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**CULTURE AND THE SOCIAL CONTEXT
OF HEALTH INEQUALITIES**

Carol Leler Mansyur, Benjamin C. Amick III,
Luisa Franzini, and Robert E. Roberts

There is a great deal of recent interest and debate concerning the linkages between inequality and health cross-nationally. The U.S. National Institutes of Health recommended in 2001 that any new research on health disparities should include social and cultural systems as units of analysis. Nevertheless, many public health interventions and policies continue to decontextualize risk factors from the social environment. Exposures to social and health inequalities probably vary as a consequence of different cultural contexts. To identify the processes that cause social and health inequalities, it is important to understand culture's influence. Navarro's research on political institutions and inequality illustrates the role of cultural context, although indirectly. Policies reflect cultural values because politicians typically translate their constituents' dominant values into policy. Political systems and structural inequality are institutionalized manifestations of cultural differences that intervene between dominant cultural dimensions at the societal level and health. The authors present a theoretical framework that combines constructs from sociological theory and cross-cultural psychology to identify potential pathways leading from culture and social structure to social and health inequalities. Only when all levels are taken into consideration is it possible to come up with effective, sustainable policies and interventions.

There has recently been a great deal of interest and debate concerning the linkages between income inequality and health. Within the United States, recent Institute of Medicine and National Research Council reports have called attention to the importance of the social environment above and beyond individual risk factors (1–3). Moreover, the U.S. National Institutes of Health recommended in

2001 that any new research on health disparities should include social and cultural systems as units of analysis (4). In spite of this, many public health interventions and policies continue to decontextualize risk factors from the social environment. Although recent social epidemiological research has identified some aspects of the social environment that lead to poor health (5–10), one important feature of the social environment that is often overlooked is culture (4, 11, 12). There is a need to embed culture in the current models purporting to explain social and health inequalities.

As Blakely and Woodward (13) have pointed out, socioeconomic exposures at the macro level, such as income inequality, probably differ between countries as a consequence of different cultural contexts. Culture “may vary between countries and be independently associated with health” (13, p. 370). If income inequality affects health only under specific cultural conditions, this could explain why some of the literature that compares different societies has found no relationship (14, 15) or a positive relationship (16) between income inequality at the societal level and health. Therefore, it is important to guide research by developing a theoretical perspective that includes cross-national cultural differences as part of the social context. In this article we review some of the literature in cross-cultural psychology and sociological theory in order to present such a theoretical framework.

CULTURE AS SOCIAL CONTEXT

Social context can be defined as the combined characteristics of the social environment, including institutional structures, social stratification, cultural and behavioral norms, and everyday life experiences that shape and legitimize the ways in which people interpret and respond to different situations (17, 18). “Social contexts provide the stage for social and cultural factors to influence health, and the characteristics of social context also directly affect social and cultural processes” (4, p. 3).

To identify the processes that cause social and health inequalities, it is important to understand culture’s influence. Navarro and colleagues’ research (19–21) on political institutions and inequality provides one entry point to illustrate the role of cultural context. Navarro and his colleagues have empirically tested the relationship between political systems, income inequality, and health in different European countries and found that the type of political regime makes a difference. They found that the social democratic countries had the lowest household income inequalities as well as the lowest infant mortality rates, while the liberal countries had the largest inequalities. Navarro and Shi explained that these differences between groups of countries were due to the ways in which policies determined “(1) the percentage of national income that goes to capital versus labor, (2) the wage dispersion within labor, and (3) the redistributive effect of state interventions” (21, p. 485). While this explanation provides important insights into the

processes leading to both inequality and poor health outcomes, it is incomplete insofar as it does not consider the cultural norms above and beyond politics or economics. When making policies, including those regarding taxation and redistribution, politicians typically “translate the values dominant in their countries into political priorities” (22, p. 317). Political systems reflect culture.

Culture can be defined as a system of values and symbols shared by persons within a given society that tend to give meaning to everyday experiences and to influence behavioral patterns (11, 22, 23). Culture influences societal norms, which “shape institutions (family, education systems, politics, legislation), which in their turn reinforce the societal norms” (22, p. 20). Culture is a missing component in many income inequality and health models (4, 12). If culture is important, it is entirely possible that it could interact with income inequality, affecting the findings in cross-cultural comparisons. There is a need to include cultural variables in social environmental explanations of health outcomes, especially when comparing different societies.

THEORETICAL FRAMEWORK

We maintain that it is impossible to derive an adequate theoretical framework of the relationship between inequality and health without considering the social and cultural context and how factors at all levels might influence, confound, or interact with the relationship. At the macro level are environmental, historical, cultural, structural, and political factors. At the meso level are cultural norms, social institutions, and different social groupings that influence social identity. At the micro level is the individual, including identity, personality, behavior, psychological, demographic, and genetic factors, and interpersonal processes as they are interpreted and acted upon by the individual. Only when all levels are understood and taken into consideration is it possible to come up with effective and sustainable policies and interventions. This article synthesizes existing theories from multiple disciplines in an attempt to formulate a theoretical framework that describes how the sociocultural context may influence health across levels.

Overall Framework

Social Structure and Personality. Our theoretical framework uses House’s “social structure and personality” (24) approach to address the different levels of social phenomena that influence inequality and health. House stated that it is important (a) to distinguish between the cultural and structural when studying how individuals are influenced by social systems; (b) to understand the nature of the social structure; and (c) to identify the linkages between social systems and micro-level processes “especially micro-social interaction and small group processes” (25, p. 541). He defined key terms as follows (pp. 542–543):

A social *system*, or what Inkeles and Levinson . . . term a sociocultural system, is a set of persons and social positions or roles that possess both a culture and a social structure. A *culture* is a set of cognitive and evaluative beliefs—beliefs about what is or what ought to be—that are shared by the members of a social system and transmitted to new members. A *social structure* is a *persisting* and bounded *pattern* of social relationships (or pattern of behavioral interaction) among the units (that is, persons or positions) in a social system.

House further explained that any “macro-social phenomenon has multiple components, some cultural, some structural” (25, p. 548). Social structural and cultural mechanisms tend to affect the individual in different ways, although they often complement each other. Both structural and cultural components are included in the theoretical framework we are proposing. Cultural components, which are studied by both anthropologists and cross-cultural psychologists, are described below from a cross-cultural psychology perspective; this is followed by a discussion of structural components and how cultural and structural components work together.

Macro Level

Cross-Cultural Psychology and the Identification of Societies’ Cultural Dimensions. There are two approaches to understanding culture. One is through intense fieldwork in a specific location. Such a process is time-consuming and limited in scope. Another approach is to use cross-national surveys to collect information about values and beliefs. This is the approach Hofstede (22, 26, 27) used when he analyzed the data collected in surveys administered to IBM employees in the company’s subsidiaries worldwide. Hofstede defined culture as “the collective programming of the mind that distinguishes the members of one group or category of people from another” (22, p. 9). Likewise, he defined a cultural dimension to be “one aspect of a culture that can be measured relative to other cultures” (27, p. 14). Hofstede identified four cultural dimensions: power distance (PDI), uncertainty avoidance (UAI), individualism (IND), and masculinity (MAS) (22, 27). He defined PDI as the way in which social inequality is formalized in hierarchical relationships and accepted by those of lower status, UAI as the extent to which humans feel threatened by uncertainty about the future, MAS as the degree to which aggression and competition are valued over nurturance and cooperation, and IND as the extent to which the autonomous individual is deemed to be more important than family and other group ties.

Two of the dimensions, IND and MAS, can be considered to be continuums between opposite constructs: individualism to collectivism (IND/COL) and masculinity to femininity (MAS/FEM), respectively. MAS/FEM is a somewhat

misleading name to use for the latter continuum because gender roles associated with men and women may vary across cultures. Hofstede characterized masculine societies as those in which the pursuit of aggressiveness and autonomy are valued more and feminine societies as those in which the pursuit of nurturance and cooperation are valued more. Further, men and women tend to be more similar in feminine societies and more different in masculine societies. The difficulty with portraying certain gender roles as masculine and others as feminine is that there is an implicit assumption that all societies will recognize the same gender roles (28). If the misleading gender role association is removed, however, the MAS dimension can represent the extent to which a society values aggressiveness and competition over nurturance and cooperation.

Collectivism often has a different connotation than that used in Hofstede's definition. Collectivism is often associated with communist or socialist political systems. Hofstede made it clear that he was not referring to political systems, but to the value systems under which different types of political systems develop. Although governments can be forced on countries as the result of imperialism, as they were historically in Third World countries and within the former Soviet bloc, particular political systems can only develop in societies with value systems supportive of that type of political system.

Hofstede characterized most of the world's societies as collectivist, but found that in a small number of societies, mostly those of northwestern Europe, individualism was the predominant value system. Given that the industrial revolution can trace its beginnings to these countries, this seems to be consistent with Durkheim's premise that the expansion of individualism is a direct consequence of the specialization required by the division of labor "and therefore fosters the development of specific talents, capacities and attitudes which are not shared by everyone in society, but are possessed only by particular groups" (29, p. 73).

Of all of Hofstede's dimensions, individualism, or rather the IND/COL dichotomy, has been described as the most important one that differentiates societies worldwide (30–32). Triandis (32) introduced an additional dichotomy, between vertical and horizontal societies, that he believed was almost as important as individualism and collectivism in differentiating between societies. Vertical societies have higher levels of inequality and horizontal societies are more egalitarian. According to Triandis, the vertical/horizontal dichotomy is roughly equivalent to Hofstede's power distance dimension (22, 23). A closer examination of the dimensions will reveal, however, that this seems to be the case more often in collectivist societies. Individualist societies tend to be lower in power distance than collectivist countries (22, 32). Since there are individualist societies that have high levels of income inequality despite low power distance, it follows that a different cultural dimension causes inequality in individualist societies. To better distinguish between these two terms, Singelis, Triandis, and colleagues defined "verticality as the acceptance of inequalities among people, and power distance as norms establishing and rewarding some forms of

inequality” (33, p. 269). The high power distance in vertical collectivist societies is due to the broadly accepted belief that people have ascribed roles within established kinship-based collectives that have a tradition of differences in social status. In vertical individualist societies there is an underlying belief that “all members of society should have a *right* to be equal” (33, p. 270); however, there is also an acceptance that inequalities exist, and freedom for individuals to pursue their goals is valued more than ensuring equality. Horizontal individualists are more likely to value equality and fairness over unlimited freedom to pursue goals.

To illustrate the difference between vertical and horizontal individualists, consider the United States and Sweden, both identified by Hofstede as individualist societies. Triandis classifies the United States as a vertical individualist country because Americans “want to be distinguished and to ‘stick out,’ and they behave in ways that tend to make them distinct” (32, p. 46). Furthermore, they are competitive and always want to be “the best.” On the other hand, Triandis classifies Sweden as a horizontal individualist culture, pointing out that Swedes are willing to pay high taxes so that resources are shared. In addition, “[Swedes] do not like to be unique and conspicuous, which contrasts with other kinds of individualists, such as the North Americans, English, French, or Germans” (p. 45).

Competition and “standing out” are actually masculine characteristics, according to Hofstede. The countries that Triandis classifies as horizontal individualist tend toward the feminine end of the masculine/feminine dichotomy. It is possible that Triandis is tapping into the masculine (MAS) dimension to distinguish between vertical and horizontal individualist (IND) societies. Hofstede has pointed out that MAS and IND are typically confused with each other by scholars from countries high in both. He explains that these two dimensions are statistically independent and that “masculinity/femininity is about ego enhancement versus relationship enhancement, regardless of group ties” (22, p. 293). Once the definitions are clear, combining these cultural dimensions might be one way of looking at differences between societies that affect health statistics at the macro level. For example, the epidemiological literature points out that mortality rates are worse in the United States than in Sweden (8, 9). Triandis argues that this is due to the vertical individualism prevalent in the United States.

In a study exploring the relationship between cultural dimensions and health, we have classified several nations of the world according to whether they are individualist or collectivist and vertical or horizontal (article forthcoming). Most developing countries are collectivist. Some examples from Europe and other developed countries are given in Table 1.

Certain combinations of individualist/collectivist and vertical/horizontal have been associated with health outcomes. Triandis and coworkers (34) demonstrated that vertical individualist populations had 10 times the heart attack rate of collectivist populations. Using Roseto, Pennsylvania, as an example of a collectivist community, they “theorized that collectivists are socially more

Table 1

Examples of vertical individualist, horizontal individualist,
and collectivist countries

Vertical individualist	Horizontal individualist	Collectivist
Austria	Denmark	Bulgaria
Belgium	Estonia	China
Canada	Finland	Croatia
Czech Republic	France	Greece
Germany	Netherlands	Japan
Italy	Norway	Portugal
Poland	Sweden	Romania
Switzerland		Russia
United Kingdom		Slovenia
United States		Spain

cohesive and are more likely to provide social support when unpleasant life events occur” (32, p. 134). All else being equal, such as gross national product (GNP), stability, or moderate political regimes, it could be inferred that vertical individualism may be associated with poor health, and that the broader and mutually supportive kinship networks of collectivist societies (34) may be healthier overall. Triandis and colleagues (34) did point out, however, that the hardships associated with poor economies, political instability, or authoritarian regimes found among many collectivist countries would negate or reverse any health benefits associated with collectivism. This would seem to be supported by Navarro and colleagues’ research into political regimes and health (19–21). All of the countries classified by Navarro and Shi (21) as having a history of conservative or fascist dictatorships are collectivist (see Table 1). Further, most of the social democratic countries are horizontal individualist, all of the liberal Anglo-Saxon countries are vertical individualist, and the Christian democratic countries are a mixture of vertical individualist and horizontal individualist. This illustrates the importance of both culture and social structure in the formation of social institutions associated with health inequalities.

One of the problems with cross-cultural psychology is that it tends to overlook the social structure, because the empirical focus is on the effects of culture on individual (35) personality. This may sometimes contribute to the tendency of scholars from that discipline to confuse individual and societal-level measures (22, 36). Sociologists who follow the social structure and personality approach have tried to reconcile culture with social structure and personality through intervening processes, such as social institutions and social identity and roles.

Schooler, for example, has argued that social structure is “subordinate to culture in that cultural beliefs shape and integrate the expectations that pattern the relationships among a social structure’s constituent statuses and roles” (35, pp. 326–327). This is consistent with Weber’s argument “that values, motives, and beliefs play an autonomous role in society and can indeed be major causes of dramatic changes in the social structure.” Nevertheless, Weber “recognized that social structures and positions, once established, in turn shape values, attitudes, and beliefs” (25, p. 529).

The relationship between culture and the social structure is a central element in classical sociology (25, 35, 37–41). For example, “much of Durkheim’s work focused on the role of social systems in shaping values and of these values in maintaining social order” (25, p. 530). In contrast, Marx argued that “the degree of inequality in the distribution of resources generates inherent conflicts of interest” (42, p. 156) and that “class of necessity involves a conflict relation” (29, p. 37). Weber contended that it is only when subordinates believe in the legitimacy of their subordination that stable systems of domination can exist. “Class conflict is likely to develop only where the unequal distribution of life-chances comes to be perceived as not an ‘inevitable fact’: in many periods of history, the negatively advantaged classes accept their position of inferiority as legitimate” (29, p. 165). The belief in the legitimacy of class differences is precisely how the Protestant ethic became an important rationalization in the rise of capitalism. Below, we briefly summarize Weber’s use of the Protestant ethic to illustrate how a historical social institution in the United States developed from a religious dogma that reflected the broader cultural values of individualism and competition. Once established, it reinforced these values and evolved over time into the new social institution of capitalism. This may have contributed to the change in the social structure of the United States from a relatively egalitarian one (horizontal) in its colonial days to one with high levels of inequality (vertical).

Weber, the Protestant Ethic, and Capitalism. Weber described the history of the Protestant religious sects and how some of their most fundamental philosophies evolved over time to become incorporated into capitalism (43). He described three features of the Protestant religious philosophy that are relevant to our discussion. One was the idea of a “calling” that originated with Martin Luther. People were expected to live exemplary lives, daily occupied in labor within a calling, or career. While this was not a problematic idea in itself, the more pessimistic Puritan sects, such as Calvinism, carried the work ethic to extremes, by making work within a calling an individual obligation rather than a cooperative collective effort as it had been in the past, while at the same time repeatedly warning “against any trust in the aid of the friendship of men” (43, p. 106). Weber stated that the consequences to the individual of the Calvinistic doctrine’s “extreme inhumanity . . . was a feeling of unprecedented inner loneliness” (p. 104).

He stated further that this individual isolation “forms one of the roots of that disillusioned and pessimistically inclined individualism which can even today be identified in the national characters and the institutions of the peoples with a Puritan past” (p. 105).

The second relevant feature of Puritan ideology that Weber described was the doctrine of predestination. According to this doctrine, only a few of God’s chosen ones, called “the elect,” were predestined to achieve eternal life and there was nothing anyone could do to change his or her status. Naturally, only those who were members of a particular religious sect were among the elect; however, even within the sect the elect were a minority. Throughout recorded history human beings have sought to seek some means of reassurance about their destiny; thus, it is only to be expected that members of the religious community looked for symbols of their status. Industriousness, good works, and charity became a means of identifying a person as one of the elect. “They are the technical means, not of purchasing salvation, but of getting rid of the fear of damnation. . . . In practice this means that God helps those who help themselves. Thus the Calvinist, as it is sometimes put, himself creates his own salvation, or, as would be more correct, the conviction of it” (43, p. 115).

Finally, the third feature of Puritan social life that is relevant to capitalism is the narrow-mindedness, intolerance, and self-righteousness that characterized many of its members. “This consciousness of divine grace of the elect and holy was accompanied by an attitude toward the sin of one’s neighbour, not of sympathetic understanding based on consciousness of one’s own weakness, but of hatred and contempt for him as an enemy of God bearing the signs of eternal damnation. This sort of feeling was capable of such intensity that it sometimes resulted in the formation of [religious] sects” (43, p. 122).

Thus, it became important for individuals to distance themselves from the rest of humanity by participating in religious activities, avoiding any sign of laziness, working hard, and carrying out good works and acts of charity while at the same time judging those who fell short. Wealth was a sign of righteous industriousness. Poverty was a sign of disgraceful idleness. It was therefore imperative to accumulate wealth to assure one’s standing in the community, but at the same time never to let wealth be an excuse not to work. “‘He who will not work shall not eat’ holds unconditionally for everyone. Unwillingness to work is symptomatic of the lack of grace” (43, p. 159).

In time, the individualistic beliefs and work ethic of the colonial Puritan religious communities became “the decisive influences in the formation of national character” (43, p. 155). Those who were wealthy were able to assuage any sense of guilt over their comfortable lives compared to the less fortunate by “the comforting assurance that the unequal distribution of the goods . . . was a special dispensation of Divine Providence” (p. 177). Eventually, “a good conscience simply became one of the means of enjoying a comfortable bourgeois life” (p. 176).

By the late 18th century, the powerful religious conformity that marked the early Puritan communities was less prominent, but the ethics of working hard, thriftiness, and the accumulation of wealth remained. With prosperity established as a status symbol from its earliest religious roots, the Protestant ethic evolved into a key secular ideal within capitalism. In capitalist societies today, status is still associated with prosperity. Those who are wealthy and/or have prestigious occupations are identified as successful and those who lack such signs of prosperity are stigmatized for their supposed lack of ambition and/or perseverance. Today, the spirit of capitalism, also called neoliberalism (44), has become what has been described as an “iron cage” (43, 45). Wealth is a symbol of success in life, and the competitive individualism of the United States and other societies dominated by neoliberalism impels people to constantly compare themselves to others. Prosperity has come to be associated with virtue and poverty with vice.

Whether because they refuse to get caught up in the competition of “keeping up with the Joneses” or do not have the financial means to do so, or because they simply value other aspects of life more, those who do not show these visible signs of success are often seen as failures. This can range down the continuum from mild forms of exclusion to outright condescension or discrimination against those who are considered socially inferior. “Inclusion and exclusion, privilege and punishment all still turn on images of good behavior” (46, p. 998). In this way, the worthy “Us” are differentiated from the undeserving “Them.” The social structure in neoliberal societies such as the United States rewards those who measure success by wealth, both in everyday interactions between people and in access to power. “Moral judgments shape the definition of rights, the distribution of prestige, and the dispensation of social welfare benefits” (p. 998).

The social structure and personality approach transitions to the individual through theories at the meso and micro levels that address the ways in which the social structure affects everyday life in individualist, Western, market-dominated societies. We next describe these theories and discuss the ways in which individual health is thereby affected.

Meso Level

Cultural Structuralism. The late French sociologist Pierre Bourdieu focused on the ways in which the social structure influences cognitive processes and behaviors and on the processes by which culture is reflected within different social contexts and lifestyles (47). Since he combined the cultural and structural in his theory, we will refer to it as “cultural structuralism.” In formulating his theory of cultural structuralism, Bourdieu attempted to integrate Marx and Weber by describing how “the symbolic and the material dimensions of social life” (48, p. 748) were related to class status.

The basic premise of Bourdieu’s theory is that social divisions and mental schemata are linked because internal dispositions are built up through “cumulative

exposure to certain social conditions” (49, p. 13). He explained the ways in which they are linked by the concepts of habitus and field: “A field consists of a set of objective, historical relations between positions anchored in certain forms of power (or capital), while habitus consists of a set of historical relations ‘deposited’ within individual bodies in the form of mental and corporeal schemata of perception, appreciation, and action” (p. 16).

Through their relationship with different fields, different types of habitus can be viewed as different cultures, or subcultures in diverse societies. Members of a given subpopulation or social class share the same habitus because they share a similar social environment that shapes individual and collective practices. Within a historical context, many of their homogeneous behaviors and mental schemata tend to be unconscious or “taken for granted” as the way things are. Power relations are thus preserved through the learned behaviors associated with different groups.

Those who are members of the privileged classes will be motivated to maintain the status quo. One way to do so at the group level is through the control of capital. At the individual level, the more social capital a person’s group has, the more resources he or she can draw upon from within his or her social network. Bourdieu differentiates capital further, stating that there are not just economic capital and social capital, but also cultural capital and symbolic capital. The dominant classes in vertical societies maintain their privileged status, as well as their distance from the *hoi polloi*, through their control of these types of capital. For example, economic, social, and symbolic capital are all used to maintain segregated neighborhoods, a mechanism Bourdieu calls the “club effect.” “Like a club founded on the active exclusion of undesirable people, the fashionable neighborhood symbolically consecrates its inhabitants by allowing each one to partake of the capital accumulated by the inhabitants as a whole. Likewise, the stigmatized area symbolically degrades its inhabitants, who, in return, symbolically degrade it” (50, p. 129).

Because the hierarchical system is so pervasive in a vertical society, it comes to be taken for granted. Within vertical individualist societies, stigma operates in subtle ways that are difficult to identify, especially where a myth of social mobility exists. The presence of any social mobility can “serve to legitimate inequality by implying that the system allows the truly gifted to get ahead, and that those who remain at the bottom belong there because of their lesser merits” (51). This may cause members of lower socioeconomic groups in wealthy, vertical individualist societies to feel more marginalized relative to those of higher socioeconomic level, even as their absolute conditions are improving from previous centuries. “No one finds it easy to be penniless, ‘hard-up,’ in a society where the value of every individual is indexed by income, even at its lowest reaches, where everything can be bought and sold for cold cash on the barrel” (50, p. 149).

Thus, using the term “habitus” to refer to the orientations, dispositions, and practices that are unconsciously followed by members of social groups who share

similar histories, Bourdieu created a useful concept that could explain the process by which the structure of vertical individualist societies affects individuals through social institutions. It is through these processes that institutionalized inequality is legitimized and affects the everyday life of individuals. In a series of qualitative interview-based studies, Bourdieu (50) found that members of dominated groups tended to be marginalized through processes of stigma, often without their fully understanding why. Instead, they internalized feelings of alienation and despair, leading to chronic stress and poor health outcomes. Bourdieu called this process of marginalization “a perfect illustration of Groucho Marx’s quip ‘I would not belong to a club that would have me as a member,’ which, if one goes beyond the comical negation, well expresses not self-hatred but self-despair” (50, p. 64). Thus, Bourdieu connected macro-level constructs such as social structure to symbolic interactionism, a micro-level sociological theory explained below.

Micro Level

Symbolic Interaction, Identity, and Stigma. Symbolic interactionist thought was originally built on three basic premises: (a) we know things by meanings; (b) meanings are created through social interaction; and (c) meanings change through interaction (42, 52, 53). As a social theory, symbolic interactionism later expanded to include the importance of social roles as they reflect the societal structure (54). Social roles can be defined as “the expectations regarding behavior and even personality of the occupant of a social position held by others who interact with the role occupant” (25, p. 556). In this way, contemporary symbolic interactionists relate interpersonal interactions to the social structure (54, p. 18) through social identity: “Identities are ‘parts’ of the self, internalized positional designations that exist insofar as the person participates in structured role relationships, the consequence of being placed as a social object and appropriating the terms of placement for oneself. Persons may have many identities, limited only by the structured relationships in which they are implicated” (54, p. 23).

More recently, the work of Erving Goffman has been subsumed under symbolic interactionism and it is now an integral part of current symbolic interactionist theory (55). Goffman followed the Durkheimian tradition in sociological theory (53) at the micro level, which “examines how systems of cultural symbols, patterns of group formation and structural interdependence, ritual performances, and systems of cognitive classification integrate variously differentiated social structures” (42, p. 471). Bourdieu expanded on Goffman’s work in this area when he linked everyday cognitions to the social structure (56).

In terms of the everyday expressions of inequality, contemporary symbolic interactionist thought, through Goffman and combined with Bourdieu, can explain how status hierarchies influence individual behavior through social identities. When interacting with others, an individual will consciously or unconsciously

engage in behaviors that symbolically reflect his or her status within the institution or society. In this way, institutional stratification is repeatedly reproduced in everyday interactions. This is not simply a process of passive conformity. In many cases, available behavioral options to those of lower status are limited by the way persons of higher status treat them (55, 57). Specifically, four basic processes reproduce inequality: “othering, subordinate adaptation, boundary maintenance, and emotion management” (51, p. 422). Othering is defined as a process of collective identity formation by which members of dominant groups define other groups “as morally and/or intellectually inferior” and “create patterns of interaction that reaffirm a dominant group’s ideology of difference” (51, p. 423). The best-known example of this would be racial or ethnic stereotyping. Subordinate adaptation refers to the process by which members of “inferior” groups adapt to their subordinate status through lifestyle differences and alternative subcultures. Boundary maintenance refers to the ways in which dominant groups use their cultural, social, and material capital to preserve their dominance. Emotion management refers to the process by which discourse is used to regulate thought and emotion and to maintain boundaries (51). These processes cause inequality to be reproduced through structural discrimination (58); power is preserved by the elite, and members of lower status groups are marginalized. “Thus, to live at the lower end of social hierarchies often means not only to live with lesser life chances in terms of income, education, and health care but also to endure a host of frequently correlated symbolic assaults to one’s sense of self-worth and efficacy” (55, p. 399).

Especially in the United States, there is an expectation, as exemplified in the Horatio Alger stories, that if only one is willing to work hard enough and lives a clean life, one will be rewarded by prosperity. Within the context of the Puritan roots of capitalism as described earlier, status is morally associated with prosperity, with those who are wealthy or who have prestigious occupations identified as virtuous; those who do not show visible signs of prosperity are stigmatized for their supposed lack of ambition and/or perseverance.

Stigma has been defined as a characteristic or attribute that identifies a person as different from others in society in an undesirable way. According to Goffman, stigma “constitutes a special discrepancy between virtual and actual social identity” (59, p. 3). Based on their research into mental illness and stigma, Link and Phelan (60) state that not only is stigma based on stereotypes, but there is also a component of discrimination; in short, discrimination and stigma are two aspects of the same issue. Both discrimination and stigma are related to power. Stigma is only a problem for those without power, but this is overlooked because power differences in society are usually taken for granted.

Link and Phelan point out that successfully stereotyping and labeling a person in a negative way causes her or his status to be lowered, until “the lower status itself becomes the basis of discrimination” (60, p. 373). It is no longer necessary to justify discrimination based on an identifying characteristic; simply being

a member of a low status group affects a person's life chances. Individuals can be identified as being members of a stigmatized group by their area of residence, by their demeanor, or simply by virtue of proximity to other stigmatized persons (59). According to Link and Phelan, stigma exists only "when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold" (60, p. 367). Thus, stigma is closely associated with the process of "othering" that contributes to the reproduction of inequality.

It is probable that this process of stigmatizing others by "blaming the victim" operates in societies where competition is valued, and in which people identify themselves as individuals rather than as members of groups—both characteristics of vertical individualist societies. Privileged individuals who can access power through their control of social and material capital will not be subject to discrimination, even if they are labeled as being different in some way.

According to Goffman, when persons are stigmatized, they tend to be perceived as not fully human (59). As with the Puritans, it is still commonly believed that somehow they deserve their fate. In this way, discriminatory practices are rationalized even today. Unfortunately, this can have devastating effects on stigmatized individuals, especially because the characteristics that stigmatize them are often due to circumstances over which they have no control. In fact, "the target need not be aware of others' expectations, stereotypes, or prejudicial attitudes for this process to unfold" (61, p. 396). Especially for those who believe in a just world, stigmatized individuals may not even recognize any discrimination they experience, but instead internalize feelings of inadequacy, anxiety, and low self-esteem when confronted with identity threat (61).

DISCUSSION

There are many possible routes by which socioeconomic inequality can affect the health of individuals. Not only are the lower socioeconomic classes exposed to more toxic environments, but their standards of living are, of necessity, lower. As discussed in terms of stigma, another route is through social exclusion, or marginalization. This can lead to "negative cognitions and emotions as well as physiological threat responses, including elevated cortisol, increased blood pressure, and other cardiovascular responses" (61, pp. 409–410). Triandis (32) suggested a route by which social mobility leads to status anxiety and uncertainty, especially in vertical individualist societies where competition is valued. A combination of upward mobility, competitive pressure, the Protestant ethic, and stigma can lead to increased stress levels experienced by members of such societies, and lead to higher levels of social pathology.

Triandis (62) has suggested that the higher levels of social support available to members of kinship groups in collectivist cultures could make unpleasant life events less stressful. This may be the case, but it is difficult to tell because

collectivist societies tend to be the ones with lower GNP per capita. In countries with lower GNP, as Wilkinson (9) has found, absolute income is more strongly correlated with life expectancy than is relative income and could confound the health effects of inequality.

Regardless of GNP, inequality is associated with vertical societies. According to Triandis and coauthors (32, 34), horizontal (egalitarian) societies tend to have better life expectancy, and horizontal individualist societies such as Sweden are the healthiest. Jones and colleagues (63) compared social policy and health in Britain (a vertical individualist society) and Sweden and found that poverty was more damaging to health in Britain. They hypothesized that this could be due to “aspects of the social and policy context in Britain that add to and reinforce the negative experience of being poor” (63, p. 426), while in Sweden the more cohesive social context made poverty less stressful. It could therefore be inferred that, within vertical individualist societies, inequality does lead to poor health outcomes. This could be both because of the environmental stressors and material conditions faced by individuals at lower socioeconomic levels and through psychosocial pathways such as those proposed by Marmot and Wilkinson (8, 9, 64–66).

It is important to remember that social institutions and beliefs reflect cultural dimensions. For example, the literature has demonstrated that members of individualist and those of collectivist societies tend to make different attributions about what causes poverty (22, 32, 34, 67). Combining his cultural dimensions data with 1990 Eurobarometer data aggregated by country, Hofstede found empirical evidence that, within individualist countries, people from the more feminine countries tended to blame poverty on bad luck while “in masculine countries more people believe that the fate of the poor is the poor’s own fault, that if they would work harder they would not be poor, and that the rich certainly should not pay to support them” (22, p. 319). The United States is a good example of a vertical individualist society in which people tend to make these types of attributions (58). Looking at U.S. attitudes toward inequality, Kluegel and Smith demonstrated that Americans have “a stable, widely held set of beliefs involving the availability of opportunity, individualistic explanations for achievement, and acceptance of unequal distributions of rewards” (67, p. 11). They further found that Americans tend to blame poverty on the poor themselves, thus enabling them to avoid feeling guilty and to maintain a feeling of control over circumstances (p. 80).

In short, people in collectivist societies blame poverty on collectivist factors rather than individual effort, and in horizontal individualist societies poverty is blamed more on bad luck (22). In vertical individualist societies, poor people tend to be held accountable for their circumstances and are thus stigmatized. Singh-Manoux and coauthors (68) have shown that subjective social status is related to health. Using a drawing of a ladder for study participants to use to indicate where they stood in society, they found that subjective assessments of

social status along the gradient were powerful predictors of individual health status. There has been speculation, from both psychosocial and materialist perspectives, as to why this might be the case. A combination of Bourdieu's cultural structuralism and symbolic interactionist theory, one that takes differing cultural dimensions into consideration, offers an alternative explanation. Bourdieu's concepts of habitus, field, and capital could explain the mechanisms by which persons in a society internalize expectations and roles associated with their class background (12). If the society is a hierarchical one, members of different classes will internalize the attributions and behavior associated with the level in which they are raised. It is through these processes that institutionalized inequality affects the everyday life of individuals.

To summarize, this article has reviewed the social theory literature and synthesized constructs from different disciplines in order to propose a theoretical framework for the relationships between cultural dimensions, inequality, and health at all levels. Figure 1 is a hypothetical model illustrating this framework.

The model starts with cultural dimensions, dominant value systems that differ from society to society. Certain combinations of the cultural dimensions, such as high power distance with collectivism or high masculinity with individualism, lead to vertical social structures; others, such as low power distance with collectivism and low masculinity (femininity) with individualism, lead to horizontal social structures (32). The social structure reflects the cultural dimensions of a society, and social institutions reflect both cultural dimensions and the social structure (22, 35, 38, 39). The dominant pathways lead downward from cultural dimensions through social structure and social institutions. In turn, social institutions reinforce cultural dimensions both directly and indirectly through social structure, as indicated by the dashed lines leading upward. Economic development is also related to cultural dimensions (22, 29, 32) and can itself influence cultural dimensions over time. Economic development, in turn, affects social institutions. Social institutions can change over time, which can in turn cause changes in culture both directly and indirectly through economic development or social structure, but the process is typically gradual—meaning that higher levels in Figure 1 are slower to change than lower levels. Change occurs more rapidly in response to a traumatic occurrence such as war, natural disaster, or diaspora (22, 41).

According to Marx, Durkheim (29), Weber (25, 29, 37, 43), and Bourdieu (49, 50, 69), social institutions include political systems, inequality, competition, the Protestant ethic, and social cohesion. Following Bourdieu (50, 70, 71) and Goffman (57, 59, 72) and as described by House (24, 25, 37), these social institutions influence individual health outcomes through the intervening micro-level variables associated with psychosocial risk factors, and social identity. Psychosocial risk factors include socioeconomic status, social support, and health behaviors (24, 25, 37). Social identity components associated with health

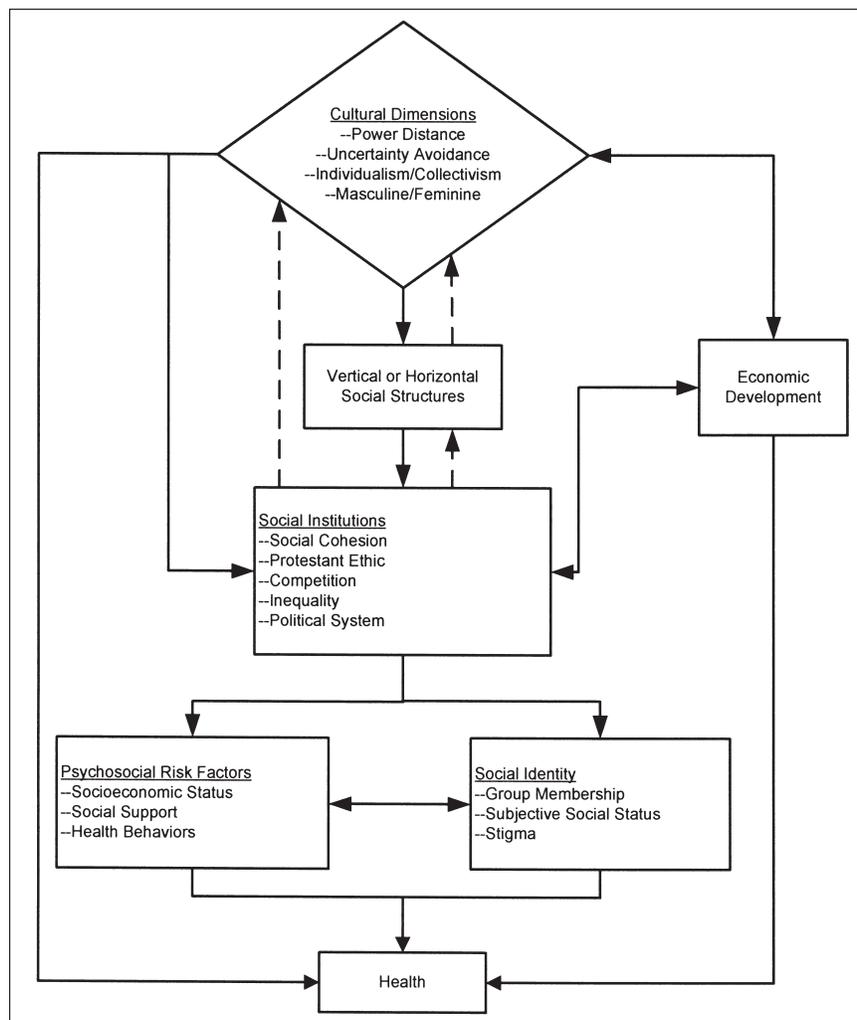


Figure 1. The hypothetical model leading from cultural dimensions to health.

include group membership, subjective social status, and symbolic meanings, including whether or not a person is stigmatized because of his or her social status (59, 69, 71, 73, 74). Psychosocial risk factors and social identity will also reinforce each other at the micro level. As described in the cross-cultural psychology literature (62, 75–79), health will be influenced by the cultural dimensions both directly and indirectly through intervening variables at the macro and micro levels.

CONCLUSION

The hypothesized relationship between inequality and health is complex, even when guided by a strong theoretical framework. It is clear that income inequality itself is not the primary causal factor; it should not be taken out of the context of the broader sociocultural environment. Inequality is simply one of several institutionalized manifestations of structural differences that intervene between cultural dimensions and health. In vertical individualist societies it could well be that income inequality does lead to poor health outcomes. It can do so through a variety of mechanisms described both theoretically and empirically in the literature. We have argued that an overall framework based on the social structure and personality approach—including concepts from cross-cultural psychology, classical sociological theory, and symbolic interactionism, and combined with Bourdieu's cultural structuralism—can form a solid theoretical basis for exploring relationships between inequality and health.

Needless to say, further research is needed to explore the hypothetical pathways leading from cultural and structural factors through social institutions to poor health outcomes. Previous evidence suggests that the cultural factors leading to poor health outcomes through economic inequality manifest more in wealthier countries, especially those that are vertical individualist in orientation. While the same relationships may cause inequality within the collectivist group of societies, health outcomes in this group are affected more by whether or not the countries have achieved wealthy status, and life expectancy may not significantly relate to inequality. If this is indeed the case, this suggests that the social cohesion found in the wealthier, more collectivist societies might protect the population from some of the more devastating effects of economic inequality, even if these societies are vertically oriented. In conclusion, many aspects of the models proposed by the public health literature in this area are suggestive, but it is necessary to take into account cultural dimensions and social structure in order to more fully understand some of the relationships between inequalities and health.

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