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DEBATE

Well-being and consumer culture: a different kind of public health problem?

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SUMMARY

The concept of well-being is now of interest to many disciplines; as a consequence, it presents an increasingly complex and contested territory. We suggest that much current thinking about well-being can be summarized in terms of four main discourses: scientific, popular, critical and environmental. Exponents of the scientific discourse argue that subjective well-being is now static or declining in developed countries: a paradox for economists, as incomes have grown considerably. Psychological observations on the loss of subjective well-being have also entered popular awareness, in simplified form, and conceptions of well-being as happiness are now influencing contemporary political debate and policy-making. These views have not escaped criticism. Philosophers understand well-being as part of a flourishing human life, not just happiness. Some social theorists critique the export of specific cultural concepts of well-being as human universals. Others view well-being as a potentially divisive construct that may contribute to maintaining social inequalities. Environmentalists argue that socio-cultural patterns of over-consumption, within the neo-liberal economies of developed societies, present an impending ecological threat to individual, social and global well-being. As the four discourses carry different implications for action, we conclude by considering their varied utility and applicability for health promotion.

Key words: well-being; consumer culture

INTRODUCTION

Does consumer culture pose a threat to well-being? If so, the public health and health promotion community needs to re-think the relationship between these two concepts. In this article, we consider this relationship by taking a critical look at how well-being is currently being construed and why this might be problematic. We draw on an exploration of multiple literatures in order to synthesize key themes, findings and propositions from contemporary thinking. Although this approach over-simplifies some complex fields, it provides a rough guide to a complex and contested territory. This can be understood in terms of four main discourses: scientific, popular, critical and environmental. We conclude by considering their implications for and applicability to health promotion.

PUBLIC HEALTH UNDERSTANDINGS OF WELL-BEING AND CULTURE

Awareness of the importance of well-being can be discerned across the human and social sciences, with over 3000 studies on the topic published since the 1960s (Nettle, 2005). However, the topic suffers from problems of definition (Seedhouse, 1995). Researchers tend to use multiple terms that may be distinguished from each other or used as if synonymous (e.g. preference utility, positive feelings, positive emotions, emotional health, positive affect, positive mental

health, positive functions, life satisfaction, subjective well-being and happiness). As we are unlikely to resolve this issue here, we put it aside in order to consider how the concepts of well-being and culture have been addressed within public health and health promotion.

Since the World Health Organization (WHO) drew attention to the multidimensional and positive nature of health, the scope of public health interest has widened. Mental illness is now seen as an important public health problem in its own right: the WHO predicts that problems such as depression will add considerably to the global burden of ill-health during the 21st century (WHO, 2001). Links have also been established between mental and physical health: a body of epidemiological, social science and experimental research suggests that initiatives that promote physical health, but neglect aspects such as mental or emotional well-being, may be doomed to failure (Stuart-Brown, 1998). Research also shows that mental/emotional distress helps create susceptibility to physical disease, although well-being matters to resilience.

Although public health and cognate disciplines understand the relationship between inequitable social structures and health (Williams, 2003, Wilkinson, 2004), they appear less familiar with the relationship between culture and well-being. Many researchers operationalize culture in terms of health beliefs and behaviour, although empirical work has demonstrated the lack of any convincing relationship between the two (Blaxter, 1990; Calnan and Rutter, 1986). A second focus of public health research has been the exploration of 'subcultures' and patterns of health determinants within parts of society. Therefore, the use of culture in public health arguably suffers from being overly simplistic or narrow.

The problem of well-being—and why culture matters

The core dilemma of modernity is that in western societies, although we have seen an unprecedented growth in wealth and comfort over recent decades and many past causes of suffering have now been eliminated or reduced, average levels of well-being have not increased (Nesse, 2005). Even among those who have succeeded in achieving goals valued in such societies (e.g. personal status and material wealth), large numbers remain deeply unhappy (Easterbrook, 2004). These are clearly cultural as well as social problems, but this tends to remain under-recognized: the burgeoning literature on well-being tends to omit any acknowledgement of the importance of 'culture' in influencing well-being at various levels—individual, social and global. Conversely, culture is a key concept within the social sciences and humanities (Archer, 1996; Bauman, 1999), disciplines which view culture as the knowledge, beliefs, values and systems of symbolic meanings that we (sometimes unconsciously) draw on in our everyday lives. Because these shape how we see the world and how we act in it, culture from this perspective is a fundamental (but taken for granted) aspect of social life that needs to be studied and understood as relevant to health and well-being.

Contemporary western society has long been dominated by the capitalist system of production and consumption, resulting in widespread social change involving the abandonment of traditional sources of meaning, such as religion or a fixed place in the social hierarchy. A sense of self and purpose in life are no longer ascribed or obvious, so their development becomes a key task (Featherstone, 1991). A second feature of such societies is that materialistic values penetrate all aspects of social life, leading to the rise of 'consumer culture'. Under such socio-cultural arrangements, a vast range of goods and services become marketized and commodified, to the extent where health and well-being also become consumption objects (Gould and Gould, 2001; Sointu, 2003). As a cultural as well as an economic process, consumption practices provide meaning, purpose and social identities (Lury, 2003). However, consumption is structured by the uneven distribution of material and cultural resources throughout contemporary society (Bourdieu, 1984; Slater, 1997). Recently, views of contemporary western culture as problematic for health and well-being have entered public health discourse (Eckersley, 2005). The key argument is that core values of this culture (economism, materialism, consumerism and individualism) may be damaging to both our individual sense of well-being and the long-term sustainability of the planet. Eckersley points out that culture influences both the goals we pursue and the resources we have, but these tend to be perceived as part of the natural order rather than as human constructs that are amenable to change (Eckersley, 2005).

DISCOURSES ON WELL-BEING

Attention to discourse normally highlights how 'institutionalized' ways of thinking provide a framework and a boundary defining the limits of acceptable speech or possible truth. We use the term discourse to highlight what appear to be a number of defining yet arguably contradictory themes within the well-being debate(s), with very different origins. This approach illuminates diverse cultural meanings and the ways these are encoded through communications of various kinds, academic and popular.

Scientific discourse(s)

Ten years ago, we could have probably split this discourse into the separate academic strands of neuroscience, psychology, psychiatry, sociobiology and economics. Today, researchers and commentators within these disciplines refer to each other's data and collaborate on shared projects and publications (Diener and Seligman, 2004), the whole endeavour going under the heading of 'the science of well-being'. Well-being is often seen as having following three components or 'levels of happiness' (Nettle, 2005):

- level 1—transient feelings of pleasure; sometimes referred to as subjective well-being;
- level 2—judgements about well-being as the balance of our feelings over time, usually referred to as estimates of life satisfaction;
- level 3—a state of flourishing and fulfilment of one's potential.

Level 1 is often viewed as unreliable and inconsistent as a measure. The two main traditions in happiness research (see the multidisciplinary *Journal of Happiness Studies*, for example) are empirical investigations of subjective well-being (i.e. level 2) and speculative reflections on the good life (i.e. level 3). Subjective well-being has provided the focus for much empirical research, although some researchers venture into level 3 territory. For example, Huppert construes well-being as '*life going well…characterised by health and vitality, by happiness, creativity and fulfillment*' (Huppert *et al.*, 2005). This formulation also encompasses human resilience: the ability to develop and thrive in the face of adversity. The positive psychology movement has contributed much to this way of thinking (Csikszentmihalyi, 1990; Seligman, 2002). The

adoption of level 3 meanings of well-being leads some researchers to suggest that people who achieve a sense of meaning in their lives are happier than those who live from one pleasure to another. However, they appear reluctant to follow their own argument through to its logical conclusion: that one type of happiness can be judged as intrinsically better than another. As Nettle (Nettle, 2005) has pointed out, the problem with this approach is that an evaluative moral framework is being smuggled in, because although levels 1 and 2 of happiness are subject to personal judgements about quality by the individual concerned, level 3 is open to the judgement of others.

The 'problem of well-being', as formulated by economists, is that subjective well-being rose for a decade or two following World War II, but has since remained static in most modern societies (nef, 2004; Layard, 2006). Given the four-fold rise in standards of living and personal wealth in the developed world, economists view the lack of increase in happiness as a paradox that needs explaining. Evidence suggests that increases in income, once past a threshold where basic needs are satisfied, produce diminishing returns in well-being. There is also speculation about the increasing misery caused by inharmonious social relations, the multiple uncertainties associated with living in modern society and inappropriate life goals. The economic perspective is, however, hard to reconcile with findings from genetics, which suggest that our disposition towards happiness has a strong genetic component (between 50 and 80%). Individuals exhibit a psychological set point for well-being, such that levels of happiness typically return to a baseline after both positive and negative experiences.

Nesse (Nesse, 2005), however, argues that although happiness is largely genetic in origin, human developmental plasticity means that early environment and upbringing are profoundly influential. Extensive psychological experiments and neurological science suggest that neural structures and chemistry render us vulnerable to damaging social comparisons, through evolutionary drives to rivalry/competition, which, in turn, motivate us to pursue 'positional goods' (career, wealth, fame and material possessions). We are thus burdened with a 'positional psychology' and not necessarily programmed to be happy. Nettle (Nettle, 2005), in contrast, argues that evolution has

programmed us to pick up the social norms and 'best' behavioural strategies of those around us, i.e. the ones that ensure both reproductive success and happiness.

Popular/political discourse

In the UK, where well-being is now firmly part of popular discourse, terms such as 'well-being' are used interchangeably with notions of 'happiness' and 'positive emotions'. That happiness now 'sells well' with the general public is attested by nearly 5000 books on the subject available from Amazon, one of the most successful online retailers. Serious researchers into positive psychology would distinguish between their analyses and motivational literature that calls for positive thinking or improved self-esteem as routes to happiness. However, as some researchers in the field of well-being have also skilfully distilled their work for a broader public (Seligman, 2002; Nettle, 2005; Layard, 2006), the distinction between their research and the self-help genre may be blurred.

Well-being is a popular subject in the UK media, with the BBC recently broadcasting two separate television series dealing with the topic. Our perceived decline of happiness has become a permanent fixture: most broadsheet newspapers now regularly run features around the 'problem' and how to address it. The utility of a focus on well-being to all political parties is now also apparent and appears frequently in party leaders' speeches. The current interest in well-being demonstrated by the media and political parties and through public consumption may be simply a passing fad, soon to be replaced by the next headline grabber. Nevertheless, policy proposals are being developed that could well impact on people's lives. For example, lessons on happiness will be introduced for 11-year-olds in UK state schools, to combat the rise in depression (Goodchild, 2006).

Critical discourse(s)

Such views have not escaped critique from the social sciences and humanities. Sointu, for example, notes that while well-being used to be portrayed in the media as an issue relating to the 'body politic' (the state and the health of the economy), it has since become an issue that relates almost solely to the context of the 'body personal'—the consumer (Sointu, 2005). She argues that feelings of well-being have been commercialized and are sought because synonymous with 'a state of virtue'. The pursuit of well-being has thus become an affirmation of the consumerist values of mainstream culture and a way of constructing 'authentic selves'. More social sources of identity are undermined by the rise of new domains of expertise (such as 'life coaches') needed for the construction of appropriate self-identities, which are correspondingly more readily available to better-resourced individuals and groups within society. Access to well-being, on these terms, is profoundly unequal.

Others remind us that the vast majority of research evidence on well-being derives from North America and that no scientific research is free from cultural assumptions. Critics of dominant views about well-being argue that the influence of North American culture helps cultivate an unrealistic, anti-intellectual and potentially damaging psychological view of the world, where the experience of happiness and positive emotions constitutes evidence of personal and social success (Galtung, 2005). North American culture fosters and encourages obligatory 'cheerfulness' as part of a cultural script reflecting the idea that a person who feels good inspires confidence and commands respect (Wierzbicka, 1997): negative emotions may be seen as evidence of personal and social failure (Schwartz, 2000). This has led to a massive industry of 'psy-therapies and self-help', because negative emotions are seen as requiring treatment (Williams, 2000). To be happy is an ideal consistent with a culture dominated by expressive and utilitarian individualism and independence, but may fit poorly with other cultures that value social relationships and interdependence (Marcus and Kitayama, 1997). Problems arise, therefore, when a specific cultural script is exported by a globally dominant culture as a universal human emotion.

Political theorists have also cast doubt on the individualized vision of the good life found in the neo-liberal societies of the USA and UK. According to the doctrine of political liberalism which dominates those societies, it is largely up to individuals to define what a good life is. However, political theorists argue that we do not use all the life options theoretically open to us, but are obliged to choose from the very narrow and specific range compatible with the

systemic requirements of capitalism (Hartmut, 1998). Nor are we free, on a collective level, to define the good society: we have to prioritize its productive level for fear that our economies will break down.

Environmental discourse(s)

From this perspective, the consumerist lifestyles endemic in 'modern' cultures are the cause of discontent, disharmony, depression and division. Numerous writers believe that we have reached a turning point in the history of humankind: faced with problems so diverse and global that they threaten widespread social and environmental collapse, things cannot continue as they are. Patterns of consumption apparent in contemporary western society are unsustainable and would require, at present forms of usage, three planets (Kumar, 2004). Our increasing obsession with superficialities such as wealth, fame, physical appearance and material possessions is linked to the decline of care and concern for others and for our shared environment. These trends, combined with our neglect of the spiritual/moral/ethical aspects of life and the rise in over-consumption, driven by greed, may ultimately render the physical world uninhabitable for all humanity. From this perspective, it is rational to limit social consumption in order to protect the life support systems of the planet, which economic activities can otherwise overwhelm. We should also avoid damaging intrinsically valuable human qualities, such as health, through certain consumption practices. By changing our values and pursuing less materialistic goals in life, we may understand the physical and spiritual connectedness of all human beings in a world with finite resources (Maxwell, 2003).

Philosophers have used the concept of environmental virtue ethics as a means of developing an alternative framework for well-being and the good life (Cafaro, 2001). Cafaro suggests that we can 'consume' in ways that do not destroy goods or restrict the access of others, or in ways that do destroy, use up or monopolize (e.g. food, physical space and natural resources). When we consume in the destructive and/or exclusionary sense, we face the questions of whether we have the right to do so and whether we are right to do so. Both matter. Cafaro argues that there are five different senses in which we are justified in speaking of personal over-consumption:

(i) by taking too much of something that is intrinsically valuable and should be used sparingly or not at all;
(ii) by taking more than a fair share of a common resource that neighbours or future generations may desire or require;
(iii) by engaging in actions that harm health or physical well-being;
(iv) by neglecting other types of consumption or non-consumption activities more in my (enlightened) self-interest;
(v) by allowing over-consumption to hinder personal development, excellence or fulfillment.

IMPLICATIONS OF THESE DISCOURSES FOR HEALTH PROMOTION?

What unites diverse academic disciplines into the 'scientific discourse' is their basis in empirical evidence generated primarily through survey work and experimental approaches. An evidence base is now emerging from the new science of well-being, and a range of solutions to 'the problem' of static or declining well-being have been proposed. Seligman, for example, has evidence from randomized trials, which indicates the benefits for individuals of counting blessings or making 'gratitude visits' or identifying 'signature strengths' (Seligman, 2002). At the policy level, Layard has a series of evidence-informed proposals, such as a massive national expansion in the UK provision of cognitive behavioural therapy (Layard 2006). Thus, scientific solutions to the problem of static well-being are often cast in individualist and biomedical terms, from drug treatments, psychotherapy and the practice of meditation as a way of reducing stress and enhancing well-being for the minority experiencing mental illness to personal psychology modification for the reasonably discontented majority. These approaches could conceivably be incorporated into the armamentarium of health promotion. However, they are scarcely straightforward, non-problematic or non-controversial. There is also the problem that much of the new evidence remains at the level of correlation, rather than cause (Eckersley, 2005).

Similarly, health promotion needs to be cautious about elements within the 'popular

discourse' around well-being. For example, Twenge's cross-temporal meta-analyses of children reared in the USA during the 1970s, 1980s and 1990s (within a culture that emphasizes self-esteem) suggest that they turn out to be tolerant, confident, open-minded and ambitious adults—but also cynical, depressed, lonely and anxious (Twenge and Campbell, 2001). Health promotion, too, can be guilty of placing an uncritical emphasis on the development of self-esteem, which is not always ultimately helpful (e.g. young female smokers are known to be more likely to have high self-esteem).

Within both scientific and public/political discourse, well-being becomes not just an unqualified individual good which all should seek but also a self-evident goal of public policy (nef, 2004; Layard, 2006). Unsurprisingly, these approaches both tend towards an uncritical acceptance of certain 'givens' in society, such as personal freedom of choice, which has much in common with economic accounts of what constitutes well-being (i.e. 'maximizing one's utility'). However, influential figures from the research communities of happiness economics and positive psychology also suggest that greater individual happiness can also be achieved by behaving compassionately towards others and by valuing what we have instead of what we would like to have. This is a remarkably repetitive refrain across the literatures (Lane, 2000). On the one hand, this seems sound (if somewhat reactionary) advice that should be simple enough to put into practice. On the other hand, we need to ask whether the cultivation of individual happiness is an adequate and appropriate goal for health promotion. Focusing simply on personal growth and development can be just another form of consumption and would arguably sell health promotion short.

In conclusion, one of the problems with the scientific and popular discourses is their concern with maximizing individual happiness, rather than with developing the kind of societies in which all humans can flourish. More social solutions have also been proposed, in terms of re-engineering policy, such as re-distributing wealth to allay anxieties about relative social position; banning advertising to children and restricting social mobility in order to keep families and communities together. Although similar policies have been implemented in some of the more social-democratic governments of Europe, whether they would prove acceptable in neo-liberal environments such as the UK and USA is another matter.

Elements within the critical discourse suggest that, in modern consumer societies, we lead shallow and individualized lives, characterized by trivial values and the loss of deeper purpose. The problem lies in the growth of harmful cultural beliefs and the associated decline of much that we should value. From the critical perspective, solutions may be cast in terms of resistance to powerful cultural trends rather than prescriptions for action, so its utility for health promotion may be limited to educational or awareness-raising initiatives. Solutions might also be cast in terms of finding alternative sources of values, ethics and meaning by which people in developed societies can live. This way of thinking is compatible with the limits to consumption in modern societies advocated by environmentalists, because this would also improve the lives of many others. However, even if views of 'the good life' seem convincing to philosophers, there is still the question of their wider acceptability in societies now characterized by the diversification of values, ethics and meaning as part of wider demographic change (Chapman *et al.*, 2005). In addition, some of the value judgements made by ethicists do not necessarily sit comfortably with a health promotion, informed and underpinned by modern concepts of individual liberty and freedom. Actions to reduce over-consumption may therefore be unpalatable to many in the developed world, albeit for different reasons.

The importance of the critical discourse is that it highlights a tension familiar to the broader public health movement—that between individual freedom and social justice. It may well be that health promotion which values and works towards community development and empowerment, for example, is in part already addressing problems of value and purpose in life, as well as social justice. The new science of well-being may also be a vehicle that helps people solve the former problems by finding ways to exercise their strengths (i.e. do what they are good at and enjoy) in the service of others (i.e. for a 'higher' purpose, employing 'deeper' values). In addition, it might be argued that we are unlikely to make progress on social inequalities until the 'haves' recognize their need to take this type of path. However, the

evidence that we are approaching a tipping point for social justice remains sparse. Many are perhaps too comfortable to want to change, even if consumer culture is depriving their lives of real purpose and meaning, although more disadvantaged groups and individuals may lack the resources for change. This is where the environmental discourse may be particularly relevant.

With hindsight, Hancock's arguments for sustainable development, ecological sanity and social justice seem prescient, but also remain radical and subversive (Hancock, 1981). Such arguments might have more of an impact now than when made by the champions of 'health for all' because the combined emergence of climate change, the peak in global oil production and the continuing policy of growth by the world's developed and emerging economies make action unavoidable, palatable or not (McMichael *et al.*, 2006). A focus on environmental 'virtue' ethics may help to bring together responses, to a crisis of individual, social and possibly global well-being, from the scientific and social domains, because many of the underpinning messages are shared: i.e. consume less, in different ways, for different purposes. Actions to minimize the environmental threat may thus help to address long-standing public health concerns about equity, structural inequalities and sustainability by starting to redress the global imbalance. Conspicuous consumption will surely have a different meaning in an era of carbon rationing, where we may all have to learn new lessons of mutual interdependence as societies adjust to changes driven by the global threat. Thus, the critical and environmental discourses have the potential to mitigate some of the narcissism inherent in the contemporary scientific and popular focus on individual well-being, while that focus also renders the environmental discourse more acceptable at the individual level.

In sum, we recognize that there is no simple translation of any of these ideas about well-being into action, but suggest it would be wise for health promotion to recognize and respond to the four discourses outlined here.

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