. While poverty restricts the possibility of participating in consumption *per se*, it does not necessarily prevent participation in consumer culture. On the contrary, it may incite participation despite lack of income, because of the power of possessions and lifestyle practices to convey symbolic rewards: prestige and social honour.

Investments in 'the self'

It has often been pointed out by social theorist that 'the body' in contemporary consumer culture is now a source of symbolic value closely related to self-identity[29] [35]. For example, the vast range of slimming, exercise and body-maintenance products highlights the significance of appearance within late capitalist society[41], where the body has become a site for commodification, consumption and production. Feelings of wellbeing, also successfully commodified, are now sought because synonymous with a state of virtue and the good life. The pursuit of well-being has thus become an affirmation of the consumerist values of mainstream culture and a way of constructing the 'authentic selves' expected by this culture[34]. However, the creation of an 'authentic' self becomes an unreasonable task for people to achieve, given a culture that requires increasingly intrusive strategies or therapies for its creation [31]. Moreover, as a number of theorists have

pointed out, investments in controlling and developing the body, mind and self are unlikely to be evenly distributed across society. Eating 'healthily', taking physical exercise, learning to relax through meditation, even the search for spiritual development, are unlikely to be part of the habitus or unconscious disposition of less advantaged groups – those with least to gain, perhaps, from investing in struggles over symbolic forms of capital or legitimate taste. Conversely, groups high in cultural and educational capital are able to achieve further social distinction in contemporary society through extensive investments of this type.

Consumerism and visions of the good life

Whilst negative views of consumption have not gone unchallenged[30] [45], many commentators remain pessimistic about the implications of creating our identities and life meanings principally through our consumption practices, however creative these may appear to be[35]. It seems likely that there are both tight connections and contradictions between the dominant political philosophy of liberalism (autonomy of the individual, freedom of choice) and capitalist culture which works to constrain and channel individual choices in specific directions.

We are, perhaps, so in thrall to the values of consumer culture because our public spaces and social activities are now filled with and dominated by the products, signs and requirements of the marketing industry: cars, trains, buildings, streets, and clothing all promote a certain vision of the good life[37]. Although we might not know the extent to

which this industry controls our desires, Hartmut[37] argues that it strongly pre-determines the dispositional structures of our consciousness and the half-conscious images and ideals of the good life that influence our choices and aspirations. She suggests that it will takes strong collective efforts to change a social setting that predetermines explicit and implicit conceptions of the good life as one driven by consumerist values.

Discussion

Those who emphasize income distribution and psychosocial pathways stress the importance of inequalities in the distribution of material goods because this affects both the extent and importance of social differentiation, status competition, and the symbolic use of consumption. In the context of health inequalities, *multiple* forms of consumption can be used to indicate social status because the modern social world functions not just as a system of power relations but also as a symbolic system in which minute distinctions of taste become the basis for social judgements. Our argument is that disadvantaged groups and individuals living in consumer cultures face the double jeopardy of economic/material and cultural/symbolic forms of inequality. This suggests that, given the existence of powerful drivers within human nature to maintain or increase status[46], if existing forms of inequality were to be removed, dominant elements within society might invent new forms to replace them.

For public health practitioners the continued appropriation, by consumer culture, of their efforts to improve health and wellbeing can feel disheartening and overwhelming. If

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inequalities persist because those with high volumes of cultural capital exert power over those who lack such a resource (regardless of changes in material circumstances), then what role is there for community development, health education and support for behavioural change? And, given that marketing budgets for major corporations dwarf the financial resources of many governmental departments and non-governmental organizations, where do we find the resources to resist? Although capitalism and consumerism are social constructs, like everything in the social sphere, individuals experience them as if they were natural forces or something unalterably given. This suggests that there is work to be done on developing forms of resistance to symbolic hierarchies or, at least, on avoiding the amplification of their damaging effects.

Potential can be found in the work of Paulo Friere[47] on 'cultural action' and 'consciencization'. By helping communities articulate what matters for them, public heath practitioners can nurture their development of cultural capital: through expressing these values in art, music, theatre and dance, communities can create their own cultural assets, identities and sense of belonging. This could reduce the desire to aspire to the tastes of others and tap into existing but hidden cultural assets in those communities. Developing the cultural capital of communities, in regeneration areas for example, may be as important as improving the physical environment. Through such processes people can develop the self-awareness needed to move beyond the glossy illusions of the good life represented by modern consumer capitalism.

In the light of evidence of climate change, the tide of untrammeled consumption may well be changing anyway. As those possessing high economic and cultural forms of capital discover that there are social gains (in terms of connectedness, belonging and sense of community) to living in more carbon-neutral ways, they are likely to opt for such lifestyles. Given their social influence, others might well aspire to this. More significantly, perhaps, as planners, public health practitioners and communities begin to develop strategies that improve health without increasing carbon emissions, those possessing fewer material resources but stronger non-materialist values might be more able to evade the consumerist trap. These groups and individuals have the potential to become a new 'creative class', one that is relatively free from the homogenized version of the good life put forward by the marketing industry.

It is not our intention to undermine calls for redistributive social policies as a response to persisting health inequalities. Because widening income differences may directly increase processes of social and status differentiation[27], it is at least plausible that the use of consumption - in its multiple forms - to express such differentiation would matter less if the income gap was reduced. Evidence from more equal societies suggests that this is the case, so arguments for the redistribution of wealth still remain forceful. Our argument is that those in search of a fairer, more equal society need to widen their conception of how inequality 'works' at the level of culture, values and beliefs as well as the level of the social structure and material conditions. We believe that the public health community needs to recognize the powerful impact of such apparently subtle influences.

Competing Interests: None

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